Dane County Department of Human Services
2016 Performance Scorecard – ACS
(Adult Community Services Division)

 Goal met or exceeded.

 Work in progress.

DCDHS Mission: To provide effective services that support well-being, independence, diversity, and community safety.

Adult Protective Services

Measure	Indicator	Goal	2015 Status	2016 Status	2016 At a Glance
Well-Being					
Adults-at-risk are protected from financial exploitation, abuse, neglect, and self-neglect.	Percent of screened-in cases for financial exploitation, abuse, neglect, and self-neglect of adults age 18-59 assigned within 7 days.[1]	90%	69%	80%	
	Percent of screened-in cases for financial exploitation, abuse, neglect, and self-neglect for adults age 60 and older assigned within 7 days.[2]	90%	Data not available	46%	
	Number of protective placement conversions per FTE staff.[3]	15	16.6	16.6	
Guardianship cases are assigned in a timely fashion.	Average length of time for community referrals for guardianship to be assigned.[4]	30 days	Data not readily available	160.4 days	

Aging and Seniors

Measure	Indicator	Goal	2015 Status	2016 Status	2016 At a Glance
Well-Being					
Seniors are able to access needed services.	Percent of the senior population, age 60 and older, participating in the congregate meal program. [5]	3.8% or more[6]	4.51%	4.61%[7]	✚
Independence					
Seniors receiving case management services are able to live where they choose.	Percent of persons receiving case management services who report that the services help them continue to live where they choose.[8]	93%	93%	88%	
Community Safety					
Reduce the incidence of falls among older adults.	Rate of injury hospitalizations per 100,000 residents due to falls for Dane County residents age 65 and older.[9]	Decrease from prior year	2,139.74 (2014)	2,053.30 (2015)	✚

Behavioral Health

Measure	Indicator	Goal	2015 Status	2016 Status	2016 At a Glance
Well-Being					
Comprehensive Community Services (CCS) are recovery-focused.	Percent of adult clients in the Comprehensive Community Services (CCS) program who report on the ROSI Person-Centered scales that they had a mostly recovery-oriented experience.[10]	To be established.[11]	Not Applicable[12]	72.7%	
Alcohol and other drug abuse (AODA) service participants successfully complete treatment.	Percent of clients in the DCDHS AODA treatment system who successfully complete treatment – examining successful completions for residential, outpatient, and day treatment separately.[13]	39.7% Day Treatment	33.8%	37%	Work In Progress
		52.5% Outpatient	52.1%	61%	+
		58.3% Residential	49.8%	56%	Work In Progress
Reduce alcohol and other drug use among service participants.	Percent of clients in the DCDHS AODA treatment system who reduce their alcohol and other drug use from episode admission to service close.	Overall Reduction	Data not readily available	23% - no use at admission in past 30 days; 54% - no use at discharge.[14]	+

Measure	Indicator	Goal	2015 Status	2016 Status	2016 At a Glance
Independence					
Service participants have improved functioning.	Percent of clients in the DCDHS mental health system responding to the MHSIP survey who report positively regarding improved functioning as a result of services.[15]	63% or more	60.9%	60.6%	
	Percent of clients with substance use disorders who maintained their existing employment or had a positive change in employment status from episode admission to episode close.[16]	Overall Increase	Data not readily available	69.6% in the labor force at admission were employed; 73.3% in the labor force were employed for whom all services were closed.	✚
Community Safety					
AODA and mental health participants in the DCDHS service system have decreased criminal justice system involvement.	Percent of successfully discharged Drug Court Treatment Program (DCTP) clients not re-arrested for a criminal offense within 24 months.[17]	55% or more	75% (2013)	66% (2014)	✚
	Percent of successfully discharged PathFinder clients not re-arrested for a criminal offense within 24 months.	55% or more	68% (2013)	71% (2014)	✚
	Percent of successfully discharged OWI Court clients not re-arrested for a criminal offense within 24 months.	55% or more	83% (2013)	82% (2014)	✚

