



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

October 15, 2025

Governor Tony Evers
Office of the Governor
115 East, State Capitol Building
Madison, WI 53702

Members of the Wisconsin Legislature
State Capitol Building
Madison, WI 53702

Dear Governor Evers and Legislators:

I am pleased to submit to you the Department of Health Services biennial report as required by Wis. Stat. s. 15.04(1)(d).

Please contact me with any questions.

Sincerely,

A handwritten signature in blue ink, reading "Kirsten Johnson".

Kirsten L. Johnson
Secretary

2023-25 Biennial Report
Wisconsin Department of Health Services



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

October 15, 2025

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Department overview

The [Department of Health Services](#) (DHS) leads Wisconsin's health initiatives. It is one of the largest state agencies with an annual budget of about \$16 billion. More than 6,700 employees work in multiple offices, institutes, and facilities across the state. DHS works with federal, state, county, and local partners to provide programs and services that protect and promote the health and safety of Wisconsinites.

DHS ensures care provided to Wisconsin residents meets state and federal laws. It ensures Wisconsin taxpayer dollars are used effectively and efficiently by implementing evidence-informed programs, preventing and detecting waste, fraud, and abuse, and working to promote strong health outcomes and innovation.

DHS oversees Medicaid, a joint federal and state program to help Wisconsinites get high-quality health care coverage, long-term care, and other services to promote health and well-being. Medicaid is the single largest program in the state budget with more than 80% of DHS' budget supporting Medicaid programs like BadgerCare Plus. Medicaid is the state's largest health insurer providing coverage for over one million Wisconsinites.

DHS also oversees seven 24/7 care and treatment facilities. This includes three centers for people with intellectual disabilities, a facility that provides specialized mental health treatment to people referred from the Department of Corrections; two psychiatric hospitals, and a facility for people committed under Wisconsin's sexually violent persons' law. About two-thirds of DHS' employees work at these facilities to provide care and treatment for those who cannot safely live in the community.

Our vision

Everyone living their best life.

Our mission

To protect and promote the health and safety of the people of Wisconsin.

Our values

- Collaboration: We honor the expertise and perspectives of our colleagues and our partners to advance our collective goals.
- Integrity: We show and earn respect through our words, choices, and actions. We uphold our shared values by being honest, transparent, and accountable.
- Excellence: We are compassionate public servants and good stewards of taxpayer resources. We value excellence in all of our actions and interactions.
- Growth: We foster innovation, curiosity, and improvement in what we do and how we do it.
- Justice: We commit to cultivating fairness, equity, and belonging within our organization and through our work.

DHS is organized into 11 offices and divisions.

- **Office of the Secretary:** Leads DHS and includes the executive team, communications team, substance use initiatives, area administration (serves as the primary link between DHS and local county human service agencies and their associations), and Tribal affairs.
- **Office of Health Equity:** Works to help address health disparities and promote a culture of inclusion where all Wisconsinites are able to thrive and be engaged.
- **Office of the Inspector General:** Protects Wisconsin taxpayers by preventing and detecting waste, fraud, and abuse of public assistance programs.
- **Office of Legal Counsel:** Provides legal services and advice to DHS.
- **Office of Policy Initiatives and Budget:** Provides department-wide budgeting, policy, and research services.
- **Office of Grants Management:** Provides support and guides programs in administering grants.
- **Division of Enterprise Services:** Oversees financial management, information systems and technology, procurement, and facilities management.
- **Division of Care and Treatment Services:** Manages and supports seven 24/7 care and treatment facilities, community mental health and substance use services, community forensic to treatment services, and the protection of client rights for individuals receiving services for intellectual disabilities, mental health, and substance use.
- **Division of Medicaid Services:** Manages Wisconsin's Medicaid and FoodShare programs and provides access to health care, long-term care, and nutritional assistance for people and families who are older, have a disability, or low income.
- **Division of Public Health:** Monitors the health of our state, providing scientific and evidence-based guidance to providers, partners, and public health agencies, and working alongside a network of partners to identify, understand, and respond to health challenges that impact entire communities.
- **Division of Quality Assurance:** Protects and promotes the health, safety, and welfare of residents living and receiving care in the health and residential care facilities regulated by DHS. Regulates and licenses more than 40 different programs and facilities that provide health, long-term care, mental health, and substance use services, as well as conducts caregiver background checks and investigations.

2023-2025 Accomplishments

DHS strives to provide the highest quality of services through its programs to help the people of Wisconsin to live their best life. The following are highlights of the agency's accomplishments for the period from July 1, 2023, to June 30, 2025.

