



GREEN LAKE COUNTY

571 County Road A, Green Lake, WI 54941

Original Post Date: 10/09/2024

Amended Post Date:

The following documents are included in the packet for the Health & Human Services Committee Meeting on October 14, 2024:

- 1) Amended Agenda
- 2) Minutes: 09/09/2024
- 3) Economic & Child Support Unit Presentation
- 4) Unit Report
- 5) Public Notice – Department of Health Services
- 6) Commission on Advisory Committee Draft Minutes – 09/25/2024
- 7) Meal BIDS
- 8) Green Lake County 2025-2027 Aging Plan



GREEN LAKE COUNTY OFFICE OF THE COUNTY CLERK

Elizabeth Otto
County Clerk

Office: 920-294-4005
FAX: 920-294-4009

Health & Human Services Committee Meeting Notice

Date: Monday, October 14, 2024 Time: 5:00 PM
The Green Lake County Government Center, County Board Room
571 County Road A, Green Lake WI

*AMENDED AGENDA

Committee Members

Joe Gonyo
Mike Skivington
Brian Floeter
Christine Schapfel
Richard Trochinski
Mary Hess
Nancy Hoffmann
Vacant
Vacant

Elizabeth Otto, Secretary

Virtual attendance at meetings is optional. If technical difficulties arise, there may be instances when remote access may be compromised. If there is a quorum attending in person, the meeting will proceed as scheduled.

This agenda gives notice of a meeting of the Health & Human Services Committee. It is possible that individual members of other governing bodies of Green Lake County government may attend this meeting for informative purposes. Members of the Green Lake County Board of Supervisors or its committees may be present for informative purposes but will not take any formal action. A majority or a negative quorum of the members of the Green Lake County Board of Supervisors and/or any of its committees may be present at this meeting. See State ex rel. Badke v. Vill. Bd. of Vill. of Greendale, 173 Wis.2d 553, 578, 494 N.W. 2d 408 (1993).

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Minutes: 09/09/2024
5. Appearances
 - Shelby Jensen, ESU – Energy Assistance and Unwinding Update
6. Director's Report
7. VSO Report
8. Unit Reports
 - C&F – Frank J Crisafi Recognition Award
9. Personnel Updates
10. 2025 Budget Updates
11. Medical Records and 2025 Rate Schedule
12. * Meal BIDS
13. 3 Year Aging Plan
14. Committee Discussion
 - Future Meeting Dates: November 11, 2024
 - Future Agenda items for action & discussion
15. Adjourn

Microsoft Teams [Need help?](#)

[Join the meeting now](#)

Meeting ID: 285 944 756 144

Passcode: RGLTe5

Dial in by phone

+1 920-515-0745,617542394# United States, Green Bay

[Find a local number](#)

Phone conference ID: 617 542 394#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Please accept at your earliest convenience. Thank you!

[Org help](#) | [Privacy and security](#)

Kindly arrange to be present, if unable to do so, please notify our office.
Elizabeth Otto, County Clerk

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.

HEALTH & HUMAN SERVICES COMMITTEE MEETING

September 9, 2024

The meeting of the Health & Human Services Committee was called to order by Chair Joe Gonyo at 5:00 PM on Monday, September 9, 2024 in person and via remote access at the Government Center, 571 County Road A, Green Lake, WI. The requirements of the open meeting law were certified as being met. The pledge of allegiance was recited.

Present: Joe Gonyo
Mike Skivington
Nancy Hoffmann
Christine Schapfel
Richard Trochinski
Mary Hess

Absent: Brian Floeter

Other County Employees Present: Karissa Block, Deputy County Clerk; Jason Jerome, HHS Director; Kayla Yonke, HHS Financial Manager; Jon Vandeyacht, VSO; Cate Wylie, County Administrator; Nichol Wienkes, Unit Manager; Wes Shemanski, LCSW, Crisis Therapist

APPROVAL OF MINUTES – 08/12/2024 MINUTES

Motion/second (Hoffmann/Trochinski) to approve the minutes of the 08/12/2024 minutes as presented with no additions or corrections. Motion carried with no negative vote.

PUBLIC HEARING – 5:15PM

Continued meeting until the 5:15PM hour

APPEARANCES

- Wesley Shemanski & Nichol Wienkes – Crisis Update

Wienkes and Shemanski gave their presentation. Chair Gonyo opened Public Hearing at 5:15PM, having no public comment, the Public Hearing was closed. Wienkes and Shemanski continued their presentation. Discussion held.

5:40PM - Shemanski & Wienkes left the meeting

DIRECTOR'S REPORT

Jerome gave his report. Wednesday, September 11 the 2nd annual Green Lake County Health and Wellness Fair will take place at the Town Square Community Center from 10AM-2PM. Discussion held.

VSO REPORT

Vandeyacht gave his report. The VSO calls are still high, and their department is still very busy. Vandeyacht will be attending a conference next month.

6:00PM – Vandeyacht left the meeting

UNIT REPORTS

Discussion held.

PERSONNEL UPDATES

No comment

2025 BUDGET UPDATES

The budget is on track according to Jerome. All committee members got a copy of the Draft 2025 Budget. Jerome, Wylie and Finance Director, Kenn Stephani have been working together to finalize the 2025 Budget. They are currently working on creating a potential nighttime crisis shift to help with any after hour calls. This shift could potentially be 2PM-10PM.

FUTURE AGENDA ITEMS FOR ACTION AND DISCUSSION

Future Meeting Dates – October 14, 2024 @ 5:00 PM

Future Agenda Items:

ADJOURNMENT

Chair Gonyo adjourned the meeting at 6:20PM

Submitted by,

Karissa Block
Deputy County Clerk



ECONOMIC & CHILD SUPPORT UNIT

UNWINDING
THE COVID-19
PUBLIC
HEALTH
EMERGENCY:
EFFECTS ON
HEALTH CARE
AND
NUTRITION
PROGRAMS



March 2020, the U.S Department of HHS declared a public health emergency for COVID-19.



That declaration was extended multiple times in 90-day increments.



Temporary policies were put in place by federal legislation affecting members of BadgerCare+, Wisconsin Medicaid programs, and FoodShare, were tied to that declaration.

UNWINDING THE COVID- 19 PUBLIC HEALTH EMERGENCY: EFFECTS ON HEALTH CARE AND NUTRITION PROGRAMS

- When the federal government ended the COVID-19 public health emergency, states were to begin a process of phasing out (unwinding) the temporary policies.
- Unwinding began in late 2021 and just finished May 2024.

WHAT DID WE LEARN?

- Once participants have something and continue getting that something for an extended period of time without having to do anything, confusion sets in when the processes and policies change.
- Our staff is resilient and went from 100% in the office to a hybrid model and maintained their efficiency.
- Caseloads have not decreased as we anticipated with the unwinding.
 - WISCONSIN HAS MORE PEOPLE ON MEDICAID THAN BEFORE THE PANDEMIC.



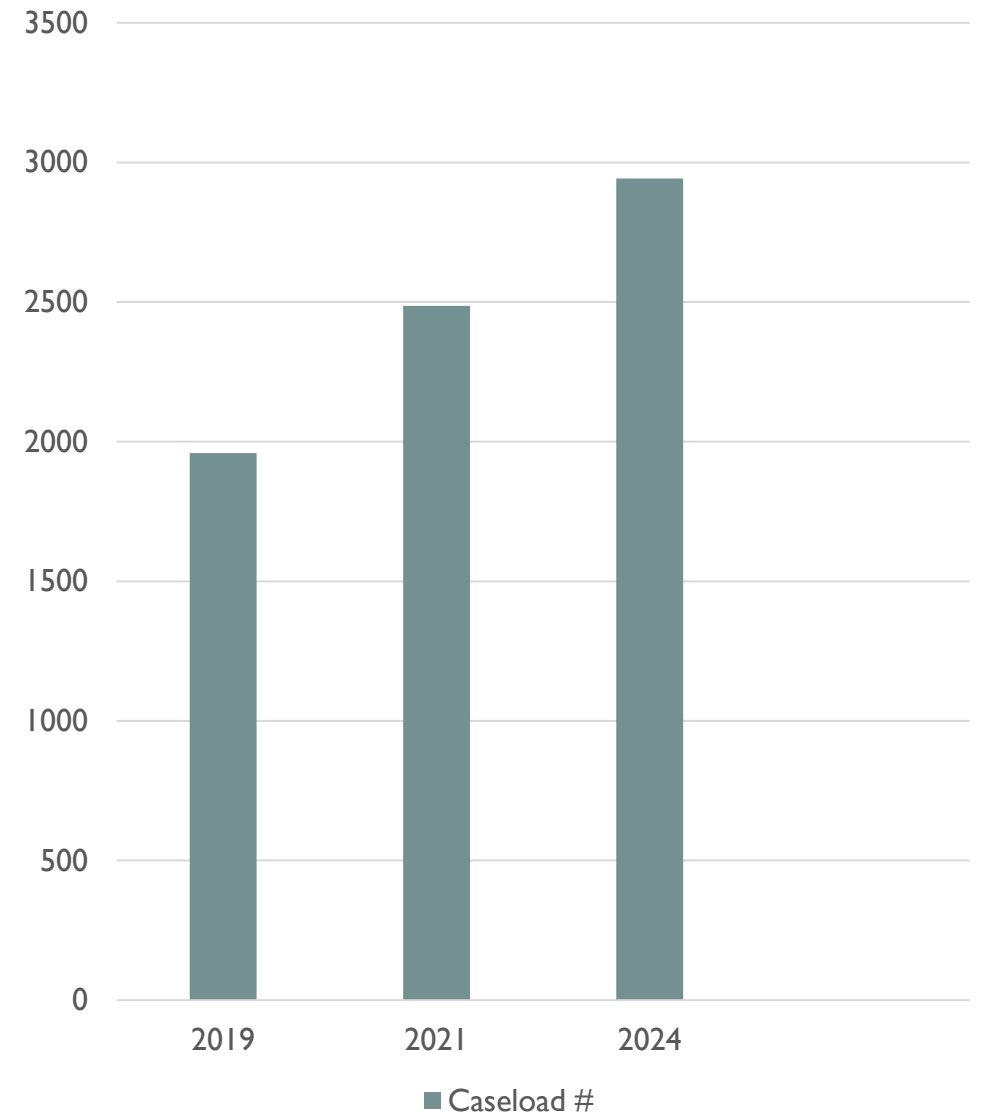
BEFORE



AT PEAK



AFTER
UNWINDING



ENERGY ASSISTANCE MOVED

WHY?

