



Key Performance Indicators Report:

KPI

Volume 7, Issue 1

February, 2017

Economic Assistance and Work Services

EAWS Caseload (chart 1):

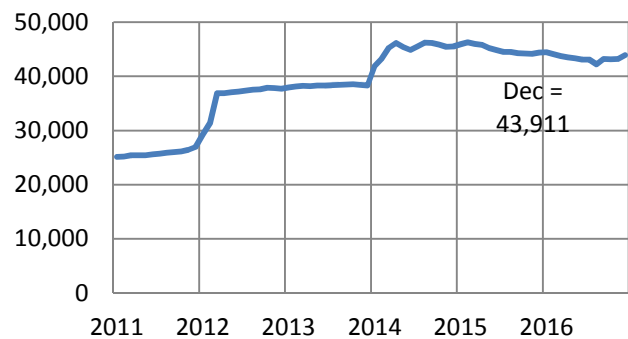
In the 4th quarter of 2016, caseloads spiked in December to 43,911. Average caseload for the quarter was 43,423.

Call Center Activity (charts 2 and 3):

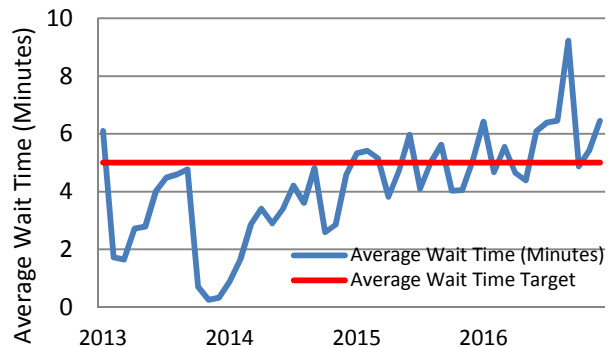
The Call Center serves 8 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In the 4th quarter of 2016 Call Center volume decreased from a high of 27,317 calls in October to a low of 26,090 calls in December. Wait time was above the 5 minute benchmark in November and December. State mandated trainings occurred in the 4th quarter, which reduced the number of staff available for the call center. Chart 3 reflects an answer rate for the quarter consistently above the 85% benchmark.

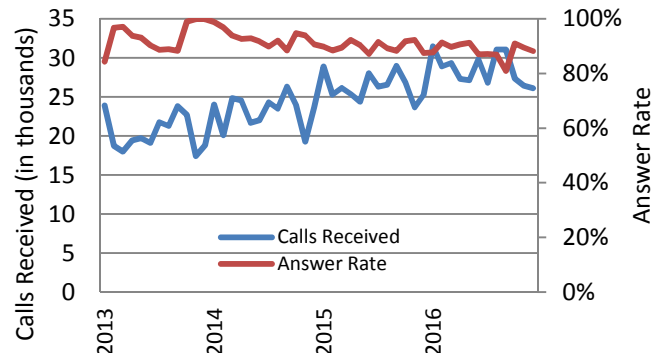
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



Adult Community Services

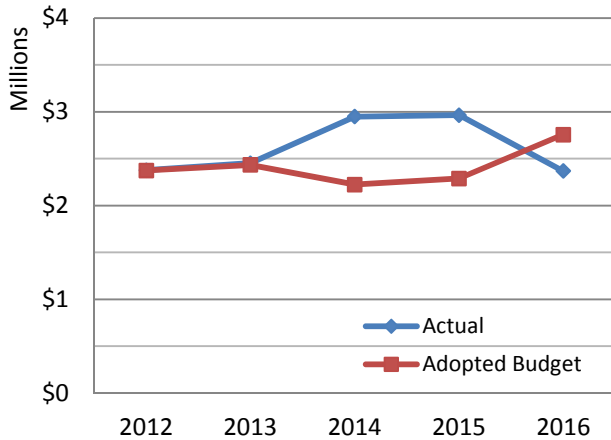
Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

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.

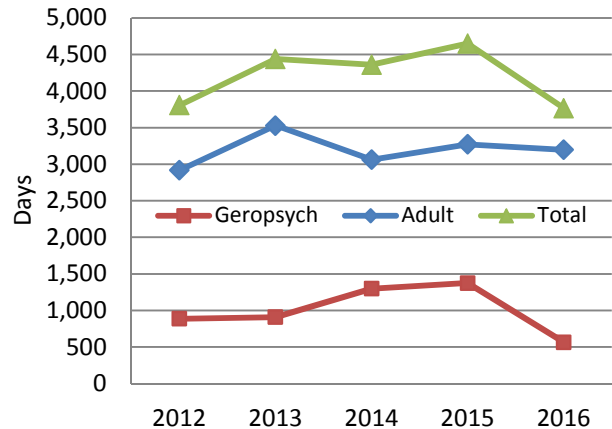
With data through the 4th quarter, inpatient days in CY2016 were low in comparison to prior years. This is largely due to a drop in gero-psychiatric stays. Inpatient days for the adult mental health population was 3,198 days and 565 days for the gero-psychiatric population, which is less than half of the gero-psychiatric days reported in 2015. Based on utilization and collections, there is a surplus of \$388,000 at yearend.

