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1. Create a successful transition for the shift in funding and policy governing the long-term support system for adults that ensures LTS populations have effective and continuous care.

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1a	DD managers will expand their efforts to communicate our "new narrative" that emphasizes partnerships with families and community members to better cope with diminishing public resources available for supported living services	• Developed and shared a "new narrative" PowerPoint for DD children's providers and Waisman staff • Developed and presented 3 part parent transition informational series for families of 13-21 year olds with County staff and parents as co-presenters. The aim of expanding information sharing with families is to promote high expectations for paid community employment and community participation while decreasing reliance on paid service system. • Revised DD intake positions to assist individuals eligible for but waiting for DD services to make supportive community connections outside of the DD service system • Implemented a $237,000 Capacity Building Initiative to assist 15 people on the waiting list and 63 people without publically funded supported living services	• Expand and strengthen information sharing between families and County staff • Strengthen Capacity Building efforts that reduce isolation, increase community connections and participation while reducing families' quantity of unchosen caretaking responsibilities	• Develop informational session for parents of 21 year olds leaving school with County staff and parents as co-presenters • Develop informational session for parents of 23-28 year olds showcasing examples of young adults who have found creative ways to successfully engage with the community, reducing isolation and families' unchosen caretaking. • Support Capacity Building Initiative participants to host Capacity celebration for participants, policy makers and elected officials. • Facilitate two progress check-ins for 2013 Capacity Building project leads.	• Develop and host informational session on vocational transition with County staff and parents as co-presenters for at least 20 families of 2014 grads. • Develop and host informational session on life after high school with County staff, young adults and parents as co-presenters for at least 20 individuals between 23-28 and their families. • Capacity Celebration will have taken place and have been attended by at least 50 participants, families, policy makers and elected officials. • Project leads and County staff will meet once with a national expert on community organizing and connecting; will meet a second time to share verbal and written update.	Monica Bear, Doug Hunt, Angie Klemm January 2014 Monica Bear, Eric Miller, Angie Klemm September 2014 Monica Bear February 2014 Monica Bear with assistance from Doug Hunt, Eric Miller, Angela Radloff and Sue Werner January 2014;July 2014

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1b	Rebalance activities at Pathways sheltered workshop and day activity center to have increased focus on paid employment and integrated community activities	Of 44 Pathways participants, 28 spend majority of day support in sheltered setting.	• Reduce by 1/3 the number of participants in sheltered setting with a plan to ultimately decrease this to less than 5. • Close one of two segregated facilities.	• Using State of Wisconsin quality assurance funds, Pathways will work with consultant to develop a strategic plan and present the plan to County staff. • All new referrals will be supported to find and maintain community based employment. • All current participants will have an individualized plan to decrease or eliminate participation in sheltered activities.	• Pathways director and board will have completed and presented rebalancing plan to County managers. • Rebalancing plan will include process for closing one of two segregated facilities and implementation of process will have begun. • Any 2014 grad referrals will have paid integrated employment. • At least 9 current Pathways participants will experience an increase in paid work and integrated community activities	Doug Hunt, Monica Bear January 2014 Doug Hunt, Monica Bear December 2014 Doug Hunt, Monica Bear July 2014 Doug Hunt, Monica Bear December 2014

5. Improve the availability of evidence-based programming to address high need individuals and those with challenging behaviors in need of long-term care and children and youth whose needs are met in both the long-term support system and in the child protective service or the juvenile justice systems.

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5.a	Adopt a redesigned Alternative Sanction admission process that assigns individuals to programs based on their assessed risk to commit additional crimes.	We are phasing out some alternative sanction programs (TAP and DART) and replacing them with screening and assessment procedures which will recommend programming based on an individual's risk to commit additional crimes. In 2013, very few consumers entered programs within 60 days of arrest. For example, the average time from arrest to TAP admission was 383 days.	• Eligible participants are identified early and admitted to an alternative sanction program. (Key Component #3 of Problem Solving Courts) • Eligible participants are admitted to programs based on their assessed risk to recidivate. Higher risk participants will be admitted to the Drug Court Treatment Program while medium risk participants will be admitted to the Drug Court Diversion Program.	• Continue discussions with partners in the criminal justice system on the redesign of alternative sanction programs. • Adjustments will be made to enable participants' more prompt admission to alternative sanction programs.	• 50% of eligible participants will be admitted to an alternative sanction program (Drug Court Treatment Program or Drug Court Diversion Program) within 60 days from the time of an individual's arrest.	Todd Campbell, POS Agencies, Circuit Courts, Court Commissioners, District Attorney's Office, State Public Defenders Office, Sheriff. December 2014

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7. Improve alternatives to in-patient care for adults, including those who pose a risk to themselves or others and those with dementia.

