



# Key Performance Indicators Report:

# KPI

Volume 5, Issue 1

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## Economic Assistance and Work Services

### EAWS Caseload (chart 1):

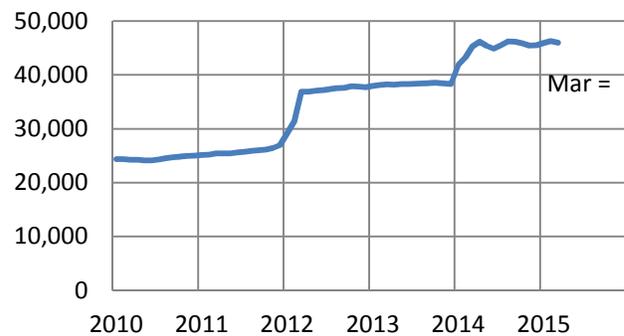
Dane County will be completing all of the Federally Facilitated Marketplace (FFM) applications for the Capitol Consortium. In the 1st quarter of 2015 applications remained steady with a total caseload of 45,996 in March.

### Call Center Activity (charts 2 and 3):

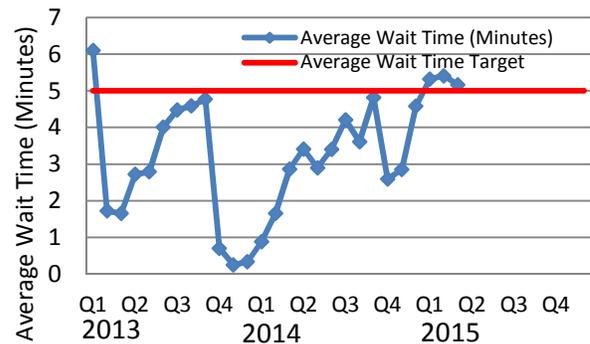
The Call Center serves 7 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In the 1st quarter of 2015 Call Center volume was up with a high of 28,910 calls in January and completing the quarter with 26,149 calls in March. Wait time in this same time period bumped up just above the benchmark of 5 minutes. Chart 3 reflects an answer rate for the 1st quarter hovering just under 90%. As caseloads increase and stay at higher levels it is likely that more calls are expected as a certain percentage of the overall caseload will call each month in addition to general inquiries.

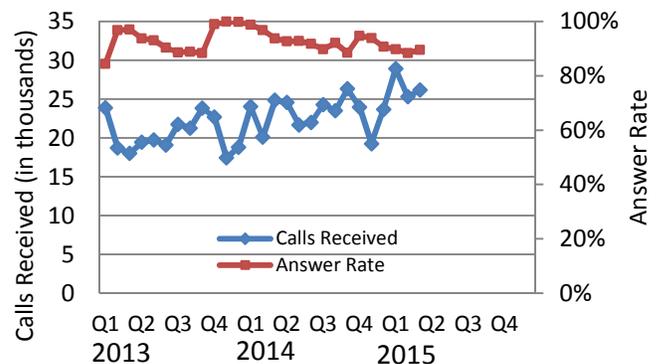
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



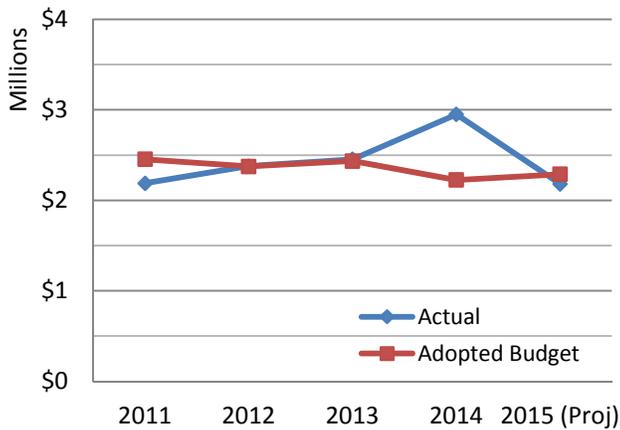
# Adult Community Services

## Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

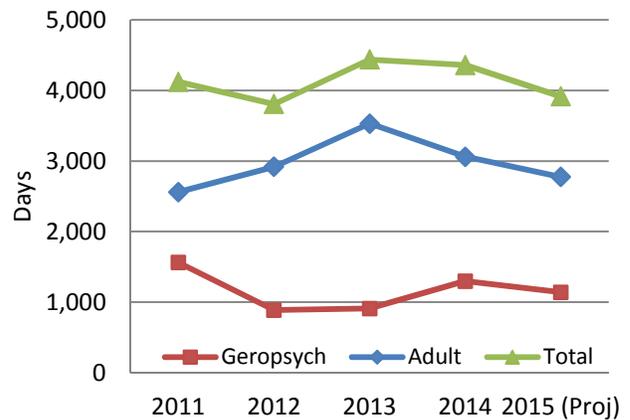
For more than 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute (MMHI). Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost. In the 1st quarter of 2015 inpatient days for the adult mental health and gero-psychiatric populations decreased slightly. When total inpatient costs at the end of the 1st quarter are annualized, costs would be expected to be less than budget generating a surplus of \$100,000 at year end.

Utilization of community hospital beds was very low in the 1st quarter of the year. Projecting that 1st quarter experience for the full year, costs are currently projected to be well under budget at year end.