Promoting healthy living

Protecting against diseases and illnesses

Ensuring people have the resources they need to protect themselves from contracting diseases remains one of DHS' highest priorities. We continue to promote vaccination against vaccine-preventable diseases, monitor instances of communicable diseases, work with our partners to investigate sources, help people recover, and raise awareness. This includes [respiratory illnesses](#) like flu, RSV, and COVID-19; [measles](#); [avian influenza](#); [pertussis](#); [syphilis](#); [foodborne illnesses](#), like Salmonella; and [mosquito-related illnesses](#), like West Nile Virus.

We continued to make COVID-19 antiviral treatments available at no cost through April 2024. After then, people could continue to access treatments through their health care provider, community clinic, or pharmacy.

We launched an online tool called '[Feeling Sick Report it Quick](#)' to encourage people to report food or water sickness when symptoms occur. The online questionnaire takes less than five minutes to complete and helps local health departments identify sources of contamination to prevent others from getting sick.

Ending lead exposure

We continue to assist local and Tribal health departments with [lead exposure prevention](#) to end lead poisoning. We encourage people to take steps to end childhood lead poisoning by getting the facts, helping children get tested for lead exposure, and checking homes for lead hazards. Lead is toxic, especially in young children. Even relatively low levels of lead exposure can impair a child's brain development. Children who are lead poisoned can experience delayed growth and development, damage to the brain and nervous system, learning and behavior problems, and a host of other health-related problems.

We also implemented universal blood lead testing to align with federal requirements to ensure all children receive a blood lead test at ages 1 and 2 as well as any child between ages 3 and 5 who has not had a previous test.

Reducing, recognizing, and responding to a stroke

We launched an updated [stroke awareness campaign](#) to teach people how they can reduce their stroke risk, how to know if someone is having a stroke, and to act quickly if they or someone near them is having a stroke. The campaign features two characters who offer life-saving messages: BE FAST Bella lets people know the signs of stroke, including changes to a person's Balance, Eyes, Face,

Arm, Speech, and a Terrible headache. And Risk Factor Rick who lets people know how to reduce their chance of having a stroke, like exercising more, monitoring blood pressure, quitting the use of commercial tobacco products, limiting the amount of alcohol they drink, and eating more fresh fruits and vegetables.

Understanding the needs of mothers, children, and families

We collected feedback about family health in communities to help influence the priorities and focus of maternal and child health programs in the state. The [Maternal and Child Health Program](#), Title V needs assessment survey is part of a comprehensive, statewide assessment done every five years as part of federal funding. We use the information to identify current community strengths, partnerships, and areas where people need more support to improve the health of mothers and children. We will use the list to prioritize and plan family health programs and projects from 2026 through 2030.

Improving infant and maternal health

We announced [new accountability measures](#) aimed at preventing fraud and improving health outcomes for child care coordination, a Medicaid post-birth benefit created under state law to address health disparities in southeastern Wisconsin. Child care coordination and prenatal care coordination provide prenatal and post-birth services to support vulnerable families at high risk of a negative health outcome—a critical program designed to improve infant and maternal health and reduce infant and maternal mortality.

Providing food security

We manage several food security programs, like [FoodShare](#) (federally known as the Supplemental Nutrition Assistance Program, or SNAP) that helps provide about 700,000 Wisconsinites with basic food necessities. For every \$1 in FoodShare benefits, working families across Wisconsin generate \$1.50 for our state's economy by shopping at local stores and farmers markets. Wisconsin's payment error rate is typically one of the lowest in the country and has usually been under 6%; however, this rate can fluctuate. For federal fiscal year 2024, our error rate was 4.47%. Counties who manage eligibility for FoodShare, use quality control measures to consistently achieve and maintain a low FoodShare payment error rate.

Funding prevention and cessation efforts related to e-cigarette products

We collected input for how to spend nearly \$15 million over the next five to nine years through [JUUL settlement funds](#). The funds are from a multi-state settlement reached with JUUL Labs, a leading manufacturer of vaping devices. Settlement funds are required to be used for cessation services, prevention and education programs, research, school-based activities, and/or community-based activities. We awarded \$830,000 in funding over a two-year period to community organizations who will use it for community- and school-based programs to prevent vaping and help teens and young adults quit; for research on vaping prevention; and ways to decrease access to or the use of vape products. All efforts will be directed toward teens and young adults up to age 24.

