

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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Post Date:

10/6/2021

The following documents are included in the packet for Health and Human Services Committee Meeting held on Monday October 11, 2021

- October 11, 2021 Health and Human Services Committee Agenda
- September 13, 2021 Health and Human Services Committee Meeting draft Minutes
- Aging Advisory September 22, 2021 Draft Minutes
- Criminal Justice Collaboration Committee September 20, 2021 Draft Minutes
- Public Health Monthly Report
- Children and Families Monthly Report
- Aging Monthly Report
- Behavioral Health Monthly Report
- ASAM Policy and Procedure
- Uniform Placement Policy in Procedure
- Mental Health Outpatient Procedures
- Aging Plan 2022-2025



**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN
SERVICES**

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

Health & Human Services Committee Meeting Notice

**Date: October 11, 2021 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
Harley Reabe,
Vice Chair
Brian Floeter
Joanne Guden
Nancy Hoffmann
Christine Schapfel
Richard Trochinski
Joy Waterbury
Charlie Wielgosh*

*Kayla Yonke,
Secretary*

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Minutes (9/13/2021)
5. Director's Report
6. VSO Report
7. Advisory Committee Reports
 - Aging Advisory Committee (Jerome)
 - Criminal Justice Collaborating Committee (Jerome)
8. Unit Reports
 - Treatment Court Update
9. Personnel Updates
 - FRI Program Aid
 - ESU Worker
 - LTE Public Health Positions
10. Mental Health Outpatient Timely Filing Procedures
11. Aging Plan 2022-2025
12. Committee Discussion
 - Future DHHS Meeting Date (November 8, 2021 at 5:00 p.m.)
 - Future Agenda items for action & discussion
13. Adjourn

Green Lake County HHS Admin is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

<https://us06web.zoom.us/j/89652646447?pwd=VjJHb3hBNTFjYVluOUFkcStONzBodz09>

Meeting ID: 896 5264 6447

Passcode: 776793

One tap mobile

+19294362866,,89652646447# US (New York) 13017158592,,89652646447# US

+(Washington DC)

Dial by your location

+1 312 626 6799 US (Chicago)

Meeting ID: 896 5264 6447

Find your local number: <https://us06web.zoom.us/j/89652646447?pwd=VjJHb3hBNTFjYVluOUFkcStONzBodz09>

Kindly arrange to be present,
if unable to do so, please
notify our office. Sincerely,
Kayla Yonke
Financial/Business Manager

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, September 13, 2021 AT 5:00 P.M.

PRESENT: Joe Gonyo, Chairman
Harley Reabe, Vice Chairman
Joy Waterbury, Member
Richard Trochinski, Member
Charlie Wielgosh, Member
Nancy Hoffmann, Member
Rachel Prellwitz, Public Health Officer
Joanne Guden, Member
Christine Schapfel, Member
Brian Floeter, Member (via Zoom)
Sue Wendt (via Zoom)

OTHERS PRESENT: Jason Jerome, HHS Director
Kayla Yonke, Financial/Business
Manager Mark Podoll, Sheriff
Jimmy Tonn, Public
Cathy Schmit, County Administrator
Jon Vandeyacht, VSO

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 5:00p.m. by Gonyo.

Pledge of Allegiance: The Pledge of Allegiance was recited.

Action on Minutes: Motion/second (Guden/Schapfel) to approve the minutes of the meeting held on August 9, 2021 of the Health & Human Services Board as presented. All ayes. Motion carried.

Director's Report:

Jerome reported Rachel Prellwitz will present later on in the agenda on COVID.

2022 Budget has been submitted to county administrator

HVAC and Roof at FRI are now complete.

Production and Day Service needs have continued to increase.

BHU Clinician productivity rate in 2020 productivity vary between 60-68%.
Discussion Followed.

Texting communication policy will be on the agenda later for staff to better communicate with consumers

Reconsidering Resolution that is on the agenda later was due to a typo on the pay grade.

VSO Report: Vandeyacht stated VSO office has been very busy with calls, requests, and outreach. Vandeyacht reported the numbers are back to Pre-COVID numbers. Vandeyacht shared the budget and was put on file. Discussion followed.

Appearances:

Public Health Officer: Prellwitz reported there is a surge in COVID cases. Disease activity is very high in most of Wisconsin. Discussion Followed.

Sheriff Podoll: Podoll stated that Public Health is doing a great job under the stress they continue to be under due to COVID. Podoll reported he wanted to speak to the board member to ensure they are fully on board and supportive of what the health departments is doing. Podoll also reported that Green Lake County is a team and we need to continue to work together.

Advisory Committee Reports:

Family Resource Committee - Trochinski reported the 5 year CCOP plan was approved during the meeting. Discussion Followed.

Unit Reports:

Public Health Unit (PH) - report was reviewed and placed on file.

Fox River Industries (FRI)- report was reviewed and placed on file

Behavioral Health Unit (BHU) - report was reviewed and placed on file.

Children and Families Unit (CFU) - report was reviewed and placed on file.

Aging Unit - report was reviewed and placed on file.

Fiscal Unit- Expense/Revenue report and ADRC Expense Revenue Breakdown was reviews and placed on file.

Personnel Updates:

Jerome reported the new Psych Nurse's is Kassondra Gillingham she started today 9/13/2021.

Mabel Plueddeman from ESU has started her new journey as the CLTS Case Managers in the Behavioral Health Unit. The process has started for filling the ESU vacancy.

Patti Elsing will start as a Program Aid at FRI September 27, 2021

Two new interns have started for fall semester in the Behavioral Health Unit, Celine Konetzke and Cassidy Hayes. Discussion Followed

Public Health is currently looking at several LTE Positions, 3 COVID Contact Tracers and 1 School Liaison. All position are up to 1,200. Discussion Followed.

Texting Communication Policy: a motion/second (Trochinski/Waterbury) to adopt the texting communication policy as presented. All Ayes, Motion Carried. Discussion Followed.

Reconsider Resolution: a motion/second (Waterbury/Guden) to forward the resolution reconsideration related to creating a food pantry/aging/FRI/services worker position to be shared between the aging unit and FRI in the Health and Human Services Department to County Board. All Ayes, motion carried.

Committee Discussion:

Future Meeting Date: The next Health & Human Services Board meeting will be **Monday, October 11, 2021 at 5:00 p.m. at the Green Lake County Government Center.**

Adjournment: Gonyo adjourned meeting at 5:58p.m.

COMMISSION ON AGING ADVISORY MINUTES

September 22, 2021

Present in Person: Judith Street, Betty Bradley, Kayla Yonke, Harley Reabe, Gloria Lichtfuss, Dawn Wuerch and Jason Jerome.

Excused: Robert Dolgner, Parkis Waterbury, and Darlene Krentz

CALL TO ORDER:

The meeting was called to order at 10:30 a.m. by Bradley at the Green Lake County Government Center.

Motion/Second (Street/Reabe) to nominate Gloria Lichtfuss to run the meeting

CERTIFICATION OF OPEN MEETING LAW: The requirements of the Open Meeting Law have been met.

PLEDGE OF ALLEGIANCE: The Pledge of Allegiance was recited.

ACTION ON MINUTES: Motion/second (Reabe/Street) to approve the July 28, 2021 meeting minutes as presented. All ayes. Motion carried.

Senior Picnic: Bradley Stated the Senior Picnic was held on September 10th at St Johns. Bradley reported it was a success. Discussion Followed.

2022-2025 Aging Plan: Motion/Second (Street/Lichtfuss) to approve and move the 2022-2025 Aging Plan on to the HHS Committee for final approval as presented during the Aging Public Hearing and Aging Committee. All ayes. Motion carried. Discussion Followed

Senior Dining Site Reopening: Bradley reported Green Lake and Markesan Dining site are open with very few people are attending at these meal sites. Bradley reported the Berlin site will reopen November 1st, 2021 due to road construction around the Berlin dining site. Discussion Followed.

Health and Human Services Board Report: Jerome reported September Health and Human Services board meeting was 9/13/2021. Jerome stated the 2022 Budget has been submitted to county administrator. Jerome reported Public Health officer reported on COVID. A text policy was put together and approved for Health and Human Services.

Advocacy: No Report

Year-to-Date Program Information: Bradley reviewed the Aging report and the report was put on file. Discussion Followed.

Committee Discussion: No Discussion

Future Meeting Date: The next meeting will be held on November 17, 2021 at 10:30AM.

Future Agenda Items for Action and Discussion: 85.21 Transportation grant and Dining Site BIDS.

Lichtfuss adjourned the meeting at 10:51.

DRAFT

THE FOLLOWING ARE THE OPEN MINUTES OF THE GREEN LAKE COUNTY CRIMINAL JUSTICE COLLABORATING COUNCIL HELD AT GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI 54941 ON MONDAY, SEPTEMBER 20, 2021 AT 12:00 P.M.

PRESENT IN PERSON:

Chair - Green Lake County Treatment Court Coordinator - Holley Dornfeld
Director Health & Human Services - Jason Jerome
Children and Families manager - Sue Sleezer
Recovery Coach - Nan Prost
Kayla Yonke - Secretary

PRESENT VIA ZOOM:

Corporation Counsel - Dawn Klockow
Tony Daly - Berlin Journal
County Administrator - Cathy Schmit
Green Lake County Judge - Mark Slate
State Public Defender's Office - Cassandra Von Gompel
Jail Supervisor - Lori Leahy
Behavioral Health Manager - Nichol Wienkes
Green Lake County Public Health Nurse - Rachel Prellwitz
Green Lake District Attorney - Gerise LaSpisa

EXCUSED:

Vice Chair - Green Lake County Sheriff Mark Podoll
Green Lake Police Chief Ray Radis
Princeton Police Chief Matt Bargenquast
Markesan Police Chief William Pflum
Berlin PD Chief - J. Engel
Local Law Enforcement - Jason Reysen
County Board Chair - Harley Reabe
Corrections Field Supervisor - Matt Stake

Call to Order: The meeting was called to order at 12:02 p.m. by Chair Dornfeld

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

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

Minutes: Motion and Second (Jerome/Schmit) to approve the minutes from 3/8/2021 and 7/26/2021 as presented. All Aye. Motion Carried.

Review Drug Treatment Court: Dornfeld reported 5 Current Treatment Court Clients and 4 referrals and 2 that are in phase 5, graduations dates are not currently set. Friday September 24th Treatment Court participants will be making blankets to donate to facilities to give back to the community.

NDCI Progress Report: The NDCI Document was sent to team members and put on file. Areas of suggested improvements were identified and are currently being worked on. Discussion Followed.

