



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Linda Seemeyer, Secretary

October 23, 2017

Mr. Scott Neitzel
Secretary
Department of Administration
101 East Wilson Street
Madison, WI 53703

Dear Secretary Neitzel:

I am pleased to submit the Department of Health Services' biennial report to the Governor and Legislature as required by Wis. Stat. § 15.04 (1) (d).

If you have any questions, please contact Andy Forsaith at 266-7684.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Seemeyer", with a long horizontal flourish extending to the right.

Linda Seemeyer
Secretary

Attachment

State of Wisconsin

2015-2017 Biennial Report



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Biennial Report 2015-2017

Publication required by Wis. Stat. § 15.04(1)(d)

Department Overview

The Department of Health Services (DHS) is one of the largest and most diverse state departments in Wisconsin with an annual budget of roughly \$12 billion and over 6,100 employees.

DHS oversees Medicaid, the single largest program in the state budget, and other health and social service programs. DHS activities include alcohol and other drug abuse prevention, mental health, public health, implementation of long-term care, disability determination, regulation of state nursing homes, and numerous other programs that aid and protect the citizens of our state. DHS also oversees seven 24/7 institutions: three centers for individuals with intellectual disabilities, a facility for mentally ill inmates, two psychiatric hospitals, and a facility for treating sexually violent persons.

DHS has nine Divisions and Offices that work to protect and promote the health and safety of the people of Wisconsin.

DHS provides high-quality, affordable health care coverage and public health services to Wisconsin residents; ensures that the care provided to Wisconsin residents is high quality and provided in accordance with state and federal law; ensures that Wisconsin taxpayer dollars are being utilized effectively and efficiently by preventing and detecting waste, fraud, and abuse; and works to continue Wisconsin's long tradition of strong health outcomes and innovation.

The *Office of the Secretary* leads DHS and contains the Executive team, Communications team, Area Administration, and Tribal Affairs.

The *Office of the Inspector General* protects Wisconsin taxpayers by preventing and detecting waste, fraud, and abuse of public assistance programs.

The *Office of Legal Counsel* provides legal services and advice.

The *Office of Policy Initiatives and Budget* provides departmentwide budgeting, policy, and research services.

The *Division of Enterprise Services (DES)* oversees financial management, information systems and technology, personnel and employment relations, and civil rights compliance.

The *Division of Care and Treatment Services (DCTS)* supports community mental health and substance use programs and operates seven facilities providing services for mental health and developmental disabilities.

The *Division of Medicaid Services (DMS)* supports Wisconsin's ForwardHealth programs to provide access to health care, long-term care, and nutritional assistance for individuals and families who are elderly, disabled, or have low income.

The *Division of Public Health (DPH)* is responsible for providing public health services to the people of Wisconsin.

The *Division of Quality Assurance (DQA)* is responsible for regulating and licensing more than 40 different programs, facilities, and caregivers that provide health and residential care.

Our Mission

To support economic prosperity and quality of life, the Department of Health Services exercises multiple roles in the protection and promotion of the health and safety of the people of Wisconsin.

Our Guiding Principles

The Department of Health Services has a vital mission that touches the lives of all Wisconsinites. Our collective path to success in meeting our mission lies in always acting true to our shared conviction—“We are all in this together.”

The following principles guide our actions as we collectively strive to fulfill our mission:

We serve the citizens of Wisconsin by being effective stewards of the resources with which they have entrusted us.

We recognize health care costs are not sustainable at current levels.

We need new models for care delivery, regulation development, prevention strategies, risk sharing, and purchasing.

We believe that competition, choice, and transparency are critical elements to these emerging models if we are to increase the value of health care to our citizens.

We must, in this transition, enhance the role of our citizens as primary stakeholders in managing their health and associated costs.

We will align resources to achieve positive outcomes and hold ourselves accountable for achieving results.

We will provide support systems to help vulnerable people lead fulfilling, self-directed, healthy lives that promote independence, while recognizing the value of and utilizing supports from families and the community.

We will work to eliminate cost shifting to the private sector and among different systems (acute, mental health, long-term care). Public programs shall complement rather than compete against the private market.

We will promote quality health care delivery, protect the interests of citizens receiving services, and develop policies to reflect evidence-based standards of practice that promote optimal health.

We will promote development of information, assistance, and care provision systems that help citizens obtain quality support and care in a least restrictive setting and at an appropriate cost, consistent with need and available resources.

We will promote collaboration in pursuit of innovation, increased value, and improved outcomes for the benefit of all our citizens.

