MiScorecard Performance Summary

Business Unit: BHCS

Executive/Director Name: Lia Gulick, Administrator, BHCS

Reporting Period: Jun 2016

Green	>=90% of target
Yellow	>= 75% - 90% of target
Red	<75% of target

Date Approved: 7/11/2016

Metric ID	Metric	Status	Progress	Target	Current	Previous	Frequency	Metric Definition
V3 - Sound Management, Proven Fiscal Practices, Outcome-Oriented Strategies								
BHCS-DWHC-03	Readmissions to Duane Waters Health Center or Community Hospitals - Within 72 hours - # of Readmissions	Green		0	0 CY 2016, June	1	Monthly	Prisoner/patients discharged from a hospital or the Duane Waters Health Center should not require readmission to a hospital setting within 72 hours.
BHCS-DWHC-04	Prescriptions Filled Using the Back Up Pharmacies (which could have been avoided) - # Prescriptions Filled	Green	=	0	0 CY 2016, June	0	Monthly	Utilization of the back up pharmacies for avoidable medication fills is associated with increased cost. The increased cost is related to increased drug cost, private transportation costs, and use of staff resources. Avoidable medications can include, but are not limited to, medications available in the Emergency room night box or medications which should have been filled during regular DWHC pharmacy hours.
BHCS-DWHC-05	Audit of Medical Staff Performing Liver Biopsy Protocol Correctly-# Incidents Not Followed	Green	=	0	0 CY 2016, June	0	Monthly	Monitor compliance of Medical Provider, Nursing staff at completion by auditing documented medical data on protocol forms for each prisoner/patient. Non-compliance of following liver biopsy protocol may affect ability to provide safe, correct procedure for the prisoner/ patient per authorization.
BHCS-01	Prisoner Health Care Costs (1 Yr. Rolling Aggregate) - $ in Millions	Green		$283.700	$301.882 FY 2016, June	$294.043	Monthly	This figure is the yearly cost of both physical and mental health care for prisoners housed in the Michigan Department of Corrections (MDOC). It is calculated as a rolling average for the previous 12 months. The MDOC is required to deliver necessary health care, mental health and substance abuse services to inmates, and strives to do so in the most cost-effective manner. An increase in this number triggers the Department to review the reasons for the increase, and find approaches for reducing the costs while

								maintaining or improving health outcomes. A lower figure could reflect the Department's success in reducing the health care cost per inmate or could be the result of reductions in the amount of care prisoners need. Reported monthly by the Bureau of Fiscal Management, Budget and Operations Administration.
BHCS-08	Off Site Health Care Costs (Injury and Poisoning) - % Annual Total Claims	Yellow		15.0	19.4 Contract Year 2015 Q2 (ON HOLD)	20.5	Quarterly	The data is based on the contract year, which is April through March. This percent represents the quarterly dollar amount that was paid for off-site services for the treatment of an injury or poisoning (includes prisoner self injuries). The Department is required to provide health care services for prisoners, and if they cannot be met in the facility health clinic or Duane Waters Health Clinic then the prisoner receives treatment at a local hospital. A higher percentage means that more prisoners were treated off-site, and a lower percentage indicates that prisoners were treated in-house. Our self-injurious prisoners are the most costly. A higher cost will trigger a review of those cases to determine collaborative care approaches for the prisoner(s) to decrease these costs. A lower number means that these approaches for our self-injurious prisoners are working. Reported quarterly by the Planning Manager for the Bureau of Health Care Services. There is a lag time in reporting most current data of approximately one quarter. Q1 data is reported on the scorecards dated Jul, Aug & Sept; Q2 data on Oct, Nov & Dec; Q3 data on Jan, Feb & Mar; Q4 data on Apr, May & Jun.
BHCS-12	Prescribed Psychotropic Medications - $ of Returned Medications	Green		$68500	$82403 FY 2016, June	$132321	Monthly	The monthly cost of prisoners who need psychotropic medications is important information for the Department. Psychotropic medication are psychiatric medicines that alter chemical levels in the brain which impact mood and behavior, and are some of the most costly medications for the Department. This cost is tracked monthly as a way of monitoring and decreasing overall costs. A higher number means that a larger number of medications were returned that month for credit. Reported monthly by the Bureau of Fiscal

								Management, Budget and Operations Administration.
BHCS-19	Restraint and Seclusion Episodes - total # per quarter	Red		130	497 FY 2016, Q2	478	Quarterly	The total number of restraint and seclusion episodes recorded for a defined period, which is recommended to be defined as monthly. This total includes the use of Seclusion; 1:1 observation; Close observation; 2-pt ambulatory restraints; 4-pt ambulatory restraints; 4-pt stationary restraints and 5-pt stationary restraints. Any of the aforementioned categories may utilize restraint mitts as an added safety measure. There is a lag time of two months for this metric. Q1 data is reported on the scorecards dated Feb, March & Apr; Q2 data on May, June & July; Q3 data on Aug, Sept & Oct; Q4 data on Nov, Dec & Jan.
BHCS-20	Use of Telemedicine by Medical and Mental Health Providers to Treat Patients - # of encounters	Red		1230	241 FY 2016, May	1418	Monthly	The MDOC has telemedicine equipment in each of the health care clinics, and requires its medical and mental health providers to utilize telemedicine when practical to treat patients. The use of telemedicine can reduce transportation, custody and specialty treatment costs. This metric will track the number of encounters by its contracted providers. A higher number indicates a greater use of telemedicine. There is a lag time of two months.
V4 - Hire, Train, Equip, Support & Mentor High Quality Staff at Highest Professional Standards								
BHCS-DWHC-02	Nursing Attendance- # call ins that result in mandating staff [1]	Red		2	18 CY 2016, June	2	Monthly	Call-in's creates potential for mandate to cover staffing standard in Health Center, affecting cost. Absence may affect ability to provide safe and secure care during affected 12 hour shift.
BHCS-15	BHCS Recruitment and Retention Rate - % of employees who left the MDOC (not due to retirement or termination)	Green		10	0.8 FY 2016, Q2	1	Quarterly	The MDOC currently has 1,492 Civil Service BHCS employee positions to maintain. The MDOC is responsible to maintain provision of patient care in correctional facilities and to ensure full healthcare staffing levels. This metric will assess the percentage of staff lost in a three month period, and although BHCS leadership to identify the reasons for the departure. A higher percentage reflects an increased number of staffing leaving MDOC. Q1 data is reported on the scorecards dated Jan, Feb, and Mar; Q2 data on Apr, May, and June; Q3 data on

