

**2. Assess quality and cost-effectiveness of services to assure they are meeting needs.**

**Adult  
Community  
Services**

	<b>Initiative Area</b>	<b>Chosen Target</b> (Where do we want to be?)	<b>Tactics to Close the Gap</b> (How do we get there?)	<b>Measures of Success</b> (How will we know we're there?)
<b>2.a</b>	Implement recommendations of the AAA Case Management 2004 audit.	The recommendations of the AAA Case Management audit are implemented to the satisfaction of the AAA Board and Health and Human Needs Committee.	Continue and fine tune current efforts. Prioritize the remaining audit recommendations for work in 2005 & 2006. Contract with E j j Olson & Associates for assistance with implementing recommendations.	The AAA Board will receive and accept a report summarizing the efforts at implementing the audit recommendations.
<b>2.b</b>	DD Children - Children's Long Term Support Waiver, which includes intensive autism therapy, a service previously funded through MA.	Parents of children using the CLTS waiver will recognize that their concerns have been considered and addressed.	Recommendations of the Autism Workgroup will be implemented. 2006 activities will include: a) ACS Div will solicit parental feedback on program effectiveness and procedures via a focus group, survey or other methods; b) feedback will be gathered regarding a parent handbook on the CLTS Waiver and related DD Children's Services, to be created by ACS Div in late 2005.	All recommendations will be addressed and reported to the Long-term Support Committee by September 30, 2006.
<b>2.c</b>	Customized Employment	To develop innovative ways of earning income for these individuals, especially alternatives that enable community participation and more productively use support staff. These alternatives are typically self-employment opportunities, also known as micro-enterprises.	By Dec. 2005, expand the pilot to include an additional 4-5 consumers. Continue to develop the system's capacity to respond to consumer requests for technical assistance in this area. In 2006, work with up to 15 adults with developmental disabilities. Bring together experts, such as Employment Resources, Inc. and others, to assist individuals in developing "customized employment". Consult and partner with the State's Division of Vocational Rehabilitation to secure funding for this initiative.	By December 2006, 12 - 15 consumers earn at least minimum wage via their micro-enterprise and experience increased community participation through their work and their earned income.

2.d	Self-Directed Support administrative controls:	To have all providers of supports to adults with developmental disabilities covered by one administrative contract that will include appropriate reporting requirements	Identify the strengths and limitations of the contract used during July - Dec 2005. •Work with E jj Olson & Associates on County Board audit of DD system. •Utilize recommendations of E jj Olson and county staff to improve contract language, data collection and reporting, and outcome measures for 2006 and 2007.	By September 30, 2006, further improvements will be incorporated into draft contract language for 2007. By December 31, 2006, agencies that receive more than \$25,000 under the SDS system will have provided sufficient reports that the issues of quality, quantity and cost effectiveness can be analyzed and addressed.
2.e	Outcome-Based Quality Assurance System for DD Services	Measurable outcomes that can be compared both locally (provider to provider) and nationally (county to county, county to other states). Provide baseline data for decision making purposes	The Developmental Disabilities Program has recently made contact with the Center for Self Determination to investigate the implementation of the Center's Quality Protocol.	By December 31, 2006, the DD Program will have developed an Outcome-Based Quality Assurance System, based on the Quality Protocol piloted with a statistically significant random sample of adults in the SDS system.
2.f	Consumer satisfaction-Support Broker Services	The goal is to increase consumers' ability to make an informed decision about the brokers they hire. A uniform consumer satisfaction survey used by all broker agencies and shared with all people purchasing broker services is one way to help reach this goal.	The county, broker coalition and people with disabilities will work to develop a uniform consumer satisfaction survey based on outcome measures. Once developed broker agencies will distribute the consumer satisfaction survey and gather results. The county, broker coalition and consumer group will work together to disseminate this information.	By October 1, 2005 a consumer work group will be developed to identify key elements needed in a consumer satisfaction survey. By January 1, 2006 they will share their findings with the county and broker coalition and a first draft of a uniform consumer satisfaction will be developed and shared with the consumer work group. By first quarter 2006 broker agencies will agree to pilot this new consumer satisfaction survey.

