

3. Maximize sustainable public and private funding sources

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?)
3.a	Maximize Medical Assistance revenues in crisis stabilization and the new Comprehensive Community Services.	<ul style="list-style-type: none"> •Maintain or increase MA revenues under crisis stabilization •Increase MA reimbursement for CCS services as implementation plan proceeds. 	<ul style="list-style-type: none"> •Continue to maximize MA-crisis stabilization revenues by billing for services provided to consumers in lieu of hospitalization. •Become HFS-36 certified and start MA billing for CCS services by July 2005 for Yahara House and Kajsia House. 	<ul style="list-style-type: none"> •MA Crisis stabilization revenue is maximized. •Expansion of MA revenues as CCS services roll out.
3.b	Increase outside revenue to AODA jail diversion programs.	Maximize outside revenue (e.g., MA CCS, WI Dept of Corrections) and client fees to replace reduced federal/state/local funding for AODA services. Participate in any outside evaluation requirements by state and federal grantees.	<ul style="list-style-type: none"> a) Meet with WI DOC to discuss charges for services to DOC clients; b) Draft and submit application MA CCS certification; c) Pilot/Implement client fees for Drug Court; d) Brainstorm other ideas. 	Outside revenue to AODA jail diversion services in 2006 from CCS, DOC and client fees will increase in absolute dollars. State and Federal revenue will cover at least 75% of program costs.
3.c	Waiting List for DD Adults	Parents will identify resources outside the county system to assist them in planning for other living situations for their adult children.	A group of parents will be selected from a Dane Co. community. An innovative planning method, called Pathfinders, will be implemented. County DD staff, parents, consumers and other involved persons will participate. The process is designed not only to develop creative options, but also to develop relationships between all the participants.	Out of the Pathfinders process, parents, consumers and others will develop ideas and pursue resources outside of the county system. The DD Intake Unit will track this.

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3.a	Planned Giving Program/Foundation Development/Grants Coordination	Formally designated tax-exempt system for the receipt, acknowledgement, and distribution of planned gifts, including the development of an endowment that supports the mission of the Dane County Department of Human Services.	Review existing structures for planned giving/endowments in the public sector. With input from a variety of sectors, develop infrastructure options (tax exempt structure, oversight body, mission and goals, options for giving, designation of gifts, use of unrestricted funds, decision-making policies, etc.) for approval from governing bodies. Implement, market, and monitor the system.	Development of formally designated tax-exempt system for the receipt, acknowledgement, and distribution of planned gifts, including the development of an endowment. In subsequent years, success will be measured by an increase in the number of donors, funds raised, resources donated, and projects supported with these funds.
3.b	Expand Fee Collection	Expand collections that are permitted by HFS 1 Uniform Fee System for services that are either provided or purchased by Dane County Human Services.	<ul style="list-style-type: none"> •Review current collections •Network with other Counties to find out what other types of collections are being done in the State. •Identify those program areas that the Department has not explored for potential fee collection 	Recommendations are made on expanding collections to new program areas in the Department.
3.c	Development of strategic legislative partnerships with other human services groups to secure increases in major funding sources including Birth to Three, Youth Aids, Community Aids and Economic Assistance funding.	Develop a more formal, shared legislative agenda that can be presented in a unified manner to raise the visibility and impact of the agenda with legislators and the governor.	Facilitate more regular gathering(s) of key human services advocacy groups and associations as well as officials from other counties to identify common issues of concern and opportunities for cooperation. Area of emphasis to be recreation of Urban Caucus to provide more input on Human Services issues from other large counties.	A shared human services agenda will be developed for action in the current 2005-2006 legislative session and in the 2007-2009 biennial budget.

Youth Commission

	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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3.a	Public-Private Partnership to support Youth Resource Centers (YRCs)	The financial community contributes at least \$40,000 annually in a public-private initiative to provide a secure funding base for YRCs.	Engage a "Core Team" of representatives from the financial business community to work with the county to solicit contributions from area banks, credit unions and insurance companies. (2006 will be the first year of a three-year effort that is expected to generate a total of at least \$120,000 from businesses in the financial sector for Youth Centers.)	Businesses from the financial community will commit a total of at least \$40,000 to be divided among area YRCs in 2006. (The "fiscal agent" for this initiative will be United Way of Dane County.)
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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?)
3.a	Maximize available federal, state, and private revenues to reduce GPR costs	Claim any and all appropriate revenues in all possible areas.	<ul style="list-style-type: none"> •Review internal and external services for MA and other revenues possibilities. •Pursue all appropriate private-sector funding opportunities. •Promote local funding sources. 	Maintain current revenue levels. Increase revenue levels if possible.
3.b	Maintain current level of AODA residential treatment / halfway house services in Dane County.	Maintenance of AODA residential treatment / halfway house services at 2004-5 levels via identification and securing of stable, satisfactory, and diverse funding.	County and providers collaborate in pursuing increased funding from sources other than Dane County (DOC; MA-CCS; United Way; other counties).	Dane County AODA residential treatment / halfway house resources remain at 2004-5 levels as a result of increased funding from sources other than Dane County.

Public Health

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3.a	Public Health Unification	Conduct joint planning for emergency preparedness.	Establish a joint public health preparedness team comprised of line staff from each agency and at least one public health manager from one agency to coordinate planning and program development for Madison and Dane County, making maximum use of grant funds made available from CDC by way of the Wisconsin Division of Public Health for this purpose.	A team will be established and a report of the team's recommendations and accomplishments will be submitted to the BOHMDC
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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?)
1.a	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
1.b	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

1.c	To reduce employee time loss	Reduce management time in managing staff with work time loss (FMLA, WC, LOA, sick) reduce W/C expenditures/sick payment	<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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