

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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Post Date:

The following documents are included in the packet for the Department of Health & Human Services Board held on Monday, November 13, 2017

- November 13, 2017 DHHS meeting agenda 5:00 p.m.
- DHHS Draft Minutes – October 17, 2017
- October 2017 Aging Unit Report
- Meal Bids
- 85.21 Grant
- 2018 Aging Budget
- October 2017 Environmental Health Report
- Letter of Support – Community Collaborations Grants
- 2017-2022 Community Health Improvement Plan (CWHP)
- Your Information, Your Rights, Our Responsibilities Policy
- Billing and Collections Policy
- Inpatient Billings and Collections Policy
- Cell Phone Upgrade request



GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Office: 920-294-4070 FAX: 920-294-4139 Email: alcdhhs@co.green-lake.wi.us

Health & Human Services Committee Meeting Notice

Date: November 13, 2017 Time 5:00 PM

Green Lake County Government Center

571 County Rd A, COUNTY BOARD Room #0902 Green Lake WI

AGENDA

Committee Members

Joe Gonyo,
Chairman
Nick Toney, Vice-
Chair
Brian Floeter
John Gende
Nancy Hoffman
Harley Reabe
Tom Reif
Richard Trochinski
Joy Waterbury, Secretary

Kindly arrange to be present, if
unable to do so, please notify our
office. Sincerely, Karen Davis,
Administrative Assistant

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Agenda
5. Minutes 10/17/17
6. Appearances:
7. Correspondence:
8. Veteran's Service Office Report
9. Advisory Committee Reports
 - Aging Advisory Committee – (Trochinski)
Meeting - Meeting – November 16, 2017
 - Health Advisory Committee Report – meeting October
11, 2017 (Hoffman)
 - ADVOCAP/Headstart Report (Gonyo/Waterbury)
10. Unit Reports
 - Administrative Unit
 - Billing Update
 - Aging/ADRC Unit
 - Meal Bids
 - 85.21 Grant
 - 2018 Aging Budget
 - Behavioral Health Unit/Health Unit
 - Letter of Support – Community Collaborations
Grants – CWHP (Central WI Health Partnership)
 - 2017 – 2022 Health Improvement Plan
11. Policies/Procedures Update
 - Your Information, Your Rights, Our Responsibilities
(HIPAA)
 - Billing and Collections
 - Inpatient Billings and Collections
12. Purchases
 - Cell Phone upgrade – Behavioral Health Unit
13. Health & Human Services Budget 2018
14. Committee Discussion
 - The Board May Confer With Legal Counsel
 - Future DHHS Meeting Date (December 11,
2017 at 5:00 p.m.)
 - Future Agenda items for action & discussion
15. Adjourn

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

THE FOLLOWING ARE THE OPEN MINUTES OF THE HUMAN SERVICES BOARD HELD AT GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI 54941 ON MONDAY, FEBRUARY 13, 2017 AT 5:00 P.M.

PRESENT: Joe Gonyo, Chairman
John Gende, Member
Brian Floeter, Member
Harley Reabe, Member
Richard Trochinski, Member
Tom Reif, Member
Nick Toney, Vice Chairman
Joy Waterbury, Secretary

EXCUSED: Nancy Hoffman, Member

OTHERS PRESENT: Jason Jerome, Director
Karen Davis, Administrative Assistant

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

Call to Order: The meeting was called to order at 5:01 p.m. by Chairman Gonyo.

Pledge of Allegiance: The Pledge of Allegiance to the Flag was recited.

Approval of Agenda: Motion/second (Reabe/Toney) to approve the agenda. All ayes. Motion carried.

Action on Minutes: Motion/second (Reabe/Trochinski) to approve the minutes of the 10/09/2017 Health & Human Services Board meeting as presented. All ayes. Motion carried.

Appearances: None.

Correspondence: None.

Health & Human Services Budget 2017/2018: Budget Adjustment - Aging Food Pantry Donation Account: Jerome explained the budget adjustment for the Aging Food Pantry Donation Account. Jerome explained that there was one single donation account including such programs as Angel Tree, Operation Backpack and Food Pantry. This budget adjustment will separate the Food pantry donation amount into a separate account. Motion/second (Toney/Waterbury) to approve the Budget Adjustment - Aging Food Pantry Donation Account. All ayes. Motion carried.

Unit Reports:

Fox River Industries: Update regarding HVAC system for FRI: Update Regarding Renegotiating Lease for building: Jerome updated Committee members Fox River Industries. Jerome reported that the lease has been signed by the County and the FRI/DSI board for a 10-year period. Jerome also reported that Berlin Heating and Cooling, the accepted bid, will start the work later this month.

Purchases: Cell Phone - Treatment Drug Court: Jerome updated Committee members regarding the 2018 Treatment Drug Court grant proposal. The grant proposal includes the purchase of a cell phone - I-phone/data plan at a cost of 1 cent for the phone and \$39.50/month for the data plan. Discussion followed. Motion/second (Waterbury/Reif) to recommend to Property & Insurance Committee purchase of the I-Phone/Data plan with funds from the Treatment Drug Court grant. All ayes. Motion carried.

Committee Discussion: No discussion.

The Board May Confer With Legal Counsel: None.

Future Meeting Date: The next Health & Human Services Board meeting will be Monday, November 13, 2017 **at 5:00 p.m. at the Green Lake County Government Center.**

Future Agenda Items For Action and Discussion:

Adjournment: Gonyo adjourned the meeting at 5:09 p.m..

AGING REPORT - 2017

Mealsites - Berlin Senior Center, Dartford Bay Apartments, Grand River Apartments																			
HOMEBOUND									CONGREGATE										
Berlin			Green Lake/Prince.		Markesan				Berlin			GL/Princeton		Markesan				MEAL PROGRAM	
HDM #	DONATION	HDM #	DONATION	HDM #	DONATION	HDM #	DONATION	HDM TOTAL	HDM TOTAL	CONG	DONATION	CONG	DONATION	CONG	DONATION	CG TOTAL	CG TOTAL	TOTAL	TOTAL
	AMOUNT		AMOUNT		AMOUNT		AMOUNT	MEALS	DONATION	# SERVED	AMOUNT	# SERVED	AMOUNT	# SERVED	AMOUNT	MEALS	DONATION	MEALS	DONATION
January	514	\$3,066.50	544	\$2,805.32	243	\$1,371.00		1,301	\$7,242.82	281	\$982.00	108	\$240.00	110	\$144.00	499	\$1,366.00	1,800.00	\$8,608.82
February	512	\$794.00	504	\$836.00	226	\$778.00		1,242	\$2,408.00	355	\$1,267.05	126	\$92.00	104	\$300.00	585	\$1,659.05	1,827.00	\$4,067.05
March	647	\$2,461.00	541	\$2,693.75	242	\$1,822.50		1,430	\$6,977.25	384	\$1,319.00	145	\$340.00	130	\$255.00	659	\$1,914.00	2,089.00	\$8,891.25
April	519	\$2,206.00	491	\$2,132.50	238	\$640.00		1,248	\$4,978.50	260	\$1,032.95	122	\$321.00	100	\$473.00	482	\$1,826.95	1,730.00	\$6,805.45
May	590	\$3,197.75	523	\$2,866.75	256	\$1,153.25		1,369	\$7,217.75	300	\$1,085.00	134	\$284.00	119	\$130.06	553	\$1,499.06	1,922.00	\$8,716.81
June	523	\$1,972.75	476	\$2,316.00	229	\$1,561.00		1,228	\$5,849.75	346	\$1,252.00	109	\$500.00	101	\$475.00	556	\$2,227.00	1,784.00	\$8,076.75
July	466	\$3,689.05	431	\$2,793.51	225	\$918.00		1,122	\$7,400.56	282	\$1,059.00	105	\$346.00	78	\$823.31	465	\$2,228.31	1,587.00	\$9,628.87
August	439	\$1,620.88	492	\$2,003.24	293	\$1,164.00		1,224	\$4,788.12	315	\$1,081.00	128	\$200.00	75	\$80.00	518	\$1,361.00	1,742.00	\$6,149.12
September	403	\$1,547.23	398	\$1,393.00	251	\$840.00		1,052	\$3,780.23	275	\$1,102.00	141	\$230.00	62	\$366.88	478	\$1,698.88	1,530.00	\$5,479.11
October	550	\$2,314.72	520	\$2,180.52	254	\$988.00		1,324	\$5,483.24	288	\$1,109.50	136	\$316.00	69	\$164.00	493	\$1,589.50	1,817.00	\$7,072.74
November																			
December																			
TOTALS	5163	\$22,869.88	4920	\$22,020.59	2457	\$11,235.75		12540	\$56,126.22	3086	\$11,289.50	1254	\$2,869.00	948	\$3,211.25	5288	\$17,369.75	17,828.00	\$73,495.97



**GREEN LAKE
COUNTY**
Community Health
Improvement Plan
2017-2022

In collaboration with:

The CWHP Central Wisconsin Health Partnership
"Wellness with health in mind"



2017 Green Lake County Community Health Improvement Plan

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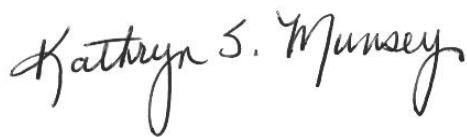
Letter of Invitation

Building strong partnerships takes time and commitment. The Central Wisconsin Healthcare partnership (CWHP) was established in 2012 and has continued to mature. CWHP recently completed our six county Community Health Assessment (CHA) and we continue to collaborate on the Community Health Improvement Plan (CHIP) as we look at issues such as education, health, income and environment to improve the health of all. Currently, in our six counties, opportunities to be healthy are not the same for all. The six counties are working to build capacity to impact health equity by providing opportunities within our jurisdictions so that regardless of where a person lives, works or plays, what their income is or their race, religion, sexual orientation or political beliefs, they will all have equal opportunities to be healthy.

This challenge has served as the catalyst for us to collaborate with non-traditional and diverse partners as we develop goals and objectives to measure our success. A recent Economic Development Summit brought together dozens of individuals to discuss issues that affect rural communities such as transportation, broadband, post-secondary education, jobs and more. We looked at how they intersect with the health of the communities. We looked at ways that multi-jurisdictional agencies could share resources for better efficiency and give small department's access to resources that may not otherwise be available to them. We found that some things that may be innovative in one community may have already been implemented in another and this made it difficult at times to complete the multi-jurisdictional CHIP. For example, some wanted to impact the opioid problem by implementing "Treatment and Diversion" Courts, while others have had these for years. In this case, we looked at an over-arching goal to reduce substance abuse, but the process may be unique to each county. We can share lessons learned from those who are further ahead and share assets, resources and services whenever possible.

Our goal is to create a path towards a culture of health where everyone is engaged and working to not only improve their own health, but the health of the entire community. Whether you are a business owner, faith-based community, healthcare provider, childcare center, school or individual, our CHIP offers suggestions on ways to improve the health of Green Lake County. I hope you will take time to review the data and make an effort to help us move forward to become the healthiest county in the state.

Yours in Good Health,



Kathryn S. Munsey, RN

Green Lake County Health Officer

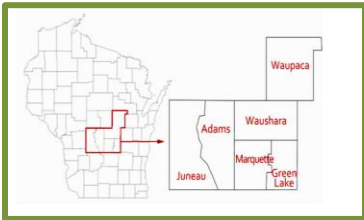


Acknowledgements

The Central Wisconsin Health Partnership

In order to better meet the needs of the community, the Green Lake County Community Health Improvement Plan was developed in collaboration with the Central Wisconsin Health Partnership. The Central Wisconsin Health Partnership (CWHP) is a consortium covering a six-county region including Adams, Green Lake, Juneau, Marquette, Waupaca, and Waushara Counties. The partnership includes county human services and public health departments, a Federally

Qualified Health Center and other interested healthcare advocates and providers in the region.



The partnership worked together to complete the 2016 Community Health Assessment and as a result identified key areas that needed improvement in all six counties. Addressing these health priority areas in a regional Community Health Improvement Plan allows for better sharing of ideas and resources to determine best practices for improving the health of the individual counties and the entire region.

Our Community Partners

Collaboration with community members, along with the Central Wisconsin Health Partnership, is vital for the development and implementation of the Community Health Improvement Plan. We would like to thank all the following partners for attending meetings, providing data, completing surveys, and sharing their concerns and ideas on how we can improve the health of Green Lake County. This document would not be complete without the input we received. We thank you for the many different parts you have played in the process and look forward to future partnerships as we begin to implement this plan and work to make our communities a healthier place to live, work, and play.

