



Key Performance Indicators Report:

KPI

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Economic Assistance and Work Services

EAWS Caseload (chart 1):

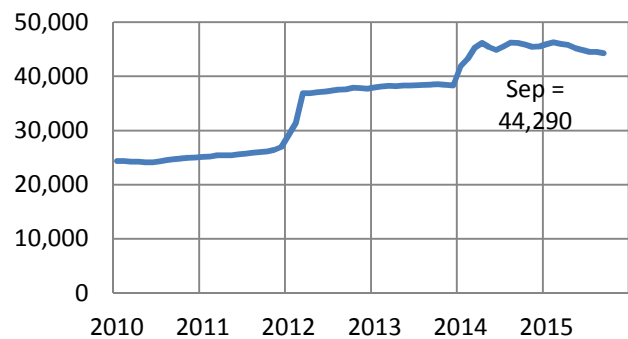
Dane County will be completing all of the Federally Facilitated Marketplace (FFM) applications for the Capitol Consortium. In the 3rd quarter of 2015 applications remained steady with caseloads hovering around 44,500.

Call Center Activity (charts 2 and 3):

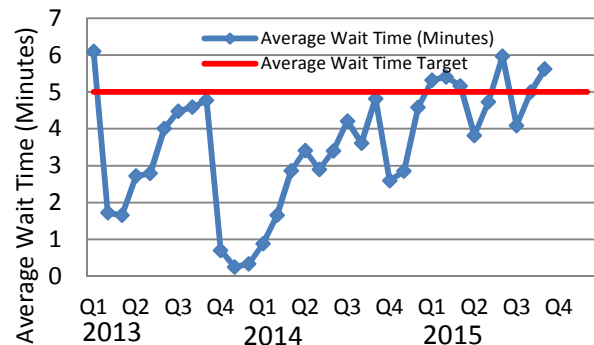
The Call Center serves 7 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In the 3rd quarter of 2015 Call Center volume receded slightly before increasing to a total of 28,956 calls in September. Average wait times in July and August were at or below the 5 minutes benchmark. With increased call volume in September wait time increased to an average of 5.62 minutes, just above the established benchmark. Chart 3 reflects an answer rate for the 3rd quarter that consistently exceeds the 85% benchmark. As caseloads increase and stay at higher levels it is likely that more calls are expected as a certain percentage of the overall caseload will call each month in addition to general inquiries.

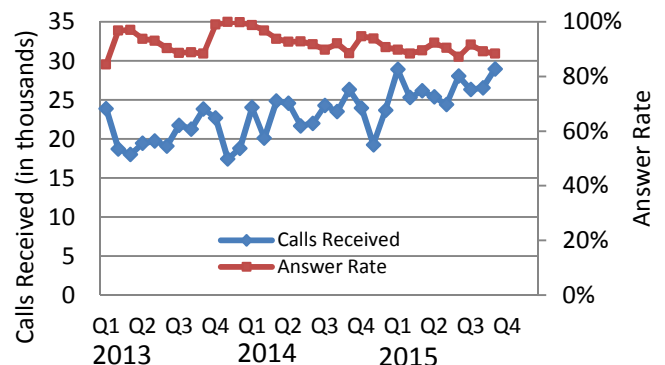
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



Adult Community Services

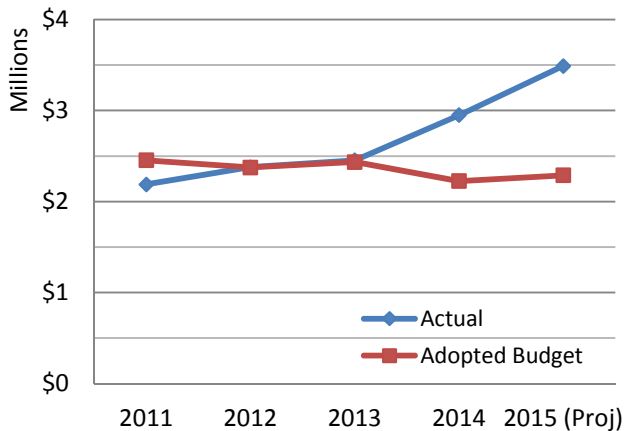
Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

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.