Election of Vice-Chair: Motion/Second (Jerome/Leahy) to nominates Nan Prost

as Vice Chair of the Criminal Justice Collaborating Council. All Ayes.
Motion Carried.

Meeting Schedule - Results of Poll: Dornfeld stated the poll results stated that Thursdays at 1:00PM works best for the majority of committee members. The next meeting will be held on Thursday, December 9, 2021 at 1:00PM

Committee Discussion: Apricity Presentation. ED2 Recovery Program. Conversation.

Adjournment: Chair Dornfeld adjourned the meeting at 12:19 p.m.

DRAFT

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September 2021 Health Unit Monthly Report to the Health & Human Services Board

COVID-19 Cases Update:

- Green Lake County is currently (as of October 6, 2021) listed in the CRITCALLY HIGH category for case activity and HIGH for community transmission. We continue to see a sharp increase in case activity and breakthrough cases in fully vaccinated individuals.
 - Total case count= 2,837 (Up **550 cases** since last month)
 - Outbreaks noted in Long-Term Care Facilities (Staff and residents) and all schools.

Vaccine Update:

- We are continuing to hold “Walk-in Wednesdays” COVID-19 Vaccine clinics with both Pfizer and J&J available
 - Month of September- 249 total COVID-19 vaccines given, 204 Pfizer and 45 J&J
 - Total vaccines given by health department since Jan. 2021= 4,820
 - Thedacare providing COVID-19 vaccines in their primary care clinics.
 - The Health Unit continues to provide booster doses for those who are immunocompromised and those meeting CDC criteria for booster doses.

Other Updates:

- Waushara County continues to work to fill the Environmental Health position.
- Testing for COVID-19 (rapid and PCR tests) provided through Thedacare on Tuesdays and Fridays at Soldiers and Sailors Park Beach in Markesan.
- 3 additional contact tracers hired. Start date: 10/05/2021

Respectfully submitted,
Rachel Prellwitz, Health Officer

CHILDREN & FAMILY SERVICES UNIT –September 30, 2021

Out-of-Home Care – as of 09/30/2021

Foster Care – Level I & II (Range of costs from \$244.00 to 2000.00). **Two (2)** child (ren) are local placement(s).

Treatment Foster Care – **Five (5)** children/youth were in treatment foster care through Pillar & Vine during the month from Green Lake County.

Court-ordered Relative Care (\$244.00 month per child)
Total in Court-ordered Kinship Care at month's end = **Five (5)**

Subsidized Guardianship – At the end of September 2021, **three (3)** remained in subsidized guardianship.

Kinship Care – Voluntary (\$244.00 month per child)
Eight (8) children were in Kinship Care at the end of September 2021.

Total out of home at month's end = 2 + 5 + 5 + 3 + 8 = **23**

The base rate for relative foster care (level 1) and Kinship Care remained the same from 2020 at \$254.00/month.

ACCESS REPORTS

Child Protective Services –

January – 28 reports; 10 screened in; 18 screened out

February - 23 reports; 3 screened in; 20 screened out

March – 24 reports; 8 screened in; 16 screened out

April – 21 reports; 9 screen in; 12 screened out

May - 24 reports; 8 screen in; 16 screened out

June – 17 reports; 5 screened in; 12 screened out

July – 21 reports; 7 screened in; 14 screened out

August – 14 reports; 4 screened in; 14 screened out

September – Not available

YTD: 173 reports; 87 screened in, 119 screened out.

Child Welfare –

January – 4, reports; 3 screened in.

February – 6 reports; 4 screened in.

March – 7 reports; 5 screened in.

April – 5 reports; 3 screened in.

May – 7 reports; 4 screened in

June – 1 report; 0 screened in

July – 3 reports; 2 screened in

August – 7 reports; 6 screened in

September – Not available

YTD – 40 reports

Youth Justice –

January – 9

February - 12

March – 10

April – 3

May – 9

June – 8

July – 7

August – 0

September - 2

YTD – 60

Other:

Unit staff have returned to the agency staff and resumed face-to-face contact in the community.

Youth Justice:

The rollout for the Youth Assessment & Screening Instrument (YASI) for application with the Youth Justice Population began this month. This process will take approximately one year. **Four (4)** staff completed the all phases of this training. The Unit Manager completed a Supervisory Booster in September, 2021. The YJ staff have completed 26 YASI assessments since training was completed.

Behavioral Health Unit—September 2021

COVID19 Update & Recovery Month: September has been designated to observe National Recovery Month, to highlight the many individuals living with and living in recovery from mental health and substance use-related concerns. It is a month designated to celebrate both the gains and successes of those living in recovery as well as the dedicated mental health and substance use providers who work tirelessly to help individuals in recovery. As we continue to see another spike in cases of COVID19, the clinic has seen many individuals resume telehealth appointments in order to maintain their services despite growing health concerns.

Note on Timely Filing Policy: Our clinic works with many different insurance carriers in order to ensure that we can provide affordable care to as many members of the community as possible. **Timely filing** means that provider agencies have a set amount of time after a service is provided to complete billing. Claims filed outside of this window can be denied reimbursement. *In order to ensure that our providers and billing specialists can work together to meet this filing window, we are proposing an update to our documentation policy which clarifies vague language about the deadline for completing documentation after each service. (Recommended change included)*

Outpatient Mental Health & Substance Abuse Programs- The majority of Behavioral Health clients are served via our outpatient clinic. The outpatient clinic serves clients' mental health and substance use disorder (AODA) needs.

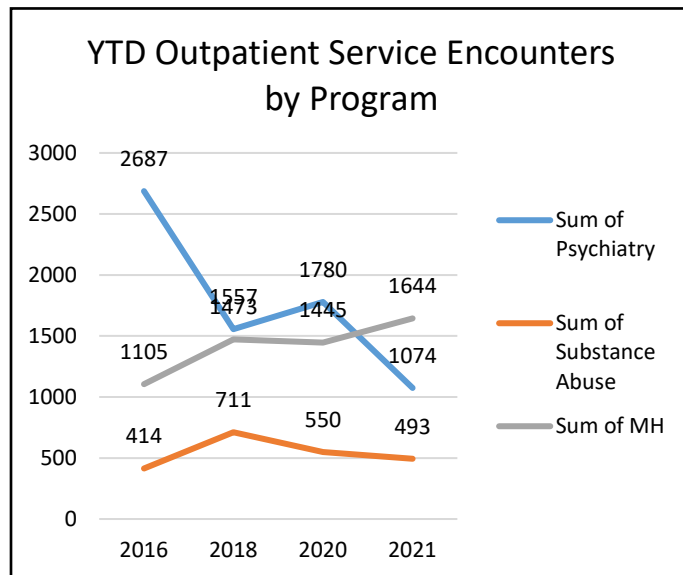


Figure 1: Psychiatric services data have varied. This is because in 2019, the psychiatric nurse position was vacant. In 2021, prescriber visits did not occur for most services until April and then have varied in frequency as we have transitioned between nurses and seen fluctuations in clients utilizing telehealth for their visits.

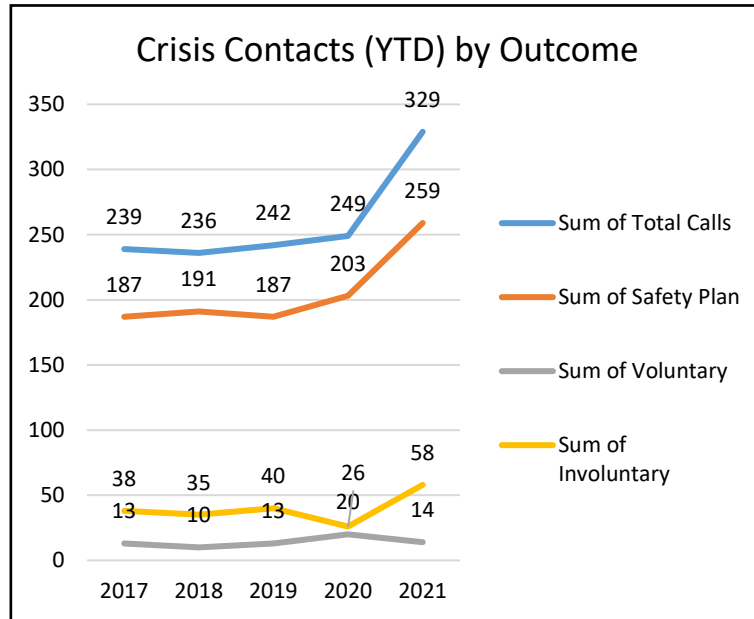
September Note:

1. Clinicians' caseloads continue to be at maximum capacity. An increase in mental health services is evident over the period represented. While substance use services do show a slight decline, this is because no group services have been occurring since the onset of COVID19. Since group services allow for higher efficiency, we have seen fewer total services but are serving a higher number of individuals in the individual therapy format.
2. In September, our new psychiatric nurse, Kassondra Gillingham started in her role. We are excited to welcome her to our team!
3. As our child psychiatrist, Dr. Baldomero, has announced her upcoming retirement at the end of the year, this month we began working to ensure that each client on her current caseload has a plan in place for continuity of care. Child psychiatry is an extremely rare resource, and as of this time we have been unable to locate another provider to take over this caseload. We are working actively with clients, families, primary care providers, private sector providers in the community, and our adult psychiatrist to ensure that each client has a plan of care that works for them.

Wrap-Around Services- Behavioral Health Unit provides three tiers of wrap-around services, allowing us to match individuals with a program that meets the level of need based on their unique situation. **Staff in these programs have been exceptionally flexible and have needed to think outside the box to find ways to continue services to consumers during this time.**

1. Targeted Case Management (TCM)— Less intensive case management for clients. **This program expanded to include adult clients in summer 2018. It presently serves 10 individuals.**
2. Comprehensive Community Support Program (CCS)— Recovery-focused support for clients who may benefit from an intensive level of services for a shorter period of time. **This program serves individuals across the lifespan and presently serves 36 individuals.**
3. Community Support Program (CSP)- Intensive community-based support for individuals with chronic mental illness. This support is intended to be long-term and supports clients to maintain psychiatric stability in the community and to reduce hospitalizations. **This program presently serves 15 adults.**

Crisis Services- Crisis services are available 24/7 including weekends/ holidays for psychiatric and substance use disorder emergencies



In September 2021, we continued to see an increase in crisis responses consistent with other months so far this year. Notably, emergency detentions represent 17.6% of the outcomes for this year so far. At this point in prior years, emergency detentions accounted for closer to 13% of the contacts. **In prior months, I have reported on the rollout of the national “988” number for MH emergencies. Plans for rolling out the “988” line will continue at the state level over the next year. Wisconsin’s Department of Health Services has predicted a 7% increase in call volume across the next five years for local crisis response teams such as ours. We will continue to monitor trends in our call volume so that we can work to build**

the capacity of our system to handle this projected increase. The data represent new crisis calls that have come into the crisis line. The crisis team additionally works to provide follow up and stabilization services to clients to reduce the likelihood that they will experience another emergency event after their initial contact. This looks different on a case-by-case basis, however crisis follow up can last anywhere from 30 days to 6 months after an initial contact as an individual transfers from crisis into other appropriate ongoing services.

