

**Michigan Department of Corrections  
Bureau of Health Care Services  
Strategic Business Plan  
2013 - 2017**



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**Michigan Department of Corrections – Bureau of Health Care Services**

Five Year Strategic Plan  
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## Introduction

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Correctional health is vital to the health of our State, and meeting the health care needs of the prisoner population remains a constant challenge. The population is aging, and prior to incarceration, most prisoners did not receive regular medical, mental health or dental care. Compared to other Americans of the same age, prisoners are:

- ❖ 31% more likely to have asthma;
- ❖ 55% more likely to have diabetes;
- ❖ 90% more likely to have a heart attack (Harvard University, 2009); and
- ❖ 100% to 300% more likely to have a serious mental illness.

Under The Civil Rights of Institutionalized Persons Act (CRIPA), MDOC has a legal obligation to provide evidence-based care that meets community standards to our state's 43,000 prisoners. Health care comprises 16.61% of MDOC's budget, and is largely funded through General Fund expenditures. This is a significant drain on state resources, and because of these expenditures public expectations for efficient and effective prisoner health care services are increasing. Reinventing correctional health care is a priority for this administration.

The Bureau of Health Care Services (BHCS) employs approximately 1,500 employees, which includes health care, dental, mental health and optometry. Our staff are truly our greatest resource. BHCS staff demonstrate the highest standard of professionalism in a very challenging environment, balancing the demands associated with maintaining a secure environment and providing quality health care.

MDOC leaders are using the challenge of budget cuts as a catalyst for creativity and innovation. It is time to run BHCS like a business, employing population health management and integrated care management strategies to this large, prisoner "group practice". BHCS is facing significant financial and performance risks that need to be addressed by focused and sustained action.

This strategic plan was guided by Governor Synder's Healthcare approach that states, "To build a stronger Michigan, we must build a healthier Michigan". One of the benefits of this plan is that the strong focus on improved health care and disease prevention will contribute significantly to improving the health of both prisoners and the larger community. Given that 10,680 prisoners were paroled and 1,122 maxed out on their prison sentence and returned to the community in Fiscal Year (FY) 2011, BHCS has a unique opportunity to help establish healthier communities by providing quality health care with a priority on educating prisoners on disease prevention prior to their release.

This plan was developed to more effectively and efficiently use the resources allocated to BHCS by reinventing and restructuring our service delivery system, focusing on disease prevention, integrating all aspects of care, and collaborating with our stakeholders. We recognize the need to work even smarter with available resources while improving the public value of correctional health care. We will use the six

strategies outlined in this strategic business plan to become a model of cost-efficient correctional health operations.

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## Guiding Principles

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The guiding principles below not only describe areas of importance for BHCS, but they will also assist leadership in ensuring that our strategic direction is maintained. These principles frame the next five years for BHCS, and change our focus to a more integrated, efficient department that provides quality health care.

- *Protecting public safety is our number one goal:* Health care and custody staff each have an important role to play in maintaining a safe prison environment while reducing criminal recidivism. We must work side-by-side as partners, drawing on the strengths of each profession to keep our prisons, and ultimately our communities, safe.
- *Promoting quality health care:* We will provide quality health care by using a standard of medically necessary care in accordance with court decisions, legislation, accepted correctional, and community health care standards, and MDOC policies and procedures. This standard of care will be achieved through collaboration and communication, and the development of a comprehensive treatment plan for the patient that integrates all disciplines of health care.
- *Stay in the driver's seat:* Regardless of what components of correctional health care are provided by private vendors, it is important that MDOC, as the body accountable to the public, maintains control and provides adequate monitoring over its health care services.
- *Keep costs down:* Use business efficiency practices, preventive health strategies, and public-private partnerships to keep MDOC health cost increases below the average Michigan HMO cost increase of 3.6% over the last ten years. Work with Civil Service in areas related to the classification structure of health care workers, and hiring guidelines to create more effective hiring practices to keep costs under control.
- *Innovation:* While certain characteristics of the prison population and prison environment make provision of health care unique, MDOC can benefit from best practices and cost savings techniques implemented outside the corrections system and in other states.
- *Measure real outcomes using metrics:* We will continuously benchmark our performance with other states. In accordance with the National State Auditors Association Best Practices, metrics will be established to ensure:
  - Services are of adequate quality;
  - Jobs get done;
  - Resources are efficiently and effectively used; and
  - Public resources are spent on appropriate and meaningful activities.

