



Key Performance Indicators Report:

KPI

Volume 4, Issue 1

May, 2014

Economic Assistance and Work Services

EAWS Caseload (chart 1):

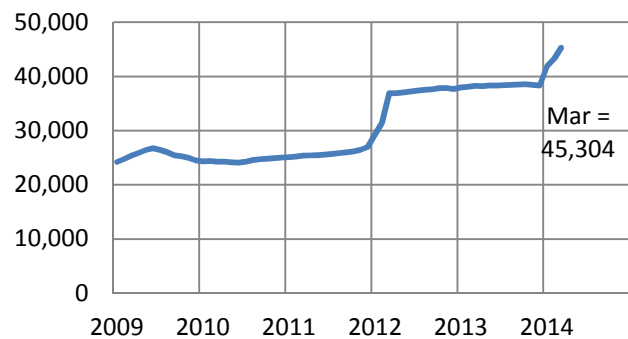
Dane County will be completing all of the Federally Facilitated Marketplace applications for the Capitol Consortium. As of March 31st, 9,361 applications have been received. Additional applications are anticipated through June. As a result, caseloads are on the rise through the 1st quarter of the year with a total caseload reaching 45,304 in March.

Call Center Activity (charts 2 and 3):

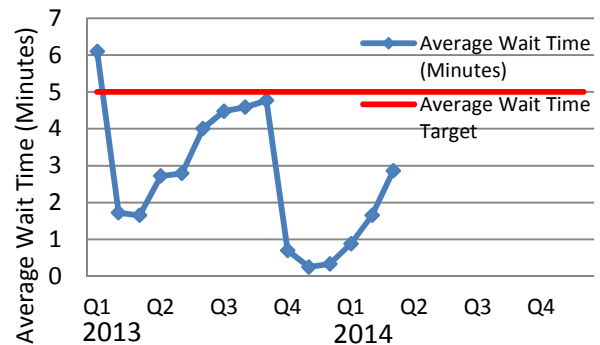
The Call Center serves 7 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

Call Center volume increased in the first quarter of the year and remained relatively steady with 24,032 calls in January and 24,839 calls in March. Even with the increased volume average wait time in the 1st quarter was well below the 5 minutes benchmark. Chart 3 reflects the increase in call volume and an answer rate well above the 85% benchmark.

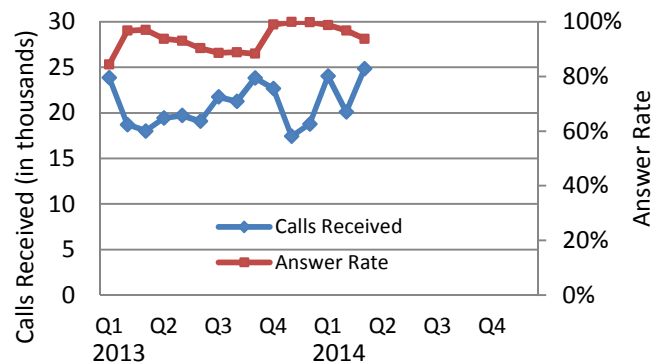
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



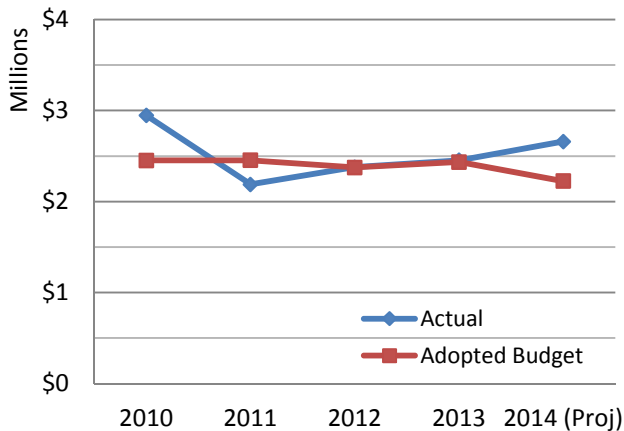
Adult Community Services

Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

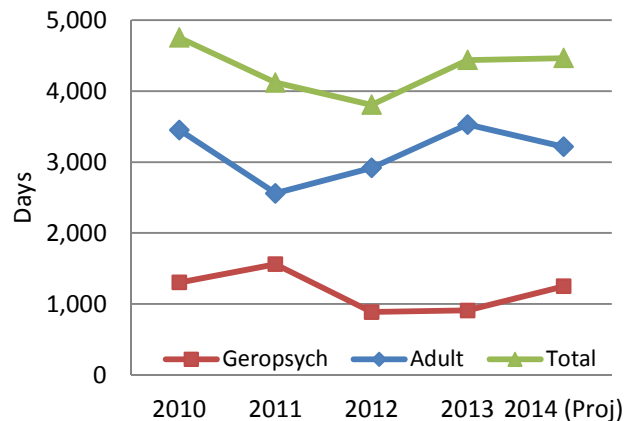
For more than 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute. Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost. With information through the 1st quarter of 2014, overall inpatient days are steady. Currently Mendota Mental Health Institute/Winnebago Mental Health Institute inpatient costs are projected to exceed budget, in part due to lagging 1st quarter insurance collections.

Community hospital days in 2013 declined by 13% in comparison to CY2012 and stays in the 1st quarter of 2014 were significantly lower than past years, but it is too soon to tell if lower utilization will continue. Lower daily rates were negotiated with community hospitals for 2014, which will lessen budgetary pressures.