As of August 2021, calls continue to be triaged primarily via telehealth, however the team has begun to resume mobile response out to the emergency room with appropriate public health precautions when performing emergency detentions. Due to having experienced a number of staff exposures and quarantines, mobile response is not always available.

Treatment Court- Treatment Court is an evidence-based alternative-to-incarceration program that combines high levels of accountability and community-based supervision with intensive substance use treatment. The program accepted its first participant in November 2017 and is designed to take 14-18 months to complete. **In September 2021, after 5 years of planning and implementation for the treatment court team, we are sharing the news that key members of the treatment court team have elected to discontinue participation in the program. The**

program is unable to move forward with applying for renewed grant funding without the full support of all members of the treatment court committee. Our current funding extends through 12/31/2021. As of the writing of this report, our team has reached out to the funders at the Department of Justice to seek guidance on how to proceed with our existing participants for the remainder of this year. There are 5 total participants in the treatment program with 3 being in earlier phases and 2 in later phases of the program. Three pending referrals were turned down upon learning that the program would be discontinued. Health & Human Services sees a continued need for high intensity case management and intensive outpatient treatment services for individual struggling with addiction. As a result of these changes, we are exploring the potential for a new case management position to address unmet SUD needs.

Children’s Long Term Support Waiver (CLTS)—*Medicaid waiver program provides funding for families of children with long-term disabilities (developmental, physical, and/or severe emotional disturbance) to access services such as respite care and service coordination which are otherwise not covered by Medicaid insurance.* In 2018, Wisconsin announced the dissolution of the local waitlist and then subsequently the transition to a state-wide waiting list model. This month, the state announced the dissolution of the state-wide waiting list as well. Starting at this time, youth who are screened eligible for CLTS services will automatically be placed into “enrollable” status with the expectation that the waiver agency will then open them within the allotted time period (we are awaiting further guidance on this but anticipate the time period to be 30 days). Our current program census is at 42 youth. There are 3 youth who will need to be enrolled within the next two months, 2 possible referrals, 2 youth in “deferred” status, and no youth approaching discharge. “Deferred” status allows us to hold off on enrolling eligible youth who are already receiving services through another program that is currently meeting all of their needs—they remain on the list as eligible referrals in the event that they have a future need not met by other programming. This month, the CLTS program welcomed Mabel Plueddeman into the newly created CLTS Case Manager role. She has completed all of her necessary orientation training and is set to begin building her own caseload within the next month.

Other Behavioral Health Updates:

1. Our CSP recertification visit is scheduled for 10/4/2021. At our last site visit in 2019, our certification was renewed for 2 years.
2. Holley Dornfeld led several events in the community (a blanket-making community service project and a family-focused movie night) to try to promote awareness of substance use disorders and stigma in the community as well as to offer sober, family friendly options for community activities.

GREEN LAKE COUNTY DHHS
BEHAVIORAL HEALTH UNIT

AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) CRITERIA
POLICY AND PROCEDURE

STATEMENT OF NEED: Recommendations regarding client's initial placement, continued stay, level of care, transfer and discharge recommendations must be determined through the application of approved uniform placement criteria.

TARGET GROUP: All AODA clients.

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services AODA program will utilize the American Society of Addiction Medicine (ASAM) criteria in determining recommendations for placement, continued stay, level of care, transfer and discharge of AODA Clients. This does not apply to Intoxicated Driver Plan (IDP) clients. Use of the Wisconsin Assessment of Intoxicated Drivers (WAID) will be used for these clients.

STAFF: AODA STAFF

OUTCOMES/GOALS: Utilize ASAM on all AODA clients except IDP clients.

METHODS: Utilize ASAM at time of intake and in determining recommendation to change level of care.

INDICATORS: Completed ASAM criteria forms.

MEASUREMENT: Completed ASAM forms in all AODA records.

GREEN LAKE COUNTY DHHS
BEHAVIORAL HEALTH UNIT

USE OF UNIFORM PLACEMENT CRITERIA

POLICY AND PROCEDURE

STATEMENT OF NEED: Recommendations regarding client's initial placement, continued stay, level of care, transfer and discharge recommendations must be determined through the application of approved uniform placement criteria.

TARGET GROUP: All AODA clients.

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services AODA program will utilize the Universal Placement Criteria (UPC) in determining recommendations for placement, continued stay, level of care, transfer and discharge of AODA Clients. This does not apply to Intoxicated Driver Plan (IDP) clients. Use of the Wisconsin Assessment of Intoxicated Drivers (WAID) will be used for these clients.

STAFF: AODA STAFF

OUTCOMES/GOALS: Utilize UPC on all AODA clients except IDP clients.

METHODS: Utilize UPC at time of intake.

INDICATORS: Completed UPC.

MEASUREMENT: Completed UPC in all AODA records.

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**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES
MENTAL HEALTH OUTPATIENT PROCEDURES**

NOTE: All mental health staff persons are required to thoroughly acquaint themselves with the outpatient procedures outlined in this chapter. Any questions regarding the procedural guidelines contained in this chapter should be directed to the Behavioral Health Unit Manager.

Chapter IV HFS 35 Outpatient Mental Health Services

Outpatient programs shall be the major focus of mental health programs and shall be closely integrated with other elements of service. They shall include services which emphasize early detection and prevention, referral, diagnosis, evaluation, treatment and aftercare for the previously hospitalized and assistance to other disability groups. These services shall be accessible to all regardless of ability to pay. Services will be based on a sliding fee, which will be determined by support staff before services begin. We accept MA, BadgerCare Plus, Medicare, other third party insurances and self pay. We do not participate in all HMO's and therefore, it may be in a consumer's best interests to seek services elsewhere if this is determined in the fee intake process. Individuals must be Green Lake County residents. Currently, Green Lake County Department of Health & Human Services does not have a waiting list and does not anticipate one in the future.

HFS 35.123 Personnel:

The Behavioral Health Unit Manager serves as the clinic administrator responsible for clinic operations, including that the clinic is in compliance with HFS 35 and other applicable state and federal laws. The mental health staff at Green Lake County Health and Human Services consists of two licensed psychiatrist (16 hours), the Medical Director, who primarily serves adults and another psychiatrist who serves adolescents and children. We have a licensed Psychologist and Psychiatrist who provides staff supervision.

The clinic has a minimum of two qualified mental health treatment providers who can provide combined a minimum of 60 hours per week. In practice, the clinic monitors case load sizes based on documented "productive" (billable) time and maintains additional qualified treatment provider positions based on the number of therapy hours needed per week.

"Licensed treatment professional" means an individual licensed as a physician under s. [448.03](#), Stats., who has completed a residency in psychiatry; a psychologist or a private practice school psychologist licensed under ch. [455](#), Stats., a marriage and family therapist licensed under s. [457.10](#) or [457.11](#), Stats., a professional counselor licensed under s. [457.12](#) or [457.13](#), Stats., an advanced practice social worker granted a certificate under s. [457.08 \(2\)](#), Stats., an independent social worker licensed under s. [457.08 \(3\)](#), Stats., or a clinical social worker licensed under s. [457.08 \(4\)](#), Stats.; and includes any of these individuals practicing under a currently valid training or temporary license or certificate granted under applicable provisions of ch. [457](#), Stats. "Licensed treatment professional" does not include an individual whose

license or certificate is suspended, revoked, or voluntarily surrendered, or whose license or certificate is limited or restricted, when practicing in areas prohibited by the limitation or restriction.

Dual licensure for providing substance use services in line with Wisconsin administrative code is preferred. Qualified treatment trainees may also meet these requirements, however they will have higher requirements for time spent in clinical supervision to be determined proportionately to their caseload.

We have an RN who works full-time with clients on medication management, provides pre-prescriber visits, and provides injections of psychotropic medications.

Clinical students shall be students currently enrolled in an academic institution and working toward a degree in a professional area identified above are providing services to the program under the supervision of a staff member meeting the qualifications for that profession.

Personnel Records are maintained and include at a minimum:

- Caregiver background check and verification that misconduct reporting requirements are met

- Confirmation of professional license and current training

- Vita of work experience and qualifications for all providers

HFS 35.13 Personnel Policies:

All Green Lake County Department of Health & Human Services staff are covered by the policies and procedures of Green Lake County. Employees are given a copy upon hire and sign that they will adhere to the policies. Our Department of Health & Human Services is responsible for checking degrees and all caregiver background checks. The Director has copies of degrees, resume's and licenses and take responsibility for keeping a copy in the certification files. Personnel files are kept in the Department of Health & Human Services which contains the background checks. Due to privacy considerations, they do not allow the information outside their office.

Training data is kept in worker files. However, each worker has copies of their training to satisfy their specific licenses.

HFS 35.14 Clinical Supervision and Clinical Collaboration:

Green Lake County Department of Health & Human Services provides clinical supervision through outpatient staffings for one hour per week, Wednesday 9-10am by the Medical Director who reviews all treatments plans and are signed at that time. In addition every Tuesday from 10:30 - 12:00 there is clinical supervision for crisis and 12:30-1:30pm for other clinical cases. Each clinician is seen for a one hour supervision by the clinical manager to discuss cases, treatment options, problem issues and successes. Additional supervision is offered by the medical director and the staff psychologist on a need basis. Supervision or staffing that results in change in the treatment plan are recorded in the client record. Supervision logs are kept for individual and group supervision documenting cases discussed, staff participating, date, diagnosis, transfers and verification that staffing was completed. Individually, the information discussed documented and both the worker and supervisor sign. This is documented in the client chart.

HFS 35.15 Orientation and Training:

Each staff member, receives initial and ongoing training that enables the individual to perform their job effectively, efficiently, and competently. The agency provides funding annually to allow people to go to outside training. An annual training plan is approved by the Department of Health & Human Services Board that allows for ongoing training of staff. At least two in-service trainings are given in house a year. Every other year, staff are provided boundary and ethics training.