Department of Health Services Accomplishments 2015-2017

#Accountable Government

Contract Awarded for Electronic Health Records at DHS Facilities

In June 2016, DHS awarded a \$33 million, 10-year contract to Cerner to supply the electronic health records (EHR) to all seven of its care and treatment facilities that serve people living with psychiatric disorders and intellectual disabilities. Governor Scott Walker and the state Legislature appropriated the funding for the project in the 2013-2015 biennial budget, and DHS created the Office of Electronic Health Records Systems Management to oversee the project and ongoing maintenance. Winnebago Mental Health Institute will be the first facility to make the transition, with all facilities expected to be using EHR by the end of 2019.

Crisis Response

DHS is highly trained and well-equipped to handle outbreaks and crises that arise in Wisconsin. Staff undergoes real-time, real-life exercises to be prepared for all types of emergencies. In 2016, DHS joined more than 40 federal, state, local, and private partners to jointly test emergency plans in the second largest full-scale exercise of its kind in the country. The exercise involved simulated delivery and distribution of antibiotics to treat those who may have been exposed to *Bacillus anthracis*, commonly referred to as anthrax. The two-day exercise tested more than a decade of local, state, and federal planning in response to a scenario involving the release of aerosolized anthrax in southeastern Wisconsin.

Facility Reaccreditation

The Joint Commission surveyed and reaccredited Mendota Mental Health Institute and Winnebago Mental Health Institute. The accreditation was awarded for a full three-year period. It reflects a commitment to provide safe and effective patient care. The National Commission on Correctional Health surveyed and reaccredited the Wisconsin Resource Center. The accreditation was awarded for a full three-year period and recognizes the facility's compliance with national standards for health services in prisons.

Family Care and IRIS Statewide Expansion

Family Care and IRIS were expanded to Rock County starting in July 2016. Florence, Forest, Oneida, Taylor, and Vilas counties completed their transitions to Family Care and IRIS in October 2017. Dane County participants began enrollment counseling in October 2017, with enrollments beginning in February of 2018 and completing by May 1. Dane County participants will have two MCO choices for Family Care, two MCO choices for Family Care Partnership, and four choices for IRIS consulting agencies. Adams County will transition during 2018, and once that happens, all 72 counties will have been converted to state long-term care options.

Fighting Fraud

Both DHS and Governor Walker are committed to preventing and detecting waste, fraud, and abuse in Wisconsin's public assistance programs and ensuring Wisconsin's valuable taxpayer dollars are being spent in the most efficient, effective way possible. That is why Governor Walker established the Office of the Inspector General (OIG) in October 2011, consolidating all DHS program integrity, audit, and fraud investigation activities within one office. Since its inception, OIG, in conjunction with our county partners, has saved taxpayers well over \$150 million with its fraud prevention and detection efforts.

OIG created a dedicated analytics section in 2016, consolidating staff spread across four sections into one. Data Analytics Section staffers are overseeing the implementation and management of a new fraud analytics vendor, which was part of the 2015-2017 budget. It allocated \$5,000,000 to procure and implement an advanced analytics system to minimize provider and beneficiary fraud in Wisconsin's Medicaid program. In 2016, DHS awarded the contract to LexisNexis, and DHS is working with that vendor to design, develop, and implement the new system.

Investigators began closely monitoring requests for replacement QUEST cards in 2015. Similar to debit cards, QUEST cards are a safe and easy way for members to use FoodShare benefits and get the healthy food they need, but program violators would buy or trade cards for cash or something else. We implemented a fee for replacement cards in 2016, in an effort to crack down on fraud and ensure our public assistance programs are benefitting those who truly need them. Individuals whose card is lost or stolen get one free replacement in a rolling 12-month period. Each replacement thereafter is \$2.70.

Medicaid Program: Balanced Budget

For the third consecutive biennium, DHS has been able to end the two-year cycle with a balanced Medicaid budget. Since Governor Walker took office in 2011, DHS has not needed to seek additional funds for Medicaid from the Legislature through a budget repair bill. In order to ensure that the program's budget has remained in balance as well as to ensure that taxpayer dollars are being spent efficiently, DHS has identified and implemented numerous health care efficiencies to assist in bringing health care costs in line with the available benefits budget while still providing health care benefits to nearly 1.2 million Wisconsin residents.

