



Key Performance Indicators Report:

KPI

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Economic Assistance and Work Services

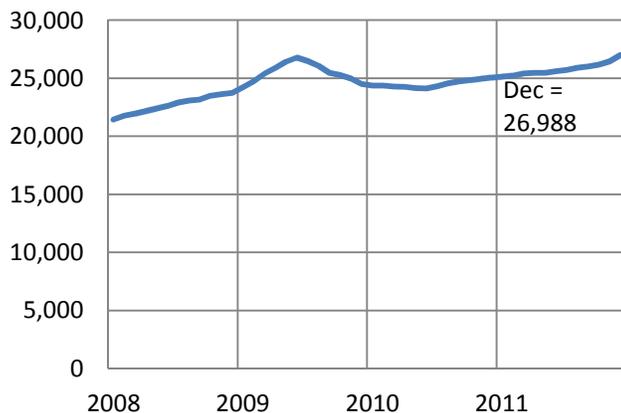
EAWS Caseloads

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.

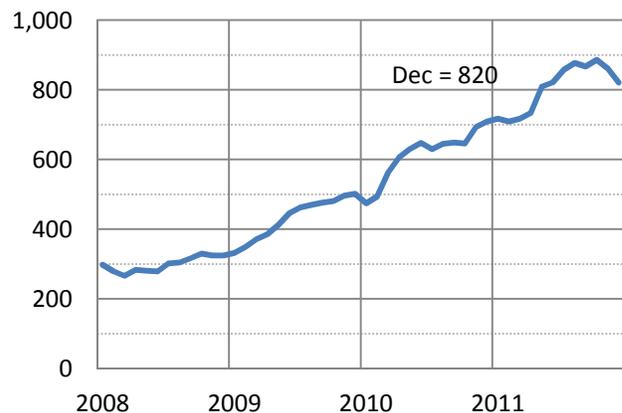
From 2008 until June 2009 there was a steady increase in caseloads. In July 2009 the State's Enrollment Service Center opened. The ESC served childless adults' Food Share cases and some Family Planning Waiver cases that had traditionally come through counties. This accounts for the declining caseloads from mid-2009 to mid-2010 when Dane County caseloads again began to climb. The State closed the ESC in 2011 because it did not meet federal requirements. ESC cases began to transition to local IM agencies in November 2011. Dane County experienced an overall increase in caseload of 1,954 from 2010 to 2011.

W-2 cases with payment reached a high of 886 in October. W-2 payments were reduced by \$20 each effective October 2011. This may be a contributing factor to the reduction in cases in November and December.

EAWS - Unduplicated Cases



EAWS - W-2 Cases with Payments



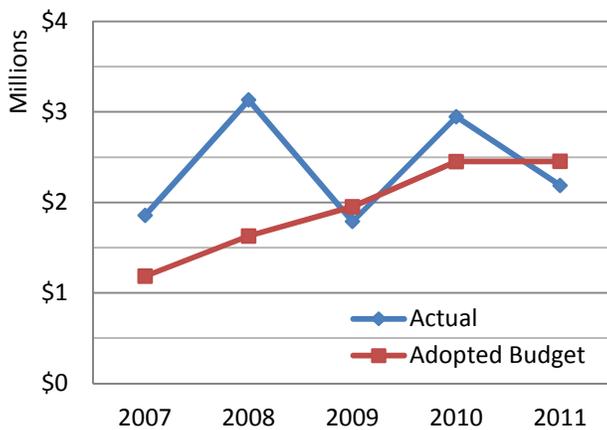
Adult Community Services

Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

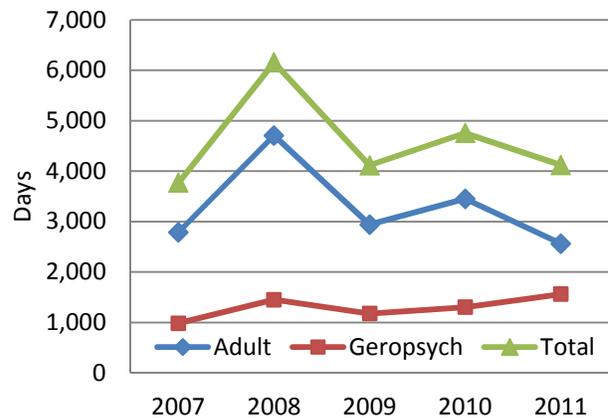
Over the past 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute. Placements cost about \$1,000/day with Medicare, Medicaid 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 was less than budgeted in 2011 though community hospital costs remain high. Hospital costs have been high in 2010 and 2011 due to hospital rates, not utilization. The total number of mental health hospital days for adults dropped in 2011 though there was an increase in inpatient stays for the geropsych population.