Orientation

All new mental health staff will complete the following training requirements:

1. A review of Chapter 35 and all other applicable statutes and regulations.
2. The County will provide training on policies and procedures of the county.
3. The Behavioral Health Unit Manager will provide training on clinic policies and procedures.



4. Training on substance abuse, withdrawal, reactions to psychotropic medications and signs of medical complications related to medicating mental illness by supervisor and nursing staff.
5. Assessing and responding to co-existing disorders, such as AODA, trauma and other disabilities by supervisor.
6. Assessing suicidal tendencies, at risk behaviors and managing the risks of suicidal/homicidal behavior by supervisor.
7. Recovery concepts and principles that ensure services, and supports connection to others and to the community by supervisor.
8. Training on record keeping, HIPAA clinic scheduling, percentage requirements and other agency specific/work specific requirements.

The agency will keep a copy of its orientation and training policies on file.

HFS 35.16 Admission:

It is the responsibility of the mental health program staff, to not only seek to provide the most effective services possible, but to be equally concerned about detection and case finding. We have a responsibility to develop an organized and efficient referral network throughout Green Lake County in order to get those people who are seeking or in need of services into a service delivery system. These referrals can occur through the crisis system, from other human service agencies, schools, physicians, police, interested groups, organizations, and the general public. Other agencies within the county may be more appropriate in treating some types of behaviors and this should be considered in the admission process. Geographical location within the county may determine the mental health therapist assigned to a case, although areas of expertise or co-existing disorder may also determine the appropriateness of case assignments. Although an initial intake may be done by one therapist, transfer of a case may take place at staffing once preliminary issues are identified.

HFS 35.17 Initial Interview/Assessment:

Any person seeking outpatient treatment or other mental health services must initially meet with a therapist for an intake assessment. The following events shall transpire during the intake session.

1. The reason for referral will be discussed as well as what the client(s) see as their need.
2. An overview of the agency may be presented. This includes how to access the crisis system, how to use the clinic's grievance procedure under ch. HFS 94 and agency schedules.
3. The social history shall be obtained.
4. Client Rights/Consent for Treatment form will be discussed and signed.
5. The scheduling of further appointments will be discussed.

The following procedure shall apply specifically to minors:

1. The client shall participate in the intake process and in the treatment planning to the extent of the appropriateness of age, maturity and clinical condition. The client's family, wherever possible and with appropriate releases of information, shall have explained to them, the nature and goals of the outpatient treatment program, the projected length of time of treatment and their expected participation and responsibilities. Insofar as possible, the family shall be informed and involved appropriately in decisions affecting the client during intake, treatment, discharge and follow-up.
- 2. Assessment shall include clinical consideration of the physical, psychological, development, chronological age, environmental, family, social, education and recreational factors related to the child or adolescent.
3. The relationship between any adult, who has current and/or continuing responsibility for a child and adolescent's life, and the client, shall be carefully evaluated at regular intervals.
4. In the event that a minor, either self-referred or referred through another party, does not want the parents to know about contact with Green Lake County Department of Health & Human Services, the therapist must use discretion. It is recommended that an emergency, or if the minor is deemed to be suicidal, the therapist contacts the parent/guardian immediately. If the situation appears less critical, the therapist may see the minor once, and will need to get parental/guardian consent. The provider may refer to the rights of minors document published by DHS under DHS 92 and 94 if parental/ guardian consent cannot be obtained.

Post Interview Procedure

Following the initial interview, the therapist will staff the case with the psychiatrist and other therapists at a weekly case review. The case will be assigned to the therapist deemed most appropriate to treat the client based on the diagnosis.

In the event of a dual diagnosis, the mental health therapist or substance abuse counselor will refer to a dually certified therapist.

Diagnosis

Each client is required to have an established psychiatric diagnosis. It is recommended that a diagnosis be formulated at intake and established when staffing at weekly case review. The medical director will have final say in establishing the diagnosis. The medical director will specify the diagnosis, date of the recommendation for psychotherapy, length of time services are expected to be needed and sign and date the recommendation. It is mandated that each professional therapist be familiar with the diagnostic codes in the DSM-5. Also, it is equally important that each staff person make an ongoing effort to update his or her knowledge about TIC (Trauma Informed Care), Person Centered Planning, strength-based assessments and treatment planning, and mental health wellness/illness.

HSF 35.165 Emergency Services

See crisis policies and procedures.

Evaluations

A client should be referred to the medical director, psychiatrist or clinical psychologist for psychiatric and/or psychological evaluation whenever appropriate. The referring therapist discussed the case with the Behavioral Health Unit Manager to determine the rationale for the evaluation prior to scheduling. The evaluating psychiatrist or psychologist will have access to the client's case record prior to the scheduled evaluation. The evaluation report is to be placed in the case record.

To assure continuity of care clients are urged to receive both therapy and psychiatric services at the Green Lake County Department of Health & Human Services. In some cases, the psychiatrist may agree to see the client even when they see an outside therapist. This is done on a case-by-case basis. All clients must start with an intake assessment with a therapist, and in most cases two follow up sessions, prior to scheduling a psychiatric evaluation.

Release of Information

All record requests go to the Director who is the Records Custodian for all agency records or the designee of the Director. All requests for records should be made in writing with the client's consent and/or their guardian's permission.

All signed release forms should be kept in the client's record. Also, each signed release form is to have a time limitation noted on the form. Another release of information will have to be signed by the client after the time limitation has been exceeded.

HFS 35.18 Informed Consent for Outpatient Mental Health Services

Purpose: To ensure that the mental health client or the person acting on the client's behalf (parent or guardian) has been provided with specific, complete, and accurate information regarding proposed treatment.

Procedure: Once the client has met with the mental health clinician, the presenting problem(s) delineated, and a treatment plan (i.e., treatment modality and treatment goals) formulated, the clinician reviews with the client the following:

- The benefits of the proposed treatment and recommendations.
- The outpatient mental health services that will be offered under the treatment plan.
- The expected treatment side effects or risks of side effects of medication.
- Alternative treatment modalities.



- Probable consequences of not receiving proper treatment.
- The time period for which informed consent is effective. Approximate duration and desired outcome of treatment as proposed in the treatment plan.
- The right to withdraw the informed consent at any time, in writing.
- The client has the right and responsibility to develop and implement their treatment plan.
- The worker must discuss the discharge policy, including circumstances under which a client may involuntarily be discharged from the program, such as repeated no shows or late cancellations.

Under completion of the discussion of the above issues with the client, the mental health clinician and the client complete the "Consent for Treatment" form, which delineates the issue discussed. The client is asked to sign the form indicating that he/she has obtained all treatment information he/she deems necessary. If the client is a minor or is legally incompetent, the client's parent or guardian countersigns the " Consent for Treatment" form.

HFS 35.19 Treatment Plan



The mental health therapist develops a treatment plan based on the diagnosis, needs and assessment of the client. The consumer should take an active part in the development. It should reflect the following:

1. The consumer's strengths and how they will be used to develop the methods and expected measurable outcomes that will be accomplished.
2. The method to reduce or eliminate the symptoms causing the consumer's problems or inability to function and to increase the ability to function independently as possible.
3. For a child or adolescent. a consideration of the developmental needs as well as the demands of the illness.
4. The schedules, frequency, and nature of services recommended to support the achievement of the consumer's recovery goals irrespective of the availability of services or funding.
5. The plan shall reflect the current needs and goals of the client as indicated by progress notes and by reviewing and updating the assessment as necessary. The emphasis is always on recovery and attainment of goals related to the mutually determined plan.

As treatment services are rendered, the consumer, parent or guardian must approve and sign the treatment plan and agree with staff on a course of treatment. If a client refuses, then an appropriate note should be written to reflect the refusal and reason for it.

Clinical Review of the treatment plan should be done every 90 days with the client to update progress, changes, any goals that have been met, if further assessment or needs are occurring, if a referral to another program is necessary or if modifications are necessary. The client signature, therapist signature and supervisor signature reflect the mutual determination and acceptance of the plan.

35.20 Medication Management

The Green Lake County Department of Health & Human Services provides management through our psychiatrist and our psychiatric nurse. The charts reflect the medications prescribed. Clients are referred for psychotherapy when appropriate.

35.21 Treatment Approaches and Services

The Green Lake County Department of Health & Human Services prescribes to treatment approaches that are recognized as by such organizations as NASW, SAMHSA, American Psychiatric Association and/or listed in the National Registry of Evidenced-Based Programs and Practices (NREPP) as successful and effective in motivating change within the individual and families. Therapists determine the type of treatment approach to take with individuals dependent on their training and areas of expertise. Department of Health & Human Services staff will make reasonable efforts to ensure that each consumer receives the recommended interventions and services identified in the treatment plan and agreed upon by the client.

32.215 Group Therapy

The ratio of therapists to clients in a group will be 1 to 8 with the maximum number of clients totaling 16. In most cases, groups will be facilitated by 2 therapists and limited to eight clients. Exceptions will be approved by the Behavioral Health Unit Manager prior to the beginning of a therapy group.

35.21 Discharge Summary

Within 30 days after a consumer's date of discharge, the therapist will complete a discharge summary. It will contain a statement of the reason for the discharge, a summary of the outpatient services provided including a listing of the medications at discharge, evaluation of the progress towards the goals of the treatment plan, any remaining needs at the time of discharge, prognosis, referrals and continued med management, and include the signature of the client (if successful completion), the therapist and the supervisor.

If the client does not return for services, an attempt should be made to contact the client through a phone call or letter regarding the status of services prior to writing the discharge summary. Attempts to outreach the client via phone call and/or letter will be documented in the client record.

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**MENTAL HEALTH
CLIENT RECORD KEEPING (HSS 35.23) PROCEDURE**

The clinician is required to maintain an up-to-date record of each client. The record should include the following:

1. Initial client information sheets and "Consent for Treatment" form.
2. Initial Assessment & Treatment Plan Form, including outcome, to be completed for initial review by the psychiatrist within 30 days of first contact with the client. The therapist will develop the plan with the client and both will sign the plan as well as the psychiatrist and supervisor.
3. Psychiatric and psychological services - The client shall be informed of the availability of the psychiatrist or psychologist, who will meet with the client when necessary, or upon the request of the client or staff person. The Behavioral Health Unit Manager informs the staff of this right.
4. Releases of Information as necessary to secure past treatment history and records.
5. Initial Contact Sheet to include the diagnosis and signature of the psychiatrist upon completion of medical review. This is to occur within 30 days following completion of the initial assessment and is to confirm the preliminary diagnosis. Psychotherapy cannot be performed without the review. This form also serves as a staffing/supervision form.
6. Treatment Plan Reviews - Every 90 days the clinician, the client and Behavioral Health Unit Manager will review the case, make revisions as necessary and sign the review form. Supervision and review of patient progress shall occur with the supervisor. It shall take place at intake with the psychiatrist and at 90-day intervals for clients receiving one or less therapy sessions per week.
7. Progress Record -A notation is to be made for every session with the client, or for other data as deemed appropriate by the counselor. Progress notes are to relate to the treatment plan. Each entry is to be signed and dated by the counselor performing the therapy and include the license or title. Progress notes can be kept in the clinician's computer until a page is filled, but then should be placed in the client chart.
8. Copies of medication prescriptions.
9. State forms, correspondence, authorizations, and miscellaneous data.

