



# HEALTH AND HUMAN SERVICES COMMITTEE MEETING AGENDA

Date & Time of Meeting: **Wednesday, December 1, 2021, at 4:00 p.m.**

Meeting Location: **WebEx/ Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Committee Members: Tim Buttke, Chair; Michelle Van Krey, Vice-chair; Kelley Gabor, Dennis Gonnering, William Harris, Donna Krause, Tom Seubert

**Marathon County Mission Statement:** *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

**Committee Mission Statement:** *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Health & Human Services Committee members and the public to attend this meeting remotely. Instead of attendance in person, Committee members and the public may attend this meeting by **telephone conference**. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the **telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:**

**Phone#: 1-408-418-9388**

**Access Code: 146 159 7938**

The meeting will also be broadcast on Public Access or at <https://tinyurl.com/MarathonCountyBoard>

When you enter the telephone conference, **PLEASE PUT YOUR PHONE ON MUTE!**

1. **Call Meeting to Order**
2. **Public Comment (15 Minutes)** *(Any person who wishes to address the County Board, or one of its committees, during the "Public Comment" portion of meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting.)*
3. **Approval of the November 3, 2021, Health & Human Services Committee Meeting Minutes**
4. **Policy Issues Discussion and Potential Committee Determination: None**
5. **Operational Functions required by Statute, Ordinance, or Resolution:**
  - A. Approval of the 2022 Elderly and Disabled Transportation (85.21) Grant Application (Dave Mack)
  - B. Update on Strategic Plan Objective 7.2 Progress by Staff (Laura Scudiere)
6. **Educational Presentations and Committee Discussion**
7. **Next Meeting Time, Location, Announcements and Agenda Items:**
  - A. Committee members are asked to bring ideas for future discussion
  - B. Next Scheduled Meeting: **January 5, 2021, at 4:00 p.m.**
7. **Adjournment**

*\*Any person planning to attend this meeting who needs some type of special accommodation to participate should call the County Clerk's Office at 261-1500 or e-mail [countyclerk@co.marathon.wi.us](mailto:countyclerk@co.marathon.wi.us) one business day before the meeting*

**SIGNED**     /s/ Tim Buttke    

Presiding Officer or Designee

NOTICE POSTED AT COURTHOUSE

FAXED/EMAILED TO: Wausau Daily Herald, City Pages, and  
Other Media Groups

BY:     T. Ranallo    

FAXED DATE & TIME: 11/23/2021 at 3:30pm

BY:     T. Ranallo    

FAXED DATE & TIME 11/23/2021 at 3:30pm



# HEALTH AND HUMAN SERVICES COMMITTEE MEETING MINUTES

Wednesday, November 3, 2021, at 4:00 p.m.

WebEx/ Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI

Members	Present/Web-Phone	Absent
Chair Tim Buttke	X	
Vice Chair Michelle Van Krey	X	
Kelley Gabor	Phone	
Dennis Gonnering	W	
William Harris	W	
Donna Krause	X	
Tom Seubert	W	

**Also present:** Lance Leonhard, Kurt Gibbs, Craig McEwen, Jarret Nichol

**WebEx/Phone:** Vicki Tylka, John Robinson, and Amy Litzer.

**1. Call Meeting to Order**

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

**2. Public Comment**

Amy Litzer - 500 Grand Ave, Wausau, 54403, expressed concerns regarding lack of bus transportation near 425 Windridge Drive where many medical facilities are located. The shuttle operates between the hours of 9 a.m. to 3 p.m. resulting in individuals being trapped there after 3pm. She suggests expanding transit to this area which would improve equality for those with physical and mental disabilities in Marathon County.

**3. MOTION BY HARRIS; SECOND BY VAN KREY TO APPROVE THE OCTOBER 6, 2021, HUMAN SERVICES COMMITTEE MEETING MINUTES. MOTION CARRIED.**

**4. Educational Presentations and Committee Discussion**

A. Update from representatives of NCCSP Executive Committee relative to recommended modifications to the Tri County Agreement

**Discussion:**

The NCHC tri-county agreement between Marathon, Lincoln, and Langlade counties identify roles and responsibilities of each county to provide various mental health and crisis services to their residents.

Administrator Leonhard explained as part of the review report submitted by von Briesen & Roper earlier this year, the NCHC Board asked them to examine the agreement and identify opportunities to enhance responsiveness to specific county government needs and improve functioning and transparency within operations. Specifically, looking at two options a county can deliver its mental health services in the State of Wisconsin, identified in Chapter 51 of the state statutes:

1. Administrator/Executive Model
2. Administrative Coordinator Model.

The administrative coordinator model calls for the operation of a community programs department such as NCHC. Under the tri-county agreement, the powers and authorities live within a community services program board, such as North Central Community Services Program Board.

In the administrator executive model, the supervision for the director of community programs is the county executive or the county administrator.