Promoting health through stable housing

We awarded grants for a new program to help families and pregnant people experiencing homelessness. Using funds from the Children's Health Insurance Program Housing Support Initiative, selected homeless assistance providers will offer a set of supportive housing services, including housing consultation, transition supports, sustaining supports, and relocation supports. The initiative will support a grant program for homeless assistance providers, also known as Continuum of Care member agencies, allowing them to deliver supportive housing services to eligible families. More information is available on the [Housing Support Services Health Services Initiative page](#).

We also launched a [housing support service](#) to Wisconsin Medicaid members experiencing housing insecurity who are also affected by substance use or mental health conditions. People who are struggling with substance use or mental health challenges who have a place to call home can significantly improve their overall health and quality of life. DHS created this benefit as directed under 2019 Wisconsin Act 76 and with Centers for Medicare and Medicaid Services (CMS) approval.

Supporting mental health and substance use prevention

Taking a whole of government approach

DHS is leading the [Governor's Interagency Council on Mental Health](#) in collaboration with other state agencies to address our state's mental health crisis. The council brings together state agencies to expand prevention efforts and increase access to mental health services when and where people need them. By collaborating and bringing together state agencies, we can improve the mental health outcomes of people. The council is charged with developing a statewide action plan with recommendations to address Wisconsin's mental health crisis. We held listening sessions with partners and provided an online survey to collect input from the public to develop the recommendations. The council plans to share its recommendations with Governor Evers at the end of 2025.

Connecting people to help

We recognized the first year of the [988 Suicide and Crisis Lifeline](#) which provides free and confidential support for anyone experiencing a suicidal, mental health, or substance use crisis. People of all ages who need help for themselves or a loved one can call, text, or chat 24/7. In its first year, 988 received almost 92,000 contacts for mental health and substance use support.

Providing a safe place

We made investments in five adult and three youth regional [crisis stabilization facilities](#). These facilities support people who can't stay in their community safely, but don't need to be hospitalized. Stays are arranged through the mental health emergency hotline for the person's county of residence. Each regional center serves specific counties for their area to help people stay closer to home to receive care for mental health and substance use emergencies.

Helping troubled youth to heal

The [Mendota Juvenile Treatment Center](#) is one of DHS' 24/7 care and treatment facilities that serves youth who need mental health treatment in a safe environment. As a result of an expansion and renovation project started in early 2023, the facility is now able to serve girls. Through legislature support, we will be able to hire additional staff and when fully staffed, can house 94 patients: 74 boys and 20 girls. Several research studies show young people treated at the center committed significantly fewer crimes after being released when compared to similar youth who did not have access to the center.

Saving lives through overdose prevention

We continued our work to expand [harm reduction services](#) to prevent substance use overdoses and empower people to make safer choices. Harm reduction accepts people as they are and where they are in their lives without judgement. We awarded funding to community partners to support the purchase and installation of public health vending machines, which can include items such as overdose prevention education, naloxone, fentanyl test strips, and other harm reduction-related products. While preliminary data shows a decrease in drug overdose deaths, we know this path can change as new substances require us to evolve our response efforts.

In partnership with the Wisconsin Department of Justice, we held listening sessions to hear directly from local communities who are working to prevent overdose deaths and help people struggling with opioid use. We use the information to help determine how to invest [state opioid settlement funds](#) and submit this plan to the legislature for approval. Funding supports harm reduction efforts, treatment and recovery programs, capital projects, and education allowing Tribal and law enforcement agencies to better respond to substance use challenges in their communities. Wisconsin is expected to receive more than \$780 million in total funding through 2038 as result of national litigation against the pharmaceutical industry.

We also launched the [Wisconsin Suspected Overdose Alerts for Rapid Response system](#). This online tool is for professionals who work in overdose prevention and response. It allows them to monitor for suspected overdose events in their communities to inform actions the community can take, information to share with the public, and activities to prevent overdose spikes.

Reducing stigma

We launched the [‘Saying, Not Saying’ campaign](#) to reduce stigma around talking about mental health. The campaign raises awareness about how the question “How are you?” isn’t always an easy answer for someone experiencing a mental health concern. The campaign provides resources for how to talk about things when you’re not ok, how to talk to others who let you know they’re not ok, or when someone says they’re ok, but you know they are not. It encourages more people to talk about mental health to reduce the fear of judgement.