10. Discharge Summary - To be completed upon termination of services within 30 days of last contact. If a client does not return for services, the discharge must be completed within 90 days.
11. If the client has co-existing disorders, which include substance abuse, a copy of the American Society of Addiction Medicine (ASAM) criteria.

TIMELY FILING

1. All client Progress Notes shall be completed by the treatment provider and included in the client's record within 5 working days of any therapy/counseling contact, excluding weekends and holidays. Therapy/counseling sessions include individual, couples/marital, family, case management/ service facilitation, group and AODA sessions. Notes not completed within this time frame shall include the header, "Late Entry" at the start of the progress note.
2. On a weekly basis, all evaluations and therapy notes shall be reviewed for timeliness by the Behavior Health Manager (BHM) or the BHM designee. If review is completed by a BHM designee, the designee shall, twice monthly, present the timeliness data in writing to the BHM.
3. Failure to comply with the Progress Note Timeliness Policy shall result in a written plan of correction. Failure to successfully implement the agreed upon plan of correction, or repeated failures to comply with this Policy may result in further disciplinary action

CONFIDENTIALITY

Treatment records that are not electronic, will be kept in the file area at all times when not in use. The files are kept locked in metal cabinets and are accessible only to staff. With appropriate releases from the client, the Green Lake County Department of Health & Human Services treatment records can be sent to other licenses professionals or facilities, after review by the Director.

Records are kept for seven years and then culled or shredded. When a therapist leaves the agency, the records remain the property of the Green Lake County Department of Health & Human Services.

CONSUMER RIGHTS

When clients begin services at the Green Lake County Department of Health & Human Services, they are given their consumer rights verbally and in writing. When a therapist leaves treatment, options are discussed planning for termination. Clients are transferred to other therapists within the Department of Health & Human Services or to other agencies. A client may be discharged from the Department of Health & Human Services involuntarily due to inappropriate behavior or inconsistent follow-through with appointments. Clients are sent a letter explaining the reason for discharge from outpatient and made aware that crisis services are always available to them. They are given the date of discharge, the reason for it, and the appeal to the Behavioral Health Unit Manager if they want to return for services, and other service providers in the area. They can also appeal to our Client Rights Officer if they are denied by the Behavioral Health Unit Manager.

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

MENTAL HEALTH PROCEDURES

Office Hours

The mental health outpatient office hours are as follows: 8:00 a.m. to 4:30 p.m. Monday through Friday.

Each professional staff person may be required to provide Tuesday evening outpatient hours. Other additional evening appointments can be scheduled at the discretion of the individual staff person and with the approval of the Behavioral Health Unit Manager.

Non-Discrimination

The mental health program and all mental health personnel are required to provide services and make those services accessible to all groups regardless of social standing, financial means, race, religion, age condition, or health.

Client Rights (See Client Rights Policy)

All mental health personnel are required to familiarize themselves with the Client Rights Policy and Client Grievance Procedures.

Appointment System

Each professional staff person is required to keep an accurate appointment record. The appointment record should include scheduled times and some notation as to the length of the appointment, the name of the person or persons seen, and whether the client showed or failed to show for the scheduled appointment. The agency's front desk appointment schedule must be kept up-to-date. The appointment record is to be kept confidential. All appointments should be scheduled at the convenience of the client whenever possible. No client is to be denied services because of unusual appointment requirements; instead, every reasonable attempt should be made to accommodate the client.

Missed Appointments

When a client fails to show for an appointment, the clinician or receptionist should document in the service activity log. The counselor has the option of contacting the client to reschedule, or waiting for the client to call. If there is an extended period of time with no contact, the therapist may send a letter to the client requesting contact, and noting that the case will be closed if there is no contact within a certain time period (i.e. 10 days).

Cancelled A2Qointments

If a client wishes to cancel an appointment, the clinician or receptionist should attempt to reschedule an appointment at that time. If it is rescheduled and there is no further contact for some time, the counselor should send a letter, as noted in the previous section.

Walk-In Clients

In the event that an individual should walk into the outpatient office and request services, the following procedure should be followed:

1. If the individual appears to be in crisis and/or is requesting services as soon as possible, have the crisis coordinator or an appropriate qualified clinician interview the individual as soon as possible.
2. If an immediate appointment is not requested, an appointment should be made, per normal appointment procedures.

Fee System

As soon as possible and preferably before the first session, the client shall be referred to the billing clerk to fill out and sign the fee interview and billing forms. Such action should be done in person prior to initiating services.

Appointment System

The appointment system is electronic and all appointments are generally scheduled through the support staff using the CMHC software.

Clinical Supervision

The Green Lake County Department of Health & Human Services provides clinical supervision through the Medical Director and the Behavioral Health Unit Manager. Each worker meets weekly with the Behavioral Health Unit Manager and meets for 3 hours weekly in a staffing with the Medical Director and the Behavioral Health Unit Manager. Clinical supervision means face-to-face contact provided on and off-site of a services between a supervisor and treatment staff to ensure that each patient has an individualized treatment plan and is receiving quality care. Clinical supervision includes auditing of client files, review and discussion of active cases, co-therapy and direct observation of treatment. It also means exercising supervisory responsibility over clinicians in regard to skill development, training development, performance evaluation, staff management and administration and professional responsibility.

The therapist or coordinator will speak with the client prior to any session where observation or co-therapy occurs to obtain their permission. Clients have, at any time, the right to refuse to participate in the observation or co-therapy. Permission and participation by the Coordinator should be documented in the progress note.

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**OUTPATIENT SERVICES RENDERED AT NON-CLINIC SITE
PROCEDURE**

It is expected that outpatient services will be provided at the office or branch clinic sites. Exceptions to this policy must be documented in the clinic record citing therapeutic reasons that an alternative location is necessary. On an emergency basis, these sites may include the following: Hospital Emergency Room, General Hospital, Police Department, Sheriff's Department or Public School.

In addition, the Department is authorized to provide outpatient mental health and substance abuse services in the home or community for adults per Medicaid update 2006-56, July 2006 when those settings are therapeutically necessary for the recipient.

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

PHONE ACCESSIBILITY/ADVERTISING POLICY

The Green Lake County Department of Health & Human Services is certified by the State of Wisconsin as an outpatient alcohol/drug and mental health provider. One of the certification requirements is yellow pages (and other) advertising and publicity.

The clinic phone number (920)294-4070 will be answered during regular business hours with after hour instructions provided to contact the Sheriff's Department for crisis situations who then can page an on-call worker. The yellow pages advertising will identify the service to the public.

Green Lake County Aging Plan and Required Documents FY 2022–2024



**Wisconsin Department of Health Services
Division of Public Health
Bureau of Aging and Disability Resources
Office on Aging**

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The County Aging Plan Template and Required Documents will assist aging units with aging plan development. As in the past, the template will require authors of the plan to adjust and format how the information appears within the plan, but all information should be organized as listed in the table of contents. Each section has a brief set of instructions, please remove this language from the template as content is added. The Goals for the Plan Period section will require authors to copy and paste additional goal templates for the required content areas.

A blank version of this template and the County Aging Plan Instructions 2022-2024 can be found on the [Aging SharePoint](#) site. Please refer to the Aging Plan Instructions for additional guidance related to each section of the plan.

Our shared goal is to make aging unit plans visually and physically accessible to the public. Approved aging unit plans for 2022-2024 will be posted on the [Aging SharePoint](#) site and available to the Aging and Disability Network.

Executive Summary

The Green Lake County Plan on Aging for 2022-2024 focuses on providing more opportunities for seniors in the community to have access to and input into the services provided in their community. Green Lake County will work with its Community Partners to provide educational opportunities for elderly citizens living in the County.

In gathering public input for the plan, the Green Lake County aging unit conducted several surveys. Surveys were handed out at the mass vaccination clinics held by our Public Health Department. In addition the survey was sent to all individuals receiving home delivered meals in the County, all County employees and was put in our Senior Newsletter for public response. We held a focus group discussions with the Princeton Senior Center, our Aging Advisory Committee and with our Transportation Coordinating Committee. In addition all members of the Aging Advisory Committee were asked to take copies of our survey and interview friends, neighbors and family and return them to the office. Public input from all of these sessions was used to identify community needs and develop goals for the next three years.

The Aging Unit staff will continue to work closely with the ADRC staff, and other community partners, to provide opportunities for seniors to have access to community leaders and legislators, to give input on issues that affect them. We will also work on providing educational opportunities for seniors in Green Lake County. We will work to provide more opportunities for community activities for our seniors and transportation for those who need it in order to participate.

The senior Nutrition Program is one of our largest programs for seniors. During the next three years, the Aging Unit will work to increase participation in the Senior Dining Program, and to provide opportunities for those participating in the program to have more choice in the meals they receive and where and how they receive them. We will also work with our community partners to provide more nutritional education to seniors participating in the program.

The Aging Unit will work in Partnership with the ADRC Health Promotions Coordinator and the Green Lake County Public Health Office to provide additional opportunities for seniors to participate in high-level health promotions classes, and educational opportunities, which can enhance quality of life for those who participate.

The Aging Unit will work through our Family Caregivers program to provide more access for minorities to participate in the program. We will work with Community Partners to identify the needs of the Hispanic/Latinx community as it pertains to caregiving and implement strategies to ensure those who need and wish to participate are included.

Locally we hope to provide more education and training to our department staff and to local Law Enforcement and EMS agencies, to enhance our skills to work with the aging

population, working with different ethnic groups, and how to advocate for their consumers. We will also provide training to seniors in the community to help them develop and use their advocacy skills.

The Green Lake County Aging Unit is a small department with a limited budget, so it is vital for us to work on maintaining and strengthening our collaborative efforts with community partners. We hope to maintain our current level of services; however, this is dependent on maintaining current levels of funding.

Context

Green Lake County is located in Central Wisconsin, southwest of the Fox River Valley. It is primarily a retirement and vacation area, known for its lakes and beautiful golf courses.

