



Key Performance Indicators Report:

KPI

Volume 5, Issue 4

February, 2016

Economic Assistance and Work Services

EAWS Caseload (chart 1):

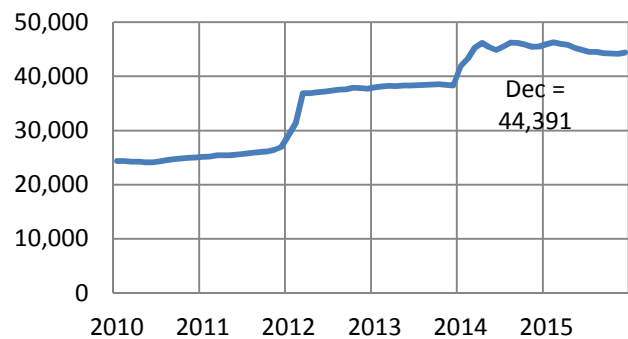
Dane County will be completing all of the Federally Facilitated Marketplace (FFM) applications for the Capitol Consortium. In the 4th quarter of 2015 applications remained steady with caseloads averaging around 44,300.

Call Center Activity (charts 2 and 3):

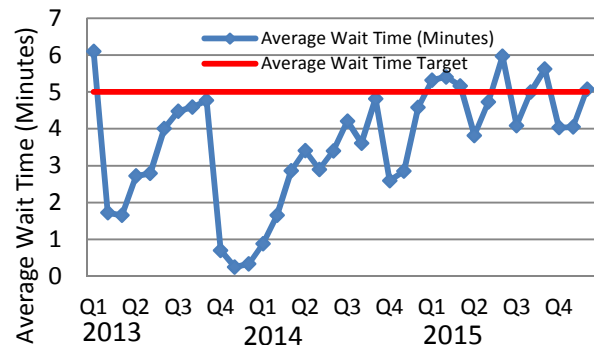
The Call Center serves 7 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In the 4th quarter of 2015 Call Center volume ranged from 23,600 calls in a month to as much as 26,800 calls in a month. Average wait times in October and November were below the 5 minutes benchmark with December wait time at an average of 5.08 minutes. The average speed of answer in 2015 was 4.86 minutes. Chart 3 reflects an answer rate for the 4th quarter that consistently exceeds the 85% benchmark. The average answer rate for the year was 90.07%.

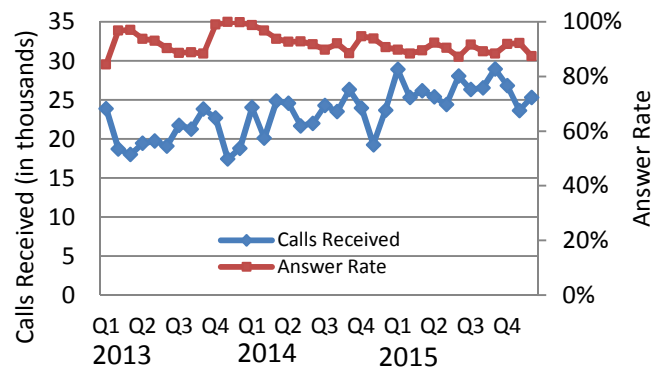
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



Adult Community Services

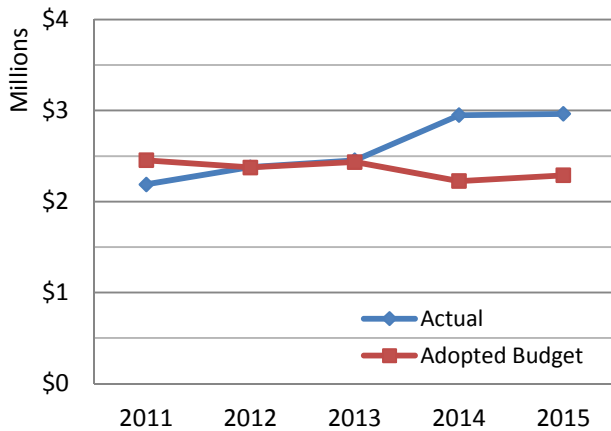
Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

For more than 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 (MMHI). Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost.

