



Key Performance Indicators Report:

KPI

Volume 3, Issue 2

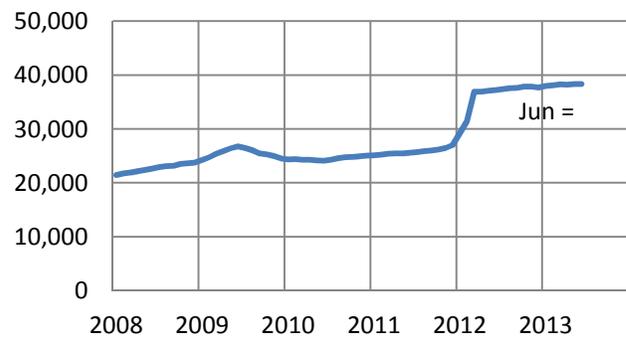
August, 2013

Economic Assistance and Work Services

EAWS Caseload (chart 1):

Though the 1st quarter reflected a slow steady growth of caseload, in the 2nd quarter caseloads level off to a total of 38,325 in June. Volume is expected to increase in the latter part of 2013 as we gear up for the implementation of the Patient Protection and Affordable Care Act (PPACA). The State has budgeted PPACA start-up funding, which allowed Dane County to add 33 staff positions. Applications through PPACA will begin October 1st for benefits starting January 1, 2014.

EAWS - Unduplicated Cases

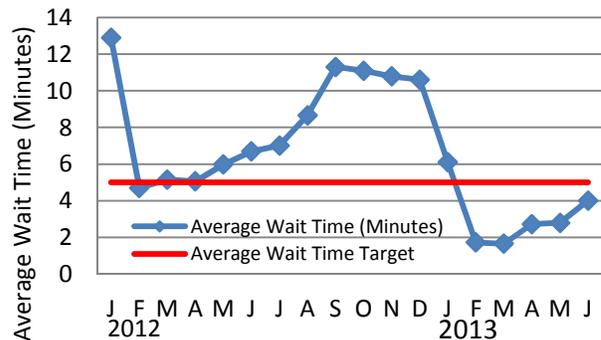


Call Center Activity (charts 2 and 3):

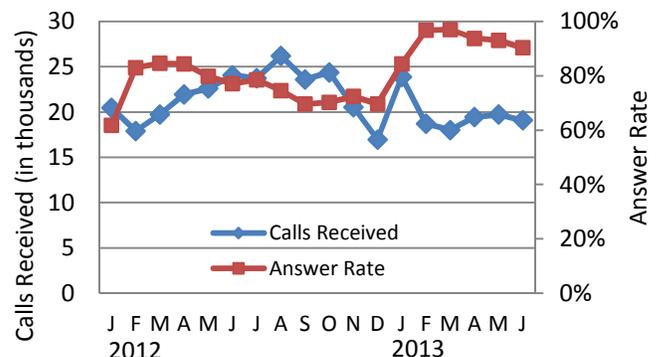
In January 2012 the Call Center expanded serving 7 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In January 2013, Call Center operations were revamped to have more staff available to take calls. The average wait time markedly improved in the 1st quarter as a result of the new staffing model with answer rates falling well below the 5 minutes benchmark. The 2nd quarter reflects a normal fluctuation in call volume; average wait time increased but still remained below the benchmark. Chart 3 reflects the fluctuation in call volume in the 2nd quarter and a small reduction in the percentage of calls answered to roughly 90% in June.

Average Wait Time (Phone)



