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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.	▪ We hold an annual developmental disability informational session for parents of 21 year olds leaving school with County staff and parents as co-presenters. ▪ We co-host with Madison schools an annual, four-part series on transition for parents of 13-21 year olds. Parents and people with disabilities co-present with school and County staff. ▪ Capacity Building participants host annual Capacity Celebration for participants, policy makers, and elected officials.	Families' personal resources complement public benefits, promote economic autonomy and reduce reliance on public funding.	▪ Partner with local advocacy group and parent organization to develop a three-part financial planning and benefit coordination informational series, with family members as co-presenters. ▪ Host three "What do We Hold Dear" conversations with providers, family members and people with disabilities, creating written summaries of the events. ▪ Provide regular forums to reflect upon and inform stakeholders of new narrative.	▪ DD system will host three financial planning and benefit coordination learning events targeted to families. ▪ DD system will produce a written paper to be broadly disseminated summarizing shared values of stakeholders and current successes and challenges implementing new narrative.	▪ December 2015 Linn-Miller/Bear ▪ 3 Listening Sessions by March 2015/ Bear ▪ Paper written and disseminated by June 2015/Bear	▪ 3-part financial benefit training was coordinated by Eric Linn-Miller. Arc-Dane and Epilepsy Center assisted. Family members co-presented at two sessions. Additional written materials created by family members in December 2015. 6 – 10 families attended each session. ▪ 3-part listening sessions on "What do We Hold Dear" were facilitated by February 2015. Summary paper disseminated to participant, provider and parent networks by March 2015 and at appropriate venues throughout 2015. ▪ Innovation Celebration focused on new narrative was hosted at Central Library in September 2015. Successes were shared; written materials widely distributed. An estimated 150+ people attended.

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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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5a.	Increase Employment Opportunities for young adults with cognitive disabilities	80% of adults with supported employment work an average of 15 hours per week, yet many young adults complete high school and start adult life under-employed with limited work experience.	Dane County youth with developmental disabilities leave school with 20 hours of paid work, earning minimum wage at age 21**.**	▪ In a pilot project funded by WI DHS, strengthen partnership with CLTS waiver, DVR and local schools to develop summer work experiences for 18, 19, and 20 year olds on CLTS. ▪ Increase participation in summer work experiences for 18, 19, and 20 years olds on CLTS.	▪ Up to 6 CLTS participants will have individualized summer work experiences of between 5 and 25 hours/week that expand and enhance their employability. ▪ DCDHS will track employment outcomes at age 21.	Radloff/Hunt September 2015	▪ Eleven (11) CLTS eligible young adults obtained employment, three through a DCDHS partnership with a rural school district and eight through a DCDHS partnership with a job developer. Nine of the young adults continue to be employed. ▪ 8 of the young adults (who turned 21) had integrated community employment and are now supported by a vocational agency.
5b.	Increase Health Coordination for adults with developmental disabilities on multiple medications	Many adults with developmental disabilities take multiple medications each day with no systematic review by a pharmacist. Some medication reviews occurred in 2014, and process improvements should be implemented in 2015.	People with developmental disabilities will take the minimum amount of medications needed to maintain their physical and mental health while experiencing as few side-effects as possible.	▪ Partner with local pharmacists and the Wisconsin Pharmacy Quality Collaborative to host community-based medication review clinics. ▪ Identify 2014's process issues and modify the process to avoid repeating those issues in 2015.	▪ Host a minimum of two medication review clinics in 2015. ▪ Issues experienced in 2014 (missed appointments, missing medication and side effects data, challenges in interviewing DD consumers) are reduced if not resolved.	Eric Linn-Miller	▪ Two medication reviews were held (10/13 & 10/14). ▪ We felt we improved the process, however, the pharmacy needed to swap out the pharmacists which led to more schedule changes that reduced overall participation.