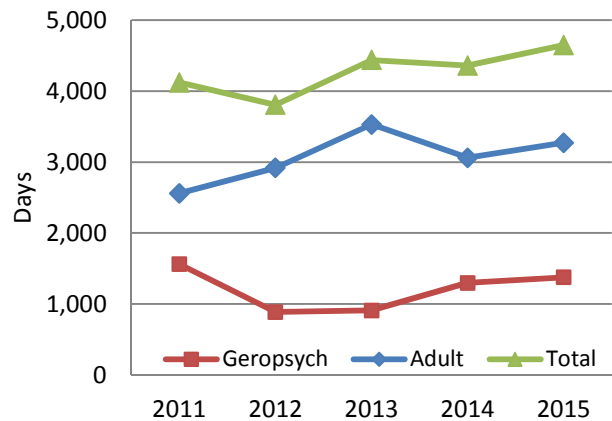
With data through the 4th quarter, inpatient days for the adult mental health population totaled 3,272 days in comparison to 2014 with 3,061 days. Patient days for the gero-psychiatric population totaled 1,376 in comparison to 2014 with 1,298 days. Total expenses were greater than budget with a deficit of roughly (\$675,000). Insurance collections that had been lagging through most of the year did pick up in December.

Utilization of community hospital beds was the lowest it has been in 10 years. This may be attributed to a combination of more people having insurance and hospital admission practices.

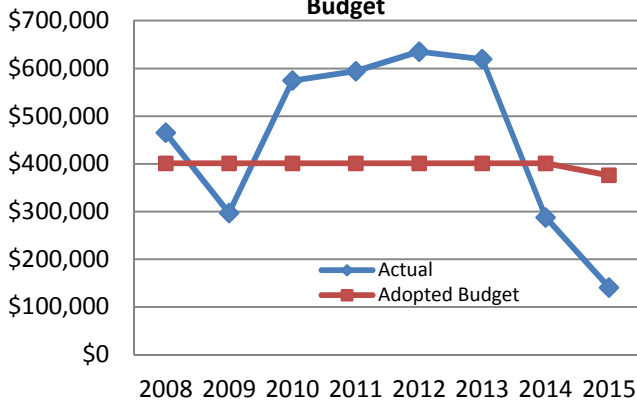
ACS - State Institutional Costs vs Budget



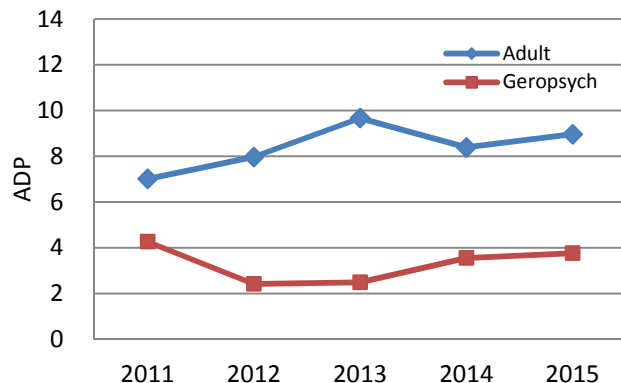
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