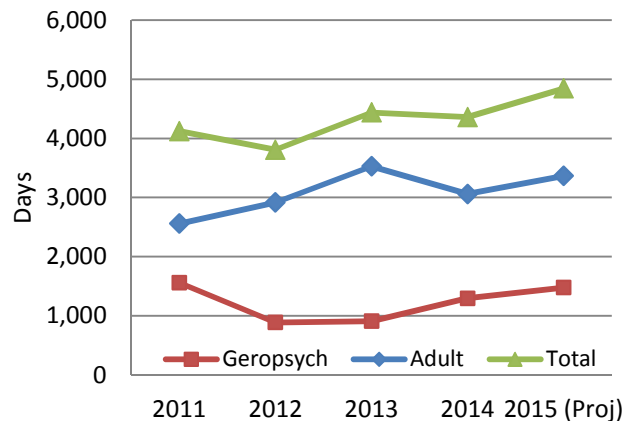
In the 3rd quarter of 2015, inpatient days for the adult mental health population began to increase. Patient days for the gero-psychiatric population remained steady. Based on data through the 3rd quarter, annualized costs are expected to be greater than budget with a projected deficit of (\$1.2m). Lagging insurance revenues continue to be a contributing factor.

Utilization of community hospital beds remains low through the 3rd quarter of the year. Costs are currently projected to be well under budget on the community hospital expense line at year end

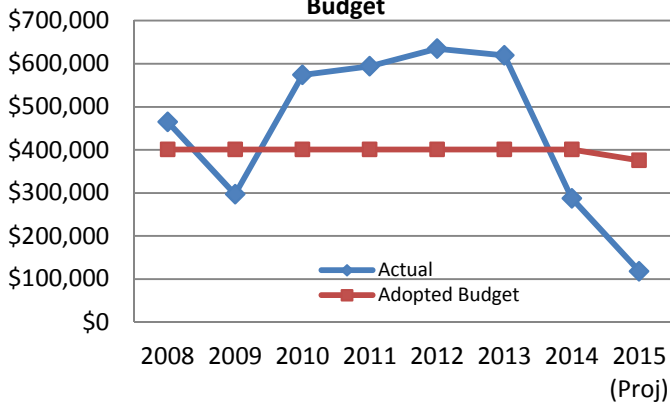
ACS - State Institutional Costs vs Budget



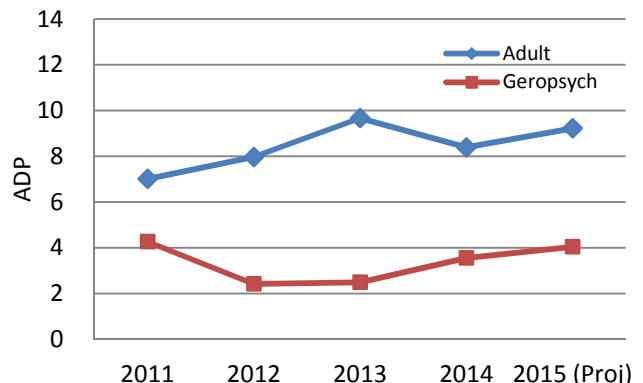
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



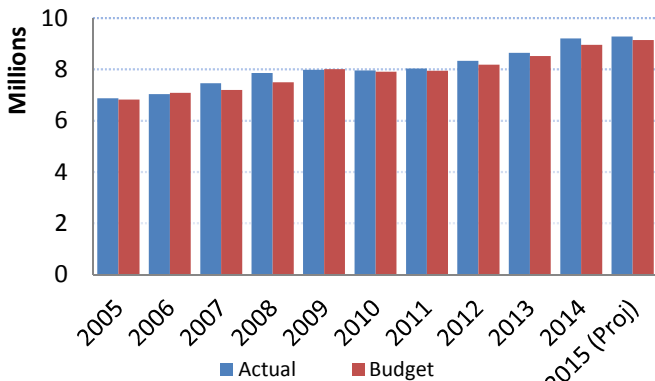
Badger Prairie Health Care Center

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. High levels of accrued leave time have a direct result on open shifts needing to be filled and worker's compensation injuries that lead to vacated shifts are contributing factors to overtime use.

