



Key Performance Indicators Report

KPI

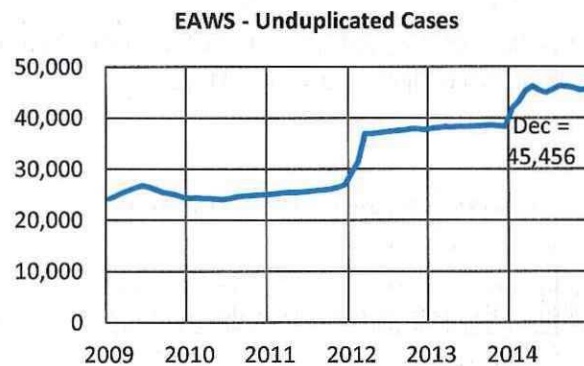
Volume 4, Issue 4

February, 2015

Economic Assistance and Work Services

EAWS Caseload (chart 1):

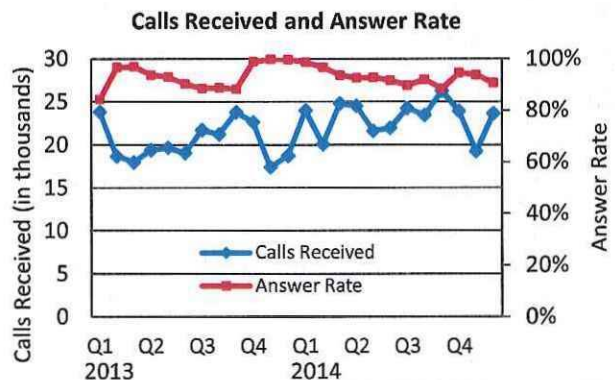
Dane County will be completing all of the Federally Facilitated Marketplace (FFM) applications for the Capitol Consortium. In the 3rd quarter applications rose steadily in July and August and tapered off in September and continued to remain relatively steady through the end of year with a total caseload of 45,456 in December.



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 4th quarter Call Center volume dipped in November to roughly 19,000 calls though October and December were steady with call volume closer to 24,000 calls each month. Wait time in this same time period remained below the 5 minutes benchmark. Chart 3 reflects an answer rate for the 4th quarter at 90% and above. As caseloads increase and stay at higher levels it is likely that we will receive more calls as a certain percentage of the overall caseload will call each month in addition to general inquiries.



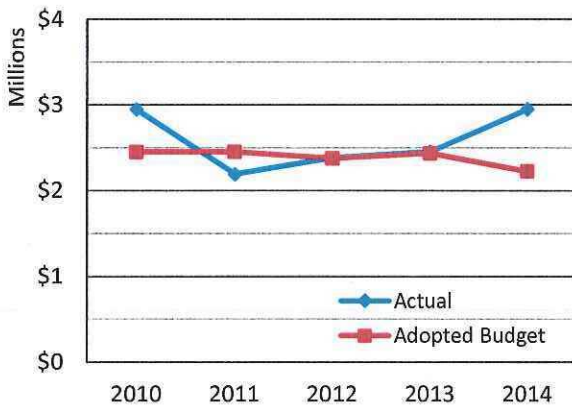
Adult Community Services

Inpatient utilization: Mendota Mental Health Institute and Community Hospitals

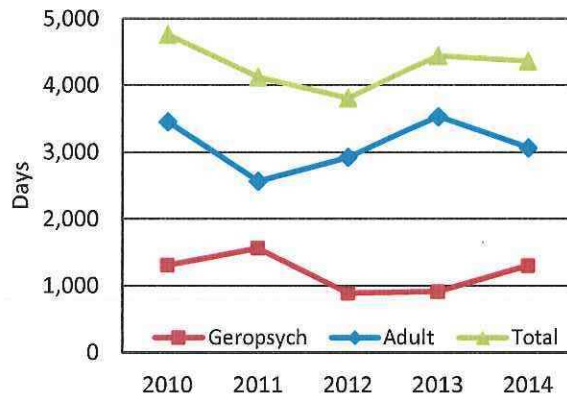
For more than 10 years ACS Division work plans have included a strategic initiative to reduce inpatient utilization for adults in state institutions including adults admitted to the gero-psychiatric treatment unit at Mendota Mental Health Institute (MMHI). Placements cost about \$1,000/day with Medicare, Medicaid and private insurance covering a portion of the cost. In the 4th quarter of 2014 inpatient days for the adult mental health population decreased slightly while gero-psychiatric days increased. Total program days were slightly less than previous projections. Mendota Mental Health Institute/Winnebago Mental Health Institute (WMHI) inpatient costs exceeded budget with a deficit of (\$724,000) for CY2014. Lagging insurance collections are a likely cause for some of this deficit. Inpatient days in 2014 were slightly lower in comparison to 2013 but insurance collections in 2014 were roughly \$.5m less than the prior year.

At the close of the 2014, community hospital costs remained lower than they have been in recent years resulting in a budget surplus of \$110,000.

