

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STRATEGIC PLAN

2008 – 2011



Waukesha County

“... leading the way with quality and value”

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Department of Health and Human Services Statement of Purpose

In partnership with our community, and in response to public need and legal mandates, the Department of Health and Human Services provides a wide range of high-quality services which promote health, safety, self-sufficiency, and improved quality of life.

In All Our Work, We Value:

- The strengths and dignity of individuals and families;
- The relationship we have with our public and private partners;
- The client focused dedication, professionalism, and commitment of our staff;
- The optimal and cost effective use of available resources.

HHS Strategic Plan

I. Introduction

In considering future strategic planning for the Department of Health and Human Services, and the associated impact on its customers, stakeholders, services, and staff, it was deemed important to conduct an abbreviated form of the traditional SWOT analysis to understand the point from which we launch into that future. In that process, it quickly became apparent that we are awash in threats and challenges, can somewhat easily identify internal weaknesses, but that in spite of considerable current talents and skills, we may be facing future shortages of appropriate strengths and resources to appropriately respond to and mitigate those emerging challenges. This is not entirely surprising, given the Department's mission, changing clientele, escalating mandates, a six year period of retrenchment related to state and federal funding reductions of core services, and various indicators of growing societal disinterest in funding for long term support or maintenance type programs. The simultaneous convergence of these factors requires careful and deliberate analysis as to what can or can't reasonably be expected, promised, and delivered to our stakeholders. At the same time, we must be diligent to resist the temptation to solely focus on that which might not be possible in the present, at the expense of creative and innovative solution finding for the future.

II. General State and Federal Influences and Issues

Since 9/11 and Katrina, there has been an abundance of new requirements and mandates for preparedness and readiness, in both the Public Health and the Human Services arenas. The expectation for readiness at the local level is clear, and is consistently communicated and mandated from the federal and state levels. While some additional funds have followed those mandates, other requirements must be met within existing, but already strained resources. This would present a challenge during the best of times, but given the presence of other influences to be discussed later in this document, the challenge is significantly magnified.

Competing national and state priorities in the areas of terrorism preparedness, national defense, and corrections have driven decision making as to other "discretionary" funding decisions resulting in decreased support for child welfare, juvenile justice, and mental health programs and services. Meanwhile, repetitive state budget deficits and some perception of Wisconsin as a high taxation state have exacerbated that impact as the state continues to reduce (both in real as well as inflation adjusted dollars) its financial support for most core human service programs, presenting a problematic challenge to local taxpayers and officials to not only fund the local share of the state/county "partnership", but the state's share as well. In 1996, state Community Aids dollars represented 53% of the combined Community Aids and Local Levy support of core/mandated Health and Human Services programs and services – in 2008 it represents 36%. Since 1996 State of Wisconsin Community Aids support for Waukesha County's

core Human Services Programs has decreased requiring disproportionate reliance on local levy to provide the various state mandated programs. During this same time period, the county has dedicated an average annual 5.4% increase in local tax levy dedicated to HHS in an attempt to avoid erosion of core Department programs and services. Unfortunately, over the past seven years, other county infrastructure and operational needs (i.e. jail) have also required increases in local funding, while taxpayer sentiment against significant tax increases has grown, resulting in the rather reasonable average 3.3% HHS local levy increase (since 2003) being unable to make up for the state's failure to adequately meet funding responsibilities.

The cost of health care and health insurance continues to rise faster than inflation. Deductibles and copays have been raised, and in some cases employers have decided to drastically curtail or discontinue provision of health insurance as a benefit. This has impact on HHS fee collection and 3rd party revenue growth, when ability to pay must be taken into consideration or where outdated federal or state rules limit collection from insurance (i.e. Birth to 3). Meanwhile, one of the biggest drivers affecting the state budget deficits has been the rise in T-19 costs, with elderly and individuals with disabilities identified as representing up to 70% of the T-19 budget. Consequently, there has been growing interest in managed care models as an alternative to traditional models for funding health and long term care needs. This led to piloting of successful "Family Care" services in five counties, and a subsequent decision to expand Long Term Care reform through a regional care management model, which is drastically altering the historical county provided model of Long Term Care. Waukesha County began participation in the new Long Term Care reform model ("Family Care") in 2008, and by the end of that year had completed the transition of 1,200 Medicaid Waiver clients from county case management to one of the private non-profit organizations. This transition will, if successful, result in the removal of 700 individuals from existing wait lists by as early as mid 2010, and result in substantial and favorable economic impact to the county as services and providers are expanded. However, this opportunity also presented challenge to our traditional county department structures, governance bodies, and staff, and these adjustments continue, particularly in the Adult Protective Services section which is experiencing phenomenal increased referral rates.

Beyond the issue of funding for public services is an issue of public perception of those services and the government employees and contracted entities that provide them. The reported national shortcomings involving Hurricane Katrina, FEMA, and war planning/preparedness and federal financial bank "rescue" efforts are assumed to typify planning and implementation competencies at all levels of government. One only need listen to "talk" radio, observe the proliferation of stories forwarded by email, or witness the increasing numbers of television news "expose" features to realize the public's interest in situations involving tragedies, "golden fleece", wasteful or ineffective programming, or misappropriations involving public funds. Unfortunately, there is a tendency for the public to accept such stories as characteristic of general public sector service quality and stewardship, and the media tends not to be as receptive to "good news" stories which might otherwise serve to counteract such impressions. The end result is at times skepticism, and otherwise generally limited support by large segments of

the public for sustaining and nurturing public sector provided/funded programs, including relatively invisible but highly effective human service programs, until or unless there is a clear and present danger, or a personal experience requires need for service.

III. Demographic Trends and Influences

Census Bureau estimates for Waukesha County continue to project moderating population growth numbers (3%) over the next five years. Waukesha County's child population has shown a 6% decrease since 2000, while on the opposite end of the age continuum Waukesha County has the greatest growth of senior population in the state, with those age 80-95 being the fastest growing segment. Long term projections call for Wisconsin to experience a 50% increase in residents age 85 and older in the next twenty years, while at the same time the population of those who historically provide long term care services (women between 25 and 54) will decline. 32% (12,932) of County residents 65 years and older have a disability, vs. 10% (21,461) of those age 21 to 64. Statistically, we can expect that one in ten individuals over age 65, and nearly half of those over 85 will be affected by Alzheimer's Disease or another form of dementia, with 70% of them remaining at home with care provided by families, friends, and paid help (average cost of \$19,000/year – most paid out of pocket). Although news accounts report on the numbers of recent retirees leaving Wisconsin for warmer climates or lower taxes, the Department routinely receives funding and service requests for citizens' elderly parents who have returned to Wisconsin to be near family as their capacities have diminished and needs have increased.

Waukesha County also continues to experience increased racial and economic diversity in its population. Most recent census estimates indicate that persons of Hispanic or Latino origin now represent 3.4% of the County child population and African Americans 1.3%. This presents need for ongoing evaluation of cultural competence and representation in our workforce and services, particularly evidenced by questions raised, and presently under study in Wisconsin relative to disproportionate racial/ethnic representation in the juvenile justice, child welfare, and correctional systems. At the same time, although poverty remains low in Waukesha relative to the rest of the state, the rate of children living in poverty in Waukesha County has risen from 3% to 4% since 2004.