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5c.	Adopt redesigned Operating While Intoxicated (OWI) Court admission process that assigns individuals to the program based on their assessed risk to commit additional crimes	OWI Court accepts all individuals who meet criteria, which does not take into account the individual's risk to commit additional crimes. In the first quarter of 2014, the average time from arrest to OWI Court admission was 295 days.	▪ Eligible participants are identified early and admitted to the OWI Court program. (Key Component #3 of Problem Solving Courts). ▪ OWI Court uses evidence based practices for determining program admissions.	▪ Continue to engage OWI Court stakeholders in discussions about evidence-based admission criteria, such as a recidivism risk assessment tool, and a revised referral and intake procedure. ▪ Other programmatic adjustments will be reviewed to enable participants' more prompt admission to the OWI Court program.	▪ Eligible participants will be admitted to the OWI Court within an average of 221 days from the time of an individual's arrest (25% reduction). ▪ OWI stakeholders implement any decisions made on modifying practices for determining program admissions.	Todd Campbell	▪ Participants were admitted to OWI Court an average of 287 days after the date of their arrest (3% reduction). ▪ Whether to adopt the use of a risk assessment instrument has not yet been taken up by the OWI Court Advisory Group. Interest remains strong among the stakeholders to use a risk assessment instrument.

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.	Improve collaboration between ACS Division and Badger Prairie Health Care Center regarding admissions of elders from Mendota's Gero-psych Unit	▪ More older adults are admitted from Mendota GTU to BPHCC than in recent years. ACS Division offers consultation and support to BPHCC when requested. ▪ Currently no MOU or placement agreement exists. There is room to improve collaboration and mutual support. No older, high need BPHCC residents moved to ACS Division supported community placements in 2014.	ACS Division assesses older residents at BPHCC for possible community placement**.**	ACS Division Administrator and the Aging/PD Long Term Care Program Manager meet with Badger Prairie Administrator and its Social Services Director to explore avenues of mutual support and collaboration**.**	▪ More older adults are admitted from Mendota GTU to BPHCC than occurred in 2013-2014. ▪ At least two older BPHCC residents are moved to community placements with funding and/or case management provided through the ACS Division.	Fran Genter, Beth Freeman, BPHCC management	▪ BPHCC admitted 5 residents from Mendota Mental Health Institute in 2014 and 4 residents from Mendota in 2015. ▪ There were at least 10 Community Relocation Initiative (CRI) referrals from BPHCC in 2015. One opened with the Funding Coordination Program. 5 did not open. 2 opened in 2015 and 2 are still in the process of being assessed as a carryover from 2015 and should open in early 2016.

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7b.	Revisit the potential for developing a crisis home for elders with dementia	In Dane County there is no facility that provides short-term crisis care for elders with dementia and severe behaviors. The purpose of a crisis home would be to divert admissions from MMHI and/or be a step-down facility. A 2012 effort developed a home but was unsuccessful due to too few placements. The Department should research whether there is a potential target population and the cost and resources required to develop the resource.	Feasibility assessment is completed	▪ Aging/PD LTC Program Manager will form a work group to assess viability of a crisis home. ▪ If a facility appears viable, work with 1 or 2 assisted living providers to develop and design the special features of a home for elders with dementia and behavior issues.	▪ Feasibility/viability determined ▪ If feasible, program model and cost structure is determined. ▪ If feasible, RFP or outline for an RFP is prepared.	Beth Freeman	This initiative was not able to be fully addressed in 2015 but will carry over to 2016.
7c.	Finalize steps to become a certified Comprehensive Community Service (CCS) Provider for implementation across Dane County's mental health service system	▪ An application has been submitted and we're awaiting the site visit. ▪ We have contracted with Community Partnerships to develop the Provider Network. ▪ The CCS Administrator has been hired. ▪ Programming for centralized records/billing system is in progress.	Full CCS implementation by July 1, 2015, enrolling at least 10 people each month	▪ Train and fully implement IT system to track data, case notes, billing and payments. ▪ Market to service providers to expand service options. ▪ Develop provider training. ▪ Outreach to consumers. ▪ Develop Intake Unit.	▪ State Certification. ▪ Capture 100% funding for CCS services. ▪ Enrollment in program captures new clients and creates service capacity in deeper end programs. ▪ Data collection, billing and payment processes go smoothly.	Julie Meister Carrie Simon Mary Grabot	▪ State certification obtained effective 7/1/15. ▪ ForwardHealth billing is occurring monthly. ▪ 78 clients enrolled as of 12/31/15; over 50% were previously unconnected. ▪ Ongoing weekly meetings to monitor implementation, address issues and improve billing and payment processes. ▪ Significant work remains on CCS data module content and ease of use. CCS assessment, discharge, and intake enhancements are priority needs.