**WHERE
TO?**





ANY
QUESTIONS

GREEN LAKE COUNTY

DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES
571 County Road A
Green Lake, WI 54941-8630

PHONE: 920-294-4070
FAX: 920-294-4139
EMAIL: glcdhhs@co.green-lake.wi.us



FOX RIVER INDUSTRIES
222 Leffert St.; PO Box 69
Berlin, WI 54923-0069

PHONE: 920-361-3484
FAX: 920-361-1195
EMAIL: fri@co.green-lake.wi.us

2025 Rates

CHILDREN & FAMILY CHARGES

Juvenile Supervision	Monthly	\$ 25.00
Electronic Monitoring	Daily	\$ 5.50
Drug Screen		\$ varies
Victim/Witness Surcharge		\$ 20.00
Shelter Care	Daily	\$175.00
Background Check-Private Agency		\$ 20.00
Custody Studies		\$400.00

MENTAL HEALTH CHARGES

Psychiatrist	Hourly	\$250.00
Psychological Intake Session	90 Min.	\$210.00
Individual Counseling	20-30 Min.	\$ 70.00
Individual Counseling	45-50 Min.	\$140.00
Individual Counseling	75-80 Min.	\$210.00
Family Counseling	Hourly	\$140.00
Groups	Hourly	\$ 35.00

AODA CHARGES

AODA Assessment	90 Min.	\$210.00
Individual Session/AODA	30 Min.	\$ 70.00
Individual Session/AODA	60 Min.	\$140.00
Individual Session/AODA	90 Min.	\$210.00
Groups	Hourly	\$ 35.00
Court Ordered AODA Assessment		\$250.00
Intoxicated Driver Assessment		\$275.00
Amended Driver Safety Plan		\$ 65.00
DSP Compliance Forms		\$ 30.00

VACCINATIONS (ADULT)

Influenza – High-Dose Trivalent	\$ 84.00
Influenza-Quadrivalent	\$ 40.00
Hepatitis A Vaccine	\$ 70.00
Hepatitis B Vaccine (3 Shot Series)	\$165.00

MEDICAL RECORD COPIES (Effective 7/1/2024 – 6/30/2025)

First 25 pages	per Page	\$ 1.40
Pages 26 to 50	per Page	\$ 1.04
Pages 51 to 100	per Page	\$ 0.68
Pages 101 and above	per Page	\$ 0.40



PUBLIC NOTICE

Department of Health Services

Annual Adjustment to Fees

That May be Charged by a Health Care Provider for Providing Copies of a Patient's Health Care Records

Statutory Authority

Pursuant to Wis. Stat. §146.83 (3f) (c) 2., each July 1, beginning on July 1, 2012, the Department of Health Services is required to adjust, by the percentage difference between the consumer price index for the 12-month period ending on December 31 of the preceding year and the consumer price index for the 12-month period ending on December 31 of the year before the preceding year, the dollar amounts specified under Wis. Stat. §146.83 (3f) (b) that a health care provider may charge for providing copies of a patient's health care records.

Under the methods prescribed in Wis. Stat. §146.83 (3f) (c) 2., the adjusted dollar amounts that a health care provider may charge for providing copies of a patient's health care records are as follows:

Schedule of Health Care Provider Records Fees

July 1, 2024 - June 30, 2025

	% difference from Dec 2022 to Dec 2023	Previous Charges	Adjustment for CPI % increase	New Charges
	3.40%			
Paper Copies (per page)				
First 25 pages		\$1.35	\$0.05	\$1.40
Pages 26 to 50		\$1.01	\$0.03	\$1.04
Pages 51 to 100		\$0.66	\$0.02	\$0.68
Pages 101 and above		\$0.39	\$0.01	\$0.40
Microfiche or Microfilm (per page)		\$1.98	\$0.07	\$2.05
Print of an X-ray (per image)		\$13.33	\$0.45	\$13.78
If the requestor is not the patient or a person authorized by the patient				
Certification of Copies		\$10.69	\$0.36	\$11.05
Retrieval Fee		\$26.72	\$0.91	\$27.63
Actual Shipping Costs and Any Applicable Taxes				

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Retrieval Fee		\$26.72	\$0.91	\$27.63
Actual Shipping Costs and Any Applicable Taxes				

Commission on Aging Advisory Committee Meeting

September 25, 2024

The regular meeting of the Health and Human Services Aging Advisory Committee meeting was called to order by Chair Reabe at 10:30 am on Wednesday, September 25, 2024, in the County Board Room, Green Lake County Government Center, Green Lake WI. The meeting was held in person and via Teams. The requirements of the open meeting law were certified as being met. The Pledge of Allegiance was recited.

Present: Harley Reabe, Gloria Lichtfuss, Sue Jungenberg, Andy Brendemihl.

Absent: none.

Other County Employees: Ryan Bamberg, Aging/Long Term Care Unit Manager, Kayla Yonke, HHS Financial/Business Manager, Sarah Petit, HHS Admin, Jason Jerome, HHS Director- left at 10:35am, Charlie Wielgosh.

Introductions – Everyone introduced themselves.

Minutes of 3/20/24, 5/22/24 and 7/17/24

Motion/second (Brendemihl/Jungenberg) to approve the minutes of the March 20, 2024, May 22, 2024, and July 17, 2024, meetings. Motion carried with no negative vote.

Correspondence- None.

Health and Human Services Board Report

Jason Jerome reported on September HHS Board meeting held a public hearing for the 2025 Budget. The budget has been submitted to the County Administrators office. Budget plans include moving to a single county ADRC and structural plans to move APS to the Behavioral Health/Crisis Unit.

ADRC Dissolution Update

Ryan Bamberg reported on the single county ADRC application has been submitted to the State. Ryan has had a few meetings with the State. This committee and the ADRC committee will need to combine committees in 2025.

Discussion/Action on Meal Catering Bids

Ryan Bamberg reported on meal catering bids that were received and included in the packet. 4 bids were received. Bids for the Princeton and Markesan meal site include Markesan Resident Home, Feil's Catering and Bijak's Culinary Café. Bids for the Berlin meal site include Berlin Senior Center. Discussion followed.

Motion/second (Lichtfuss/Brendemihl) to approve the bid from the Markesan Resident Home to provide meals for the Markesan and Princeton meal sites and home delivered meals to the Green Lake area effective 1/1/2025 and to approve the Berlin Senior Center bid to provide meals for the Berlin Senior Center and home delivered meals effective 1/1/2025. Motion carried with no negative vote.

Discussion/Action on Princeton Meal site

Ryan Bamberg reported on Princeton meal site. Participation is low. Discussed moving to a pop-up meal model. A pop-up meal model could be used at various events in the area. Anyone over 60 could sign up for a meal at an event. To use the pop-up meal model the Princeton meal site will need to be closed. If someone wanted a meal at the Princeton Senior Center it would be packaged at the Markesan meal site and transported to Princeton, so a meal at the Princeton Senior Center would still be an option. An application would need to be submitted to the State to close the Princeton meal site. Discussion followed.

Motion/second (Brendemuhl/Lichtfuss) to approve the application submission to the State for the closure of the Princeton meal site and to use the Pop-up Meal Model Plan. Motion carried with no negative vote.

Discussion/Action on new 2025-2027 three-year Aging Plan

Ryan Bamberg reported on the new plan goals for 2025-2027. A community listening session will be held on 9/26/24 at the Green Lake Library for community feedback and suggestions. After this committee meeting and the community listening session, the plan will then be forwarded to the HHS board for approval. GWAAR requires each County to have an Aging Plan. The Aging plan in the packet was reviewed the 4 main goals in the plan are Caregiver Support to focus on senior transportation, Evidence based health promotion to focus on Senior Friends Program, Nutrition Program to focus on improving the quality of food and Support Services to establish a volunteer database. Discussion followed.

Motion/second (Lichtfuss/Jungenberg) to approve the new 2025-2027 three-year Aging Plan. Chair Reabe will sign the plan. Motion carried with no negative vote.

Committee Discussion

Future meeting date: November 20, at 10:30am.

Future Agenda Items: N/A

Adjourn

Chair Reabe adjourned the meeting at 11:37 am.

**GREEN LAKE COUNTY HEALTH & HUMAN SERVICES AGING &
LONG TERM CARE UNIT
2025 ELDERLY NUTRITION PROGRAM BID**

Name of person submitting bid: Jennifer Sauer

Business Name: Markesan Resident Home

Business Mailing Address: 1130 N Margaret St, Markesan, WI 53946

Daytime Phone: 920-398-2751

Please complete the following questions with clear handwriting, typing, and/or attach additional pages if needed:

1. Describe your experience with mass food production:

Skilled Nursing facility and Assisted Living which provide meals for up to 82 residents per meal.

Have your services ever been contracted by Green Lake County as a caterer?

☒ No ☐ Yes, during year(s): Click or tap here to enter text.

2. If needed, How will you be transporting the food to the meal site(s)? (If not able to transport put N/A)

N/A

3. List certifications and trainings Staff have completed:

Certified Dietary Manager with SafeServe training. Wisconsin licensed Dietitian who oversees menu

4. Per meal bid price (could include congregate dining and home delivered meals serving):

Price per meal: \$7.50- Markesan site

5. Provide a copy of your license, permit or certificate from your regulatory authority, proof of Insurance, and a copy of your most recent sanitation inspection.

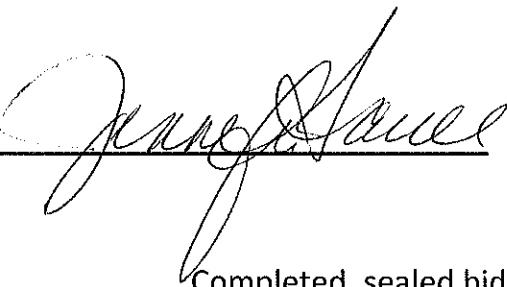
6. Attach any additional information regarding factors reasonably related to bidder's ability to fulfill the contract that the Commission on Aging should consider in their decision.

I have read the Specification for Catering for Green Lake County and I agree to abide by all the terms and conditions if chosen as a vendor for Green Lake County.

☐ No ☒ Yes

Signature of person submitting bid:

X



Date: 8/9/2024

Completed, sealed bids must be received on or before 4:30 p.m.

on **Wednesday, September 18, 2024**

Submissions by Mail, in-person, or email

Any questions call Ryan: 920-294-4070

Mail: Green Lake County Dept of HHS
Attn: Ryan Bamberg, ADRC / Aging Unit Manager
571 County Road A
Green Lake WI 54941

Email: rbamberg@greenlakecountywi.gov

In Person: HHS Building – ADRC Office

MARKESAN RESIDENT HOME 3980473
1130 N MARGARET ST
MARKESAN, WI 53946-8516
US



DATE: 7/10/2024
TIME: 12:27:16 PM

Report for Account:
0504159970

1-800-35-CLEAN | www.ecolab.com

Ecolab Representative:
Joe Turecek

Ecolab Manager:
Andrew Jensen

Regular Service Call

Today's Summary

Spoke with conner before heading out



Training Performed



Repeat Issue



Photo(s) Taken

GENERAL OBSERVATIONS

Front of House: **Excellent**

Protecting public health reputation and guest experience

Comments:

Back of House: **Excellent**

Ensuring operations are efficient while protecting employees and guests

Comments:

KITCHEN

Food Contact Surface Sanitizer: **300 ppm**

Securing safe and sanitized surfaces for food, guests, and employees

Comments:

Water Hardness: 0 gpg

Analyzing water hardness to optimize and protect overall equipment performance

Comments:

Results: Excellent

Ensuring wares are safe and up to cleanliness standards

Comments:

KITCHEN - HOBART AM-14

Machine Condition: Good



Inspecting machine health for optimal water and energy consumption

Comments: There's a little hard water buildup on a supply line but that's about it.

Rinse Temperature: 184 Fahrenheit

Monitoring rinse temp for compliance to protect guests, reputations, and machine efficiency

Comments:

Rinse Additive: 2.5 ml

Validating rinse additive levels to dry wares quickly and achieve desired guest experience

Comments:

Wash Temperature: 154 Fahrenheit

Monitoring wash temp for compliance to protect guests, reputations, and machine efficiency

Comments:

Dispenser Dilution Check: 11 Drops

Validating chemistry concentration to produce desired results (value dependent on chemistry solution, water conditions and soil types for your location)

Comments:

Dispenser Condition: Good



Inspecting dispenser health for optimal chemistry consumption

Comments: I checked the rinse for film buildup. I took it down and cleaned the float but saved as much as I could.