Expanding peer services support

We announced [UpLiftWI](#), a non-emergency, free, and confidential phone line available for people to share their successes and challenges with a peer who will listen and offer support. It is known as a warmline, a non-emergency program designed to diffuse difficult situations before they become a crisis through conversations and connections between people with similar life experiences. It was built by Mental Health America of Wisconsin under a grant from DHS for people experiencing mental health and substance use concerns. Callers to UpliftWI speak to certified peer specialists with diverse life experiences stationed across the state. A certified peer specialist is a person who has navigated their own mental health and substance use challenges, completed a training course, and passed a state exam that tests their skills and knowledge about how to support others. They use their personal experiences to help callers identify and pursue their own wellness goals and will share information about community resources if requested. The service answered over 16,000 calls in its first year.

Preventing and reducing substance use

We awarded grants to regional prevention coordinators for the [Alliance for Wisconsin Youth](#). The Alliance for Wisconsin Youth supports the work of more than 100 community coalitions dedicated to reducing the issues that arise from the use of drugs. The grants are funded by Wisconsin's share of the federal Substance Abuse Prevention and Treatment Block Grant. They cover costs related to addressing the following substance use prevention priorities:

- Underage drinking
- Adult binge drinking
- Opioid use for non-medical purposes among all ages
- Substance use among pregnant people

Coalitions that belong to the Alliance for Wisconsin Youth must include representation from different communities they serve, including youth, parents, educators, health and human services professionals, law enforcement officers, business owners, people involved in civic organizations, elected officials, and spiritual leaders.

Building culturally competent care

We awarded [funding to help mental health providers](#) better serve communities that continue to experience barriers to accessing mental health care. This is an ongoing effort to improve health equity and access to improve health outcomes for underserved communities by meeting people where they are with respect, dignity, and understanding of cultural differences to meaningfully address the gaps in services. When people have access to a system that respects the whole person and addresses a person's needs, beliefs, and preferences, they are empowered to create healthier outcomes for themselves and their communities.

Increasing access to care

Removing barriers to reproductive health

DHS issued a [standing order to remove barriers for over-the-counter contraception](#), including emergency contraception, for BadgerCare Plus members. The U.S. Food and Drug Administration approved a daily, oral contraceptive pill, called Opill, for use without a prescription. We also issued a [standing order to ensure BadgerCare Plus members can access Opill](#) with no out-of-pocket cost to them. BadgerCare Plus covers over-the-counter daily oral contraception with a prescription from a provider. While Opill is available for use without a prescription, the standing order streamlines access by serving as the prescription that enables BadgerCare Plus members to pick up Opill with no out-of-pocket costs and removes the need to schedule and attend an appointment to get a prescription to have Opill covered.

Ensuring health care coverage

We implemented [continuous health insurance coverage for children](#) enrolled in Medicaid programs. Children under age 19 remained qualified for programs like BadgerCare Plus even if their family's income increased or no longer met program rules. Continuous health insurance coverage helps to improve health outcomes for children by stabilizing their access to care. Families can have peace of mind knowing their kids can get wellness checks, vaccines, and more to stay healthy. This was part of the requirement by states to implement this change made by the Consolidated Appropriations Act, passed by Congress in December 2022.

We launched a [Medicaid enrollment dashboard](#) to show the impact following the end of the federal continuous coverage requirement that had kept members enrolled during COVID-19. The dashboard provides transparency for changes in enrollment for Medicaid programs and how many people need to transition to other health insurance coverage.

Supporting older adults and people with disabilities

Streamlining the way for families to get care

DHS launched [Wisconsin Wayfinder Children's Resource Network](#), a new service to transform the support structure for families of children with delays, disabilities, special health care needs, or mental health conditions. It includes a user-friendly website and toll-free helpline that lets families easily connect with real people – dedicated children's resource guides – who help navigate through the essential services and supports that will enable their child to thrive. In its first year, more than 2,200 children and nearly 670 providers and professionals across the state received help navigating complex health care and access to crucial services.

Expanding at-home care

We awarded a second round of American Rescue Plan Act (ARPA) funding for [home and community-based services grants](#) to improve services for people who are older or have a disability, helping them remain in their home or community. Projects reflect a range of ways to positively impact Medicaid

program members and participants, direct care workers, families of individuals receiving services, and providers. We invited all grantees to participate in a summit to share lessons learned and take home practical and actionable ideas. To assess the impact of the investments, we evaluated the projects to identify key successes, challenges, and lessons learned. The findings will provide valuable insights to shape future policy and best practices.