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7d.	Ensure that contracted service units and contingent revenues are achieved by the POS programs	▪ Many programs were placed under a contingent earning basis in 2015. ▪ Revenue targets are adjusted annually in an effort to have reasonable, accurate budgetary targets. ▪ A DCDHS staff workgroup is studying revenues in follow up to Baker Tilley Report. ▪ Inpatient costs are well over budget and have been historically as well. One problem is patients refuse to sign insurance forms, which results in lower offsetting insurance revenue.	▪ Revenues are maximized, risk to county is minimized, and POS agencies have incentives for increasing revenues earned. ▪ Maximize number of people who are insured.	▪ County staff to closely track service units and revenues and adjustments are made annually. ▪ Unit and revenue data is shared with POS programs monthly. ▪ Payments to programs are based on revenues earned. ▪ DCDHS makes policy decisions regarding netting and risk sharing and communicates those policies to POS partners. ▪ Consider increasing budgetary allocation for inpatient hospital costs. ▪ Establish process to get people insured, to get insurance forms signed for inpatient care and to hold people accountable for payments. ▪ Budgets and contracts have reasonable and accurate revenue targets. ▪ Improve methods of securing patient consent to bill insurance for inpatient care.	▪ Programs producing service units as contracted and earning budgeted third party revenue. ▪ Budgets are adjusted based on actual cost of service units. ▪ Inpatient costs fall within budget.	Mary Grabot, Carrie Simon, DCDHS fiscal and management staff	▪ Many programs were funded on a contingent basis. For those that were and fell short, final contract adjustments were made. ▪ Adjustments were needed due to overestimation of revenue-earning potential in some programs. Worked on starting a unit x unit rate cost system for two programs, which was abandoned. ▪ Institute inpatient costs exceeded the contract by $852,888. Hospital costs were under budget by $178,076.