- *Keep an eye on the big picture and stay cutting edge:* Maintain a sharp focus on our goals, priorities and best practices, successfully navigating the ever-changing health care environment to maximize opportunities for Michigan. The Affordable Care Act (ACA) contains many provisions that impact corrections. Decisions related to the impact of coverage expansion for prisoners requires systematic review of the policy issues, coordination of care for paroling prisoners, and a significant review of health care practices due to a potential workforce shortage.

It is expected that in 2014 virtually all prisoners will be eligible for Medicaid and/or subsidized coverage. The State will financially benefit if MDOC can successfully secure Medicaid reimbursement for all off-site services that occur during incarceration as well as connecting prisoners to the health insurance exchange upon release. It will also be important to engage Union leadership as we consider potential workforce shortages, and determine how best to address potential health care shortages as part of the Act.

- *Cross departmental collaboration:* The days of MDOC functioning as an isolated, impenetrable state department are over. We recognize the value of working cross functionally with departments such as the Civil Service Commission (CSC), the Michigan Department of Community Health (MDCH), the Michigan Department of Human Services (MDHS) as well as Union leadership, and local units of government on important health and mental health - related projects that, by taking a broader approach, will result in greater advancements than would be possible absent such collaboration. Examples of these include:
  - The ability to work with the CSC to improve the hiring process for health care staff will greatly enhance our ability to recruit and retain quality health care staff;
  - The Governor's Mental Health Diversion Council's Action Plan holds great promise for decreasing unnecessary incarceration of individuals with mental illness; and
  - Collaborating with MDCH and MDHS to maximize Medicaid reimbursement for prisoners.
- *Promote staff and prisoner accountability for health outcomes:* Hold managers accountable for delivery of cost effective, evidence-based, medically necessary prisoner health care; incorporate wellness and educational approaches into prisoner health care, and promote an environment of patient involvement in their care.

- *Maintain critical community relationships:* It is important that BHCS staff (such as social workers) have strong relationships with community agencies to maximize successful prisoner re-integration into the community upon parole. This includes making sure prisoners/parolees are signed up for Medicaid and disability benefits that enable them to receive health and other supportive services upon release.
- *Develop collaborative, state of the art approaches to addressing problems and identifying potential solutions:* It is in MDOC's best interest to capture and incorporate best practice knowledge and competence into our health delivery system. This will be done through the enhancement of our technologies, partnerships with our existing vendors, Union leadership, other stakeholders, and through continuous quality improvement activities.

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## **BHCS Strategic Plan**

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The strategic plan provides a structured and coordinated approach for developing long-term Departmental initiatives with the means to accomplish them. BHCS' overall strategy for the next five years is to provide integrated and quality health care, and promote an environment of patient education and patient involvement in their care that maximizes efficiencies and creates cost savings.

This five year plan is the first time all aspects of health care are integrated in a manner that organizes prisoners by their level of care, which maximizes staff resources and minimizes overall costs. One of the key elements throughout the plan is the need to categorize our population by disease categories, and employ a proactive coordinated approach to care through the use of standardized treatment guidelines for the management of specific health care conditions with the aim to improve outcomes.

This plan also focuses on preventative measures, clinical outcomes, innovation and cooperation and collaboration of services. The implementation of this strategic plan has the potential of significantly reducing MDOC's risk exposure by decreasing the number of health related lawsuits, which currently averages 67 lawsuits per year. It also has the potential to decrease litigation costs. The initiatives developed in the strategic plan rely strongly on partnerships and collaboration with Union leadership. Additionally, many of the items require working with Civil Service to revise position descriptions, adding classifications, and improving the hiring process for health care workers.

In 2011, mental health services, which were previously under two departments were consolidated under one entity, which eliminated 24 positions, and resulted in a cost savings of \$2 million. Many of the strategic planning activities related to mental health were completed in the last two years, and consequently are not part of this current plan.

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## **Strategic Priorities and Associated Cost Savings**

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BHCS's Five-Year Strategic Plan (2013 – 2017) represents a true milestone: the integration of all health care services with a single mission, vision, values, and set of strategic goals that will result in cost savings. The Bureau's overall strategy for the next five years recognizes the need to work smarter with available resources to improve the public value of correctional health care. BHCS is engaged in a data-driven, "ground up" strategic planning process, using data to prioritize health improvement strategies and staff input to develop common sense, workable cost savings ideas.

The top six strategies are summarized below, together with an estimated timeframe, and mechanism for implementation.