We also launched the [Independent Living Supports Pilot program](#) to provide eligible people with critical resources allowing them to continue to live independently in their homes rather than entering a Medicaid long-term care program. Aging and disability resource centers (ADRCs) applied for and were selected to operate the pilot program in their areas. Nearly 3,000 Wisconsin residents in 14 counties participated in the program, receiving financial assistance to purchase supportive home care, home and vehicle modifications, assistive technology, and more. We are evaluating data collected during the pilot, including participant surveys, claims expenditures, and administrative processes to help inform future programs and policies.

Improving long-term care programs and services

We [renewed the five-year waivers to continue to provide Family Care and Family Care Partnership](#). These Medicaid long-term care programs provide care to help older adults and those with a disability to continue to live in their home or community. As part of the waiver renewal process, we collected feedback from members and partners to propose changes to improve the programs by expanding access to services and providers, allowing for more use of technology, and improving inclusion.

We also [expanded care choices for Family Care and Family Care Partnership members](#) in nine counties in South Central Wisconsin. This expansion provides members with more choices when choosing who they want to provide their long-term care. This is part of a multi-year effort to improve the quality and accessibility of long-term care services.

As part of the [IRIS program waiver renewal process](#), we collected input for how to improve policy, services, and other things that can make the program better for participants. The program empowers adults with disabilities and older adults with long-term care needs to live independently and make their own choices about their care based on their needs and budget. We plan to submit the IRIS waiver to CMS in September 2025.

Connecting people to resources

We recognized [25 years of aging and disability resource centers](#) (ADRCs) helping older adults and people with disabilities in our state to thrive. ADRC services are available to families, friends, caregivers, and others who work with or care about older people or people with disabilities. They provide connections to resources like adaptive equipment, dementia care services, meal delivery, and more. ADRCs help people conserve their personal resources, maintain self-sufficiency, and delay or prevent the need for potentially expensive long-term care by enabling people to find resources in their communities and make informed decisions about long-term care.

Developing solutions for the health care workforce

Building a workforce for the 21st century

In coordination with Lieutenant Governor Sara Rodriguez and the Department of Workforce Development, DHS served as the co-vice chair for the [Governor's Task Force on Healthcare Workforce](#). We developed and submitted a plan to the governor providing solutions to address the state's longstanding health care workforce shortages. The 25-member task force heard from health care industry experts and leaders, analyzed labor market data, and produced an advisory action plan for the governor's review and consideration. The task force adopted 10 recommendations with 26 action items representing a variety of policies and programs to address various industry issues, including education, training, recruitment, and retention of health care workers. The action plan represents a strategic set of policy and implementation approaches targeting the health care industry's chronic challenges.

Establishing a minimum fee schedule

At the direction of Governor Evers, DHS was able to [create and fund the minimum fee schedule](#) for home and community-based services to raise wages for direct care workers and providers serving older adults and people with disabilities. The minimum fee schedule establishes minimum amounts managed care organizations must pay providers for certain adult long-term care services. It ensures stability and consistency in terms of revenue and expenditures for providers and managed care organizations. By increasing wages, we are investing in communities and fostering economic growth. The additional funds help ensure dignity and independence for people as they get older. It also helps providers to staff and maintain a consistent team of caregivers and reduce stress on residential care facilities.

Increasing the number of caregivers

We launched the [certification for direct care professionals](#) to combat the state's shortage of caregivers. The free program was developed in partnership with the University of Wisconsin-Green Bay and takes about 30 hours with an online exam to earn certification. It is an expansion of the reputable [WisCaregiver Careers certified nurse aide program](#). Direct care workers are vital to providing personal care and supportive home care to older adults and people with disabilities. This includes daily living activities such as bathing, dressing, grooming, eating, mobility, toileting, transferring, and range of motion exercises. They also provide supportive home care duties, such as supervision and monitoring, general household tasks, running errands, or accompanying the client on outings. As Wisconsin's 65 and older population continues to increase, the need for direct care workers will continue to increase. The certification is a national model to promote a fulfilling career that helps people to learn, grow, and advance.

Planning for the future

Achieving organizational goals

DHS kicked off an internal planning process to produce a three-to five-year strategic plan. The plan will provide a clear vision of where the agency is headed, what we plan to achieve, and the measures to monitor progress for the next five years. The planning process helped identify opportunities for our agency to align efforts across divisions and offices and make an even greater impact on the health for the state. Staff were asked to fill out a survey to reflect on the mission, vision, and values of the agency with suggestions for improvement. As a result of the planning process and the staff survey, DHS updated its values to better align with the three major levers that advance our mission: how we invest public dollars, the information we collect and share, and our workforce.