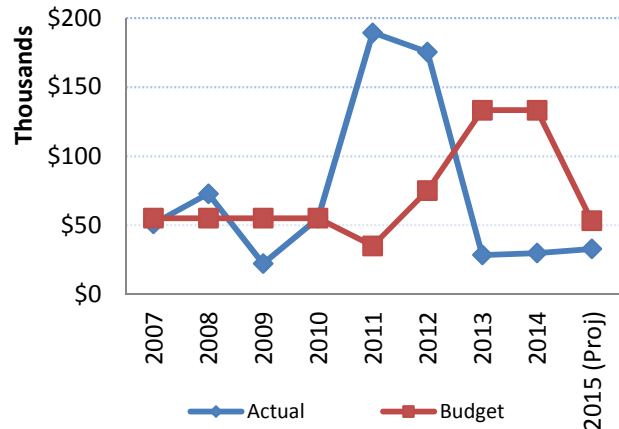
Projections based on data through the 3rd quarter of 2015 continue to show salary and LTE costs over budget. These expenses are partially offset by savings in the overtime and contract lines. Total personnel expenses are projected to produce a deficit approximately 2% over budget or (\$140,700).

Total Personnel Expenses: BPHCC

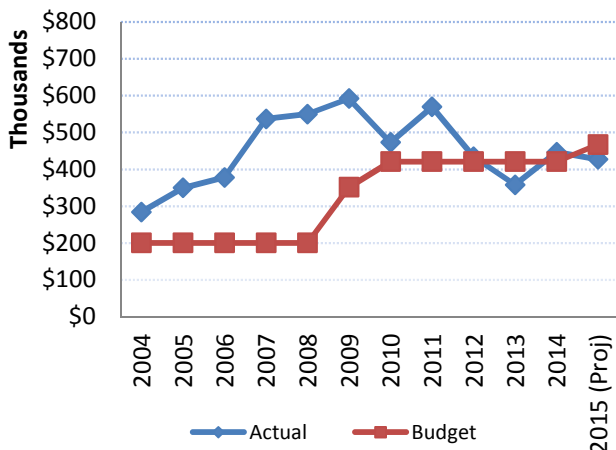


2006-2015 Projected includes Personnel, Overtime, LTE, & Contract

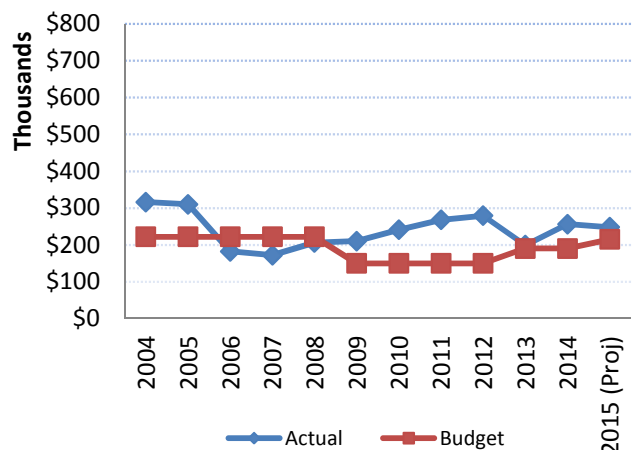
Contract Expenses: BPHCC



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 September of 2015, Alternate Care is projected to produce a surplus of roughly \$1,478,000 mostly due to low Residential Care Center Costs.