Marathon county is an administrator/executive county but under chapter 51, if a county joins together with other counties, they are automatically defaulted into an administrative coordinator model.

Andy Phillips with von Briesen & Roper identified a mechanism for Marathon County to pursue a county administrator/executive model through Chapter 59.52 subsection 7; to organize and create the same organization to deliver the same services but allow Marathon County to organize and align their own authorities and powers.

Potential revisions for a new tri-county agreement have been drafted and will need to be reviewed and approved by all three counties. More discussion can be viewed on the county website [here](#).

**Follow Up:**

Administrator Leonhard will keep the committee informed on any updates. Any new tri-county agreement would be presented to this committee before being offered to the full county board.

5. **Operational Functions required by Statute, Ordinance, or Resolution:** None

6. **Policy Issues Discussion and Potential Committee Determination:**

- A. Continued discussion of recommendation from NCCSP Board to reduce Mount View Care Center Nursing Home Licensure to 154 Beds

*Discussion:*

Jarrett Nickel from NCHC provided an update on the direction of this committee at last month's meeting, to reach out to discharge case managers from Aspirus and Marshfield health systems on demands for nursing home beds. Both healthcare systems verified the need but were unable to provide concrete data before this meeting. Nickels reached out to the State of Wisconsin Department of Health Services for more information on putting beds into reserve.

As a result, it was determined that NCHC can put as many beds as they would like in reserve if the facility were under construction. Mount View Care Center will be undergoing another phase, so this will give NCHC the flexibility without having to pay bed tax for those in reserve for up to 18 months or when the construction is completed, whichever comes first. He asked the committee for a recommendation for 154 licensed beds and putting 34 in reserve. He will keep the committee updated by providing quarterly reports on active beds.

*Action:*

**MOTION BY VAN KREY; SECOND BY SEUBERT TO MOVE TO RECOMMEND A LICENSURE OF 188 BEDS WITH 154 BEING ACTIVE AND 34 BEING HELD IN RESERVE; AND A QUARTERLY REPORT PROVIDED BY NORTH CENTRAL HEALTH CARE. MOTION CARRIED.**

*Follow up:*

Forward to County Board.

- B. Review of Strategies and Outcome Measures for Strategic Plan

*Discussion:*

Chair Buttke reported he and Supervisor Van Krey met and reviewed the committees strategic plan objectives and are completing the template that will help track outcomes.

Vice Chair McEwen requested the committee to review their strategies, complete the template and to think about what they would like to accomplish before the end of their term in April.

7. **Next Meeting Time, Location, Announcements and Agenda Items:**

- A. Committee members are asked to bring ideas for future discussion
- Supervisor Krause suggested presentations on disabilities by the ADRC and human trafficking
- B. Next Scheduled Meeting: **December 1, 2021, at 4:00 p.m.**

8. **Adjournment**

**MOTION BY GONNERING; SECOND BY VAN KREY TO ADJOURN THE MEETING AT 5:00 P.M. MOTION CARRIED.**

The recording of the meeting can be accessed at the link below. <https://tinyurl.com/MarathonCountyBoard>

Respectfully submitted by,  
Toshia Ranallo

RESOLUTION # R-\_\_\_\_-21

2022 ELDERLY AND DISABLED TRANSPORTATION (85.21) APPLICATION

WHEREAS, Section 85.21 of the Wisconsin Statutes authorizes the Wisconsin Department of Transportation to make grants to the counties of Wisconsin for the purpose of assisting them in providing specialized transportation services to the elderly and the disabled; and

WHEREAS, each grant must be matched with a local share of not less than 20% of the amount of the grant; and

WHEREAS, this body considers that the provision of specialized transportation services would improve and promote the maintenance of human dignity and self-sufficiency of the elderly and the disabled.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors of the County of Marathon does ordain as follows:

- 1) Authorizes the Planning Manager of Conservation, Planning, and Zoning, to prepare and submit to the Wisconsin Department of Transportation an application for assistance during 2022 under Section 85.21 of the Wisconsin Statutes, in conformance with the requirements issued by that Department.
- 2) Authorizes the obligation of funds in the amount of \$72,353.00 in order to provide the required local match.
- 3) Authorizes Kurt Gibbs, County Board Chairperson, to execute a state aid contract with the Wisconsin Department of Transportation under Section 85.21 of the Wisconsin Statutes on behalf of Marathon County.

Dated this 14th day December 2021.

TRANSPORTATION COORDINATING COMMITTEE

_____	_____
_____	_____
_____	_____
_____	_____

HEALTH AND HUMAN SERVICES COMMITTEE

_____	_____
_____	_____
_____	_____

Total allocation for 85.21 transportation program for 2022:

State allocation: \$361,767.00

Local match @ 20%: \$72,353.00

FISCAL IMPACT STATEMENT: The required local match for transportation services under the s.85.21 program have been budgeted for 2022.

