Key Performance Indicators Report: KPI

DANE COUNTY
DEPARTMENT OF HUMAN SERVICES

FAMILY, INDIVIDUAL AND COMMUNITY STRENGTH

## 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 2nd quarter of 2015 applications dipped slightly with a total caseload of 44,850 in June.

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 2nd quarter of 2015 Call Center volume receded slightly before increasing to a total of 28,048 calls in June. Wait time in April and May were less than 4 minutes and 5 minutes respectively. With increased call volume in June wait time jumped above the benchmark of 5 minutes. Chart 3 reflects an answer rate for the 2nd quarter that is well within the 85% benchmark. 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.
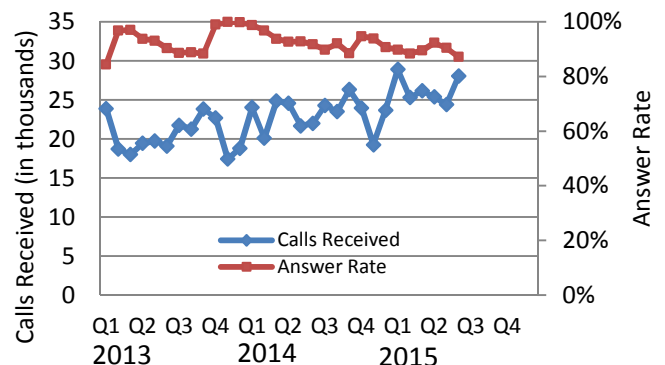
EAWS - Unduplicated Cases

Jun = 44,850
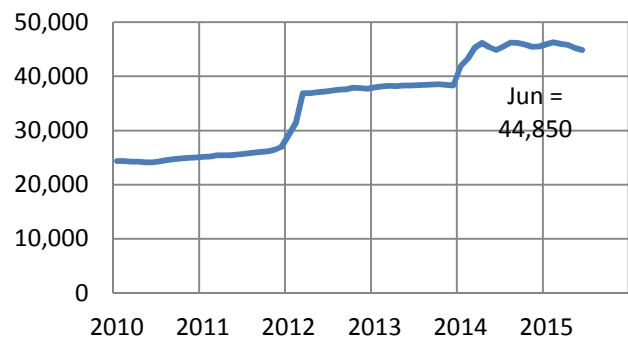
Average Wait Time (Phone)
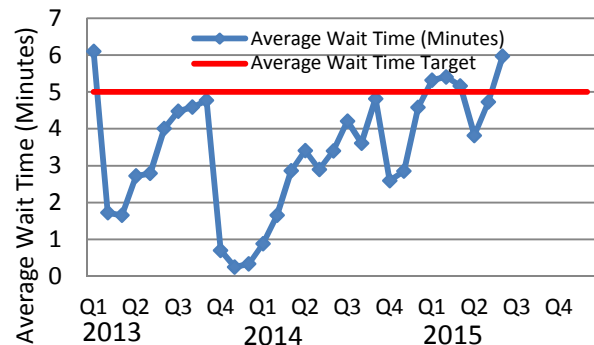
Calls Received and Answer Rate

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 2nd quarter of 2015 inpatient days for the adult mental health population decreased while inpatient days for the gero-psychiatric population increased. Based on data through the 2nd quarter, annualized costs are expected to be greater than budget with a projected deficit of ($1.1m). Lagging Insurance revenues through the 2nd quarter are a contributing factor.

Utilization of community hospital beds remains low through the 2nd quarter of the year. Costs are currently projected to be well under budget on the community hospital expense line at year end.
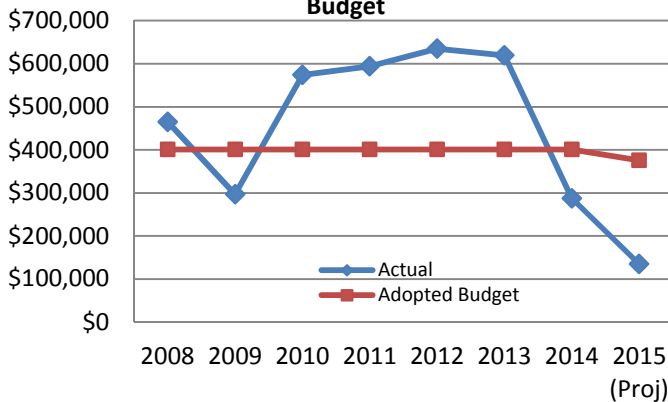