The Department continues to realize escalating needs and service complexities for clients in need of services. More young children are being identified as having significant psychiatric issues, as evidenced by the fact that it is no longer rare to see children diagnosed with Reactive Attachment Disorder and associated long term and expensive treatment. Although child abuse and neglect numbers remain relatively flat, we do see a higher than normal degree of serious AODA issues in families experiencing child abuse and neglect. In spite of the child population decreases, referrals for Birth to 3 services continue to gradually escalate, with a 54% increase in referrals to the Autism program since 2004.

IV. Technology Issues

The advantages and efficiencies available through technology continue to be underrealized as a result of a combination of county and department resource limitations, limited control over new technology or program mandates and directives, and aging or

unsupported applications and hardware. In the most recent analysis (Anthony Consulting, LLC, 2005) of the DOA-IT/DHHS environment and projects, it was determined that the then existing projects would take until 2017 to complete, with the available resources within both Departments – not including any additional projects being added to the list. Consequently, numerous positive changes have been implemented within DHHS to implement recommendations intended to enhance internal review and monitoring of technology application and equipment requests, more clearly establish a process for setting of priorities, and to increase management’s consistent attention and oversight of information technology endeavors. Meanwhile, the DOA-IT Division has restructured to reflect a more clearly defined business services structure. Improvements have been noted as a result of these actions, and a number of projects and initiatives have been completed. However, the departments do continue to grapple with the reality of resource limitations compounded by externally determined mandates and initiatives, which disrupt previously agreed to commitments and priorities. Consequently, while successes have been realized, and the department and its staff are clearly better off technologically than we were 15 years ago, we continue to confront the realities of duplicate entry, inability to acquire needed management and planning information, missed revenue opportunities, inefficient deployment and utilization of staff resources, and at times less than thorough and safe decision-making and practice.

On the state level, it appears that any focus or attempt to coordinate information systems and development between the various silos of state government have gone by the wayside, as we see new systems being introduced without apparent attention to interfaces between them (i.e. CARES, WISACWIS, WEDDS, SPHERES, BEACON, SAMS, ?, ?) – which complicates the work and attempts of integrated county health and human service departments to provide effective and “non siloed” coordinated services.

Finally, there are increasing challenges realized as new technology related state and federal mandates are issued, without regard to local resources necessary to implement. At other times, laws and regulations enacted for noble purpose present obstacles to the most efficient utilization of new technologies (i.e., HIPAA and use of email).

V. Workforce Issues

The County and Department continue to benefit from a stable, committed, and mission focused Health and Human Services workforce. Department management and line staff have historically felt proud of Waukesha County and the historical reputation for innovative and cutting edge approaches to working with individuals and families. This has resulted in numerous honors received, and state leading outcomes realized. While the delinquency recidivism rate remains among the lowest in the state, for the first time in 2008 the child abuse recidivism rate was higher than the Federal rate (<6.1) at 6.88%. Long term care fiscal audits have consistently resulted in negligible to zero findings. Alternate care and correctional placement rates have consistently been far below most other county per capita averages. In spite of Economic Support caseloads at 2170% of capacity (7,277 increase between the period of 1997-2008), federal food share error rates have generally remained below average, thereby avoiding fiscal sanctions, and these only

scratch the surface. The experience and longevity of staff, with their fundamental understanding and embrace of key concepts and practices related to family based services, alternatives to placement, and the long term value of least restrictive settings have heavily influenced these successes. The benefit has been in the quality of services received by our citizens, avoidance of deep end and high costs for the county, and Waukesha County DHHS historically being viewed as a desirable department to work for. Even as resources have tightened, and certain programs have had to be reduced or eliminated over the past five years, the efficiencies realized from an experienced and capable staff have contributed significantly to achievement of our important outcomes. Not insignificant to this history of success is Waukesha County's standing as having one of the lowest per capita local levy support of Health and Human Services, which is the dividend realized from effective past prevention, early intervention, and alternative (to placement) programming investments, although it must be noted that these investments have been significantly decreased as a result of state and federal funding reductions.

The above notwithstanding, our workforce is maturing as the front edge of baby boomers are aging out of the system, and we've begun to see an accelerated pace of retirements by key staff and supervisors. Shortages of nurses have affected our Public Health Division and Mental Health Center, and we are seeing fewer experienced and properly credentialed social workers available during recruitment processes. Meanwhile, the demands related to new technologies, reduced resources, additional work assignments, and increased service demands of a growing and more urbanized population have adversely impacted the supervisory and management personnel's time and focus necessary to fully engage in transfer of learning, succession planning, mentoring, and the opportunity to develop the necessary protocol and practice documentation for the next generation of staff. At the same time, different and sometimes new knowledge and skill sets will be required as we look at seeds beginning to sprout in areas of treatment alternatives to jail, expanded community based mental health treatment and support models, and family team and family collaboration approaches to child abuse and neglect assessment and interventions.

VI. Major Division Challenges, Opportunities, Strengths, and Weaknesses

A. Intake

- Expanding mandates related to Child Abuse and Neglect referrals and assessments.
- Expanding Economic Support Programs (i.e. Badger Care) without additional staff resources to provide eligibility determination and case management
- State mandated computerize systems frequently fall short of expectations and include inefficiencies (i.e., Forward Health Interchange, Badger Care Plus Premiums)
- Looming reductions in the state child care subsidy program.
- Numerous reductions in various prevention and early intervention programs.

- Increased difficulty in acquiring long term volunteers.
- Long Term Care Redesign/Family Care has impacted the nature and scope of Home and Financial Service work.
- Young, enthusiastic staff with limited experience.
- Shift from stable, experienced supervision to mix of experience with recently hired, as a result of transfers and retirements.
- Multiple computer systems that do not interact.
- Physically isolated from dispositional service units in the agency.
- Lacking ability to measure workload processes and commitments to better evaluate adequacy of staffing levels to meet work demands.
- Migration from face to face interviews in Economic Support limits opportunity for program explanations and understanding by customers.
- Reduced Crisis Respite childcare funding is demanding greater scrutiny of requests to cover many special needs situations.
- Expanded pre-service and foundation training mandates for staff.
- Need to evaluate and increase worker safety tools and measures.

B. Child and Family Services Division

- Strong, experienced supervision and stable, experienced staff.
- Receptivity to recent innovations in services and program integration such as Children with Special Needs, UCP (United Cerebral Palsy), Family Support Program, Crisis Intervention Planning and Crisis Response.
- Inability to continue initiatives (i.e. Visitation Coordinator, Family Group Conferencing and Family Team Meeting Facilitation) as developed to respond to State Child Welfare Program Enhancement Plan requirements and expanded practice requirements. Shifted workload responsibility to current staff (staff trained on Family Group Conferencing and Family Team Meetings). Student interns (trained on Supervisory Visits) are developing criteria for Supervised Visitation.
- Increase in requirements for case documentation and activities challenging face to face time with clients.
- Increased use of technology (eWiSACWIS, PPS, DragonSpeak, telephone headsets) to enhance workload efficiency and effectiveness.
- Commitment to placement diversion and belief in alternative family supports to provide skills and safety.
- Continued state/federal funding formula inequities in B-3 funding, which continue to strain resources of contracted provider to meet federal outcomes and state expectations.

C. Adolescent and Family Services Division

- Historical low rates of alternate care and correctional placements, utilizing alternative community based services and department provided services. These low rates continue to be challenged by funding limitations which have forced

decreased investments in alternative community based and early intervention services.

