



# Key Performance Indicators Report:

# KPI

Volume 7, Issue 3

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## Economic Assistance and Work Services

### EAWS Caseload (chart 1):

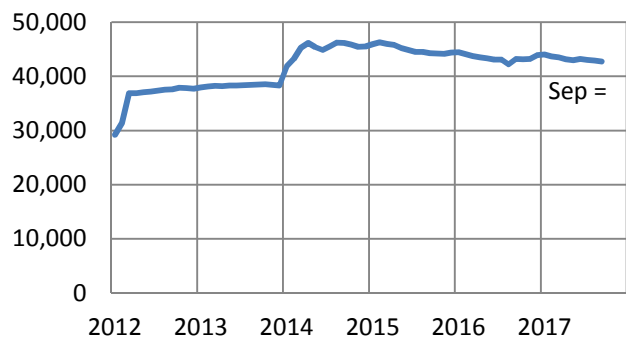
EAWS caseloads remain steady. In the 3rd quarter of 2017, caseload high was 43,019 in June. Average caseload for the quarter was 42,900.

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

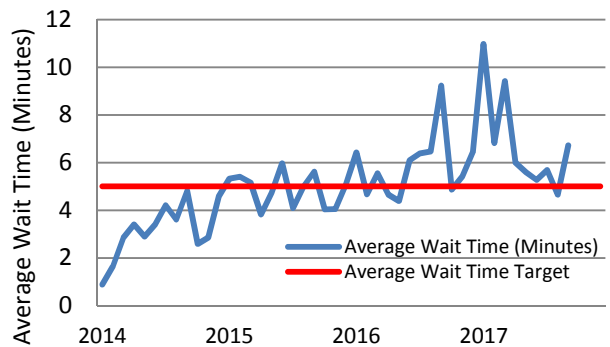
The Call Center serves 8 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In the 3rd quarter of 2017, Call Center volume reached a high of 27,865 calls in September and a low of 24,477 calls in July. Wait time for August was just below the benchmark of 5 minutes. In July and September wait times were above the benchmark. The answer rate was consistently above the 85% benchmark.

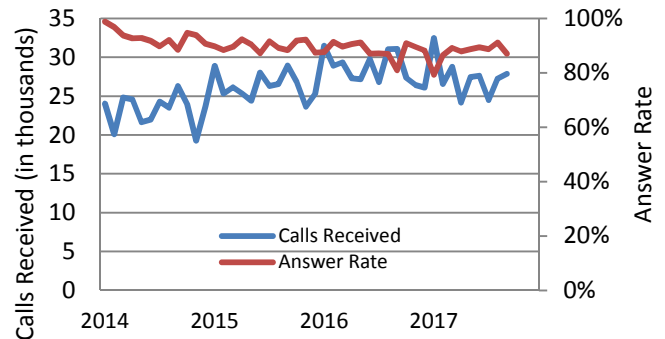
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



# Adult Community Services

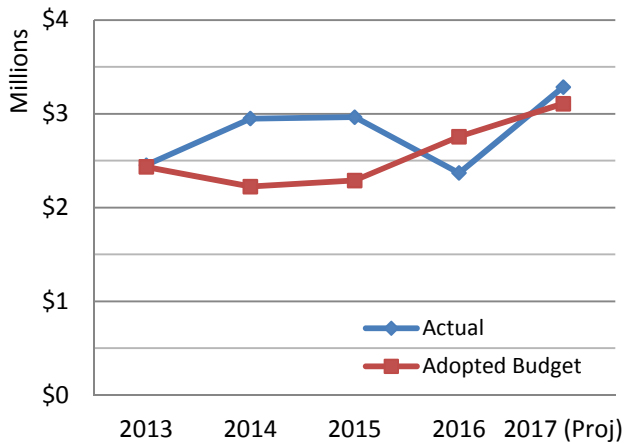
## Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

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 (MMHI). Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost.

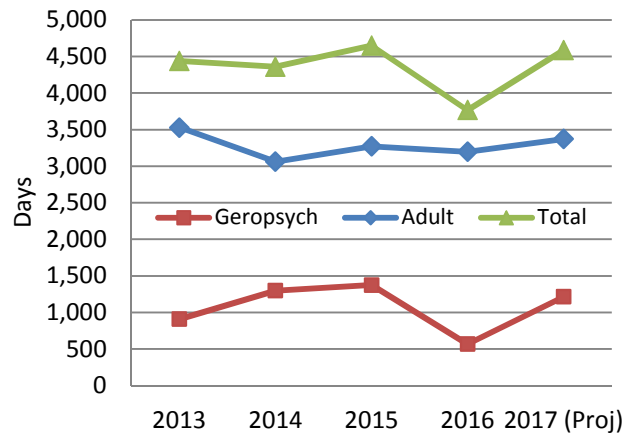
With data through the 3rd quarter, inpatient days are increasing for both the adult mental health and the gero-psychiatric populations. The budget projection through the 3rd quarter indicates a potential deficit of (\$177,000).