The population of Green Lake County is rural, with four main cities and three smaller towns. The total population, based on July 2019 population estimates is 18,913. The percentage of persons over the age of 60 is 30.9%, 6.5% above the statewide average of 24.4%. The population over age 80 is 5.5%, again above the statewide average of 4.2%. 26.9 % of those over age 65 live alone in their own home. Population projections done by the Bureau of Aging and Disability resources project that the Green Lake County population over the age of 65 will be over 31.4% of the total county population by 2040.

The median income for the 65 and older age group is \$40,317. Approximately 8.2% of those over 65 live below the poverty level. 18.6% of those over the age of 65 are employed.

The population growth since the 1990 Census has been slow, overall 2.4%. However, the change in the over 85 age group was 21.9%. It is anticipated that there will be continued growth, due to the aging Baby Boomer generation, that is now in their 60's.

Green Lake County's health outcomes ranking is 57th out of 72. Green Lake County has higher than state rates of adults with hypertension, coronary heart disease, heart attacks, obesity, asthma and arthritis. The higher than average occurrence of these conditions is consistent with the higher than average aging population of Green Lake County.

The Green Lake County Area Health & Wellness Coalition has identified these three areas as the top three health issues for Green Lake County residents: 1) Mental Health; 2) Alcohol, Tobacco and other Drug use; and 3) Chronic Disease Prevention and Management. All three of these areas affect the aging population of Green Lake County. The Green Lake County Aging Director is a member of the Green Lake County Health and Wellness Coalition.

As with every County in 2019 the most pressing health concern in Green Lake County was the COVID-19 pandemic. The need to self-isolate and socially distance did cause many seniors to have more depression and anxiety. Nutrition dining sites had to be closed which took away social opportunities. Now that many of the seniors are vaccinated they are looking forward to getting back out and having more socialization opportunities. Seniors in Green Lake County identify having good health care and good health, and being physically and mentally fit, as the most important issues in their lives. After living through the pandemic health care and good health outcomes have become even more important to them. Many identify transportation, access to health care and nutrition, social isolation as important issues in their communities. Affordable housing and adequate income are also important issues to the Senior Community in Green Lake County.

As the population of Green Lake County ages the challenge will be to provide services to a growing aging population with increased service needs and insufficient funds to cover those needs. We will be challenged to find more community partners to fill those gaps in service.

We are a Tri-County ADRC along with Adams and Waushara Counties. In Green Lake County, the Aging programs and ADRC are in the Aging/ADRC unit of the Human Services Department. We feel having all services/funding for aging and ADRC run out of the same unit allows us to maximize service delivery and funding for the residents of Green Lake County. The Aging and ADRC staff work together to provide service to the residents of Green Lake County.

Community Involvement in the Development of the Aging Plan

The planning process began at the November 2020 meeting of the Aging Advisory Committee. The Aging Director explained that the Aging plan for years 2022 – 2024, the required areas of focus and possible ways we will look at gathering input due to the pandemic. The idea of a survey was discussed.

The Survey was sent out to all consumers receiving home delivered meals. The survey was handed out to seniors attending vaccination clinics. It was also emailed to every County employee. A copy of the survey was printed in our Senior Newsletter with instructions on how to submit your answers. At the March meeting of the Aging Advisory Committee the survey was discussed and Committee members gave their input. Each Member also took a copy of the survey and spoke to family, friends and neighbors about the plan. Once they had input from family, friends and neighbors, they submitted that data to the Aging Director. The Aging Plan was also discussed at the April meeting of the Transportation Coordination Committee to get their input and ideas for the plan. We also conducted a focus group meeting with members of the Princeton Senior Center in June to solicit input on the plan.

At the July 2021 meeting of the Commission on Aging results of the surveys that were in were discussed. A very rough draft of the plan was discussed. Proposed goals in the focus areas were discussed. The Committee set the next meeting date as the date of the public hearing.

Public Hearing Requirements

Please provide a brief summary of the hearings and input from community members.

Use the [Public Hearing Report](#) to list the dates, times, locations, and numbers of people in attendance at public hearings. The report should include a summary of public comments and explain modifications made to the draft version of the plan as a result of input collected during the public hearing. Attach [Public Hearing Report\(s\)](#) to the appendices of the aging unit plan.

Goals for the Plan Period

This section describes both the goals and supporting measurable activities the aging unit will do during the planning period 2022–2024. Aging units should clearly state each goal, list specific strategies, and define how the goal will be measured.

The [Goals Development Worksheet](#) is an effective tool to strategize goals. Page one is a list of thought-provoking questions to help aging units develop well-thought-out goals. Aging units should retain page one of the worksheet for ongoing planning; it is not required to appear within the plan. Page two of the Goal Development Worksheet is a Goal Template. Aging units are encouraged to organize goals using the template and insert individual templates for each focus area in the body of the plan and not as attachments. You will need to copy and paste additional Goal Template sheets for the each of your goals.

Goal Template

Focus area: Title II-B Supportive Services/Person Centered Services	Due Date
Goal statement: To Provide increased opportunities for older adults to participate in social activities within the County.	8-1-2023
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. Increased number of participants attending events. Number of trips provided. Satisfaction surveys.	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Reach out to Senior Centers to find out what events/activities older adults are interested in attending.		
Action step: Step up meetings at Senior Centers to discuss the current activities offered in their communities.	Meetings at Sr. Centers completed	1/1/22
Action step: Produce survey to determine which events are of interest to the majority of people.	Surveys completed.	4/30/22
Action step: Create a calendar of events available to older adults.	Calendars completed and disbursed by	5/15/22
Strategy 2: Partner with Fox River Industries to create MOU to provide transportation to Community events for Seniors.		
Action step: Set up a meeting with Fox River Industries to discuss setting up transportation to community events.	Meeting completed.	3/30/22
Action step: Develop a schedule of events that transportation could be provided to.	Schedule completed	5/15/22
Action step:		
Strategy 3: Pilot the program through the Princeton Senior Center.		
Action step: Provide a calendar of events with transportation available to older adults and begin trips.	Start providing trips	6/1/22
Action step: Evaluate success of the pilot.	Satisfaction Surveys	8/31/22

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action step: Implement the program County wide.	Develop a County wide calendar of events with transportation available	5/15/23
Annual progress notes		

Goal Template

Focus area: Title III-C Nutrition Program/Person Centered Services	Due Date
Goal statement: Ensure that Nutrition Program Participants have choice based meal options.	7/2024
Plan for measuring overall goal success – <i>How will you know that you have achieved the results you want? Use data. Pre and post surveys. Increase in menu choices. Menu comparisons. Increase in participant’s exercising choice.</i>	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Develop a choice based menu		
Action step: Survey current participants to get input into menu choices.	Number of surveys filled out	6/2022
Action step: Meet with caterer to develop choice based menus	Meeting occurs	9/2022
Action step: Pilot choice menu at one meal site	Pilot is completed	3/2023
Strategy 2: Increase menu choices for home Delivered Meals participants by developing a frozen meal option		
Action step: Work with caterer to develop frozen meals options.	Create frozen meal menu	6/2022
Action step: Develop a procedure for ordering and delivering frozen meals.	Procedure created	9/2022
Action step: Implement frozen meal option for Homebound Meal participants	Program up and running	1/2023
Strategy 3: Implement the Stepping Up your Nutrition Program for Nutrition Program Participants		

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action step: Identify staff and volunteers to become trained leaders.	Trained staff and volunteers	6/2022
Action step: Develop a schedule of classes to be held at dining sites	Schedule completed	9/2022
Action step: Classes up and running at all three dining sites	Classes held at least quarterly at each site	01/2023 2024
Annual progress notes		

Goal Template

Focus area: III-D Health Promotions	Due Date
Goal statement: Enhance accessible, affordable and safe exercise opportunities throughout Adams, Green Lake, and Waushara to improve quality of life and chronic disease outcomes, and help reduce number of falls.	12/2024
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. Program participation in EBP programs increases by 25% over a 3-year period, the number of workshops canceled because of low attendance is no more than 1 per year per county, and the number of calls from EMS does not increase.	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: : Increase availability, awareness, and ultimately participation in Evidence Based Programs (EBP), including Stand Up, Move More, StrongBodies, PALS, Tai Chi, Walk with Ease, and Stepping On		
Action step: Strengthen partnerships with senior centers, libraries, health clinics (PT departments), and other related agencies to recruit facilitators, increase referrals into the programs, expanding facility options to host programs.	15% of class participants come from partner referrals.	12/2024
Action step: Advocate for and partner with UW-Extension in Waushara County and Public Health in Green Lake County to	2 StrongBodies workshops are completed in each county.	12/2024

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
expand and enhance Strong Bodies into Waushara and Green Lake, and partner in promoting the Adams County Strong Bodies program.		
Action step: Implement ongoing efforts to recruit additional volunteer/professional leaders for PALS, Stand Up, Move More, and Tai-Chi.	3 new leaders are recruited and trained.	12/2024
Action step: Expand and enhance availability of evidence based programming by offering virtual, hybrid, telephonic and/or in-person classes during the evening and/or on weekends.	At least one evening or weekend class option is available in each county annually. Overall EBP participation increases by 10%.	12/2024
Action step: Create and implement a formal outreach and awareness plan to increase program participation.	No more than 1 workshop class canceled each year because of low attendance.	12/2024
Strategy 2: Develop an exercise and physical activity program available for use at the dining centers in all 3 counties.		
Action step: Assess space requirements, equipment needs, and liability concerns related to program implementation.	Implementation plans developed for participating locations.	12/2022
Action step: Use current evidence-based health promotion exercise workshop materials to formalize structured program options suitable for multiple abilities.	Program developed with exercise modifications for varying ability levels.	12/2022
Action step: Recruit volunteers through press releases, senior newsletters and other related venues, and provide thorough training.	A minimum of 3 volunteers are recruited and trained for each county.	12/2023
Action step: Implement exercise program schedule, evaluate effectiveness, survey participant satisfaction, and make necessary program adjustments.	Surveys indicate satisfaction with the program.	12/2024
Strategy 3: Promote and advocate for adequate safe indoor and outdoor walking options.		
Action step: Utilize the ADRC CHANGE Project process to develop a walking path	Directory is complete and distributed.	12/2023

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
directory for each county available in both English and Spanish.		
Action step: Identify committees or groups currently working toward health and wellness/safe walking options in each county, and, as necessary, attend these or related meetings to advocate for paved paths and trails throughout the counties	Attendance at a minimum of 3 meeting events.	12/2024
Action step:		
Annual progress notes		