Measure	Indicator	Goal	2015 Status	2016 Status	2016 At a Glance
	Percent of adult mental health clients with no criminal justice system involvement in the past 6 months.[18]	95% or more	84.5% (Jan – June 2016)	76.1% (July – Dec. 2016)	
Diversity					
Clients perceive that services are delivered with respect for their cultural/ethnic background.	Percent of adult DCDHS clients with a mental illness agreeing or strongly agreeing with the survey question, "Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.)"[19]	79% or more	79.9%	79.2%	

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[1] Source of number of reports: Wisconsin Department of Health Services, Wisconsin Incident Tracking System (WITS) Summary Report for Elder Adults-at-Risk Age 18-59 Dane County Reporting Year 2016 – as of 04/01/2017, preliminary data, pulled by Shari Gray-Dorn, DCDHS. Number of reports in 2016 = 130. In 2016, 49 screened-in cases had the date of assignment, of which 39 were assigned within 7 days. Cases are assigned on a weekly basis. Average length of time to assignment = 5.65 days. Number of reports in 2015 = 141. In 2015, 80 screened-in cases had the date of assignment, of which 55 were assigned within 7 days. Cases are assigned on a weekly basis. Average length of time to assignment = 6.19 days.

[2] Source of reports: Wisconsin Department of Health Services, Wisconsin Incident Tracking system (WITS) Summary Report for Elder Adults-at-Risk Age 60+ Dane County Reporting Year 2016 – as of 04/01/2017, preliminary data, pulled by Shari Gray-Dorn, DCDHS. Source for case assignments = Past EAN Intakes folder maintained by Shari Gray-Dorn. Number of reports in 2016 = 359. 186 screened-in cases had the date of assignment, of which 85 were assigned within 7 days. Cases are assigned on a weekly basis. Average length of time to assignment = 14.17 days.

[3] These are conversions from Chapter 51 (order to treat) to Chapter 54/55 (order to protect). Staff have 30 days to assess for need for Chapter 54/55. Number of conversions by year: 2016 – 54; 2015 – 50. Number of FTE was 3.0 for 2014-2015. For 2016, there were 3.0 FTE plus 1 LTE at 10 hours per week for a total of 3.25 FTE.

[4] Reports from physicians are only good for one (1) year. If the referral is not picked up in that time, a new physician report is required. Source for 2016 data: Shari Gray-Dorn, Adult Protective Services Social Work Supervisor, Dane County Department of Human Services, "Community referral spreadsheet," message to Lori Bastean, 23 February 2017. E-mail.

[5] Population estimates from U.S. Census Bureau, American FactFinder, DP05 – ACS Demographic and Housing Estimates, American Community Survey – 5 year estimates. 2012-2016 estimates are not yet available. Senior dining center participants from the Agency Summary Report in SAMS run 8.3.2016 by Angela Velasquez, Aging Program Specialist, Dane County Department of Human Services. 2015: Population 87,274, participants 3,934, rate = 4.51%. 2014: Population 83,591, participants 3,807, rate = 4.55%. 2016 senior dining center participants from

Angela Velasquez, Aging Program Specialist, Dane County Department of Human Services, "RE: Nutrition Data," message to Lori Bastean, 18 April 2017, E-mail. 2016: participants 4,022.

[6] Goals based on three year average (2014-2012) from Administration for Community Living Aging Integrated Database (AGID) Profile of State Programs: Wisconsin on-line https://agid.acl.gov/StateProfiles/Profile/?id=52 , accessed 20 April 2017.

[7] Will be adjusted once 2012-2016 population estimates are available.

[8] Dane County Department of Human Services, *Survey of Case Management Services for Older Adults in Dane County*, 2016 and 2015, on-line https://danecountyhumanservices.org/reports.aspx , accessed 5 July 2017. In 2015, the percent was 93%. Goal is based on three year national average.

[9] Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Wisconsin Interactive Statistics on Health (WISH) data query system, https://www.dhs.wisconsin.gov/wish/index.htm, Injury Hospitalizations Module, accessed 3/16/2015. Rate is age-adjusted for selected age groups. If fall data was available for Stepping Up Stepping On program participants, that would be the ideal measure to track. 2015 data is from Richard Miller, Research Scientist, Office of Health Informatics, Wisconsin Division of Public Health, "RE: Injury Related Hospitalizations" message to Lori Bastean, 10 March 2017. E-mail. Rate in 2014 = 2,139.74.