Calls Received and Answer Rate



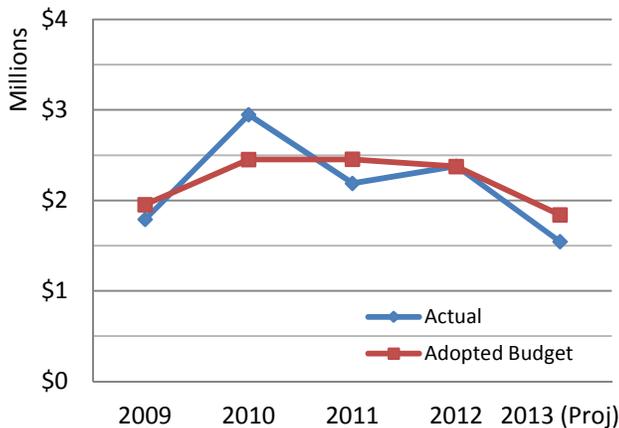
Adult Community Services

Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

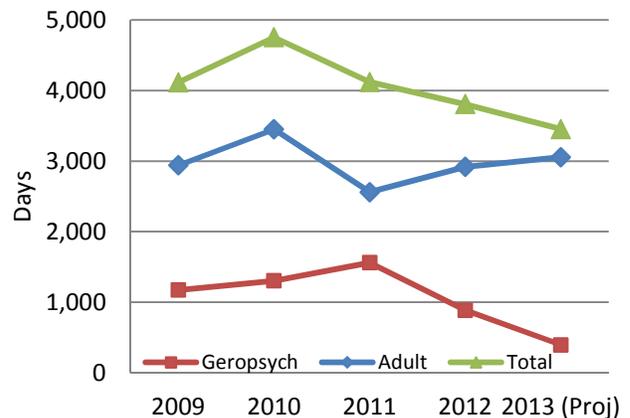
Over the past 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute. Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost. With information through July 2013 gero-psychiatric days are projected to continue to drop. Adult inpatient days rose in the 1st quarter due more to the number of admissions than length of stays but days began to drop in the 2nd quarter. Currently the State Institutional budget line is projected to have surplus of \$290,000, which is largely offset by a projected deficit (\$235,000) in the Community Hospitals budget lines.

Community hospital costs continue to exceed budget. With information through July, community hospital days are projected to decline by 13% in comparison to CY2012 though total cost is projected to be similar to CY2012 expense.

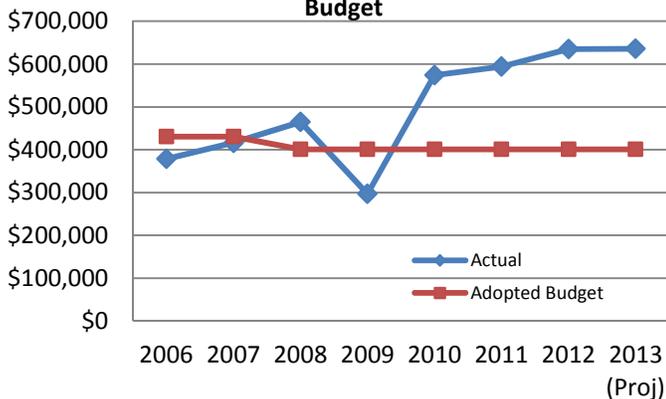
ACS - State Institutional Costs vs Budget



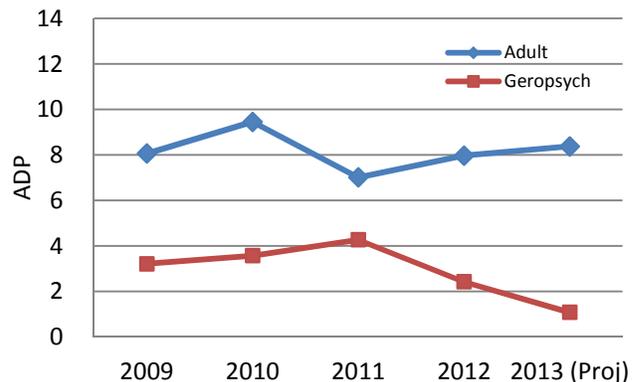
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



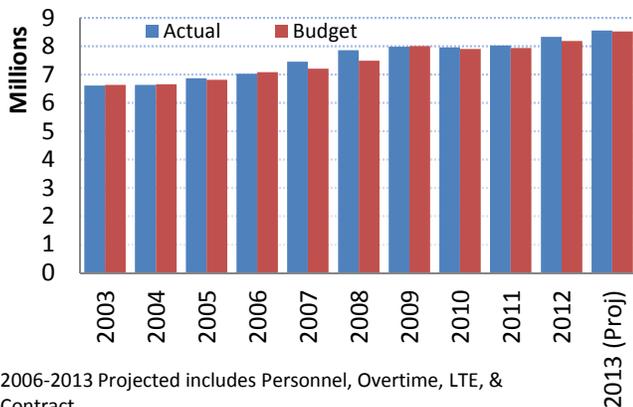
Badger Prairie Health Care Center

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.