### **I. CONTINUUM OF CARE**

#### **Goal**

BHCS will provide comprehensive and integrated health care that meets the needs of the prison population in a manner that organizes prisoners by their level of care, and coordinates those services in locations that maximize staff resources and minimizes transfers.

#### **Why it Matters**

BHCS is committed to providing a range of services which appropriately address a patient's health care needs. This care involves patients utilizing the lowest level of care capable of addressing their needs, and advancing to higher levels only as their problems become more complex and demanding. These services will be organized and delivered at specific prison facilities to maintain efficiency, improve quality of care, reduce transportation costs, and maximize the use of staff resources.

#### **Five-Year Initiatives**

- 1) Develop a systematic approach for identifying the level of health and mental health services needed by a patient and matching the patient to that level.
  - ❖ Create a higher level of care for patients needing additional clinical monitoring, clinical input and advice, and patients needing access to specialized services and staff. One location for this higher level of care would be Duane Waters Health Center (DWHC).
  - ❖ Prisoners will be assigned a medical classification or level of care letter based on their overall health condition and mental health status. Care levels range from "A" for the healthiest prisoner to "E" for prisoners with more serious medical conditions.
  - ❖ Evaluate the potential of assigning a medical designation that corresponds to the acuity of the prisoners that a facility is staffed and equipped to treat. The evaluation will also determine if overall staffing at the facility could be based on this medical designation.

- 2) Decrease off-site hospitalizations and emergency room costs by establishing additional infirmary beds throughout the State, and ensuring current beds are appropriately used.
- 3) Operate one or more housing units in each of the regions that will be dedicated to services related to the elderly or disabled population. The staff at these facilities will assist this population with their activities of daily living (ADLs) such as feeding, bathing, dressing, and grooming.
- 4) Evaluate the potential of establishing a secure nursing home care facility that would care for medically fragile prisoners who are not able to be paroled and would qualify for Medicaid.
- 5) Expand the Secure Status-Residential Treatment Program, and Secure Status-Out Patient Program at other facilities as a means of transitioning mentally ill prisoners out of segregation.
- 6) Restructure the eligibility requirements for MDOC prisoner Dental Services so that they are comparable to other State correctional guidelines while still offering a level of services that is comparable to the community standards of care.

### Implementation

Initiative	Implementation Timeframe	Implementation Mechanism
1) Develop a systematic approach for identifying the level of health and mental health services needed by a patient and matching the patient to that level	Complete by 2017	Planning will include a workgroup consisting of BHCS staff, CFA staff, and vendors
2) Establish infirmary beds throughout the State, and ensure current beds are used appropriately	Planning to be completed in 2013 with additional infirmary beds identified by 2014	Current Older Adult Planning workgroup in place
3) Operate additional housing units with services dedicated to the aging or disabled population	Planning to be completed in 2013 with additional housing units identified by 2014	Current Older Adult Planning workgroup in place
4) Evaluate the potential of establishing a secure nursing home care facility	Complete by 2016	MDOC leadership, BHCS leadership will work with Governor's office, MDCH, and Legislature
5) Expand the Secure Status-Residential Treatment Program (SSRTP), and Secure Status-Out Patient (SSOPT) Program at other facilities	Complete by 2015	Plan in place
6) Restructure the type of dental services offered to patients	Planning to be completed in 2013 with restructured services offered in 2014	Current workgroup in place

## **II. CLINICAL PRIORITIES**

### **Goal**

Beginning with six clinical areas, BHCS will implement a model of care that is recognized for:

- ❖ Preventative measures and approaches;
- ❖ Excellent clinical outcomes;
- ❖ Innovation;
- ❖ Standardization; and
- ❖ Superior coordination of care and collaboration of services among all disciplines at the facility, regional and state level.

### **Why it Matters**

To reach our goal of an integrated clinical enterprise, BHCS will develop a model of care that ensures quality, excellence, consistency, and collaboration across settings. Clinical priorities have been selected based on suitability and ease of implementation.