LAUNDRY

Results: **Excellent**

Delivering optimal results and lowest total cost

Comments:

LAUNDRY - #1 MILNOR 50#

Machine: **Excellent**

Inspecting equipment and verifying related procedures are followed to produce desired results

Comments:

Dispenser: **Issue Found**



Inspecting dispenser health for optimal linen results and chemistry consumption

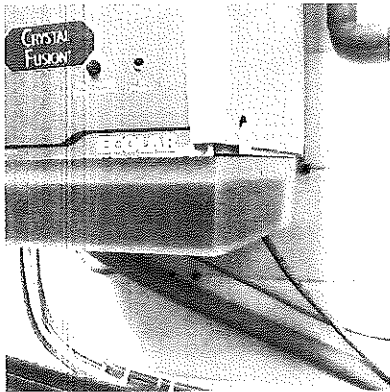
Comments: I will need to try and remember to bring in a solvent and new velcro for the dispenser display the moisture made the last one fall but I think with all new and a solid cleaning we can make one last on the next visit.

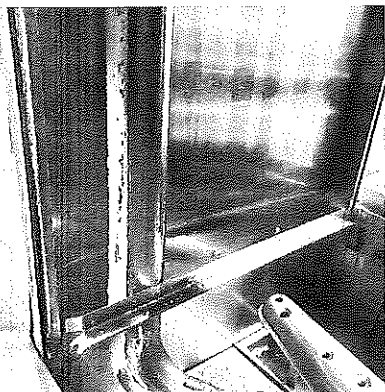
Thank you for your business!

CUSTOMER SIGNATURE

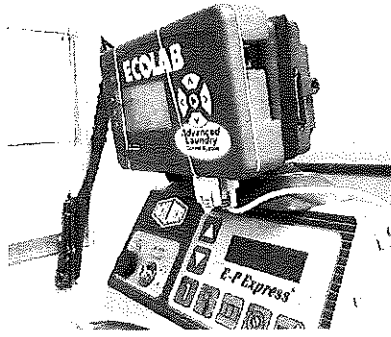
Reviewed with: Conner

Appendix - Photos

KITCHEN - HOBART AM-14	
Dispenser Condition: Good	
<i>Inspecting dispenser health for optimal chemistry consumption</i>	
Comments: I checked the rinse for film buildup. I took it down and cleaned the float but saved as much as I could.	
	Minimum film buildup.

KITCHEN - HOBART AM-14	
Machine Condition: Good	
<i>Inspecting machine health for optimal water and energy consumption</i>	
Comments: There's a little hard water buildup on a supply line but that's about it.	
	Solo hard water pipe.

LAUNDRY - #1 MILNOR 50#	
Dispenser: Issue Found	
<i>Inspecting dispenser health for optimal linen results and chemistry consumption</i>	
Comments: I will need to try and remember to bring in a solvent and new velcro for the dispenser display the moisture made the last one fall but I think with all new and a solid cleaning we can make one last on the next visit.	



Holding for now.



SYSTEM

FIRE & SAFETY EQUIPMENT, INC

Tel: (920) 787-3809 · Fax: (920) 787-3184

1-800-236-3809

P.O. Box 53

Wautoma, Wisconsin 54982-0053

SEMI-ANNUAL OR ANNUAL SERVICE & INSPECTION REPORT

Name <i>Markesam Residents Home</i>		Address <i>1130 N. Margaret St.</i>		Inspection Date <i>5/22/24</i>				
City <i>Markesam, WI 53946</i>		Phone No. <i>(920) 398-2751</i>		4 Months Annual Semi-Annual <input checked="" type="checkbox"/>				
Cooking Location <i>Kitchen</i>								
System Model No. <i>6102-31321</i>								
COVERAGE Hood & Duct Fryer Broiler Complete		Fuse Links 360°F	Fuse Link 450°F <i>3</i>	Quartzoid 500°F	Fuse Link 500°F	Fuel Shut Off	Gas	Elec.

- | | |
|---|---|
| <ul style="list-style-type: none">1. Check hazard against original layout note any changes: nozzle numbers, locations of gas valve & breakers. <input checked="" type="checkbox"/>2. All seals are intact <input checked="" type="checkbox"/>3. There are no visible signs that system has fired, leaked, or been tampered with <input checked="" type="checkbox"/>4. Check all piping and conduit. Must be immobilized with proper hangers & brackets <input checked="" type="checkbox"/>5. Check positioning of all nozzles <input checked="" type="checkbox"/>6. Check for obstructions in nozzles <input checked="" type="checkbox"/>7. Check all nozzles for caps <input checked="" type="checkbox"/>8. Sensors cleaned or replaced <input checked="" type="checkbox"/>9. Check cable adjustment <input checked="" type="checkbox"/>10. Check cable for freeness <input checked="" type="checkbox"/>11. Test system operation from terminal for proper operation <input checked="" type="checkbox"/>12. Test system operation with manual & remote manual proper operation <input checked="" type="checkbox"/>13. Test system operation and proper operation of gas valve <input checked="" type="checkbox"/>14. Test micro switch for main fuel source electric shut off <input checked="" type="checkbox"/>15. Test for proper operation of micro switch for non fuel source electric shut off (Wet Chemical only) <input checked="" type="checkbox"/>16. Is remote 10 feet from hood or in path of exit and at proper height <input checked="" type="checkbox"/> | <ul style="list-style-type: none">17. Replaced cylinder and cartridge in system mount & removed valve safety pin <input checked="" type="checkbox"/>18. Replaced & seal all safety pins in manual & remote releases <input checked="" type="checkbox"/>19. Are all test dates on cylinder's & cartridge on Folder Jacket Accurate <input checked="" type="checkbox"/>20. Fuel shut-off is in the on position <input checked="" type="checkbox"/>21. Check exhaust fan for operating order <input checked="" type="checkbox"/>22. Are filter baffle type Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>23. All filters are replaced <input checked="" type="checkbox"/>24. Clean system cylinder & component parts <input checked="" type="checkbox"/>25. Fan warning sign on hood <input checked="" type="checkbox"/>26. Distributor & service phone sign on system cylinder <input checked="" type="checkbox"/>27. Inspection & service tag on system cylinder <input checked="" type="checkbox"/>28. If all cooking surfaces not protected give owner full information <input checked="" type="checkbox"/>29. Personnel has been instructed on manual operation of these systems - Initial <input checked="" type="checkbox"/>30. Kitchen Ext. type, location & warning sign <input checked="" type="checkbox"/>31. Is hood & duct free of hazardous grease <input checked="" type="checkbox"/>32. Is all exhaust duct work accessible for cleaning <input checked="" type="checkbox"/>33. System in service <i>5/24/24</i> Out <i>5/24/24</i>34. Does system meet UL 300 standards. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>35. If no, Why? <input type="checkbox"/> |
|---|---|

COMMENTS:

- 1) Replaced 9 cables below all caps.
- 2) Replaced 3 x 450° sensor links.
- 3) Cleaned 9 filters.

ALL SYSTEM WORK IS PERFORMED ACCORDING TO NFPA 96, 2011 EDITION, SECTION 11.2.1 STANDARDS.

X

Date <i>5/22/24</i>	Time <i>9:45</i>	AM	PM <input checked="" type="checkbox"/>
------------------------	---------------------	----	---

Serviceman

Witnessed by Customers Authorized Agent

WARNING: In case of appliance fire, activate fire suppression system remote pull before using hand portable extinguisher.



FIRE & SAFETY EQUIPMENT, INC

Tel: (920) 787-3809 · Fax: (920) 787-3184

1-800-236-3809

P.O. Box 53

Wautoma, Wisconsin 54982-0053

EXHAUST SYSTEM CLEANING AND INSPECTION REPORT

CUSTOMER Markham's Restaurant Home

DATE 5/22/24

ADDRESS 1130 N. Main Street Markham, WI 53946

PHONE (920) 787-3751

PRE-INSPECTION

1. Type Of Exhaust Hoods ☒ Standard ☐ Water Wash
2. Hood Construction ☒ Stainless Steel ☐ Galvanized ☐ Aluminum
3. Duct Construction ☒ Steel ☐ Sealed ☐ Unsealed ☐ Heating Duct Work
4. Fan Style ☐ Up Draft ☐ Down Draft ☐ Turbine ☐ Chicago ☐ Wall Fan
5. Filter Type ☒ Baffled ☐ Mesh ☐ No Filters Number Of Filters 9
6. Fan Wiring ☒ Good ☐ Bad ☐ Poor ☐ Exposed ☐ Not Exposed
7. Roof Condition Prior to Cleaning the Fans ☒ Good ☐ Fair ☐ Poor ☐ Snow Covered ☐ Ice Covered
8. Weather Conditions Good Temp 70°F

	HOOD NAME BY APPLIANCES	CLEANING RESULTS			PHYSICAL CONDITION OF FANS	BELT CONDITION AND BELT NUMBER
		HOOD	DUCT	FAN		
01)	Main Kitchen	Good	Good	Good	Good	
02)						
03)						
04)						
05)						
06)						

(RATE: EXCELLENT, GOOD, FAIR, POOR, UNRATEABLE)

12. Filters ☐ Power Washed ☒ Hand Washed ☐ Customer Cleans 9 Number Cleaned
13. # Of Access Panels 4 Do They Need Panels ☐ Yes ☒ No Can We Install ☐ Yes ☐ No
If They Need Panels, Fill Out Field Report With Diagram And Measurements
14. Did You Clean Grease Trap ☐ Yes ☒ No
15. Did You Service Extinguishers ☐ Yes ☒ No How Many Did You Service?
16. Do They Have Grease Guards or Gutters ☐ Yes ☒ No How Many Did You Change?
17. Did You Grease Bearing ☐ Yes ☒ No
18. Did You Re-light All Pilots ☐ Yes ☒ No Were All Appliances Operational ☒ Yes ☐ No
19. Is There Anything The Manager Or Owners Should Be Aware Of?

FINAL CHECKOUT

ALL EXHAUST CLEANING IS PERFORMED ACCORDING TO NFPA STANDARDS.

- | | | | |
|--------------------------|--|---------------------------|--|
| 01 Fans Operating | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 06 Fire System Armed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 02 Hood Lights Operating | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 07 Filters Installed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 03 Appliances Cleaned | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 08 Ceiling Tiles Put Back | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 04 Appliances Operating | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 09 Breakers Back On | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 05 Floors Cleaned | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10 Degreasers Used: | Lift Off <input type="checkbox"/> Grease Off <input checked="" type="checkbox"/> |
| | | Start Time | <u>7:15</u> End Time <u>9:45</u> |

I HAVE PERSONALLY INSPECTED THE AREAS CLEANED AND FOUND IT IN GOOD CONDITION!

Tony / Chris / Brett 5/22/24
Cleaning Crew/Service Tech Signature and Date

N/P
Customer Representative Sign and Date

**GREEN LAKE COUNTY HEALTH & HUMAN SERVICES AGING &
LONG TERM CARE UNIT
2025 ELDERLY NUTRITION PROGRAM BID**

Name of person submitting bid: Rebecca Bays

Business Name: Berlin Senior Center, City of Berlin

Business Mailing Address: 142 Water St, Berlin WI 54923

Daytime Phone: 920-361-5422

Please complete the following questions with clear handwriting, typing, and/or attach additional pages if needed:

1. Describe your experience with mass food production:

The Berlin Senior Center has proudly served the elderly community of Berlin and the surrounding area with nutritious and delicious homebound and in house meals since 1979. In the past 4 years, carry out meals have been added as well. For numerous years, the Berlin Senior Center meal site has served the largest number of daily meals in Green Lake County. Our current cook has been working with the Elderly Nutrition Program for over 10 years. She has helped streamline the cooking and serving processes, making it flawless, resulting in being able to serve thousands of meals a year. The Berlin Senior Center follows the required nutritional standards as well as keeping the meals delicious which can be confirmed through various participant surveys.