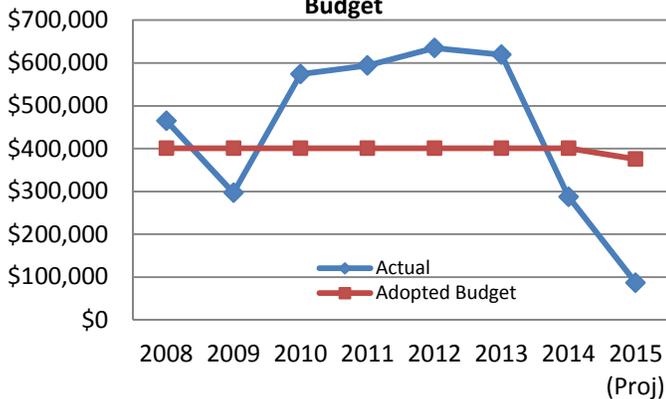
ACS - State Institutional Costs vs Budget



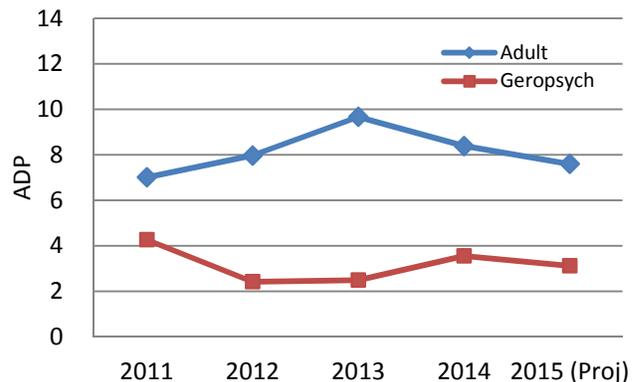
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



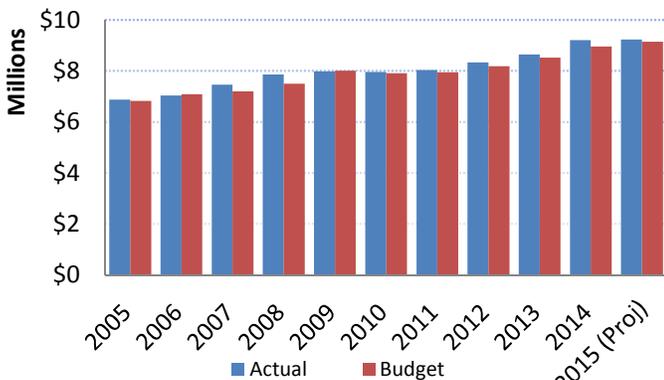
# Badger Prairie Health Care Center

## 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.

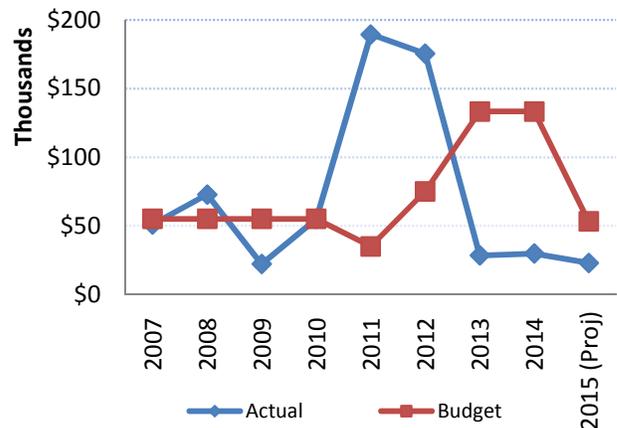
Projections based on data through the 1st quarter of 2015 show salary and LTE costs over budget. These expenses are partially offset by savings in the overtime and contract lines. Total personnel expenses are projected to produce a deficit of (\$84,000).

**Total Personnel Expenses: BPHCC**

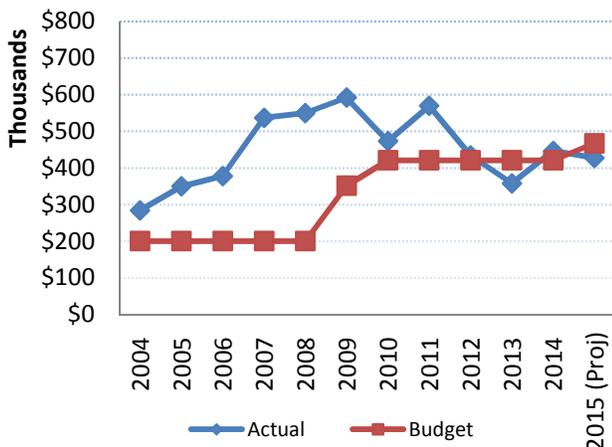


2006-2015 Projected includes Personnel, Overtime, LTE, & Contract

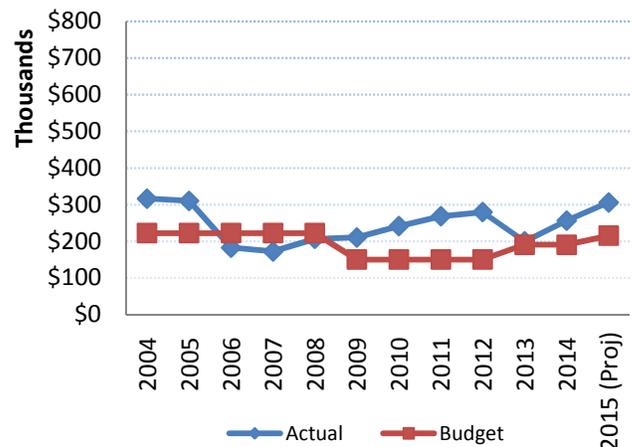
**Contract Expenses: BPHCC**



**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 March of 2015, Alternate Care is projected to produce a deficit of roughly \$215,000 mostly due to high Psychiatric Hospital Costs (not shown).