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7a	Submit an application for and implement the Comprehensive Community Service (CCS) Program within Dane County's mental health service system.	• Dane County began a CCS application in 2013. Several committees were formed as required by the CCS regulations, including a coordinating oversight committee and several outcome related committees. The application will be submitted in 2014. • The target for CCS services is people who are found eligible under the MA/SA Functional Screen. We plan to roll this out starting with adults with mental illness or substance abuse issues who are members of Yahara House.	Implementation of the CCS program in Dane County	• Submit application in early 2014 • Continue with committees to plan for program implementation • Decide upon which programs will be affected • Complete all subsequent application reports	• An approved application • 100% service funding • Services are funded under the CCS program • Enroll an average of 10 or more people for each month the program is operational. • Data collection, billing and payment processes go smoothly.	Carrie Simon; Mary Grabot December 2014
7b	Reduce adult, non-geriatric and developmental disability inpatient care and maximize diversion alternative care.	In 2013, we were over budget on hospitals, Institutes, Trempealeau County Health Care Center (TCHCC) and Clearview. We had several high cost placements requested for clients who had been inpatient and very challenging.	• Inpatient costs are within budget. • Care Centers are fully utilized. • Level of Care Guidelines are followed when making decisions regarding inpatient care and diversion facilities.	• Institute a utilization review of clients in Care Centers • Conduct a review of Level of Care Guidelines with Crisis and MH system • Prepare an issue paper on inpatient care and discuss with County departments • Renegotiate hospital rates to lower costs and assess fiscal & clinical impact	• 80% or more of Care Center capacity is utilized. • Care Centers earn MA Crisis revenue as budgeted. • Limit use of out of county GPR funded facilities to no more than 500 days. • Average hospital day cost is at least 20% less than in 2013 with no significant clinical impacts	Mary Grabot, Carrie Simon December 2014
7c	Ensure that the contracted service units and must earn revenues are achieved by the POS programs.	In 2014, we began a new system of budgeting for programs that are expected to earn third party revenue. Must Earn to Receive (METR) budgeting was implemented. Programs have been informed of METR expectations.	Programs produce service units as contracted and earn budgeted third party revenue.	• County staff closely tracks service units and revenues. • Unit and revenue data shared with POS programs monthly. • Payments to programs are based on revenues earned. • Program budgets are adjusted if needed.	• Programs producing service units as contracted and earning budgeted third party revenue. • Budgets are adjusted based on earnings and service units reported.	Mary Grabot, Carrie Simon December 2014

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7d	Identify facilities for admitting elders with severe behavior issues and dementia.	Elders with dementia discharged from assisted living facilities and Badger Prairie are being admitted to Mendota via Emergency Services Unit at Journey Mental Health. Most of the elders are not known to the county's long-term care system and there are very few facilities that will admit them at the time of discharge.	Improve results for individuals with dementia and behavior issues by working with assisted living facilities and dementia specific treatment centers	• Hold discussions with assisted living facilities under contract with Dane County. • Negotiate an admission plan with Trempealeau County Health Care Center's (TCHCC) for placement of individuals referred by the Emergency Services Unit. • Consistent with Initiative 7b, minimize use of TCHCC and similar GPR funded facilities.	• Identify between 3 to 5 assisted living facilities willing to accept placement of individuals discharged from Mendota or TCHCC. • 3 to 5 individuals are admitted to TCHCC.	Theresa Sanders, South Madison Coalition and Alzheimer's and Dementia Alliance. December 2014

10. Improve the department's ability to protect and strengthen the services it is mandated to provide

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10a	Implement plan for Fiscal Services Unit to assume responsibility for receiving cost-share payments and refunds from Community Options Program/MA Waiver consumers, family members and guardians.	DCDHS Long Term Support (LTS) staff currently receives checks and money orders from individuals paying their share of the cost for services. The LTS staff also receives refund checks for overpayments made to the various service providers.	LTS staff are no longer receiving checks and money orders for consumer services.	• The Department's Fiscal Services Unit takes the lead in accepting COP/MA Waiver cost-share payments and refunds for overpayments. • Fiscal Services and LTS have crafted a plan for tracking and monitoring payments and refunds.	• By March 2014 implement a pilot model for tracking and accepting payments. • June 2014 the plan is fully executed and the LTS staff are no longer receiving checks and money orders.	Theresa Sanders, Nancy Rusch and LTS staff. June 2014
10b	Adult Protective Services will develop a decision tree to be used in screening and prioritizing Elder Abuse and Neglect (EAN) and Adults at Risk (AaR) referrals.	There are three elder abuse and neglect social workers who receive community reports on adults and elders at risk. Currently there is no process to screen out calls. No objective process is currently in place to prioritize referrals that are screened "in".	• A tool is developed to screen out calls that do not meet the adult/elder abuse definitions. • A decision tree is created to prioritize the amount of perceived risk the alleged victim is receiving and determine the EAN response time to make contact with the alleged victim.	• Research how other WI counties and other states screen and prioritize their EAN/AaR cases. • Develop screening and decision tree documents. After testing a screening form and a decision tree document for several months, develop a policy regarding their use.	• By 3/31/14 a screening form will be used by all EAN workers when they receive an adult/elder-at-risk phone call. • By 6/30/14 an intake decision tree document will be used for prioritizing EAN/AaR cases that meet criteria for opening. • By 12/31/14 an EAN/AaR policy will be developed.	Shari Gray-Don, APS Supervisor, EAN and AaR staff, other APS unit staff members. December 2014

