



# Key Performance Indicators Report:

# KPI

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## Economic Assistance and Work Services

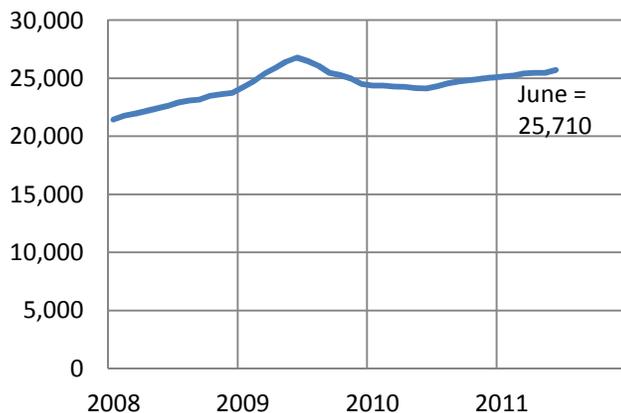
### EAWS Caseloads

A struggling economy has increased caseloads in EAWS as individuals and families look for assistance through Medical Assistance, Badger Care, Child Care, Food Share and Wisconsin Works. EAWS has worked to expand self-service options including the addition of check-in kiosks in the lobby and implementation of a call center to better serve its customers and create staff efficiencies. In the 2nd quarter of 2011 the average ESS caseload (non-W-2) is 648.

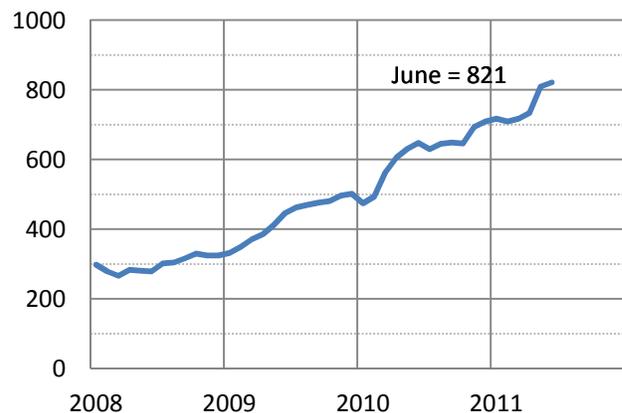
From 2008 until June 2009 there was a steady increase in caseloads. In July 2009 the State's Enrollment Service Center (ESC) opened. The ESC served childless adults' Food Share cases and some Family Planning Waiver cases that had traditionally come through counties. This accounts for the declining caseloads from mid-2009 to mid-2010 when Dane County caseloads again began to climb. The State intends to close the ESC as it does not meet federal requirements. Plans for transitioning 9,000 -10,000 cases to Dane County could happen as soon as October of this year.

W-2 cases with payment continue to increase steadily.

