



# Key Performance Indicators Report:

# KPI

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## Economic Assistance and Work Services

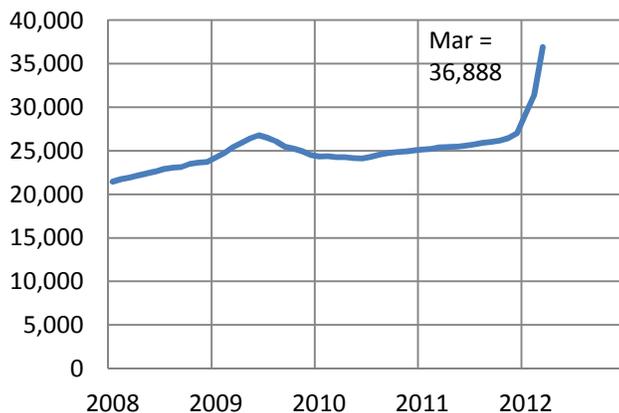
### EAWS Caseloads

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 implemented a call center 1 1/2 years ago serving customers in the Capitol Consortium (Dane, Dodge and Sauk Counties). Effective January 2012 we have expanded operations to include 4 additional counties in our consortium (Juneau, Adams, Richland and Columbia).

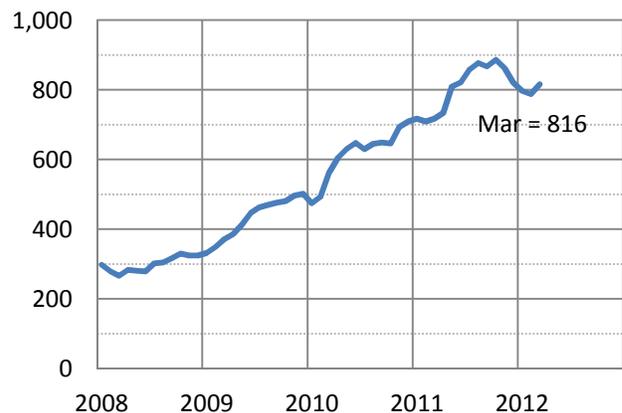
The State's Enrollment Service Center, which served childless adults' Food Share cases and some Family Planning Waiver cases closed in November 2011 because it did not meet federal requirements. ESC cases began to transition to local Income Maintenance (IM) agencies in November 2011. In the first quarter of 2012 caseloads continue to climb dramatically. Through March 2012 there has been an increase of 9,900 unduplicated cases in Dane County.

In January and February 2012 W-2 cases with payment declined slightly. In March cases began to increase again.

EAWS - Unduplicated Cases



EAWS - W-2 Cases with Payments



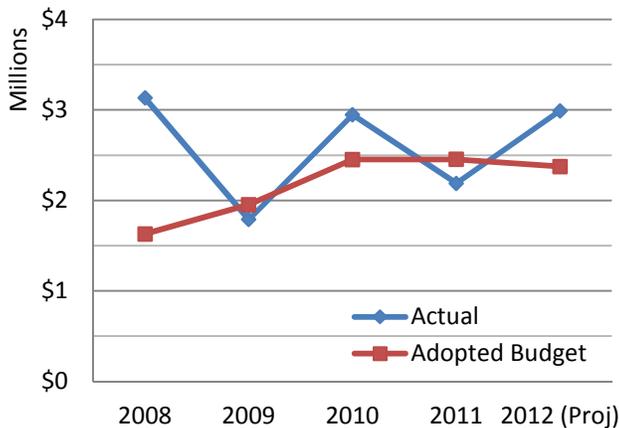
# Adult Community Services

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

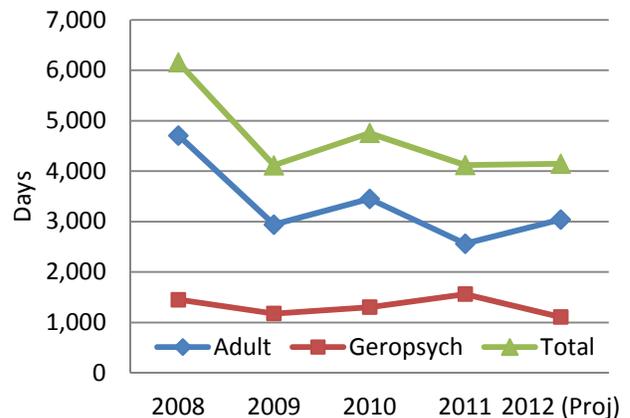
Over the past 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute. Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost. With data through March 2012, total institutional days are projected to be slightly higher than they were in 2011. Medicaid, Medicare and insurance revenues for state institutional placements lagged during the 1st quarter. If this trend continues, net costs could approach \$3 million, which would be significantly higher than in 2011.

Community hospital costs remain high. With first quarter data available hospital days are projected to increase in 2012 from 2011. Hospital costs in 2012 are also projected to be greater due to increases in hospital rates in addition to the increased utilization.