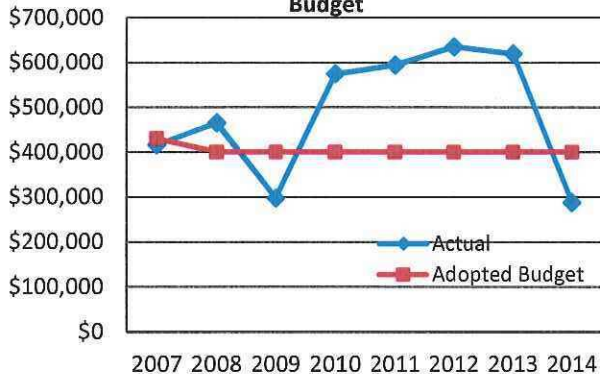
ACS - State Institutional Costs vs Budget



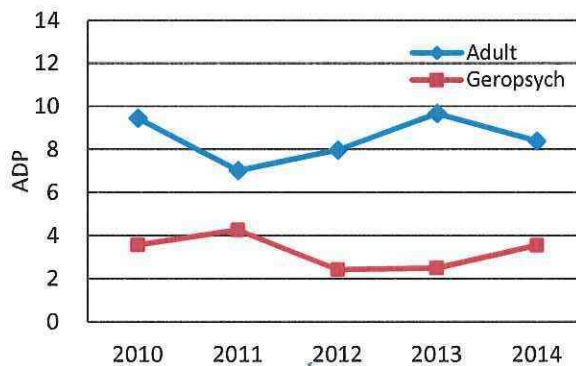
ACS - State Institutional Mental Hospital Days



Community Hospitals - Actual vs Adopted Budget



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



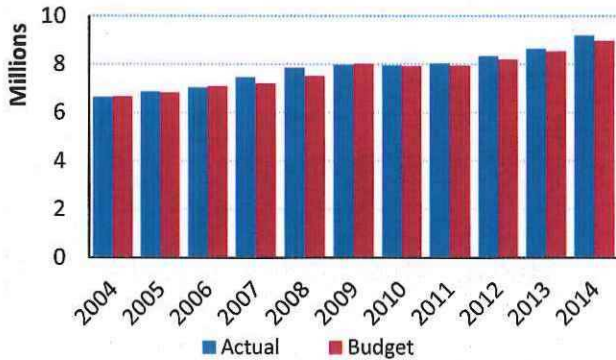
Badger Prairie Health Care Center

Residential Care Costs

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.

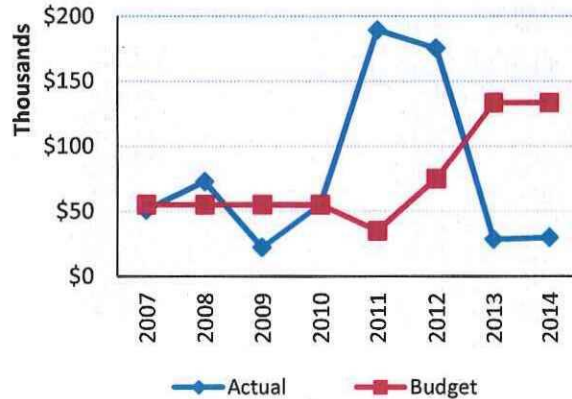
Data through the 4th quarter show salary, overtime and LTE costs exceeding budget. The increase in personnel expenses is partially offset by savings in the contract line. Overall personnel expenses were about 4% over budget reflecting a deficit of (\$358,000).

Total Personnel Expenses: BPHCC

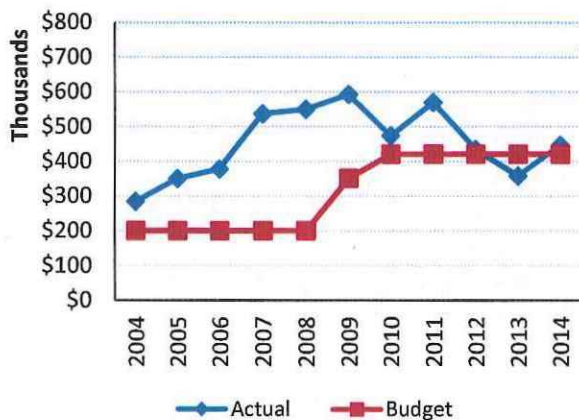


2006-2014 Projected Includes Personnel, Overtime, LTE, & Contract

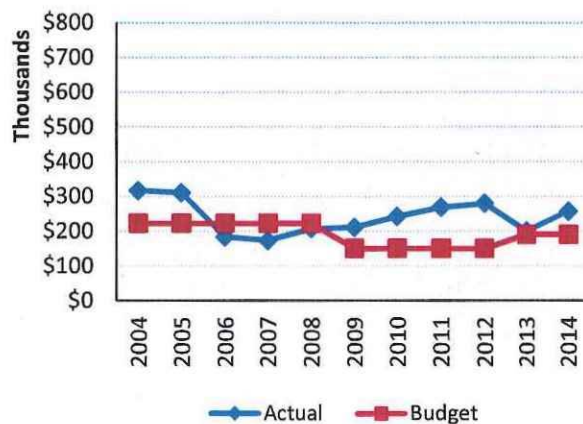
Contract Expenses: BPHCC



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 December of 2014, Alternate Care is projected to produce a surplus of roughly \$786,000 mostly due to a low ADP in Youth Corrections.