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

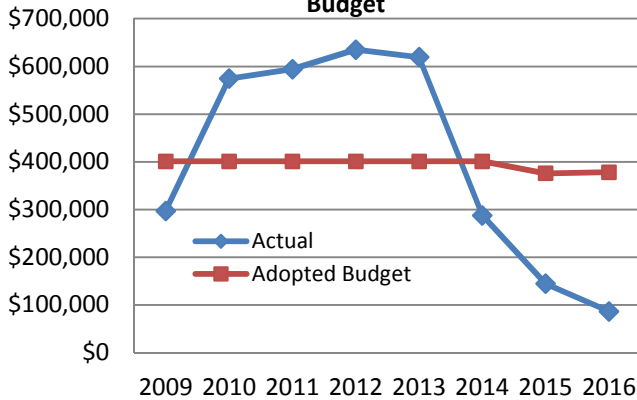
ACS - State Institutional Costs vs Budget



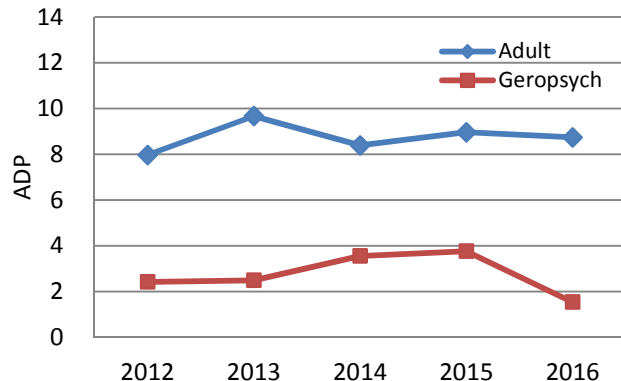
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



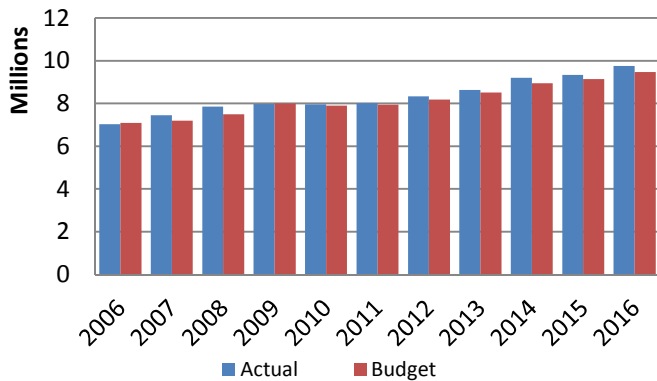
Badger Prairie Health Care Center

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.

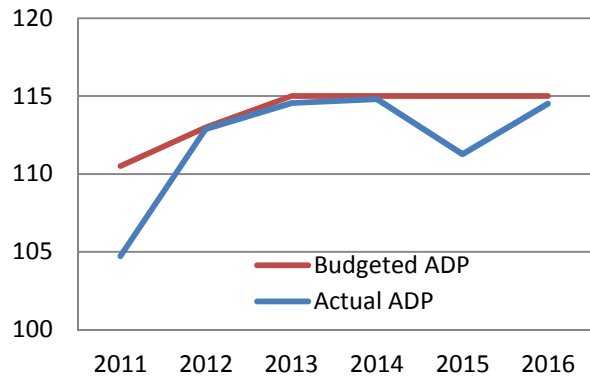
With data through December, personnel costs were 3% over budget resulting in a deficit (\$276,500). Census in 2016 averaged 114.52 Average Daily Population (ADP). It is budgeted at 115 ADP. Leave without pay absences increased in 2016. Unplanned absences continued to rise in 2016, particularly in the use of vacation and holiday benefit time. Worker’s compensation (WC) expenses totalled \$326,580 in 2016. This represents a (\$7,700) reduction in expense in comparison to 2015 WC expenses.

Total Personnel Expenses: BPHCC

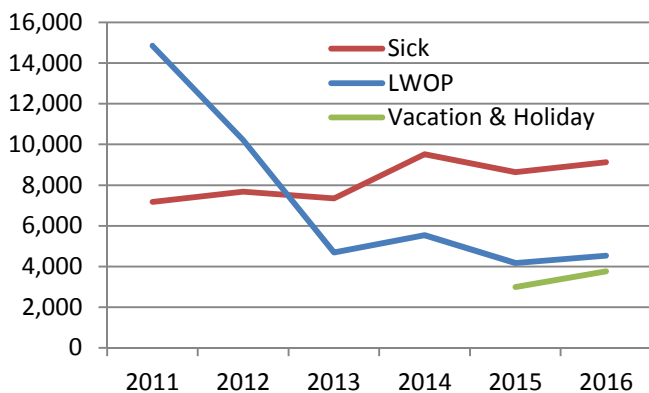


* includes Personnel, Overtime, LTE, & Contract

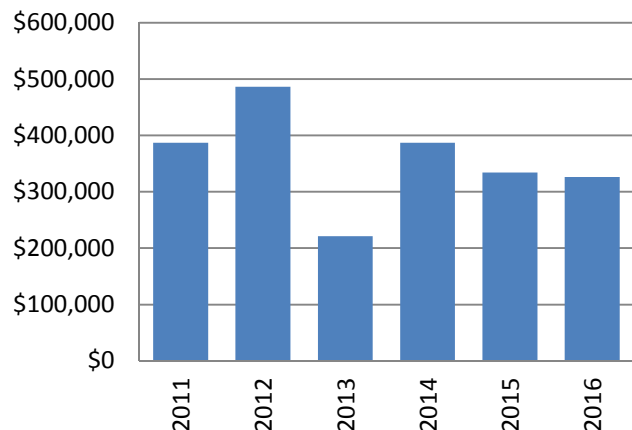
Average Daily Population 2011-2016



Unplanned Absences (in hours) by Type



Worker's Comp. Expenses



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 December of 2016, Alternate Care is projected to produce a surplus of roughly \$1,641,000 mostly due to low Corrections, RCC, and Group Home Costs.