Steering Committee

- Kathy Munsey, Green Lake County Health Officer
- Julia McCarroll, Green Lake County Health Educator
- Patti Wohlfeil, Waushara County Health Officer
- Brenna Root, Waushara County Health Educator
- Sarah Grossuesch, Adams County Health Officer
- Jamie Schenk, Marquette County Health Officer
- Lauren Calnin, Marquette County Health Educator
- Jed Wohlt, Waupaca County Health Officer
- Terry Harrington, Waupaca County
- Barb Theis, Juneau County Health Officer
- Alyson Horkan, Juneau County Public Health Nurse

Other Community Partners

- The Green Lake County Wellness Coalition Members
- Community Members who provided valuable input through surveys and small group forums
- Laura Waldvogal, Family Health La Clinica
- Local Senior Citizen Centers
- Community Faith Based Organizations



Executive Summary

Where we live, learn, work, and play affects our health. Understanding the determinants of health, identifying best practices and creating partnerships to implement strategies to combat health related problems is a core function of public health. Every five years, local health departments are required to assess the health needs of the county they serve and develop a plan to address those needs. The 2017-2022 Community Health Improvement Plan provides the framework for improving the health of Green Lake County. It also helps to create a shared vision between the Health Department and community partners so that together we can create positive, measureable change in our communities.

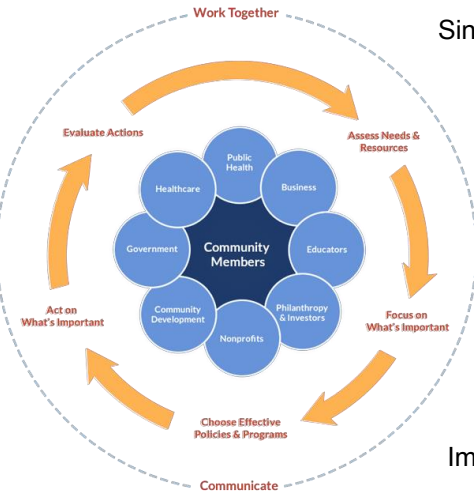
This plan addresses the three priority areas that were identified as a result of the 2015 Regional Community Health Assessment: Mental Health, Alcohol and Other Drug Abuse, and Chronic Disease Prevention and Management. The key findings of the Community Health Assessment will be outlined in this document and the full assessment can be found here: <http://www.co.green-lake.wi.us/uploads/forms/2016-regional-cha-final.pdf> .

The 2017-2022 Community Health Improvement Plan is unique in the fact that it was written in collaboration with the Central Wisconsin Health Partnership (CWHP) to identify regional goals and objectives. Mental health and alcohol and other drug abuse (AODA) are top health concerns for many of the neighboring rural counties, which drives the need for change beyond the community and county levels. As a result, the goals and objectives under the Mental Health and AODA priority areas will be addressed regionally through the work of the CWHP as well as locally by community partners and coalitions. The county specific priority area, Chronic Disease Prevention and Management, will be addressed primarily at the county level through the Health Department and community partners and organizations.

The goals and objectives listed under each priority area were strategically chosen to align with the State of Wisconsin Health Improvement Plan. A wide range of strategies to improve health outcomes is included for each priority area to give community partners the opportunity to implement the strategies that will work best for their organization. Many of these strategies also align with those identified in the State Health Improvement Plan. By aligning with the state plan, we will not only help improve the health of our county, but we will also be able to help advance the efforts being made to make Wisconsin the healthiest state to live.



Community Health Improvement Process



Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions affecting their residents. This process has been referred to as the Community Health Improvement Process. The

community health improvement process has two major phases: the community health assessment and the community health improvement plan. These two processes work together to assess the unique needs of the community and allows communities to work collaboratively to address the identified health needs.

The Take Action Cycle

The six counties in the Central Wisconsin Health Partnership began the community health improvement process in 2015 when the Community Health Assessment was started. The overall health improvement planning process follows the *Wisconsin Guidebook on Improving Health of Local Communities*. This framework is built on the *Take Action Cycle Model* developed by County Health Rankings and Roadmaps. The following information outlines each step of the process.

Assess Needs and Resources

The Community Health Assessment is a collaborative process of systematically collecting and analyzing health data to examine the health status of the community as well as identify priority health concerns for the population. The 2016 Community Health

CHA Timeline

August 2015-
Central Wisconsin Health and Economic Summit

-March 2016
Health Surveys, key informant interviews, focus groups conducted

April 2016-
Secondary data gathering, further community outreach

-May 2016
Primary and secondary data analysis, review additional data, consolidate data

June/July 2016-
Town forums, listening sessions, begin draft of CHA

-August 2016
Finalizing the document

October 2016-
Complete CHA, present to coalitions and Boards of Health



Assessment was completed in collaboration with the Central Wisconsin Health Partnership as a regional assessment with county specific data. The data for the health assessment was drawn from multiple primary data sources such as communicable disease reports, death records, local provider numbers, hospital admissions, and youth risk behavior surveys. Secondary data from sources such as County Health Rankings, Wisconsin Department of Health and Human Services, and the U.S. Census Bureau were analyzed as well. This data, along with community input gathered from focus groups, surveys, and key informant interviews, was used to determine the health needs of the six counties.

Focus on What's Important

After gathering the community health data, the Community Health Assessment Steering Committee identified three health priorities that would be the focus of the Community Health Improvement Plan. Community and stakeholder feedback that was collected during key informant interviews and focus groups was the driving component used to determine which health concerns were a priority. The priorities were then narrowed down further by using four different criteria to assess community capacity and readiness to impact the identified priority. Those criteria included:

1. The magnitude of the problem
2. The severity of the problem
3. If there was a high need among a vulnerable population (health equity)
4. The community's capacity and/or willingness to act on the problem

The steering committee ultimately decided on three health priorities: mental health, alcohol and other drug abuse, and chronic disease prevention. More about these focus areas can be found on page 12.

Choose Effective Policies and Programs

Effective, evidence-based or best practice strategies are instrumental in meeting the identified goals and objectives for each priority area. The steering committee worked to identify a variety of potential strategies to align with each goal and objective for the three priority areas. The steering committee used a variety of different databases such as "What Works for Health" and "The Community Guide" to search for evidence-based and best practice strategies for the different priority areas. The final selection of the potential strategies included in this document was based on numerous factors such as evidence, community resources, health equity and community input and readiness. In order to gather community input and assess readiness to change, a survey was administered to community members and county leaders at a variety of community events such as the Green Lake County Fair, the senior volunteer picnic, and several community educational sessions at local senior centers and community meal sites. The survey asked community members to identify one or more healthy behaviors that they could adopt in order to become healthier. The options ranged from things such as walking for



CHIP Timeline

December 2016-
First CHIP steering committee meeting held

February-April 2017-
CHA results continued to be shared with the community, CHIP steering committee continuing work on shared template

June/July 2017-
CHIP goals, objectives, and strategies developed. Community readiness surveys conducted

October 2017-
CHIP presented to County Board and Board of Health

-January 2017
CHA results shared throughout the communities at a variety of events

-May 2017
State Health Improvement Plan Released

-August/ September 2017
Continued community readiness surveys, draft of CHIP finalized

30 minutes per day, to limiting alcohol use, to scheduling a preventive exam with their medical provider. The results from these surveys were then analyzed on an excel spreadsheet to determine what health behaviors that community members were most ready to adopt. The top four behaviors that community members said they could engage in were; practice better stress management, walk for 30 minutes per day, include a fruit or vegetable with every meal, and avoid sugary drinks. Evidence based health promotion strategies that address stress, nutrition, and physical activity were then included in this document. More information about the chosen strategies can be found under the “Goal Page” for each priority area.

Act on What's Important

Each of the six CWHIP counties will be responsible for determining what program and policy implementation looks like in their own county. Although there are regional goals and objectives that the group will work on collaboratively, each county has unique strengths and challenges that must be considered when implementing health improvement strategies. Each county, along with their coalitions and community members, will define what they want to achieve under each priority area and how they will achieve it. A work plan template will be used for each county to track program implementation and progress towards goals and objectives. A sample work plan template can be found in Appendix A. The current work plan with programmatic goals and implementation progress notes can be found on the Green Lake County Wellness Coalition website.

Evaluate Action

For each different priority health area, the CHIP Steering Committee has identified both long and short-term outcome indicators, which will serve as the primary measures on which to base program evaluation. These short and long-term indicators are directly related to the



selected strategies listed under each priority area. Due to the differences in program implementation in each county, evaluation will also look slightly different. Evaluation tools will be developed for regional efforts and stakeholders will be updated regularly on progress.

Work Together

Everyone has a key role to play when it comes to improving the health of a community. As part of the community health improvement process, a variety of community members and key stakeholder agencies were engaged throughout the community health assessment and improvement planning process. Community member input was gathered in the form of community surveys and key informant interviews during the “Assessing Needs and Resources Phase” of the Take Action Cycle and again in the “Choose Effective Policies and Programs” phase. Community input was the primary driver for determining the health priorities and strategies detailed in this document. Key policy makers, including members of the Green Lake County Board of Health, Representative Joan Ballweg, and Senator Luther Olsen were also engaged and updated throughout the health assessment and improvement planning process. Community Health Assessment findings were shared with these key policy makers and they were asked to support health improvement efforts at the local and state levels. Finally, it is the hope of the Central Wisconsin Health Partnership group that by working together on developing a regional health improvement plan, coordinated efforts can be established to improve health across county lines in Central Wisconsin.

Communicate

Communication is an ongoing part of the take action cycle and is vital to ensuring that key stakeholders and policy makers are kept informed about important updates related to the community health improvement process and progress toward goals and objectives. Communication to partners and stakeholders occurs through a variety of different outlets:

- Partners are updated at bi-monthly Wellness Coalition meetings. Partners who are unable to attend meetings in person receive meeting minutes via email. Meeting minutes can also be found on the [Green Lake County Wellness Coalition Website](#). Additionally, work plans will be updated and shared with coalition members to track progress towards goals and objectives.
- The CHIP is a standing item on the Board of Health agenda. Board members are updated quarterly on CHIP progress and strategies and are encouraged to provide guidance and input.
- The final CHIP and work plans will be shared with community members via the County and Coalition websites, through social media, and at community events.



2016 Community Health Assessment Key Findings

The following sections provides a review of the key findings from the 2016 Community Health Assessment. The full Green Lake County report can be found on the Green Lake County Public Health website.



Demographics and Determinants of Health

Green Lake County is located in Central Wisconsin as serves as a home to approximately 18,751 residents, according to the 2016 Census Bureau Estimates. The County spans 349 square miles, 75% of which is considered rural. The varying demographic and socioeconomic status of Green Lake County residents contributes to health vulnerabilities and disparities in certain populations, including the following:



Age Composition

The population in Green Lake and the other CWHP counties is aging. Currently, 21% of Green Lake County residents are over age 65. That number is expected to increase to 30% by the year 2030. Along with an aging population comes a unique set of challenges, such as social isolation and shifting health needs of the community

Source: United States Census Bureau



Average Annual Wage

\$10,205



The average wage for those in CWHP counties is \$35,000 annually. This is over \$10,000 dollars less than the Wisconsin average. Having a lower income is linked to poorer health outcomes.

Source: Wisconsin Worknet 2015

Educational Attainment



CWHP counties have a lower number of adults with any form of formal education past high school. This measure is important to consider as the relationship between higher education and improved health outcomes is well documented.

Source: United States Census Bureau, American Community Survey



Access to Care

Access to healthcare services is critical to good health outcomes. Access to care includes measures such as uninsured rates and local care options. The majority of CWHP counties all have fewer health, dental, and mental health care providers per 1,000 people when compared to the state average.

Source: 2016 County Health Rankings




2016 Community Health Assessment Key Findings

The following sections provides a review of the key findings from the 2016 Community Health Assessment. The full Green Lake County report can be found on the Green Lake County Public Health website.



CWHP Health Snapshot

ADULT SMOKING RATE 

27% Tobacco use is linked to a variety of chronic diseases. The smoking rate among CWHP adults is higher than the Wisconsin state average.

Source: Community Cancer Profile Green Lake County, 2013

HEART DISEASE 


#1  Heart disease is the leading cause of death in all CWHP counties.