#RewardingWork

Drug Screening and Testing for Childless Adults in BadgerCare Plus

This 2015-2017 budget provision required DHS to implement a drug screening assessment, and testing if necessary, for childless adults applying for or enrolled in BadgerCare Plus. In June, DHS submitted a first-of-its-kind plan to the Centers for Medicare & Medicaid Services (CMS) that would help move adults ages 19-64, without dependent children, from government dependence to true independence with drug screenings, a work requirement, and rewards for healthy behaviors. This provision ensures Wisconsin residents who are receiving certain public assistance program benefits will be ready and able to join the workforce. Many employers are looking for qualified workers, and increasing the ability to fill these positions will encourage employers to add more work, which could lead to more jobs.

FoodShare Employment and Training Program

The 2013-2015 and 2015-2017 biennial budgets invested more than \$60 million in FoodShare worker training to reform the FoodShare Employment and Training Program (FSET) by using a regional model to provide employment and training services, and requiring able-bodied adults without dependent children to meet work or job training requirements as a condition of eligibility for FoodShare benefits.

Governor Walker's FSET program reforms help FoodShare members, especially adults ages 19-49 with no minor children living in their home, transition from government dependence to the workforce, by increasing opportunities for education and vocational training. As of June 30, 2017, almost 20,708 people have gained employment, working an average 35 hours per week, earning an average \$12.96 per hour.

FSET Drug Screening Rule: DHS held two public comment periods for DHS 38 administrative rule, which would require able-bodied adults who participate in FSET to undergo drug screening and, when necessary, drug testing. More than 180 comments were submitted, which DHS compiled as part of a final report sent to the Governor's Office and the Legislature.

WisCaregiver Career Program

In an effort to attract and retain more nursing home caregivers, DHS has launched the innovative WisCaregiver Career Program, designed to add 3,000 nurse aides to the workforce in this high-demand field. We received federal approval to move forward with a more than \$2.3 million investment in marketing and recruitment, as well as training and testing at no cost to students. Partner nursing homes have agreed to pay a \$500 bonus to each nurse aide who completes the training and a six-month employment period.

#WIWorking

Autism Treatment Transition

In 2016, Wisconsin transitioned its provision of Medicaid autism treatment services from its waiver to coverage under the Medicaid State plan benefit. Before this change, only children on the waiver could obtain autism treatment services, and most counties had waiting lists for access. Following the transition, any child with Medicaid could access behavioral treatment services, expanding access.

Comprehensive Community Services (CCS)

The 2013-2015 biennial budget signed by Governor Scott Walker expanded the use of Comprehensive Community Services (CCS) statewide. Today, CCS is available in 64 counties and three tribes.

CCS is a program for people of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis that goes beyond occasional outpatient care, but doesn't require the intensive care of an inpatient setting. Individuals work with a team of service providers to develop a treatment and recovery plan that aligns with the individual's unique needs and goals.

As of June 30, 2017, the most recent data available, 5, 233 people were enrolled in CCS.

Crisis Intervention Improvements

Crisis Intervention Team (CIT) and Crisis Intervention Partners (CIP) trainings. DHS, through a contract with NAMI Wisconsin, expanded Crisis Intervention Team and Crisis Intervention Partners Training to increase the capacity for law enforcement to more effectively respond to situations with individuals with behavioral health conditions. To date, almost 1,000 officers have received Crisis Intervention Team training and almost 700 have received Crisis Intervention Partners Training since November 2014 in over 40 organizations and departments.

Four youth-specific Crisis Intervention Team and Crisis Intervention Partners trainings were held involving 115 participants in 40 organizations/departments. To more quickly expand the capacity to do Crisis Intervention Team and Crisis Intervention Partners training in the state, an additional 40 people were trained to be expert trainers.

Crisis Intervention Staff Training

The Division of Care and Treatment Services (DCTS) is partnering with the Wisconsin Counties Human Services Association to review current training for crisis staff to identify and expand training resources across the state to enhance staff and program competency around the provision of crisis intervention services. The goal of the partnership is to develop and maintain a statewide clearinghouse of training for emergency mental health services.

Dementia-Capable Wisconsin

With the aging of our state's population, the number of residents with Alzheimer's or related dementia diseases is expected to grow from the current 115,000 to more than double that number, 242,000, by 2040. A key priority for DHS is improving the quality of life for all who are affected by dementia.

