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1. Plan for and manage transitions in funding and programs.

#	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?)
1 a.	Family Care Implementation Planning (fiscal)	Currently Dane County is one of 8 counties that continues to operate the Home and Community Based Waiver programs (commonly referred to as the Legacy Waivers). These programs support frail elders and adults with disabilities. 2015 Act 55 directs the WI Department of Health Services to make changes to the Family Care Program including incorporating acute and primary care in addition to long-term care services and expands the program state-wide. There will be a transition from Legacy Waivers to Family Care in the near future.	▪ A clear picture of the Budget impact of the Family Care transition ▪ A plan for ongoing management of programs and budgets after the transition.	▪ Work with managers and program staff to determine which programs need to remain intact after Family Care. ▪ Begin modeling what potential budgets could look like given agreed upon assumptions. ▪ Prioritize staff, program and operating needs. ▪ Assess impact on the centralized overhead cost and existing revenue earning percentages. ▪ Evaluate whether there will be funding gaps to support the remaining needs. ▪ Explore alternative funding sources and revenue earning capacities. ▪ Management, fiscal and program staff agree on priorities.	▪ Budget models are developed. ▪ Informed plans are developed to better manage the impact of the Family Care transition.	Edjuana Ogden, Fran Genter, Jean Kuehn & Lynn Green

3. Improve outcomes for people of color and other cultures.

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3 a.	Racial Equity and Social Justice Initiative	This Department and other departments around the County work independently as to assuring racial equity objectives are achieved. The County has created a new Office of Equity & Inclusion (OEI). The Department is represented on the planning committee. We are anticipating county-wide direction as to action steps.	To be in full compliance with all OEI expectations of departments as to racial equity	▪ Sponsor internal racial disparity training for Department managers ▪ Perform Department self-assessment as prescribed by OEI ▪ Commence follow up on assessment results ▪ Examine Department internal policies as to possible negative service impacts on persons of color	The Department is in compliance with all OEI expectations.	Lynn Green and all Division Administrators Ongoing

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5. Assess and enhance the Department's service outcomes.

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5 a.	Documentation of job functions	Currently there is significant longevity of staff in the payroll area. The accounting area has experienced more staff turnover in recent years. There is little or no documentation as to how the payroll and accounting areas work. There is a lack of job descriptions and written detail of the functions of each position. This makes it difficult for someone to step into a job when there is a vacancy or when an essential function like payroll needs to be covered.	Written documentation of job descriptions and detailed functions of all positions in the payroll and accounting areas. Documentation will include detailed instructions of how jobs are completed.	▪ Establish a standard format for gathering the information. ▪ Have staff write up procedures for their various responsibilities. ▪ Review and approve documentation. ▪ Update as necessary.	Written documentation is completed for all payroll and accounting positions.	Patty Hillebrand December 2016
5 b.	Baker Tilly POS Contract Assessment Recommendations	In 2013 the Office of the Dane County Board of Supervisors contracted with Baker Tilly Virchow Krause, LLP to conduct an analysis of the Department's current approach to Purchase of Service Contracting with an eye to future planning as well. A final report was released in March 2014 that included 23 recommendations. The Chair of the Health and Human Needs Committee asked the Department to gather input from staff to determine a priority order for working through the report recommendations.	The Department will systematically address recommendations from the POS Contract Process Assessment Final Report.	▪ Surveyed staff who participated in the audit process to rank each recommendation based on perceived need and ease of implementation. ▪ Responses were plotted on a decision matrix. ▪ Responses were scored on those same criteria and a total of 9 recommendations were chosen to begin our work. ▪ A work plan was developed that included initiatives to address the recommendation. ▪ Baker Tilly Work Plans will be maintained separately to enable better tracking of progress. ▪ Work plan progress is reported out in July and shared with HHN and with the DCDHS/POS Leadership group. ▪ As initiatives are completed new recommendations are added.	▪ Progress on current initiatives is reported out on an annual basis (July). ▪ The Department completes its work on all recommendations.	Jean Kuehn - ongoing

7. Measure and communicate system performance for each division.

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7 a.	Data needs and performance measures	• Planning and evaluation (P&E) staff have been working with contract managers to get appropriate performance measures in contracts. Many of the current performance measures in place are set forth by funders (Federal and State). Staff assist in developing performance measures where they are lacking and pointing out where performance measures exist but are not documented in existing contracts. • A number of surveys and reports of outcomes are completed annually and posted to the Department's website including a quarterly Key Performance Indicators report. A Resource Directory of Department programs and services is also on the Department's website. • Staff routinely respond to requests to provide data and reports internally to assist managers and staff to meet program guidelines and standards as well as responding to external requests for program data.	• Develop performance measures for prioritized service areas. • Provide analysis and management tools that assist staff in meeting program requirements. • Collect and report outcomes regularly to our stakeholders.	• Post reports and evaluations to the Department's website. • Strategize on ways to obtain meaningful consumer input and feedback on programs. • Establish a work group to discuss development of GIS reporting and process for prioritizing related data requests. • Develop a dashboard template as a first step to creating dashboards for identified program areas. • Develop options for reporting out on performance measures in a meaningful and consistent way.	• Develop reports or tools to meet reporting needs of Divisions across the Department. • Develop performance measures for programs/services as needed. • GIS reports (ad hoc and annual) are developed. • Dashboard is completed for one program area.	Jean Kuehn, Lori Bastean and Ariel Barak – December 2016

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8. Diversify and maximize revenue streams.