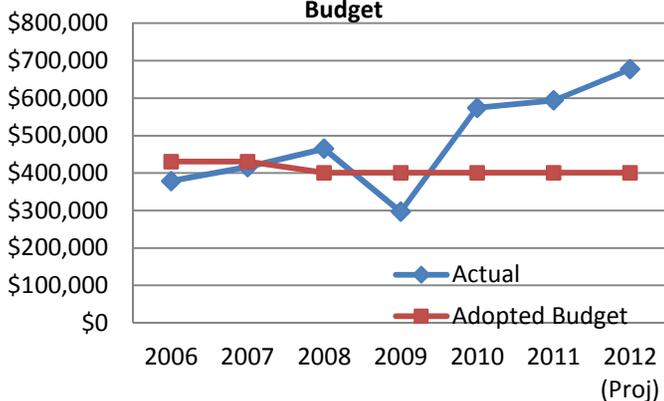
ACS - State Institutional Costs vs Budget



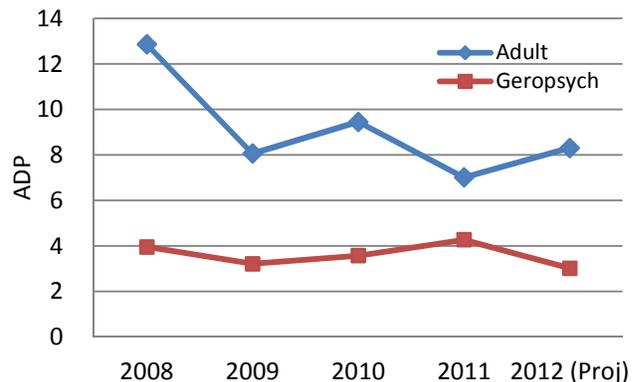
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



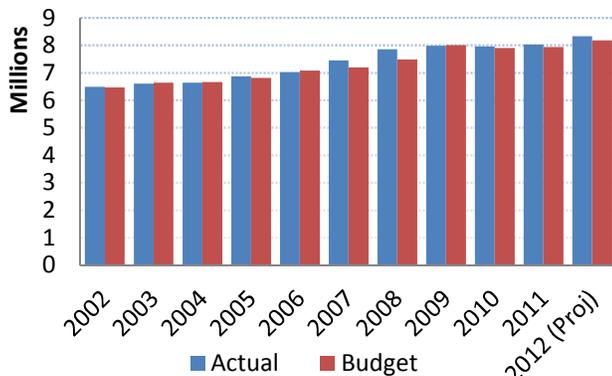
# Badger Prairie Health Care Center

## 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, LTE and contract costs and diminish continuity of care.

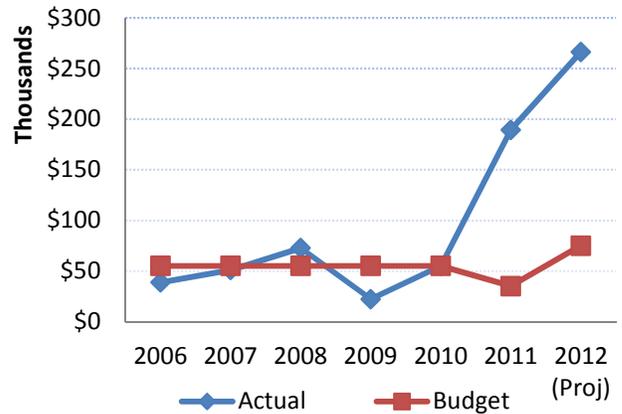
Calendar year 2011 was an unusual year given the transition to a new building and the extra preparation and training costs involved. The transition impacted recruitment, resulting in an increase in regular staff vacancies. With data through March 2012, personnel expenses are projected to exceed budget by \$147,000. Savings in the staff salaries budget serve to offset some of the effect of LTE and contract costs that are projected to exceed budget based on current utilization. BPHCC has returned to its normal cycle for staff recruitment though it is too early to predict the success of recruitment efforts and its impact on residential care costs.

**Total Personnel Expenses: BPHCC**

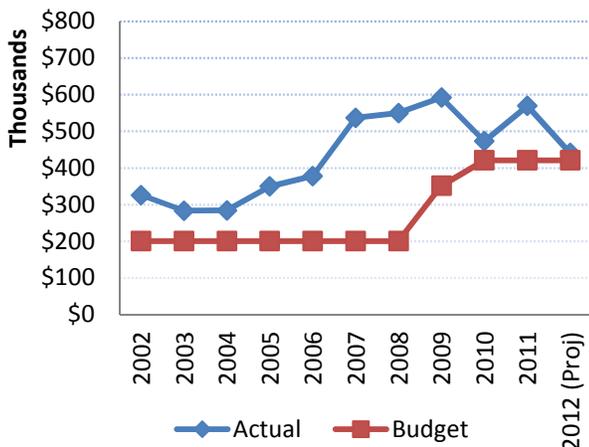


2006-2011 Projected includes Personnel, Overtime, LTE, & Contract

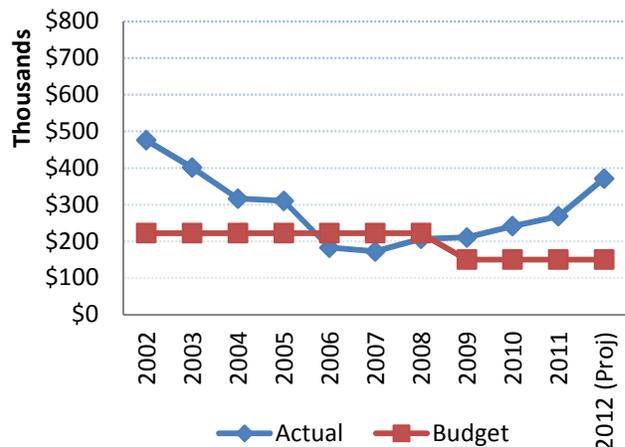
**Contract Expenses: BPHCC**



**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 and it is not possible to maintain them in their family homes or in the community. 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 March 2012, Alternate Care is projected to produce a 2012 surplus of \$544,000 mostly due to low ADP's for both Corrections and RCC's.