[10] Source: Dane County Department of Human Services. Results of the Recovery-Oriented Systems Indicator (ROSI) survey administered in September/October to adult clients age 18 and older who had CCS services for 6 months or longer. This is based on nine items of the Person-Centered scale, such as "Staff seeing me as an equal partner in my treatment program;" "My right to refuse treatment is respected." The average mean score was 3.3 out of 4.0.

[11] The State required the use of the ROSI (Recovery-Oriented System Indicators) beginning in 2014, however, results of that data collection have yet to be released. The goal will be based on the three year average of results for Wisconsin.

[12] 2016 was the first full year of program operation.

[13] Based on SPC End Reasons, 1, 2, 3 – Completed service. Day Treatment = SPC 704.10. Outpatient Treatment = SPC 507 and 507.00. Residential = SPC 503.70 and 506.20. Source for goals: Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set (TEDS): 2013 Discharges from Substance Abuse Treatment Services*. BHSIS Series S-86, HHS Publication No. (SMA) 16-4988. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. Goals are based on three year averages (2011-2013) for Wisconsin. Status 2015: 33.8% Day Treatment, 52.1% Outpatient, 49.8% Residential.

[14] Based on last service closed in 2016. For case management, day treatment, outpatient, and residential services for clients for whom the episode information was collected. N = 945 clients. At admission, 23.1% reported no use in the past month; 20.9% reported daily use. At discharge 53.9% reported no use in the past month; 7.6% reported daily use.

[15] MHSIP is the Mental Health System Improvement Project survey. Source: Dane County Department of Human Services, *Client Perception of Care: Dane County Mental Health System January 1, 2016 – August 31, 2016,* available on-line , https://danecountyhumanservices.org/dox/reports/consumer_survey_mhsip_results_2016.pdf, accessed 20 April 2017. Source for State and Federal comparisons used to establish goals is Substance Abuse and Mental Health Services Administration (SAMHSA), *Wisconsin 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System,* available on-line https://www.samhsa.gov/data/us_map?map=1 , accessed 20 April 2017. Goal is based on the three year (2013-2015) average (US = 71%, WI = 63%). Status 2016 = 60.6% and 2015 = 60.9%.

[16] Based on 945 clients with all services closed at the end of 2016 excluding persons who received detox only services (program 1566) or Clinical Assessment – Intoxicated Driver Services (program 1314) or Adolescent AODA Intervention (program 1615). At episode start, 573 clients were in the labor force; 49 were employed full or part-time,

174 were looking for work. At closing, 621 clients were in the labor force; 455 were employed full or part-time, and 166 were looking for work.

[17] Dane County Department of Human Services, *Dane County Alternative Sanction Programs 2016 Recidivism Report.*   This reflects clients discharged in 2014. Status 2013 – DCTP = 75%; PathFinder = 68%; OWI Court = 83%.

[18] Source for State and Federal comparisons used to establish goals is Substance Abuse and Mental Health Services Administration (SAMHSA), *Wisconsin 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System,* available on-line https://www.samhsa.gov/data/us_map?map=1 , accessed 20 April 2017. Goal is based on the three year (2013-2015) average (US = 95.4%, WI = 94.5%). Based on clients with BRC target populations of H – ongoing, high intensity comprehensive services and L – ongoing, low intensity services. BRC stands for the Blue Ribbon Commission on Mental Health. This is based on clients for whom the criminal justice system involvement was recorded.   Status Jan – June 2016 = 84.5%.

[19]Source: Dane County Department of Human Services, *Client Perception of Care – Dane County Mental Health System,* January 2017, p. 25. Goal is based on three year DCDHS average (2014-2016). 2014 = 77.7%; 2015 = 79.9%; 2016 = 79.2%.