# 2022 APPLICANT INFORMATION FORM

\*\*\*\*\*

For additional information on this Application Workbook,  
please refer to the §85.21 Application Guidelines for CY2022

**County of** MARATHON

**Primary Contact for this Grant Program**

*Name* David Mack

*Telephone Number* 715-261-6043 Extension

*Email Address* [dave.mack@co.marathon.wi.us](mailto:dave.mack@co.marathon.wi.us)

**Application Preparer** *(if different than primary contact)*

*Name* same as above

*Organization*

*Telephone Number*  Extension

*Email Address*

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

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

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

5310		5307		5311	
Other <i>(Please explain)</i>		None			

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

Title of Coordinated Plan:	Marathon County Locally Developed, Coordinated Public Transit - Human Service Transportation Plan 2019-2023
The goal(s) and/or strategies from which your project is included:	Strategy #3, Update County-wide human service transit needs assessment to gain better understanding of the current unmet needs for transportation services and how to better focus efforts to meet those needs. Expand study to include employment related needs. Actions: Utilize 85.21 grant funding for match to apply for 5304 discretionary planning funds. Strategy #8, Maintain and expand existing services through support of program operations, maintenance, repair and scheduled replacement of vehicle fleet as appropriate. Actions: Continue to make use of 85.21 grants to maintain and expand the level of transportation service within the County. Continue to apply for 5310 capital grants to maintain and expand the human service transportation vehicle fleet within Marathon County, and explore ways to increase the number of volunteer drivers available to the program.
Page number(s) of the Coordinated plan in which the goals may be referenced:	Pages 9 and 10.

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

YES

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

## APPLICANT CHECKLIST

County of **MARATHON**

<b>Required Components</b>	<b>Complete</b>
Update Contact Information in BlackCat Online Grant Management System	X
Upload completed application workbook:	X
Application Information Form	X
Complete Vehicle Inventory <i>(regardless of funding source)</i>	X
Third Party Contracts	X
Trust Fund Plan (for counties with a signed board resolution)	X
Project Descriptions and Budgets	X
Review Summary Tab	X
Upload Transmittal Letter	X
Upload Public Hearing and Notice	X
Upload Local Review Form	X
<i>If applicable</i> : Upload Third Party Contracts &/or Leases to the <b>Resources</b> Tab	X

## VEHICLE INVENTORY

County of **MARATHON**

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

Vehicle Type <i>(Minivan, Medium Bus, etc.)</i>	Model Year	Current Mileage	No. of Ambulatory / Wheelchair Positions <i>(Ambulatory/Non-Ambulatory)</i>	Funding Source (mark with X)			Place "X" in box to indicate if vehicle is leased to another party.
				5310	85.21	Other	
<b>Chevrolet/Glavel</b>	<b>2012</b>	<b>46,872</b>	<b>8/2</b>			<b>X</b>	<input type="checkbox"/>
<b>Chevrolet/Glavel</b>	<b>2012</b>	<b>48,055</b>	<b>8/2</b>			<b>X</b>	<input type="checkbox"/>
<b>Chevrolet/Glavel</b>	<b>2012</b>	<b>51,802</b>	<b>8/2</b>			<b>X</b>	<input type="checkbox"/>
<b>Chevrolet/Glavel</b>	<b>2012</b>	<b>46,677</b>	<b>8/2</b>			<b>X</b>	<input type="checkbox"/>
<b>1 Ford HSV</b>	<b>2013</b>	<b>82,043</b>	<b>6/3</b>	<b>X</b>			<input type="checkbox"/>
<b>2 Ford HSV</b>	<b>2013</b>	<b>101,057</b>	<b>6/3</b>	<b>X</b>			<input type="checkbox"/>
<b>3 Ford Starcraft</b>	<b>2015</b>	<b>62,072</b>	<b>8/3</b>	<b>X</b>			<input type="checkbox"/>
<b>49 Ford Starcraft</b>	<b>2007</b>	<b>2,390</b>	<b>12/2</b>	<b>X</b>			<input type="checkbox"/>
<b>50 Ford Starcraft</b>	<b>2007</b>	<b>101,131</b>	<b>9/1</b>	<b>X</b>			<input type="checkbox"/>
<b>60 GMC Startran</b>	<b>2007</b>	<b>72,012</b>	<b>26/2</b>	<b>X</b>			<input type="checkbox"/>
<b>62 Ford Starcraft</b>	<b>2008</b>	<b>54,525</b>	<b>4/2</b>	<b>X</b>			<input type="checkbox"/>
<b>63 International SB</b>	<b>2009</b>	<b>110,582</b>	<b>32/2</b>	<b>X</b>			<input type="checkbox"/>
<b>64 International SB</b>	<b>2009</b>	<b>96,449</b>	<b>32/2</b>	<b>X</b>			<input type="checkbox"/>
<b>65 Ford Starcraft</b>	<b>2010</b>	<b>74,392</b>	<b>12 amb</b>	<b>X</b>			<input type="checkbox"/>
<b>66 Ford Starcraft</b>	<b>2010</b>	<b>71,262</b>	<b>7/1</b>	<b>X</b>			<input type="checkbox"/>
<b>67 Ford Starcraft</b>	<b>2010</b>	<b>67,794</b>	<b>7/1</b>	<b>X</b>			<input type="checkbox"/>
<b>68 GMC Startran</b>	<b>2010</b>	<b>62,917</b>	<b>30/2</b>	<b>X</b>			<input type="checkbox"/>
<b>69 International SB</b>	<b>2011</b>	<b>62,913</b>	<b>30/2</b>	<b>X</b>			<input type="checkbox"/>
<b>5 Ford Starcraft</b>	<b>2017</b>	<b>32,118</b>	<b>8/3</b>	<b>X</b>			<input type="checkbox"/>
<b>57 Ford Transit</b>	<b>2019</b>	<b>4,132</b>	<b>7/1</b>	<b>X</b>			<input type="checkbox"/>
<b>76 Supreme Bus</b>	<b>2010</b>	<b>87,433</b>	<b>10/2</b>	<b>X</b>			<input type="checkbox"/>
<b>100 Ford Starcraft</b>	<b>2019</b>	<b>10,808</b>	<b>12</b>	<b>X</b>			<input type="checkbox"/>
<b>101 Ford Starcraft</b>	<b>2019</b>	<b>5,348</b>	<b>6/2</b>	<b>X</b>			<input type="checkbox"/>
<b>109 Chevy Titan</b>	<b>2015</b>	<b>149,008</b>	<b>10/2</b>	<b>X</b>			<input type="checkbox"/>
<b>110 Chevy Titan</b>	<b>2015</b>	<b>147,465</b>	<b>10/2</b>	<b>X</b>			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