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8 a.	Billing and collection for Winnebago Mental Health Institute (WMHI) and Mendota Mental Health Institute (MMHI) inpatient accounts	The Department continues to be over budget for inpatient services. DCDHS currently relies on the Wisconsin Department of Health Services (WDHS) Bureau of Fiscal Services to handle collections and has no one designated for secondary review.	Increase collections for inpatient costs.	▪ Create a planning group to examine the problem with inpatient collections. ▪ Hire an LTE to track and confirm accuracy of insurance and collection information.	▪ Increase in collections over the prior year.	Fran Genter, Mary Grabot, Laura Yundt and Perry Hayes December 2016
8 b.	Analyze whether there is the potential to maximize revenue earning	During both the budget and year end closing fiscal staff review funding levels vs earnings. We're constantly exploring new sources of revenue and trying to maximize existing sources of revenue.	Revenue is fully maximized.	▪ Identify funds that are under earned. ▪ Explore reasoning for under earning. ▪ Review contracted program requirements. ▪ Determine whether program redesign or tweaking would facilitate additional earnings and fit in with the Department's mission. ▪ Determine whether program expansion is feasible. ▪ Determine whether revenue can be earned in other areas without program redesign.	▪ Increased revenue earning. ▪ Alternative areas are identified to earn existing revenues.	Edjuana Ogden, Division Administrations & Program Managers December 2016

9. Improve County and Department Human Resource systems to better meet our mission.

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9.a.	Reorganize Department to better meet needs and stabilize the organization.	There is currently no manager to oversee FMS. The Deputy Director position is vacant.	Department Administration reorganized and stable.	▪ Reorganization plan submitted to DOA. ▪ Position reclasses completed. ▪ Hiring & recruitment done.	▪ New FMS & IT Division created. ▪ New Division Administration position created & filled. ▪ New Senior Accountant position created & filled. ▪ Deputy Director hired.	Lynn Green December 2016

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10. Attract, retain, develop and effectively utilize a diverse workforce.

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10 a.	Fully staff Human Services IT team.	Three positions are currently vacant. All three are in the recruitment process.	Fill all vacancies and retain good staff.	▪ Post positions. ▪ Interview and hire candidates to fill vacancies. ▪ Evaluate what is needed to keep staff. ▪ In the event of hiring delays or departures, hire LTE staff to meet needs.	Staff present for work for currently vacant positions.	Kari Clemens, by 7/1/2016

11. Improve IT support for the Department to effectively manage its programs.

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11 a.	Identify areas for improvement in existing IT systems to potentially promote efficiencies	Current IT systems are in need of updates and transition to new platforms. Staff would like to improve and automate manual processes.	▪ Eliminate work arounds and increase system supports where necessary ▪ Improve and automate manual processes	▪ Identify work-arounds and duplication of effort, prioritize system upgrades. ▪ Explore new systems and IT resources for potential options.	▪ Staff replaces manual processing with automated processes.	Edjuana Ogden, Kari Clemens December 2016
11 b.	Strategic Plan	▪ Project planning group meets regularly to review in progress projects and outstanding projects. ▪ List of programming projects continues to grow with new needs, new programs and changing state requirements. ▪ Identified a need for additional programming staff. Currently in the process of hiring two project programmers.	▪ Fully staffed IT team. ▪ Cohesive department IT strategy / plan for the upcoming 3 years. ▪ Any resource deficiencies identified and addressed or escalated.	▪ Fill existing programming vacancies. ▪ Evaluate overall department needs. ▪ Evaluate ability to meet those needs. ▪ Develop a project plan identifying resources and timelines. ▪ If needed, advocate for additional resources.	▪ Strategic plan is in place. ▪ Resources are onboard to carry out the strategic plan.	Kari Clemens, December 2016.