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

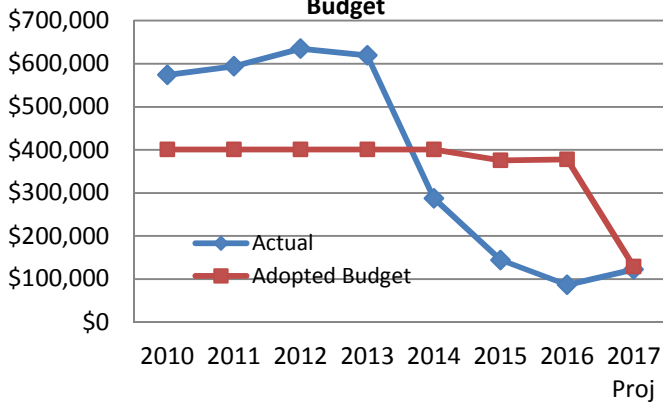
ACS - State Institutional Costs vs Budget



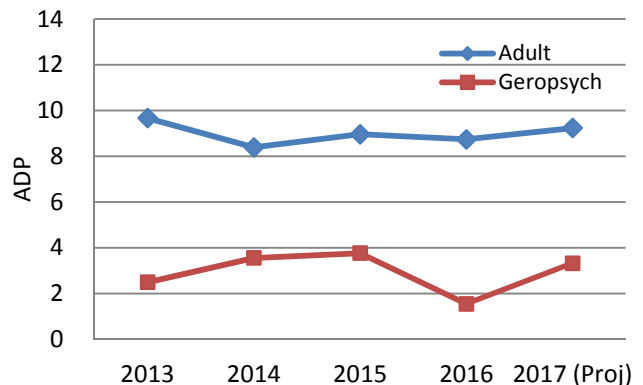
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



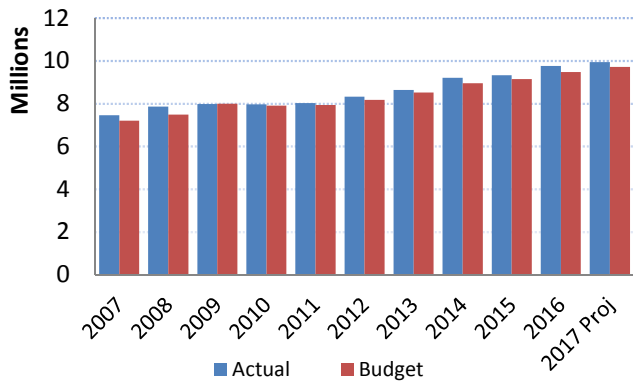
# Badger Prairie Health Care Center

## 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.

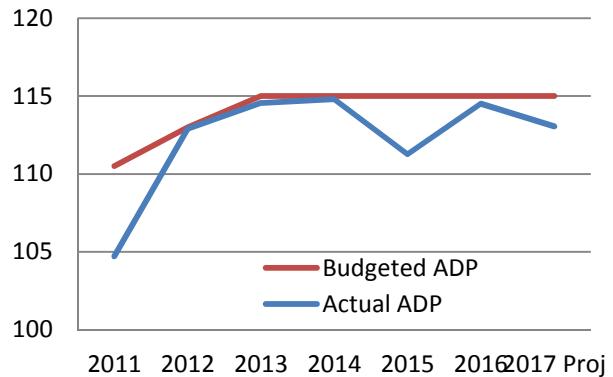
With data through September, personnel costs are projected to be 2% over budget resulting in a deficit (\$224,000). Census is projected to be close to budget with an Average Daily Population (ADP) of 113. Leave without pay and sick leave are trending down. Unplanned absences are remaining steady. Data through the 3rd quarter reflects an increase in Worker’s compensation incident only incidents (those that result in less than 3 days of lost time), and lost time incidents (those that result in 4 or more days of lost time), in comparison to 2016 data.

**Total Personnel Expenses: BPHCC**

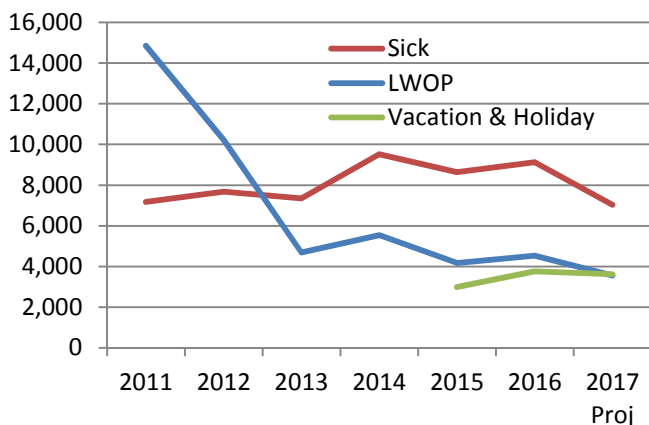


\* includes Personnel, Overtime, LTE, & Contract

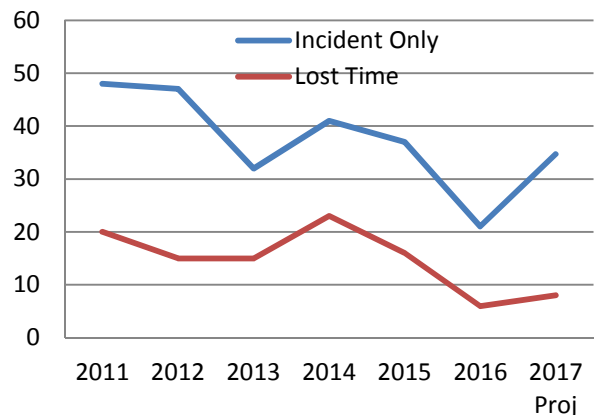
**Average Daily Population 2011-2017**



**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 2017, Alternate Care is projected to produce a surplus of roughly \$2,015,000 mostly due to low Corrections and Group Home costs.

