

2014 WORK PLAN PROGRESS - EAWS

2. Create a successful transition for the shift to regionalized services for EAWS that ensures low-income and other populations who rely on economic supports have access to those benefits in a timely and efficient manner.

#	Initiative Area	Current Status (Where are we now?)	Chosen Target (Where do we want to be?)	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)	Progress December 2014
2.a	Child Care (CC) Regionalization	We are currently administering this program as a single county program. The State of WI Dept. of Children and Families (DCF) has been piloting regionalization of the WI Shares program. We will have to decide as a consortium in July 2014 if we will choose to administer the program as a consortium beginning January 2015 or later.	Decision is made on a service delivery model.	<ul style="list-style-type: none"> ▪ Compare regionalization model and our current model with managers in our consortium taking into consideration administrative costs, funding changes, etc. ▪ Monitor the impact of whatever model we choose in 2015 and revisit the decision for 2016. 	Decision is made on the service delivery model.	Amy Mendel-Clemens, Tony Sis, and Margaret Romens by 12/31/14	DCF has decided to allow counties to share some of the child care workload across county lines. We decided to hold off changing from county to State contracts to a consortium contract until 2016 at the earliest. This will give us a chance to incorporate those tasks that make sense and provide good customer service without taking on the responsibility for being the sole contractor for the Consortium.
2.b	FoodShare Employment and Training (FSET) RFP	The State Dept. of Health Services (DHS) will be releasing an RFP in July 2014 seeking proposals for regionalizing the FSET program along the Workforce Development Areas.	<p>Chief responsibility for the administration of the FSET program for this region.</p> <p>Note: We want to keep responsibility for the administration of the FSET programs because our partnerships with agencies providing local dollars that are eligible for federal matching funds are significant.</p>	Write an effective proposal which should include the strong partnerships that currently exist between us, the W-2 provider, the WIA provider and the County JFF/ECI sites.	Awarded the contract for 2015.	Amy Mendel-Clemens, Tony Sis, and Gwen Hannes by 9/30/14.	We were awarded the FSET contract for the six-county region including Dane, Dodge, Columbia, Jefferson, Marquette and Sauk.

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2.c	Fraud Contract	<ul style="list-style-type: none"> ▪ We began providing fraud and overpayment specialist services to four of our consortium's counties in January of 2014. Two are doing their own in-house fraud. Many ES staff do not have time to establish overpayment claims. ▪ Our consortium is currently establishing claims for 30% of the total projected by the State for Capital Consortium. We want to increase our overpayment claims consortium-wide. 	<ul style="list-style-type: none"> ▪ Increase the amount of incentive dollars we receive as a result of the increased overpayment claims ▪ Reach the State's performance measure for claims establishment. 	Dane County has designated FTEs establishing overpayment claims. We increased the overpayment staff by one FTE for 2014 and have begun taking referrals from the other counties in our consortium.	Increase established claims on 50% or more of the total potential dollars in error for Capital Consortium.	Amy Mendel-Clemens, Tony Sis and Margaret Romens by 12/31/14.	Capital Consortium has gone from establishing claims on 33.74% of potential benefit overpayments in FFY 2013 to 59.37% in FFY 2014. We exceeded our goal for the year. (Information available in the Monthly Consortia Reports.)

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

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10.a	Maintain current level of customer service and performance (layoffs)	We currently have 32 project ES positions dedicated to the Affordable Care Act (ACA) implementation efforts. These positions will be reduced by 50% in July of 2014 and again by 50% in December of 2014.	Continue to provide the high level of customer service our customers have been experiencing after we discontinue the project positions	Adjust caseloads and Call Center duties to provide the best balance of workload.	<ul style="list-style-type: none"> ▪ We will have an average speed of answer of less than 5 minutes in the Call Center ▪ We will be able to answer 85-90% or more of our calls on a weekly basis. 	Amy Mendel-Clemens, Tony Sis, Roxana Vega, and Phoua Her by 12/31/14.	<ul style="list-style-type: none"> ▪ We have adjusted our Consortium-wide workload model by leveling caseloads across the Consortium and requiring staff to have equal call center shifts across the Consortium. This allowed us to absorb the workload when ½ of the project positions were eliminated in July. ▪ When fully staffed at our current levels, we are able to meet the 5 minutes or less to answer the calls and to answer more than 85% of the calls on a daily basis.

