



Key Performance Indicators Report:

KPI

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Economic Assistance and Work Services

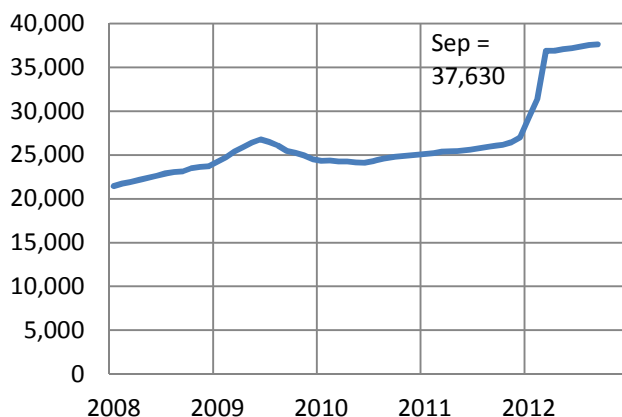
EAWS Caseloads

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).

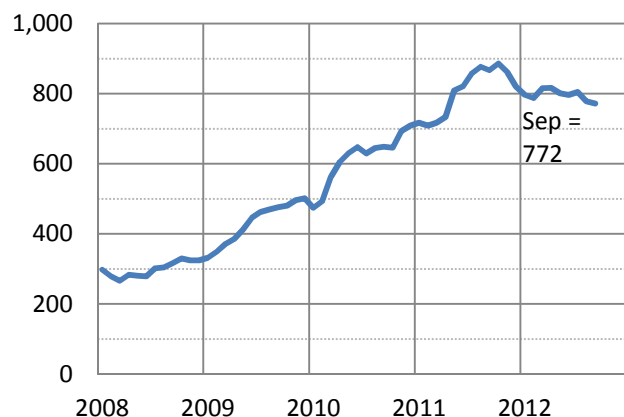
In the first quarter of 2012 there was a significant increase in caseload (9,900 cases) as we completed the transition of services from the State's Enrollment Service Center, which had served childless adults' Food Share cases, BadgerCare+, Core Plan and some Family Planning Waiver cases. This caseload is now covered by local Income Maintenance (IM) agencies. The growth in the 2nd (300 new cases) and 3rd (442 new cases) quarters 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 3rd quarter W-2 cases with payment continue to show a slight drop. W-2 policy changes have most likely tempered the growth in caseload.

EAWS - Unduplicated Cases



EAWS - W-2 Cases with Payments



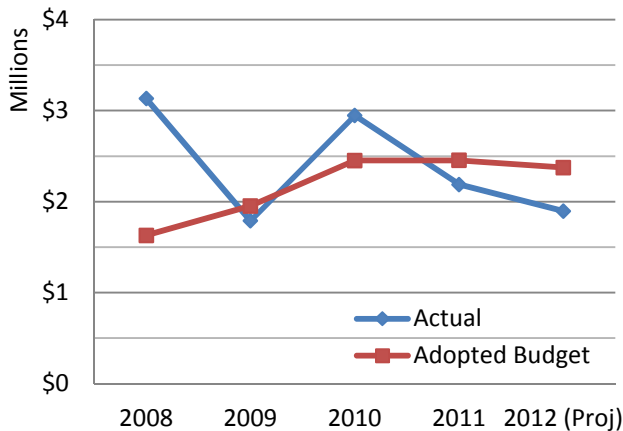
Adult Community Services

Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

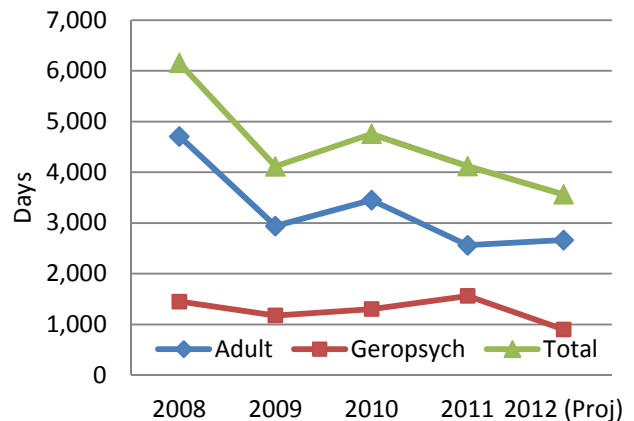
Over the past 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute. Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost. Data through October continues to reflect a drop in institutional days that was evident in the 2nd quarter, particularly with the gero-psychiatric population. If this trend continues, net costs will be less than last year.

Community hospital costs remain high. With information through October, hospital days are projected to be less in 2012 in comparison to 2011. Even with fewer hospital days, costs are projected to be similar to 2011 due to an increase in hospital rates.

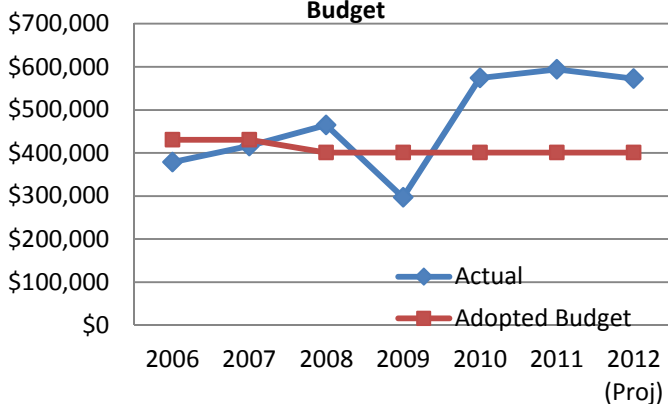
ACS - State Institutional Costs vs Budget



