



Key Performance Indicators Report:

KPI

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Economic Assistance and Work Services

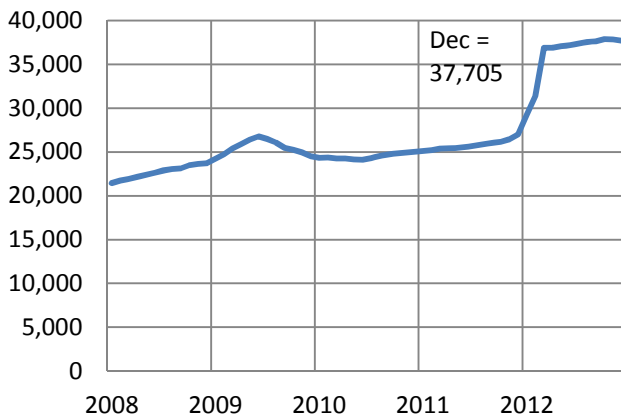
EAWS Caseloads

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).

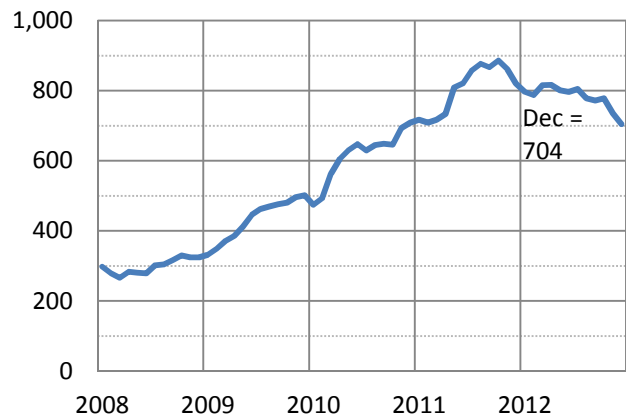
In the first quarter of 2012 there was a significant increase in caseload (9,900 cases) as we completed the transition of services from the State's Enrollment Service Center, which had served childless adults' Food Share cases, BadgerCare+, Core Plan and some Family Planning Waiver cases. This caseload is now covered by local Income Maintenance (IM) agencies. Caseload growth really leveled off in the 4th quarter of the year with a net increase of 75 new cases. This may be typical of the longer-term trend due to economic conditions. Caseloads continue to trend upward but the trend will be impacted by program changes, especially the Affordable Care Act.

In the final quarter of 2012, W-2 cases with payment continued to drop. W-2 policy changes have most likely contributed to the lack of growth in caseload.

EAWS - Unduplicated Cases



EAWS - W-2 Cases with Payments



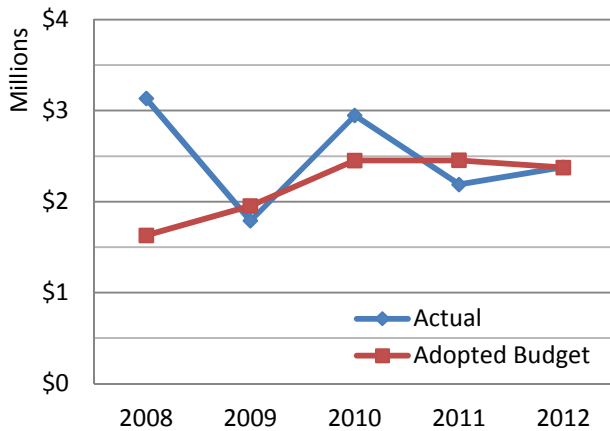
Adult Community Services

Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

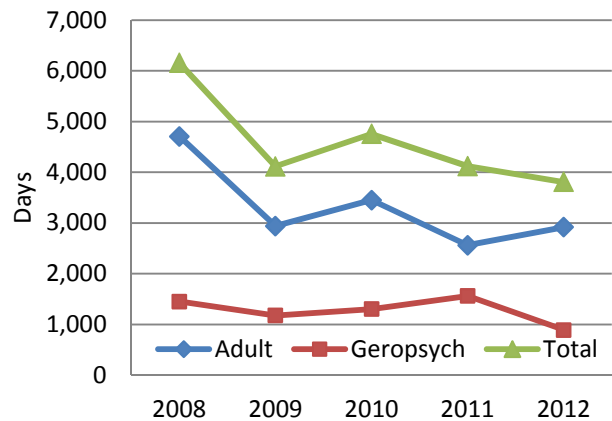
Over the past 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute. Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost. Gero-psychiatric days dropped by 43% in 2012 when compared to CY 2011. The Department has made concerted efforts to reduce inpatient length of stay. Adult admissions in state institutions, which were showing a steady decline during the year finished with a 14% increase in the number of days compared to CY2011 as a result of increased admissions in the 4th quarter of this year. This resulted in budget deficit of (\$4,000) compared to 2012 adopted budget.

Community hospital costs remain high. With data through December, hospital days remained steady with a total of 316 days in comparison to CY 2011's 317 days though hospital rates increased by 5.6% in 2012.

