



Key Performance Indicators Report:

KPI

Volume 6, Issue 3

November, 2016

Economic Assistance and Work Services

EAWS Caseload (chart 1):

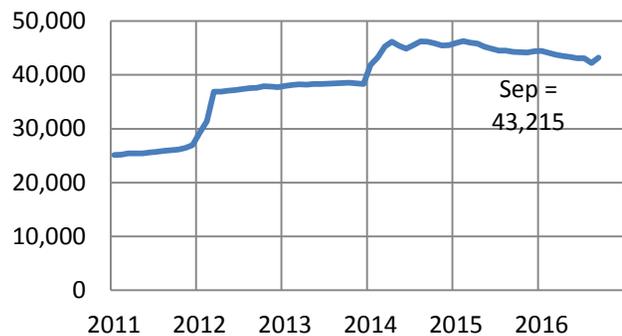
In the 3rd quarter of 2016, caseloads fell off slightly from an average caseload of 43,325 in the 2nd quarter to an average caseload of 42,843.

Call Center Activity (charts 2 and 3):

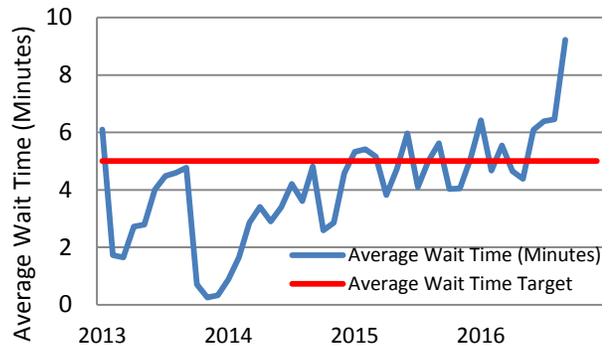
The Call Center serves 8 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In the 3rd quarter of 2016 Call Center volume increased from a low of 26,793 calls in July to a high of 31,062 calls in September. Wait time in the 3rd quarter was above the 5 minute benchmark. Chart 3 reflects an answer rate for July and August above the 85% benchmark. In September, the answer rate fell below the benchmark for the first time.

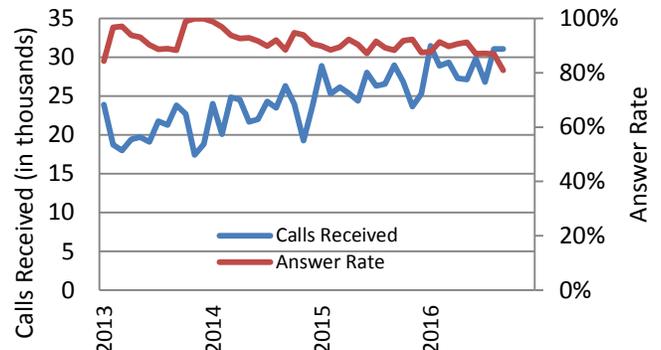
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



Adult Community Services

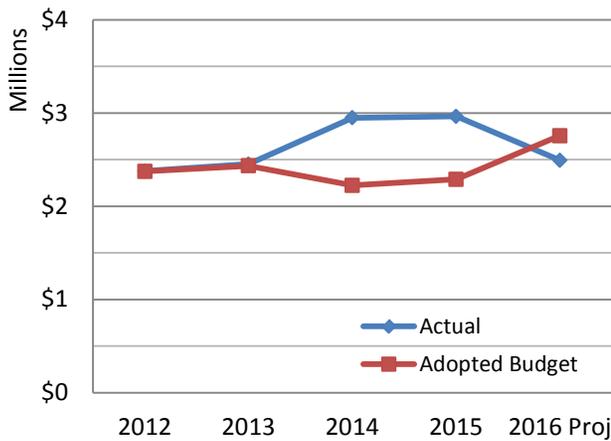
Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

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.

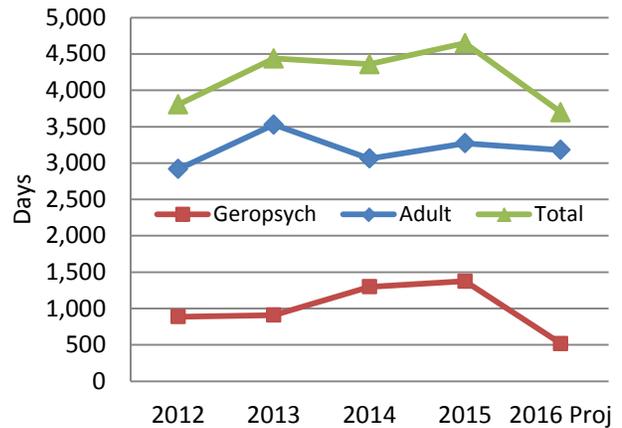
With data through the 3rd quarter, inpatient days remain low in comparison to prior years. This is largely due to a drop in gero-psychiatric stays. Inpatient days for the adult mental health population are projected at 3,180 days and 518 days for the gero-psychiatric population. Based on current utilization and collections, a surplus of \$263,000 is projected but unlikely due to a past history of high utilization in the 4th quarter.