EAWS - Unduplicated Cases



EAWS - W-2 Cases with Payments



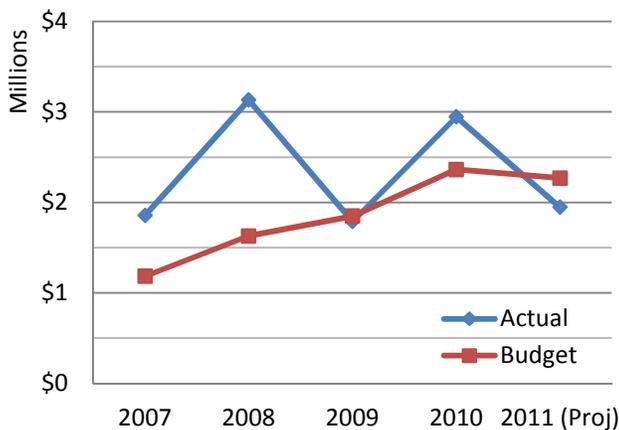
# Adult Community Services

## Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

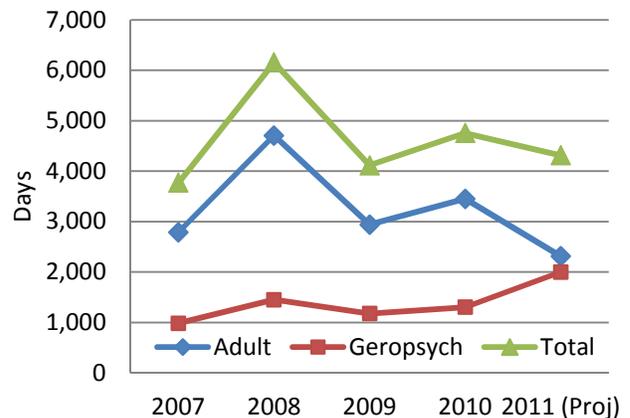
Over the past 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute. Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost. In addition to the institutional inpatient budget and costs reflected in the graphs below, an inpatient diversion initiative was initially implemented in the latter months of 2010 with two Care Centers being fully implemented in 2011. This initiative should have a positive impact on adult inpatient stays.

Actual costs of care in State institutions have exceeded budget 3 out of 4 years (2007-2010). ACS Division routinely budgets \$400,000 annually for community hospitals. This has proven to be inadequate in recent years. The total number of mental health hospital days have been relatively steady from 2009 - 2011.

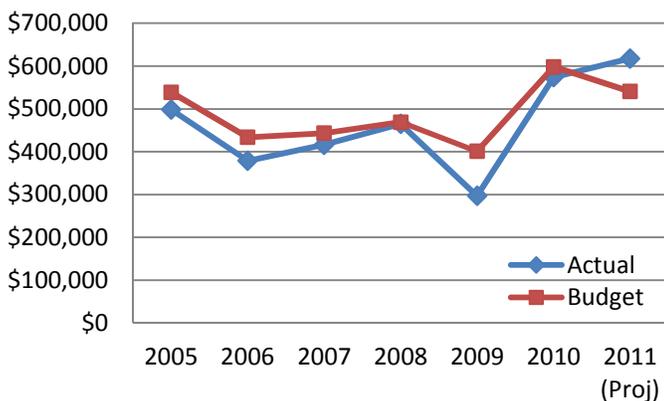
ACS - State Institutional Costs vs Budget



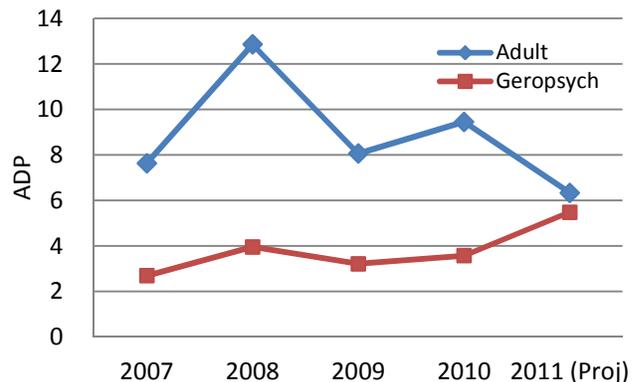
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Budget



ACS - State Institutional Mental Hospital Average Daily Population (ADP)



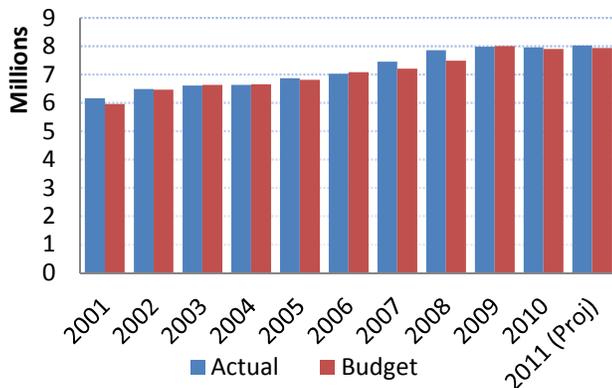
# Badger Prairie Health Care Center

## Residential Care Costs

Residential care costs at Badger Prairie exceed industry norms by a wide margin. Sick leave and leave without pay, including family and medical leave, are key contributing factors to high overtime costs and diminish continuity of care.