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7e.	Develop alternative treatment and placement options for people with challenging behaviors	▪ There are several people who stay in inpatient settings for long periods of time because we have no other alternative for them. This applies to those with serious and persistent mental illness as well as those dropped by the Department of Corrections and converted to 51 commitments. ▪ Often, we rely on Dodge and Trempealeau Counties for high need placements as Dane does not have alternatives. ▪ Having Winnebago Mental Health Institute (WMHI) as the primary institute creates problems for case managers, law enforcement and support agencies due to distance.	▪ Reduce placing people with challenging behaviors out of County ▪ Have additional treatment facility options in Dane County	▪ Define needs that require alternative placement options. ▪ Work with Providers to expand placement options. ▪ Collaborate with law enforcement seeking funding for alternative treatment options. ▪ Explore redesign of the Care Center model. ▪ Explore other uses for Transitional Housing Program. ▪ Find other ways to fund alternative treatment and placement options. ▪ Participate in system conversations including stakeholders from throughout the community. ▪ Reduce use of WMHI, Trempealeau Co. Health Care Center and Dodge County's Clearview facility.	▪ People who no longer clinically need hospitalization do not remain in inpatient settings for lack of a less restrictive placement. ▪ People receive care in Dane County rather than facilities far from their home, family, and support system. ▪ Use of WMHI decreases.	Mary Grabot, Carrie Simon, Administration	▪ Four clients who have challenging behaviors resided in out of county placements as of 12/31/15. ▪ The Care Centers have had difficulty treating these clients due to the challenging behaviors. BPHCC has also not been able to serve these clients due to its licensure. ▪ Mental health partnered with AODA to examine levels of care from a behavioral health perspective for the purpose of creating alternative placement options. ▪ The use of WMHI is up for number of EDs and down on lengths of stay as compared to 2014.
7f.	Dementia Care Specialist Program	▪ The ADRC received a grant to hire a Dementia Care Specialist who started at the ADRC in July of 2014. One component of the grant is implementing the Memory Care Connections (MCC) Program, which supports caregivers in providing care to the person with dementia. ▪ Research has shown the caregivers who enroll are able to keep the person with dementia living with them for an average of 18 months longer than if they did not have the intervention. The target for the first year is four caregivers, because the program requires a large time commitment, which some caregivers are unable to make.	In 2015 the ADRC will enroll 4 caregivers into the Memory Care Connections Program.	▪ Advertise the MCC program during ADRC outreach. ▪ Reach out to local dementia organizations and memory clinics to let them know about the program and how to refer people.	▪ The Dementia Care Specialist will receive referrals from ADRC staff and community partners. ▪ The Dementia Care Specialist will complete the MCC process with 4 caregivers.	Lynn Karpinsky, Dementia Care Specialist Jennifer Fischer, ADRC Manager December, 2015	▪ The Dementia Care Specialist (DCS) resigned and a new DCS was hired. Referrals have been made by the ADRC and community partners. The DCS program along with the Memory Care Connections program have been highlighted at ADRC and DCS outreach events. ▪ Thirteen (13) families have started the MCC program.

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8. Create a system to measure and communicate system performance for each of the department's service systems

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8a.	Define measurable outcomes and use for program evaluation	▪ Program outcomes identified in contracts are inconsistent and at times difficult to measure. ▪ Limited use of the MH/AODA Functional Screen. ▪ Data gathered is often incomplete and not readily accessible for use in program evaluation.	▪ Outcomes identified in contracts are measurable, meaningful, and consistent across services. ▪ POS produces reports that are complete and are in compliance with State and County expectations.	▪ Work with IT to improve data collection and accessibility. ▪ Work with Planning and Evaluation to define meaningful outcome measures. ▪ Increase the use of the MH/AODA Functional Screen and fully complete the MH Supplemental Info. ▪ Keep abreast of Program Participation System (PPS) changes at the State and pass on to POS system. ▪ Hold stakeholder groups to inform about the data needed and seek input on identifying outcomes.	▪ At least 3 additional programs will routinely administer the MH Functional Screen by 12-31-15. ▪ 2016 POS Agreements for at least 10 programs will include improved performance requirements. ▪ MH management staff will report that they are utilizing data in at least 3 new ways. ▪ MH Supplemental Information is fully completed for at least 75% of consumers served in 2015.	Mary Grabot, Carrie Simon, Administration	▪ The functional screen is a requirement of the CCS program. Fourteen (14) CCS providers were new to the use of the functional screen. ▪ MH staff has been working with Planning & Evaluation staff to get performance measures into our contracts. ▪ MH Management has received data which has been used to better assess client perception of services. This information is helpful to assess system need, program effectiveness and areas needing improvement. ▪ Ten (10) of fifteen (15) case management programs have reported MH Supplemental with missing data at a rate of 5.45% of clients served. Missing data in the remaining five (5) programs averaged a rate of 62.4% of clients served. ▪ MH staff has been working with data entry staff to improve completion of MH Supplemental data. PPS transition to ICD 10 codes was completed in partnership with DCDHS IT and POS agencies. 100% of agencies have made the conversion to ICD 10 and improved reporting requirements.

