



Key Performance Indicators Report:

KPI

Volume 8, Issue 2

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Economic Assistance and Work Services

EAWS Caseload (chart 1):

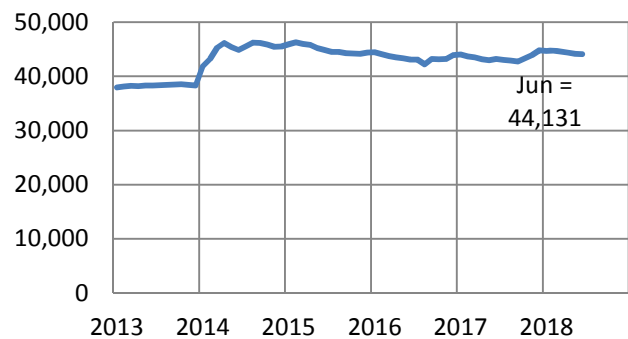
Caseloads remained steady in the 2nd quarter of 2018. Average caseload for the quarter was 44,233.

Call Center Activity (charts 2 and 3):

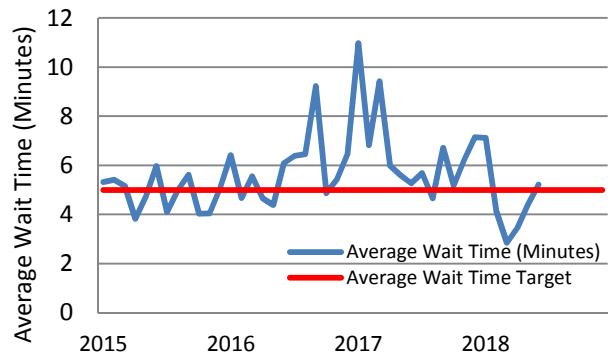
The Call Center serves 8 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

Through the 2nd quarter, Call Center volume remained steady. With the exception of June, wait times in the 2nd quarter were well within the benchmark of 5 minutes. The answer rate was consistently better than the 85% benchmark.

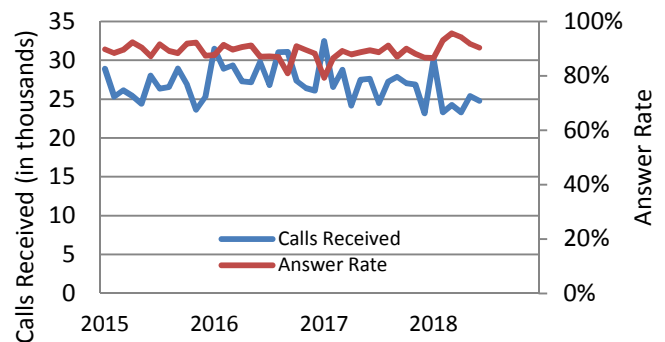
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



Adult Community Services

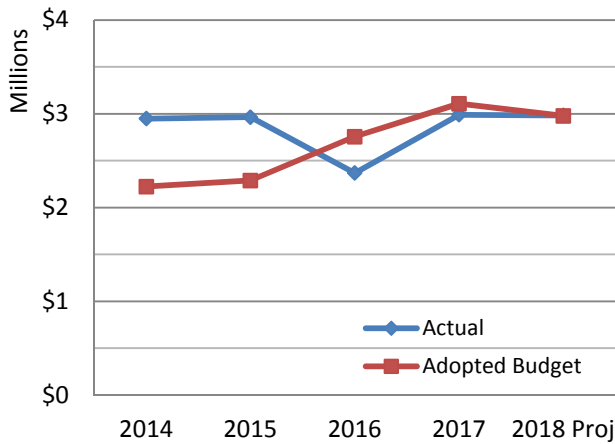
Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

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 \$1,100/day with Medicare, Medicaid and private insurance covering approximately 41% of the cost.

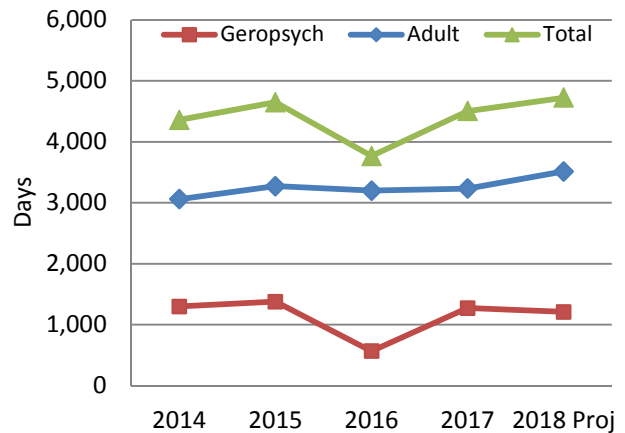
With data through June 2018, adult mental health treatment days are showing a slight upward trend. Gero-psychiatric treatment days are projected to remain steady. The current projection remains on budget.

Utilization of psychiatric hospital beds within Dane County has increased. With data through June 2018, this line is projecting a year end deficit of (\$78,000).