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

### THIRD PARTY PROVIDERS

County of Marathon

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

Project Name	Anticipated or Known Contractor Name	Type of Agreement <i>(Lease or Contract)</i>	Bidding Required <i>(Yes or No)</i>	Start Date <i>(MM/DD/YY)</i>	Expiration Date <i>(MM/DD/YY)</i>
<b>North Central Health Care</b>	<b>North Central Health Care</b>	<b>Memo of Understanding</b>	<b>No</b>	<b>1/1/2022</b>	<b>12/31/2022</b>
<b>Metro Ride</b>	<b>Wausau Area Transit System, dba. Metro Ride</b>	<b>Memo of Understanding</b>	<b>No</b>	<b>1/1/2022</b>	<b>12/31/2022</b>

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



## TRUST FUND SPENDING PLAN

County of **MARATHON**

**Instructions:** Please record your plan on how your county will spend down their trust fund over the next three years.  
**Be as specific as possible. Do NOT include 2021 purchases made with trust funds.**

Expenditure Item <i>If non-vehicle capital purchase, please provide description on second page below.</i>	Planned year of purchase (YYYY)	Project Cost
1. Purchase 7 bus ADA compatible bus Shelters for key stop locaiton on 5 different routes.	<b>2022</b>	<b>\$45,000.00</b>
2. Purchase 1 Response Vehicles (\$65,000)	<b>2022</b>	<b>\$65,000.00</b>
3. Local Cost Share for 5304 Grant for Elderly and Disabled Needs Assessment	<b>2022</b>	<b>\$6,000.00</b>
<b>Total projected cost of 3-year plan</b>		<b>\$ 116,000.00</b>

<b>Estimated</b> amount of state aid to be held in trust on 12/31/2021	<b>\$167,588.00</b>
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<i>Will auto calculate based on year entered above</i>	<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	
Spending plan for 2022 = \$ 116,000.00	Funds added for 2022 = \$-	Estimated balance on 12/31/22 = \$ 51,588.00
Spending plan for 2023 = \$ -	Funds added for 2023 = \$-	Estimated balance on 12/31/23 = \$ 51,588.00
Spending plan for 2024 = \$ -	Funds added for 2024 = \$-	Estimated balance on 12/31/24 = \$ 51,588.00

**Date complete** **December 15, 2021**

**Prepared by** *David Mack, CPZ Planning Manager*

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

1. Metro Ride will purchase seven (7) ADA compatible bus shelters to be located on 5 different routes in the system. Current shelters are old and are not compliant with current ADA requirements. A simple replacement is being done. 2. NCHC will purchase a new vehicle to replace an older vehicle in the demand response fleet. The vehicle is estimated to be about \$65,000. 3. Use Trust fund dollars to provide the local match for the 5304 planning grant for the Elderly and Disabled Needs Assessment being conducted by the North Central WI Regional Planning Commission.

For additional space to complete your narrative, please scroll down to second page.