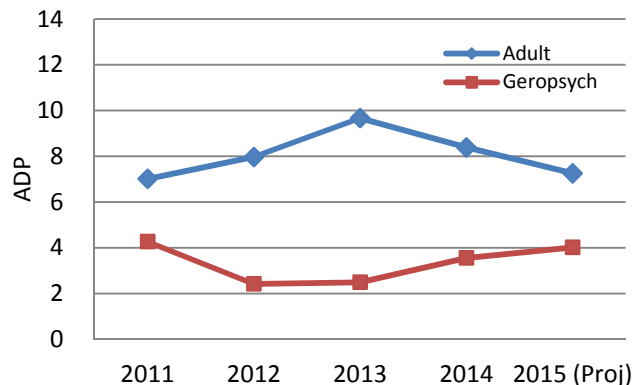ACS - State Institutional Costs vs Budget
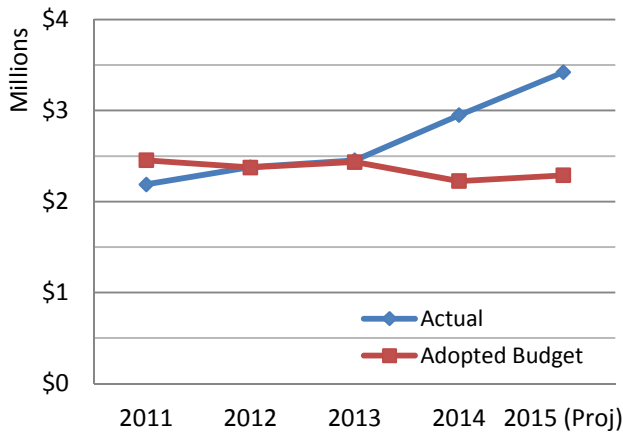
ACS - State Institutional Mental Hospital Days
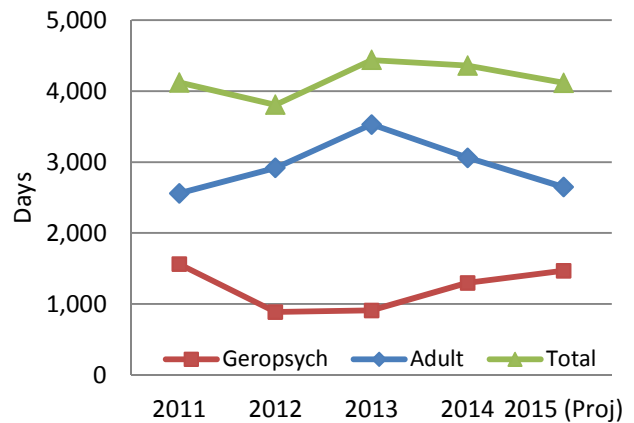
Community Hospitals - Actual vs Adopted Budget