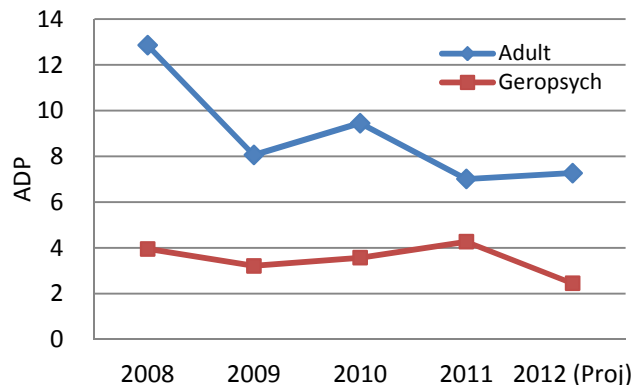
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



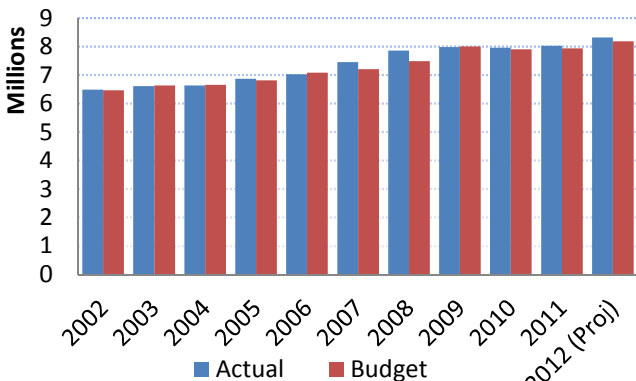
Badger Prairie Health Care Center

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.

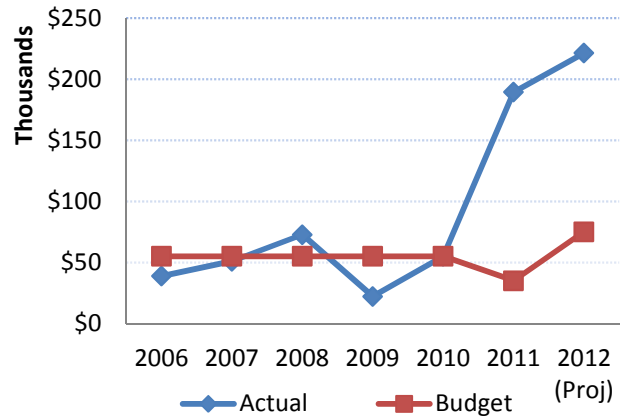
The key cost components of residential care are personnel expenses and include staff salaries, overtime, LTE and contract costs. In both the 2nd and 3rd quarter of 2012, salary costs are increasing but still below budget due to usual turnover related vacancies and absences related to FMLA and Workers Compensation. Overtime and LTE costs declined in the 2nd quarter but are trending up again in the 3rd quarter. Contract costs declined for the 2nd quarter in a row though total contract expenses are still expected to be greater than funds budgeted. Overall, we continue to project personnel costs to exceed budget in CY2012. Savings in the staff salaries budget line serve to offset some of the effect of LTE and contract costs that are projected to be greater than budget based on current utilization.

Total Personnel Expenses: BPHCC

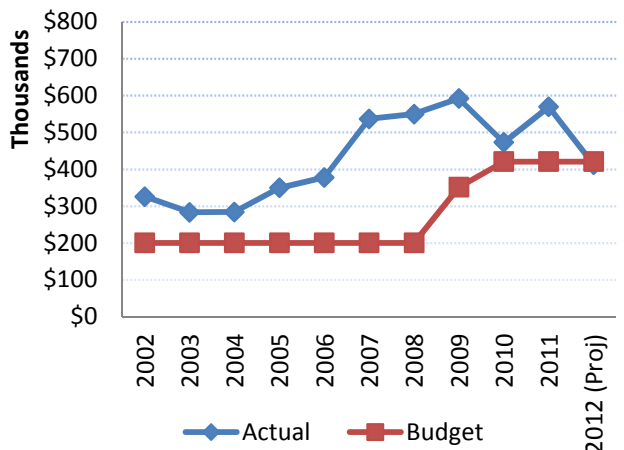


2006-2012 Projected includes Personnel, Overtime, LTE, & Contract

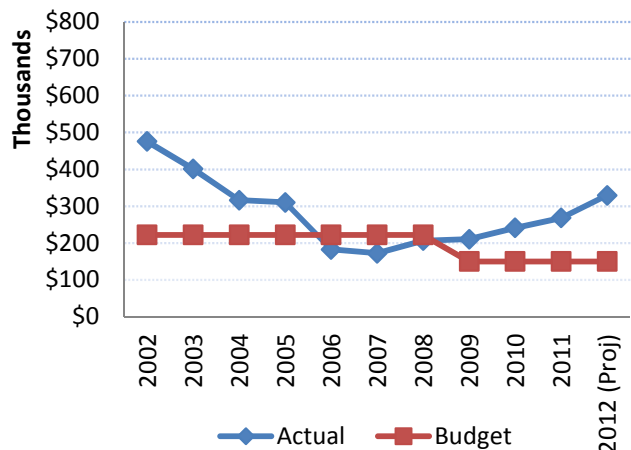
Contract Expenses: BPHCC



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 September 2012, Alternate Care is projected to produce a 2012 surplus of \$1,114,000 mostly due to low ADP's for both Corrections and RCC's.