# PROJECT 1 DESCRIPTION

County of **MARATHON**

**Instructions**

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

Project Name **North Central Health Care (NCHC)**

Third Party Provider North Central Health Care

Date contract last updated N/A

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

Volunteer Driver	<b>X</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	Some of NCHC drivers are also paid staff		

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

NCHC paratransit services is public transportation for persons over 60 or persons with disabilities. Access to this service is limited to persons whose physical and mental disability prevents them from riding the Metro Ride buses or the Metro Ride Paratransit Program. NCHC services were also designed to meet the needs of clients that live outside the Metro Ride Paratransit service area or those that are in need of door-through-door services who does not have other resources for transportation. The NCHC service area is all parts of Marathon County including the service area of Metro Ride Paratransit service. The overlap in service is based on NCHC providing door-through-door services county wide and Metro Ride providing curb-to-curb service in their area only.

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

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

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	based on volunteer availability	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	based on volunteer availability
End Time	based on volunteer availability	based on volunteer availability	based on volunteer availability	based on volunteer availability	based on volunteer availability	based on volunteer availability	based on volunteer availability

Additional description *(if applicable)* If no volunteer drivers are available, NCHC may contract with taxi services for the desired trips.

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

Clients, healthcare providers, advocates, and families can call in advance of the appointments for services Monday through Friday, 7:00 am to 5:00 pm.

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

Marathon County residents 60 years old or older or developmentally disabled go through an application process

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

Marathon County Transportation Program through NCHC has a range of copay costs based on mileage from the pickup location (costs are one way).

# PROJECT BUDGET

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

## Annual Expenditures

Enter the amount of **total** expenditures for this project.

**Total Expenses** \$389,257

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

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

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

<b>A. §85.21 funds from annual allocation</b>	<b>Total from A.</b>	\$272,162
<b>B. §85.21 funds from trust fund</b>	<b>Total from B.</b>	\$65,000
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$52,095
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. §5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$0

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.	Self Play Client Revenue (copays)	Total	
2.	Contracted Services	Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

**Revenue Total** \$389,257

<b>Expenditures should equal revenue</b>	<b>\$0</b>
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## PROJECT 2 DESCRIPTION

County of **MARATHON**

**Instructions**

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

Project Name

**Metro Ride**

Third Party Provider

Wausau Area Transit Ssystem, dba, Metro Ride

Date contract last updated

N/A

**Type of Service**

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

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	ADA Paratransit Services		

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

Metro Ride Paratransit service is an origin-destination service provided pursuant to the Americans with Disabilities Act (ADA). It is available to persons who are unable, because fo a physical or mental disability, to access the Metro Ride fixed route bus service. The service area includes all areas within 3/4 of a mile from a Metro Ride regular fixed route within the City of Wausau. Paratransit servcie hours are the same as the fixed route bus service hours, from 6:30 am to 6:30 pm.

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

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

Only in the City of Wausau

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	N/A	6:30 am	6:30 am	6:30 am	6:30 am	6:30 am	N/A
End Time	N/A	6:30 pm	6:30 pm	6:30 pm	6:30 pm	6:30 pm	N/A

Additional description  
*(if applicable)*

None

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

Ride requests must be made no later than 4:30 pm on the day prior to the desired trip. Requests are taken via telephone by Metro Ride staff. Requests on Holidays and weekends may be made via email.

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

The program is available to persons who are unable, because of a physical or mental disability, to navigate to and from Metro Ride bus stops or to board, alight or ride a Metro Ride bus. Applying for the program involves the completion of a paper application, which includes a verification from a medical professional. Eligibility determinations are made by Metro Ride staff.

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

ADA paratransit fares cannot exceed twice the regular adult fare for the fixed route bus service. The Metro Ride adult fare is \$1.75 and the paratransit fare is \$2.25.

# PROJECT BUDGET

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

## Annual Expenditures

Enter the amount of **total** expenditures for this project.

**Total Expenses** \$237,563

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

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

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

<b>A. §85.21 funds from annual allocation</b>	<b>Total from A.</b>	\$60,663
<b>B. §85.21 funds from trust fund</b>	<b>Total from B.</b>	\$45,000
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$14,470
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	\$11,520
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. §5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$105,910

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.	State Operating Assistance s. 85.21	Total	\$64,509
2.	Federal Operating Assistance s. 5307	Total	\$41,401
3.		Total	
4.		Total	
5.		Total	
6.		Total	

**Revenue Total** \$237,563

<b>Expenditures should equal revenue</b>	<b>\$0</b>
--	------------

## PROJECT 3 DESCRIPTION

County of **MARATHON**

**Instructions**

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

Project Name **MARATHON COUNTY CPZ**

Third Party Provider N/A

Date contract last updated N/A

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

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	Grant Administration by Recipient		

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

Marathon County CPZ Department provides grant administration services for the County and the two project components of this entire program, Metro Ride and NCHC. CPZ staff is also the staff to the County's Transportation Coordinating Committee that oversees the County Program. Funds will be used for salaries of participating staff.