Dane County Department of Human Services
2016 Performance Scorecard – BPHCC
(Badger Prairie Health Care Center)

4.2.2018

 Goal met or exceeded.   Work in progress.

DCDHS Mission: To provide effective services that support well-being, independence, diversity, and community safety.

Measure	Indicator	Goal	2015[1] Status	2016 Status	2016 At a Glance
Well-Being					
Safely manage acute changes in residents' clinical conditions without transferring the resident to a hospital thereby avoiding the trauma and risks associated with such a transfer.	Percent of short-stay residents who were re-hospitalized after admission to BPHCC.[2]	20.3% or less (WI avg.)		24.2%	
	Percent of short-stay residents who had an outpatient emergency room visit.[3]	12.4% or less (WI avg.)		9.5%	
Reduce the incidence of pressure ulcers, therefore avoiding pain, infection, and other complications thus resulting in increased resident quality of life.	Percent of long-stay residents with pressure ulcers.[4]	4.4% or less (WI avg.)		2.4%	
Reduce the incidence of urinary tract infections, therefore avoiding other complications, such as cognitive issues, thus resulting in increased resident quality of life.	Percent of long-stay residents with a urinary tract infection.[5]	4.1% or less (WI avg.)		3.0%	
Maintain stable staffing in order to benefit from the experience and knowledge that staff gain over time, increasing the	Retention rate for Certified Nursing Assistants (C.N.A.). This is the percent of C.N.A. staff employed	69% full-time 57% part-time (WI avg.)[7]	100% full-time 74% part-time	100% full-time 79% part-time	

Measure	Indicator	Goal	2015[1] Status	2016 Status	2016 At a Glance
overall competence and confidence of staff, while building strong bonds between residents and caregivers. (Payroll Calendar)	for at least one year.[6]				
	Absenteeism rate among Certified Nursing Assistants (C.N.A.).[8]	To be determined	15.2%	15.6%	
BPHCC complies with all Federal and State nursing home rules.	Number of federal regulations deficiencies.	Less than the average number of citations for WI for nursing homes with 100-199 beds (11.1 in 2015) (10.7 in 2016)	6[9] (2015)	8[10] (2016)	
Independence					
Keep residents safe from falls that can compromise their mobility and independence.	Percent of long-stay residents experiencing one or more falls with major injury.[11]	3.4% or less (WI avg.)		3.6%	
Maintain residents in the least restrictive setting possible. (Calendar year)	Percent of residents with a new admission to Mendota or Winnebago Mental Health Institute.[12]	5% or less	5 3.3%	2 1.3%	
	Percent of residents discharged to community settings.[13]	To be determined	10 55.6%	12 92%	
Community Safety					
Residents are safe from verbal or physical aggression from other residents. (Calendar year)	Percent of residents who were targets of resident-on-resident aggression.[14]	To be determined	20.9%	38.3%	
	Percent of residents who were targets of resident-on-resident physical aggression.	To be determined	6.5%	12.1%	
	Percent of residents who were targets of	To be determined	10.5%	25.5%	

Measure	Indicator	Goal	2015[1] Status	2016 Status	2016 At a Glance
	resident-on-resident verbal aggression.				

[1] The Federal Fiscal Year (FFY) for 2015 runs October 1, 2014 – September 30, 2015. For FFY 2016, the dates are October 1, 2015 – September 30, 2016.

[2] A short-stay resident is one who has an episode where the cumulative days in the facility is less than or equal to 100 days at the end of the target period. Current period is 10.1.2015 – 9.30.2016. Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: https://www.medicare.gov/nursinghomecompare/search.html , accessed 17 April 2017.

[3] Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: https://www.medicare.gov/nursinghomecompare/search.html , accessed 17 April 2017. Current period is 10.1.2015 – 9.30.2016.

[4] Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: https://www.medicare.gov/nursinghomecompare/search.html , accessed 17 April 2017. Current period is 10.1.2015 – 9.30.2016.

[5] A long stay resident is one whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: https://www.medicare.gov/nursinghomecompare/search.html , accessed 17 April.2017. Current period is 10.1.2015 – 9.30.2016.