2. Have your services ever been contracted by Green Lake County as a caterer?

☐ No ☒ Yes, during year(s): 1979 to current year 2024

3. If needed, How will you be transporting the food to the meal site(s)? (If not able to transport put N/A)

The Berlin Senior Center makes the food, fresh, in house. We do not need to transport meals to a site. The food is delivered to the homebound individuals in hot bags or coolers by a Senior Center employee in the Senior Center van or by a volunteer hired through Green Lake County in their vehicle.

4. List certifications and trainings Staff have completed:

The staff is required to keep certifications and training up to date. All members who work in the kitchen are ServeSafe certified and attend any additional training provided by the County or the ADRC. They are also up to date with the most recent nutritional requirements given by Green Lake County and GWAAR.

5. Per meal bid price (could include congregate dining and home delivered meals serving):
Price per meal: \$6.70 for 2025 and \$7.00 for 2026

6. Provide a copy of your license, permit or certificate from your regulatory authority, proof of Insurance, and a copy of your most recent sanitation inspection.

The Berlin Senior Center is not considered a restaurant facility; therefore, we do not have any licenses, permits, or regulatory authorities defining our operation. We strictly follow the nutritional requirements set by Green Lake County and GWAAR. Our most recent sanitation inspection was done by the Nutrition Advisory Board which is an offshoot of GWAAR. A copy of the City of Berlin's insurance is attached.

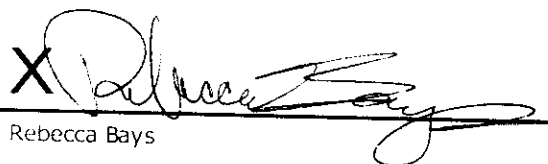
7. Attach any additional information regarding factors reasonably related to bidder's ability to fulfill the contract that the Commission on Aging should consider in their decision.

I have read the Specification for Catering for Green Lake County and I agree to abide by all the terms and conditions if chosen as a vendor for Green Lake County.

☐ No

☒ Yes

Signature of person submitting bid:


Rebecca Bays

Date: 08/27/2024

Completed, sealed bids must be received on or before 4:30 p.m.

on **Wednesday, September 18, 2024**

Submissions by Mail, in-person, or email

Any questions call Ryan: 920-294-4070

Mail: Green Lake County Dept of HHS

Attn: Ryan Bamberg, ADRC / Aging Unit Manager

571 County Road A

Green Lake WI 54941

Email: rbamberg@greenlakecountywi.gov

In Person: HHS Building – ADRC Office

**GREEN LAKE COUNTY HEALTH & HUMAN SERVICES AGING &
LONG TERM CARE UNIT
2025 ELDERLY NUTRITION PROGRAM BID**

Name of person submitting bid: Click or tap here to enter text. Terry A. Feil

Business Name: Click or tap here to enter text. Feil's Catering

Business Mailing Address: Click or tap here to enter text. 515 Smedema Dr
Randolph, WI 53956-1337

Daytime Phone: Click or tap here to enter text. 920-210-3121

Please complete the following questions with clear handwriting, typing, and/or attach additional pages if needed:

1. Describe your experience with mass food production:

Click or tap here to enter text. Please see attached

2. Have your services ever been contracted by Green Lake County as a caterer?

☐ No ☒ Yes, during year(s): Click or tap here to enter text.

3. If needed, How will you be transporting the food to the meal site(s)? (If not able to transport put N/A) Please see attached.

Click or tap here to enter text.

4. List certifications and trainings Staff have completed: Please see attached.

Click or tap here to enter text.

5. Per meal bid price (could include congregate dining and home delivered meals serving):

Price per meal: Click or tap here to enter text. \$ 7.80/meal

6. Provide a copy of your license, permit or certificate from your regulatory authority, proof of Insurance, and a copy of your most recent sanitation inspection.

See attached

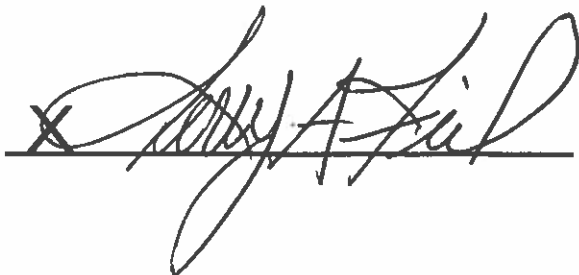
7. Attach any additional information regarding factors reasonably related to bidder's ability to fulfill the contract that the Commission on Aging should consider in their decision.

See Attached.

I have read the Specification for Catering for Green Lake County and I agree to abide by all the terms and conditions if chosen as a vendor for Green Lake County.

☐ No ☒ Yes

Signature of person submitting bid:



Date: Click or tap here to enter text.

9/12/2024

**GREEN LAKE COUNTY HEALTH & HUMAN SERVICES AGING &
LONG TERM CARE UNIT
2025 ELDERLY NUTRITION PROGRAM BID**

Name of person submitting bid: Click or tap here to enter text. *Bijaks Culinary Cafe (Nick Bijak)*

Business Name: Click or tap here to enter text. *Bijaks Culinary Cafe*

Business Mailing Address: Click or tap here to enter text. *219 Broadway Street
Berlin WI 53423*

Daytime Phone: Click or tap here to enter text. *920-229-2949*

Please complete the following questions with clear handwriting, typing, and/or attach additional pages if needed:

1. Describe your experience with mass food production:

Click or tap here to enter text. *Executive Chef / catering 25 years*

2. Have your services ever been contracted by Green Lake County as a caterer?

☒ No ☐ Yes, during year(s): Click or tap here to enter text.

3. If needed, How will you be transporting the food to the meal site(s)? (If not able to transport put N/A) *Hot Cambro Boxes Insulated*

Click or tap here to enter text.

4. List certifications and trainings Staff have completed:

Click or tap here to enter text. *Serve Safe Certified.*

5. Per meal bid price (could include congregate dining and home delivered meals serving):

Price per meal: Click or tap here to enter text. *\$9.25 meal*

6. Provide a copy of your license, permit or certificate from your regulatory authority, proof of Insurance, and a copy of your most recent sanitation inspection.

7. Attach any additional information regarding factors reasonably related to bidder's ability to fulfill the contract that the Commission on Aging should consider in their decision.

I have read the Specification for Catering for Green Lake County and I agree to abide by all the terms and conditions if chosen as a vendor for Green Lake County.

☐ No ☒ Yes

Signature of person submitting bid:

Alvin Bjak

RECEIVED
SEP 10 2024

GREEN LAKE COUNTY DHHS

\$9.75 2025

Green Lake County

Green Lake County 2025 – 2027 Aging Plan

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Aging plan content

Executive summary

The Green Lake County Plan on Aging for 2025-2027 focuses on providing more centralized services for the Community. Centralized services offer numerous benefits to the community by improving access, efficiency, and quality of essential resources. Centralized services enhance coordination and communication among various

agencies, leading to quicker response times and more comprehensive support for community needs. Ultimately, these benefits contribute to a more cohesive, resilient, and well-served community, enhancing overall quality of life.

Additionally, the plan looks to develop and utilize Consumers natural supports. Developing programs that utilize natural supports offers significant benefits by leveraging existing relationships and resources within an individual's personal and social environment. Natural supports include family, friends, neighbors, and community members who provide encouragement in a more organic and sustainable manner compared to formal services. This approach fosters a sense of belonging and empowerment, as individuals are supported within their familiar and trusted networks. Utilizing natural supports can enhance the effectiveness and reach of programs, as these supports are often more readily available and adaptable to individual needs. Moreover, this strategy promotes community cohesion and resilience, as it encourages stronger social bonds and mutual aid. By integrating natural supports, programs can be more cost-effective and sustainable, ultimately leading to better long-term outcomes for individuals and communities.

Finally, the plan, in all aspects, looks to find ways to decrease social isolation. Combating social isolation is critically important for both individual well-being and societal health. Social isolation can lead to severe mental and physical health issues, including depression, anxiety, and increased risk of chronic diseases. By addressing social isolation, communities can foster stronger social networks that provide emotional support, enhance resilience, and improve quality of life. Interventions aimed at reducing isolation, such as community programs, social activities, and support groups, help individuals build meaningful connections and a sense of belonging. These efforts can also reduce the burden on healthcare systems by preventing the exacerbation of health issues related to loneliness. Ultimately, combating social isolation strengthens the fabric of society, promoting inclusivity, mental health, and overall communal harmony.

In gathering public input for the plan, the Green Lake County Aging Unit utilized different methods to receive feedback. An online survey was created for individuals to provide their feedback. This survey was marketed in the Senior Newsletter, Social Media Page, Newspaper, and flyers were posted in various local businesses / agencies. Staff were made available to meet with people 1 on 1 at places like Libraries, Senior Centers, and Meal Sites to help individuals complete surveys if they needed technical assistance. A listening session was conducted at a local Library where 12 people attended to provide their feedback. Lastly, the ADRC Advisory Committee, Transportation Committee, Nutrition Advisory Committee and the Commission on Aging for Green Lake County were given the opportunity to provide feedback about the gaps in services and potential goals for the next 3 years. Public and Stakeholder input from all these methods 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. This will be accomplished by educating the Community about advocacy. The education will be focused on empowering individuals with the knowledge, skills, and confidence needed to effectively advocate for themselves and their communities. This approach includes interactive workshops, expert-led seminars, and hands-on activities that cover a wide range of topics such as understanding local governance, building coalitions, effective communication strategies, and navigating legal and social systems. Participants will hopefully learn to identify and articulate their needs, develop persuasive arguments, and engage with policymakers and stakeholders. By fostering a collaborative environment, the program encourages participants to share their experiences, support each other's efforts, and create a strong, united front to drive positive change within their communities.

For a small County with limited funding, collaboration with local organizations, building natural supports and volunteer networks, and centralizing services are crucial strategies to maximize resources and improve community services. By partnering with local organizations, the county can pool expertise, share infrastructure, and avoid service duplication, ensuring a more efficient use of scarce funds. Developing natural supports and volunteer networks leverages the existing social fabric, providing valuable assistance and fostering a sense of community ownership and involvement. Centralizing services further enhances accessibility and streamlines operations, making it easier for residents to receive the help they need in a consistent and coordinated manner. These approaches collectively ensure that even with limited resources, the county can offer comprehensive, high-quality services that effectively meet the needs of its community, fostering a more resilient and connected population.

Context

Green Lake County, Wisconsin, is a picturesque region located in the central part of the state, known for its natural beauty and vibrant communities. The county is named after Green Lake, the deepest natural inland lake in Wisconsin, which serves as a focal point for numerous recreational activities such as boating, fishing, and swimming. The scenic landscapes include rolling hills, lush forests, and fertile farmland, making it a haven for outdoor enthusiasts and nature lovers.

Green Lake County is home to several small towns and villages, each offering a unique charm and a welcoming atmosphere. The county seat, the city of Green Lake, boasts historic architecture, quaint shops, and a variety of cultural events throughout the year. Agriculture plays a significant role in the local economy, with numerous family-owned farms producing dairy, crops, and specialty products.