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10.b	Identify where additional EAWS and FSET services are needed in areas of the County	We currently have W-2 and FSET staff located part-time in the Sun Prairie and Stoughton offices, and full-time in the South Madison office. We also have FSET staff in several of the ECI/JFF sites either full or part time.	Ensure our staff are located in the areas with the most FoodShare households.	<ul style="list-style-type: none"> ▪ We have been working with the planning and evaluation team to determine where our FoodShare customers are concentrated. ▪ We will also rely on feedback from ECI and JFF staff on accessibility of services for their consumers. 	<ul style="list-style-type: none"> ▪ Increase in the number of FSET referrals from our ECI/JFF partners ▪ Increase in job placements. 	Amy Mendel-Clemens, Tony Sis and Gwen Hannes by 12/31/14.	We did realize an increase in job placements in 2014 and an increase in the opportunities for partnering with our JFF sites. However, we saw a decrease in the number of FSET referrals from our ECI partners.

12. Improve staff competency and knowledge base.

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12.a	Determine what, if any role, staff will play in the continued education of our customers regarding the Marketplace and help accessing the Marketplace.	<ul style="list-style-type: none"> ▪ We are currently responsible for determining eligibility for BadgerCare+ and Medicaid for area residents. We have been relying on Certified Application Counselors to provide advice and assistance to our consumers who are no longer eligible for BadgerCare+/Medicaid and are now required to purchase insurance from the Marketplace. ▪ It is uncertain if Certified Application Counselors will continue to be available in Dane County. 	Provide appropriate levels of information regarding healthcare plan resources and make appropriate referrals.	Staff may need additional training so they can make appropriate referrals and answer basic questions posed to them by customers being referred to the Marketplace.	Call volume decreases after April, 2014.	Amy Mendel-Clemens, Tony Sis and Kara Ponti	Call volume declined after April 2014 as all the Marketplace referred applications were processed for BadgerCare Plus, and the open enrollment closed. Calls increased again in October–February due to the Marketplace open enrollment, however, they did not rise to the same level as last year's. We were able to respond to the call volume. We also housed two Access Community Health Center sponsored Certified Application Counselors who provided onsite, in person assistance to people seeking help with the Marketplace.

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12.b	Increase supervisors' proficiency and consistency in evaluating staff using the newly developed review tools.	<ul style="list-style-type: none"> ▪ EAWS has devised a staff review tool and process as part of its 2013 work plan. We are in the process of implementing use of that tool across the units. There are varying levels of comfort and proficiency in using the tool. ▪ This new tool allows supervisors to gather information from reviews of their work and will be easy to use to evaluate an individual's performance on a regular basis and determine where they may need help. It will also be useful for the annual review process. Information gathered throughout the year will be used at the annual review to avoid the "halo effect" in individuals' performance evaluations. 	Process for evaluating staff is consistent and fair.	Increase usage of the review tool. Supervisors are currently required to complete 1 review per staff per month until ACA work is completed. After April 1, they will be expected to complete 4 per staff per month. Continue to "tweak" the tool as usage increases and needed improvements are identified.	Supervisors are using the staff review tool at the required rate and are using the results in their evaluations of staff.	Amy Mendel-Clemens, Tony Sis, and Antonio Esterrich.	We redesigned the tool into an Access database tool, reduced the number of reviews to two per staff per month, and rolled its usage out to all supervisors across the Consortium. Results are currently being used to provide constructive feedback to staff and are considered during the annual review process.