- Stagnant youth aids funding and recent program reductions resulting in weakened capacity for prevention and early intervention with high risk families.
- Key community partners (schools, contract vendors) faced with severe funding constraints which threaten collaborative programming to department's client population (i.e. Reductions in school counselors, special education and social work staff, and alternative educational programs).
- Proposals to return 17 year olds to original juvenile court jurisdiction, which could severely challenge already diminishing resources.
- Strong, experienced supervisors who utilize a co-supervision model, but three of them will be approaching retirement possibilities in the next five years.
- Highly specialized and skilled staff (i.e. clinical, social workers, AODA specialists, sex offender specialists, correctional liaison, court intake).
- Stable and experienced staff, serving in flexible cross unit service delivery system.
- Teetering morale issues as long term dedicated staff see cogs of proven programming array removed or reduced.
- Lack of coordinated data collection and information accessibility.
- Staff commitment and belief in family unity.
- Physical separation from juvenile center impacts, to a degree, mutual understanding and coordination with juvenile center staff and supervisors.

D. Mental Health and Clinical Services

- Have expanded the Comprehensive Community Services (CCS) program each of the past three years, expanding service array for clients while capturing federal dollars.
- Stable, experienced, competent, well educated, and committed staff who have demonstrated flexibility and openness with new initiatives such as Medicare Part D, CCS and Drug Cost Containment programs.
- Positive reputation in community.
- Staff are open to advantages of new technology, but feel constrained by technology delays. See the potential for such initiatives as drug administration bar coding, electronic case records, PDA's, Voice recognition, e-scribing, telemedicine, GPS tracking, etc.
- Have entered into MOU's related to long term care reform.
- Erosion of prevention and early intervention services causes concern about future increased likelihood of demand for deeper end service.
- Emergency Government and Human Services preparedness are straining management's time and efforts. However, it appears that this will be an expanding responsibility.
- Very good history of work to serve safe and adequate housing and residential options for chronic mentally ill clientele.

- Inability to properly reimburse contract vendors is straining their ability to continue provision of services at necessary levels. As increased AODA needs are identified with the changing population, we find insufficient services to address the growing opiate addiction problem.
- The alternatives to incarceration initiatives are embraced as an important direction to break cycles of recidivism and relapse, but this also presents a need to understand new treatment methodologies and needed staff specialties and skill sets including the use of state of the art pharmaceuticals.
- Milwaukee County adolescent inpatient treatment is currently used for our adolescents, but given the uncertainties in Milwaukee County, there is reason to question the long term availability of that program. We need to continue planning for alternative resources or treatments should that resource no longer be available.
- Cost of contracted hospital beds continues to rise, as does the cost of health care in general. Given the tie to health care throughout the division, it is a significant challenge to attempt to stay within levy limitations when we are not able to control those externally set prices. Insufficient funding to provide cost of living increases to group home operators and other contract providers is presenting significant challenges in maintaining levels and array of services. At the same time, community psychiatric beds continue to decline, limiting staff ability to “shop” for better pricing.
- Providing services to an aging population presents new challenges, as there are often physical complications and/or drug interaction issues associated with psychotropic medications, requiring close interaction of staff with medical providers, pharmacists, etc. Coordination with new guardianship statutes related to involuntary medication orders is imperative.
- Psychiatrists interested in working with public sector clientele are in limited supply. Recruitment and retention continues to be an extreme challenge.
- Have continued to modify positions, including moving toward dually certified clinicians whenever possible, to optimize revenues and service flexibility.
- With the changing clientele, and contracting community resources, we need to closely evaluate and attend to issues related to staff safety and security.
- Enjoy extensive public input into service delivery by advisory groups and consumers.

E. Administrative and Fiscal Division

- Scarce resources and technology delays and backlog are affecting ability to engage in new initiatives and continual quality improvement.
- State initiatives and directives command increasing amounts of staff time. Lack of state IT system integration (SACWIS, HSRS, CARS) cause duplicative staff efforts (i.e. duplicative keying) and time inefficiency.
- Federal initiative to move to an Electronic Health Record (EHR), which is the electronic version of a Case Management System/Electronic Content Management.

- Families receiving billable services increasingly have little or no third party coverage and low income, although recently implemented Badger Care Plus may present increased opportunity.
- Staffing levels have decreased, while business processes have expanded and challenging their availability to examine/engage in new initiatives and process improvements.
- Information Support Services was recently restructured to recognize the disappearing lines that once separated clerical support processes and responsibilities from reception, document management, fiscal reporting, report writing, etc. to better align reporting responsibilities, permit flexibility in staff coverage and deployment, and eliminate unnecessary layers of management in decision making.
- Department continues to assume greater mandated program costs, direct as well as indirect. State provides forms on state websites (vs. printing) requiring counties to cover duplication cost. State discontinued provision of mandated civil rights training, leaving it up to counties to arrange. Recent state budgets have implemented cost shifts from state to counties for mandated services, resulting in reduced investments in prevention and early intervention.
- Experienced, knowledgeable, and skilled staff who embrace new methods and technologies to improve efficiencies or bring about cost savings.
- Strong fiscal management, as evidenced by Audit Reports.
- Succession planning continues, as key staff are of similar age in the division.
- Current space and physical plant do not provide for efficient utilization of staff (i.e. multiple reception points).

F. Long Term Care

- Ramifications of Long Term Care reform are proving significant. The transfer of almost 700 from wait list, and entitlement to LTC services will be extremely positive. Tremendous impacts to present structures, reporting responsibilities, work flow, and staff securities related to employment have required considerable management time, and tremendous amounts of time and energy continue to be devoted to HHS, ADRC, and Care Management Coordination.
- Residual and previously unidentified tasks and responsibilities continue to be negotiated by the State, Counties, and the Care Management Organizations.
- Expansive employment opportunities as a result of Long Term Care Reform to provide the increased levels of care management and direct service to the expanded recipient population.
- Significant favorable economic impact to Waukesha County resulting from LTC reform. Rough estimate would be an additional 40 – 80M of purchased services, based upon the experience of Family Care Counties. It is expected that in Wisconsin, health care jobs will grow 30% (10,000 per year) by 2012.
- Adult Protective Services is experiencing significant growth in service demands, related to the changing demographics and increased case finding as a result of Long Term Care Reform.

- Opportunities for people with disabilities and employment remain underachieved. People with disabilities make up 18.7% of the working age population, yet almost 70% of people with disabilities are unemployed – yet 2/3 of those unemployed express an interest and desire to work.
- Strong, competent, and stable workforce who have proven very adaptable to changing state requirements and program needs. Computer literate and experts in functional screens, case management provision and reporting, and time reporting. Outstanding record in relation to passing audits with negligible exceptions.
- Consistent record of “budget friendly” planning and performance, regularly reducing use of tax levy in division via ability to access state and federal match (90% of division operating expense is from State and Federal funds).
- High caseloads (60/worker)
- Physical space limitations (staff doubled, and in some cases tripled up).
- New budget pressures related to high need vulnerable adults and other county initiatives designed to equitably distribute unreimbursed T-19 costs back to counties of legal responsibility.

G. Public Health

- Recruiting and maintaining a sufficient and competent workforce will be extremely challenging over the next five years. The 2005 National Association of County & Cities Report “Profile of Local Health Departments” indicates that 20% of the public health workforce is eligible to retire in the next five years.
- Maintaining a qualified and adequate public health agency will be a challenge due to the growth of the county population and program demands. These challenges are compounded by reductions in state funding and limits in local levy support. Meanwhile, increased numbers of low income families who lack health insurance, are underinsured, or who have insurance with limited coverage place additional pressures on the Public Health Division for all preventative health services.
- Cultural competence and service delivery in Waukesha County will be an ongoing challenge for the workforce due to the rapid diverse growth and urbanization of the county. Spanish speaking health care workers are at a premium and heavily in demand by all health care venues.
- Communicable disease control will realize increasing pressure and demand for immediate response by Public Health due to the Centers of Disease Control and Prevention requirements for follow-up and tracking of new emerging communicable diseases, implementation of a national communicable disease reporting system, population growth and concentration of people spreading disease. Additionally, public expectations will continue to be extremely high, notwithstanding public sentiment for lower taxes and smaller government.
- The Wisconsin Electronic Disease Surveillance System (WEDSS) has been implemented and provides for immediate identification and real time reporting of Waukesha County (and other counties) public health preventable problems associated with communicable diseases, chronic diseases, maternal and child health problems. This opportunity does present additional data entry

responsibilities as well, as the system is not linked to the multiple other state data systems.

- Strain on staff resources and competing pressures for time will continue to increase as national biological terrorism persists and as heightened citizen expectation continues for rapid public health response to local emergencies. Meanwhile, the business sector is rapidly engaging in Influenza Pandemic Planning. This results in increasing requests for Public Health consultation and Influenza Pandemic planning with the business sector. These types of preparedness commitments have almost eliminated Public Health's capacity to engage in Chronic Disease Prevention programs, as well as community health education and prevention promotion (i.e. unable to promote new recommended vaccines and cancer prevention screenings, no injury prevention and safety programs, no newsletters or regular media campaign).
- Early identify preventable chronic diseases, i.e., Heart Disease, Cancer and Diabetes, in the community through health screenings. This results in meeting Wisconsin State Statutes for the maintenance of a Level II Public Health Agency.
- Early identify children who are at risk for childhood lead poisoning. Provide childhood lead poisoning prevention education, screenings, and remediation follow up of children who are lead poisoned.
- Public Health Division will continue to be challenged to search for and create new revenue streams to keep pace with increasing demands for local public health services. Given the lack of adequate and stable funding of Public Health, it is anticipated that constant evaluation of "core" services will occur, although it must be noted that the reductions of the past years, and future budget driven decisions may threaten the Division of Public Health's ability to maintain Level II status.
- Maintain a highly experienced public health management team to provide leadership and problem solving.
- Staff are experienced in conducting large and complex outbreak investigations, as well as large and small immunization clinics in a variety of settings. Staff are cross trained to other sections and can be deployed from other duties to assist with outbreak investigations as needed. Staff are experienced in bringing up Incident Command Structure and continue to exercise these skills annually.
- The Health Officer, Management team, and public health nurses have received formal Public Health Preparedness training in Incident Command Systems and the National Incident Management System. Public Health nurses have had annual training on Personal Protective Equipment which would be utilized in the event of risk of exposure procedures and during specified emergency conditions.
- Experienced Maternal and Child Health staff, who are accomplished in working with very high risk pregnant women, keeping them and their newborn infants out of deep end services.
- Public Health Management staff are experienced with, and continue to seek out new revenue sources, having added new revenue streams from such programs as Refugee Health Screening, Child Health Checks, and the Travel Clinic.
- Very experienced in establishing and maintaining successful community partnerships. A prime example of large scale community partnering can be seen

in the 2009 National Public Health Performance Standards Assessment Project of the community-wide public health system.

VII. OBJECTIVES BY STRATEGIC OUTCOMES

A. Strategic Outcome: A Safe County

Objective #1: To minimize recurrence of child abuse and neglect, and recurrence of juvenile crime.

Objective Owner: Jesús Mireles, Antwayne Robertson, Peter Slesar

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Conduct initial assessments and provide training in accordance with state Safety, Access and Investigation/Assessment standards.	Access Units, Children & Family Services units, After Hours Crisis Intervention Staff	Ongoing
2. Train staff about the new ongoing safety standards for child protective services, within 30 days of hire and within 60 days of new changes.	Children & Family Services and Adolescent & Family Services Staff and Supervisors	Ongoing
3. Complete comprehensive family assessments and develop case plans based on family strength and need level, within 60 days of case assignment, per State Child Welfare standards.	Children & Family Services Division and Adolescent & Family Services Division Staff and Supervisors	Ongoing
4. Utilize standardized risk and needs assessment tool to evaluate risk of re-offending, augmenting comprehensive family assessment, and assign case to appropriate service level. Monitor validity of tool by periodically reviewing re-offense levels relative to tool's risk levels.	Juvenile Court Intake and Services Staff and Supervisors	Ongoing
5. Provide ongoing services and supervision that promote child and family safety, juvenile and family accountability, competency and community protection.	Juvenile Court Intake and Services Staff, and Supervisors	Ongoing
6. Perform family case reassessment at least every 3 months to review appropriateness of safety plan, case plan and service effectiveness. Perform Delinquency Risk Reassessment and Youth & Family Reassessment at least every 6 months to review appropriateness of service plan and risk of re-offending. Select, implement and evaluate an additional outcome measurement mechanism for assessing change in functioning for families of Juveniles In Need of Protection of Services (JIPS).	Children and Family, and Adolescent and Family Division Staff and Supervisors	Ongoing
7. Track recurrence rate of child maltreatment utilizing data in eWiSACWIS. Track juvenile re-offending	Supervisors, Managers, eWiSACWIS clerical	1 st Quarter Annually

utilizing juvenile intake database and C-CAP systems.	specialist, Juvenile Services Restitution Clerk for juvenile reoffending.	
8. Prepare annual reports on recurrence rates of child abuse and neglect and juvenile crime	Jesús Mireles, Antwayne Robertson, Peter Slesar	1 st Quarter Annually

Key Outcome Indicator #1A: % of children who are victims of substantiated maltreatment or are found likely to be maltreated who have a subsequent finding of substantiated abuse/neglect within 6 months. Federal standards is $\leq 6.1\%$ (Mireles and Robertson)

Key Outcome Indicator #1B: Ranking of Recurrence of Maltreatment Rate Among All Wisconsin Counties, with #1 indicating lowest recurrence rate and #72 indicating highest.

Performance Measure (A):	2008 Actual	2009 Target	2009 Estimate	2010 Target
Recurrence rate of Child Abuse/Neglect	6.88%	$\leq 6.1\%$	6.1%	$\leq 6.1\%$

Performance Measure (B):	2008 Actual	2009 Target	2009 Estimate	2010 Target
Waukesha County Recurrence Ranking Among All Counties	51	<39	<39	<39

Key Outcome Indicator #2: % of juvenile offenders served who re-offend while under court supervision. Department standard is $\leq 25\%$ (OJJDP recognized benchmark rate is 50%) (Slesar)

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Recurrence rate of Delinquent Offenders	30.8%	$\leq 25\%$	30%	$\leq 25\%$

Objective #2: To maintain the Public Health Level II status as accredited by the State of Wisconsin Division of Health and Family Services (DHFS) in June of 2005, and meet emerging public health demands.

Objective Owner: Peter Schuler

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Annually maintain a 40.37 FTE staffing level to insure and maintain Level II status public health programs.	Health Officer	Ongoing

Key Outcome Indicator: Percent of Public Health Division programs meeting DHFS Level II Status.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of available public health staff for Level II program maintenance.	100%	100%	100%	100%

Objective #3: To remediate health problems due to nutritional deficiencies through the maintenance of a Women, Infant and Children Program.