### **Five Year Initiatives**

- 1) Develop and communicate clear standards of care for medical, dental and mental health care access and treatment that are understood, accepted, and consistently followed by staff regardless of where a prisoner is located. This includes the review of best practices used by other correctional organizations and the community related to managing chronic care disease with a focus on Hepatitis C.
- 2) Pilot Dialectical Behavior Therapy (DBT) as a treatment option for effectively managing high risk and high cost prisoners.
- 3) Maximize opportunities for mentally ill prisoners who can be managed in the general population to be treated by the Medical Provider.
- 4) Develop a disease management program to more effectively manage chronic conditions.
  - ❖ Implement a chronic care disease registry through new or existing technology that captures and tracks key patient information that will more effectively manage individuals with one or more chronic diseases. This registry will assist health care staff in proactively managing patients with chronic diseases.
  - ❖ Create an asthma registry that monitors patient outcomes. Train medical staff on the use of evidence-based asthma diagnosis and treatment guidelines.
- 5) Develop a primary location in Jackson for the treatment of cancer patients, which will result in a decreased cost of sending individuals off-site for services and reduce the cost of transporting prisoners.

## Implementation

Initiative	Implementation Timeframe	Implementation Mechanism
1) Develop and communicate clear standards of care	Complete by 2015	Planning to be organized by the Office of the Chief Medical Officer (CMO), and will include a workgroup consisting of BHCS staff and vendors
2) Pilot Dialectical Behavior Therapy (DBT) as a treatment option for effectively managing high risk and high cost prisoners	Pilot will be complete in 2014	Mental Health leadership piloting and reviewing outcomes
3) Maximize opportunities for mentally ill prisoners who can be managed in the general population to be treated by the Medical Provider	Complete by 2015	Psychiatric Services Advisory Committee (PSAC) and Medical Services Advisory Committee (MSAC) will implement process
4) Develop a disease management program to more effectively manage chronic conditions	Complete by 2016	BHCS leadership, BHCS staff, and vendors along with DTMB as appropriate
5) Establish secure location(s) for the treatment of cancer patients	Complete by 2015	BHCS leadership will work with vendors

### III. UTILIZATION MANAGEMENT

#### Goal

Establish a clinical monitoring process that ensures each patient receives the appropriate services with a focus on drug utilization practices, treatment planning, and discharge planning.

#### Why it Matters

Solid utilization management is important because it ensures that each patient receives the appropriate services. The focus on utilization management will involve standardized treatment, flexibility of services, informed clinical decision making, and health care based on standard medical guidelines.

#### Five Year Initiatives

- 1) Utilize audit tools and data management strategies to evaluate how best to increase in-house capacity to provide services instead of using off-site health care options, which will lead to a decrease in off-site health care utilization.
  - ❖ As part of this initiative, an evaluation of mobile services will be conducted to determine if those services can be provided through a new contract or the existing health care contract.
- 2) Develop a process for reviewing utilization data and engaging quality improvement activities to better identify and address gaps or delays in service.
- 3) Expand the state-level collaborative care management process to include both behavioral health and health care, which will provide a more integrated approach to treating high cost, high risk prisoners.

#### Implementation

Initiative	Implementation Timeframe	Implementation Mechanism
1) Increase capacity to provide services in-house instead of using off-site health care options	Complete by 2016	Planning will include a workgroup consisting of BHCS staff and vendors
2) Develop a process for reviewing utilization data and engaging quality improvement activities to better identify and address gaps or delays in service	Complete by 2014	Planning to be organized by the Office of the Chief Medical Officer (CMO), and will include a workgroup consisting of BHCS staff and vendors
3) Expand the state-level collaborative care management process	Complete by 2013	This work is in progress and being lead by BHCS leadership

## **IV. INTEGRATION AND ALIGNMENT**

### **Goal**

BHCS will function as an integrated, tightly managed clinical enterprise.

### **Why it Matters**

Prisoner care involves all health care services, and integrating those services under one enterprise will streamline appointments, create greater efficiencies by sharing resources, and reduce duplicative services while providing greater accountability as all staff will share the same performance objectives.

### **Five Year Initiatives**

- 1) Develop a standard staffing model for physical and mental health that can be used to determine appropriate staffing levels. This model will guide the utilization of appropriate staffing resources for health care services and allow greater flexibility as the acuity level of the prisoner population changes from facility to facility.
- 2) Provide comprehensive care that involves the integration of primary care and behavioral health services with an emphasis on preventative care and patient education.
  - ❖ Identify clinical efficiencies for the Bureau by reviewing Statewide, Regional and Facility positions in a manner that does not impact patient care.
  - ❖ Develop a staff model that considers the mental health staff and psychiatrist involvement needed. Prisoners will be identified as those with a serious mental illness and those that can be managed in the general prison population.
  - ❖ Review treatment procedures and processes and develop a model for practice redesign that will increase provider productivity, by providing prisoners health care that integrates both their health care and behavioral health needs.
  - ❖ Explore models of treatment currently in place in the community that can be adapted for the corrections setting such as the primary care medical home or advanced primary care model. The model will then be used to train health care and correctional staff on identifying mental health and health care needs and making appropriate referrals as necessary.
- 3) Create a comprehensive training and professional development plan for all health care and mental health staff that builds knowledge and increases proficiency, and further develops skills that are multifunctional.
- 4) Manage the challenge of workforce shortages due to the expansion of healthcare access under the Affordable Care Act.
- 5) Incorporate wellness and educational approaches into health care in a manner that promotes an environment of patient involvement in their care.