[6] Wisconsin Department of Health Services, *Consumer Information Report for Nursing Homes Summary 2015 – Badger Prairie Health Care Center.* Available on-line: https://www.dhs.wisconsin.gov/publications/p00971-2969-15.pdf , accessed 25 April 2017.

[7] Based on Wisconsin average for 2015 and 2016 across all nursing homes. Retention rate for FTE CNAs was 69% in both 2015 and 2016. For part-time CNAs, it was 55% in 2015 and 59% in 2016.

[8] Badger Prairie Health Care Center, 2016 C.N.A. attendance spreadsheet maintained by Paula Kolb, Scheduling Clerk II. Absenteeism is based on call-ins. Reasons not included in calculating the absenteeism rate were: FMLA, Workmen's Comp, Union, Restricted Duty, Discipline, Admin LEA, In-service, BVL, Layoff. Rate = Number of C.N.A.s who call in during the pay period divided by the total number of C.N.A.'s on the payroll who worked one (1) or more days during the pay period. This was calculated for each period then averaged for the annual payroll calendar. Payroll period 1 typically starts in mid-December.   In 2015, the 15% call-in rate represented 602 days. In 2016, the 15.6% call-in rate represented 646 days.

[9] Wisconsin Department of Health Services, *Consumer Information Report for Nursing Homes Summary 2015 – Badger Prairie Health Care Center.* Available on-line: https://www.dhs.wisconsin.gov/publications/p00971-2969-15.pdf , accessed 25 April 2017.

[10] Wisconsin Department of Health Services, *Consumer Information Report for Nursing Homes Summary 2016 – Badger Prairie Health Care Center.* Available on-line: https://www.dhs.wisconsin.gov/publications/p00971-2969-16.pdf   , accessed 21 August 2017.

[11] Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: https://www.medicare.gov/nursinghomecompare/search.html , accessed 17 April.2017. Current period is 10.1.2015 – 9.30.2016.

[12] Dane County Department of Human Services. Cross tabs of Badger Prairie Health Care Center census data submitted by Betty Marshall, Accounting Assistant and Mendota Mental Health Institute and Winnebago Mental

Health Institute detail worksheets maintained by Laura Yundt, Accountant. Five of 149 residents in 2016 and two of 153 residents in 2016 had a subsequent admission during the year to one of the two State institutes.

[13] Badger Prairie Health Care Center. Information from Jean Katzer, Social Worker. In 2015, there were 18 discharges for reasons other than death, 10 (55.6%) of which were to community settings, including adult family homes, community-based residential facilities (CBRF), supported apartments, and home. In 2016, there were 13 discharges for reasons other than death, 12 (92%) of which were to community settings.

[14] Badger Prairie Health Care Center, Resident Aggression spreadsheets submitted by Director of Nursing, Dee Heller. In 2016, there were 149 (unduplicated) residents and 105 incidents of resident-on-resident aggression with 57 (38.3%) unique victims. 38 (25.5%) residents were targets of verbal abuse and 18 (12.1%) were targets of physical aggression.   In 2015, there were153 (unduplicated) residents and 59 (38.6%) incidents of resident-on-resident aggression with 32 (20.9%) unique victims. 16 (10.5%) residents were targets of verbal abuse and 10 (6.5%) were targets of physical aggression.

Dane County Department of Human Services
2016 Performance Scorecard – CYF
(Children, Youth, and Families Division)

8.14.2017

+ Goal met or exceeded.

 Work in progress.

DCDHS Mission: To provide effective services that support well-being, independence, diversity, and community safety.