The 2015-2017 biennial budget provided one-time funding of \$1.1 million in grants to help aging and disability resource centers (ADRC) become dementia capable, allowing the statewide hiring of a dozen dementia care specialists. DHS offered \$250,000 in mobile crisis training grants to help counties recognize and serve individuals with dementia, along with \$300,000 to counties and county coalitions to develop local collaboration in building dementia-capable care and crisis systems. DHS distributed an additional \$1 million per year appropriated in 2015 Act 274 for the Alzheimer's Family Caregiver Support Program (AFCSP) to provide respite services to families caring for someone with irreversible dementia at home and, for the first time, to offer AFCSP funds to tribes.

As part of its Dementia Care Redesign, DHS created the Dementia-Friendly Employers Toolkit with resources for businesses to share with employees who may be feeling the pressures of keeping up with the work and the responsibility of caring for a loved one with dementia, as well as the Building Dementia-Friendly Communities Toolkit (P-01000), to do the same for the public.

Wisconsin continues to grow our Music & Memory Program. Launched in 2014, Music & Memory certifies organizations to use personalized music to assist residents with Alzheimer's disease or related dementias find new meaning and connection in their lives. As of September 30, 443 nursing homes, assisted living facilities, other health care organizations, ADRCs, and libraries are participating in the Music & Memory Program. Right now, Wisconsin is in the fourth phase of the nursing home rollout, which includes connecting high school student volunteers with Music & Memory programs in nursing homes.

DHS staff are also using a grant to work with libraries and bring personalized music to residents in their homes. By listening to their favorite songs, people are able to recall memories that haven't been lost to their disease. This has an uplifting effect that gives pleasure to those with dementia and enhances engagement and socialization with their family, friends, staff, and other community members.

Dental Services Pilot

This 2015-2017 biennial budget expanded access to pediatric and adult emergency dental services by creating a Medicaid pilot program in Brown, Marathon, Polk, and Racine counties. DHS worked with the Wisconsin Dental Association (WDA) on the design and implementation of the dental pilot and participated in four regional meetings throughout the fall of 2016 to present the pilot to interested dentists, increasing the reimbursement rate, on average, by more than double the old rate. Preliminary analysis shows Medicaid enrollment of dentists in pilot counties has increased by 12%, from 202 dentists prior to the pilot implementation to 227 dentists as of January 1, 2017. This compares to no increase for nonpilot counties. Total expenditures for pilot-eligible services increased by \$2.6 million, with most of those dollars going toward services for children.

Expanding Medicaid Coverage for Residential Substance Abuse Treatment

This 2015-2017 biennial budget provision expanded substance abuse treatment options in Wisconsin by allowing the Medicaid program to cover the treatment portion of residential substance abuse treatment. Implemented in May 2017, this provision helps ensure that individuals with substance abuse disorders receive the appropriate level of care in the most appropriate setting.

Peer Run Respite Centers

Peer run respite centers are an innovative service designed to improve quality of life and reduce emergency room visits for people with mental health or substance use issues. The services are delivered by people who themselves have been successful in the recovery process. The services are community-based, residential settings that offer a small number of beds to people before or during a crisis situation,

or to those people having difficulty coping with mental illness. Peer run respite centers were authorized by Governor Scott Walker in the 2013-2015 biennial budget. Today, there are three in operation in the state:

- Iris Place, Appleton: Opened April 13, 2015. Has served 231 people.
- Grassroots Wellness, Menomonie: Opened April 5, 2016. Has served 152 people.
- Solstice House, Madison: Opened January 4, 2016. Has served 173 people.

Peer run respite centers are managed and staffed by individuals living with mental health or substance use concerns who themselves have been successful in recovery. They are trained to listen and provide one-on-one and group supports that promote personal growth. Medical services such as medication management and therapy are not offered. Guests share their recovery goals, which may include connecting with community resources, engaging in wellness activities like art or exercise, or finding a safe space for healing.

Peer run respite services are designed to aid in the individual's recovery and avert crises and avoid hospitalizations. In other words, for some people, the peer support offered at a peer run respite centers can make treatment in the community possible.

#HealthyWisconsin

New Initiative Improves Lives

In May 2017, DHS and its partners statewide unveiled the Healthy Wisconsin Initiative. The goal is to improve the health of Wisconsin residents by 2020 and highlights five priority initiatives:

- Alcohol
- Nutrition and physical activity
- Opioids
- Suicide
- Tobacco

To develop the plan, a statewide steering committee representing community organizations reviewed health data and information on evidence-based practices. The committee then selected the five priority health issues. The plan also incorporates the concepts of adverse childhood experiences (ACEs) and resilience, and how these can affect health.