Source: Public Health Profiles, Wisconsin 2016

EXCESSIVE DRINKING 

23% Similar to the state average, CWHP counties have an adult excessive drinking rate that nearly doubles that of top U.S. performers.

Source: 2016 County Health Rankings

OBESITY RATES 

31% The average adult obesity rate for the six CWHP counties, which is higher than the state average at 29%.

Source: 2016 County Health Rankings

Green Lake County Key Informant Interview Results

Community Strengths

- tight-knit communities
- local support groups
- strong law enforcement presence
- mobile crisis units
- jail wellness and recidivism reduction programs
- strong Aging & Disability Resource Center and Health and Human Services programs
- safe Routes to School programs
- local food pantries available
- financial assistance program with Thedacare.

Community Challenges

- limited mental health providers
- limited options for AODA treatment
- limited services at rural health clinics
- marketplace offers only Dean Care insurance
- increasing issues with elementary school kids acting out
- tobacco use
- lacking partnerships between law enforcement, schools, and the hospital system
- lack of basic life skills
- limited public transportation
- high free and reduced lunch usage
- significant increase in FoodShare use
- financial struggles for many residents



2014-2018 CHIP Priority Areas and Accomplishments



The community health improvement planning process is always changing based on the health needs of the community. The previous Community Health Assessment that was completed in 2012 identified five different health priority areas that have been the focus of health improvement planning efforts for the last five years. Those priority areas were; healthy growth and development, alcohol, tobacco, and other drug use, mental health, physical activity, adequate, appropriate, and safe food and nutrition, and physical activity. Although health priorities change over the years, the health department and local community partners strive to sustain all health improvement efforts year after year.

The following page highlights just some of the accomplishments that have been made because of the 2014- 2018 Green Lake County Community Health Improvement Plan.

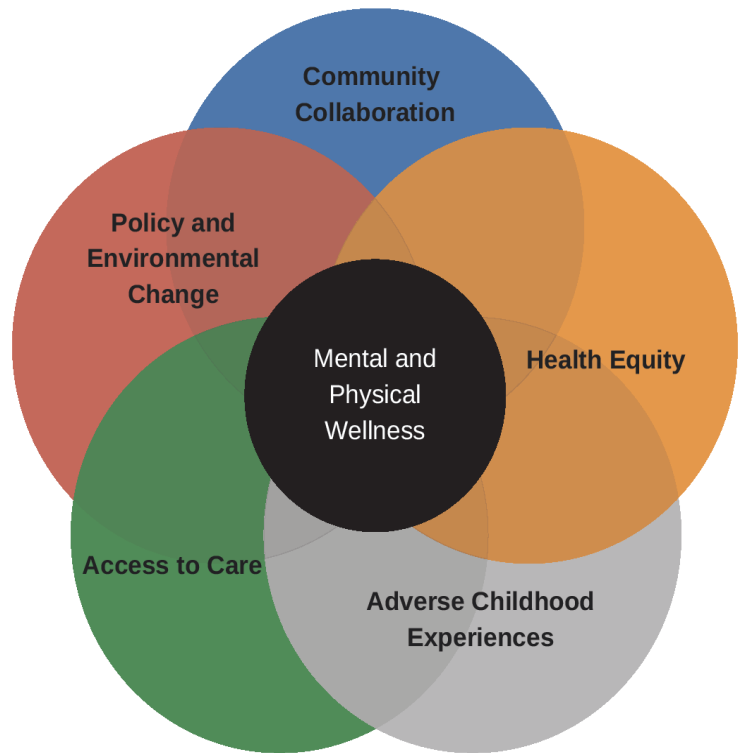


Healthy Growth and Development	Alcohol, Tobacco, and Other Drug Abuse	Mental Health	Physical Activity	Nutrition
<ul style="list-style-type: none"> • Child Death Review Committee was established. • Grant awarded to purchase and distribute life jackets and provide water safety for over 50 children. • Two of the certified daycare facilities received Breast Feeding Friendly Childcare designation. • Read, Run, Reach program offered to nearly 3,000 elementary school kids to help promote kindness, literacy, and physical activity. • Promoted the Real Happy Hour Campaign to over 700 families at local schools and the County Fair 	<ul style="list-style-type: none"> • Over 835 pounds of unused prescription medications collected since drug drop boxes have been established in 2014. • Over 2,000 community members attended Heroin Summits held in 2014 and 2015. • Green Lake County Clean Air Ordinance was amended to include prohibition of E-cigarettes and smokeless tobacco on county owned property. • Green Lake County Wellness Coalition was accepted as a member of the Alliance for Wisconsin Youth. • Parents Who Host Lose the Most Campaign implemented in all four school districts • Toolkits provided to City Clerks for best practices when selling alcohol at non-profit events. 	<ul style="list-style-type: none"> • Berlin School District Conducted Youth Mental Health First Aid training. • Regional Comprehensive Community Support Program services were started in CWHP Counties. • Public Health joined the Sexual Assault Response and Prevention Team. • Jail recidivism program provided counseling and education session to inmates to increase success upon release. • Tri-County Health Babies Coalition trained over 200 professionals on Trauma informed Care and ACES • Community Health Action Team was formed to address "Kids in Crisis". 	<ul style="list-style-type: none"> • A new paved bike path was completed from Green Lake to the Green Lake Conference Center, running parallel to HWY 23. • Walking School Bus Program was implemented in all four school districts in the county. • A variety of fitness classes and opportunities have become available for community members including Zumba, step classes, Strong Women classes, Tai Chi, yoga, Stepping On for seniors, and more. • All four school districts in the county started providing dual use of their fitness centers for residents of their district. 	<ul style="list-style-type: none"> • Two daycare facilities and one workplace have received breastfeeding friendly designations. • A six week Healthy Eating for Successful Living in Older Adults nutrition class offered biannually throughout the county. • UW Extension provides cooking classes at the Boys and Girls Club. • Pre-Diabetes Grapevine Presentations conducted at TRIAD and local libraries with an emphasis on healthy weight, portion control, and carb counting. • Green Lake County Worksite Wellness promotes nutrition through wellness challenges and annual wellness fair.



2017-2022 Overarching Priority Areas

During the process of selecting health priority areas for the 2017-2022 CHIP, a few cross-cutting themes were identified that have an impact on all aspects of health. These themes expanded beyond the scope of just one health priority area. It was determined that these overarching priority areas were too important not to note due to the significant role they play in achieving both mental and physical wellness. For this reason, CWHP counties decided to select five overarching priority areas to focus on while choosing goals, objectives, and strategies to guide our work. These overarching priority areas include: Access to Care, Adverse Childhood Experiences (ACEs), Health Equity, Community Collaboration, and Policy, Systems and Environmental Change. These themes have been chosen as overarching priorities to work on in conjunction with the three identified health priorities in each CWHP county.



Access to Care

Having adequate access to health care services is an important part of promoting and maintaining health, preventing disease, and reducing unnecessary disability and death. Access to health care has a direct impact on an individual's overall physical, social, mental health status, and quality of life.

Access to health services includes entry into the health care system (usually through insurance coverage), accessing a specific location where health care services are provided (geographic location), and finding a health care provider the patient can trust and communicate with. When considering access to health care, it is important to also include oral health care and obtaining necessary prescription drugs (Healthy People 2020, 2017).



Adverse Childhood Experiences

Our health is not determined by our genetics alone. The choices we make, environment in which we live, and our experiences all play a part in our health. The positive and negative experiences we have during childhood have a lasting effect on our health and well-being even into adulthood. Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. (Child Trends, 2014) The negative health effects of ACEs can be lessened when individuals who have experienced trauma have a strong support system and the skills to successfully cope with life's many challenges. This ability to cope is called resilience, and it's something children learn best when they've been given the following positive supports:

- caring relationships with parents, teachers, counselors or other adults actively involved in child's life
- good peer relationships
- positive disposition
- positive coping style
- good social skills

Building resilience is a lifelong process. Even in adulthood, learning how to adapt to change and recover from setbacks can mean thoughtfully considering behavior and attitudes, learning from the past and finding healthy ways to cope with daily stress. (Wisconsin Department of Health Services, 2017)

Healthy Equity

Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people." It means that efforts are put in place to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives, despite race, ethnicity, gender or socioeconomic status. Everyone deserves a fair chance to lead a healthy life. No one should be denied this chance because of who they are or their socio-economic opportunities. According to the University of Wisconsin Population Health Institute, approximately 40% of factors that influence health are social and economic in nature. Focusing on health equity in our work will allow residents of CWHIP counties to have a better quality of life no matter where they live, work, learn, and play.

Community Collaboration

Collaboration is the focus of our work in public health. One group alone cannot easily solve the problems that our communities face. We rely on working together with community members, agencies, organizations, and individuals to make our communities stronger and healthier. As we work together, we increase the capacity of our communities to make changes that improve outcomes while learning to communicate effectively as a team. We are all in this together.



Policy, Systems and Environmental Change

Policy, systems and environmental (PSE) change is a new way of thinking about how to improve health in our communities. For a long time, many health programs have focused on individual behaviors with the assumption that if you teach people what will make them healthy, they will find a way to make those changes. Now we understand that health is not just about individual choices. It's not enough just to know how to be healthy – we need to have practical, readily available options around us. This is where PSE change comes into play. PSE change is a way to modify the environments around us to make healthy choices easier, more practical, and available to all members of our communities. By changing laws and shaping physical landscapes, a big impact can be made in a short amount of time with fewer resources used. When we change policies, systems and/or environments, communities are better able to work together to tackle issues such as substance abuse and chronic disease.



2017-2022 Health Priority Areas

Three health priority areas have been identified for the 2017-2022 Community Health Improvement Plan: mental health, alcohol and other drug abuse, and chronic disease prevention and management. The Community Health Assessment steering committee identified health priorities by first analyzing secondary data and by gathering community and stakeholder input via survey and key informant interviews. The priorities were then narrowed down to the top three by using four different criteria to assess community capacity and readiness to impact the identified priority. In addition to the three health priority areas, several different intersecting themes were identified as having an impact across nearly all health related issues. Access to care, adverse childhood experiences, health equity, community collaboration, and policy and environmental change have been chosen as overarching priorities to work on in conjunction with the three identified health priorities.

Defining Goals, Objectives, and Strategies

In order to help create a shared vision among stakeholders, community members, and partners, each priority area has identified goals, objectives, and strategies listed to help guide the work being done.

Goals

The priority area goals, developed by the steering committee, are broad statements that provide the long-term vision to guide program objectives and strategies. The goals for the mental health and AODA priority areas have been adopted by all six CWHIP counties in an effort to help create regional change in Central Wisconsin. Goals will be monitored using the long-term indicators that are listed under each priority area. The CHIP is a fluid document that is continuously updated and revised based on the changing conditions within our communities; therefore, goals may need to be modified and new goals may need to be added as strategy implementation begins and progresses.



Objectives






Along with a goal, each health priority area will also have objectives listed. The objectives are similar to goals in that they will help guide the progress being made towards improved health outcomes in each priority area. The main difference is



that the objectives are more specific, measurable, and specify a timeline for completion. The objectives are set with the intention that they will help reach the goals. Objectives will be monitored using the short-term indicators listed.

Strategies

For each objective listed under the three priority areas, there is a list of potential evidence-based strategies that can be implemented to help meet those objectives. A variety of strategies are listed for each objective to allow community coalitions and stakeholders the flexibility to adopt and implement the strategies that will work best for them. The strategies that also address an overarching priority area have been identified with the corresponding symbol found below.

	Access to Care
	Policy, Systems, and Environmental Change
	Community Collaboration
	Health Equity
	Adverse Childhood Experiences ** The “Shift Your Perspective” logo is used with the permission of the Wisconsin Department of Health Services.”

The list of potential strategies included with each goal and objective is not an exhaustive list. More information on evidence-based strategies that improve health can be found using the resources listed below:

- **Guide to Community Preventive Services**
<http://www.thecommunityguide.org/>
- **Healthy People 2020 Evidence-Based Resource Tool**
<http://healthypeople.gov/2020/implement/EBR.aspx>
- **Winnable Battles**



<http://www.cdc.gov/winnablebattles/>

- **Health.gov**

<http://www.health.gov/>

- **What Works for Health (County Health Rankings)**

<http://www.countyhealthrankings.org/roadmaps/what-works-for-health>

- **National Registry of Evidence-based Programs and Practices (SAMHSA)**

<http://nrepp.samhsa.gov/>

Note: Individuals and organizations that are looking for ways to incorporate small changes that can have a big impact on health, please refer to documents in Appendix B.