The community in Green Lake County is tight-knit and active, with residents participating in various local organizations, volunteer efforts, and community events. The area values education and has strong school systems, alongside opportunities for

lifelong learning and enrichment. Despite its rural setting, Green Lake County is committed to improving accessibility and quality of services, often through collaborative efforts with local organizations and leveraging natural supports.

Overall, Green Lake County combines the tranquility of rural life with rich recreational and cultural opportunities, creating an inviting and supportive environment for both residents and visitors.

The population of Green Lake County is rural, with four main cities and three smaller towns. The total population, based on U.S. Census Survey 2018-2022 population estimates is 19,093. The percentage of persons over the age of 60 is 32%, 8% above the statewide average of 24.6%. The population over age 75 is 10%, again above the statewide average of 7%. 26% of those over age 65 live alone in their own home. Roughly 50% of all households in Green Lake County have one member who is 60 years or older living in the House. Roughly 32% of the population 65 and older are living with a determined disability.

The median income for the 65 and older age group is \$50,495. Approximately 10% of those over 65 live below the poverty level. This is a 2% increase since the last 3 year aging plan was created. 20% of those over the age of 65 are employed. This is a 2% increase from last plan which could indicate individuals 65 and older are needing to stay in the workforce longer due to economic demands.

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. Population projections done by the Bureau of Aging and Disability resources project that the Green Lake County population over the age of 60 will be over 37% of the total county population by 2040. This would be a 11% increase since 2010. In 2024, Wisconsin Department of Health Services predicts over 4% of individuals will be living with Dementia in Green Lake County. In 2025, the predicted percentage is 3%. This number is expected to increase as the County continues to age.

Green Lake County's health outcomes ranking in 2022 was 56th out of 72. The Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county. Rankings data include a variety of measures, such as high school graduation rates, access to nutritious foods, and the percent of children living in poverty, all of which impact the future health of communities (health factors). Green Lake County is faring worse than the average county in Wisconsin for Health Factors, and better than the average county in the nation. Based on the 2023 Green Lake County Health Needs Assessments, these are the significant health needs for the area: Access to Healthcare, Transportation, Wellness & Lifestyle, Alcohol & Drug Use, Cancer, and Behavioral Health (Mental Health and Mental Disorders). The full 2023 Community Health need

report is available online located on the Public Health website. The 2025-2027 Aging Plan utilized all this information to help develop the goals listed in this plan.

As residents continue to age, communities face a range of challenges that can impact the quality of life and sustainability of services. One significant issue is the increased demand for healthcare and social services, which can strain local resources and infrastructure. Aging populations often require more specialized medical care, long-term care facilities, and support for chronic conditions, necessitating expanded healthcare services and trained personnel. Additionally, social isolation and mobility issues become more prevalent, requiring communities to develop accessible transportation options and social programs to keep older adults engaged and connected. Housing also presents a challenge, as there is a need for more affordable, age-friendly housing that accommodates the physical limitations of elderly residents. Economic impacts are also a concern, as a shrinking workforce and increased healthcare costs can affect local economies. Overall, addressing these challenges requires strategic planning, resource allocation, and community collaboration to ensure that aging residents receive the support and services they need to live healthy, fulfilling lives.

During the previous 3-year Aging Plan, Green Lake County was part of a 3 County Consortium for the Aging and Disability Resource Center (ADRC). At the time of this report being published, Green Lake County would have separated from the 3 County to form a single County ADRC within Green Lake County. Transitioning from a three-county Aging and Disability Resource Center (ADRC) to a single-county ADRC offers numerous benefits, primarily by tailoring services more closely to the specific needs of the local population. A single-county ADRC can streamline operations and decision-making processes, enabling more agile and responsive service delivery. This localized approach allows for better allocation of resources, more effective communication with residents, and a deeper understanding of county-specific issues and challenges. Additionally, a single-county ADRC can foster stronger relationships with local organizations, volunteers, and natural support networks, enhancing community engagement and support. This focus can improve service accessibility, quality, and coordination, ultimately leading to better outcomes for aging and disabled residents in the county.

Development of the aging plan

The planning process for the 2025 – 2027 Aging Plan began in January 2024 at the Aging Advisory meeting. The Committee was informed the planning process would begin and highlighted the process which included opportunities for the public and stakeholders to provide input. This included: listening sessions, surveys, and group discussions.

Community engagement

Green Lake County held 1 Community listening session at a local Library. During this listening session, the current Aging Plan was reviewed, and update was provided on how well the Aging Unit did at completing the goals in the current plan. The Community was asked to give feedback on current needs of the Community. After discussing needs, the Community was asked to provide feedback on what is going well in the Community. Individuals were asked specifically to discuss traits of those programs / services that are doing well to see if anything could be learned / implemented from what is working well now with those programs. The Aging Unit shared some potential topics for goals with the Aging Plan. The participants were able to provide feedback. 12 participants attended the listening session. The listening session was marketed through social media, newsletter, flyers, and newspaper.

The Aging Unit encouraged others who were not present to provide same feedback via survey. This survey was made available online, in-person, and over the phone. The survey is described in more detail above in the executive summary and attached in the appendix.

Partners and resources

The Aging Unit has Aging Advisory Committee meetings every 2 months throughout the entire year. The Advisory Committee receives an update on activities that are occurring with each current goal. They are provided with progress updates and are given the opportunity to provide feedback and recommendations for future planning with the goals. The Advisory Committee and Health and Human Services Board were given same survey that was available to the Community to be given opportunity to provide feedback on the next Aging Plan.

An Agenda item during one of the Advisory Committee meetings in 2024 was dedicated to discussion about the 2025 to 2027 Aging Plan. Members were able to provide direct recommendations about the plan. The Aging Unit considered external service providers when developing goals for the 2025 to 2027 plan. Meetings were scheduled with these external service providers to discuss the potential of partnering on these goals established in this plan. Ongoing meetings were also scheduled and will continue throughout the duration of this plan.

Public hearings

A Public Listening session was held on September 26th at the Green Lake Public Library. This event was marketed in the local newspapers on September 12th and September 19th. The event was posted on social media pages and flyers were handed out during the Green Lake Health and Wellness Fair which had roughly 200 people attend. The flyer was also posted at local Senior Centers and Meal Sites. 6 people

attended the listening session. The individuals in the audience included a mix of Community members and professionals. Representatives of local Senior Centers also attended.

This public hearing was held outside of the Commission on Aging meeting. In the past plans, a public hearing was held during the Commission on Aging Committee. At those meetings no public attendance occurred. This plan review intentionally planned listening session outside of the Committee meeting in efforts to have individuals in the Community attend. The plan was reviewed with the Aging Committee which operates as the Commission on Aging prior to the Public Listening Session. The comments and plan will be presented to the Health and Human Services Board for final approval.

Goals and strategies

This section describes the aging unit's goals, strategies:

1.

Older Americans Act program area (Select a program area if applicable.) <input type="checkbox"/> Title III-B Supportive Services <input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program <input type="checkbox"/> Title III-D Evidence-Based Health Promotion <input checked="" type="checkbox"/> Title III-E Caregiver Supports
Aging Network value (Select a value if applicable.) <input checked="" type="checkbox"/> Person centeredness <input checked="" type="checkbox"/> Equity <input type="checkbox"/> Advocacy
Goal statement: To provide easier access through the Senior Transportation Program for individuals in the Community to complete everyday tasks. The Senior Transportation Program aims to enhance the quality of life for older adults by providing reliable, safe, and accessible transportation services. This program is essential for promoting independence, improving access to healthcare, fostering social connections, and ensuring participation in community activities. By addressing the mobility needs of seniors, we strive to reduce isolation, support their well-being, and empower them to maintain an active and engaged lifestyle. Our commitment is to

create an inclusive community where every senior can confidently and comfortably navigate their environment, thus fostering a sense of dignity and enhancing their overall quality of life.

Plan or strategy:

- Hold listening sessions to discuss current needs and barriers
- Reach out to local transportation service companies to see if any local agencies would like to BID to provide 85.21 services
- Coordinate with Green Lake County Transportation Committee to receive feedback and support
- Promote 85.21 services during services offered by Aging Department such as Caregiver Support Groups, Meal Sites, Libraries and other programs to help promote the program and increase awareness
- Create a central platform where individuals can learn who to call for a ride and how to do it. Create 1 uniform way to do this.
- Track how many new participants utilize transportation and if they are connected to other services like NFCSP or Support Groups.
- Provide other resources to individuals like Respite Care of Wisconsin Association to receive more funding for Caregivers.

Documenting efforts and tools:

- Receive feedback from the Community to give input on how they could more easily access transportation and adjust the program.
- Survey individuals after rides which include questions about the process to schedule rides
- Add a transportation section to the assessment for Aging Programs to make sure individuals are aware of their options when enrolling into programs.

Documenting **how well** it has been done:

- Survey Caregivers to determine if having access to Transportation has improved quality of life for the Caregiver and Consumer.
- While Consumers call to schedule a ride, ask them if this is their first ride and how they learned of the 85.21 program.

Assessing whether anyone is **better off**:

- Green Lake County will have one central service provider that provides transportation to the entire County or at least one central phone number / website an individual could call / visit to receive information about transportation services.

2.

Older Americans Act program area (Select a program area if applicable.)

- ☐ Title III-B Supportive Services
- ☐ Title III-C1 and/or III-C2 Nutrition Program
- ☒ **Title III-D Evidence-Based Health Promotion**
- ☐ Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

- ☒ Person centeredness
- ☒ Equity
- ☐ Advocacy

Goal statement: To provide equitable access to evidence-based programs, fostering a sense of belonging, and mitigating the negative effects from social isolation and loneliness. Through comprehensive initiatives, The Aging Unit of Green Lake County aims to create a community where older adults feel connected, supported, and empowered to prioritize their well-being. By implementing evidence-based health promotion programs and social isolation and loneliness initiatives we hope to foster meaningful connections to enhance both the physical and mental health outcomes for older adults, ultimately fostering a healthier and more vibrant community.

Plan or strategy: Green Lake County will hold listening sessions at local libraries and Senior Centers to discuss social isolations and discover the issues and barriers that are causing individuals in the area to not be engaged. At-risk older adults' evidence-based screening tools will be provided at those listening sessions to help identify individuals who might be at-risk and bring awareness. Surveys will be provided to Meal Program participants as well. Green Lake County will engage in conversations with local agencies that could assist in combating social isolation. This includes growing and developing the Senior Friends Volunteer Program through Advocap. The hope is the program will grow which will get more volunteers into at-risk individuals' homes. Through the volunteers, information about community events could be shared. Also, volunteers could encourage individuals to participate in health promotion classes. The hope would be by a volunteer attending classes with at-risk individuals, this will make individuals feel more comfortable to attend classes as they will have someone joining them. The Wisconsin Coalition for Social Connection will be utilized as a resource. Individuals will be encouraged to take the self-evaluation to determine their level of connection at the beginning of being connected with Aging Services and will be asked to take the survey at the conclusion or 6 months after engaging with services (whichever comes first).

Documenting efforts and tools:

Documenting **how much** has been done:

- Assess which programs in Green Lake County have had biggest turn out and look to add more of those sessions.
- Utilize the Wisconsin Coalition on Social Connections Awareness Toolkit – recorded number of social media posts made, flyers handed out, etc.
- Document how many screen tools were completed.
- Partner with Advocap to provide platforms for the Senior Volunteer Program to speak about the program and actively recruit volunteers. Organize and market information sessions for interested volunteers.
- Use Social Media, newspaper, radio and other marketing resources to recruit volunteers for the Advocap program.