## 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?)
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2.a	Current contract and contracting process	Complete evaluation of the current contract process.	<ul style="list-style-type: none"> <li>•All identified issues have been researched, analyzed, discussed by appropriate staff and addressed through a formal policy statement.</li> <li>•Identify improvements in program definition, asset security and financial accountability in the contracting process.</li> </ul>	Evaluation is completed and recommendations for revisions and modifications are formulated.
2.b	Long-term IT Strategy	Long-term Human Services IT strategy developed that covers 5 to 10 years	<ul style="list-style-type: none"> <li>•Assess current Human Services IT needs (hardware and software)</li> <li>•Project future IT resource utilization</li> <li>•Review emerging technologies and impact on daily tasks or processes</li> <li>•Determine IT needs to be included in long-term IT strategy</li> <li>•Review long-term IT strategy with DCDHS ISC (Information Services Committee) &amp; IM (DOA Information Management)</li> </ul>	The plan will be developed and agreed to by Human Services management and Dane County Information Management.

**Economic Assistance and Work 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?)
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<b>2.a</b>	Program Quality Control	Expand quality control reviews to include Medicaid cases.	<ul style="list-style-type: none"> <li>•Determine DHFS requirements and how to modify the present process to incorporate these additional reviews.</li> <li>•Regularly complete reviews and record in the appropriate record keeping system.</li> <li>Utilize results of the reviews to correct cases and target training.</li> <li>• Gather data to determine our MA error rate and track improvement.</li> </ul>	<ul style="list-style-type: none"> <li>•Quality control reviews will be conducted on Medicaid caseload</li> <li>•Report on error rate in MA and track improvement over time</li> </ul>
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## Youth Commission

	<b>Initiative Area</b>	<b>Chosen Target</b> (Where do we want to be?)	<b>Tactics to Close the Gap</b> (How do we get there?)	<b>Measures of Success</b> (How will we know we're there?)
<b>2.a</b>	Youth Resource Centers/ Common Outcomes	Major funders of YRCs will use a commonly agreed upon set of outcomes and performance expectations that will be reported to funders on a standardized form.	Meet with YRCs to explain the common outcomes and work with them to develop data collection mechanism.	YRCs will report to funders using the agreed upon outcomes and performance indicators

## Children Youth and Families

	<b>Initiative Area</b>	<b>Chosen Target</b> (Where do we want to be?)	<b>Tactics to Close the Gap</b> (How do we get there?)	<b>Measures of Success</b> (How will we know we're there?)
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2.a	Work with purchased-services providers to assure services are provided to appropriate clientele, in desired numbers, pursuant to best-practice models, with satisfactory outcomes, and at satisfactory costs.	All purchased services providers serve appropriate clientele, in desired numbers, pursuant to best-practice models, with satisfactory outcomes, and at satisfactory costs.	<ul style="list-style-type: none"> <li>•Work with providers as to noted matters.</li> <li>•Work with providers with performance issues to resolve those issues.</li> <li>•Issue RFPs for updated services on regular basis.</li> </ul>	•Providers will be within 80% of contract targets as to numbers served, outcomes, and costs.
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### 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?)
2.a	Public Health Unification	<ul style="list-style-type: none"> <li>•Conduct a comprehensive community health assessment for Madison and Dane County.</li> <li>•A chapter on the current state of the community's health with respect to chronic diseases, including recommendations for programs and services to address identified needs will be part of the final report.</li> </ul>	Establish a joint community health assessment team comprised of line staff and at least one public health manager from each agency to coordinate planning and implementation of a comprehensive community health assessment for Madison and Dane County.	A team will be established and a report of the team's findings will be submitted to the BOHMDC

### 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?)
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2.a	Staff will incorporate the facility mission in their daily practice	Deliver services in a respectful, efficient, effective, and dignified manner reflective of each resident's mental, physical, and spiritual needs.	<ul style="list-style-type: none"> <li>•Utilizing each staff member's gifts and strengths</li> <li>•Specify clear goals and expectations and hold staff accountable</li> <li>•In-service on translating facility mission into daily care routine</li> <li>•Utilize All Staff meetings to clarify work rules and facility values</li> <li>•Clearly define unit work expectations and enforce them</li> <li>•Rewrite CNA annual evaluation instrument</li> <li>•Need greater control over managing budgeted resources</li> <li>•Participation of BPHCC Management during the contractual negotiations</li> </ul>	<ul style="list-style-type: none"> <li>•Resident Council will report an increased level of staff time</li> <li>•Increase in residents' satisfaction with services</li> <li>•CNA contract will permit nurses to issue coaching notes as a part of their supervisory duties</li> <li>•Reduction in the number of resident rights grievances.</li> </ul>
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