



Key Performance Indicators Report:

KPI

Volume 8, Issue 1

May, 2018

Economic Assistance and Work Services

EAWS Caseload (chart 1):

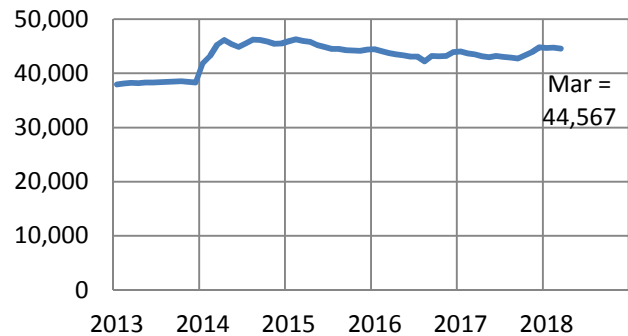
Caseloads remained high in the 1st quarter of 2018. Average caseload for the quarter was 44,673.

Call Center Activity (charts 2 and 3):

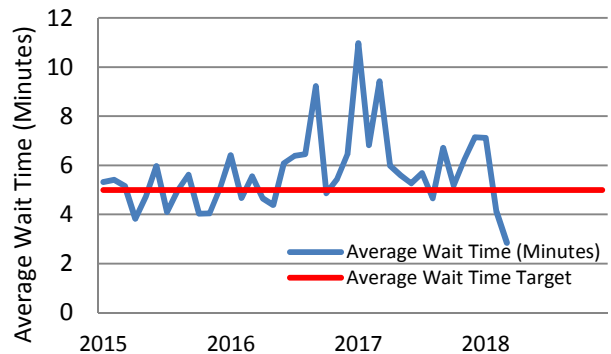
The Call Center serves 8 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

Through March 2018, Call Center volume was at its highest in January with 30,152 calls. In February calls dropped to 23,281 calls. Wait time in January exceeded the benchmark of 5 minutes. The answer rate was consistently better than the 85% benchmark.

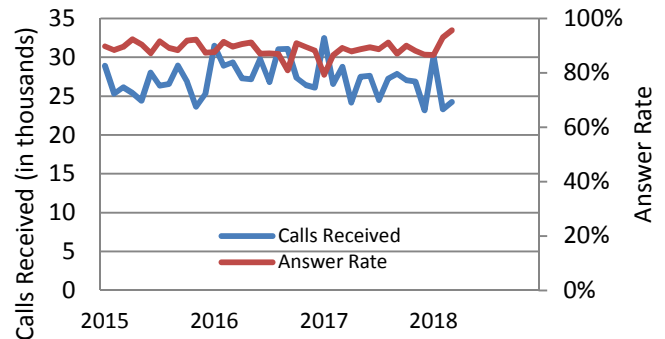
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



Adult Community Services

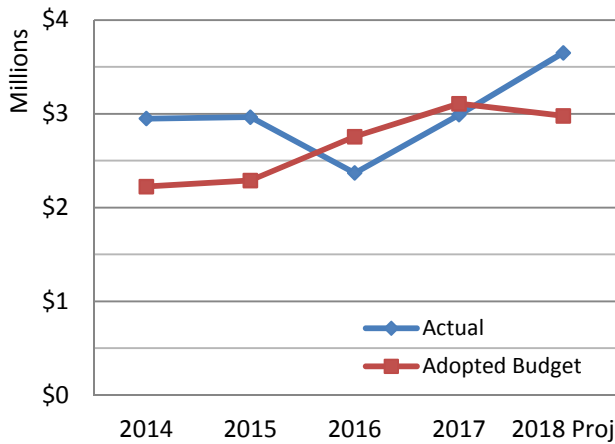
Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

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 \$1,100/day with Medicare, Medicaid and private insurance covering approximately 41% of the cost.