- Once volunteers are recruited, begin marketing the program and enrolling individuals at-risk.
- Develop Health Promotion classes that encourage volunteers to bring at-risk individuals as “bring a friend class”.

Documenting **how well** it has been done:

- Track how many new participants are joining classes and if the individuals are through the Senior Friends Program.
- Track how many self-evaluations for social connectedness were completed before and after involvement of Health Promotions and Senior Friends Program.
- Participant Satisfaction Surveys for Health Promotion Classes with added questions focused on why the individual joined the classes and the value of the class.

Assessing whether anyone is **better off**:

- Follow-up surveys through various platforms will be conducted to those participants who scored high-risk for loneliness to see if the referral they received had an impact on their social connectedness and feelings of belonging.
- Analyze evaluation data from all evidence-based health promotion programs.

3.

Older Americans Act program area (Select a program area if applicable.)

☐ Title III-B Supportive Services

☒ **Title III-C1 and/or III-C2 Nutrition Program**

☐ Title III-D Evidence-Based Health Promotion

☐ Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

☒ Person centeredness

☒ Equity

☒ Advocacy

Goal statement:

Green Lake County ADRC / Aging Unit will improve the quality of food provided to Seniors through the Meal Nutrition Program. It is our goal to provide food that is nutritious and food that individuals enjoy eating.

Plan or strategy:

Green Lake County will review the previous year annual survey to receive a base line of how people are evaluating the food currently. The program will explore ways for individuals to be more informed about menu item they decide to eat. This will be accomplished in a few different ways. A survey will be given asking people to list some of their most favorite meal items that have been on the menu. The most popular items will be highlighted on the menu to indicate to the Community that food is a popular item. This will allow individuals to decide on if they would like a meal for that day or not. Education to the Community about the purpose of the meal program will be increased as well.

The Community will be educated on how the Meal Program is a supplemental program that is providing 1 lunch per day 4 times out of the week. The Community will be educated on other options to meet their food needs. The purpose behind this is to have a new mindset that this program is supplemental and works collaboratively with other resources but should not be considered the main source of individuals food intake each week. New catering options will be explored. The Meal Program will meet individually with local restaurants and food service organizations to discuss providing meals for the Meal Program in hopes more agencies will BID to be a provider. Along with these meetings, Pop-up models will be given as an option to businesses. The hope is to have 1 scheduled each quarter by year 3. This will allow businesses to test providing a meal for the program. This will also attract new participants that might not have participated in the program before.

Documenting efforts and tools:

Documenting **how much** has been done:

- Provide a survey to all participants that list most common menu items and ask individuals to rank their favorites. A write in option will be given as well. The results will be used to highlight menu items as most popular.

- Create marketing materials on social media, newspaper, radio ads, and flyers in local businesses ask for any businesses interested in learning more about providing meals to the Meal Program to reach out for a consultation.
- Hold information Q&A sessions at all the meal sites to help individuals understand the purpose of the Meal Program and learn about other resources for food options.
- Publish information about the Meal Program in the Senior Newsletter
- Create folders to hand out to businesses that contains information about becoming a caterer for the Meal Program.

Documenting **how well** it has been done:

- Individuals will be assessed when they request to stop receiving meals through the program. Assessment will include questions to determine if individuals are leaving because of the quality of food or another reason.
- Monthly data will be tracked to see if increased participation at congregate sites and HDM services have occurred after strategies have been in place.

Assessing whether anyone is **better off**:

- Continue to complete the annual Meal Program survey each year to see if scores improve from previous years. This will include finding ways to efficiently complete the surveys and are accessible to everyone which includes helping individuals complete the survey
- Once new caterer is found, holding listening sessions and make visits to Meal Sites receive feedback on the change.
- Complete surveys after the Pop-up events and include questions that compare the Pop-up to the regular congregate sites.

4.

Older Americans Act program area (Select a program area if applicable.)

☒ **Title III-B Supportive Services**

☐ Title III-C1 and/or III-C2 Nutrition Program

☐ Title III-D Evidence-Based Health Promotion

☐ Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

☒ Person centeredness

☒ Equity

☐ Advocacy

Goal statement:

Establish a Volunteer Database to supplement the top needs in Green Lake County. Our goal is to establish a comprehensive and efficient volunteer database that will significantly enhance our ability to supplement funding for other critical services. By achieving these objectives, we will not only enhance the effectiveness and efficiency of our current programs but also unlock new avenues for funding and growth, ultimately allowing us to better serve our community and fulfill our mission.

Plan or strategy:

By leveraging the dedication and skills of our volunteers, we aim to:

- Maximize Resource Utilization: Optimize the allocation of resources by effectively matching volunteer skills and availability with organizational needs, thereby reducing the need to spend grant funding. We will build a volunteer database for both volunteers and Consumers to utilize. Items listed will be the top services the Community calls to request for help from.
- Enhance Service Delivery: Improve the quality and reach of our services by integrating volunteer efforts into our programs, allowing us to serve a larger and more diverse community.
- Strengthen Community Engagement: Foster a deeper connection with the community by providing meaningful volunteer opportunities that encourage ongoing participation

and support. The hope would be, the database would allow Volunteers and Consumers to engage with each other without the need of Aging Department.

- Increase Funding Opportunities: Demonstrate the robust support and involvement of our volunteer network to potential donors and grant providers, showcasing our organization's capability and commitment to maximizing impact.
- Boost Organizational Sustainability: Develop a sustainable model that relies on both financial contributions and volunteer support, ensuring the long-term viability and growth of our services.

Documenting efforts and tools:

- Receive feedback from the Community and Stakeholders about current needs. Take that info to market volunteers that have those skill sets.
- Work with IT to build an online database where people needing assistance can be matched with volunteers and have direct contact
- Hold Q&A sessions to actively recruit volunteers.
- Create a screening tool to use to complete background checks and to interview Volunteers to insure the Community is safe.

Documenting **how well** it has been done:

- Use previous 3 year annual financial reports to compare to end of year reports after implementation of database to see how many consumers have been served and avg funding used for each. The end goal would be to maximize how many people are being served either through funding and/or volunteers.
- Survey participants to receive feedback if they feel their needs are being met.

Assessing whether anyone is **better off**:

- Survey individuals to determine if they were more easily able to access transportation services.

- These surveys will focus on asking individuals how did they find the information they were looking for.
- If they have used transportation in the past, they will be asked to rate if the improvements were effective in making the service more person centered and accessible.
- Individuals in the major cities in the County will be contacted to receive feedback to assess if the improvements were similar for all no matter where they live in the County.

Program advancement

Community engagement and public input

Green Lake County's Aging Unit has developed a comprehensive approach to enhance community engagement and public input. Recognizing the importance of inclusivity, the unit implements a multi-faceted strategy to reach diverse segments of the population. This includes hosting regular town hall meetings, workshops, and focus groups that encourage active participation from residents, especially seniors. These meetings take place at Senior Centers, Libraries and other Community gathering locations. The Aging Unit leverages technology by utilizing online surveys and social media platforms to gather feedback from those unable to attend in person. Also, Staff are made available to assist with any person that would like to provide feedback online.

Collaboration with local organizations, healthcare providers, and advocacy groups ensures that the input collected is reflective of the community's needs and aspirations. Some examples of Agencies include Visiting Angels, Advocap, Town Square, Habitat for Humanity, Options for Independent Living, and more. Additionally, the Aging Unit prioritizes transparent communication by regularly updating the public on the progress of initiatives and how their feedback has been integrated into decision-making processes. This holistic approach fosters a sense of ownership and trust among community members, ultimately leading to more effective and responsive services for the aging population.

Title III and Title VI coordination

Green Lake County will look to increase opportunities for tribal nations to utilize aging services. The Aging Unit understands the importance of taking a comprehensive and

culturally sensitive approach to improving access and services to Tribal Nations. Here are several strategies that Green Lake County will look to employ:

1. Building Strong Partnerships

Collaboration with Tribal Leaders: Establish strong relationships with tribal leaders and councils to understand their specific needs and preferences regarding aging services.

Interagency Cooperation: Partner with tribal health services, social services, and other relevant agencies to ensure a coordinated approach.

2. Cultural Sensitivity and Competence

Cultural Training for Staff: Provide cultural competency training for all staff members to ensure they understand and respect the cultural values and traditions of tribal nations.

Culturally Tailored Programs: Develop programs and services that are tailored to the cultural practices and languages of the tribal communities.

3. Accessibility and Outreach

Mobile Services: Implement mobile health and aging services to reach elders in remote areas of the county.

Community Outreach: Conduct regular outreach activities in tribal communities to inform them about available services and how to access them.

4. Advocacy and Policy Support

Grant Opportunities: Assist tribal nations in applying for grants and other funding opportunities to enhance their aging services.

5. Health and Wellness Programs

Traditional Healing Practices: Integrate traditional healing practices with modern healthcare services to provide holistic care for tribal elders.

Preventive Health Programs: Promote preventive health programs focusing on nutrition, exercise, and chronic disease management tailored to the needs of tribal elders.

6. Transportation Services

Accessible Transportation: Provide reliable and accessible transportation services to ensure tribal elders can attend medical appointments, social gatherings, and other essential activities.

7. Community Involvement and Feedback

Elder Councils: Establish elder councils within tribal communities to provide direct feedback on aging services and ensure their voices are heard in planning and implementation.

Regular Assessments: Conduct regular assessments and surveys to identify gaps in services and areas for improvement.

8. Education and Awareness

Information Sessions: Host informational sessions and workshops in tribal communities to educate elders and their families about available services and how to navigate them.

9. Support Networks

Caregiver Support: Offer support groups and resources for caregivers within tribal communities to help them manage their responsibilities and reduce burnout.

Social and Recreational Activities: Organize social and recreational activities that are culturally relevant and promote socialization and mental well-being among tribal elders.

10. Technology Integration

Telehealth Services: Implement telehealth services to provide medical consultations and support to elders who may have difficulty traveling to healthcare facilities.

Digital Literacy Programs: Offer digital literacy programs to help tribal elders use technology to access information and services.

By implementing these strategies, Green Lake County can enhance its aging services to better meet the needs of tribal nations, ensuring that tribal elders receive the care and support they need in a culturally respectful and accessible manner.

Aging unit integration and collaboration with the local aging and disability resource center

Green Lake County was previously part of a Tri-County Consortium ADRC which included Adams County and Waushara County. Starting Jan 1st, 2025, Green Lake County will be operating its ADRC as a single entity ADRC. The ADRC will continue to contract with Health Promotion Staff with Waushara County to continue providing this service to the Green Lake County area. The shift from a Tri-County ADRC to a single ADRC will allow for improvements to services being offered. Some of the benefits include:

1. Streamlined Operations

Centralized Management: A single entity can streamline operations by centralizing management and administrative functions, reducing redundancy and improving coordination.

Uniform Policies and Procedures: Standardizing policies and procedures can lead to more consistent service delivery and ensure that all clients receive the same level of care and support.

2. Improved Resource Allocation

Efficient Use of Funds: A single entity can allocate resources more efficiently, ensuring that funds are directed where they are most needed and reducing administrative costs.

Better Staffing Utilization: Centralized staffing can optimize the use of personnel, allowing for better coverage and more specialized roles that can improve service quality.

3. Enhanced Quality of Services

Consistent Training: Providing uniform training to all staff members can enhance the quality of services and ensure that best practices are consistently applied.