**PROJECT DESCRIPTION, Continued**

**Geography of Service**

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

N/A

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	N/A	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	N/A
End Time	N/A	4:30 pm	4:30 pm	4:30 pm	4:30 pm	4:30 pm	N/A

Additional description  
*(if applicable)*

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

Not Applicable

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

Not Applicable

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

Not Applicable

# PROJECT BUDGET

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

## Annual Expenditures

Enter the amount of **total** expenditures for this project.

**Total Expenses** \$40,730

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

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

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

<b>A. §85.21 funds from annual allocation</b>	<b>Total from A.</b>	\$28,942
<b>B. §85.21 funds from trust fund</b>	<b>Total from B.</b>	\$6,000
<b>C. County Match Funds</b>	<b>Total from C.</b>	\$5,788
<b>D. Passenger Revenue</b>	<b>Total from D.</b>	
<b>E. Older American Act (OAA) funding</b>	<b>Total from E.</b>	
<b>F. §5310 Operating or Mobility Management funds</b>	<b>Total from F.</b>	
<b>G. Other funds</b>	<b>Total from G.</b>	\$0

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.		Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

**Revenue Total** \$40,730

<b>Expenditures should equal revenue</b>	<b>\$0</b>
--	------------

**COUNTY ELDERLY TRANSPORTATION  
2022 PROJECT BUDGET SUMMARY**

County of

**Marathon**

Project Name

North Central Health Care (NCHC)	Metro Ride	MARATHON COUNTY CPZ							Totals
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**Project Expenses**

Total Project Expenses	\$389,257.00	\$237,563.00	\$40,730.00						\$667,550.00
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**Project Revenue by Funding Source**

\$85.21 Annual Allocation	\$272,162.00	\$60,663.00	\$28,942.00						\$361,767.00
\$85.21 Trust Fund	\$65,000.00	\$45,000.00	\$6,000.00						\$116,000.00
County funds	\$52,095.00	\$14,470.00	\$5,788.00						\$72,353.00
Passenger Revenue	\$0.00	\$11,520.00	\$0.00						\$11,520.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00						\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00						\$0.00
Total from other funds	\$0.00	\$105,910.00	\$0.00						\$105,910.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00						\$0.00
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## LOCAL REVIEW FORM

Are the committees or commissions on aging, county aging unit and boards (created under ss. 51.42 and 51.437, Stats.) part of the county's Transportation Coordination Committee or equivalent?

Yes

No

If you selected No, you **MUST** include evidence of their review of this application and upload it to the Online Grant Management section for "Local Review" with this form.

Such evidence may include:

- Written endorsements
- Recommendations or criticism
- Minutes of meetings attended by the above organizations at which the application was discussed

# PUBLIC NOTICE AND HEARING FORMS

Be sure to complete the following components:

1. Publication Notice (Page 1)
  - a. Date of publication.
  - b. Copy of publication in the paper.
2. Public Hearing (Page 2)
  - a. Date of public hearing.
  - b. Provide a summary of comments made during the public hearing as they relate to the application. If none, type **None**.
3. Attach **a copy of the meeting minutes** during which the approval for the application was granted.

Date of notice publication:	November 11, 2021 and November 14, 2021
<p style="font-size: small; margin: 0;">2022 SPECIALIZED TRANSPORTATION PROGRAM FOR THE ELDERLY AND DISABLED PUBLIC HEARING NOTICE</p> <p style="font-size: x-small; margin: 0;">Notice is hereby given that a public hearing will be held by Marathon County on November 17, 2021 at 3:30 p.m. in the Conservation, Planning &amp; Zoning Department large conference room, 210 River Drive, Wausau, WI for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, "2022 Specialized Transportation Program for the Elderly and Disabled." Project elements under consideration include the following:</p> <p style="font-size: x-small; margin: 0;">A) Transportation services for the elderly provided by Metro Ride and North Central Health Care on behalf of Marathon County.</p> <p style="font-size: x-small; margin: 0;">B) Transportation services for the developmentally disabled also provided by Metro Ride and North Central Health Care on behalf of Marathon County.</p> <p style="font-size: x-small; margin: 0;">C) Transportation services for persons who reside within the Metro Ride regular bus route but are unable to ride a regular transit bus provided by Metro Ride Paratransit System.</p> <p style="font-size: x-small; margin: 0;">D) Marathon County is eligible to receive \$361,767 from the State with a local match of \$72,353.</p> <p style="font-size: x-small; margin: 0;">At the hearing, interested persons will have an opportunity to be heard with respect to the proposed project. Interested persons may submit oral or written comments regarding the project at the hearing, or may submit written comments to David Mack, Conservation, Planning and Zoning Planning Manager, 210 River Drive, Wausau, Wisconsin, 54403.</p> <p style="font-size: x-small; margin: 0;">A draft copy of the application is available for public inspection at the offices of the Conservation, Planning &amp; Zoning Department at 210 River Drive Wausau WI 54403, the Marathon County Clerk's Office, Courthouse, 500 Forest Street, Wausau, WI, 54403 or on the Marathon County Website <a href="http://www.co.marathon.wi.us">www.co.marathon.wi.us</a>. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail <a href="mailto:infomarathon@mail.co.marathon.wi.us">infomarathon@mail.co.marathon.wi.us</a> one business day before the meeting.</p> <p style="font-size: x-small; margin: 0;">David Mack, Planning Manager Marathon County Conservation, Planning, and Zoning Run: November 11, 14, 2021 WNXALP</p>	