## Implementation

Initiative	Implementation Timeframe	Implementation Mechanism
1) Develop a standard staffing model	Complete by 2014	Planning will include a workgroup consisting of BHCS staff, and Union leadership
2) Provide comprehensive care through the integration of primary care and behavioral health services	Complete by 2016	Planning has begun through a Coordination of Care Committee
3) Create a comprehensive training and professional development plan for all health care and mental health staff that builds knowledge and increases proficiency, and develops skills that are multifunctional	Currently in progress	Nursing Advisory Committee creating a nursing professional development and orientation plan. State-wide training for Health Care and Mental Health being coordinated by BHCS leadership
4) Manage the challenge of workforce shortages due to the expansion of healthcare access under the Affordable Care Act	Complete by 2017	Planning will include a workgroup consisting of BHCS leadership, Human Resources, and Union leadership
5) Incorporate wellness and educational approaches into health care in a manner that promotes an environment of patient involvement in their care	Ongoing	BHCS leadership, staff and vendors

## **V. STRENGTHEN EXISTING PARTNERSHIPS**

### **Goal**

BHCS will work with the Governor's Office, State agencies, Legislative leadership, current vendors, internal MDOC partners, Union leadership and local partners to enhance our resource capabilities, to expand our knowledge base of best practices related to correctional health care, and to strengthen diversion programs and preventive approaches to reduce incoming prisoners.

### **Why it Matters**

Partnership between the various entities is critical to success as it increases our capacity, and allows for potential sharing of resources including staff and technology. Strong relationships with our vendors, State agencies and community stakeholders can strategically organize our limited resources and improve efficiency and cost effectiveness of health care services. Engagement of the various stakeholders can lead to improved communication and approaches to the most appropriate care for the prison population while ensuring a successful transition from incarceration to the community.

### **Five Year Initiatives**

1. Implement a Mental Health Diversion Action Plan in conjunction with MDCH and the Governor's Diversion Council to divert prisoners with mental illness from jails and prisons.
2. Expand staff recruitment efforts by developing relationships with local Universities. Maintain Health Professional Shortage Area (HPSA) designation as an additional method of attracting and employing new staff.
3. Engage in discussions with Civil Service to streamline the application and hiring process along with revising and updating classifications for health care and mental health staff.
4. Collaborate with current health care vendors to identify areas for performance improvement, and improve patient outcomes through a better interface between providers, nursing staff, and psychiatrists.
5. Collaborate with CFA at MDOC to make systematic improvements in enhancing clinic efficiencies, increasing clinic hours, and transfer and coordination of prisoners among the various facilities.
6. Enhance connections with State agencies as a means for improving access to prisoner benefits such as Medicaid, prior to release as a means to maximize successful re-integration into the community.
7. Track relevant Affordable Care Act developments to ensure the Department is successfully positioned for the future. This activity involves collaboration with MDCH and MDHS, as well as working in step with the evolving and fluid political health reform environment.

## Implementation

Initiative	Implementation Timeframe	Implementation Mechanism
1) Develop action plan for diverting prisoners with mental illness from jails and prisons	Complete by 2017	Health Services Administrator participates in Governor's Mental Health Diversion Council
2) Expand recruitment with local Universities and maintain Health Professional Shortage Area (HPSA) designation as additional method of attracting and employing new staff	Complete by 2015	BHCS leadership with links to Human Resources and Union leadership
3) Engage in discussions with Civil Service to streamline the application and hiring process along with revising and updating classifications for health care and mental health staff	Complete by 2017	MDOC Executive Leadership, BHCS leadership, Human Resources, Union leadership, and Civil Service
4) Collaborate with current health care vendor to identify areas for performance improvement, and improve patient outcomes through a better interface between staff	Ongoing	Current meetings in place along with the Statewide Performance Improvement (PI) Team that includes vendors
5) Collaborate with CFA to make systematic improvements in improving clinic efficiencies	Complete by 2014	COST Workgroup with participation from BHCS and CFA staff
6) Enhance connections with State agencies as a means for improving access to prisoner benefits	Ongoing	Re-purpose the existing Medicaid Workgroup, and involve CFA
7) Track relevant Affordable Care Act (ACA) developments to ensure the Department is successfully positioned for the future	Timeframe will be determined by legislation	HSA participates in State Health Reform Leadership Work Group