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

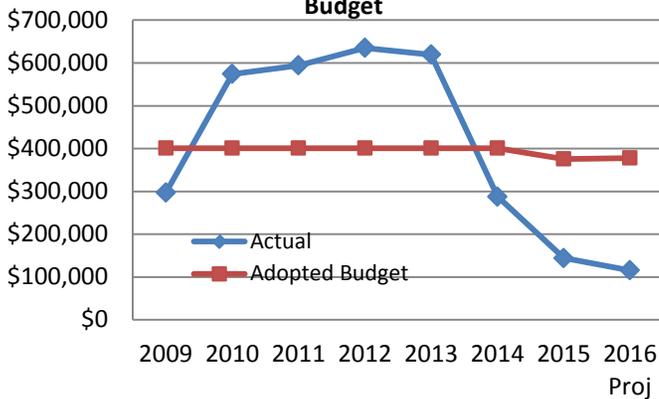
ACS - State Institutional Costs vs Budget



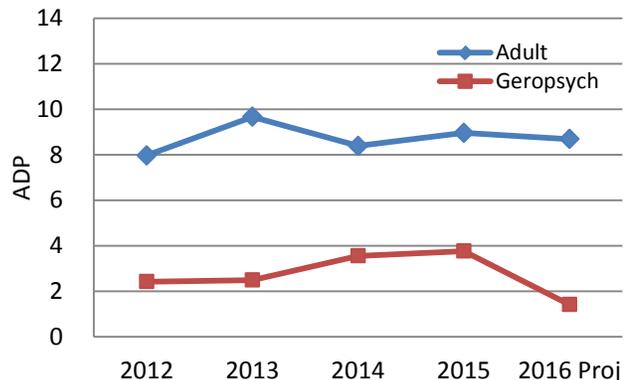
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



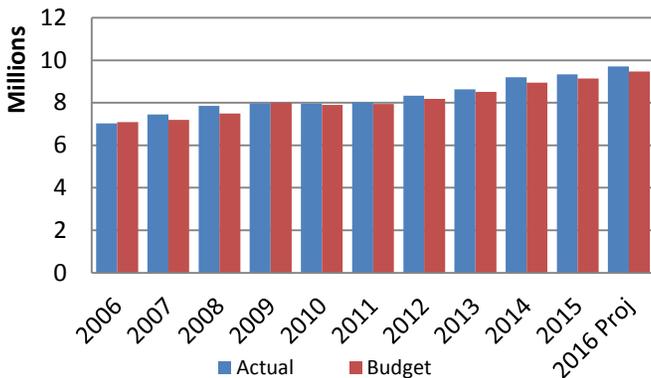
Badger Prairie Health Care Center

Residential Care Costs

Personnel related costs are the largest component of service costs at BPHCC. These include staff salaries, overtime, LTE and agency contracting. 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.

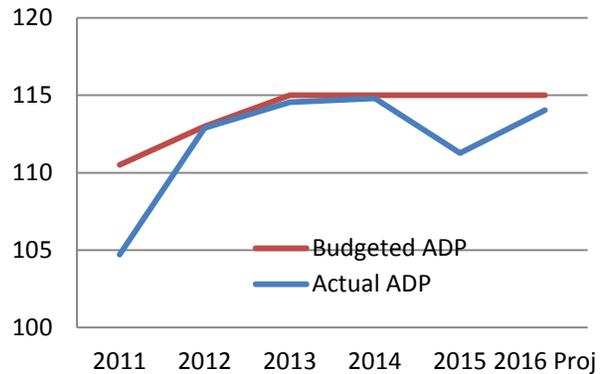
With data through the 3rd quarter, personnel costs continue to be projected at 2% over budget (\$232,000). Census is budgeted at a population of 115 ADP compared to the current projection of 114 ADP. Leave without pay absences are showing a slow increase. Unplanned absences are projected to rise in 2016, particularly in the use of vacation and holiday benefit time. The number of worker's compensation incidents are projected to decline, both incident or medical only (meaning less than 3 days of lost time) and lost time incidents (meaning 4 or more days or more of lost time).

Total Personnel Expenses: BPHCC

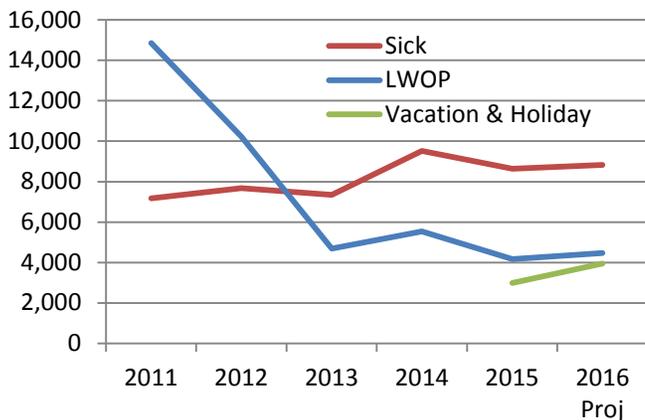


* includes Personnel, Overtime, LTE, & Contract

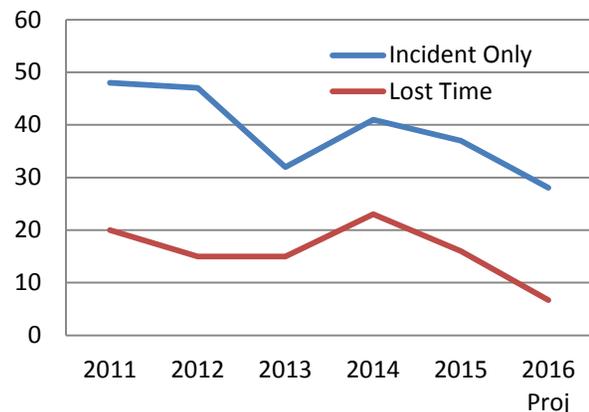
Average Daily Population 2011-2016



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 September of 2016, Alternate Care is projected to produce a surplus of roughly \$735,000 mostly due to low Corrections and Group Home Costs.

