



# Key Performance Indicators Report:

# KPI

Volume 6, Issue 2

August, 2016

## Economic Assistance and Work Services

### EAWS Caseload (chart 1):

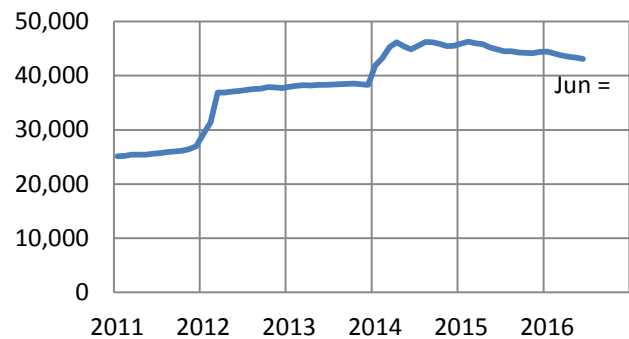
In the 2nd quarter of 2016, caseloads fell off slightly from an average caseload of 44,100 in the 1st quarter to an average caseload of 43,325.

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

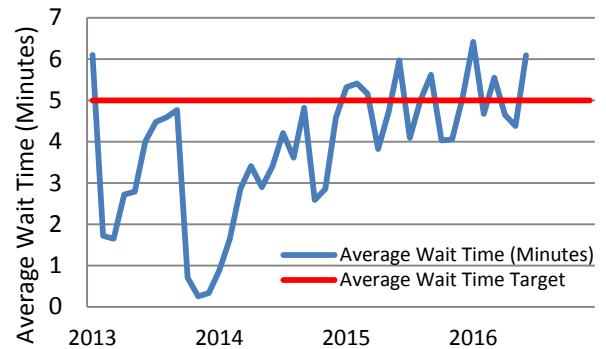
The Call Center serves 8 counties including Dane. Standards of performance have been established. The agency's goal for average wait time for answering the phone is five minutes or less. The goal for the percentage of calls answered by agents is 85% or greater of total calls.

In the 2nd quarter of 2016 Call Center volume dropped off from a 1st quarter high of 31,484 to a 2nd quarter high of 29,822 in June. Call volume in April and May averaged 27,200 calls each month. Wait time in April and May was within the 5 minute benchmark. Given the increased volume of calls in June wait time average was above the benchmark with an average 6 minutes wait. Chart 3 reflects an answer rate for the 2nd quarter that consistently surpasses the 85% benchmark.

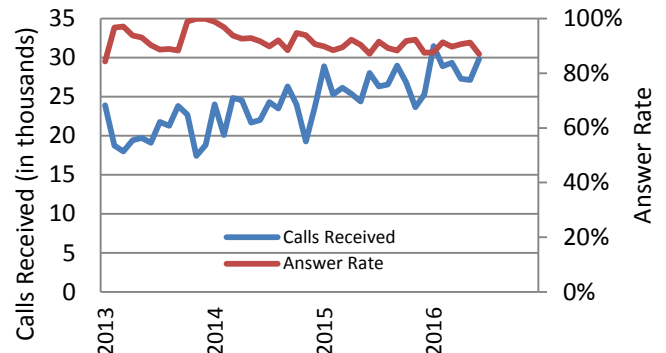
EAWS - Unduplicated Cases



Average Wait Time (Phone)



Calls Received and Answer Rate



# Adult Community Services

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

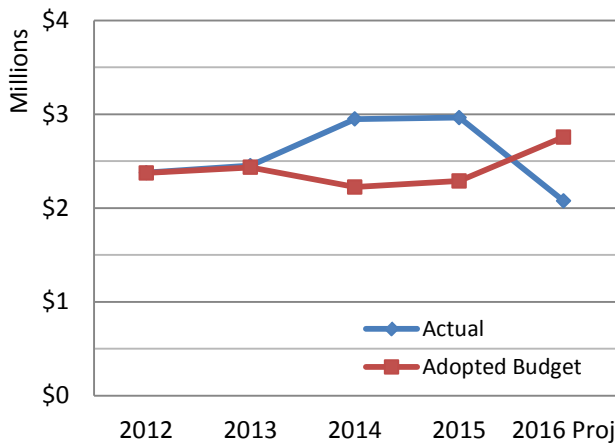
For more than 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute (MMHI). Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost.