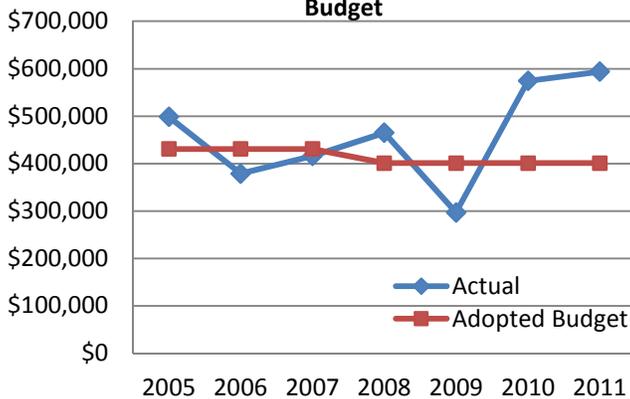
ACS - State Institutional Costs vs Budget



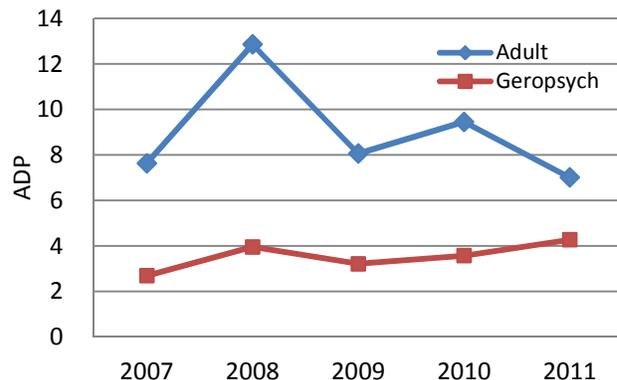
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



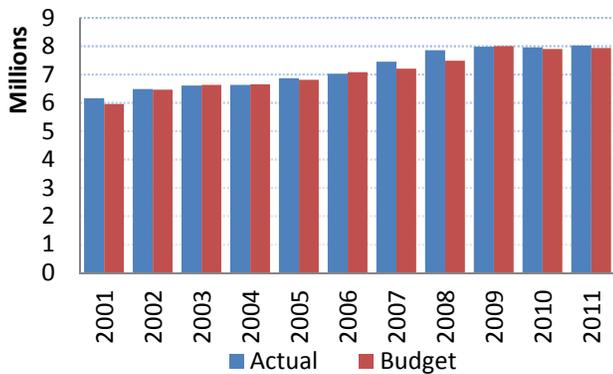
Badger Prairie Health Care Center

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.

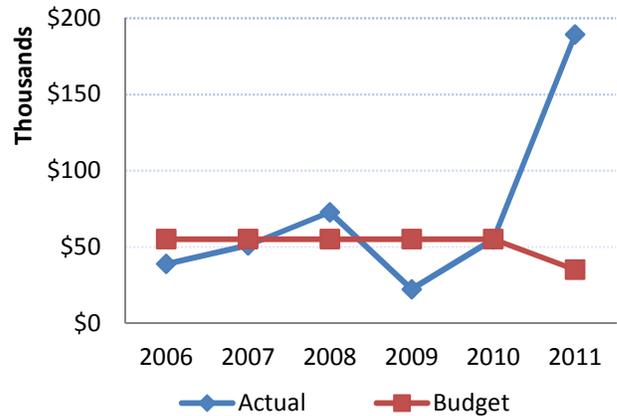
LTE expenses dropped significantly from their high in 2001 through 2007. Since that time, LTE utilization has risen steadily. During the same time period, overtime expenses were steady from 2001 until 2004 when they began to rise sharply in 2005 until 2009. In 2010, there was a notable drop in overtime costs that is attributed to a temporary change in attendance policy. 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. Residential care costs exceeded budget by \$88,000 in 2011. Savings from staff vacancies offset some of the cost overruns in the OT, LTE and contract services budget lines.

Total Personnel Expenses: BPHCC

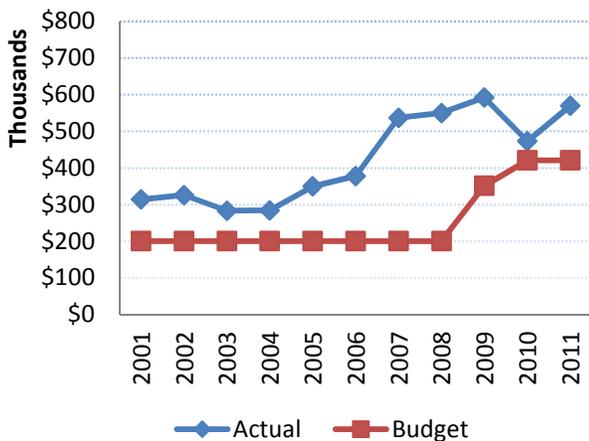


2006-2011 includes Personnel, Overtime, LTE, & Contract

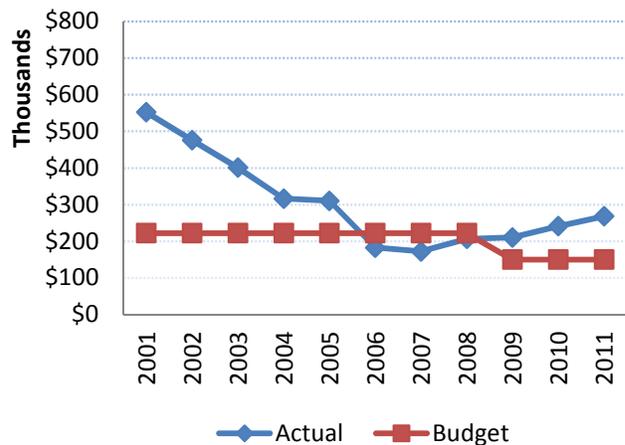
Contract Expenses: BPHCC



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. In 2011 Alternate Care 2011 produces an estimated surplus of \$369,000 despite 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.