Date of public hearing:	November 17, 2021
<p><i>(Provide a summary of any public comments that were made at the meeting regarding the application.)</i></p> <p>A question regarding the training of Paratransit Service drivers was posed to the Metro Ride Director.</p>	

Don't forget to attach a **copy the meeting minutes** during which the approval for the application was granted.

# Review: Objective 7.2

**Laura Scudiere MPH**

Marathon County Health Officer

November 2021



# Age-Adjusted Death Rate Due to Drug Overdose

County: Marathon 

## 11.2

deaths/ 100,000 population

Source: [Wisconsin Department of Health Services](#) 

Measurement period: 2020

Maintained by: Conduent Healthy Communities Institute

Last update: October 2021

### Graph Selections

#### INDICATOR VALUES

Change over Time

COMPARED TO



WI Value  
(27.2)



Prior Value  
(12.6)

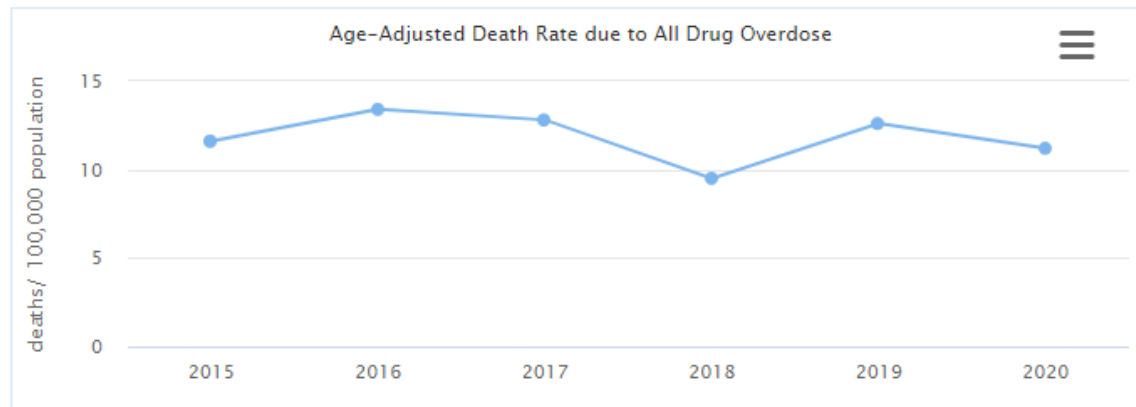


Trend



HP 2030 Target  
(20.7)

**Technical note:** Rates may be revised by the source. Please consult the source for the most current rates.





# Age-Adjusted Death Rate due to Opioid Overdose

County: Marathon 

8.2

deaths/ 100,000 population

Source: [Wisconsin Department of Health Services](#) 

Measurement period: 2020

Maintained by: Conduent Healthy Communities Institute

Last update: October 2021

Graph Selections

INDICATOR VALUES

Change over Time

COMPARED TO



WI Value  
(22.4)

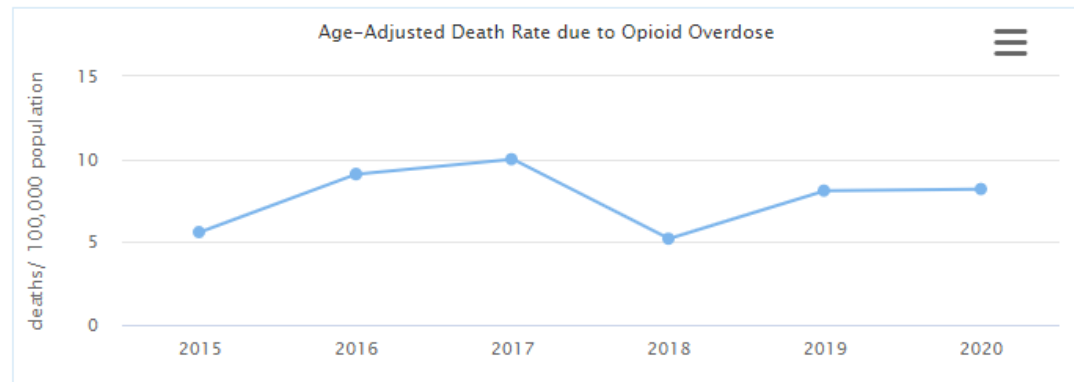


Prior Value  
(8.1)



