



Key Performance Indicators Report:

KPI

Volume 7, Issue 1

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Economic Assistance and Work Services

EAWS Caseload (chart 1):

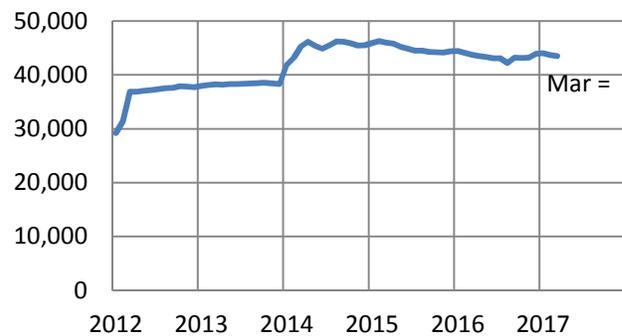
In the 1st quarter of 2017, caseload high was 44,051 in January. Average caseload for the quarter was 43,759.

Call Center Activity (charts 2 and 3):

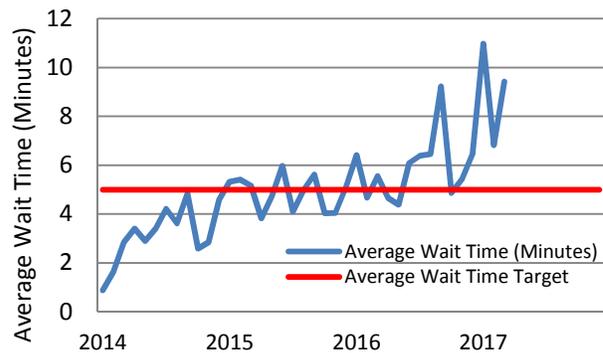
The Call Center serves 8 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In the 1st quarter of 2017, Call Center volume reached a high of 32,473 calls in January and a low of 26,556 calls in February. Wait time was above the 5 minute benchmark for the quarter. The answer rate fell to 79% in January but was consistently above the 85% benchmark for the remainder of the quarter. In January and February staff were implementing a new child care authorization system and protocol. This transition resulted in fewer resources overall to help with the general queue.

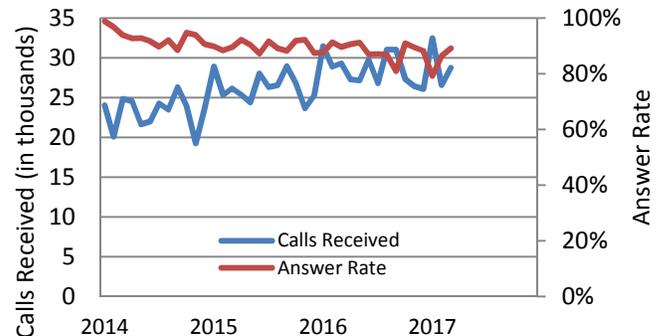
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



Adult Community Services

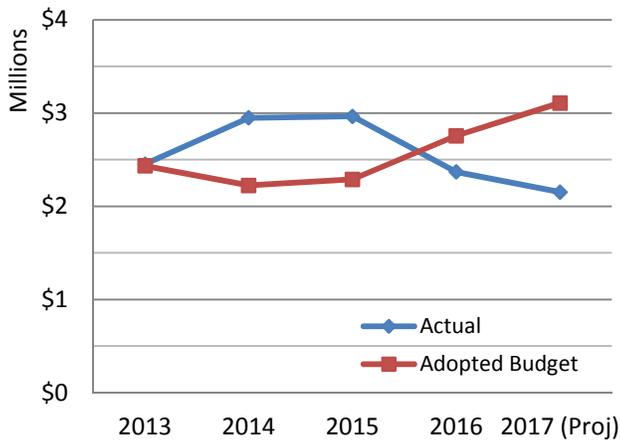
Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

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.

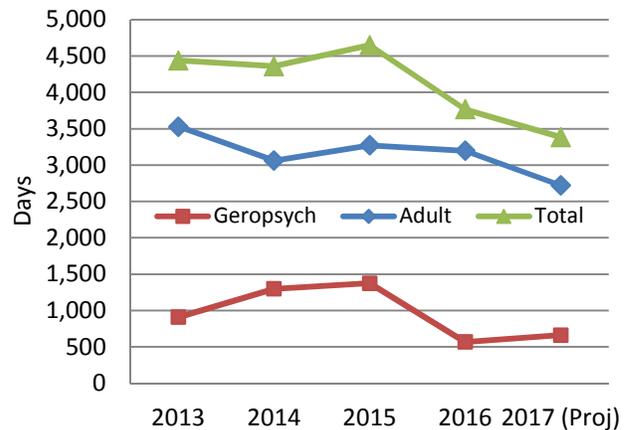
With data through the 1st quarter, combined inpatient days for the adult mental health population and the gero-psychiatric population are projected to be lower than total days reported in CY2016. A projection of 1st quarter data would suggest a potential surplus of \$954,500. Given the historical data there is good reason to doubt that patient days and revenues will be maintained at this level throughout the year.

