

1. Collaborate with our partners to develop innovative measures and redirect resources for best results.

Adult Community Services

Initiative Area	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?)
Aging & Phys Disabilities COP/Waiver program: Develop collaborative teams of nurses and social workers to provide eligibility determinations, assessments, case planning and on-going case management services.	Expand nursing capacity to 4.0 FTE's by 12-31-06.	<ul style="list-style-type: none"> •Write up lessons learned & best practices based on SMCE's experiences. •In 2005, apply for State of Wisconsin Department of Health and Family Services (WDHFS) COP Link grant to fund at least 2.0 FTE nurses. •Explore other grant/revenue opportunities. •Work with the COP/Waiver case management agencies to hire the nurses. 	<ul style="list-style-type: none"> •Nurses are hired and trained. •Care teams including nurses are created at each COP/Waiver case management agency (Dane County LTS Unit, South Madison Coalition of the Elderly, Community Living Alliance).
Potential transformation of COP/CIP services into a managed care model including primary and acute medical care.	The Department will make a recommendation as to whether or not to pursue reforms in the service delivery model of COP and CIP services.	<ul style="list-style-type: none"> •ACS Division staff will work with WDHFS officials to explore various options. •Theresa Sanders will continue to serve as a member of the State's Long Term Care Reform Council and its Resource Center workgroup. •The ACS Division will assess the feasibility of a managed care model, including the county's interest and ability in operating and managing this system. •The ACS Division will also explore options such as partnering with other entities to operate this system, or in functioning as a service provider or oversight body. 	<ul style="list-style-type: none"> •DCDHS makes a recommendation regarding what role(s) the department prefers to play in a reformed system.
Issue Requests for Proposals so that all services are competitively bid at least once every five years.	<ul style="list-style-type: none"> •RFP's are issued and appropriately evaluated so that all community providers have an opportunity to compete •Dane County purchases cost effective, high quality services. 	<ul style="list-style-type: none"> •Contract managers conduct the RFP process according to county guidelines, with emphasis on identifying cost effective, high quality providers. •When there is a change in providers, ACS staff work to assure a smooth and reasonable transition process. 	<ul style="list-style-type: none"> •Providers selected are announced on a timely basis in late summer 2006. •There are few or no appeals regarding the RFP process. •New services are in place on January 1, 2007. •The transition to new providers goes smoothly for consumers.

<p>Implement the Comprehensive Community Services (HFS-36) initiative within the adult mental health system for Yahara House & Kajiab House.</p>	<ul style="list-style-type: none"> •Assuming the Department decides to become a CCS provider, the goal will be to continue plans for implementation of this service across the lifespan (birth to death). •Increase the MA reimbursement to the service system as whole as a result of our ability to capture revenues for a wide variety of psychosocial rehabilitation services similar to the CSP initiative. 	<ul style="list-style-type: none"> •Submit a written application to the state to include vision for implementation across the lifespan. •MA billing rates approved for services as added. •Ongoing CCS Coordinating Committee participation on quality improvement and program implementation. 	<ul style="list-style-type: none"> •Implementation plans proceed as outlined in application • MA revenues increase as the result of billing for CCS services.
<p>Implement the SSI Managed Care (SSI-MC) initiative for persons with serious and persistent mental illness (SPMI) with MA in conjunction with Community Living Alliance (CLA) as the Managed Care Organization (MCO) and sub capitation through the Mental Health Center of Dane County (MHCDC), to include primary & behavioral health.</p>	<p>The goal is start enrollment of MH recipients in CSPs and Targeted Case Management the 2nd half of 2005 and for enrollment to gradually roll out to all eligible people.</p>	<ul style="list-style-type: none"> •Capitation rate in finalized. •County Net Out is agreement is signed. •Informational meetings are held for consumers, family members, and providers. •The many committees at the state and county level that have been working on meeting all of the SSI-MC requirements accomplish their assignments. •CLA & MHCDC finalize all operational aspects. 	<ul style="list-style-type: none"> •Enrollment in the SSI-MC for the consumers in CSP and Targeted Case Management occurs and they are receiving well-coordinated primary and behavioral health services. •Enrollment continues for eligible populations outside the initial target noted above. •Services provided through the managed care initiative and the county responsible services are being implemented in as seamless manner as possible.
<p>Minimize utilization and costs at the Mendota Mental Health Institute - Adult Assessment & Treatment Services Unit</p>	<p>While this is a difficult account to control, as all admissions to MMHI are involuntary, the goal is to minimize the number of days and cost.</p>	<ul style="list-style-type: none"> •Emergency Services Unit will work closely with law enforcement to provide assurances that all admissions are appropriate and to rule out all community alternatives. •ESU will continue to monitor all placements at MMHI and provide community placements as quickly as possible. •DCDHS will work closely with Fiscal Services on collections to maximize revenues. •By closely monitoring all admissions and procuring aftercare alternative placements as quickly as possible we intend to minimize days and cost. 	<ul style="list-style-type: none"> •Reduction in inpatient days and net charges from previous year. •Increase revenues collected for these services.