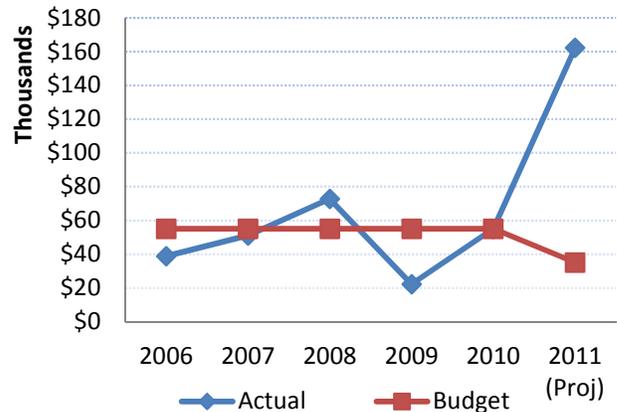
LTE expenses dropped significantly from their high in 2001 through 2007. Since that time, LTE utilization has risen steadily. During the same time period, overtime expenses were steady from 2001 until 2004 when they began to rise sharply in 2005 until 2009. In 2010, there was a notable drop in overtime costs that is attributed to a temporary change in attendance policy. Current projections of overall residential care costs are very close to budget. Overtime, LTE and contract expenses are projected to come in over-budget which should be largely offset by savings in the personnel budget. Calendar year 2011 is an unusual year given the transition to a new building and the extra preparation and training costs involved. The transition has also impacted recruitment, resulting in an increase in regular staff vacancies.

**Total Personnel Expenses: BPHCC**

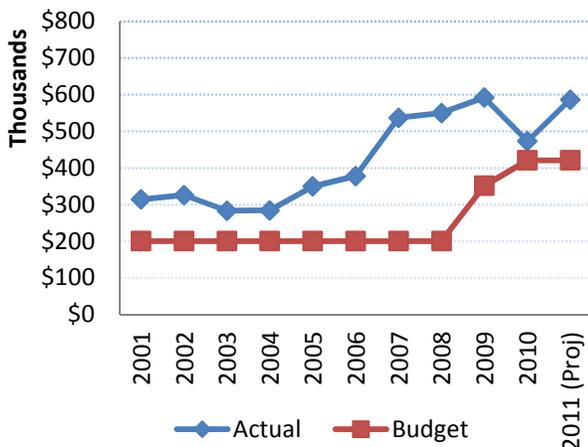


2006-2011 Projected includes Personnel, Overtime, LTE, & Contract

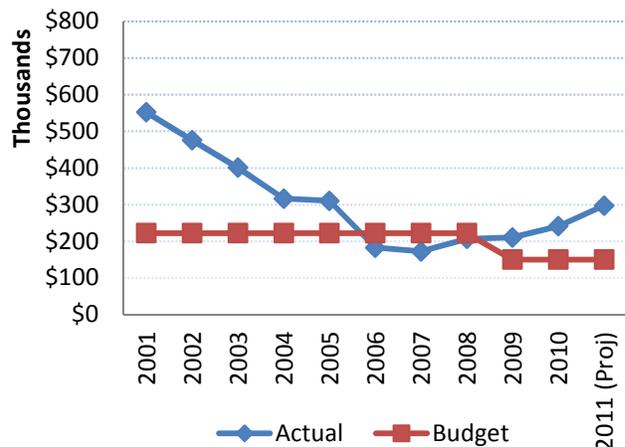
**Contract Expenses: BPHCC**



**Overtime Expenses: BPHCC**



**LTE Expenses: BPHCC**



# Children, Youth and Families

**Alternate Care:** One of the main variable costs for the Children, Youth and Families (CYF) Division is Alternate Care (AC). Youth are placed in AC when they have been abused, maltreated, committed delinquent acts, or have mental health needs. Graphs show the budgeted Average Daily Population (ADP) as the black line along with the Actual ADP's for each type of care. With information through June 2011, Alternate Care is projected to produce a 2011 deficit of (\$110,000) due to a reduced capitation rate for the Children Come First (CCF) Program and a 10% decrease in Youth Aids Revenue in the second half of 2011.