#HopeActLiveWI

Ending Wisconsin's Opioid Epidemic

DHS is the key agency in Governor Scott Walker's fight to end the state's opioid epidemic. DHS Deputy Secretary Tom Engels is a member of the Governor's Task Force on Opioid Abuse, and several DHS staff offer support services to the Task Force. In September 2016, DHS issued a [Public Health Advisory](#) to inform the public of the alarming statistics of the opioid epidemic in Wisconsin.

In addition, State Medical Director Dr. Jon Meiman signed the Statewide Standing Order to allow pharmacists to dispense the life-saving opioid antidote, naloxone (Narcan), without a prescription. In May 2017, DHS received a \$7.6 million grant known as the State Targeted Response (STR) grant funded through the federal 21st Century Cures Act. DHS has distributed a portion of the STR grant (\$2.4 million) to 15 counties and three tribal nations to increase treatment services for opioid abuse.

DHS has also collaborated with the Department of Safety and Professional Standards (DSPS) to enhance the Prescription Drug Monitoring Program (PDMP). As of January 2017, it is now required that health

care providers enter information about prescriptions into the data base to inform colleagues as to what prescription drugs a patient is taking to avoid overdoses or other complications.

DHS collaborates with the Department of Justice in promoting the semiannual Drug Takeback Day for state residents to safely dispose of unwanted and unused medications. Since #HopeActLiveWI coordination began, 63 tons of medications have been disposed.

In the fall of 2017, Wisconsin's Interactive Statistics on Health (WISH) Query System began offering opioid data. Data is an essential tool to help DHS and our partners make informed decisions about what works best toward ending the opioid epidemic.

Flexible Work Schedules

DHS continues to support the use of alternative work patterns where applicable and without impacting the day-to-day operational needs of the department. In 2012, DHS implemented Human Resources Policy and Procedure 407 – Alternative Work Schedules to establish uniform procedures for reviewing and approving alternative work schedules. The policy applies to all nonshift workers, and includes provisions for establishing deviated workweeks, flextime, and staggered hours. The 24/7 facilities continue to hire permanent part-time employees when possible to offset the amount of overtime for full-time employees.

Performance and Operation of Agency

Programs, Goals, and Objectives as Outlined in the 2017-19 Biennial Budget Request

Note: Programs, goals, objectives and activities have been revised.

Program 2: Division of Care and Treatment Services

Goal: Reduce the number of emergency detention (ED) admissions by youth to Winnebago Mental Health Institute (WMHI).

Objective/Activity: Reduce the percentage of youth under age 18 admitted to WMHI as an ED.

Goal: Maintain Intensive Treatment Program (ITP) bed capacity at state centers.

Objective/Activity: Maintain the number of ITP beds at state centers.

Goal: Reduce the number of readmissions of youth to WMHI.

Objective/Activity: Reduce the rate at which youth under the age of 18 are readmitted to WMHI within 30 days of being released.

Program 4: Medicaid Services

Goal: Assist participants in the FoodShare Employment and Training Program (FSET) to gain employment.

Objective/Activity: Sustain the number of FSET participants that all 11 regions report gaining employment during the reporting period.

Goal: Enable young adults with disabilities to gain and maintain employment.

Objective/Activity: Sustain the percentage of Project SEARCH graduates employed after completion of the program.

Goal: Sustain the timely processing of applications for Medicaid and FoodShare benefits.

Objective/Activity: Process applications for Medicaid and FoodShare benefits within 30 days.

Program 6: Quality Assurance Services Planning, Regulation, and Delivery

Goal: Increase immunization rates for residents at long-term care (LTC) facilities.

Objective/Activity: Increase influenza and pneumococcal immunization rates for residents at LTC facilities.