Priority Area: Mental Health

Mental health can be defined as a state of well-being in which an individual realizes their full potential and is able to contribute to his or her community by working productively, and cope with the stresses of everyday life. Mental health is influenced by many different determinants such as poverty, stressful work conditions, discrimination, poor physical health, and an unhealthy lifestyle (CDC, 2013). Children are an especially vulnerable population that is at risk for potentially being negatively impacted by parents or family members suffering from mental illness. When children go through adverse childhood experiences (ACEs), they are more likely to have poor mental health later in life and often suffer from illnesses such as depression and anxiety. The treatment of mental illness can be quite challenging, especially in rural areas, due to limited access of mental health services, social isolation, and fear of stigmatization. Enhancing protective factors can help create more resilient communities and create a foundation of emotional well-being from the earliest stages of life.

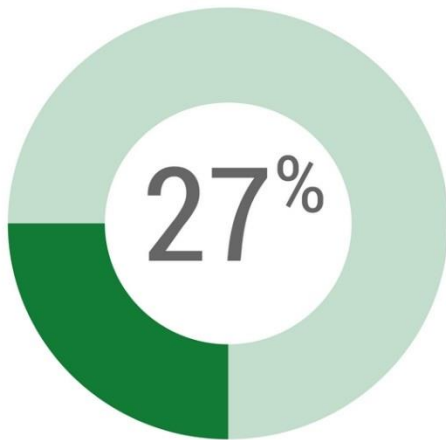


Snapshot of Green Lake County



Green Lake County only has about **0.74 mental health providers for every 1,000 residents**

Source: 2016 County Health Rankings



The percent of Community Health Assessment survey respondents who believe that mental health is the top health priority in our communities



Green Lake County has a higher than average suicide rate at **23.0 per 100,000 people**

Source: Prevent Suicide Wisconsin. Map of Suicide Rates by County



Nearly **1 in 10** Green Lake County Residents has experienced 4 or more Adverse Childhood Experiences

Source: Wisconsin ACE Brief 2011-12: Wisconsin ACE Map



Goal 1:

Improve mental health and decrease suicide rates in CWHP counties

In alignment with the State of Wisconsin's vision of preventing suicide, this goal is aimed at improving individual, family, and community characteristics that can help reduce the likelihood of having negative mental health outcomes such as suicide.

CWHP Objective: By 2022, at least one new or existing strategy will be implemented, strengthened, or expanded upon to help increase and enhance mental health protective factors.

Short-Term Indicators

- increase in number of community organizations providing trauma informed services
- decrease in high school youth who report attempting suicide within the last 30 days

Long -Term Indicators

- decrease Suicide Rates
- decreased hospitalizations related to suicide attempts

Possible Strategies

Community Mentorship Programs



Mental Health First Aid



Coping Skills Training



Telemental Health Services



Trauma Informed Communities



Bullying Prevention Programs



Means Restriction Education



Priority Area: Alcohol and Other Drug Abuse

Abuse of alcohol and other drugs is defined as using these substances, legal or illicit, in a way that results in recurrent failure to fulfill important obligations, recurrent use of substances in a way that is physically harmful, recurrent legal problems, or continued use of alcohol or other drugs despite having social or personal problems as a direct result of using that substance (SAMHSA, 2015). Alcohol and other drug abuse can create a significant burden on both the state and local counties. In 2013, the economic burden of excessive alcohol use in all six counties totaled \$180.9 million (UW Population Health Institute). This large financial burden is largely due to a host of negative outcomes associated with substance abuse such as lost productivity, failure at school, domestic violence, child abuse, and crime. Substance abuse can also lead to a variety of different health problems such as sexually transmitting infections, Hepatitis C, HIV/AIDS, pregnancy complications, and cardiovascular conditions.



SNAPSHOT OF GREEN LAKE COUNTY



In 2014, nearly **1 out of 5 (21%)** of Green Lake County Residents reported binge drinking

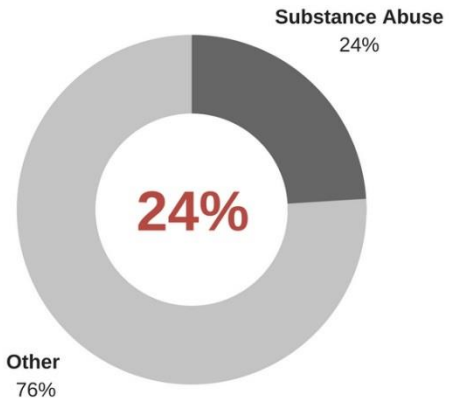
Source: Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016

2x



In 2014, the OWI arrest rate in Green Lake County almost **twice** that of the national average at **609 arrests per 100,000 people**

Source: Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016



The percent of Community Health Assessment survey respondents who believe substance abuse is the top health priority in our communities



In 2014, **68 of the 260 deaths** that occurred in Green Lake County had alcohol, tobacco, or other drugs listed as an underlying cause of death

Source: Public Health Profiles, Wisconsin 2016



Goal 1: Decrease alcohol and drug misuse and abuse in CWHP Counties

Preventing and treating drug and alcohol misuse and abuse requires many different partners and strategies across all sectors. This goal is aimed at promoting both new and existing strategies to ultimately reduce deaths associated with substance use disorders.

CWHP Objective: By 2022, at least one new or existing strategy will be implemented, strengthened, or expanded to help increase use of outreach, intervention, treatment, and support services for alcohol and drug misuse.

SHORT-TERM INDICATORS

- decrease in drug and alcohol related hospitalizations
- increase in number of drug court participants
- decrease in opioid prescribing rates

LONG-TERM INDICATORS

- decrease in drug and alcohol related deaths
- decrease in binge drinking rates among adults
- decrease in past 30 day use among youth who participate in the YRBS

Possible Strategies

Drug Court



Prescription Drug Monitoring Program



Naloxone Education and Distribution



Drug Drop Boxes



SBIRT (Screening, Brief Intervention, and Referral to treatment)



Responsible Beverage Server Training



Alcohol Access Restrictions in Public Places



Priority Area: Chronic Disease

Chronic diseases are conditions that last a long time, do not go away on their own, and are rarely cured. These diseases often have permanent effects and can result in disability later on in life. Some examples of the most common chronic diseases include heart disease, cancer, diabetes, stroke, and asthma. These and other chronic diseases have a significant impact on both length and quality of life. Compared to urban communities, rural counties, like Green Lake County, disproportionately share the burden of chronic disease. The good news about chronic diseases is that many cases are preventable through lifestyle modification. Lack of physical activity, unhealthy diet, tobacco use or exposure to secondhand smoke, and excessive alcohol use are the four modifiable risk factors that largely contribute to the instances of chronic disease in the United States.

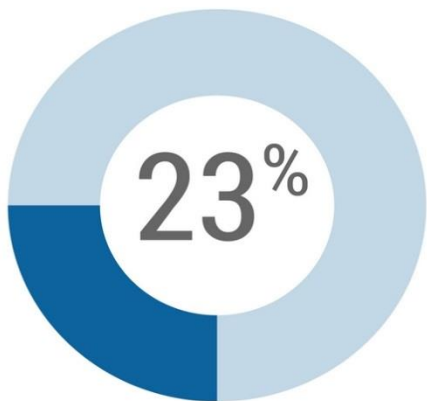


Snapshot of Green Lake County



More than **1 in 4** Green Lake County women reported smoking during pregnancy

Source: Public Health Profiles, Wisconsin 2016



Nearly **one quarter** of Green Lake County residents do not participate in leisure time physical activity

Source: 2016 County Health Rankings

#1

Heart disease has been the leading cause of death in Green Lake County for over **ten years**

Source: Public Health Profiles, Wisconsin 2016



Nearly **one-third (31%)** of Green Lake County residents are obese

Source: 2016 County Health Rankings



Goal 1: Promote chronic disease prevention and management

In alignment with the State of Wisconsin's vision of having communities that eat healthier and move more, this goal is aimed at implementing evidence based strategies that help prevent chronic diseases. Strategies will focus on modifiable risk factors such as physical activity, nutrition, breastfeeding, and eliminating tobacco use.

Objective:

By 2022, one new or existing strategy will be implemented, strengthened, or expanded upon to help promote chronic disease prevention and management.

Short-Term Indicators

- increase in breastfeeding rates
- increased use of the tobacco Quitline
- increased number of participants in chronic disease prevention and management programs

Long-Term Indicators

- decreased rates of obesity
- decreased rates of diabetes
- decreased rates of heart disease

Possible Strategies

Breastfeeding Promotion Programs



Community walking or running groups



Exercise Prescriptions



Tobacco Cessation Programs



National Diabetes Prevention Program



Chronic Disease Self Management Classes



Point of Decision Prompts



Next Steps

The Community Health Improvement Plan is a road map to creating a healthier Green Lake County for all residents. The next steps for us are to plan and implement the evidence based strategies that are outlined in this plan. In order to create successful health outcomes, we need the help of community members across all sectors. Here are a few ways you can get involved to help make Green Lake County the healthiest place to live, learn, work, and play!



Visit the Green Lake County Wellness Coalition Website

- Go to www.glcwc.org
- Click on the "Get Involved" tab and fill out a contact form.
- Get information about upcoming meetings and view meeting minutes to find out more about what our community partners are doing to improve the health of our county.



Are you or your organization already doing great things in the community?

- If you or your organization are already taking actions to improve health, we want to hear from you!
- Contact the Health Department to find out how your organization can partner with public health and other community organizations.
- Large-scale change is best achieved through collaboration and collective community impact.



Take action to live a healthier lifestyle!

- Avoid tobacco
- If you drink alcohol, drink in moderation
- Aim for 150 minutes of physical activity each week
- Eat healthier by adding more fruits, vegetables, and whole grains to your diet
- For other ideas of ways to incorporate healthy behaviors see Appendix B.



Not sure how to get involved?

Call the Green Lake County Health Department at 920-294-4070 for more information!



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Appendix A: Sample Work Plan

Date Created:

Date Reviewed/Updated:

PRIORITY AREA:
GOAL:

PERFORMANCE MEASURES		
How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
Long Term Indicators	Source	Frequency



OBJECTIVE #1: Specific, measurable, attainable, relevant, time bound objective-

BACKGROUND ON STRATEGY-

Source:

Evidence Base:

Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	State	Healthy People 2020	National Prevention Strategy
1			
2			

* To view the most current work plan, please visit www.glcwc.org



Appendix B: Organizational and Individual Practices to Improve Health

What can state and local governments do to improve AODA?

- Maintain and enforce the legal drinking age, limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Promote the use of drug drop boxes to remove expired or unwanted controlled medications from homes.
- Implement harm reduction strategies to prevent transmission of HIV, hepatitis, and other infectious diseases.
- Implement and sustain tobacco prevention and control programs.

What can employers and businesses do improve AODA?

- Provide evidence-based incentives to increase tobacco cessation.
- Make work sites tobacco free.
- Implement training programs for owners, managers, and staff that build knowledge on responsible beverage service.

What can healthcare providers and insurers do to improve AODA?

- Create linkages with and connect patients to community resources such as tobacco quit lines or support groups.
- Identify and screen patient for excessive drinking using Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- Identify, track, and prevent inappropriate patterns of prescribing and misuse of prescription drugs.
- Train prescribers on safe opioid prescription practices and institute accountability mechanisms to ensure compliance.

What can early learning centers and schools do to improve AODA?

- Promote tobacco free environments.
- Encourage children to participate in extracurricular and out of school activities.
- Teach children about the health risks of tobacco and other drugs.

What can community organizations, non-profits, and churches do to improve AODA?

- Support community programs that promote healthy youth development.
- Consider hosting support groups such as Alcoholics or Narcotics Anonymous.
- Increase awareness of the proper storage and disposal of prescription medications.

What can individuals and families do to improve AODA?

- Actively participate in community and prevention efforts.
- Quit using tobacco products and ask a health care provider or call 1-800-QUIT-NOW for support.
- Make homes smoke free and protect children from secondhand smoke.
- Safely store and dispose of medications and never share prescriptions with others.
- Avoid binge drinking and using illicit drugs, seek help from your healthcare provider when needed.



What can state and local governments do to improve mental health?

- Conduct comprehensive community health assessments and develop community health improvement plans.
- Ensure that those in need, especially vulnerable populations, are identified and referred to mental health services.

What can employers and businesses do to improve mental health?