Participate in the Jail AODA Treatment Facility study and planning process and implement recommendations as appropriate.	DCDHS and POS agencies will continue to participate in the study process and will collaborate in future planning and implementation as determined appropriate.	Participate fully in the planning and implementing of recommendations for improving AODA, mental health and other services with the criminal justice population. Involve POS agencies as appropriate. Collaborate with the Sheriff's Office, Co Executive & others in enhancing treatment services for Huber inmates.	Screening, assessment and treatment services (particularly AODA and mental health) are enhanced and/or redirected to more effectively meet the needs of Huber and other jail inmates. Collaboration between the various treatment and related services in the jail system are improved.
The State ICF/MR Re-structuring Initiative	<ul style="list-style-type: none"> •By September 30, 2005, all 18 ICF-MR/NH residents will be assessed for potential community placement and cost of care; all ICF-MR/NH residents deemed appropriate for community placement will have identified a Support Broker. •Dane County ICF-MR/NH residents deemed appropriate for community placement and have adequate funding for community relocation will move to the community. 	Once all residents are identified, work with facilities to assess community support needs and determine if relocation to the community is financially feasible. If financially feasible, develop and implement the individual's community care plan.	By December 31, 2006 any Dane County resident who is deemed appropriate for community living and who can be supported by the rate set by the State will have moved to the community.

Admin

Initiative Area	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?)
Online reporting - contract compliance data from providers	Online Reporting System deployed	<ul style="list-style-type: none"> •Assess system to determine if it is able to support this effort (identify agencies that do not have computer capability to participate) •Identify pilot POS agencies to help test and evaluate prototypes. •Develop Online Reporting System •Test Online Reporting System •Train POS Agencies on Online Reporting System •Accept POS Agencies reporting in Online System 	<ul style="list-style-type: none"> •System fully functional and deployed •75% of POS providers using the system

Extend online electronic submission of data for 610 reporting to all POS providers or some percentage of providers	Web-based 610 system deployed for mental health service providers. In subsequent years, a web-based interface will be developed and deployed for web-based reporting for other POS providers.	Conduct end user testing upon the migration of the database engine from Sybase to SQL Server and the implementation of the security system. Make revisions to the system based on the testing results. Develop and test the conversion process for existing data. Convert existing data. Rollout the system to end-users.	75% of POS mental health providers will report using the web-based system.
Download data out of SACWIS into DCDHS information system (Case Management Interface)	Case Management Interface fully developed, installed, tested, and moved into production	<ul style="list-style-type: none"> •Create business rules for Case Management Interface •Choose Developer for Case Management Interface •Develop test executables •Conduct test of Case Management Interface •Compare data in DCDHS Information System with Case Management Interface •Move Case Management Interface into production 	97% of data in WiSACWIS moved to Case Management Interface to DCDHS Info System (100% Transfer codes/data accurate) without human intervention
Web-based centralized electronic intake model for use by providers (completion of 600 form)	Electronic 600 form developed, tested, and fully operational	<ul style="list-style-type: none"> •Assess system to determine if it able to support this effort (identify agencies that do not have computer capability to participate) •Create business rules for Electronic 600 forms •Identify pilot POS agencies to help test and evaluate prototypes •Develop Electronic 600 forms •Test Electronic 600 forms •Train POS Agencies on Electronic 600 forms •Accept POS Agencies reporting via Electronic 600 forms 	<ul style="list-style-type: none"> •System fully functional and deployed •75% of POS providers using the system