## **VI. ADMINISTRATIVE PRIORITIES**

### **Goal**

Reduce health care administrative costs through increased process standardization, improved quality assurance procedures, and a regular identification of areas that can improve efficiency in the clinics.

### **Why it Matters**

Identifying administrative priorities can create significant efficiencies and lead to improved resource allocation. These priorities will be evaluated on a regular basis to ensure performance, quality, and effectiveness of health care services.

### **Five Year Initiatives**

- 1) Strengthen the Electronic Health Record (EHR) by simplifying the documentation process, ensuring there is a single source of data entry and all existing interfaces link, developing reports, and by verifying that all staff are utilizing the program appropriately.
- 2) Require BHCS managers within the health care clinic to be responsible and accountable for their clinic's overall budget.
- 3) Expand the use of telemedicine as an approach to providing medical consultations from a remote location.
- 4) Enhance the clinical pharmacy services provided to patients by basing pharmaceutical care on national clinical guidelines while maintaining a focus on cost containment.
  - ❖ Improve the existing drug utilization review process to reduce the use of polypharmacy practices in an effort to reduce the overall number of medications per prisoner
  - ❖ Implement an Electronic Medication Administration Record (eMAR) as a technology solution that will reduce medication errors, improve patient safety, and improve medication administration.
  - ❖ Utilize reports from the pharmacy vendor to evaluate the types of medications providers are ordering, and allow nurses to continue to distribute over-the-counter medications without a provider order. These practices allow for more efficiently distributing medications.
- 5) Establish a more cost effective means of furnishing prescription drugs to prisoners through the exploration and evaluation of 340B pricing for specialty populations.

## Implementation

Initiative	Implementation Timeframe	Implementation Mechanism
1) Strengthen the Electronic Health Record	Complete by 2017	Current workgroup in place consisting of BHCS, ADSS and DTMB staff
2) Require managers in the health care clinic be responsible and accountable for their clinic's overall budget	Complete by 2013	Health Unit Managers with appropriate training from Finance and BHCS leadership
3) Expand the use of telemedicine as an approach to providing medical consultations from a remote location	Complete by 2014	BHCS leadership and vendors
4) Enhance the clinical pharmacy services provided to patients by basing pharmaceutical care on national clinical guidelines while maintaining a focus on cost containment	Complete by 2017 if the technology becomes available	MSAC, BHCS leadership, and vendors
5) Establish a more cost effective means of furnishing prescription drugs to prisoners through the exploration and evaluation of 340B pricing	Complete by 2017	BHCS leadership and outside stakeholders

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## **Conclusion**

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This five year strategic plan provides a structured and coordinated approach for developing short term and long term BHCS goals and objectives with the means to accomplish them. This strategic plan provides a road map for MDOC leadership for identifying priority areas, and assisting in resource allocation. The strategic plan will provide a solid basis for planning, assessing capabilities, and identifying accomplishments. In order for the plan to serve as intended, all BHCS staff (statewide, regional and facility) must embrace it and build it into everyday practice. Position descriptions across health care services and other areas will be revised to include responsibilities and specific performance indicators will be developed related to the plan.

The strategic plan will continue to evolve and change throughout the five years. Many of the initiatives rely on technology solutions, and as those are implemented cost savings and efficiencies will be achieved. In cases where the technology is not available then the initiative will be revised, and MDOC leadership will continuously review and realign resources as needed. The metrics will serve as a guide in determining progress and will be measured minimally on a quarterly basis.

Monitoring and evaluating the strategic plan is a key to successful implementation of the six strategic initiatives. BHCS leadership will look at whether goals and objectives are being achieved, will the goals be achieved according to the timeline, and should they be adjusted. Evaluation will also include a review of whether the initiatives are still realistic and whether they should be updated to meet the changing environment. Only through this careful monitoring and evaluation can we ensure that the strategic issues and goals identified in this plan are achieved.