Goal Template

Focus area: III-E Caregivers/ Racial Equity	Due Date
Goal statement: To provide equitable access to Caregiver Programs for Hispanic/Latinx Caregivers.	2024
Plan for measuring overall goal success – <i>How will you know that you have achieved the results you want? Use data. Pre and Post participation levels measured. Satisfaction Surveys.</i>	

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Meet with Community Partners to determine best strategy to implement to meet the needs of the Hispanic/Latinx community.		
Action step: Identify Community businesses, churches, agencies that currently work with, employ or provide services to the Hispanic/Latinx community.	Create a database	6/2022
Action step: Have a roundtable discussion with identified partners to determine strategies to be implemented.	Roundtable is held, list of strategies created	12/2022

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action step:		
Strategy 2: Work with partners to create materials focused on the Hispanic/Latinx communities.		
Action step: Identify and train bi-lingual volunteers to assist with Caregiver program.	List of trained volunteers	05/2023
Action step: Identify or create materials focused on Hispanic/Latinx population, including translated materials.	Materials designed and translated for use.	09/2023
Action step:		
Strategy 3: Implement strategies and provide culturally appropriate services.		
Action step: Identify specific roles of partners to promote the Caregiver programs within the Hispanic/Latinx community.	Roles are defined and agreed upon by all partners	02/2024
Action step: Create satisfaction survey to be used with new and existing participants.	Survey completed	06/2024
Action step:		
Annual progress notes		

Goal Template

Focus area: Enhance Ongoing Community Engagement	Due Date
Goal statement: Ensure that Community Engagement efforts are representative of Community Members.	10/2024
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. Compare participant data to previous years.	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Work with our existing Aging Network to increase opportunities for input into the Aging Programs/Plan.		
Action step: Develop a committee of volunteers to organize and implement a Community Senior Fair.	Committee is established	08/2022
Action step: A Senior Fair at which older adults can find out about existing community partners and programs, and give input into programs and plans through an exit survey is held.	Fair is held	05/2023
Action step:		
Strategy 2: Develop a schedule of Town Hall meetings to be held on a regular basis at which older adults can gather to give input into programs and plans.		
Action step: Identify community locations/partners to host regular Town Hall meetings.	List of locations/partners in developed	6/2022
Action step: Schedule 3 Town Hall meetings each year at locations where older adults gather to give input about community programs	Town Hall meeting are scheduled	2022 2023 2024
Action step:		
Strategy 3:		
Action step:		
Action step:		
Action step:		
Annual progress notes		

Goal Template

Focus area: Increase knowledge and skills related to advocacy	Due Date
Goal statement: Provide older adults with annual trainings and/or workshops with opportunity for them to increase and use their advocacy skills. By May 2024 we have a group of three trained older adults attend Aging Advocacy Day in Madison.	12/31/22 6/1/24
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. Number of trained older adults willing to be members of current committees will increase by 3. Three older adults will attending Aging Advocacy Day in 2024.	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Offer training on the legislative process at least annually.		
Action step: Identify and secure qualified trainers and schedule annual workshops between 1-1-22 and 12-31-24.	Training date calendar	2022 2023 2024
Action step: Conduct trainings in an accessible location.	Trainings held	2022 2023 2024
Action step: Conduct pre and post surveys to measure participants' knowledge.	Participants evaluation will demonstrate an increase in knowledge of the legislative process..	2022 2023 2024
Strategy 2: Identify opportunities for newly trained older adults to use their advocacy skills.		
Action step: Work with local Senior Centers to provide Town Hall meetings with our local legislators.	Meetings are scheduled and advertised.	2022 2023 2024
Action step: Work with local partners to provide transportation for older adults to attend Town hall meetings	Transportation provided.	2022 2023 2024
Action step: Include advocacy information and resources in Aging Unit Newsletter	Aging Unit Newsletter will contain and advocacy section	2022 2023 2024
Strategy 3: Provide organizational support for Advocates interested in attending Wisconsin's Aging Advocacy Day.		
Action step: Identify at least three trained older adults interested in attending Wisconsin's Aging Advocacy day.	Three trained older adults volunteer to go to Aging Advocacy day.	1/31/24

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action step: Work with community partners to secure transportation for trained older adults to attend Aging Advocacy Day	Transportation provided	6/1/24
Action step:		
Annual progress notes		

Coordination Between Title III and Title VI

In Green Lake County 0.4% of the population over the age of 65 is Native American. Should someone who is Native American seek services through the Aging and Disability Resource Center, or the Aging Programs in Green Lake County, they would be provided with information on any and all resources available to them. The ADRC has contact information for all Tribes in Wisconsin. Should a tribal member wish to contact a tribal authority the ADRC and Aging staff will assist with coordinating the contact. All Native Americans contacting the ADRC/Aging Unit requesting services will be assessed for eligibility and offered any and all services they are eligible for.

Organization, Structure and Leadership of the Aging Unit

This section of the plan describes the organizational structure and leadership of the aging unit. It includes written text and fillable templates to be used in the body of the plan and additional templates to attach in appendices.

Please refer to the County Aging Plan Instructions for additional guidance related to the organization, structure and leadership section of the plan.

Primary Contact to Respond to Questions About the Aging Plan

Provide contact information for the primary person who will respond to questions and comments about the aging unit and three-year plan. Aging units may use their own chart but a template is provided below. Include primary contact information in the body of the aging plan.

Primary Contact to Respond to Questions About the Aging Plan Template

Name: __ Betty Bradley _____

Title: __ Aging/ADRC Unit Manager _____

County: __ Green Lake _____

Organizational Name: _ Green Lake County HHSD _____

Address: _ 571 County Road A _____

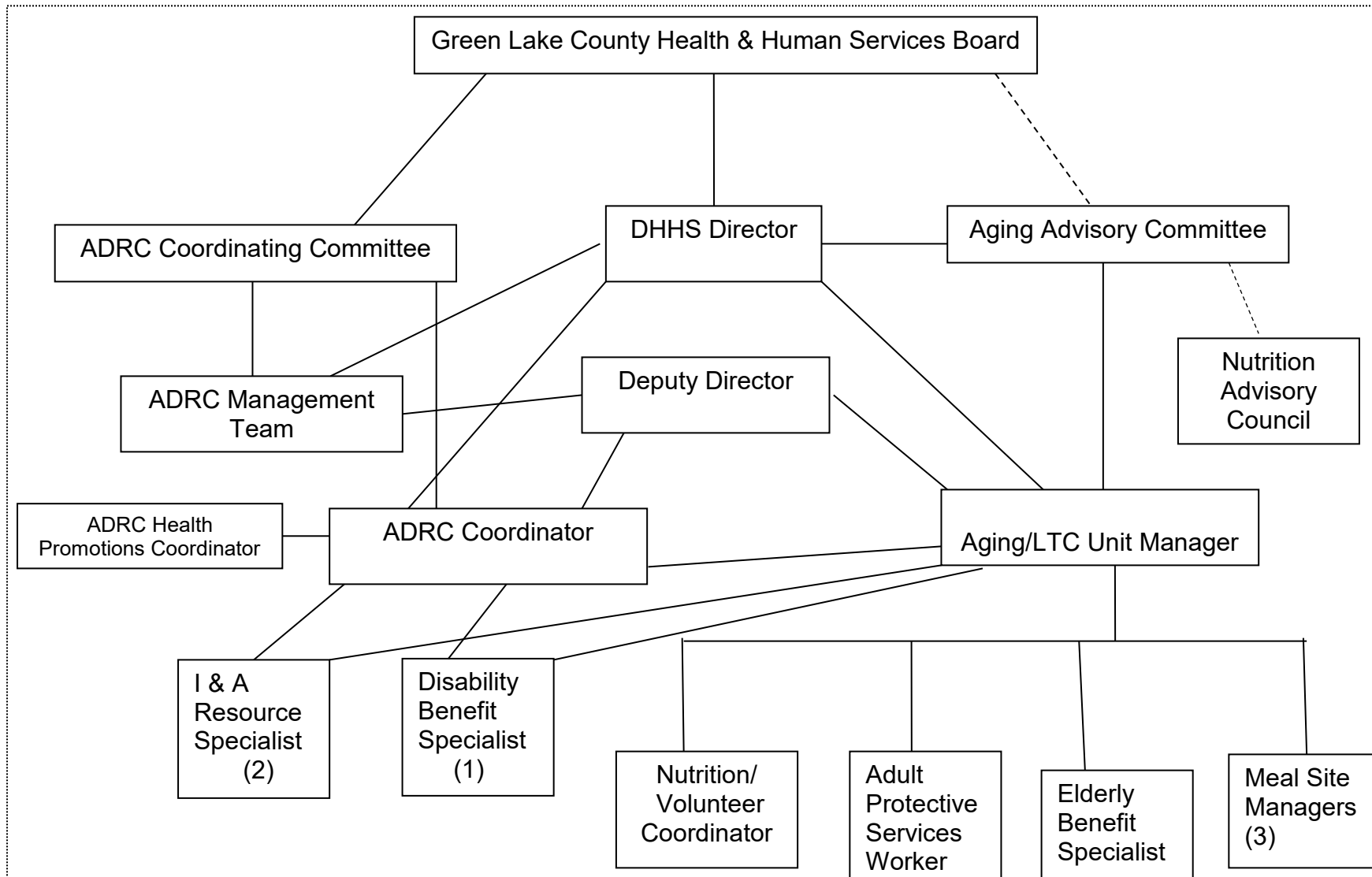
City: _ Green Lake _____ State: __ WI __ Zip Code: _ 54941 _____

Email Address: bbradley@co.green-lake.wi.us __ Phone # __ 920-294-4070 _____

Organizational Chart of the Aging Unit

Provide an organizational chart, which clearly depicts the place of the aging unit, the policy-making body, and (where applicable) the advisory committee, in relation to the county government. The chart(s) should appear in the body of the aging plan. View the [Aging Unit Organizational Chart Template](#) as an example.

**3. Organization and Structure of the County Aging Unit
3-B Organizational Chart of the Aging Unit**



Staff of the Aging Unit

Provide the required information on the people employed as the aging unit director, nutrition director, program nutritionist (including under contract), lead information and assistance specialist, benefit specialist, health promotion coordinator, family caregiver coordinator, transportation coordinator, and other aging unit staff (as applicable). Use the template provided below and include in the body of the aging plan.

Staff of the Aging Unit Template

List the people employed by the aging unit. Include additional rows as needed.