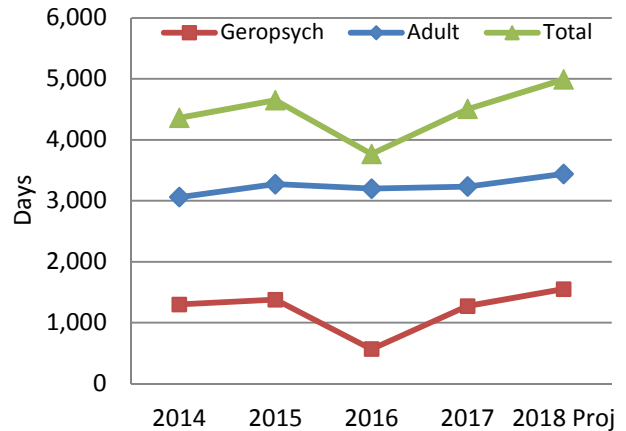
With data through March 2018, inpatient days for adult mental health treatment are projected to remain relatively steady. Gero-psychiatric treatment days are projected to increase in comparison to 2017 days of care. The overall increase in days of care is projected to produce a deficit of (\$672,000). With only 1 quarter of data reporting, it is likely that collection of additional offsetting revenue will favorably impact the deficit.

Utilization of psychiatric hospital beds within Dane County remains low. This may be attributed to a combination of more people having insurance and hospital admission practices.

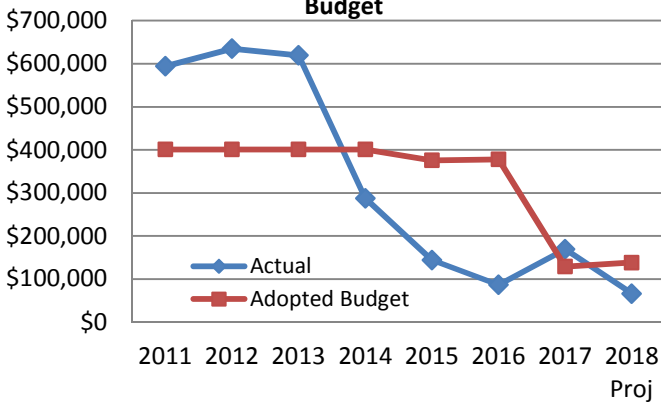
ACS - State Institutional Costs vs Budget



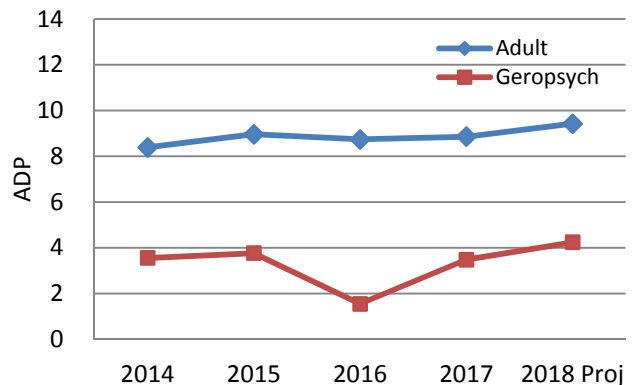
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



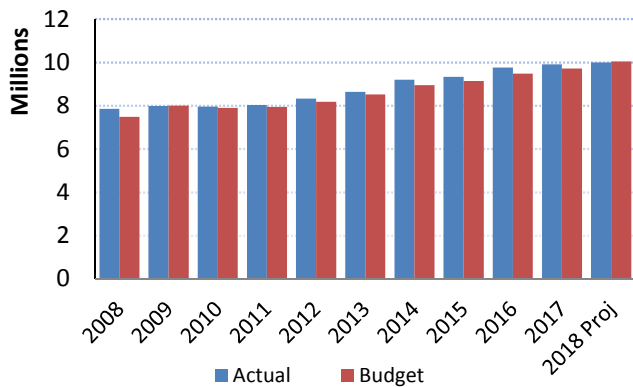
Badger Prairie Health Care Center

Residential Care Costs

Personnel related costs are the largest component of service costs at BPHCC. These include staff salaries, overtime and LTE costs. Sick leave usage, leave without pay including family and medical leave, high levels of accrued leave time, and worker's compensation injuries have a direct result on open shifts and vacated shifts that need to be filled. On the revenue side, census at the center or average daily population (ADP) has a significant impact on revenues coming into the facility.