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

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10a.	Adult Protective Services Guardianship Training	In 2014 the Adult Guardianship Program social workers were involved in 210 new protective placement cases. Many of the individuals who were ordered to serve as guardians have never had this role or responsibility. When people agree to serve as an individual's guardian, they receive pamphlets defining what their ongoing responsibilities are but no trainings are offered to assist guardians in learning about their role and responsibilities.	▪ The Adult Guardianship Program social workers and supervisor will hold a training for individuals who were ordered to serve as guardians in protective placement cases in 2014. ▪ A pamphlet emphasizing resources will be developed for guardians. ▪ A PowerPoint training for guardians will be placed on DCDHS' web site.	▪ Send a letter or email to all newly ordered individuals who serve as guardians in protective placement cases inviting them to guardianship training. ▪ Create a list of resources for guardians. ▪ Develop a basic PowerPoint presentation for individuals who are guardians or who are considering serving in this role.	▪ By 4/31/2105, training for new guardians will have occurred. ▪ By 8/31/15, a pamphlet emphasizing guardianship resources will be created. ▪ By 12/31/15, a PowerPoint presentation will be developed and on the DCDHS website.	Shari Gray-Dorn, APS Supervisor, AGP staff and IT staff	▪ A training for individuals who became guardians in 2014 was held on 3/24/15. Feedback from the 14 attendees stated they enjoyed learning more about their role and meeting other guardians. ▪ A bookmark listing six guardianship resources was created on 9/4/15 and is being given to new guardians. ▪ A PowerPoint explaining the roles and responsibilities of guardians and the guardianship process was created on 11/30/15; it is posted on the DCDHS website.
10b.	Expand trip purposes to include rides to twilight sedation outpatient procedures	In 2014, the number of ride requests at the Transportation Call Center for transportation home from twilight outpatient procedures increased dramatically as surgery centers now require someone to present themselves as a driver before the patient is discharged.	Transportation to/from twilight sedation outpatient procedures is available.	Extend the trip purposes available from the Dane County Time Bank (DCTB) volunteer transportation program to cover outpatient twilight sedation procedures.	The DCTB transportation program will provide 30 one-way rides per year to/from outpatient twilight sedation procedures. (The goal is modest as volunteers may or may not be forthcoming.)	Norah Cashin & Jane Betzig. December 2015	▪ Thirty-two one-way rides were provided in 2015.

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10c	Increase transportation options for low-income workers in rural areas of Dane County	▪ In 2014, we created a revolving auto loan program. This program is a replication of a successful program in several WI Community Action Programs. Three loans were processed. All repayments are current. In 2015, we will do at least four loans. ▪ In 2014, we created a low-income job-seekers assistance program, repurposing a portion of our existing employment transportation fund. Eligible recipients receive a monthly bus pass. Those successfully securing employment receive a second pass to help them bridge the gap until they begin to receive paychecks.	▪ Continue a revolving automobile loan program, which will be tied to fiscal literacy programs and community ride-sharing. ▪ Loans will provide transportation to low-income families and credit repair upon successful repayment of the loan. ▪ Continue a successful pilot of providing transit assistance to low-income job-seekers.	▪ Provide no-interest loans to low-income working families in 2015. The initial investment will become part of a revolving fund as payments are received. Ridesharing will be a requirement of the program. ▪ Provide one monthly bus pass to low-income job-seekers. Provide one additional pass to those successful at securing employment.	▪ Provide at least four additional loans in 2015. ▪ Loan repayment will be current on 7 of 8 loans. ▪ 100% of loan recipients will be registered with a State or Federal ridesharing database. ▪ Provide monthly bus passes to 35 job-seekers; provide a second pass to those successful at securing employment. ▪ At least 30% of applicants will succeed in securing employment.	Norah Cashin; Jane Betzig December 2015	▪ Five loans were provided. ▪ Loan repayment is 100% current. ▪ 100% of loan recipients were registered with a State or Federal ridesharing database. ▪ Monthly bus passes were provided to 274 job-seekers. ▪ Of the 274 people who received passes, 229 were successfully contacted as the end of the bus pass eligibility period. Of these, 166 (72%) had secured employment.
10d.	Increase use of available transportation programs for Veterans and Veterans' families not eligible for VA transportation services	Dane County funds 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 travel reimbursement and DVA van program, and the County Veteran Service Officer's (CVSO) Ride with Pride program. Better communication and coordination may result in increased efficiencies across these programs.	Increase utilization of all Veterans transportation programs.	In cooperation with DryHootch and RSVP, do outreach to Veterans and their families about all transportation programs.	▪ Coordinate at least 7 group outreach activities to Veterans and their spouses or to providers serving Veterans (examples include: Veterans Health Fairs, Veterans/Caregiver support groups, presentations to staff of Veterans service agencies, etc.). ▪ Increase utilization of the DryHootch program by 15%.	Norah Cashin December 2015	▪ Transportation was provided for the two group outreach activities that were organized. ▪ DryHootch utilization increased by 5%.