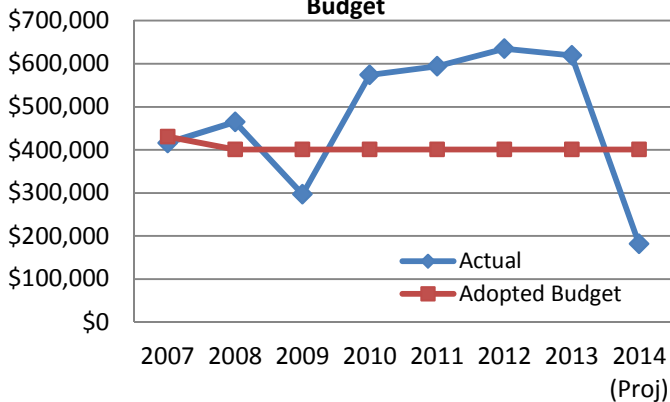
ACS - State Institutional Costs vs Budget



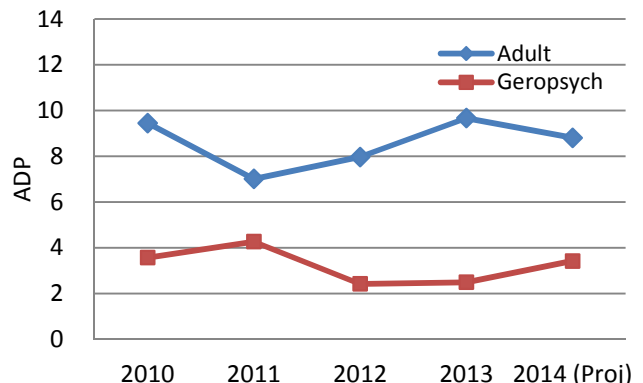
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



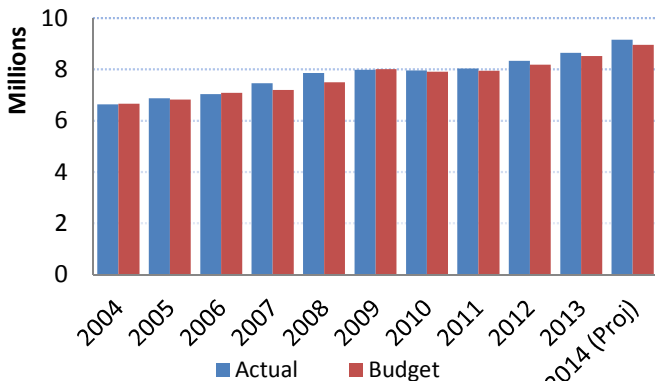
Badger Prairie Health Care Center

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.

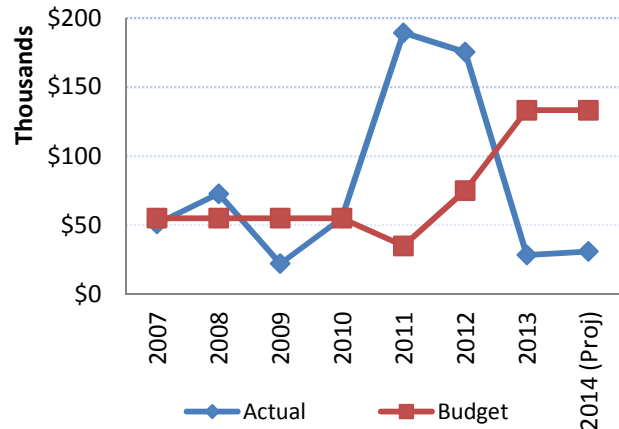
With information through the 1st quarter, overall personnel expenses are projected to be about 2% over budget. Savings in the contract expense line offset a portion of the cost over runs in the Salaries and LTE expense lines.

Total Personnel Expenses: BPHCC

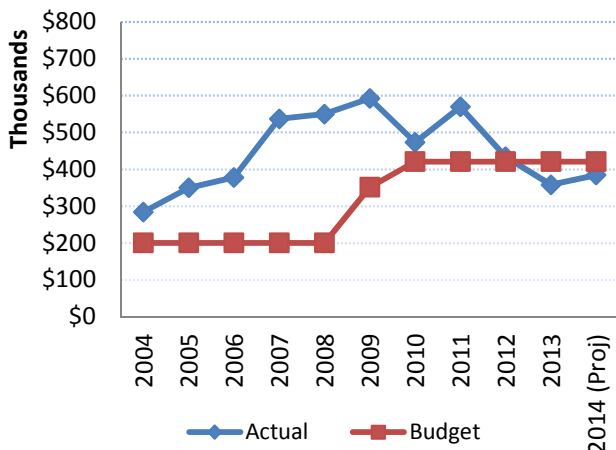


2006-2014 Projected includes Personnel, Overtime, LTE, & Contract

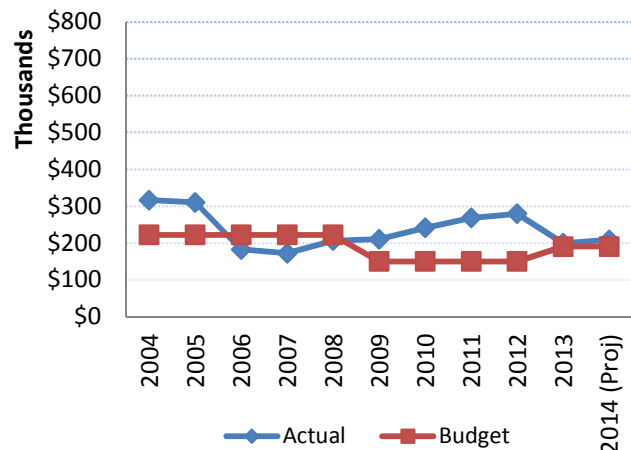
Contract Expenses: BPHCC



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 2014, Alternate Care is projected to produce a deficit of roughly \$137,000 mostly due to high ADP's for both Foster & Group Home Care.