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10c	ADRC Prevention Programs	The ADRC opened in the late fall of 2012. The State of Wisconsin contract requires that the ADRC have a prevention initiative. In 2013, five staff were trained as leaders for Living Well with Diabetes, a prevention program.	In 2014 the ADRC will hold two Living Well with Diabetes educational series. Each series consists of seven classes.	• Find a diabetic educator to partner with the ADRC. • Work with Safe Communities, Inc. to advertise classes.	• The ADRC will hold two Living Well with Diabetes educational series in 2014.	Jennifer Fischer and Lynn Riley December 2014
10d	Customer Satisfaction at the ADRC	The ADRC has been in operation one full-year. The ADRC strives to provide excellent customer service and have customers satisfied with the service they receive at the ADRC.	Customers of the ADRC report being satisfied with their experience at the ADRC	• The ADRC staff will develop a method to solicit feedback from individuals who use the ADRC. • Survey will include open ended questions and space for subjective comments.	• The ADRC will become fully staffed in 2014. • Surveys on customer satisfaction are prepared and sent out during 2014. • Results of surveys will be used to improve customer service. • 95% customer satisfaction rate as reported in the customer satisfaction survey.	Jennifer Fischer, Joe Purcell, Lynn Riley, Bill Huisheere, and Deb Solis December 2014.
10e	Implement waiver and third-party administrator (TPA) billing for Birth-to-Three program	The Birth-to-Three Program is currently funded with County levy, Community Aids and Medicaid card services. The County contracts with providers of this service and pays providers 1/12 of their annual contract each month.	Implement Home and Community Based Birth-to-Three waiver and TPA billing.	Participate in State pilot group to implement Birth-to-Three waiver and TPA billing	• We have identified and enrolled eligible children in the Birth-to-Three waiver • Providers are billing TPA for claims.	Eric Miller, Angela Radloff December 2014
10f	Continue the successful Rural Renal Dialysis Transportation Project (RRDP)	In 2012, DHS received a small grant from the National Center for Senior Transportation to pilot Time Banking as a solution to providing transportation assistance to non-Medicaid dialysis patients. The pilot was successful and the program was extended through 2013. The program continued to grow and added ridesharing to the model. The RRDP will be funded through 2014.	Have a continued option of transportation provided by Time Bank volunteer drivers.	Continued use of the Dialysis service option for Time Bank members.	The program will provide 70-80 rides per month (up from 45/month in April 2013).	Norah Cashin; Jane Betzig. December 2014

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10g	Increase transportation for veterans and veterans' families not eligible for VA transportation services.	• In 2013, Dane County funded veterans' transportation though DryHootch of America. There are several veterans' transportation programs, each serving a different segment of the population: DryHootch; RSVP's Vets Helping Vets, the VA's DVA van program, and the CVSO's Ride with Pride program. • Better communication and coordination may result in increased efficiencies across these programs.	To increase transportation to veterans and veterans' families.	Develop a working partnership between the Department's One-Stop Transportation Information Center, RSVP, the VA, CVSO office and DryHootch of America to coordinate volunteer-driven conventional and accessible rides.	• Increased utilization of the Veterans Transportation resources. • Our goal is to create at least two service agreements or Memoranda of Understanding across programs.	Norah Cashin December 2014
10h	Increase utilization of the Bus Buddy and Mobility Training Programs, which train individuals to independently use fixed-route public transit, local shared-ride taxis, and county-funded group transportation services.	• In 2013, Dane County funded these two travel training programs at a maintenance level, after losing New Freedom Funding for them. In 2014, a new funding source has been identified, and the programs will receive increased referrals, due to a newly-funded Metro Transit In-Person Assessment (IPA) project. • Graduates of these programs who migrate rides from Metro paratransit to accessible fixed-routes will receive free monthly bus passes from Metro Transit.	Increase number of persons trained to use fixed-route public transit, shared-ride taxis, and county-funded group ride services, through the Bus Buddy and Mobility Training Program.	Develop a working partnership with Metro Transit's IPA project to train up to 15 people to increase their independence through use of public transit and transportation, instead of more costly and restrictive paratransit and individual ride services.	Provide training to at least 15 unduplicated clients who begin to independently use Metro Transit for some or all of their transportation needs.	Norah Cashin, Jane Betzig. December 2014