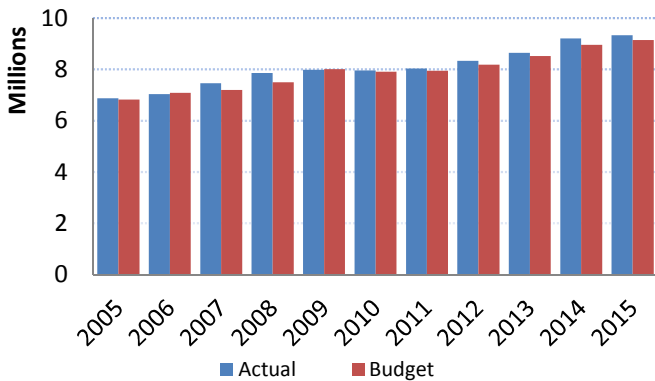
Badger Prairie Health Care Center

Residential Care Costs

The largest component of service costs at Badger Prairie are personnel related (including staff salaries, overtime, LTE, and agency contracting). Sick leave usage, and leave without pay, including family and medical leave, are key factors contributing to high overtime, LTE and contract costs, and diminish continuity of care. High levels of accrued leave time have a direct result on open shifts needing to be filled and worker's compensation injuries that lead to vacated shifts are contributing factors to overtime use.

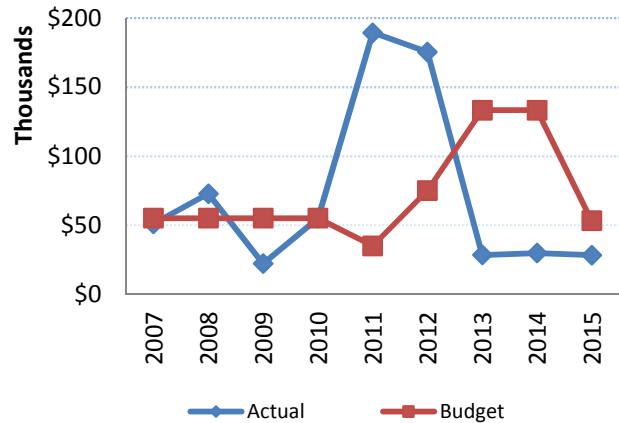
Data through the 4th quarter of 2015 show salary costs slightly over budget and LTE costs at budget. This trend has held steady throughout the year. Savings in the overtime and contract lines help to offset this deficit. At yearend overall personnel expenses are 2% over budget creating a deficit of (\$189,976).

Total Personnel Expenses: BPHCC

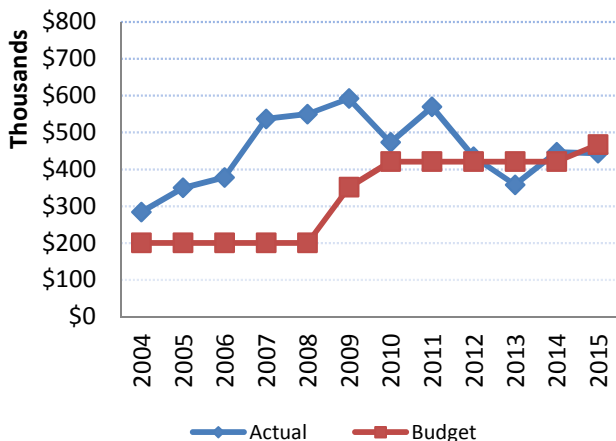


2006-2015 Projected includes Personnel, Overtime, LTE, & Contract

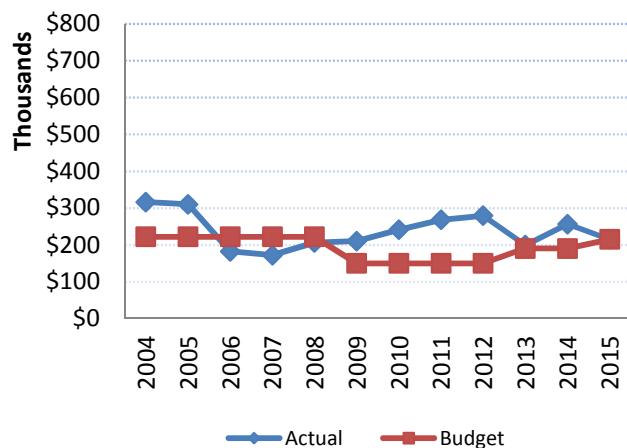
Contract Expenses: BPHCC



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 December of 2015, Alternate Care is projected to produce a surplus of roughly \$1,615,000 mostly due to low Residential Care Center Costs.