Trend

**Technical note:** Rates may be revised by the source. Please consult the source for the most current rates.



# Drug Overdose Deaths

County: Marathon 

14

number of overdose deaths

Source: [Wisconsin Interactive Statistics on Health](#) 

Measurement period: 2020

Maintained by: Marathon County Health Department

Last update: November 2021

COMPARED TO



Prior Value  
(16)

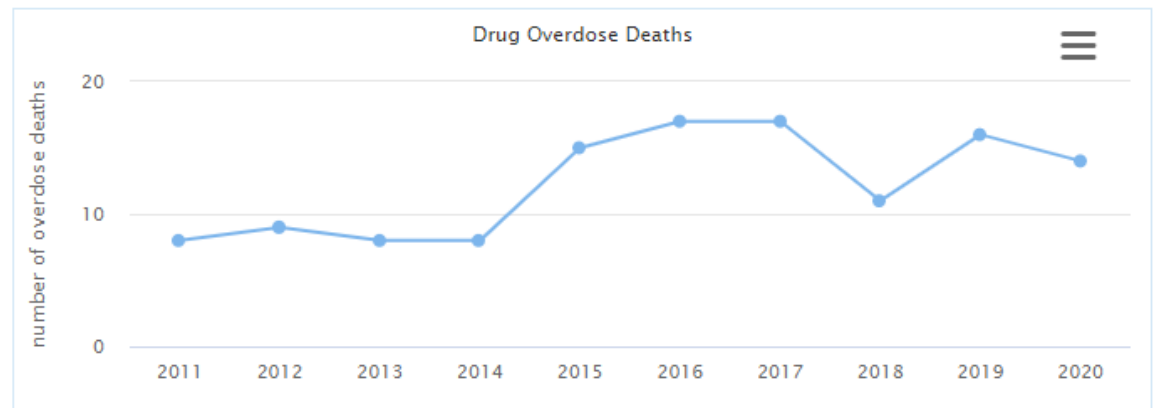


Trend

Graph Selections

INDICATOR VALUES

Change over Time



# Strategy A

- Develop a comprehensive approach to address use of heroine and meth.
- Current state: COVID has had impact on local programming, reducing availability overall.
- Recommendation: *Marathon County* should work to protect and maintain any programs or initiatives that are focused on substance use treatment, collaboration, or partnership.

# Strategy B

- Complete an inventory of programs, services, and community initiatives in relationship to best practices led or supported by Marathon County Government that contribute to mitigating and preventing drug misuse and abuse.

# Strategy B (continued)

- Complete an inventory of programs, services, and community initiatives in relationship to best practices led or supported by Marathon County Government that contribute to mitigating and preventing drug misuse and abuse.
- Current state: Assessment completed in 2018
- Recommendations: Update the compiled report as part of the community health assessment process.

# Strategy C

- Identify gaps in programs/services and community initiatives and opportunities for public/private partnerships to further efforts to mitigate and prevent drug misuse and abuse.
- Current state: Report compiled is outdated and all services have been impacted by COVID in large and small ways.
- Recommendation: Continue to work on this through the community health improvement plan process, which identified substance use as key health priority.

# Strategy D

- Identify and advance public policy that would support the mitigation and prevention of drug misuse and abuse among residents of Marathon County.
- Current state: Funding and resource allocation for Wisconsin Drug Courts was advocated for in 2019. No progress was made at the time to expand number of specialized courts in Wisconsin, conversations ongoing.
- Recommendation: Re-evaluate policy strategy

# Strategy E

- Identify and track data points to measure the impact of drug misuse and abuse among residents of Marathon County
- Current state: MCHD is using Results Based Accountability framework to “turn the curve” of key data points, which are determined by key stakeholders within the community
- Recommendation: The Community Health Improvement Plan process will develop a data collection plan that will have key data that will have communication and proxy power



# Outcome measures

1. By March 1, 2019, an outcome measure will be established to measure the quality of life for adults in counseling, mental health, or AOD related treatment programs seen at North Central Health Care.
2. By Dec. 31, 2022, 3% or less of high school students in Marathon County will report having taken prescription drugs without a doctor's prescription one or more times in the past 30 days.
3. By December 31, 2022, the rate of overdose deaths among residents in Marathon County will hold steady or decrease.

# Teens-Ever Used Prescription Drugs without a Prescription

County: **Marathon** 👤

**9.0%**

percent of high school students

Source: [Marathon County Youth Risk Behavior Survey](#)

Measurement period: 2019

Maintained by: Marathon County Health Department

Last update: October 2019

COMPARED TO



WI Value  
(11.2% in 2017)



US Value  
(14.0% in 2017)



Prior Value  
(11.1%)

Graph Selections

**INDICATOR VALUES**

Change over Time

**VIEW BY SUBGROUP**

Gender

Grade Level

Race/Ethnicity