Integrated Service Delivery: A single entity can offer more integrated services, making it easier for clients to access a comprehensive range of support without navigating multiple systems.

4. Increased Accountability and Oversight

Single Point of Accountability: With one entity responsible for service delivery, accountability and oversight can be more effectively managed, leading to improved service quality and responsiveness.

Improved Data Management: Consolidated data management systems can enhance monitoring, reporting, and evaluation processes, leading to better-informed decision-making.

5. Focused Local Service Delivery

Local Needs Assessment: A single entity can focus more closely on the specific needs of the local population, tailoring services to better meet those needs.

Community Engagement: A single ADRC can more effectively engage with the local community, building stronger relationships and understanding the unique challenges and opportunities within the area.

6. Simplified Access for Clients

Single Point of Entry: Clients benefit from a single point of entry for all services, reducing confusion and making it easier to navigate the system.

Consistent Communication: Consistent communication strategies can improve client awareness and understanding of available services and how to access them.

7. Enhanced Collaboration and Partnerships

Stronger Partnerships: A single ADRC can develop stronger partnerships with local organizations, healthcare providers, and other stakeholders, fostering collaboration and enhancing service delivery.

Unified Advocacy: A single entity can more effectively advocate for the needs of the aging and disabled populations at the local, state, and federal levels.

8. Improved Emergency Response

Coordinated Response: A single entity can provide a more coordinated and efficient response to emergencies, ensuring that clients receive timely and appropriate support.

Furthermore, the Adult Protective Services Unit will shift from the Aging / ADRC Unit to the Behavioral Health Unit. The Staff for the APS Unit will be restructured to provide more services within the Aging Services. This will allow more Staff time to provide services to Consumers and continue to improve the programs.

Emergency preparedness

The table below was created to highlight the core areas of the Aging / ADRC Units. The programs reflect an estimate of how many people in the Community could be impacted. The programs are ranked for most essential to least essential and list how many Staff are needed to perform minimum duties of that program. Before the Public Health Emergency, no Staff were able to work remotely, and they did not have access to laptops. Due to the Public Health Emergency, all Staff in the Aging / ADRC Units have the capacity to be mobile. They all have laptops and would have access to all their databases remotely. Staff also have work cell phones which participants in the Community would have access to. Because of the Public Health Emergency, a high percentage of the services offered through Aging / ADRC Units would have minimal impact from an emergency.

The biggest impact would occur with the Meal Program. The Meal Program is dependent on the Caterer. The Caterer is dependent on food suppliers and distributors. The Meal Program does have emergency meals on hand in case of a short-term emergency. The food pantry also could be utilized to make sure individuals who are at the highest risk could still have access to food.

Aging Services	Service Effects	Min. Staff	Service Rank	Equipment &/or alternate methods to provide service

	Approx. # of People	Needed to perform	1 – Most important 5 – Least important	
Adult Protective Services	14,500	1	1	Computers, cell phone, operate from home or another approved location
Home Delivered Meals	100	7	1	Meals provided out of meal sites
Congregate meals	200	4	2	Meals provided out of meal sites
ADRC				
Resource Specialists Service	14,500	2	1	May operate out of ADRC office in Waushara or Adams County
Disability Benefit Specialist	10,000	1	3	May operate out of ADRC office in Waushara or Adams County
I & A Services	14,500	2	2	May operate out of ADRC office in Waushara or Adams County
Elder Benefit Specialist	5000	1	3	Computer, cell phone, may operate out of one of the Senior Centers in the County
NFCSP	100	1	4	Computers, cell phone, operate from home or another approved location. Continue to provide referral services for participants by funding and establishing third party service agencies to provide services.
AFCSP	50	1	4	Computers, cell phone, operate from home or another approved location. Continue to provide referral services for participants by funding and establishing third party service agencies to provide services.
SHC	5000	1	4	Computers, cell phone, operate from home or another approved location. Continue to provide referral services for participants by funding and establishing third party service agencies to provide services.

Food Pantry	500	3	2	Continue to operate out current building
Transportation	5000	1	1	Continue to operate by project managers in each community
Health Promotion Programs	14,500	1	4	Continue to operate out of ADRC site in Waushara or Adams County
Elder Abuse	5000	1	1	Computer, cell phone operate from home or approved location

Organizational structure and leadership of the aging unit

Primary contact

Provide contact information for the primary person who will respond to questions and comments about the aging unit and three-year plan. Use the template provided below and insert it in the aging plan.

Primary contact to respond to questions about the aging plan

Name: Ryan Bamberg

Title Long Term Care Manager

County: Green Lake County

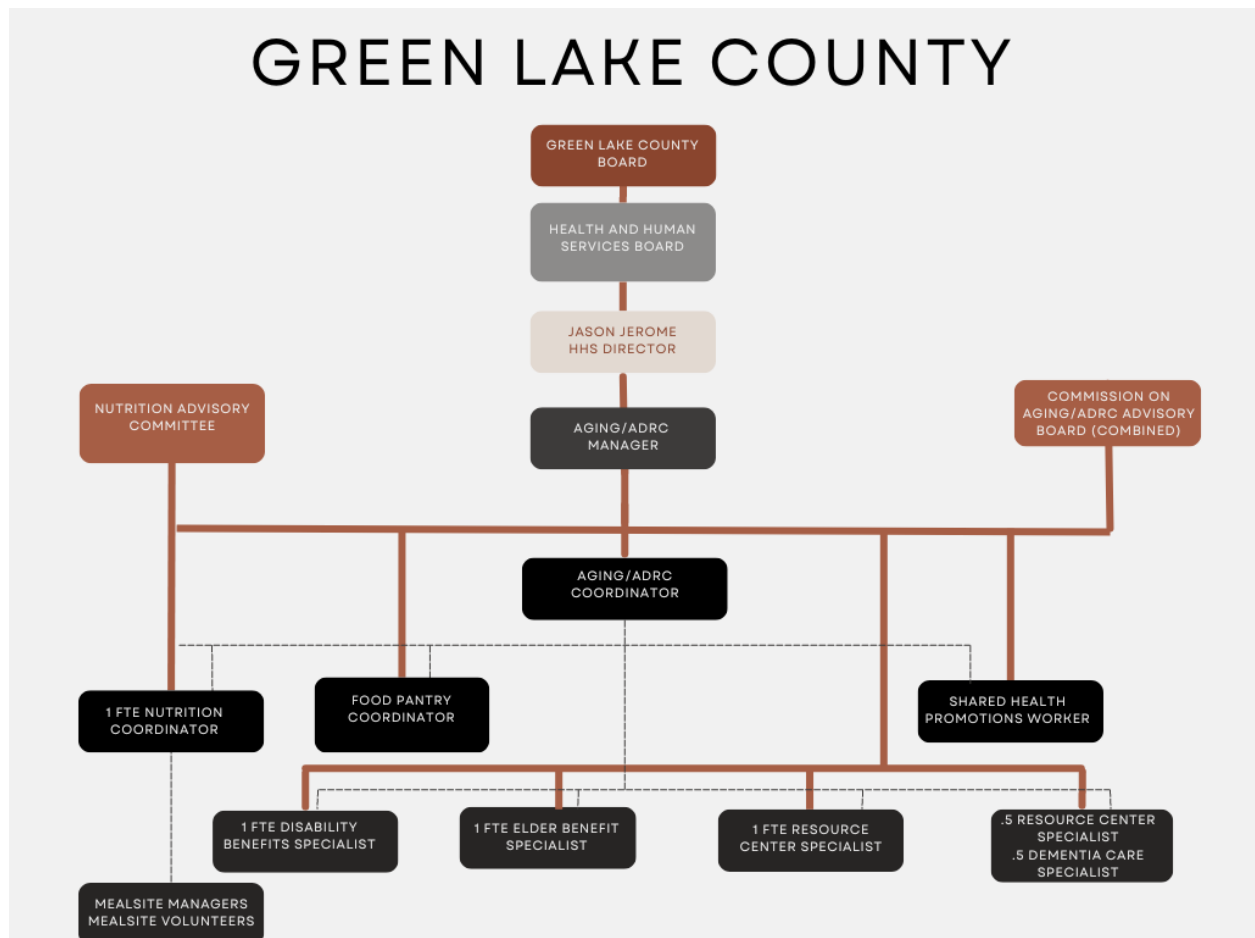
Organizational Name: Aging / ADRC Green Lake County

Address: 571 County Road A

City: Green Lake State: WI Zip Code: 54941

Email Address: rbamberg@greenlakecountywi.gov Phone: 920-294-4070

Organizational chart of the aging unit



Statutory requirements for the structure of the aging unit

Organizational structure: Choose the option that represents the organizational structure of the aging unit.	Check one
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	<input type="checkbox"/>
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	<input checked="" type="checkbox"/>
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	<input type="checkbox"/>
Composition of the policy-making body: Choose the option that represents the composition of the policy-making body.	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.	<input checked="" type="checkbox"/>
For an aging unit that is described in (1) or (2) above, 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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Full-time aging director: The law requires that the aging unit have a full-time aging director.	Check one
The aging unit has a full-time aging director as required by law.	<input checked="" type="checkbox"/>
The aging unit does not have a full-time aging director as required by law.	<input type="checkbox"/>

Green Lake County Committee's

Green Lake County has 2 main Committee's that provide oversight to the Aging Programs. The Committee's include a Commission on Aging which operates as an advisory committee. The other committee is the Health and Human Services Board. This Board operates as the policy-making body. The Chairs of both committees are listed below. The Aging Plan was presented at a Public Hearing prior to presenting to the Commission on Aging. This was prepared this way in case any public comments needed to be added. The Public Hearing did not result in any public comments. The Commission on Aging was presented the plan and has recommended approving the plan. The Commission on Aging Chair has signed the plan giving the plan the committee's approval. The plan was presented to the Health and Human Services Board. The approval signatures are listed below.

Official name of the policy-making body: Health and Human Services

Chairperson of the policy-making body: Joe Gonyo

Official name of the advisory committee: Aging Advisory Committee

Chairperson of the advisory committee: Harley Reabe

Budget summary

Aging units are required to submit an annual budget to GWAAR using a budget worksheet approved by the Bureau of Aging and Disability Resources. Final budgets for CY 2025 are to be submitted with the aging plan on November 8, 2024. Due dates for annual aging unit budgets for CY 2026 and 2027 will be determined in cooperation with GWAAR and BADR and communicated with aging units when the dates are set.

The budget worksheet is separate from the budget summary section of the aging plan. Aging units are required to copy the budget summary table from the budget worksheet and insert it into the aging plan. The budget summary must be clearly posted on a public webpage for review following final approval by the aging unit governing body.

In addition to the budget summary table, aging units may choose to add pie charts or graphs to highlight how funds are spent for services and supports for older adults and caregivers. This is an opportunity to show the public how Title III funds are spent including the proportions of local, state, and federal dollars.

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 insert a signed copy of it in the aging plan.

Signed verification of intent

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 area agency on aging 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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Appendices

Aging units must include the following appendices with their aging plan: assurance of compliance with federal and state laws and regulations, community engagement reports, and public hearing reports. Additional appendices are welcome that support the aging unit plan.

- Assurance of compliance with federal and state laws and regulations
 - County aging units must review, sign, and include the Assurances of Compliance with Federal and State Laws and Regulations document as an appendix to their aging plan when submitting to the area agency on aging. The assurances need not be included with copies of the plan distributed to the public.
- Community engagement reports
 - Complete one [Community Engagement Report](#) for each engagement method used to gather information and ideas from the public prior to developing the aging plan. At least two methods of engagement must be used.
- Public hearing reports
 - Complete one [Public Hearing Report](#) for each public hearing held to collect feedback and comments from the public to improve the draft plan prior to the policy-making body approving the final aging plan. Aging units must conduct one or more public hearings.
 -

A.