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10e.	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 (Sec. 5317) funding for them. In 2014, a new funding source (expanded Sec. 5310) was identified, and it was anticipated that the programs would receive increased referrals, due to a newly-funded Metro Transit In-Person Assessment (IPA) project. There were some referrals, but the program was still underutilized. ▪ In 2014, a successful small pilot providing group transit-familiarization excursions was cited to secure 2015 federal funding for a longer pilot program to increase seniors' use of public transit.	Increase number of persons trained to use fixed-route public transportation, through the Bus Buddy and Mobility Training Programs.	▪ Develop a working partnership with the Dane County Care Transitions Team discharge planners to refer seniors in need of ongoing transportation to the Dane County Transportation Call Center and subsequently to the appropriate travel training program. ▪ Work with Metro Transit's IPA project to increase referrals of appropriate individuals, especially to the Mobility Training program. ▪ Continue to receive referrals from ADRC and focal point staff to Bus Buddy program. ▪ Increase the number of bus-familiarization excursions provided. ▪ Graduates who migrate rides from Metro paratransit to accessible fixed-routes will receive free monthly bus passes from Metro Transit.	▪ Increase utilization of the Mobility Training program by 20%. (Seventeen people were served in 2014.) ▪ Increase utilization of the Bus Buddy program by 50%. (Sixty people were served in 2014.)	Norah Cashin, Jane Betzig. December 2015	▪ The Mobility Training Program served 24 people, a 41% increase over 2014. ▪ The Bus Buddy Program served 91 people in 2015, a 52% increase in utilization.

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10f.	Paperless ADRC	▪ The ADRC currently stores all of the files in a file room at the ADRC. Customers can call the ADRC multiple times and speak with multiple workers. Having a paperless system will allow workers to access a customer's file to ensure good customer service and proper HIPAA compliance. ▪ Worker will save time by no longer having to search for a closed paper file, and service to repeat customers will be streamlined and files kept in an organized and consistent way**.**	The ADRC will have paperless files.	▪ ADRC purchases a Laser Fiche license for employees at the ADRC. ▪ Clerical staff will scan all mail and incoming documents into Laser Fiche by client name. ▪ ADRC workgroup will work with the Laser Fiche company to develop a work flow for all ADRC documents. ▪ In house training will be held for staff. ▪ All of the current paper files will be scanned into the system.	▪ An internal workflow for ADRC files will be completed, and ADRC paperwork will be classified into categories to file specific paperwork per customer. ▪ All incoming mail to the ADRC will be scanned and placed in the customer file. ▪ Outgoing correspondence will be saved in the Laser Fiche system from the workers desktop.	Jennifer Fischer Stockley Clarke Deb Solis Lynn Riley Kurt Svensson December, 2015	▪ The ADRC has purchased licenses for ADRC employees and has developed a workflow for the ADRC paperwork. Introductory training on laser fiche was held for all staff. ▪ Closed files are in the process of being scanned. A second more detailed Laser Fiche training is being held in January 2016. ▪ Incoming mail and outgoing correspondence will be scanned and saved to Laser Fiche in 2016.