With data through the 2nd quarter, inpatient days remain low in comparison to prior years. Inpatient days for the adult mental health population are projected at 2,900 days and 385 days for the gero-psychiatric population. With information through June, inpatient psychiatric utilization is projected to produce a surplus of \$678,000 this is largely attributed to the reduction in gero-psychiatric hospitalizations.

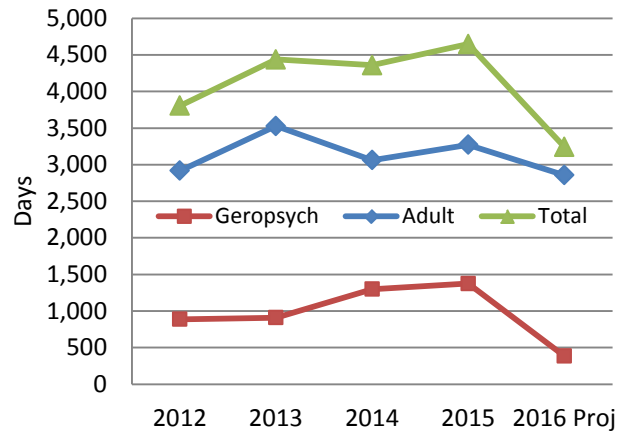
Utilization of community hospital beds remains low. This may be attributed to a combination of more people having insurance and hospital admission practices.

Utilization of community hospital beds remains low. This may be attributed to a combination of more people

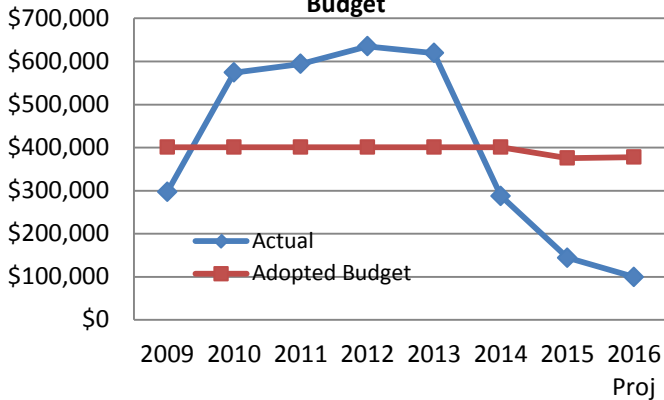
ACS - State Institutional Costs vs Budget



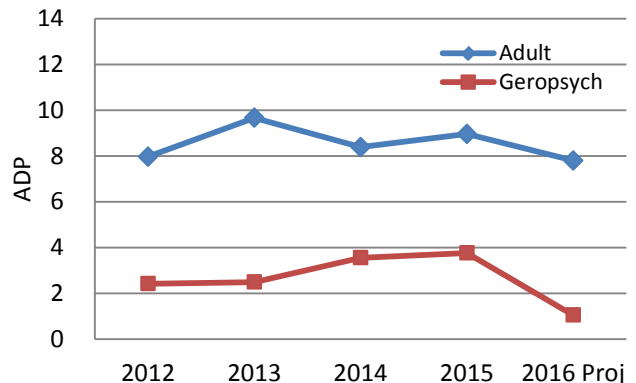
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



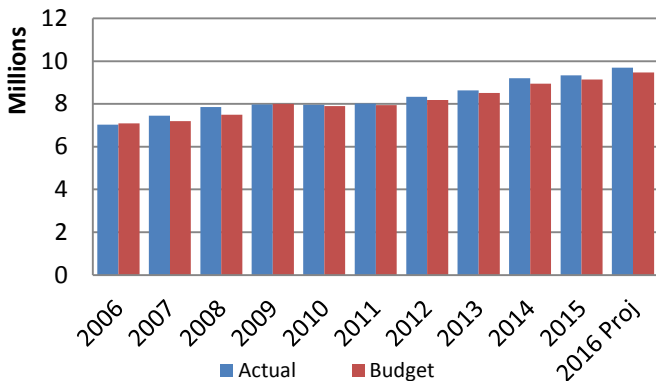
# Badger Prairie Health Care Center

## 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. These are all contributing factors to high overtime, LTE and contract costs. On the revenue side, census at the center or average daily population (ADP) has a significant impact on revenues coming into the facility.

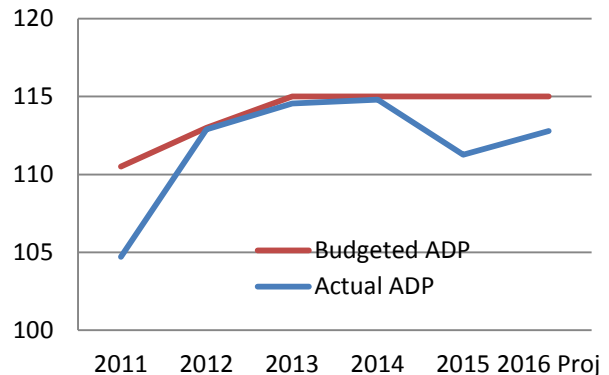
With data through June, salary costs are projected to be 2% over budget (\$214,000). Census is budgeted at a population of 115 compared to a current projection of 112.7 ADP. Leave without pay absences are declining. Unplanned absences are projected to rise in 2016, particularly in the use of vacation and holiday benefit time. Worker's compensation costs have fluctuated over the last 5 years. There was a \$50,000 dollar reduction in claims from 2014 to 2015.

**Total Personnel Expenses: BPHCC**

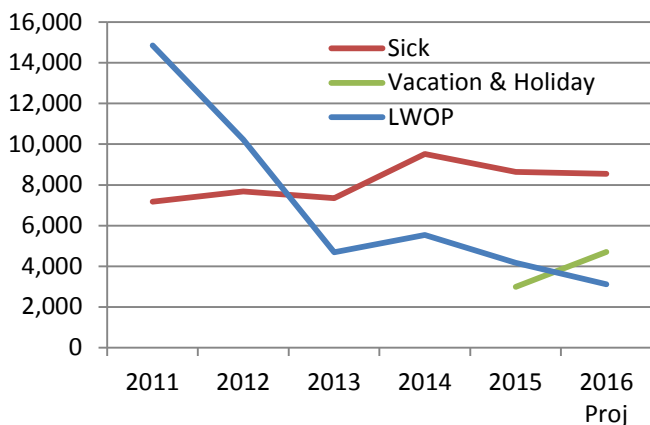


\* includes Personnel, Overtime, LTE, & Contract

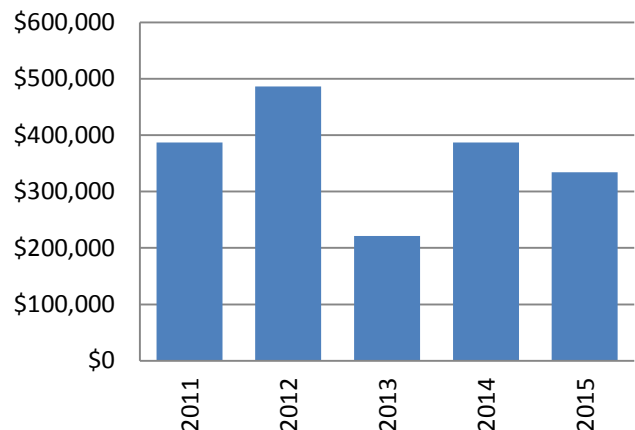
**Average Daily Population 2011-2016**



**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 June of 2016, Alternate Care is projected to produce a surplus of roughly \$576,000 mostly due to low Corrections and Group Home Costs.