Name: Betty Bradley Job Title: Aging/ADRC Unit Manager Telephone Number/email Address: 920-294-4070; bbradley@co.green-lake.wi.us
Brief Description of Duties: Administers all Title III Aging Program services, including budgeting, reporting, and contracting for services. Supervises Aging Unit Staff,, and all elderly and disability programs, including Elder Abuse and Adult Protective Services, 85.21 transportation(contractd services), and the Aging and Disability Resource Center staff.
Name: : Irene Kutz Job Title: : Elder Benefit Specialist Telephone Number/email Address: 920-294-4070; ikutz@co.green-lake.wi.us
Brief Description of Duties: Provide Elder Benefit Specialist services to seniors age 60+. Does public education and assists with Senior Care and Medicare Part D applications. Assist with outreach. Provides I&A services and serves as back up for the Elderly Nutrition Program.
Name: Kathy Mulhern Job Title: Nutrition/Volunteer Coordinator Telephone Number/email Address: 920-294-4070; kmulhern@co.green-lake.wi.us
Brief Description of Duties: Coordinates the Green Lake County Elder Nutrition Program and volunteer program. Assembles and distributes the Sr. Newsletter.
Name: Kristen Dorsch Job Title: Adult Protective Services/Elder Abuse Worker Telephone Number/email Address/email Address: 920-294-4070; kdorsch@co.green-lake.wi.us
Brief Description of Duties: Provides Elder Abuse and APS investigations, reports summary information on the WITS system. Assists with guardianships, and WATTS reviews. Coordinates the AFCSP and NFCSP programs. Coordinates the I-Team. Co-facilitates the Dementia Coalition meetings.

<p>Name: Jennifer Dille Job Title: ADRC Director Telephone Number/email Address: 920-294-4070; jdille@co.green-lake.wi.us</p>
<p>Brief Description of Duties: Brief Description of Duties: Coordinates the Adams, Green Lake, Waushara County Consortium ADRC. Assures consistent service delivery among the three sites. Supervises the day-to-day activities of the I&A staff, DBS staff, and the Health Promotion Coordinator.</p>
<p>Name: Matthew Wecker Job Title: Disability Benefit Specialist Telephone Number/email Address: 920-294-4070; mwecker@co.green-lake.wi.us</p>
<p>Brief Description of Duties: Provides advocacy and assistance to persons age 18 to 59, in accessing and applying for disability benefits and Medicare Part D.</p>
<p>Name: Vanessa Schultz Job Title: Resource Specialist Telephone Number/email Address: 1-877-883-5378; vschultz@co.green-lake.wi.us</p>
<p>Brief Description of Duties: Provides I&A services to persons age 18 and over who contact the ADRC. Provides Options and Enrollment Counseling. Assists with Medicaid applications. Provides Short Term case Management. Is lead Screener for the Adams, Green Lake, and Waushara county ADRC.</p>
<p>Name: Lisa Zimmerman Job Title: Resource Specialist Telephone Number/email Address: 1-877-883-5378; lzimmerman@co.green-lake.wi.us</p>
<p>Brief Description of Duties: Provides I&A services to persons age 18 and over who contact the ADRC. Provides Options and Enrollment Counseling. Assists with Medicaid applications. Provides short-term Case management.</p>

Aging Unit Coordination with ADRCs

Green Lake County is served by the ADRC of Adams, Green Lake, and Waushara County. The ADRC site in Green Lake County is co-located within the Aging Unit. Aging and ADRC staff work side by side. The ADRC Director is employed by Green Lake County, but works in all three Counties in the consortium. Locally the ADRC Director and staff fall under the direction of the Aging Director. Aging and ADRC staff work closely with each other, referring consumers to workers in either area. Often ADRC and Aging staff are working together on a case to facilitate the best outcome for the consumer. Aging and ADRC staff hold joint weekly staff meetings to discuss issues and develop care plans when needed. The ADRC employs a full-time Health Promotions Coordinator out of the Wautoma office, whose position is funded by ADRC and Aging dollars, who provides health promotion classes in all three Counties for both Aging and ADRC programs. The Economic Support Unit is located in the hall next to the Aging Unit. Both ADRC and Aging staff work closely with ESU staff to ensure the best outcome for the consumer

Statutory Requirements for the Structure of the Aging Unit

[Chapter 46.82 of the Wisconsin Statutes](#) sets certain legal requirements for aging units. Consider if the county or tribe is in compliance with the law. If the aging unit is part of an ADRC the requirements of [46.82](#) still apply.

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	X
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for	

<p>older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.</p>	
<p>For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.</p>	
<p>Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?</p>	<p>Yes</p>

Role of the Policy-Making Body

The policy-making body, also called the commission on aging, must approve the aging unit plan. Evidence of review and approval of the draft and final version of the aging unit plan must be included as part of the plan. Attach the evidence of this required involvement as an appendix to the aging plan.

Membership of the Policy-Making Body

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. List the membership of the aging unit's policy-making body using the template provided below and include in the body of the aging plan. There are term limits for the membership of the policy-making body.

Membership of the Policy-Making Body Template

Official Name of the County Aging Unit's Policy-Making Body: Green Lake County Health and Human Services Board

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Joe Gonyo	Y	Y	2004
Harley Reabe	Y	Y	2012
Richard Trochinski	Y	Y	2010
Charlie Wielgosh	Y	Y	2018
Brian Floeter	N	Y	2015
Joy Waterbury	Y	N	2018
Christine Schapfel	Y	N	2021
Nancy Hoffman	N	N	2016
Joanne Guden	Y	N	2021

Role of the Advisory Committee

Where an aging unit has both an advisory committee (sometimes referred to as the advisory council) and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan and to advocate for older adults. Evidence of this involvement should be listed as an attachment in the appendices of the aging unit plan.

Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)). If the aging unit has an advisory committee, list the membership of the advisory committee using the template provided below and include in the body of the aging plan. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee. There are no term limit requirements on advisory committees.

Membership of the Advisory Committee Template

Official Name of the County Aging Unit's Advisory Committee: Green Lake County Aging Advisory Committee

Name	Age 60 and Older	Elected Official	Start of Service
Chairperson: Robert Dolgner	N	Y	May 2020
Gloria Lichtfuss	Y	Y	May 2019
Parkis Waterbury	Y	Y	May 2020
Darlene Krentz	Y	Y	May 2018
Judy Street	Y	Y	June 2021

Budget Summary

The aging unit is required to submit an annual budget to the AAA using a budget worksheet approved by BADR. Final budgets are to be submitted with the aging plan on November 5th, 2021. Due dates for annual aging unit budgets for CY 2023 and 2024 will be determined in cooperation with the AAAs and BADR and communicated with aging units when the dates are set.

Budget summary information should be inserted into the document. It is also acceptable to provide a hyperlink to budget summary information. Aging units may choose to use pie charts or graphs to highlight how funds are spent for services and supports for older adults and caregivers.

In addition, the budget summary page must be clearly posted on a public webpage for review following final approval by the aging unit governing body.

	Federal Contract Funds	Cash Match Funds	Other Federal Funds	Other State Funds	Other Local Funds	Program Income Funds	Total Cash Funds	In-Kind Match Allocations	Grand Total
Supportive Services	\$ 41,687.00	\$ 7,700.00	\$ 3,711.00	\$ 5,736.00	\$ 24,000.00	\$ -	\$ 82,834.00	\$ -	\$ 82,834.00
Congregate Nutrition Services	\$ 79,737.00	\$ 20,000.00	\$ 4,661.00	\$ -	\$ 30,000.00	\$ 15,000.00	\$ 149,398.00	\$ 40,000.00	\$ 189,398.00
Home Delivered Nutrition Services	\$ 55,256.00	\$ 30,000.00	\$ 4,661.00	\$ -	\$ 20,000.00	\$ 67,000.00	\$ 176,917.00	\$ 6,000.00	\$ 182,917.00
Health Promotion Services	\$ 3,518.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,518.00	\$ 550.00	\$ 4,068.00
Caregiver Services - 60+	\$ 16,194.00	\$ 4,500.00	\$ -	\$ -	\$ -	\$ -	\$ 20,694.00	\$ -	\$ 20,694.00
Caregiver Services - Underage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Alzheimer's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$ -	\$ -	\$ -	\$ 10,856.00	\$ -	\$ -	\$ 10,856.00	\$ -	\$ 10,856.00
Grand Total	\$ 196,392.00	\$ 62,200.00	\$ 13,033.00	\$ 16,592.00	\$ 74,000.00	\$ 82,000.00	\$ 444,217.00	\$ 46,550.00	\$ 490,767.00

Verification of Intent

The purpose of the Verification of Intent is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan. Copies of approval documents must be available in the offices of the aging unit.

Use the template provided below and include in the body of the aging plan.

Verification of Intent Template

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the AAA for approval.

In the case of multi-county aging units, the verification page must be signed by the representatives, board chairpersons, and commission on aging chairpersons, of all participating counties.

We verify that all information contained in this plan is correct.

Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County Board Representative	Date
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Assurances of Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA and BADR.

The assurances need not be included with copies of the plan distributed to the public.

Use the template provided below and include in the body of the aging plan.

Compliance with Federal and State Laws and Regulations for 2022-2024

On behalf of the county, we certify

Green Lake County Aging/ADRC Unit

(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024. We assure that the activities identified in this plan will be carried out to the best of the ability of the county in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024.

Signature and Title of the Chairperson of the Commission on Aging Date

Signature and Title of the Authorized County Board Representative Date

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for the grant.
- A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
- This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. Outreach, Training, Coordination & Public Information

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.

3. Preference for Older People with Greatest Social and Economic Need

The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary

opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.

- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately

necessary for determining an individual's need and/or eligibility for services and other benefits.

- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
 - (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated Area Agency on Aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure.

- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

10. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of federal and federally assisted programs.

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs. [Information about the Hatch Act is available from the U.S. Office of Special Counsel at <http://www.osc.gov/>]

12. Fair Labor Standards Act

The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219), as they apply to hospital and educational institution employees of state and local governments.

13. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

- The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.
- The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

Aging Units, through binding agreement/contract with an Area Agency on Aging must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging.

Sec. 306. (a)

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the Area Agency on Aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall--

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(4)(C) Each area agency on aging shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(9)(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and (Ombudsman programs and services are provided by the Board on Aging and Long Term Care)

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; (B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and (C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13) provide assurances that the Area Agency on Aging will

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) disclose to the Assistant Secretary and the State agency-

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under ch. 181 and
- (6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the Area Agency on Aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) *Duties.* Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.

13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer’s disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.
19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission on Aging.

(a) Appointment.

1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.
2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older

individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.

2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two-thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit.

Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full-time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each

county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.

(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.

(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

Appendices

Attach copies of comments received during public review of the plan.

Attach other documents that support the aging unit plan.