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11 c.	Enhance billing capabilities and fix high priority issues in Comprehensive Community Services (CCS) module.	▪ CCS module is in use and program is live. ▪ Claims are entered manually. ▪ Detailed remittance information is not readily available to providers. ▪ CCS administrator has identified 'top ten' issues list of items that are highest priority. ▪ There is a long enhancement list of desired improvements.	▪ A file to interface claims information is developed. ▪ Providers receive detailed reports. ▪ CCS Administrator's top issues are addressed. ▪ There is overall confidence in the system.	▪ Hire additional programming staff dedicated to the CCS development needs. ▪ Develop claims data file for sending claims data to Forward Health. This will increase billing efficiency. ▪ Develop a process to load remittance information into the web application and make additional detailed reports available to CCS providers. ▪ Dedicate programming resources to items on CCS administrator's priority list.	▪ Claims information sent to Forward Health in interface file. ▪ High priority items that have been identified by CCS administrator are addressed. ▪ Providers have access to additional billing reports showing detailed claim information. ▪ Baseline and follow up surveys reveal improvement in perception of system. (For 2017).	Kari Clemens. 12/31/2016.
11 d.	Improve data collection, reporting capabilities and functionality of the Juvenile Justice System	A series of meetings were held throughout 2015 to identify and document needs and workflows. IT released updates to the existing Access database to meet immediate needs. Need to move on to larger overhaul to meet upcoming needs.	▪ Business rules for overhaul of juvenile justice database application are finalized. ▪ A project plan for programming work is developed.	▪ Continue with regular meetings. ▪ Formalize business rules, project plan and commit programming resources to development project.	▪ Stakeholders agree on business rules. ▪ Project plan is completed.	Kari Clemens. 9/30/2016
11 e.	Give tools to managers to allow better understanding of the data.	In 2015 IT implemented reporting services. Many reports were made available as requested.	▪ Greater access to more ad-hoc reporting. ▪ Provide additional reports as requested to assist staff in managing programs and analyzing information.	▪ Create a capability for ad-hoc reporting. ▪ Solicit reporting needs. ▪ Develop additional reports to help staff manage programs and analyze information.	▪ Ad-hoc reporting is in place. ▪ FMS, ACS, CYF and EA given opportunity to request additional reports. ▪ Additional reports developed and made available.	Kari Clemens 12/31/2016
11 f.	Streamline device management and better utilize device capabilities.	Human Services uses Apple Configurator and Meraki MDM for device management. We can track and secure devices, but it is difficult to manage updates, applications and some functions on the devices. The system is not configured to manage paid apps.	▪ In collaboration with Information Management, profiles using a more fully featured MDM to manage devices, apple updates and paid apps are implemented. ▪ Paid apps that allow users to securely do work such as secure document collections, note taking and form completion are evaluated.	▪ Work with Information Management to develop profiles for groups of devices in use within Human Services. ▪ Fully test and then deploy updates to devices. ▪ Work with groups that have devices and have identified needs to determine if there are applications that can help them improve their workflow and efficiency.	▪ Application operating system updates are managed centrally. ▪ Improved application for note taking and other needs as identified are made available to users.	Kari Clemens. 12/31/2016

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11 g.	Maintain focus on monitoring and improving Call Center Anywhere (CCA) experience at Job Center. Improve communication and response during issues.	▪ A series of meetings were held in 2015 connecting Job Center managers, HS IT staff and Department of Information Management (DIM). ▪ Backup phone lines were added for redundancy. ▪ Changes were made to servers. ▪ Reliability has improved, but there continue to be periodic Dane issues. ▪ Continue to have support issues when problems crop up.	▪ Maintain focus on CCA reliability. ▪ A more streamlined support plan is developed.	▪ Continue with meetings to keep focus on CCA reliability. ▪ Track and report on Dane IT issues. Evaluate any major outages for opportunities for improvement. ▪ Develop plan to streamline issue troubleshooting, communication and resolution.	▪ Improvements implemented based on recommendations from meetings. ▪ Written plan for procedures in event of major outages exists and communicated to people involved.	Kari Clemens. 12/31/2016

12. Improve current use and maintenance of the Department's leased and owned buildings.

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12 a.	Develop internal tracking and reminder system to efficiently manage the Department's leases	Various internal staff maintain lease documents' information on a need to know basis.	We have a centralized procedure for the management, review, and negotiation of the Department's leases.	▪ Identify centralized repository for all lease documents (electronic). ▪ Establish point person(s) for various aspects of lease preparation, execution/resolution, payment and receipting. ▪ Establish system of support to remind and track leasing timelines, due dates and contacts for the point person(s). ▪ Communicate the plan to appropriate staff.	▪ Lease procedure is documented and staff are oriented & trained on procedures. ▪ All lease agreements are accounted for and tracking system is implemented.	Edjuana Ogden, Dyann Hafner June 2016

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12 b.	Upgrade the energy efficiency of the NPO facility.	The 63,300 gross square foot building is in need of mechanical (HVAC), building envelope (roof, windows tuck-pointing), electrical and lighting upgrades to extend the life of the facility and increase the operating energy efficiency. The facility uses on average $97,507 in energy/water per year. We are currently in Phase 1. A company has been contracted to provide an energy assessment and capital improvement report. The draft report is complete and County staff are reviewing.	The NPO facility energy/water expense will be in the range of $52,000/year.	Phase 1 – A high level analysis of the building systems with estimated project budget, estimated savings, and short narrative description of each identified project. This has been completed. Phase 2 - A more detailed scope of work or basis of design is developed (as appropriate) for each project and more accurate project costs and savings are provided. An updated final Energy Assessment & Capital Improvements Report is prepared. The County agrees to enter into an Energy Savings Performance Agreement. Phase 3 - The full design, modeling, and engineering of the projects is completed. Documents are submitted for final review and upon approval are submitted to contractors and final bids/proposals are received. After review of bids/proposals, the projects move forward to the construction phase.	The NPO facility will be more energy efficient with energy/water expense in the range of $52,000/year.	Greg Brockmeyer The project will be completed by the end of 2017.