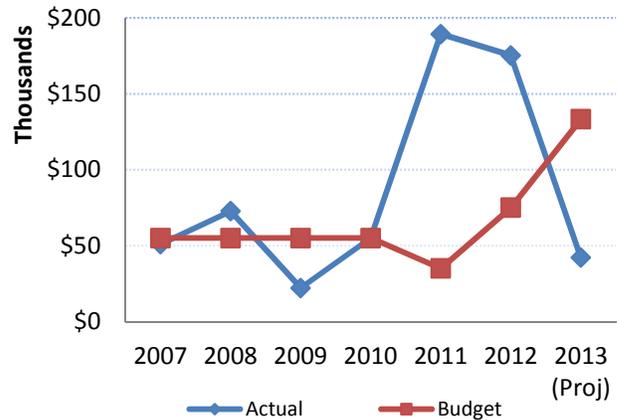
The key cost components of residential care are personnel expenses and include staff salaries, overtime, LTE and contract costs. With information through June 2013, salary costs are slightly over budget and savings in the over-time and contract expense lines more than offset the overage currently projected for LTE and personnel costs. Savings are largely attributed to filling vacancies quickly after recruitment closes and a somewhat improved applicant pool that may be related to economic factors associated with the last recession, and the sluggish recovery. Overall total personnel budget lines show a small surplus of \$37,000 at this time.

Total Personnel Expenses: BPHCC

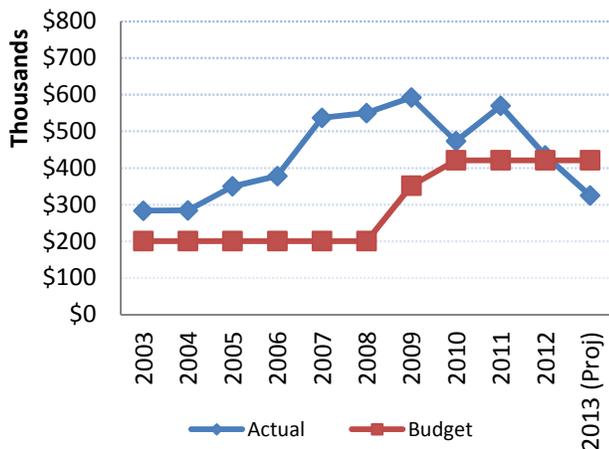


2006-2013 Projected includes Personnel, Overtime, LTE, & Contract

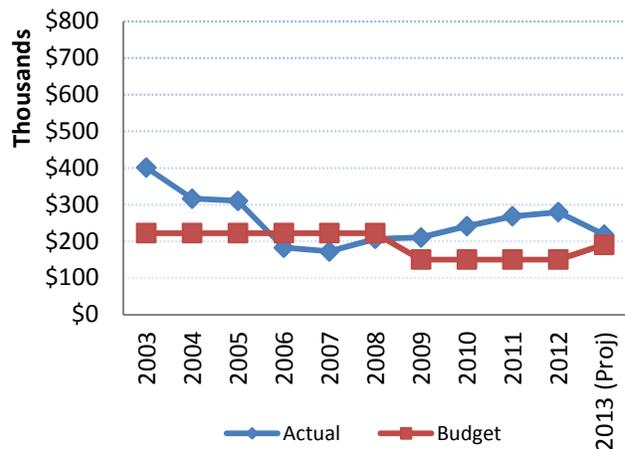
Contract Expenses: BPHCC



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 June of 2013, Alternate Care is projected to produce a 2013 surplus of roughly \$113,000 mostly due to low ADP's for both Corrections and RCC's.