Assurances of Compliance with Federal and State Laws and Regulations

The assurances below often refer to requirements of area agencies on aging (AAAs) and is absent of references to aging units. Wisconsin's structure of AAAs and local county and tribal aging units differs from other states but is recognized in state statute 46.82 and by the federal Administration for Community Living. Therefore, AAAs and county and tribal aging units are required to provide assurances of compliance with federal and state laws in the delivery of Older Americans Act programs and supports.

The structure of AAAs in Wisconsin are as follows:

1. An agency designated as the AAA must subcontract with counties, tribal nations, or providers to carry out Older Americans Act programs. The AAA, in a binding contract with the state, and counties and tribal nations, in a binding contract with the AAA, must support and comply with 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 as updated in March 2024.
2. A county designated as the AAA must designate a department of local government as the aging unit. The AAA and the county aging unit are bound by a binding contract with the state and must support and comply with 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 as updated in March 2024.

AAAs and aging units are subject to the requirements in the Wisconsin Elders Act 235, often referenced in [Chapter 46.82](#) of Wisconsin Statutes. Please note: Chapter 46.82 has been updated to reflect changes in programs originally referenced in the Act when passed in 1991.

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 or tribal governing board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA or Bureau of Aging and Disability Resources.

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

Use the template provided below and include as an appendix to the aging plan.

Compliance with Federal and State Laws and Regulations for 2025–2027

On behalf of the county or tribal nation, we certify

(Give the full name of the county or tribal aging unit)

has reviewed the appendix to the county or tribal aging plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2025–2027. We assure that the activities identified in this plan will be carried out to the best of the ability of the county or tribal nation in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2025–2027.

Signature and Title of the Chairperson of the Commission on Aging

Date

Signature and Title of the Authorized County or Tribal 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 Older Americans Act grant funds.
- 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

As required by the Bureau of Aging and Disability Resources, designated AAAs and aging units must assure:

- Outreach activities are conducted to ensure the participation of eligible older persons in all funded services.

- Each service provider trains and uses older persons and other volunteers and paid personnel.
- Each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area.
- Public information activities are conducted to ensure the participation of eligible older persons in all funded services.

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

All service providers follow priorities set by the Bureau of Aging and Disability Resources for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

Each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- Agencies providing services supported with Older Americans Act and state aging funds shall give older adults the opportunity to voluntarily 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 methods of receiving contributions from individuals by the agencies providing services under the county or tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- Each service provider establishes appropriate procedures to safeguard and account for all contributions.
- 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

- 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 AAA, the county or tribal aging unit, 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 and aging unit 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 AAA to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files and records in any format or location which contain sensitive information on individuals receiving services under the state, area plan, and aging unit. 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 AAA. 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' authorized AAAs 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 Services, Division of Public Health, 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 AAA 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 as updated in March 2024.

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 agency 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

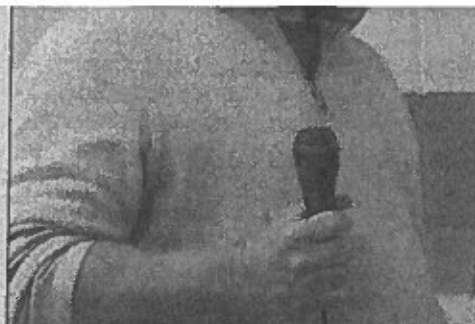
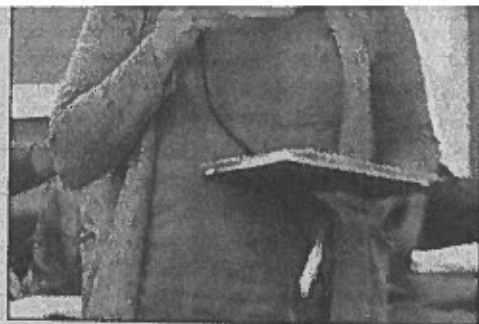
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(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, the title given to [Chapter 46.82](#) of the Wisconsin Statutes.



BERLIN JOURNAL NEWSPAPERS PHOTOS

LEFT: MONICA GUNDERSON PRESENTS to the Lake Puckaway Protection and Rehabilitation District (LPPRD) at their Annual Meeting Saturday, September 7, regarding her request for dissolution of the group. RIGHT: WISCONSIN DNR Water Resource Management Specialist Ted Johnson shares results of an aquatic plant survey he conducted on Lake Puckaway at the LPPRD Annual Meeting held Saturday, September 7.

made it clear she has a lot to learn.

"I've delved deeper into this issue and the ability of the District to levy taxes is important, we can't afford to lose this. Instead, I suggest we revive the Lake Association to help the District with goals."

Gunderson then went on to express her concerns that the LPPRD shows fiscal responsibility, fulfills open records requests, and represents the desires of the District. She then made five requests if the LPPRD is not dissolved including reelecting appointed commissioners, pausing on the use of Onterra consulting, the formation of several committees, monthly meetings, and a revision of roles and responsibilities of board members.

Another district member spoke and said that the vote was on whether or not to dissolve the LPPRD and could not consider her

concerns. An anonymous paper vote system was used to learn that 125 people wished to continue the LPPRD and 10 people wished to dissolve the District.

Now able to move forward on the agenda and financially without the looming possibility of dissolution, the board presented a Fish Hatchery Report and a Tern Raft Report to district members.

Wisconsin DNR Water Resource Management Specialist Ted Johnson then presented a slide show to the District that included a Lake Management Plan and Aquatic Plant Management Plan Report, a summary of the ProcellaCOR Pilot Project, and a Lake Management Plan Grant Review.

In 2022-2023 the DNR, the LPPRD, and Cason and Associates agreed to treat 50 acres of Eurasian watermilfoil (an invasive species clogging up the lake) with Pro-

lake, and floating patches of plants. Results indicated that these abnormal conditions reduced overall plant density in the lake and that plants submerged below five feet were dying, with the exception of an increase in algal mats around the shoreline.

Johnson's concluding observations were as follows. Flooding and stained water reduced plant density in both Lake Puckaway and Buffalo Lake, making it hard to determine the efficacy of the ProcellaCOR treatment after one year.

Johnson said, "Lake Puckaway is a dynamic and high energy riverine system with fluctuating water levels, high wind and wave energy, and can change drastically from year to year."

The District then went on to approve the 2024 budget, which never got approved at the 2023 Annual Meeting. They then approved the 2025 budget, making it possible for the District to move forward on their efforts at managing aquatic plants in the lake.

Two opening seats for commissioners were filled by John Weidner and Rick Stel with separate votes. Dates for 2025 quarterly meetings of the LPPRD were set and are January 25, March 29, August 9, and November 1.

Commissioners reconvened after a short break in the three-hour meeting to elect officers for the next year. John Harter was reelected as Chair, Kyle Miller was reelected as Treasurer, and Maddy Wergin was reelected as Secretary. Throughout the meeting all of the presenters and speakers expressed gratitude to the individuals who volunteer to serve on the Board and help with all of the projects.

Green Lake County and ADRC Aging Plan Launch listening session set for Thursday, September 26

Green Lake County Aging Unit and ADRC invite all residents of Green Lake County to attend an Aging Plan Launch listening session on September 26 from 10 a.m.-noon at Caestecker Library, 518 Hill St., Green Lake.

Join the Green Lake County Aging Unit and ADRC as they unveil their initiatives for the 2025-2027 Green Lake County Aging Plan and discuss how it will positively impact the Green Lake County community.

Adult Fall Painting Classes

Start Monday, Sept. 23
& Tuesday, Sept. 24

Oils & Acrylic Classes
Mon., Sept. 23 • 5:30-7:30 pm

Watercolor Classes
Tues., Sept. 24 • 5:30-7:30 pm

\$150 each
(10 weeks)

To register call Pat Dobrinska

Fall painting classes start September 23 in Green Lake

Oil, acrylic, watercolor, drawing, and pastel classes will be offered to the public this fall under the instruction of local artist Pat Dobrinska. Classes will take place at Green Lake High School.

The oil and acrylic classes will start on Monday, September 23, from 5:30-7:30 p.m. and the watercolor classes will begin on Tuesday, September 24, and

September 23 or September 24.

The classes will run for 10 weeks and cost \$150. To register, please call Dobrinska at 920-229-3836.

These classes are open to anyone with a desire to paint whether you have art experience or not. Because the class enrollment is kept small, individual attention can be given to all levels of artists. Though art

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Community Engagement Report

*Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. **At least two methods must be used.***

Your County or Tribe: Green Lake County	Date/s of Event or Effort: March 5 th , 2024
Target audience(s): Green Lake County Residents	Number of Participants/ Respondents: 12
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>An announcement was created about the event. The announcement was posted on social media, newsletter, flyers, and newspaper. The announcement was emailed out to all email list serves known to the Aging Unit.</p>	
<p>Describe how the information collected was used to develop the plan:</p> <p>Two staff from the Aging Unit were made available during the listening session to take notes. Individuals were given the opportunity to provide feedback and recommendations in a guided discussion about what was going well and current needs of members in the Community. At the end of the listening session, the feedback that was given was separated into overall themes. The participants were asked if they agreed with the different themes. The themes were used to create the goals.</p>	
<p>What were the key takeaways/findings from the outreach?</p> <p>The key takeaways from the listening session were as follows: individuals understand that funding is a major barrier for most service area improvements. The individuals thought would be great to find ways to utilize more natural supports in the Community to assist with filling gaps. Participants wanted more engagement with other service providers outside of the County to see how they could help assist with some of the needs for the Community. The participants agreed the biggest areas of needs are improvements to the Meal Nutrition and Transportation programs. Participants also expressed a need to establish more socialization opportunities for Seniors. Participants discussed that Seniors are now more active and Seniors who are in their 60s do not classify themselves as Seniors and want more options than going to Senior Centers.</p>	

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. **At least two methods must be used.**

Your County or Tribe: Green Lake County	Date/s of Event or Effort: Ongoing throughout 2024
Target audience(s): Green Lake County Residents	Number of Participants/ Respondents: 20
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>A survey was created that was posted on the Green Lake County Website. The survey was marketed to individuals by posting announcement on social media pages, newsletter, flyers, and newspapers. Emails were sent out to providers and stakeholders. People were given the opportunity to complete surveys online and/or receive assistance with filling out survey by calling or meeting with Staff 1 on 1. Aging Staff were present at libraries and Senior Centers in the Community on scheduled days to encourage people to complete the survey. The survey questions included:</p> <p>Age group What do you think top three things that need improvement (individuals were given options to select) What services do you think the Community faces most challenge with (individuals were given options) If any unmet needs exist, what are they What activities in the community are making a positive different</p>	
<p>Describe how the information collected was used to develop the plan:</p> <p>The results in the survey were used to lead future discussions in meetings and listening sessions as topics that were most concerning to individuals in the Community. The results helped identify broad topic areas that goals could be generated from.</p>	
<p>What were the key takeaways/findings from the outreach?</p> <p>Individuals would like improvements with transportation, food, and socialization. Housing was also a topic that appeared in many responses. Green Lake County lacks affordable housing options. Seniors were also worried about scams and hiring contractors to complete work needed at their homes. Seniors were concerned about finding appropriate contractors complete jobs at their home.</p>	