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

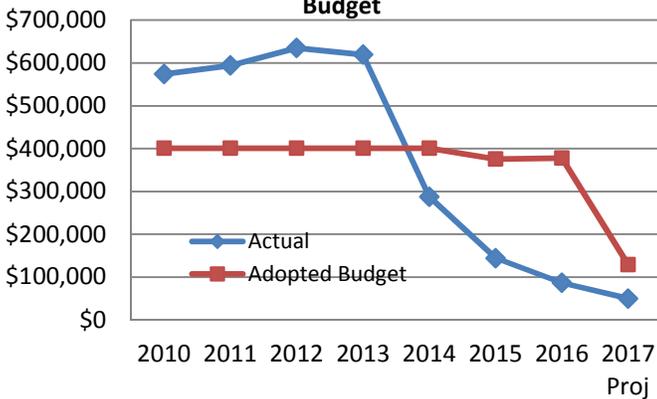
ACS - State Institutional Costs vs Budget



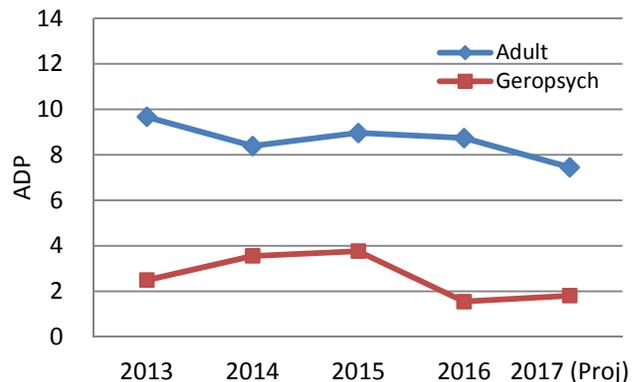
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



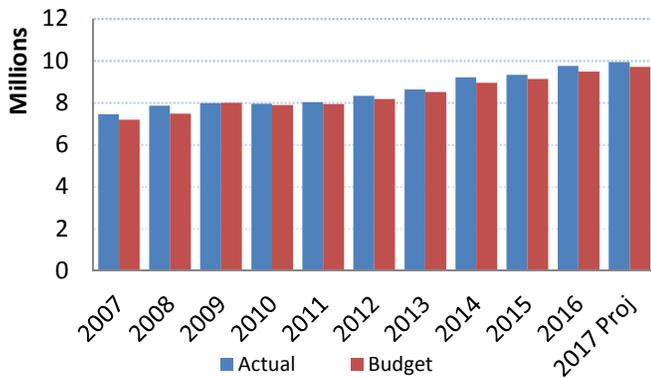
Badger Prairie Health Care Center

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.

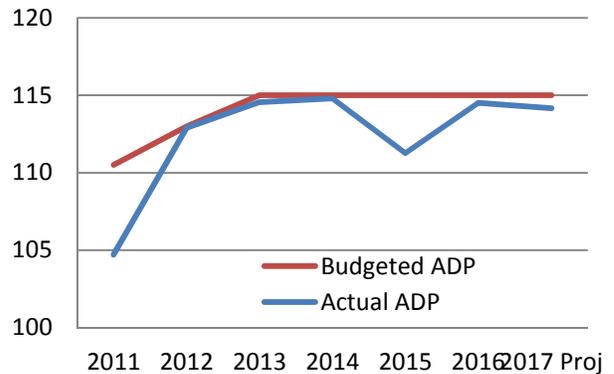
With data through March, personnel costs are projected to be 2% over budget resulting in a deficit (\$230,000). Census is projected to be very close to budget with an Average Daily Population (ADP) of 114.17. Based on 1st quarter data, leave without pay and unplanned absences continue to rise. Sick leave is trending downward. Worker's compensation incidents are projected to increase, lost time incidents, those that result in less than 3 days of lost time and those that result in 4 or more days of lost time are showing a slight reduction in comparison to 2016 data.

Total Personnel Expenses: BPHCC

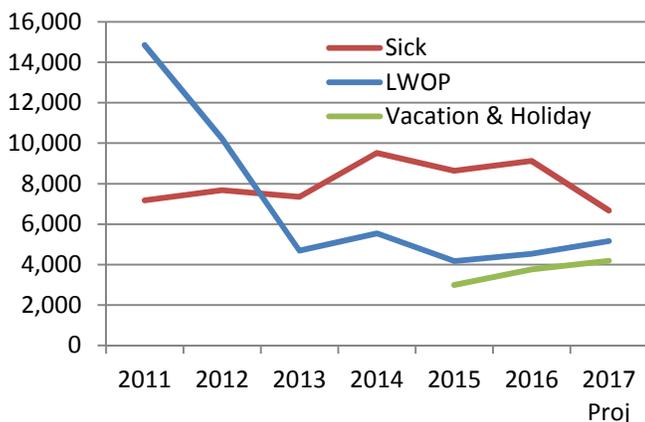


* includes Personnel, Overtime, LTE, & Contract

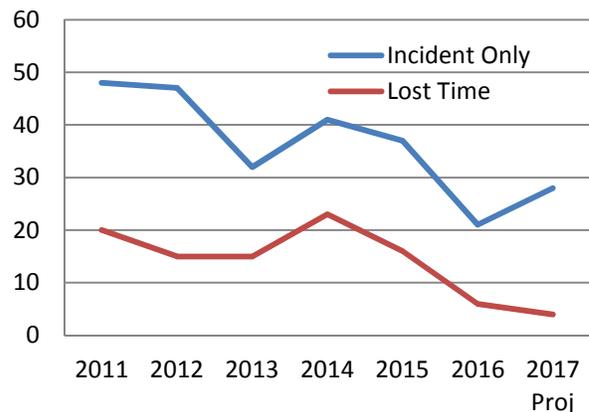
Average Daily Population 2011-2016



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 March of 2017, Alternate Care is projected to produce a surplus of roughly \$1,153,000 mostly due to low Corrections, RCC, and Group Home Costs.