- Implement organizational changes to reduce employee stress such as developing clearly defined roles and responsibilities.
- Provide reasonable accommodations such as flexible work schedules and adaptive work stations.
- Ensure that mental health services are included as a benefit on health plan and encourage employees to use those services when needed.

What can healthcare providers and insurers do to improve mental health?

- Educate parents on normal child development and conduct early interventions to enhance mental and emotional well-being.
- Screen for mental health needs among children and adults.
- Develop integrated care programs to address mental health needs in the primary care setting.

What can early learning centers and schools do to improve mental health?

- Ensure students have access to comprehensive health services, including mental health or counseling services.
- Implement programs and policies to prevent abuse, bullying, and violence.
- Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth.

What can community organizations, non-profits, and churches do to improve mental health?

- Provide informational tools to both men and women to promote respectful, nonviolent relationships.
- Provide space and organized activities that encourage inclusion for all people.
- Support child and youth development programs.

What can individuals and families do to improve mental health?

- Build strong, positive relationships with family and friends.
- Become more involved in the community.
- Encourage children to participate in extracurricular activities.
- Work to make sure children are comfortable talking about problems such as bullying.



What can state and local governments do to improve chronic disease?

- Include health criteria as a component of decision making (e.g. health in all policies).
- Create healthy environments that support people's ability to make healthy choices.
- Work with hospitals, daycares, and worksites to implement breastfeeding policies and programs.
- Facilitate collaboration of community partners to create healthier communities.

What can employers and businesses do to improve chronic disease?

- Adopt lactation policies that provide space and break time for breastfeeding employees.
- Provide nutrition information to customers, make healthy options and appropriate portion sizes the default.
- Sponsor a new or existing park, playground, or trail.
- Implement worksite health initiatives.

What can healthcare providers and insurers do to improve chronic disease?

- Screen for obesity by measuring body mass index and deliver appropriate care according to clinic guidelines for obesity.
- Assess dietary patterns and provide nutritional education and counseling.
- Conduct physical activity assessments, provide counseling, refer patient to fitness professional or consider exercise prescription.

What can early learning centers and schools do to improve chronic disease?

- Incorporate health education into coursework.
- Eliminate high-calorie, low-nutrition drinks from food vending machine, cafeterias, and school stores.
- Provide daily physical education and recesses that maximize time spent being physical active.
- Support walk- and bike-to-school programs.

What can community organizations, non-profits, and churches do to improve chronic disease?

- Develop and institute policies and joint use agreements that encourage shared use of facilities.
- Start a community garden.
- Create a healthy community cookbook.
- Offer healthy options such as fruit or salad at community pot luck dinners.

What can individuals and families do to improve chronic disease?

- Visit your healthcare provider to receive clinical preventive services.
- Breastfeed babies exclusively for the first 6 months after birth.
- Avoid oversized portions, fill half your plate with fruits and vegetables, make at least half of your grains whole grains, and drink water instead of sugary drinks.
- Adults should engage in at least 150 minutes of moderate-intensity physical activity each week or at least 60 minutes per day for children.



Environmental Health
Green Lake County
OCTOBER 2017

Animal Bites: # of investigations –2– (2 dog/human)
Reported Animal Bites – 2
Animal Quarantines for Animal v. Human Exposures – 1
Animal Quarantines for Animal v. Animal Exposures – 0
Quarantine Violations and Enforcement Actions Taken – 0
Animals Exhibiting Positive Signs of Rabies During Quarantine – 0
Animals Exhibiting Negative Signs of Rabies During Quarantine – 1
Enforcement Actions Taken for Violations of Vaccination Requirements – 0
Animals Sacrificed for Exhibiting Symptoms of Rabies or Being Rabies Suspects- 0

Well Water: 8 kits distributed.

Lead: Site visit with K. Schneider on 10/10/2017. Two children in the home recently had lead test results of 5mcg/dl and 6mcg/dl. The mother of the children requested that a lead check be completed on the rental house that she and the children live at. The results showed that lead is present in the following areas: baseboard of living room, a bedroom window frame, interior stairs, floor and ceiling of front porch, and peeling paint on exterior of home. A letter stating the findings of this visit was sent to the landlord and tenant.

Sewage: None

Solid Waste: None.

Radon: 3 kits distributed

Housing: Site visit on 10/13 at a home in Berlin. A concerned neighbor called the Health Dept. regarding a rental house in the city of Berlin. Caller stated that the tenants had numerous animals and that home was not in good condition. During the visit, the tenant refused to allow anyone into the home, however he did provide information that suggested the home may be unsafe. This information and case was referred to Lindsay Kemnitz, City of Berlin Community Development Director and Susan Leahy, building inspector. Awaiting update.

A tenant called the Health Dept. regarding the Berlin apartment that he was being evicted from. He stated that cracks in the apartment walls smelled of urine and feces. Inspector was unable to make contact with the tenant. This case was referred to Lindsay Kemnitz and Susan Leahy for assistance. Case is currently ongoing.

Site visit to a facility in Princeton on 10/6 for a complaint of bugs. Nothing was found during the site visit.

Site visit by K. Munsey on 10/12. The house was deemed unfit for human habitation and placarded. The elderly tenant was placed in an assisted living facility. Abatement orders were sent to the landlord and two of the tenant's relatives that had been living in the home with the tenant. Placard was lifted on 10/31.

The city of Berlin has given a facility until 11/14 to complete all required work on the 258 E. Huron Street, Berlin property. A building inspector is required to clear the home once all work has been completed and before placard is removed.

Abatement orders for an individual were due on 10/31. Upon inspection of the home on 10/31 it was determined that the individual was in compliance with the abatement orders.

Vector: None

Asbestos: None.

Food/Water Illness: None

Abandoned Bldgs: None

Other:

Agent 22 inspections completed, including: 9 school inspections, 2 re-inspections, and 2 pre-inspection. 1 onsite visit completed.

Completed a Lead Sampling Technician course on 10/02 leading to certification as a lead sampling technician.

Completed all Green Lake County school kitchen inspections.

Attended the following conferences: Public Health Orientation Conference (10/11-10/12) and Wisconsin Environmental Health Association Fall Conference (10/18-10/20).

Gave a short presentation with Ann Robbe at our Food and Recreational Advisory Committee Meeting on 10/17.

Working with new owner on problem with ventilation hood and fire suppression system at a facility in Green Lake County. This has been an on-going issue. Brian Noe from DSPP has been assisting, however we are now waiting for the Town of Manchester to issue orders.

A wild game variance application was completed by a Green Lake County facility and submitted to DATCP for final approval on 10/31. The facility plans to begin venison processing.

On 10/30 a Waushara County bar/restaurant that is the responsibility of the Green Lake County inspector had a fire. The extent of the damage is unknown at this time. More information will hopefully be available within the coming days.

Several phone calls with the guardians of Green Lake County resident. The resident home is currently placarded and orders were due last month. The family is having a difficult time determining what can be done with the home and have debated demolishing the home down. During the last phone call on 10/30 the guardians were planning to consult an attorney to determine what their options were regarding the home. Still awaiting a decision on how the guardians plan to proceed with orders.

A site visit was conducted on 10/31 at a Green Lake County facility. The owners of the facility are considering opening up for a short time this fall, closing for the season, and then opening up again in the spring. They plan on being open Fridays only and serving fish and french fries. A routine inspection will be performed once the facility is in operation.

NUTRITION PROGRAM CATERER BIDS

The Green Lake County Nutrition Program uses caterers to prepare the meals for the Senior Dining sites and the Homebound Meals Program. Every Three years we must request bids for the caterers, 2017 was a year we had to open bids. Two bids were received.

The Berlin Senior Center submitted a bid to prepare meals for the Berlin meal site and the Berlin homebound meals program. The bid was \$5.30 per meal. The Sr Center is the current caterer for this site.

Feil's Catering submitted a bid to prepare meals for the Markesan and Green Lake meal sites and homebound programs. The bid was \$5.30 per meal. Feil's is the current caterer for these two sites.

No other bids were received.

The Committee on Aging recommended accepting these two bids to continue providing meals for our three nutrition sites and homebound meals programs.

2018 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2017

County of Green Lake

Primary Contact for this grant program

Name Betty Bradley

Telephone Number 920-294-4070

Extension

Email Address bbradley@co.green-lake.wi.us

Application Preparer (if different than primary contact)

Name Betty Bradley

Organization Green Lake County HHSD

Telephone Number 920-294-4070

Extension

Email Address bbradley@co.green-lake.wi.us

Applicant Status

Place your initials in box to the right to certify your eligibility - You are certifying that the applicant is a county government, or an agency of the county department. Private non-profits or Aging Units organized as a non-profit under Wis. Stat. 46.82(1)(a)3. are not eligible to apply for this grant.

BB

Organization Info

Place your initials in box certifying all organization information, including, contacts and titles, have been updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best of your ability.

BB

Federal Grant Match

Please place an "X" next to any federal grant that will be using §85.21 funds as local match.

5310

X

5307

5311

Other (Please explain)

Coordination

Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are derived from

Title of Coordinated Plan: 2014 - 2018 Green Lake County Human Services Public Transportation Coordinated Plan

The goal(s) and/or strategies from which your project is included: Driver availability; expnad service; and coordinating between projects.

Page number(s) of the Coordinated plan in which the goals may be referenced: 25, 26 and 27

Assessibility Please indicate whether or not §85.21 state aid be used for the transportation of persons you cannot walk or who walk with assistance during the calendar year.

YES

NO

(If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.)

VEHICLE INVENTORY

County of **Green Lake**

Instructions: Please provide your **entire** specialized transit vehicle inventory
 (Include all vehicles that are used for transportation of elders, regardless of funding source).

Vehicle Type <i>(Mini van, Med. Bus, etc)</i>	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions <i>(Ambulatory/Non-Ambulatory)</i>	Enter "X" to indicate vehicle funded through WisDOT 5310 or 85.21 program	Place "X" in box to indicate if vehicle is leased to another party.
medium bus	2007	219,532	12/2	X	X
mini bus	2010	127,020	10/1	X	X
mini bus	2011	73,780	10/1	X	X
mini bus	2011	110,364	12/0	X	X
mini bus	2013	64,708	12/0	X	X
mini bus	2013	56,317	10/1	X	X
mini van	2008	142,137	3/2	X	X
small bus	2007	110,692	7/1	X	X
mini van	2010	145,990	3/2	X	X
mini van	2013	87,984	3/2	X	X
mini van	2016	9,688	3/2	X	X
mini van	2016	14,050	3/2	X	X

THIRD PARTY PROVIDERS

County of **Greenn Lake**

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 grey box.)

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)
City of Berlin	Jodie Olson City Administrator	contract	no	1-1-18	12-31-18
Southern Green Lake County Sr. Transportation	Judy Bender	contract	no	1-1-18	12-31-18
Fox River Industries	Ed Schuh	contract	no	1-1-18	12-31-18
City of Green Lake	Barb Dugenske City Clerk	contract	no	1-1-18	12-31-18
City of Princeton	Mary Neubauer City Clerk	contract	no	1-1-18	12-31-18

TRUST FUND SPENDING PLAN

County of **Green Lake**

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.

Item* <small>(If item is a non-vehicle capital purchase, please scroll to second page to complete the narrative)</small>	Planned year of purchase (YYYY)	Project Cost
Maintenance/repair of 5310 vans	2018	\$5,000.00
Maintenance/repair of 5310 vans	2019	\$5,000.00
Maintenance/repair of 5310 vans	2020	\$5,000.00
Total projected cost of 3-year plan		\$ 15,000.00

Estimated amount state aid to be held in trust on 12/31/2017	\$37,307.63
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Will auto calculate based on year entered above	Enter amount of funds planning to add for the next 3 years. If none, enter "0".			
Spending plan for 2018 = \$ 5,000.00	Funds added for 2018 =	\$-	Est. balance on 12/31/18 =	\$ 32,307.63
Spending plan for 2019 = \$ 5,000.00	Funds added for 2019 =	\$-	Est. balance on 12/31/19 =	\$ 27,307.63
Spending plan for 2020 = \$ 5,000.00	Funds added for 2020 =	\$-	Est. balance on 12/31/20 =	\$ 22,307.63

Date complete 10/31/2017

Prepared by Betty Bradley

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.)*

Trust fund funds will be used for major unexpected repairs to the 5310 vans that sre used to provides rides in the 85.21 program. \$5,000.00 is set aside each year for such unplanned repairs.

PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name **City of Berlin**

Third Party Provider **City of Berlin**

Date contract last updated

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other <i>(provide explanation)</i>	Flexible route, door to door, transportation service.		

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

The City of Berlin Project provides service to elderly (over age 55) and handicapped persons living in the City of Berlin and within a five mile radius around the City. Service is provided with an five(5) passenger, wheelchair accessible mini van. This is a flexible route, door to door service. Individuals wishing to schedule a ride must call the Berlin Senior Center to schedule the ride. Medical trips take priority over all others. All rides are scheduled on a first come first serve basis. This is a fee based transportation service. The fee can be reduced or waived by the project manager in cases where the rider is unable to pay. The primary funding source for this service is 85.21 funding, along with City of Berlin funds, County funds, rider fees and contributions.

PROJECT DESCRIPTION, Continued

Geography of Service

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

The city of Berlin and those living with a five mile radius

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	

Additional description
(if applicable)

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

Anyone wanting to use the service must call the Berlin Sr. Center. The project manager will then schedule a ride and arrange for the pickup time with the rider. Service priority areas are medical, nutrition related, employment and recreational reasons.

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

Anyone over the age of 55, or handicapped may request the service.

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

This is a fee based service. Trips within the City of Berlin are charged \$2.00 per ride, if the wheelchair lift is needed to be used the rider is charged \$10.00. Fees for out of town trips are: Ripon - \$20.00; Oshkosh - \$40.00; Wautoma - \$40.00; Wild Rose - \$50.00; Appleton - \$50.00; Fond du Lac - \$50.00; Montello - \$50.00; Madison - \$100.00. Fees can be waived or reduced by the Project manager if the rider cannot afford to pay. Fees are collected by the driver at the time of the trip.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses **\$34,559**

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.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation **Total from A.** **\$22,800**

B. \$85.21 funds from trust fund **Total from B.**

C. County Match Funds **Total from C.** **\$3,444**

D. Passenger Revenue **Total from D.** **\$4,000**

E. Older American Act (OAA) funding **Total from E.**

F. \$5310 Operating or Mobility Management funds **Total from F.**

G. Other funds **Total from G.** **\$4,315**

(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.)

1. City of Berlin **Total** **\$4,315**

2. **Total**

3. **Total**

4. **Total**

5. **Total**

6. **Total**

Revenue Total **\$34,559**

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name **Southern Green Lake County Senior Transportation**

Third Party Provider Southern Green Lake County Senior Transportation

Date contract last updated

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	Flexible route, door to door van service.		

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

Southern Green Lake County Senior Transportation provides a respond to call, door to door transportation service to the elderly and handicapped persons who live in Southern Green Lake County. Two, five passenger minivans are wheelchair accessible and volunteer drivers also use private vehicles to transport clients when all vans are committed to trips. Service is provided Monday through Friday and occasionally on weekends in an emergency. A two day or more notice is required for local trips and five days notice is required for out of town trips. Any person over the age of 55 or handicapped may request the service. Medical trips take priority over all other trips. This is a fee based transportation service. The fee may be lowered or waived by the project manager for individuals who are unable to pay. The primary funding source for this project is 85.21 funding, along with County funding, rider fees and contributions.

PROJECT DESCRIPTION, Continued

Geography of Service

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

Green Lake County, Markesan, Marquette, Manchester, Kingston, Dalton, Mackford, Princeton, Green Lake, and rural Southern Green Lake County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	

Additional description
(if applicable)

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

Riders may call the project manager or the van drivers directly to schedule a ride. Two days advance notice is required for local rides, and five days advance notice is required for out of town travel. Service priority areas are medical, nutrition related, employment and recreational reasons.

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

Anyone over the age of 55 or handicapped may use the service. Individuals who are not elderly or handicapped may ride on a space available basis only.

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

This is a fee based service. Fees are collected at the time of the trip. Fees are; Markesan - \$12.00; Green Lake - \$18.00; Princeton - \$20.00; Ripon - \$20.00; Waupun - \$20.00; Berlin - \$25.00; Beaver Dam - \$25.00; Appleton - \$60.00; Fond du lac - \$35.00; Madison - \$60.00; Milwaukee - \$70.00; Neenah - \$48.00; Oshkosh - \$44.00. There is a \$10.00 per hour fee for trips over 4 hours. Fees can be waived or reduced by the project manager if the rider cannot afford the charge.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$42,137

**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.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation Total from A. \$21,829

B. §85.21 funds from trust fund Total from B.

C. County Match Funds Total from C. \$3,608

D. Passenger Revenue Total from D. \$12,200

E. Older American Act (OAA) funding Total from E.

F. §5310 Operating or Mobility Management funds Total from F.

G. Other funds Total from G. \$4,500

(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.)

1. CMO Contract Total \$4,500

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$42,137

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name

Fox River Industries

Third Party Provider

Fox River Industries

Date contract last updated

Type of Service

(Place an "x" next to the type of service you will be providing for this project)

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	

Planning Study		<i>Brief description of Study</i>	
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Other *(provide explanation)* **This is a fixed route door to door service**

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

Fox River Industries provides a fixed route door to door bus/van service twice daily. Services are generally provided weekdays only with fixed routes running from 6:30 am to 9:30 am and 3:00 pm to 5:30 pm. On-call rides will be provided between 9:30 am and 2:30 pm each day. Persons requesting pickup on route must call in at least one day in advance. Call-ins are served as time and available drivers permit. Reservations for total use of a vehicle must be called in at least 5 days in advance. Primary transportation target group in the developmentally disabled, although the elderly(over 55) and handicapped of any age are encouraged to ride. Fox River Industries has 9 vans and busses, seven of which are wheelchair accessible. These vehicles, when not in us by Fox River Industries are available for rental to the general public needing a accessible vehicle. The primary source of revenue for this project is 85.21 funds, County funds and passenger co-pays.

PROJECT DESCRIPTION, Continued

Geography of Service

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

Green Lake County, Berlin, Green Lake, Princeton, Markesan, Kingston, Dalton, Marquette, Manchester and all rural areas of the County.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		6:30 am	6:30 am	6:30 am	6:30 am	6:30 am	
End Time		5:30 pm	5:30 pm	5:30 pm	5:30 pm	5:30 pm	

Additional description
(if applicable)

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

Each day the fixed routes run morning and evening to pick up developmentally disabled individuals for work and day programs. The busses/vans are also used through out the day for medical and recreational trips for the developmentally disabled. All rides are coordinated by the project manager at Fox River Industries. Community members wishing to schedule use of a vehicle would call Fox River industries.

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

Primary passenger group is the developmentally disabled, although elderly and handicapped individuals are also eligible to ride.

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

The co-pays for those using the fixed routes are: \$.75 per oneway trip in town; and \$1.25 per oneway trip out of town. For those wishing to rent a vehicle the charge is \$.75 per mile with a \$20.00 minimum.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$17,000

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.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation Total from A. \$10,849

B. §85.21 funds from trust fund Total from B.

C. County Match Funds Total from C. \$4,051

D. Passenger Revenue Total from D. \$2,100

E. Older American Act (OAA) funding Total from E.

F. §5310 Operating or Mobility Management funds Total from F.

G. Other funds Total from G. \$0

(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.)

1. Total

2. Total

3. Total

4. Total

5. Total

6. Total

Revenue Total \$17,000

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name

City of Green Lake

Third Party Provider

Green Lake County

Date contract last updated

Type of Service

(Place an "x" next to the type of service you will be providing for this project)

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	

Planning Study

Brief description of Study

Other *(provide explanation)*

This is a flexible route door to door service.

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

The City of Green Lake Transportation Program is a respond to call, door to door transportation service for the elderly age 55 or older and handicapped individuals in the area. Volunteer drivers, using privately owned vehicles, are utilized in providing the service. The volunteer drivers are paid on a mileage plus stipend wage. A two day notice for short trips is required and a one week notice for out of town trips is required. Service is available 5 days per week. The service is available to anyone over the age of 55 or handicapped. To arrange a ride the individual must call Green Lake City Hall and speak to the project manager. The project is funded by 85.21 funds, County funds and rider co-payments.

PROJECT DESCRIPTION, Continued

Geography of Service

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

Green Lake County, the City of Green Lake and those living within a 5 mile radius.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description
(if applicable)

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

Services are requested by calling the project manager at Green Lake City Hall.

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

Anyone over the age of 55 or handicapped is eligible to use the service

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

This is a fee based service. Fees are collected by the driver at the time of the ride. Current fees are: GreenLake; \$2.00; Princeton - \$10.00; Berlin - \$15.00; Ripon - \$15.00; Waupun - \$25.00; Oshkosh - \$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. The project manager can waive or reduce the fee if the rider cannot afford to pay.

PROJECT BUDGET

Section Description	Amount
----------------------------	---------------

Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$5,823

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.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation	Total from A.	\$4,604
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B. §85.21 funds from trust fund	Total from B.	
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C. County Match Funds	Total from C.	\$879
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D. Passenger Revenue	Total from D.	\$340
----------------------	---------------	--

E. Older American Act (OAA) funding	Total from E.	
-------------------------------------	---------------	---

F. §5310 Operating or Mobility Management funds	Total from F.	
---	---------------	---

G. Other funds	Total from G.	\$0
----------------	---------------	--

(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.)

1.		Total	
----	---	-------	---

2.		Total	
----	---	-------	---

3.		Total	
----	---	-------	---

4.		Total	
----	---	-------	---

5.		Total	
----	---	-------	---

6.		Total	
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Revenue Total \$5,823

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Green Lake**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name **City of Princeton**

Third Party Provider **City of Princeton**

Date contract last updated

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	This is a flexible route door to door service.		

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

The City of Princeton is a respond to call, door to door transportation service for the elderly and handicapped persons in the area. Volunteer drivers, using privately owned vehicles, are utilized in providing the service. The vlunteers are paid mileage and a stipend for each trip. A two day notice is required for short trips and a one week notice is required for long trips out of the area. Anyone over the age of 55 or handicapped is eligible to use the service. To request service the individual must call the project manager in Princeton. The primary source of funding for this project is 85.21 funds along with County funds and passenger copayments.

PROJECT DESCRIPTION, Continued

Geography of Service

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

The County of Green Lake and the City of Princeton and those living within a five mile radius.

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time		8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	
End Time		5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	

Additional description
(if applicable)

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

Individuals must call the project manager to arrange a ride

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

Anyone over the age of 55 or handicapped is eligible to request the service.

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

This is a fee based service. Fees are collected by the driver at the time of the service. Fees are: local - \$2.00; Green Lake - \$10.00; Berlin - \$15.00; Ripon - \$15.00; Markesan - \$15.00; Waupun - \$25.00; Oshkosh - \$25.00; Fond du Lac - \$25.00; Appleton - \$35.00; and Madison - \$50.00. Fees can be reduced or waived by the project manager if the rider cannot afford the fee.

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$15,000

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.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation Total from A. \$10,888

B. §85.21 funds from trust fund Total from B.

C. County Match Funds Total from C. \$2,112

D. Passenger Revenue Total from D. \$2,000

E. Older American Act (OAA) funding Total from E.

F. §5310 Operating or Mobility Management funds Total from F.

G. Other funds Total from G. \$0

(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.)

