# Dementia Care Specialist SharePoint Site

Last Revised: September, 2021

# Purpose

The purpose of this document is to serve as a tool for dementia care specialists (DCS) and their supervisors to gain access to and navigate the DCS SharePoint site. Additionally, this document outlines SharePoint site reporting requirements to support consistent statewide reporting for DCS at Aging and Disability Resource Centers (ADRC) and Tribal Agencies. DCS are required to report specific programming, services, evidence-based and evidence informed programs, marketing, and outreach. The <u>DCS Activity Reporting form</u> can be found on the <u>DCS SharePoint site</u>.

### **Gaining Access to the DCS SharePoint Site**

If you do not have a Wisconsin Logon Management System (WILMS) ID, you will need to request one. This is different than a WAMS ID.

- 1. Register for a WILMS ID here: <u>http://register.wisconsin.gov</u>.
- 2. Select "Self Registration" on this page.







3. Click "Accept"



4. Enter your name and email address (required) under "Profile Information." Other information is optional. Select "SharePoint" under "Systems You Will Access."

|                  | <b>A</b> (1)                                   |      |
|------------------|--|------|
| Account          | Creation                                       |      |
| *Indicates Requi | red Field                                      |      |
| Profile Info     | rmation  |      |
| First Name       | Mickey   | *    |
| Middle Initial   |  |      |
| Last Name        | Mouse  | *    |
| Suffix           |  |      |
| E-Mail           | mmouse@my.isp.net                              | *    |
| Phone            | Use this format 6005551234<br>ext.             |      |
| Mailing Address  |  |      |
| Street Address   |  |      |
| City             |  |      |
| State/Province   | <b>•</b>                                       |      |
| Zip Code         | -  |      |
| Systems Yo       | ou Will Access                                 |      |
| Use your mouse   | e to highlight the system that you want to acc | ess. |
| Systems          | Fire Dues Registration DHS Vital Records       | *    |
|                  |  |      |





5. Enter your chosen Logon ID, password, account recovery question and answer, and verification code. Click "Submit."

| Account Info  | nmation<br>nust be between 5-20 characters and CAN be a combination of letters and<br>Logon ID must not contain spaces or special characters   |
|---|--|
| Logon ID  | *  |
| Your Password i<br>either numbers<br>sensitive. Your                                  | must be 7-20 characters long and <b>MUST</b> contain a combination of letters and<br>or special characters (except the @ ? / signs). Passwords are case<br>Password cannot contain the Logon ID. |
| Password  | *  |
| Re-enter<br>Password  | *  |
| Enter a question<br>Password. Your<br><u>Secret Question an</u><br>Secret<br>Question | n and answer for use if you forget your DOA/Wisconsin Logon ID or<br>Secret Question and Secret Answer cannot contain your password.<br><u>d Answer Tips</u>                                     |
| Verification<br>This step helps<br>If you cannot see t                                | prevent automated registrations.<br>he number below <u>click here</u> .  |
| 18326   | Please enter the number as it is shown in the box to the left.   |
|   | Submit Reset   |

6. Contact the DCS Program Manager at DHS with your logon ID and email address that you registered with.







7. The DCS Program Manager will send you the URL of the site. Enter the URL into your browser. You will be prompted to log in. Enter your WILMS ID and the password.

| WIL   | MS - Wisconsin Lo | gon Management System   |
|---|-------------------|---|
| WILMS   | Sign In           | Help  |
|   |                   | I have forgotten my user name or password.  |
| Note: The "wiext\" prefix is no longer needed in front of your user name. |                   | I need to change my password.   |
|   |                   | I need to change or update my account information.  |
| WILMS Decoword  |                   | I do not have a WILMS account and would like to register for one.   |
| WILMS Password.   | Sign In           | After you sign up for a new account, you need to contact the administrator for your specific site to authorize your access. |
|   | e Cien la llere   |   |

If you forget your user name or password, you can recover your account at: <u>http://register.wisconsin.gov/AccountManagement/acctrecovery/EmailEntry.aspx</u>.

## **SharePoint Site Training Videos**

DCS SharePoint Site Tour <u>How to Set Up an Alert on a Page</u> <u>How to Download and Upload Documents to the DCS Document Library</u> <u>How to Complete DCS Activity Reporting and Develop a Report</u> <u>How to Use the DCS Programming Shared Calendar</u> <u>How to Edit, Export, Filter, and Search SharePoint Lists</u>

## **SharePoint Site Reporting**

#### 1. DCS Activity Reporting Form

- Title: Enter the title of the event or activity.
- DCS(s) Involved: Enter the WILMS ID or email address for the DCS(s) involved in the event or activity.
- Date: Enter the date of the event or activity. If reporting event and marketing, enter the date of the event or activity, not the date that you marketed the event or activity. If only reporting marketing, enter the date that the marketing or outreach was published.
- County: Enter the county where the event or activity occurred. If the event or activity was virtual, enter the county where most of the attendees are from.
- Tribe: Enter the tribal land where the event or activity occurred. If the event or activity was virtual, enter the tribal land where most of the attendees are from.





- City: Enter the city where the event or activity occurred. If the event or activity was virtual, enter the city where most of the attendees are from.
- Underserved Communities: Check any underserved communities that particularly benefitted from this event or activity. Use this field if you intentionally conducted outreach to this specific community.
- Target Audience(s): Check the target audience for this event or activity.
- Marketing/Outreach: Select the type of marketing or outreach that was conducted. This field can be selected on its own or in conjunction with "Programming/Services" or "Evidence-based/Evidence-informed Program" to indicate the type of marketing or outreach that was used to promote a specific program.
- Programming/Services: Select the type of programming or service that was provided.
- Evidence-based/Evidence-informed Program: Select the type of program that was provided.
- Is this a multi-session class?: Select check box only when the event or activity has a closed registration that is intended to serve the same group of people over multiple sessions; for example: Powerful Tools for Caregivers classes or Boost Your Brain and Memory classes.
- If yes, total number of classes/workshops: Enter number of sessions of the class or workshop.
- Frequency of classes/workshops: Select how often the classes or workshops occur, for example: weekly or monthly.
- Delivery method: Select how the event or activity will be delivered. You may choose multiple methods.
- Attendance: Enter the number of people who attended the event or activity. If it is a multi-session class, enter the number of people who registered.
- Partners: Enter the names of the partners that you worked with to plan or carry out the event or activity.

#### 2. DCS Activity Reporting Examples

Scenario 1: A DCS created an article for the ADRC newsletter about the 10 signs and symptoms of dementia.

DCS Activity Reporting Form:

- Title: 10 Signs and Symptoms of Dementia
- DCS(s) Involved: DCS Name
- Date: 4/10/2021
- County: *blank*





- Tribe: *blank*
- City: *blank*
- Underserved Communities: not selected
- Target Audience(s): General Public
- Marketing/Outreach: Newsletter/newspaper article selected
- Programming/Services: not selected
- Evidence-based/Evidence-informed Program: not selected
- Is this a multi-session class?: not selected
- If yes, total number of classes/workshops: *blank*
- Frequency of classes/workshops: not selected
- Delivery method: Virtual, Mail, and Drop Off selected
- Attendance: 100
- Partners: *blank*

Scenario 2: A DCS facilitates a monthly memory café at the local library with the Alzheimer's and Dementia Alliance of Wisconsin.

DCS Activity Reporting Form:

- Title: Booklovers Memory Café
- DCS(s) Involved: DCS Name
- Date: 7/15/2021
- County: Green
- Tribe: *blank*
- City: Monroe
- Underserved Communities: not selected
- Target Audience(s): Caregivers and People with Dementia selected
- Marketing/Outreach: Email blast, Newsletter/newspaper article, and Social media post selected
- Programming/Services: Memory café selected
- Evidence-based/Evidence-informed Program: not selected
- Is this a multi-session class?: not selected
- If yes, total number of classes/workshops: *blank*





### Applies to: DCS

- Frequency of classes/workshops: not selected
- Delivery method: In-person
- Attendance: 10
- Partners: Monroe Library, Alzheimer's and Dementia Alliance of Wisconsin

Scenario 3: A DCS facilitates a virtual SAVVY Caregiver workshop.

DCS Activity Reporting Form:

- Title: SAVVY Caregiver Workshop
- DCS(s) Involved: DCS Name
- Date: 10/15/2021
- County: *blank*
- Tribe: Oneida Nation
- City: *blank*
- Underserved Communities: American Indians/Native Americans selected
- Target Audience(s): Caregivers
- Marketing/Outreach: Newsletter/newspaper article, Radio interview or promotion
- Programming/Services: not selected
- Evidence-based/Evidence-informed Program: SAVVY Caregiver
- Is this a multi-session class?: Selected check box
- If yes, total number of classes/workshops: 6
- Frequency of classes/workshops: Weekly
- Delivery method: Virtual and Phone selected
- Attendance: 5
- Partners: *not selected*