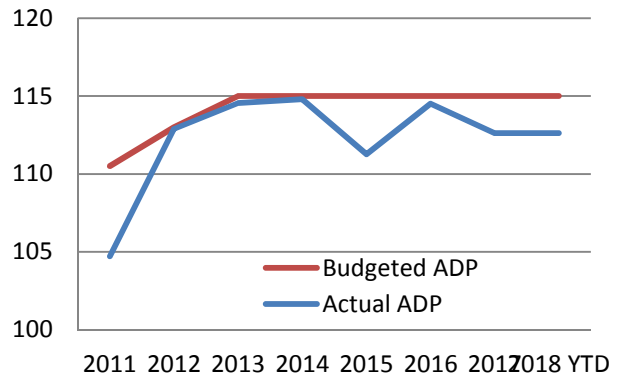
With data through March 2018, personnel costs are projected to stay within budget. The Census is budgeted at 115 persons. The projected Average Daily Population (ADP) for 2018 is 112.62. Based on 1st quarter data leave without pay, sick leave and unplanned absences (vacation/holiday) are all trending upward. Projected worker's compensation incident only incidents (those that result in less than 3 days of lost time), and lost time incidents (those that result in 4 or more days of lost time) decrease in comparison to 2017 data.

Total Personnel Expenses: BPHCC

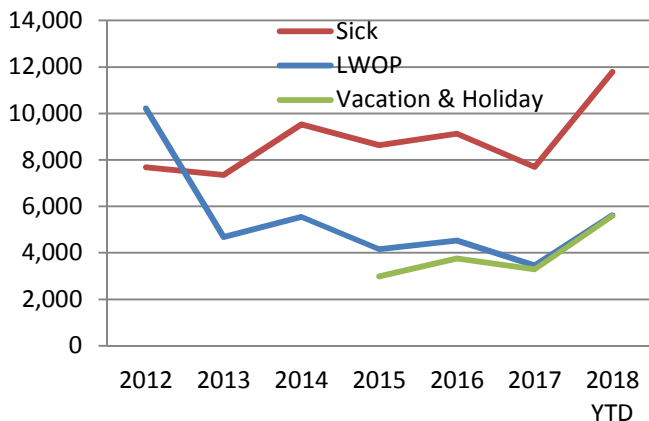


* includes Personnel, Overtime, LTE, & Contract

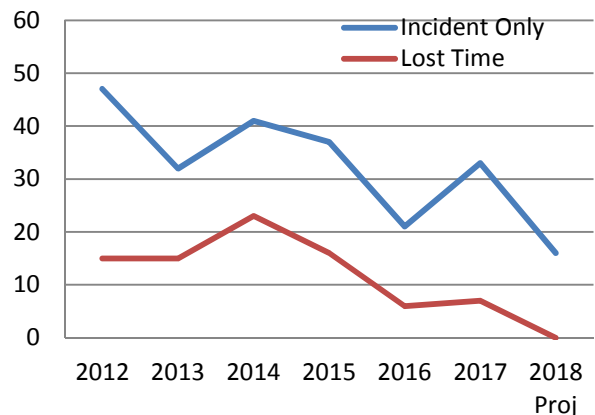
Average Daily Population 2011-2018



Unplanned Absences (in hours) by Type



Worker's Comp. Incidents by Type



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 March of 2018, Alternate Care is projected to produce a surplus of roughly \$1,100,000 mostly due to low Corrections and Group Home costs.