Performance Measures

2015 AND 2016 GOALS AND ACTUALS

Prog. No.	Performance Measure	Goal 2015	Actual 2015	Goal 2016	Actual 2016
1.	Rate of premature births (<37 weeks).	9.9%	9.1%	9.8%	9.6%
1.	Percentage of mothers who smoke during pregnancy.	13.75%	12.7%	13.5%	11.6%
1.	African American to White prematurity rate ratio.	1.68	1.57	1.66	1.65
1.	Develop regional health care coalitions for partner collaboration in emergency planning and disaster response.	Design coalition infrastructure	Designed coalition infrastructure	Implement regional coalitions	Implemented regional coalitions
2.	Reduce rates of civil readmissions within 30 days following discharge.	Reduce by 0.2%	1.4% increase	Reduce by 0.2%	1.2% increase
2.	Reduce the trend of increasing admissions of children at WMHI.	Reduce by 1%	1% increase	Reduce by 2%	9% reduction
2.	Reduce the number of civil patients who have a length of stay of 5 days or less.	Reduce by 1%	26% increase	Reduce by 2%	1% increase
4.	Adopt innovative models of care to expand the use of integrated health care for populations with complex medical needs.	Complete Care4Kids implementation	Completed Care4Kids implementation	Consider Care4Kids model for other populations and areas	Developed model for care interventions for Supplemental Security Income individuals with complex primary and behavioral health care needs
4.	Establish a standard methodology for total cost of care under the ForwardHealth umbrella across the department for members.	Design methodology	Designed methodology	Complete design	Continued design
6.	Average percent of Wisconsin nursing home residents with falls.	18.91%	26.7%	18.53%	26.4%
6.	Increase the number of assisted living facilities participating in the Wisconsin Coalition for Collaborative Excellence.	353	385	388	415
6.	Develop and implement a plan to decrease occupational injuries and fatalities among youth.	In progress	Field tested program in local high school	In progress	Consulted with stakeholders on plan elements

Prog. No.	Performance Measure	Goal 2015	Actual 2015	Goal 2016	Actual 2016
7.	Improve the design and support for the Include, Respect, I Self-Direct (IRIS) program to ensure program integrity and efficiency, and to meet consumer needs effectively.	Implement plan	Implemented plan	Implement plan	Implemented plan
7.	Increase the percentage of young adults who are in integrated employment.	13%	12.1%	14%	N/A
7.	Increase the percentage of people with disabilities in Family Care and IRIS who are in integrated employment.	10%	9.5%	11%	N/A
7.	Integrate behavioral and mental health services into the LTC system by developing a coordinated system of care for the LTC population with behavioral and mental health needs.	All eight managed care organizations (MCOs) have crisis planning agreements with counties	All MCOs implemented crisis planning agreements with counties	All eight MCOs have crisis planning agreements with counties	All MCOs continued crisis planning agreements with counties
8.	Develop and implement a coordinated plan to improve enterprise data management.	Develop plan	Established Data Management Steering Committee	Complete plan	Developed uniform data sharing policies and procedures
8.	Claims established for Medicaid and FoodShare program overpayments (client and nonclient error) in dollars.	\$10 million	\$12,120,334	\$10 million	\$14,481,984
8.	Public Assistance Reporting Information System (PARIS) overpayment claims established in dollars.	\$1.8 million	\$1,523,522	\$1.8 million	\$1,793,685
8.	Recipient fraud investigations completed.	7,000	9,931	7,000	10,929
8.	Number of Lean projects completed.	15	15	20	23
8.	Complete implementation of State Transforming Agency Resources (STAR) redesign processes to effectively use new STAR functionality and expand use of STAR's business intelligence capacity to improve management of department resources.	Complete modules	Completed modules	Implement modules	Implemented modules
8.	Design and implement an automated nursing home cost reporting system.	Design	Designed	Design	Implemented
8.	Expand funding for LTC for tribal nations.	In progress	In progress	In progress	Implemented Money Follows the Person Tribal Option

Prog. No.	Performance Measure	Goal 2015	Actual 2015	Goal 2016	Actual 2016
8.	Expand funding for mental health and substance abuse services for tribal nations.	In progress	One tribe certified for Comprehensive Community Services	In progress	One tribe began certification process for Comprehensive Community Services
8.	Pursue medical home models for tribal nations.	In progress	Discussions with tribes	In progress	Discussions with tribes

Note: Based on calendar year, unless noted.

2017, 2018 AND 2019 GOALS

Prog. No.	Performance Measure ¹	Goal 2017 ¹	Goal 2018	Goal 2019
2.	Reduce the percentage of youth under age 18 admitted to WMHI as an ED.	5%	5%	5%
2.	Maintain the number of ITP beds at state centers.	40	40	40
2.	Reduce the rate at which youth under the age of 18 are readmitted to WMHI within 30 days of being released.	7.4%	7.4%	7.4%
4.	The number of FSET participants that all 11 regions report gaining employment during the reporting period.	6,000	6,000	6,000
4.	The percentage of Project SEARCH graduates employed after completion of the program.	85%	85%	85%
4.	Sustain timely processing of applications for Medicaid and FoodShare benefits within 30 days.	95%	95%	95%
6.	Increase influenza and pneumococcal immunization rates for residents at LTC facilities.	90%	90%	90%

Note: Based on calendar year.

¹Performance measures and goals have been revised for the 2017-19 biennium.