Measure	Indicator	Goal	2015 Status	2016 Status	2016 At a Glance
Well-Being					
Children in Dane County are safe from abuse and neglect.	Number of child fatalities in Dane County due to child abuse and/or neglect.[1]	0	2	2	
Children served by DCDHS are safe from further abuse and neglect.	Percent of children experiencing a second substantiated maltreatment within 6 months of a substantiated maltreatment.[2]	5.4% or less	7.35%	3.41%	**+**
Children have permanence and stability in their living situations.	Percent of children in foster care with 2 or fewer placements throughout the length of their 0-12 month placement.[3]	86.7% or higher	82.31%	78.55%	
Children, formerly in out-of-home care, are safely maintained in their own homes whenever possible.	Percent of children who were discharged from out-of-home care with a reason of reunification or living with relative who re-entered out-of-home care within 12 months of discharge.[4]	8.3% or less	27.18%	32.94%	
Juveniles under DCDHS supervision are placed in the least restrictive setting possible.	Percent of children in open out-of-home placements served in family homes as of the end of the reporting period.	30% or more	26.4%	27.36%	

Measure	Indicator	Goal	2015 Status	2016 Status	2016 At a Glance
Juveniles under DCDHS supervision are placed in the least restrictive setting possible.	Percent of children in open out-of-home non-family placements at the end of the reporting period.	70% or less	73.6%	72.6%	
	Rate per 1,000 youth in Dane County age 12-17 who were remanded to corrections.[5]	0.47 or less	0.4	0.4	
JFF families are stabilized.	Percent of JFF families assisted through the Homeless Kids Fund who maintain their existing housing for at least 30 days. [6]	75% or more	83%	83%	
Community Safety					
Juveniles with a law enforcement referral do not have a new referral.	Percent of juveniles with a law enforcement referral in the year who do not have another referral within 6 months of their first referral.[7]	75% or more	72% (2014)	70% (2015)	
	Percent of juveniles with a law enforcement referral in the year who do not have another referral within 12 months of their first referral.	65% or more	60% (2014)	60% (2015)	
Diversity					
Foster home options for children placed out of home more closely reflect the demographics of children placed.	Percent of foster care homes with a "parent" who is a person of color.[8]	30%	27% (63 homes)	29% (62 homes)	
CYF Social Workers deliver services in a culturally relevant manner.	Percent of clients who strongly agree/agree with the IA survey item, "The Social Worker was sensitive to my cultural/ethnic background (race, religion, language, etc.)"	80%	78% (May-Dec. 2015)	Data was not collected in 2016.	

[1] Wisconsin Department of Children and Families, Division of Safety and Permanence, *Wisconsin Child Abuse and Neglect Report* , (Madison, 2016), p. 5.1. Available, internet: https://dcf.wisconsin.gov/files/cwportal/reports/pdf/can.pdf, accessed 14 August 2017. 2016 data from the Wisconsin Department of Children and Families, e-WiSACWIS Report, SMO6A109 – IA – Report – Complete – Dane using the Complete_Victim_Dtl worksheet. Requested as on-demand report on 8.14.2017. Based on fatalities in which the report of child abuse or neglect was substantiated.

[2] Wisconsin Department of Children and Families, e-WiSACWIS Report, SMO6A111 – Recurrence of Maltreatment Report – Dane.xls. Federal measure decreased to 5.4% from 6.1% as of Sept. 2016 as part of CFSR 2.

[3] Wisconsin Department of Children and Family Services, e-WiSACWIS Report, SM10A116 – Placement Stability – Dane.xls. This Federal measure counts receiving homes used for emergency placements, such as when a child is removed through the night and placed in a temporary foster home, as a placement.

[4]Wisconsin Department of Children and Family Services, e-WiSACWIS Report, SM10A115 – Re-entry into OHC Report – Dane.xls. This is a Federal measure. This excludes youth under temporary release from secure custody (TRC). The national standard was reduced to 8.3% in the CFSR (Child and Family Service Reviews) Round 3.

[5] Ariel Barak, Dane County Department of Human Services. Goal is based on three year average for 2014 – 2016 with rates of 0.6 (2014), 0.4 (2015), and 0.4 (2016) for an average of 0.47. For both 2015 and 2016, 14 youth were remanded to corrections. The rate per 1,000 youth age 12-17 is based on the population data for 2015. 2016 population data is not yet available. The rate may be revised as a result upon release of this data.

[6]Dane County Department of Human Services, David Marshall, JFF Program Specialist.