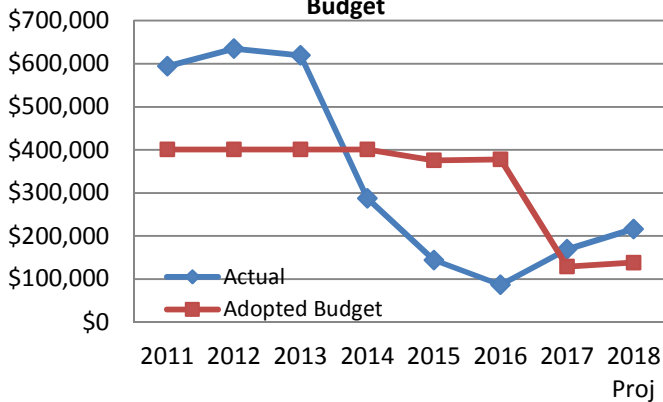
ACS - State Institutional Costs vs Budget



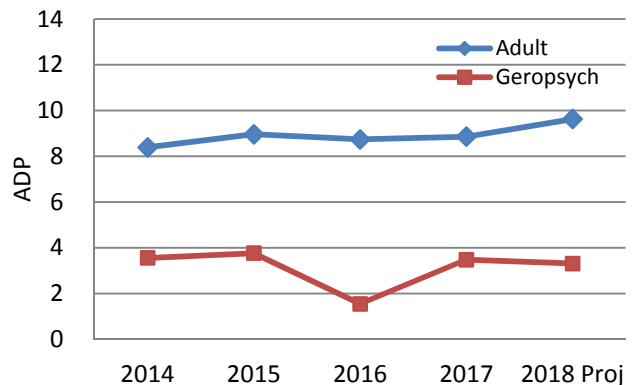
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



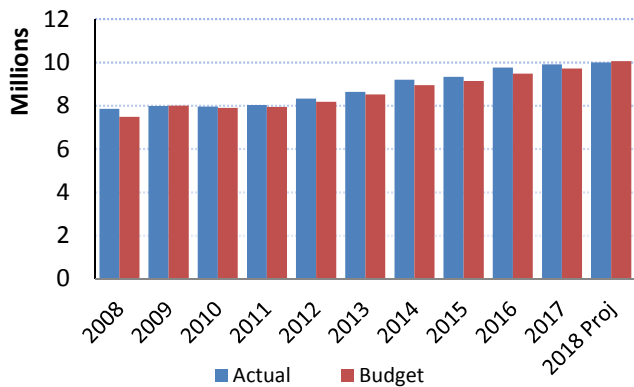
Badger Prairie Health Care Center

Residential Care Costs

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

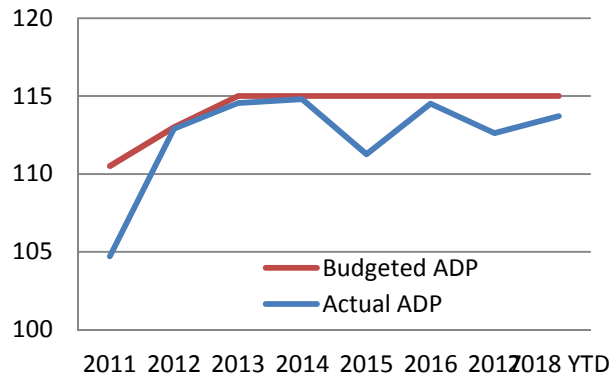
With data through June 2018, personnel costs are projected to stay within budget. The Census is budgeted at 115 persons. The projected Average Daily Population (ADP) for 2018 is 113.71. Based on 2nd quarter data leave without pay, sick leave and unplanned absences (vacation/holiday) continue to trend upward. Projected 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) decrease in comparison to 2017 data.

Total Personnel Expenses: BPHCC

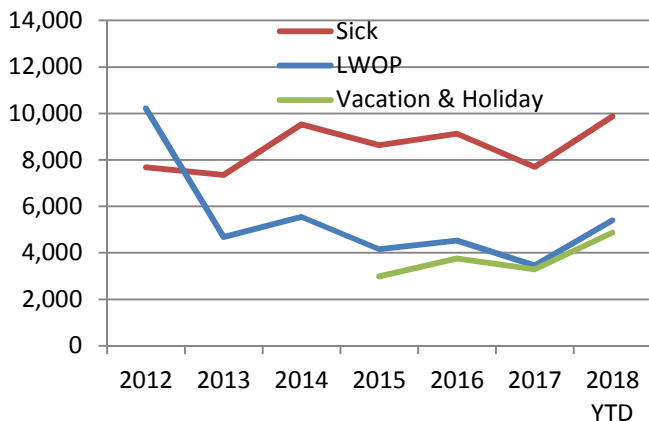


* includes Personnel, Overtime, LTE, & Contract

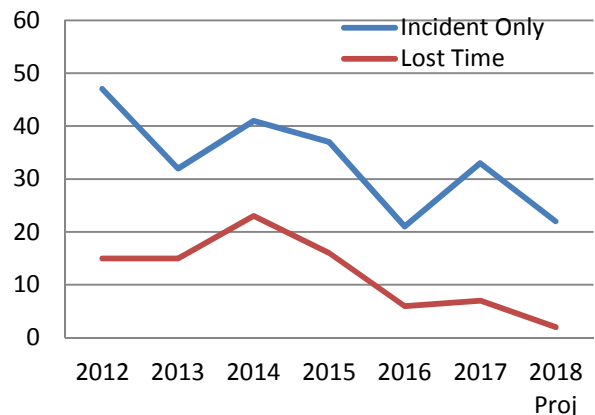
Average Daily Population 2011-2018



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 June of 2018, Alternate Care is projected to produce a surplus of roughly \$731,000 mostly due to low Residential Care Center and Group Home costs.