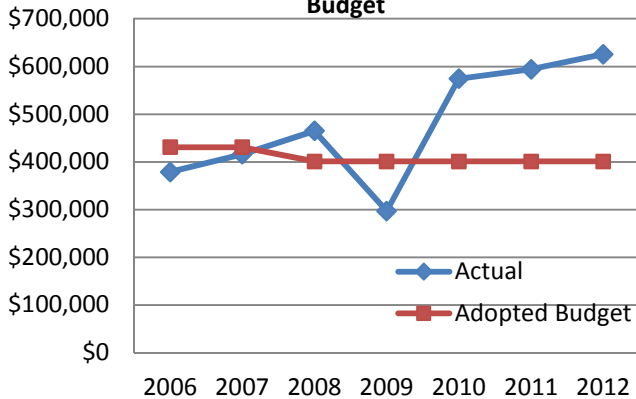
ACS - State Institutional Costs vs Budget



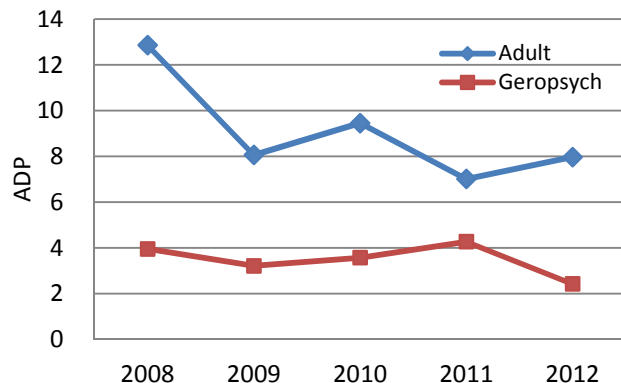
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



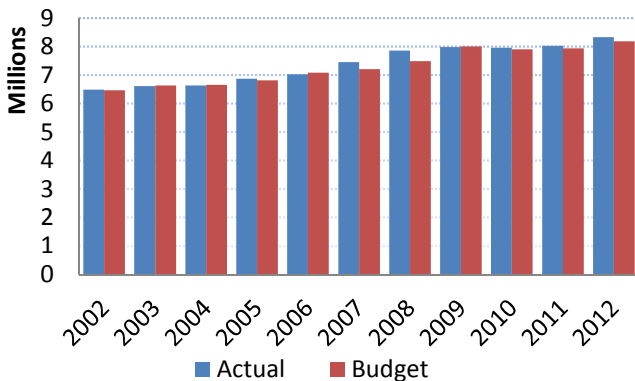
Badger Prairie Health Care Center

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.

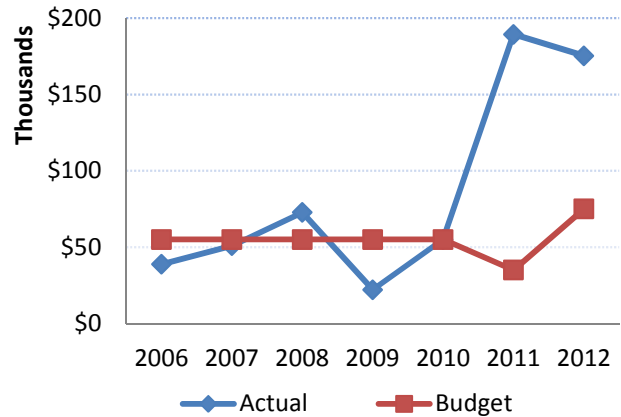
The key cost components of residential care are personnel expenses and include staff salaries, overtime, LTE and contract costs. With information through December 2012, salary costs were below budget due to usual turnover related vacancies and absences related to FMLA and Workers Compensation. Overtime, LTE and contract costs through December exceeded budget. Savings in the staff salaries budget line were not sufficient to offset deficits in the overtime, LTE and contract budgets resulting in a deficit of approximately (\$152,500) in the patient care budget.

Total Personnel Expenses: BPHCC

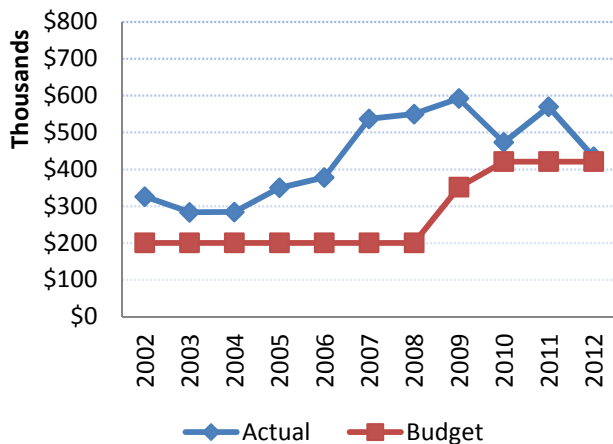


2006-2012 Expenses includes Personnel, Overtime, LTE, & Contract

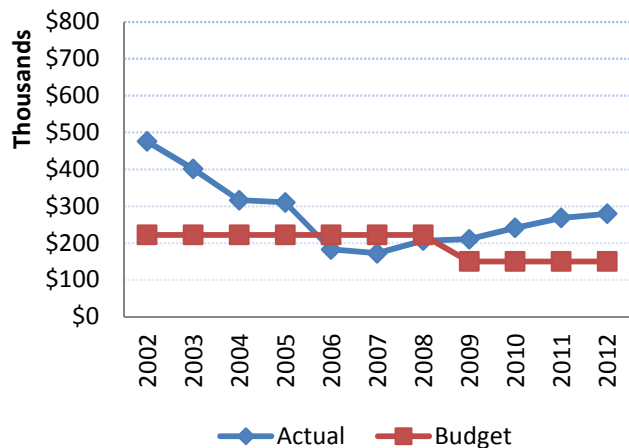
Contract Expenses: BPHCC



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 December 2012, Alternate Care is projected to produce a 2012 surplus of roughly \$1,620,000 mostly due to low ADP's for both Corrections and RCC's.