Moving our workforce

In May 2021, the Wisconsin Department of Administration introduced [Vision 2030](#) to right-size the state's real estate portfolio, shed underutilized properties, support a mobile workforce, and save taxpayers money while enhancing access to government services. As part of this process, DHS began planning for staff to move from the State Human Services Building at 1 West Wilson Street in Madison to the General Executive Facility (GEF) 1 building at 201 East Washington Avenue, Madison. It has been a major undertaking to consolidate over 420,000 square feet of space on 15 floors that DHS has resided in since the building opened over 90 years ago in 1932. Since the summer of 2023, we have been cleaning up the 1 W. Wilson building, preparing new spaces in the GEF 1 building, guiding our staff through the transition process, and providing informational updates to ensure a smooth transition. We plan to be completely relocated in the fall of 2025.

Supporting flexible time work schedules

DHS supports and encourages the use of existing policies as a foundation for creating flexible time work arrangements to address employees' individual needs.

Planning and responding to federal changes

We recognize during most of 2025, our priorities shifted to manage the confusion and uncertainty surrounding support for health care from the federal government. Significant changes were taking place with the U.S. Department of Health and Human Services cutting its workforce and restructuring its operations. We received multiple termination notices alerting us the federal government had ended funding for contracts that support public health and behavioral health activities. We joined other states in legal action to restore this funding. This impacted not only our work, but the work of hundreds of our partners who we award funding to, and hundreds of thousands of Wisconsinites in our state who rely on the work of those partners for care.

We also analyzed [how \\$880 billion in federal budget cuts might impact our Medicaid program](#), with cuts having the potential to shift costs to Wisconsin, reduce the Medicaid budget, make services harder to access for working adults, and increase costs to Wisconsin taxpayers. An analysis and implementation of the final version will be included in the next biennial report.

As we look to the next biennium, the instability of the federal government will impact the 2025-27 state budget and availability of funding for DHS programs and services. We will continue to fight for the health and safety of the people of Wisconsin. This has and will always remain our top priority, and we stand ready to respond and pivot as needed to ensure people continue to have the freedom to choose how they take care of their health.

Programs, goals, and objectives

As outlined in the DHS 2025-27 state budget request.

Program 2: Mental health and developmental disabilities services; facilities

Goal: Reduce 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 for People with Intellectual Disabilities.

Objective/Activity: Maintain the number of ITP beds at State Centers.

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

Objective/Activity: Sustain the percentage of applications for Medicaid and FoodShare benefits that are processed within 30 days.

Program 6: Quality assurance services planning, regulation and delivery

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

Objective/Activity: Increase influenza and pneumococcal immunization rates for residents at long-term care facilities.

Performance measures

2023 and 2024 goals and actuals*

Prog. No.	Performance Measure*	Goal 2023	Actuals 2023	Goal 2024	Actuals 2024
2.	Reduce the percentage of youth under age 18 admitted to WMHI as an ED.	5% decrease	1.4% decrease	5% decrease	1.1% decrease
2.	Maintain the number of ITP beds at state centers.	45	45	45	45
2.	Reduce the rate at which youth under the age of 18 are readmitted to WMHI within 30 days of being released.	8%	11.38%	7%	18.56%
4.	Sustain the number of FSET participants that all 11 regions report gaining employment during the reporting period.**	4,000	4,023	5,000	4,512
4.	Sustain the percentage of applications for Medicaid and FoodShare benefits that are processed within 30 days.	95%	97.35%	96%	98.64%
6.	Increase influenza immunization rates for residents at long-term care facilities.	90%	80.9%	91%	81.6%

2025, 2026 and 2027 goals*

Prog. No.	Performance Measure*	Goal 2025	Goal 2026	Goal 2027
2.	Reduce the percentage of youth under age 18 admitted to WMHI as an ED.	6% decrease	6% decrease	6% decrease
2.	Maintain the number of ITP beds at state centers.	45	45	45
2.	Reduce the rate at which youth under the age of 18 are readmitted to WMHI within 30 days of being released.	7%	7%	7%
4.	Sustain the number of FSET participants that all 11 regions report gaining employment during the reporting period.	5,000	5,000	5,000
4.	Sustain the percentage of applications for Medicaid and FoodShare benefits that are processed within 30 days.	96%	96%	96%
6.	Increase influenza immunization rates for residents at long-term care facilities.	90%	91%	92%

*All data is on a fiscal year basis.

**Participation in the FoodShare Employment and Training (FSET) program has been significantly lower during the COVID-19 public health emergency due to the federal government temporarily waiving participation requirements.