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 2nd quarter of 2015 continue to 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 ($59,460).
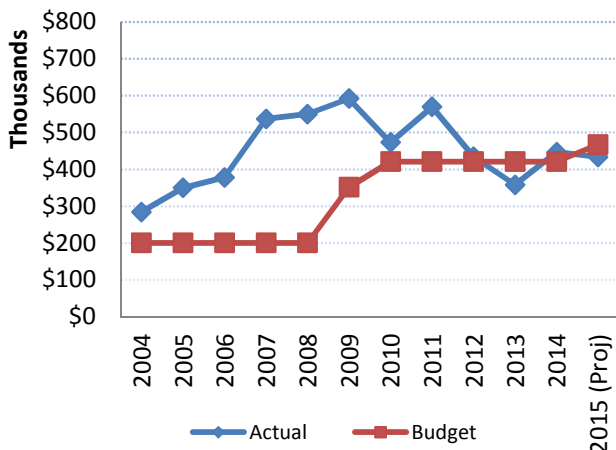
Total Personnel Expenses: BPHCC
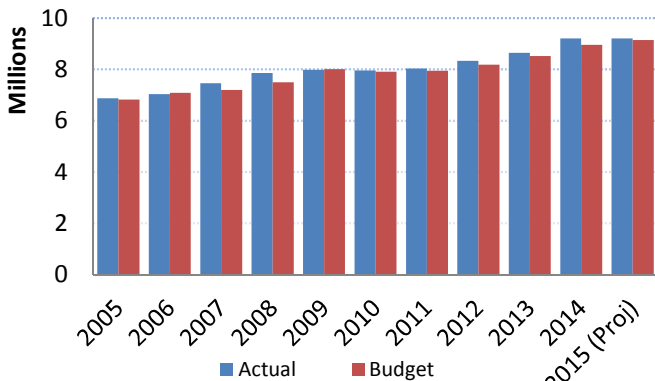
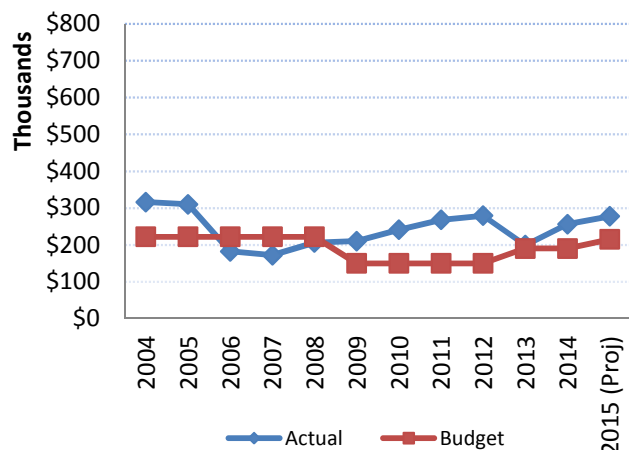2006-2015 Projected includes Personnel, Overtime, LTE, & Contract

Contract Expenses: BPHCC
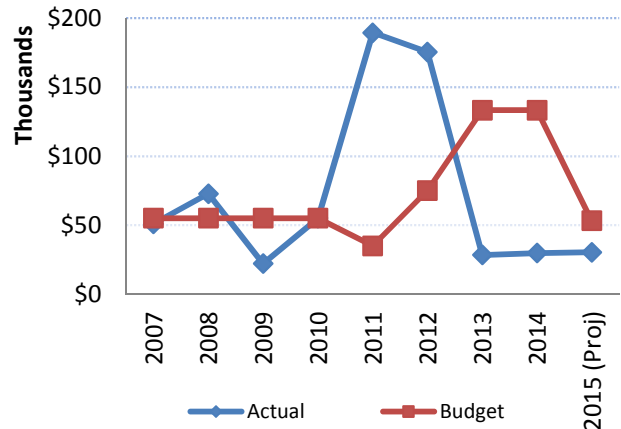
Overtime Expenses: BPHCC

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 June of 2015, Alternate Care is projected to produce a surplus of roughly $481,000 mostly due to low Residential Care Center Costs.

Family Foster Care, 2011-15

225   235   214   225   265

Jun = 267.3

FC 2015 YTD ADP: **274.5**

Kinship Care, 2011-15

324.6   314.5   342.4   305.7   305.7

Jun = 288.1

KC 2015 YTD ADP: **280.1**

Residential Care Center, 2011-15

43   42   37.5   37.5   37

Jun = 20.7

RCC 2015 YTD ADP: **20.7**

Group Homes, 2011-15

■ Non-Contract   ■ Contract

36   38   36   40   36.5

June = 23.6

GH 2015 YTD ADP: **26.2**

Youth Corrections, 2011-15

■ Sanctions   □ RCC/GH/FC   ■ Institution

55   46   37   32   30.5

Jun = 27.8

Corrections 2015 YTD ADP: **27.1**