[7]Dane County Department of Human Services, Delinquency Database, information analyzed by Ariel Barak. Recidivism is defined as a new referral from a law enforcement agency on a distinct day . Of the 547 unique youth who received 1 or more law enforcement referrals in 2015, there were 467 that were young enough to analyze for a 6 month period and 393 that were young enough to analyze for a 12 month period.

6 Month Recidivism – 140 of the 467 youth (29.98%) had another referral within 6 months of their first referral of 2015. This value was 130 / 463 (28.08%) for 2014.

12 Month Recidivism – 158 of the 393 youth (40.20%) had another referral within 12 months of their first referral of 2015. This value was 160 / 399 (40.10%) for 2014.

Multiple referrals with the same Law Enforcement Referral date as the earliest referral were not treated as referrals that triggered recidivism. For example, if the only 2015 referrals for a juvenile both had a Law Enforcement Referral Date of 2/15/2015 and there were no other referrals, this would not count as a youth who recidivated for the 6 month or the 12 month measure.

[8] CYF Work Plan Progress as reported to HHNC on May 10, 2016 May 5, 2015 and August 19, 2014. The percentages reflect the changing number of foster homes each year.

Dane County Department of Human Services
2016 Performance Scorecard - EAWS

7.10.2017

 Goal met or exceeded.

 Work in progress.

DCDHS Mission: To provide effective services that support well-being, independence, diversity, and community safety.

Measure	Indicator	Goal	2015 Status	2016 Status	2016 At a Glance
Well-being					
Needy citizens in the Capital Consortium[1] have access to the benefits to which they are entitled that will enable them to maintain the safety and security of their household.	Percent of Income Maintenance Applications processed within 30 days.[2]	95% or more[3]	97.53	97.96	
	Call Center average speed for answering phone calls.[4]	10 minutes or less	4.86 minutes	5.88 minutes	
Independence					
There are new opportunities for low-income citizens to become self-sufficient.	Increase the rate of enrolled able bodied adults without dependents (ABAWD) in the FoodShare Employment and Training (FSET) program to the State average. [5]	30% or more	16.1%	27.4%	
Community Safety					
Dane County citizens have safe, affordable, permanent housing.	Percentage of Dane County households who move from emergency shelter to permanent housing. [6]	Increase over prior year	30.6%	28.5%	

[1] The Capital Consortium includes Columbia, Dane, Dodge, Jefferson, Marquette, and Sauk counties.

[2] Wisconsin Department of Health Services, IMRR Application Timeliness Reports as recorded in *Consortia Performance Snapshot.* Source: Antonio Esterrich, Economic Support Supervisor, Dane County Department of Human Services, "FSET Employment Numbers," message to Lori Bastean, 14 February 2017. E-mail. Rate is calculated based on total applications processed and percent of applications processed timely by month then by year.

[3] The State performance expectation is that 95% or more of applications will be processed within 30 days.

[4] ACD IM Management Reports, Source: Antonio Esterrich, Economic Support Supervisor, Dane County Department of Human Services, "RE: EAWS Data," message to Lori Bastean, 10 February 2017. E-mail.

[5] Source: Performance Overview Report, provided by Antonio Esterrich, Economic Support Supervisor, Dane County Department of Human Services, "RE: EAWS Data," message to Lori Bastean, 10 February 2017. E-mail. 2015 timeframe is April – December. 2016 timeframe is January – December.

[6] Wisconsin ServicePoint (WISP). Custom data report run by Jesse Dirkman, Data Analyst, Institute for Community Alliances based on report specifications provided by Linette Rhodes, Grants Administrator, City of Madison DPCED, Community Development Division. Source: Linette Rhodes, City of Madison, "FW: Form Submission – Wisconsin Custom Report and Data Request," message to Lori Bastean, 17 March 2017. E-mail. The indicator is a HUD system performance measure and may also reflect homeless and housing Continuum of Care services beyond those for which DCDHS contracts. For 2016, there were 1,059 persons who exited emergency shelter with 302 exiting to permanent housing destinations (28.5%). In 2015, 1,032 persons exited; 316 to permanent housing destinations (30.6%). In 2014, 1,096 persons exited, 179 exited to permanent housing destinations (17.8%).