Objective Owner: Nancy Healy-Haney

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Enroll Pregnant and Lactating Women and Infants and Children through age 5 years.	Public Health Division WIC Staff	12/31/07 – 12/31/10
2. Assess enrollees for health problems associated with nutritional deficiencies.	Public Health Division WIC Staff	12/31/07 – 12/31/10
3. Specify nutrition recommendations, with corresponding vouchers, outlining food purchases to remediate nutrition related health problems.	Public Health Division WIC Staff	

Key Outcome Indicator: Percent of pregnant and lactating Women and Infants and Children remediated nutrition related health problems. USDA Federal standard 80% of enrollees.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of remediated nutrition related health problems.	86%	80%	86%	86%

Objective #4: Incorporate the Wisconsin Electronic Disease Surveillance System (WEDSS) into the Public Health Division for Communicable Disease, Maternal and Child Health and Chronic Disease Reporting.

Objective Owner: Nancy Healy-Haney

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. The Public Health Management Team, will complete the transition to the WEDSS electronic system through the development of policies and procedures for data collection, case management, and documentation of communicable disease control and	Public Health Management Team, Public Health Nurses, Public Health Clerks	2008 – 2010 Ongoing

overseeing the implementation of new procedures with public health staff.		
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Key Outcome Indicator: Percent of WEDSS procedures completed and implemented.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of CD Reporting Module incorporated into the Public Health Division	N/A	N/A	N/A	100%

Objective #5: The Public Health Division will meet the Centers for Disease Control (CDC) standards for controlling Category I highly contagious and high mortality rate communicable diseases within 24 hours and Category II lower mortality rate communicable diseases within 72 hours; response to any natural communicable disease disaster and/or an intentional biological terrorism event.

Objective Owner: Nancy Healy-Haney

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Follow up on all 80 Category I and Category II nationally required reportable communicable diseases through epidemiological case investigations and implementation of control measures by the Communicable Disease Control Team of designated public health nurses	Public Health Nurses	2007-2010 Ongoing

Key Outcome Indicator: Percent of communicable diseases controlled through epidemiological investigations and implementing control measures. CDC standards for communicable disease control measures implemented Category I in 24 hours and Category II in 72 hours.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of Category I CD controlled	95%	96%	96%	96%
% of Category II CD controlled	86%	87%	87%	87%

Objective #6: Develop a community Health Improvement Plan (CHIP) with community partners in according with State Statutes.

Objective Owner: Nancy Healy-Haney

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
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1. Work with community partners to review the 2009 Health Report Card and National Performance Standards data and other community studies to arrive at local CHIP recommendations.	Health Officer Public Health Manager HHS Coordinator Community Partners	2010
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Key Outcome Indicator: Percent of CHIP completion.

Performance Measure: % of CHIP Completed	2008 Actual 0	2009 Target 80%	2009 Estimate 90%	2010 Target 100%
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Objective #7: Improve the health and functioning of children exposed to elevated lead levels.

Objective Owner: Nancy Healy-Haney

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Provide childhood lead screening three days per week in public health clinics and at requested specialized community clinics.	Public Health Technician	2007-2010 Ongoing

Key Outcome Indicator: Maintain reversal rates of lead poisoned children

Performance Measure: Symptomatic Reversal Rate	2008 Actual 75%	2009 Target 76%	2009 Estimate 76%	2010 Target 80%
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Objective #8: Reduce the number of low birth weight infants of pregnant women who are enrolled in the Public Health Prenatal Care Coordination Program (PNCC).

Objective Owner: Nancy Healy-Haney

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Provide PNCC health services to high risk pregnant women.	Public Health Nurses	2007-2010 Ongoing

Key Outcome Indicator: The rate of delivered infants will be a minimum of 37 weeks gestation and/or 5 lbs. 8 ounces.

Performance Measure: 1. Rate of Health Infants	2008 Actual 95%	2009 Target 95%	2009 Estimate 95%	2010 Target 95%
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Objective #9: Early identify preventable chronic diseases, such as Cancer, Heart Disease and Diabetes through public health screening detection programs.

Objective Owner: Nancy Healy-Haney

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Provide community chronic disease screenings.	Public Health Nurses	2007-2010 Ongoing

Key Outcome Indicator: Provide 52 annual community site screenings.

	2008	2009	2009	2010
Performance Measure:	Actual	Target	Estimate	Target
1. Maintenance rate of community site screenings	100%	100%	100%	100%

Objective #10: Develop, Implement, and Monitor a plan to meet State and Federal Human Services Readiness mandates, which continue to evolve.

Objective Owner: Larry Barthen, Health and Human Services Emergency Readiness Coordinator

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Utilize Readiness Planning Workgroup	Larry Barthen	5/07 Ongoing
2. Review and Address State Human Services Readiness Checklist and Report Level of Readiness and GAP Analysis	Larry Barthen, Readiness Workgroup Members	Ongoing
3. Coordinate actions and agreements to improve HHS Readiness Status	Larry Barthen	2008-2011 Ongoing
4. Maintain Preparedness Training spreadsheet/grid for all HHS Staff to insure compliance with minimum training standards.	Linda Johnson	Ongoing

Key Outcome Indicator: Percentage of State Readiness Checklist items determined to be satisfactorily completed.

	2008	2009	2009	2010
Performance Measure:	Actual	Target	Estimate	Target
% Satisfactory Readiness on State Emergency Checklist	30%	50%	50%	70%

Key Outcome Indicator: Federal Preparedness funding requires complete training of HHS with potential financial impact if not in compliance.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% HHS Staff Preparedness Trained Within 9 Months of Employment	24%	60%	60%	80%

* 2008 – Family Care Onset.

– All HHS staff now designated as “first responders”.

B. Strategic Outcome: Cost Effective Services Delivered with Competence and Skill

Objective #1: Divert at risk populations from high cost placements into lower cost, safe and more effective community based placements.

Objective Owner: Peter Slesar, Jesús Mireles

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Complete accurate individual and family service assessments and develop appropriate case plans, within 60 days of case assignment.	Adolescent and Family, and Child and Family Division Unit Supervisors and Staff	2009-2012 Ongoing
2. Tailor services to meet individual client need and modify plans as needed to maintain family unity	Adolescent and Family, and Child and Family Division Unit Supervisors and Staff, Vendors	2009-2012 Ongoing
3. Provide ongoing intervention services to mitigate risk of out of home placement.	Adolescent and Family, and Child and Family Division Unit Supervisors and Staff, Vendors	2009-2012 Ongoing
4. Track assigned cases to measure % placement rate on an annual basis.	Unit Supervisors, Children and Family Services Division Manager, Adolescent and Family Services Division Manager, WiSACWIS clerical, Information Services Support Staff	January, annually

Key Outcome Indicator #1: % of all Waukesha County children requiring placement into more expensive settings ranging from foster care (\$7,300/year) to residential care centers (\$108,000/year). Department standard is $\leq .2\%$. (Mireles)

Key Outcome Indicator #2: % of Waukesha County youth referred for delinquency or as juveniles in need of protection or services who require placement into more expensive settings ranging from treatment foster care (\$38,000/year) to residential care centers (\$108,000/year). Department standard is $\leq 2.0\%$. (Slesar)

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Placement rate of Waukesha County Child Population	$\leq .2\%$.2%	$\leq .2\%$	$\leq .2\%$

Placement rate of Youth Referred

for truancy and delinquency ≤ 2.0% 2.0% ≤ 2.0% ≤ 2.0%

Objective #2: Comply with all Birth to Three (B-3) state and federal program and reporting requirements.

Objective Owner: Jesús Mireles

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Review the B-3 Program Improvement Plan (PIPP)	Children and Family Services Division Manager, Director of Health Services, Manager of B-3 Program	Annually
2. Monitor and evaluate internal process and workflow involving referrals to B-3, and implement process improvements as they are identified. Monitor changes and make recommendations for improved effectiveness and efficiency.	Children and Family Services Division Manager, Director of Health Services, Manager of B-3 Program, Access/Shared Services Supervisor, Administrative Support Supervisor	Annually
3. Review the IFSP (Individual Family Service Plan) process and timelines. Implement changes if deemed necessary.	Children and Family Services Division Manager, Director of Health Services, Manager of B-3 Program	Ongoing
4. Track assigned cases to measure % of IFSP's created within required timelines.	Children and Family Services Division Manager, Director of Health Services, Manager of B-3 Program	Ongoing
5. Ensure adequate response rates to family survey and/or listening sessions for annual B-3 self-assessment.	Children and Family Services Division Manager, Director of Health Services, Manager of B-3 Program	Ongoing
6. Meet with county school districts to ensure B-3 Program Participating Services (PPS) is operational.	Children and Family Services Division Manager, Director of Health Services, Manager of B-3 Program	7/1/09 Ongoing

Key Outcome Indicator: % of all IFSP (Individual Family Service Plan) completed within the required timelines.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
IFSP completed within the required timelines	100%	90%	90%	90%

Objective #3: Review the ISP (Individual Service Plan) process and implement changes as needed in order to ensure timeliness, efficient, and effective services.

Objective Owner: Jesús Mireles

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. An initial letter will be mailed to the family identifying their service coordinator and what the next steps will be in the process, within three (3) working days of the receipt of the initial phone call from the family.	Jesus Mireles, Alternate Care Supervisor, Autism Staff	QTR 4 each year
2. The service coordinator will make the initial contact with the family following receipt of a new referral within two (2) weeks.	Jesus Mireles, Alternate Care Supervisor, Autism Staff	QTR 4 each year
3. The service coordinator will call the family/provider, informing them of the award of a CLTS Waiver slot within two (2) business days.	Jesus Mireles, Alternate Care Supervisor, Autism Staff	QTR 4 each year
4. The service coordinator will send all requisite information to the State to get a child on the CLTS Waiting list within two (2) business days of receipt of all the required information	Jesus Mireles, Alternate Care Supervisor, Autism Staff	QTR 4 each year
5. The first Individual Service Plan (ISP) will be completed within three (3) months from service start date.	Jesus Mireles, Alternate Care Supervisor, Autism Staff	QTR 4 each year
6. Evaluate feasibility and efficacy of recommendation by Special Needs Subcommittee of the Child and Family Services Advisory Committee to utilize a combined customer satisfaction survey for CLTS, Family Support, and B-3.	Children and Family Services Manager, Alternate Care Supervisor, Special Needs Subcommittee, Staff	12/09

Key Outcome Indicator: Percentage of households overall level of satisfaction with the Children's Long Term Support Autism (CLTS) program.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of households surveyed rating	90%	90%	90%	90%

overall satisfaction 3 or higher on a scale from 1-5.

Objective #4: In partnership with the DOA- Divisions of Information Technology and Purchasing, evaluate the fit of the NetSmart Technologies *Avatar Clinician Workstation* –(*AvatarCWS*’ and accompanying module(s) such as document management/imaging, e-prescribing and mobile access, to provide a Case Management/ Electronic Health Record (EHR) tool for the County certified by the Certification Commission for Health Information Technology (CCHIT).

Objective Owner: Russell Kutz, Fiscal and Administrative Services Manager
Mike Biagoli, DOA-IT Division Manager

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Reaffirm NetSmart Technologies’ AvatarCWS application (and other related modules), as a fit for the County’s Health and Human Services case management/EHR needs. Prepare Business Case for the 2008 Capital Budget process.	HHS Information Services Coordinator, HHS Operating Committee, IT staff, and Consultant	1 st Qtr 2011
2. Contract negotiations with Netsmart Technologies	HHS Administrative Services Manager, HHS Information Services Coordinator, IT staff, Purchasing	1 st Qtr 2011
3. Project Planning, Requirements, Functional & Technical Specifications	Vendor, HHS Information Services Coordinator, HHS Operating Committee and IT staff	2 nd – 3 rd Qtr 2011
4. Analysis, Design & Development	Vendor, HHS Information Services Coordinator, HHS Operating Committee, and IT staff	2 nd – 3 rd Qtr 2011
5. Package Implementation in Test System	Vendor, HHS Information Services Coordinator, HHS Operating Committee, and IT staff	3 rd Qtr 2011
6. Iterative Testing, Training and Package Implementation in Production	Vendor, HHS Information Services Coordinator, HHS Operating Committee, and IT staff	4 th Qtr 2011
7. Post Project Review	HHS Administrative Services Manager, HHS Information Services Coordinator, HHS Operating Committee, and IT staff, DOA Budget (ROI)	1 st Qtr 2012

Key Outcome Indicator:. Health and Human Service is able to manage case data through an electronic case management/Electronic Health Record system, which will result in reduced paperwork; enhanced case worker coordination, access to case data across campus buildings and from remote sites, decreased time associated with chart pulling and filing, increased data access for management planning and evaluation, and reduced exposure to risk associated with data security issues.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of HHS Users Rating System Satisfactory re: Outcome Goals	N/A	N/A	N/A	N/A

Objective #5: In partnership with the DOA- Divisions of Information Technology and Purchasing, evaluate the fit of the NetSmart Technologies' *Avatar Managed Services Organization (AvatarMSO) application and* accompanying module(s) as a replacement for PeopleLink (master client index, service contracts, service authorization, and accounts payable functions) for the purpose of reducing IT support and for the added security and managed care functionality.

Objective Owner: Russell Kutz, Fiscal and Administrative Services Manager
Mike Biagoli, DOA-IT Division Manager

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Review 2 nd Qtr 2007 application study of the NetSmart Technologies <i>Managed Services Organizations (AvatarMSO) module</i> validating a fit for the County's Health and Human Services needs. Prepare Business Case for the 2009 Capital Budget process.	HHS Information Services Coordinator, HHS Operating Committee, IT staff, and Consultant	1 st – 2 nd Qtr 2009
2. Contract negotiations with Netsmart Technologies.	HHS Administrative Services Manager, HHS Information Services Coordinator, IT staff, Purchasing	2 nd Qtr 2009
3. Project Planning, Requirements.	Vendor, HHS Information Services Coordinator, HHS Operating Committee and IT staff	2 nd – 3 rd Qtr 2009
4. Functional & Technical Specifications.	Vendor, HHS Information Services Coordinator, HHS Operating Committee and IT staff	3 rd Qtr 2009 – 1 st Qtr 2010

5. Analysis, Design & Development.	Vendor, HHS Information Services Coordinator, HHS Operating Committee, and IT staff	2 nd Qtr 2010
6. Package Implementation in Test System	Vendor, HHS Information Services Coordinator, HHS Operating Committee, and IT staff	3 rd Qtr 2010
7. Iterative Testing, Training and Package Implementation in Production.	Vendor, HHS Information Services Coordinator, HHS Operating Committee, and IT staff	3 rd - 4 th Qtr 2010
8. Post Project Review	HHS Administrative Services Manager, HHS Information Services Coordinator, HHS Operating Committee, and IT staff, DOA Budget (ROI)	1 st Qtr 2011

Key Outcome Indicator:. Health and Human Service is able to replace its current in-house system, PeopleLink, with a system that maintains the productivity gains, audit controls, accuracy and timely payments already realized by implementing PeopleLink, adds needed HIPAA-required security and electronic data interchange (EDI) capabilities and encounter-driven managed care tracking while reducing IT-related support associated with maintaining an in-house built application.

Performance Measure: (To be developed)	2008 Actual	2009 Target	2009 Estimate	2010 Target
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Objective #6: Upgrade all major computer systems to currently supported versions in order to avoid emergency upgrades and other risks associated with unsupported systems.

Objective Owner: Russell Kutz, Fiscal and Administrative Services Manager
Mike Biagoli, DOA-IT Division Manager

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Identify major systems and their current version status, frequency of upgrades.	HHS Information Services Support Coordinator, IT Business Services Administrator, IT Application Administrator	2 nd Qtr 2009
2. Develop a three-year upgrade plan and estimated	HHS Information Services	3 rd Qtr 2009

resource requirements, develop needed documentation for submission to the Technology Review Process.	Support Coordinator, IT Business Services Administrator, IT Application Administrator, IT Business Analyst	
3. Track number of major systems with unsupported or on software versions that are not one of the two most current.	HHS Information Support Services Coordinator	4 th Qtr 2010

Key Outcome Indicator: Increase each year, the number of major systems on supported or current versions by 2009, at which time all major systems will be on supported versions.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of HHS IT Applications on Current or Supported Hardware and Software	TBD	TBD	TBD	TBD

Objective #7: Implement succession-planning strategies to help mitigate the adverse impact of the near future surge of retirements by key supervisory and management staff.

Objective Owner: Don Maurer, Managers

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Update and monitor HHS Retirement Eligibility List	Schuler, Maurer, and Managers	Ongoing
2. Maintain department-wide listing of potential Supervisor/Management succession candidates, and review for urgent gaps.	Schuler, Maurer, Managers	Ongoing
3. Continue discussions with DOA/HR staff to develop strategies/initiatives to enhance internal supervisory/management candidate readiness	Schuler, Maurer, select Managers, and designated DOA/HR staff	Ongoing
4. Implement selected strategies/initiatives including incorporation of training and experiential opportunities into Supervisor/Manager Candidate Goals.	HHS Management staff	Ongoing

Key Outcome Indicator: Percentage of Department work units which have at least one identified department staff member interested in advancement to that position, and considered capable by Management Team to effectively assume supervisor/management position.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of Work Units Deemed				

“Succession Ready”	40%	75%	65%	85%
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Objective #8: Implement an Aging and Disability Resource Center (ADRC) in Waukesha County by 3/31/08 through collaborating with county and community partners to provide a coordinated entry point for information and services for older adults and individuals with disabilities

Objective Owner: Senior Services Director, HHS-Long Term Care Division Manager, DOA-Budget Manager & ADRC Employment Services Manager

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Meet with HHS, Senior Services, Budget, IT and H.R. management to review the status and plan for the State’s Long-Term Care redesign program requirements.	HHS, Senior Services, & DOA Dept. Staff	By 6/15/07
2. Develop an operations transition plan.	Work Group	(From 6/1/07) by 6/29/07
3. Develop Financial model(s) to identify what resources will be provided by the State and County	Work Group	(From 6/1/07) by 7/1/07
4. Identify the computer system requirements. Local/State.	Work Group	(From 6/1/07) by 2/29/08
5. Review plans for implementation with County Executive and upon approval present to other stakeholders and appropriate Boards and Committees for action.	Work Group	By 8/17/07
6. Submit required application for state approval.	Senior Services & HHS	By 9/1/07
7. Develop and present HHS and Senior Services 2008 Budget.	Work Group	(From 6/30/07) by 11/20/07
8. Sign Contract with the state and implement the ADRC.	Senior Services	3/31/08
9. Post implementation review and refinements for future years budgeting and lessons learned.	Work Group	By 6/30/09

Key Outcome Indicator:

1. Opening the Aging and Disability Resource Center (ADRC).
2. Meet the required timeframes for completion of service referrals at a 90% rate in the first year.
3. Meet customer needs based on an 80% positive response to customer satisfaction survey results.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Completion of service referrals	N/A	N/A	90%	95%

Positive response to customer surveys	N/A	N/A	N/A	80%
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C. Strategic Outcome: A County that Assists At-Risk Citizens

Objective #1: Improved school attendance of court referred truants

Objective Owner: Peter Slesar, Adolescent & Family Services Division Manager

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Further develop, test and refine truancy database.	Adolescent and Family Services Supervisors and Clerical Staff	Revision 2009
2. Enter data into database for youth opened for ongoing services in Family Services Units	Clerical Staff	2009-2012 Ongoing
3. Collect semester attendance records for youth in database from county school districts within one month of end of semester.	Clerical Staff	2009-2012 Ongoing
4. Input attendance data and attendance rates into database within 3 months of semester end.	Clerical Staff	2009-2012 Ongoing
5. Analyze data within 4 months of each semester end.	Adolescent and Family Services Division Manager	2009-2012 Ongoing
6. Develop annual report on school attendance	Adolescent and Family Services Division Manager	2009-2012 QTR 2 Annually

Key Outcome Indicator: % of habitual school truants who improve school attendance while receiving services, per staff reports. Department standard is $\geq 70\%$.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	20010 Target
% of truants showing improvement	73%	$\geq 70\%$	72%	$\geq 70\%$

Objective #2: Develop MOU to insure cross systems collaboration concerning elder-adults-at-risk of abuse, neglect or financial exploitation, in response to new legislative mandates enacted in 2006, and ongoing state policy directives.

Objective Owner: Antwayne Robertson, Division Manager

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Develop Adult-at-Risk memorandum of understanding.	Antwayne Robertson, APS Supervisor, DA's Office, and Sheriff's Department	August, 2009

Key Outcome Indicator: Re-referral rate for individuals assessed under adults at risk mandate.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Re-referral rate	N/A	≤ 10%	10%	< 10%

Objective #3: To provide Crisis Respite Child Day Care Services to families who are in crisis.

Objective Owner: Antwayne Robertson, Division Manager

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Review referrals for urgency, immediacy and controllability, of crisis situation.	Shared Services Supervisor, HHS Support staff	Ongoing
2. Triage identified referrals based on service needs.	Shared Services Supervisor, HHS Support staff	Ongoing
3. Monitor and track number of children served, number of crisis respite hours provided and in the budget.	Shared Services Supervisor, HHS Support staff	Ongoing
4. Crisis Child Day Care client list will be reviewed to track and monitor family service status, budget and for CPS referrals monthly.	Shared Services Supervisor, HHS Support staff	Ongoing

Key Outcome Indicator: Provide Crisis Respite Child Care services to families in crisis in order to reduce or minimize the risk factors contributing to families in crisis. Effectiveness will be measured through tracking of subsequent Child Abuse/Neglect Report Assessments.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Crisis Respite Families Served who Remain Free of Abuse/Neglect	95%	≥ 95%	≥ 95%	≥ 95%

Objective #4: To provide effective care and services that allow individuals to return to community based settings as soon as possible.

Objective Owner: Clinical Services Division

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Review yearly # of patient admissions entering the Mental Health Center for treatment and their presenting problem.	Mental Health Center staff	2011 Ongoing
2. Annually determine how many patient readmissions have occurred during the year.	Mental Health Center Administrator	2011 Ongoing
3. Determine how many readmissions occurred prior to 30 days from the latest Mental Health Center discharge date, and prepare report for Director	Mental Health Center Administrator	2011 Ongoing

Key Outcome Indicator: The readmission rate is a measure of the effectiveness of inpatient treatment and subsequent community aftercare. The goal of the MHC is not to exceed 10% for readmission within 30 days of discharge.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Readmission within 30 days of discharge	9.2%	≤ 10%	9%	≤ 10%

Objective #5: To provide effective care and treatment to citizens requiring AODA services using “best practice” intervention and technologies to assist the individual in reducing their chemical use and/or obtaining full sobriety.

Objective Owner: AODA Treatment Staff

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Review ongoing AODA client population regarding current treatment needs and trends which will require alternatives for treatment.	AODA Supervisor	2011 Quarter Annually
2. Review best practice literature on a regular basis to ensure the availability of a comprehensive array of services geared to the needs of the AODA Community.	AODA Supervisor	2011 Quarter Annually
3. Determine staff and contract resources needed for expansion or reallocation to meet identified AODA treatment needs.	AODA Supervisor	2011 Quarter Annually
4. Evaluate effectiveness of AODA interventions per HSRS AODA discharge module criteria.	AODA Supervisor	2011 Quarter Annually

Key Outcome Indicator: Number of clients who report making major or moderate improvement upon discharge from services. (70% or higher)

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
	N/A	≥ 64%	70%	≥75%

Objective #6: Develop and implement a plan to expand the Comprehensive Community Services Benefit to serve additional clients and increase federal revenues.

Objective Owner: Clinical Services Division

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Review CCS eligible clients and devise a systematic plan of implementation to increase the number of adults that can be reasonably served per year.	Mental Health Center Day Treatment Supervisor	2011 QTR 1
2. Review the eligibility of SED children that could be served by CCS.	Clinical Services Outpatient Services Coordinator	2011 Ongoing
3. Determine staff and contract resources needed for expansion.	Mental Health Center Day Treatment Supervisor	2011 QTR 2
4. Implement expansion plan as outlined above using a “Plan, Do, Check, Act” planning protocol.	Clinical Services Outpatient Services Coordinator and Mental Health Center Day Treatment Supervisor	2011 QTR 2
5. Review # of new cases and additional revenue, and provide report to Director.	Clinical Services Division Manager and Outpatient Services Coordinator, and Mental Health Center Day Treatment Supervisor	2011 QTR 1

Key Outcome Indicator: CCS program participants will increase monthly in accordance with CCS state admission standards with concurrent increase in department revenue.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Annual increase in CCS participants	20	76	80	100

Objective #7: Plan for the orderly transition of current county provided Long Term Care services to a managed care entity beginning in July of 2008 with minimal disruption to consumers. Eliminate the wait list by July 2010, or other date to be established by the state

Objective Owner: HHS Management, Senior Services Director, DOA-Budget & HR

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Meet with HHS, Senior Services, Budget, IT and H.R. management to review the status and plan for the State's Long-Term Care redesign program requirements.	HHS, Senior Services, & DOA Dept. Staff	By 6/15/07
2. Develop an operations transition plan.	Work Group, State selected MCO's, DHFS	(From 6/1/07) by 6/29/07
3. Develop Financial model(s) to identify what resources will be provided by the State and County	Work Group	(From 6/1/07) by 7/1/07
4. Review plans for implantation with County Executive and upon approval present to other stakeholders and appropriate Boards and Committees for action.	Work Group	By 8/17/07
5. Develop and present HHS and Senior Services 2008 Budget.	Work Group	(From 6/30/07) by 11/20/07
6. Sign Memorandum of Understanding with MCOs.	Work Group, Corp Counsel & Risk Management	By 12/1/07
7. Identify plan for subcontracting and negotiate contracts with Managed Care Organizations (MCO) for case management.	Work Group, Corp Counsel & Risk Management	(From 1/1/08) by 6/30/08
8. Post implementation review and refinements for future years budgeting and lessons learned.	Work Group	By 9/30/09

Key Outcome Indicator:

1. Current LTC clients are transitioned to MCO by 12/31/08 or six months after the implementation of start up of the MCO.
2. Wait list clients will be transitioned to CMO by July 2011.
3. Transition results provided at tax levy neutral or cost savings to the Waukesha County.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
% of clients off wait list	N/A	N/A	75%	90%
% of cost savings to the County	N/A	N/A	0%	12.5%*

*Assumes state legislature provides funding to pay back county community aids at WCA proposed levels.

D. Strategic Outcome: A County that Provides Customers with Quality Programs

Objective #1: To maintain Waukesha County food share error rate below the statewide error rate, which then avoids fiscal sanction to County.

Objective Owner: Antwayne Robertson, Division Manager

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Supervisors will train and monitor staff work performance and caseloads. Supervisors will review the error with unit staff to prevent future errors.	ESS Coordinator and ESS Supervisor	2008-2011 Ongoing

Key Outcome Indicator: If sanctioned, there may be a \$93 penalty for every \$1 error (i.e., \$100 error = \$9,300 sanction). Economic Support Services program accuracy rate average ratio will remain 1-3% above the State rate.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Food Share Accuracy Rate				
State accuracy rate:	94.28%	≥ 94.28%	≥ 94.28%	≥ 94.28%
Waukesha County:	94.25%	<u>94.25%</u>	94.25%	<u>94.25%</u>

E. Strategic Outcome: A Well Planned County

Goal/Critical Issue: Resolve issues of funding, staffing, process flow, service provision and communication associated with establishing and maintaining an Aging and Disabilities Resource Center (ADRC)

Objective: The Aging and Disability Resource Center and Veterans' Services will merge with the Health and Human Services Department beginning January 1, 2010.

Objective Owner: HHS Director, ADRC Director, Veterans' Services Director

Action Steps To Complete These Objectives	Individuals Involved	Target Date to Complete
1. Meet with ADRC, HHS, Veterans' Services, Budget, and Human Resources to review status and plan merger specifics.	Directors of HHS, ADRC, Veterans Services	By 7/15/09
2. Prepare Resolution regarding merger of ADRC and Veterans' Services into HHS for presentation to the County Board.	HHS Director HHS Deputy Dir.	By 7/31/09
3. Develop an operations transition plan.	Directors of HHS, ADRC, Veterans Services	By 8/1/09
4. Develop and present 2010 ADRC budget as part of the 2010 HHS budget.	Directors of HHS, ADRC, Veterans Services, Senior Financial Analysts	From 7/01/09 to 11/13/09
5. Post implementation review and refinements for future years budgeting, lessons learned, and incorporation of business process analyses into integrated operational refinements.	HHS Director ADRC Manager Veterans Manager	12/31/2010

Evidence of Success:

1. Department merger completed by 1/1/2010.
2. Merger is seamless to consumers. Continue to meet ADRC customer needs based on an 80% positive response to customer survey.

Performance Measure:	2007 Target	2008 Target	2009 Target	2010 Target
Merger operational	N/A	N/A	N/A	01/01/2010
Positive response to customer survey	N/A	N/A	N/A	80.0%