								July, Aug and Sept; Q4 data on Oct, Nov and Dec.
BHCS-16	BHCS Civil Servant Position Vacancy Rate - % of vacant positions	Red	=	10.0	13.0 FY 2016, Q2	13.0	Quarterly	The MDOC currently has 1492 Civil Service BHCS employee positions to maintain. The MDOC is responsible to maintain provision of patient care in correctional facilities and to ensure full healthcare staffing levels. This metric measures the percentage of overall health care and mental health positions that are currently vacant. The information from this metric will be utilized to target recruitment efforts. A higher percentage reflects an increased vacancy rate. Q1 data is reported on the scorecards dated Jan, Feb, and Mar; Q2 data on Apr, May, and June; Q3 data on July, Aug and Sept; Q4 data on Oct, Nov and Dec.
V5 - Humane, Protective Custodial Care, Rehabilitative Opportunities, Reentry Assistance								
CFA-DWHC-06	Prisoner/Patient Arm Bands Placed upon Admission for Identification Purposes - # of Prisoners without Arm Bands	Green	=	0	0 CY 2016, June	0	Monthly	Patient prisoner armbands are used for identification purposes at all times. Absence may affect ability to correctly identify prisoner/patient and provide safe care.
BHCS-02	Post ERD Prisoners on SOP Program Waiting Lists - # Prisoners	Green		500	155 FY 2016, Q2	174	Quarterly	Monitoring the volume of prisoners who are past their Earliest Release Date (ERD), yet remain on the waiting lists for required Sex Offender Programming (SOP) is important information for the Michigan Department of Corrections (MDOC). With this information, the MDOC can identify potential reasons a prisoner is being continued past his ERD, and ensure they are based on his/her behavior, and not due to outstanding programming needs. This information helps the Department prioritize the waiting lists, in order to place prisoners into their required programming according to how close they are to their ERD. A lower waiting list number means that a greater share of prisoners are completing their required programming in advance of reaching their ERD, thereby removing it as an obstacle to parole consideration. As reported quarterly pursuant to MDOC Boilerplate, Section 913, Assaultive Offender and Sex Offender Programming Report.
BHCS-17		Green		98%		85%	Quarterly	The total number of prisoners discharged from CSP to AC divided by the total number

	Referrals to Acute Care from the Crisis Stabilization Program (CSP) - % of referrals admitted				95% FY 2016, Q2			of admissions to CSP for a defined period. There is a lag time of two months for this metric. Q1 data is reported on the scorecards dated Feb, March & Apr; Q2 data on May, June & July; Q3 data on Aug, Sept & Oct; Q4 data on Nov, Dec & Jan.
BHCS-18	Mental Health Readmissions to the Same Level of Care - % prisoners returned to their previous level of care	Green	=	2.0%	0.0% FY 2014, July (ON HOLD - OMS ISSUE	0.0%	Monthly	This metric calculates the following percentage: the number of offenders discharged to a lower level of care during a 30-day period that return to that same level of care within 30 days divided by the total number of offender discharges to a lower level of care.
BHCS-22	Eligible Prisoners for Substance Abuse System (SAS) Phase II Programming - # completed	Red		3800	2763 FY 2015	0	FY Annually	The Michigan Department of Corrections (MDOC) currently has Substance Abuse Programming for eligible offenders who have been assessed as having a history of substance abuse and have a need for services. Substance Abuse Services (SAS) provides two programs in the prisons for these offenders. Eligible prisoners for SAS programs are 30 months from their Earliest Release Date (ERD). The prison based substance abuse program called Phase II is a cognitive skills program for middle risk substance abusers. The MDOC is responsible to prepare prisoners for successful integration in society after release. It is the goal of the MDOC BHCS and SAS to complete eligible prisoners in substance abuse programs prior to release. The figure reflects how successful MDOC is in providing eligible prisoners substance abuse programming prior to release.
BHCS-23	Eligible Prisoners for Substance Abuse System (SAS) ASAT Programming - # completed	Red		2200	1498 FY 2015	0	FY Annually	The Michigan Department of Corrections (MDOC) currently has Substance Abuse Programming for eligible offenders who have been assessed as having a history of substance abuse and a need for services. Substance Abuse Services (SAS) provides two programs in the prisons for these offenders. Eligible prisoners for SAS programs are 30 months from their Earliest Release Date (ERD). Advanced Substance Abuse Treatment (ASAT) is a cognitive skills and process program for high risk substance abusers. The MDOC is responsible to prepare prisoners for

								successful re-integration into society after release. It is the goal of the MDOC BHCS and SAS to complete eligible prisoners in substance abuse programs prior to release. The figure reflects how successful MDOC is in providing eligible prisoners ASAT programming prior to release.

[1] The status color for this metric reflects breaking points at 50% to 90% of the established target value.