Children Youth and Families

Initiative Area	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?)
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Control alternate care utilization and costs.	<ul style="list-style-type: none"> •No increase in number of children/ youth going into initial placements; •shorten lengths of placements; •decrease number of repeat placements; •decrease movements of children/youth among placements. 	<ul style="list-style-type: none"> •Utilize community-based services to enable children/youth to remain in or return to family homes; •address causes of repeat placements and movements; •work with Courts as to prompt termination of parental rights actions in appropriate instances; • work with Courts as to termination of placements in appropriate instances; •participate in disproportionate-minority-confinement-committee work. 	•Maintain utilization (ADP totals) at 2004/05 levels (or better) in 2006.
Analyze the Children Come First (CCF) initiative as to cost savings	CCF/CP and CCF/ARTT will operate with less GPR investment.	<ul style="list-style-type: none"> •Continue to identify means to decrease CCF operating costs. •Maximize revenues for CCF services. •Reduce CCF-related alt care utilization (particularly RCC utilization). 	•Decreased GPR investment in CCF initiative.
Provide effective services to children, youth, and families of color and/or other cultures.	<ul style="list-style-type: none"> •Service-providers serve children/youth/families of color and/or other cultures pursuant to best-practice models. •The numbers of children/youth of color and/or other cultures on Division caseloads and in placement more closely reflect their percentage of the Dane County population. 	<ul style="list-style-type: none"> •Study services which best-serve consumers of color and/or other cultures; share information with providers; require providers to adapt. •Support current providers of services to consumers of color and/or other cultures. •Emphasize need for culturally specific programming in RFP processes. •Support (expand?) NIP - STARS programming. Participate in Dane County Disproportionate Minority Confinement Committee and like local efforts. 	<ul style="list-style-type: none"> •Families of color and/or other cultures will decline as a percentage of all families on Division caseloads. •Families of color and/or other cultures will experience positive system outcomes at the same level as other families (based upon internal Department statistics). •Providers of services to these families will succeed (based upon internal Department client outcome statistics). •The percentage of children/youth of color in placement will decline as a percentage of the whole.
Maintain or boost community-based services to children, youth, and families.	<ul style="list-style-type: none"> •Community-based services will maintain 2004-5 budget levels. •Services will operate at or near capacity. •Services will not have waitlists of longer than 60 days. 	Support community-based services in future budget processes.	<ul style="list-style-type: none"> •Community-based services budgets will be at 2004-5 levels. •Services will operate at or near capacity to a greater extent than at present. •Services will not have waitlists of longer than 60 days to a greater extent than at present.

Public Health

Initiative Area	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?)
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Public Health Unification	Create a single point of contact for city and county public health as a first step to developing joint intake for all public health services	Implement a common database of public health programs, services and responsible staff to be used by administrative staff that covers the single telephone line to be used as the single point of contact.	The common database will be accessible on-line to staff of both agencies concurrently, and will be in use as a daily resource.
Public Health Unification	The county and city WIC (Women, Infants and Children) Programs will be directed by one person.	A methodology for selecting a joint WIC Director will be proposed to the Board of Health for Madison and Dane County. BOHMDC will approve that methodology or direct an alternative. In either case, the methodology selected will be used to select a joint director. If either or both of the current directors are not selected, they will be offered the opportunity to do other work in the WIC Program, within the limitations of then existing grant resources.	A single joint WIC director will be selected

Badger Prairie Health Care Center

Initiative Area	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?)
Continue the progress toward the construction and design of a new, horizontal nursing home	Decision will be made to designate bonding for construction in 2007.	<ul style="list-style-type: none"> •Evaluate other new facilities, staff need to make visits •Staff to meet with design architect in the planning process •Continue the dialogue with communities and board members •Initiate an RFP for design specifications 	<ul style="list-style-type: none"> •Finalize architectural design •Funding options identified
Improve and maintain higher average daily census	The facility would like to reach an average daily census of 108 for 2006.	<ul style="list-style-type: none"> •More private rooms/bathrooms which would accelerate admissions (associated with a new building) •Facility would need to shift cares to create a flexible staffing pattern in conjunction with a flexible physical plant •Look at balancing the referral mix from lower/higher acuity residents •Assess trend in short-term admissions versus long-term placement •Pursue relationships with community medical managed care brokers •Construct new facility 	Average daily census of 108 residents

<p>To reduce employee time loss</p>	<p>Reduce management time in managing staff with work time loss (FMLA, WC, LOA, sick) reduce W/C expenditures/sick payment</p>	<ul style="list-style-type: none"> •Identify high-risk employee educate/train with history of other injuries •Transfer approval process for FMLA to BPHCC management staff •Clearly written rules for WC, FMLA, and LOA--submit guidelines to DOA staff •Work with Union staff to create an environment to support employees being well and coming to work •Manage better staff participation in gait belt, use of all safety equipment •Consequence for employees for not using safety equipment or following safety rules •Safety compliance to be a part of annual evaluation •Task force (internal group) to evaluate each staff injury--meet monthly •Initiate the 90-day light duty rule •Prorate attendance for part-time employees 	<ul style="list-style-type: none"> •Reduce the number of W/C claims by 30% between July 2005 and June 2006 •Reduce total W/C dollar payout by 30%. (base period will be January 2005 - June 2005).
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