1.
 Total

2.
 Total

3.
 Total

4.
 Total

5.
 Total

6.
 Total

Revenue Total \$15,000

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2018 PROJECT BUDGET SUMMARY**

County of **Green Lake**

Project Name	City of Berlin	Southern Green Lake County Senior Transportation	Fox River Industries	City of Green Lake	City of Princeton	0	0	0	Totals
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Project Expenses

Total Project Expenses	\$34,559.00	\$42,137.00	\$17,000.00	\$5,823.00	\$15,000.00	\$0.00	\$0.00	\$0.00	\$114,519.00
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Project Revenue by Funding Source

§85.21 Annual Allocation	\$22,800.00	\$21,829.00	\$10,849.00	\$4,604.00	\$10,888.00	\$0.00	\$0.00	\$0.00	\$70,970.00
§85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$3,444.00	\$3,608.00	\$4,051.00	\$879.00	\$2,112.00	\$0.00	\$0.00	\$0.00	\$14,094.00
Passenger Revenue	\$4,000.00	\$12,200.00	\$2,100.00	\$340.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$20,640.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
§5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$4,315.00	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,815.00
1.	\$4,315.00	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,815.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00	\$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

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Name of County/Tribe:

Green Lake

Report for:

Budget

Total Budget Amount:

\$ 162,448

Summary Budget

Expenditure Category	Federal/State Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	15,711	-	-	-	-	15,000	-	-	30,711
2. Personal Care	-	-	-	-	-	-	-	-	-
3. Homemaker	1,800	-	-	-	-	-	-	-	1,800
4. Chore	-	-	-	-	-	-	-	-	-
5. Home Del Meals	14,717	-	1,700	-	-	58,290	60,000	-	134,707
6. Adult Day Care	-	-	-	-	-	-	-	-	-
7. Case Management	-	-	-	-	-	-	-	-	-
8. Congregate Meals	67,572	1,000	6,508	-	-	24,000	19,960	-	119,040
9. Nutrition Counsel.	-	-	-	-	-	-	-	-	-
10. Assisted Transpo.	-	-	-	-	70,790	14,094	-	-	84,884
11. Transportation	-	-	-	-	-	-	-	-	-
12. Legal/Ben. Assist.	38,051	3,535	1,300	-	-	-	-	-	42,886
13. Nutrition Education	-	-	-	-	-	-	-	-	-
14. Info. & Assistance	1,400	-	3,000	-	-	-	-	-	4,400
15. Outreach	100	-	-	-	-	-	-	-	100
16. Public Information	704	-	1,000	-	-	-	-	-	1,704
17. Counsel. & Training	-	-	-	-	-	-	-	-	-
18. Temporary Respite	-	-	-	-	-	-	-	-	-
20. Advoc./Lead.Devel.	-	-	-	-	-	-	-	-	-
21. Other	10,856	-	-	-	-	-	-	-	10,856
23. Health Promotion - EB	2,944	716	-	-	-	-	-	-	3,660
1. Caregiver Counseling	1,000	-	-	-	-	-	-	-	1,000
2. Caregiver Training	50	-	-	-	-	-	-	-	50
3. Caregiver Support Group	1,000	-	-	-	-	-	-	-	1,000
4. Case Management	1,000	1,000	1,865	-	-	-	-	-	3,865
5. Respite Care - In Home	3,500	-	-	-	-	-	-	-	3,500
6. Facility Based - Day	-	-	-	-	-	-	-	-	-
7. Facility Based - Overnight	-	-	-	-	-	-	-	-	-
8. Supplemental Services	1,000	-	-	-	-	-	-	-	1,000
9. Access Assistance (I&A)	743	-	-	-	-	-	-	-	743
10. Information Services	300	-	-	-	-	-	-	-	300
AFCSP Adjustment	-	-	-	-	-	-	-	-	-
Total	162,448	6,251	15,373	-	70,790	111,384	79,960	-	446,206

Remaining Budget Balance	0.00
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County/Tribal Aging Unit Budget - 2018

CARS No. 560340
CFDA No. 93.044

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-B Budget Amount:

\$ 24,815

Section 6-B Title III-B Supportive Services

Expenditure Category	Title III-B Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	15,711					15,000			30,711
2. Personal Care									-
3. Homemaker	1,800								1,800
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.	4,100		1,000						5,100
13. Nutrition Education									-
14. Info. & Assistance	1,400		3,000						4,400
15. Outreach	100								100
16. Public Information	704		1,000						1,704
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion - EB	1,000	500							1,500
									-
Total	24,815	500	5,000	-	-	15,000	-	-	45,315

Check (X) the corresponding box if the following services are being provided by other Title III funding or another agency/organization within the county in which you are not providing any Title III funding towards AND list on IIIB Tab 2 how these services are being provided (which Title III program or outside agency).

<input type="checkbox"/>	Access to Services	<input type="checkbox"/>	In Home Services
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Remaining Budget Balance \$ -
 Percent of Access to Services 6% **Ok - You provide at least 6% of your allocation to Services Associated with Access to Services.**
 Percent of Legal/Ben. Assist. 17% **Ok - You provide at least 5% of your allocation to Legal/Benefit Assistance Services.**
 Percent of In-Home Services 7% **Ok - You provide at least 7% of your allocation to In-Home Services.**
 Total Non-Federal Match \$ 5,500 **Ok - Minimum Match Met**
 Match Amount Needed \$ 2,758.00

C-1 To III B:
Lines 10, 11, 14, 15, 16 & 21 _____ -

C-2 To III B:
Lines 10, 11, 14, 15, 16 & 21 _____ -

New Bdgt Subject to Approval 24,815

If you are not using IIIB funding to provide these Access to Service services, how are they

	List other grant funding
7. Case Management	NFCSP
10. Assisted Transpo.	85.21
11. Transportation	84.21
14. Info. & Assistance	
15. Outreach	

If you are not using IIIB funding to provide these In-Home Services, how are they being pr

	List other grant funding
2. Personal Care	NFCSP
3. Homemaker	
4. Chore	NFCSP

Example:

	List other grant funding
7. Case Management	
10. Assisted Transpo.	85.21
11. Transportation	85.21
14. Info. & Assistance	
15. Outreach	
2. Personal Care	NFCSP
3. Homemaker	NFCSP
4. Chore	NFCSP

being provided?

List other non-grant funding	List community organization providing the service
ADRC	

provided?

List other non-grant funding	List community organization providing the service

List other non-grant funding	List community organization providing the service
local funding	
ADRC	

County/Tribal Aging Unit Budget - 2018

CARS No. 560350
CFDA No. 93.045
State ID 435.560350

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-C1 Budget Amount:

\$ 67,572

Section 6-C1 Title III-C1 Congregate Meals

Expenditure Category	Title III-C1 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									-
6. Adult Day Care									
7. Case Management									
8. Congregate Meals	67,572	1,000	6,508			24,000	19,960		119,040
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion - EB									-
									-
									-
Total	67,572	1,000	6,508	-	-	24,000	19,960	-	119,040

Remaining Budget Balance \$ -

Percentage of HDM 0% Ok - You provide no more than 40% of your allocation to Home Delivered Meals.

Total Non-Federal Match \$ 7,508 Ok - Minimum Match Met

Match Amount Needed \$ 7,508

C-1 To III B:

Lines 10, 11, 14, 15, 16 & 21 _____ -

Additional Transfer Request Above 20%

FALSE

C-1 to C-2: _____ -

Line 5 _____ -

C-2 to C-1: _____ -

Line 8 _____ -

New Budget Subject to Approval _____ **67,572**

Agencies may request additional transfers above 20% to Home Delivered Meals; all additional requests will be considered within the statewide limits under the Older Americans Act.

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-C2 Budget Amount:

\$ 14,717

Section 6-C2 Title III-C2 Home Delivered Meals

Expenditure Category	Title III-C2 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals	14,717		1,700			58,290	60,000		134,707
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion - EB									-
									-
Total	14,717	-	1,700	-	-	58,290	60,000	-	134,707

Remaining Budget Balance \$ -

Percentage of HDM 0% Ok -You provide no more than 40% of your allocation to Congregate Meals.

Total Non-Federal Match \$ 1,700 Ok - Minimum Match Met
 Match Amount Needed \$ 1,636

C-2 To III B: _____
 Lines 10, 11, 14, 15, 16 & 21 _____ Additional Transfer Request Above 20% _____ FALSE
 C-1 To C-2: _____
 Line 5 _____
 C-2 to C-1: _____
 Line 8 _____
 New Budget Subject to Approval 14,717

Agencies may request additional transfers above 20% to Congregate Meals; all additional requests will be considered within the statewide limits under the Older Americans Act.

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-D Budget Amount:

\$ 1,944

***NOTE: All spending under IIID MUST be Evidenced Based.**

Section 6-D Title III-D Disease Prevention and Health Promotion Services

Expenditure Category	Title III-D Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promotion - EB	1,944	216							2,160
									-
Total	1,944	216	-	-	-	-	-	-	2,160

Remaining Budget Balance \$ -

Total Non-Federal Match \$ 216 **Ok - Minimum Match Met**

Match Amount Needed \$ 216

County/Tribal Aging Unit Budget - 2018

CARS No. 560520
CFDA No. 93.052

Name of County/Tribe:

Green Lake

Report for:

Budget

Title III-E Budget Amount:

\$ 8,593

Section 6-E Title III-E Family Caregiver Support Program

Expenditure Category	Title III-E Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Caregiver Counseling	1,000								1,000
2. Caregiver Training	50								50
3. Caregiver Support Group	1,000								1,000
4. Case Management	1,000	1,000	1,865						3,865
5. Respite Care - In Home	3,500								3,500
6. Facility Based - Day									-
7. Facility Based - Overnight									-
8. Supplemental Services	1,000								1,000
9. Access Assistance (I&A)	743								743
10. Information Services	300								300
Total	8,593	1,000	1,865	-	-	-	-	-	11,458

Check (X) the corresponding box if the following services are being provided by other Title III funding or another agency/organization within the county in which you are not providing any Title III funding towards AND list on III-E Tab 2 how these services are being provided (which Title III program or outside agency).			
<input type="checkbox"/>	Information and Assistance	<input type="checkbox"/>	Counseling, Training and Support Grp
<input type="checkbox"/>	Information Services (Pub. Info.)	<input type="checkbox"/>	Respite Services
<input type="checkbox"/>		<input type="checkbox"/>	Supplemental Services

Remaining Budget Balance \$ -

Percent of Suppl. Services 12% **Ok - You provide no more than 20% of your allocation to Supplemental Services.**
 Total Supplemental Services \$ 1,000
 Total Non-Federal Match \$ 2,865 **Ok - Minimum Match Met**
 Match Amount Needed \$ 2,865

If you are not using IIIE funding to provide these services, how are they being provided?

	List other grant funding
Counseling, Training or Support Groups	
Respite Care	
Supplemental Services	
Access Assistance (I&A)	
Information Services (Pub. Info)	

Example:

	List other grant funding
Counseling, Training or Support Groups	AFCSP
Respite Care	
Supplemental Services	
Access Assistance (I&A)	
Information Services (Pub. Info)	

List other non-grant funding	List community organization providing the service

List other non-grant funding	List community organization providing the service
	Interfaith Organization
Local funding	

County/Tribal Aging Unit Budget - 2018

CARS No. 560320
CARS No. 560024
CARS No. 560021
CDFA No. 93.778
State ID 435.560320
State ID 435.560024

Name of County/Tribe:

Green Lake

Fed Match

Report for:

Budget

Fed Match

State Elderly Benefit Services Budget Amount:

\$ 28,215

Section 6-BS State Elderly Benefit Services

Expenditure Category	State Elderly Benefit Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.	28,215	3,135							31,350
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promotion - EB									
Total	28,215	3,135	-	-	-	-	-	-	31,350

Remaining Budget Balance \$ -

Total Non-Federal Match \$ 3,135 **Ok - Minimum Match Met**

Match Amount Needed \$ 3,135

County/Tribal Aging Unit Budget - 2018

CARS No. 560490
State ID 435.560490

Name of County/Tribe:

Green Lake

Report for:

Budget

State Elder Abuse Services Budget Amount:

\$ 10,856

Section 6-EA State Elder Abuse Direct Services

Expenditure Category	State Elder Abuse Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
20. Advoc./Lead.Devel.									
21. Other	10,856								10,856
23. Health Promotion - EB									
Total	10,856	-	-	-	-	-	-	-	10,856

Remaining Budget Balance \$ -

County/Tribal Aging Unit Budget - 2018

CARS No. 560330
State ID 435.560330

Name of County/Tribe:

Green Lake

Report for:

Budget

State Senior Community Services Budget Amount:

\$ 5,736

Section 6-SCS State Senior Community Services

Expenditure Category	State SCS Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation									-
12. Legal/Ben. Assist.	5,736	400	300						6,436
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion - EB									-
									-
									-
Total	5,736	400	300	-	-	-	-	-	6,436

Remaining Budget Balance

-

Total Non-Federal Match

\$ 700 **Ok - Minimum Match Met**

Match Amount Needed

\$ 638

County/Tribal Aging Unit Budget - 2018

Name of County/Tribe:

Green Lake

Report for:

Budget

Section 6-Other Other Budget

Expenditure Category	Federal/State Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									-
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.					70,790	14,094			84,884
11. Transportation									-
12. Legal/Ben. Assist.									-
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach									-
16. Public Information									-
17. Counsel. & Training									-
18. Temporary Respite									-
20. Advoc./Lead.Devel.									-
21. Other									-
23. Health Promotion - EB									-
Total	-	-	-	-	70,790	14,094	-	-	84,884

You may use this page to record NSIP, DOT or other sources of funding outside of the Title III funding.

*GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES*

HEALTH & HUMAN SERVICES

*571 County Road A.
PO Box 588
Green Lake, WI 54941-0588
VOICE: 920-294-4070
FAX: 920-294-4139
Email: glcdhhs@co.green-lake.wi.us*



FOX RIVER INDUSTRIES

*222 Leffert St.
PO Box 69
Berlin, WI 54923-0069
920-361-3484
FAX 920-361-1195
Email: fri@co.green-lake.wi.us*

November13, 2017

Dear WI Partnership Grant Reviewers,

This letter is to support the Community Collaborations Grants application in collaboration with the six counties associated with the Central WI Health Partnership (CWHP). The six counties, which include Adams, Juneau, Green Lake, Marquette, Waushara and Waupaca along with Family Health La Clinica have joined forces for over 5 years to increase and improve service delivery to our constituents especially as they relate to behavioral health needs. Additionally, the CWHP collaborated with non-traditional partners such as businesses, faith-based groups and civic organizations to present a Health and Economic Summit in 2014 to look at ways to incorporate issues such as transportation, broadband availability, technology and education, agriculture and workforce development into the rural areas. Rural communities face great challenges when it comes to developing networks to sustain the economy. The partnerships developed that day helped a local technical college embark on the development of a satellite site in the CWHP region. This partnership between local high schools and businesses will provide an opportunity for students to learn professions and practice skills and be job ready after high school with the opportunity to complete an associate degree or bachelor's degree with the businesses agreeing to finance some of the continuing education costs. This one great accomplishment materialized from the summit.

The relationship with Family Health La Clinica and Green Lake County goes much further back too. We have collaborated with them for WIC (Women Infant and Children) services for over 25 years. This partnership provides us with a registered dietician and other staff to educate young families on the importance of good nutrition and good health during pregnancy. This program serves over 275 individuals in our county annually.

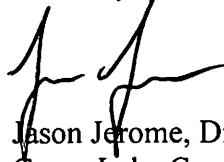
Green Lake County also has an access to care issue especially as it relates to behavioral health and dental health providers. In 2012, we were able to write for a grant to get portable dental equipment to provide dental cleanings to children who are on Medical Assistance since we only have one provider in our county. Family Health La Clinica not only wrote a letter of support for this grant but also provides access to restorative care at their facility for these children when dental issues are identified. This partnership has been very successful and access to oral health care has increased significantly.

The Central WI Health Partnership also completed a six county Community Health Needs Assessment in 2016 and is currently completing a six county Community Health Improvement Plan. Despite the challenge of working with six counties, we believe we have discovered that working together stimulates ideas, increases engagement and helps us overcome obstacles that we would struggle with if we were dealing with it alone.

We believe our longstanding relationship is a testament to the dedication of the CHWP. We are all seeking to address gaps in our community that disproportionately affect our most vulnerable. These issues include access to care, especially mental health illnesses and substance use disorders. Both of which seem to have hit the rural areas particularly hard. We feel as though we can only affect these issues if we collectively work to change our landscape, learn to identify health inequities and reduce the stigma surrounding these diseases. I hope you will strongly consider this application so we can begin to work with local community organizations and educate them on how to collectively impact our members with early prevention and interventions that have proven to be successful. We will also commit a staff member to be a part of the ongoing trainings provided in order to strengthen our own county leadership skills and to move towards a healthier future.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason Jerome', is written over the typed name.

Jason Jerome, Director
Green Lake County DHHS

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Other Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Other Rights

The provider or staff may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against a patient for the exercise by the patient of any right established, or for participation in any process provided.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

If you need assistance, contact:

Jason Jerome, Director
glcdhhs@co.green-lake.wi.us
(920)294-4070
571 County Road A
Green Lake WI 54941-0588

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never market or sell personal information, but if we would, we would get your written permission.

Other Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you: We can use your health information and share it with other professionals who are treating you, *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues: We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research: We can use or share your information for health research.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information including any substance abuse treatment records which may not be released without your written permission.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site

Effective date, November 13, 2017 upon passage by the Health & Human Services Board.

**Green Lake Department of Health and Human Services Financial Policies
and Procedures**

Section: 2 – Cash and Receipts	Effective Date:
Sub-Section: 2.3 – Billings and Collections	Revision Date:
Authorized By:	

POLICY

The Green Lake County Department of Health & Human Services (“DHHS”) billing and collections procedures are established in accordance with State Statute 46.10 Wisconsin Administrative Code DHS 1.

OUTPATIENT SERVICES PROCEDURES

Financial and insurance coverage information will be collected from each client. Reception staff enters this information into the billing software system. (See attached Intake Flow Chart/Forms that client completes before receiving services.)

Insurance coverage and benefit information is verified by DHHS staff. The client will be informed of information given to DHHS staff by their insurance company. If the information given to DHHS staff is in question, the client will be advised to contact their insurance company. Insurance Coverage and Authorization to Bill Insurance form will be signed by the client or responsible party. This form states he/she understands their financial responsibility and gives DHHS permission to bill their insurance company.

Co-payment will be collected at each office visit, if applicable.

The Wisconsin Uniform Fee System Schedule will be used to determine maximum monthly amounts due from client for private pay services. Client is liable for full cost of services or the maximum monthly amount per month (using the Wisconsin Uniform Fee System Schedule), whichever is less.

Parents are responsible parties when the client is a minor. This includes past due amounts incurred while the client was a minor.

The Wisconsin Uniform Fee System Schedule will not be used when a client is liable for an insurance deductible amount, insurance co-payment amount, or any Court Ordered assessments (i.e. IDP, AODA or MH) charges. The client is liable for full payment of these amounts.

If the client refuses to provide income or insurance information they will be liable for the full cost of services unless an exception is granted by the Director of DHHS.

If the client has insurance coverage with an HMO plan that Green Lake County is not a provider for, client will be responsible for all costs since client has the opportunity to seek services with an “in plan” provider.

For initial software set up of programs, practitioners, guarantors, etc. see procedure binder.

For step-by-step billing process in the billing software, please see billing software procedures binder.

I. RECORDING OF CHARGES AND PAYMENTS

Staff providing services will have notes entered into the billing software system by the 5th working day of the following month.

Accounting staff will perform billing procedures monthly and in a timely manner.

Reception staff will record payments in a receipt book.

All receipts will be recorded on a spreadsheet showing payment date, receipt number, received from and which unit payment is being assigned to, amount of payment and whether cash or identify check number.

Accounting staff will post payments in the billing software system to credit the account accordingly.

II. INSURANCE BILLING

Claims are submitted to insurance companies via electronic billing, paper claims, or the use of secure insurance company portals.

III. PRIVATE PAY STATEMENTS

Private pay client statements will be mailed monthly.

IV. OVERDUE ACCOUNTS

Notice of payment due will be given when an account is without a payment since the previous statement was mailed. After the initial mailing of the private pay balance due, notices will be mailed each month for the following 3 months informing client's of their balance due and a payment has not been received.

The billing software system has "self pay" dunning message that will appear on statements with 1st, 2nd 3rd and Final Notices.

The Final Notice will indicate the account is overdue and collection action will be initiated if no payment within 30 days. The account will be reviewed by the Accounting staff/Director to determine appropriate collection procedures.

Actions that may be taken on the account:

Discontinue billings considered not collectable or too small to pursue and place in financial file in inactive status. May be re-activated if client contacts Department or if evidence is found that account may be collectable through an estate or other change in status.

Personal contact by Director, Unit Manager, Accounting staff, Corporation Counsel, etc. to ascertain the person's situation and arrange a new payment schedule based on current ability to pay.

Refer account to the Collection Agency for further action.

Pursuit of small claims action through Corporation Counsel/District Attorney when there is documentation of ability to pay and a judgment can be obtained.

V. Notation and documentation of collection decisions/actions are made in the client financial file. No client will be refused future services because of an overdue account within the Department of Health & Human Services – Behavioral Health Unit. All due consideration of the client’s financial circumstances shall be taken into account when attempting collections and no client or family shall be asked to pay an amount that would create an undue financial burden. Clients are at all times encouraged and allowed to discuss their accounts, payment arrangements, financial situation changes, etc. with the Accounting staff and/or Unit Manager/Director.

VI. SYSTEM MAINTENANCE

Each month is closed out on the billing software system by Accounting staff with the approval of the Director.

VII. PROCESS FOR WRITE-OFF OF ACCOUNTS

Charges determined to be uncollectable will be written off (adjustment) in the billing software system by the Accounting Staff.

Forms Initial

- Intake Application Client Registration
- Fee Schedule
- Insurance Coverage and Authorization to Bill
- Financial Form
- Client Policies
- Consent for Treatment
- Notice of Privacy Practices
- Client Rights and Grievance Procedure

IDP Forms

- IDP Citation Information Form
- IDP Appeal Process Release Form
- IDP Frequently Asked Questions

Other Forms

- Court Ordered AODA/IDP = Tuberculosis Survey
- Court Ordered AODA Information Form

- Mandatory 6-8 week updates Front Desk Form

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 2 – Cash and Receipts	Effective Date: 11/13/17
Sub-Section: 2.6 – Inpatient Billings and Collections	Revision Date:
Authorized By:	

POLICY

The Green Lake County Department of Health & Human Services (“DHHS”) billing procedures are established in accordance with State Statute 46.10, Wisconsin Administrative Code DHS 1.

PROCEDURES

Clients may be authorized and admitted to a hospital or other treatment facility under contract with Green Lake County Department of Health & Human Services – Behavioral Health Unit (DHHS-BHU) for detoxification, psychiatric or AODA treatment. Any inpatient facility stay beyond the initial 72 hours will need to be authorized by DHHS-BHU in order for DHHS to assume responsibility for payment.

Process of informing client of responsibility:

The client will be informed prior to admission to the facility if possible (or as soon afterward as possible and practical) that he/she will be responsible for all costs of treatment paid to the hospital, treatment facility, physicians, etc. by DHHS-BHU on his/her behalf.

The Crisis worker will make an attempt to review the following with the client:

- If the client has insurance coverage, the inpatient facility will bill the insurance company.
- DHHS will pay any remaining balance to the facility/provider on the client’s behalf.
- DHHS will then send a letter explaining repayment options, a statement, and a copy of the bill DHHS received from the inpatient facility.

Billing process:

A payment plan is an option for client repayment to DHHS. This repayment plan will be limited to the client’s ability to pay. A monthly payment plan that will not be financially burdensome to the client and his/her family may be established. No additional interest charges will be added to an account with a payment plan. The “statute of limitations” for repayment to DHHS is 10 years from the date of service. A lump sum payment for a substantial portion of the debt with no further financial obligation may be arranged with the approval of the Director of DHHS.

A copy of the inpatient facility bill showing charges paid by DHHS-BHU will be enclosed with the first DHHS billing statement as well as a letter explaining the repayment process. A copy of the facility bill indicating DHHS-BHU payment is kept in the client’s electronic record for future reference or questions. Some of the inpatient facility/provider charges may not have been paid by DHHS-BHU for the reason of but not limited to being unrelated to the psychiatric or AODA treatment, convenience items, etc. DHHS will have no liability for these unrelated charges.

CLIENT BILLING PROCEDURE

First Notification – The first notification will inform the client/responsible party of their liability to Green Lake County DHHS due to services rendered at an inpatient facility, which Green Lake County DHHS has paid on their behalf. If they are unable to pay the balance due in full, a monthly payment plan can be established.

Second Notification – If no response to the first notification within 30 days, a second letter will be sent reminding client of balance due and payment plan availability if household financial information is provided.

Third Notification – If no response within 30 days after the second notice of non-payment, another letter will be sent stating account is considered delinquent and requesting client to contact us regarding the account.

Forth Notification – If not response within 30 days after the third notice, a letter will be generated informing client the account will be sent to collection if the client does not respond within 30 days of the forth notice.

NO ABILITY TO PAY

If determined a client does not have ability to pay, a letter will be sent to the client notifying them they will not be billed for the inpatient facility charges at this time. There will be an annual follow up for 10 years to determine if the client has a change in financial status. DHHS will proceed with the normal billing procedure if ability to pay is determined at a later date.



REQUEST FOR PURCHASE APPROVAL

Item To Be Purchased:

Department:

Account Number:

Governing Committee:

Governing Committee Approval Date:

P&I Approval Date:

Reason for Purchase: