Mississippi Department of Mental Health

Comprehensive

Five-Year Strategic Plan

Fiscal Years 2019 – 2023

1. Mission Statement

Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance use disorders and intellectual/developmental disabilities, one person at a time.

Vision Statement

We envision a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports.

A better tomorrow exists when…

- All Mississippians have equal access to quality mental health care, services and supports in their communities.
- People actively participate in designing services.
- The stigma surrounding mental illness, intellectual/developmental disabilities, substance use disorders and dementia has disappeared.
- Research, outcome measures, and technology are routinely utilized to enhance prevention, care, services, and supports.

2. Philosophy

The Mississippi Department of Mental Health (DMH) is committed to developing and maintaining a comprehensive, statewide system of prevention, service, and support options for adults and children with mental illness or emotional disturbance, substance use disorders, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia. DMH supports the philosophy of making available a comprehensive system of services and supports so that individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs. Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individuals' needs can be met with less intensive or least restrictive levels of care as close to their homes and

communities as possible. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented.

Core Values

People We believe people are the focus of the public mental health system. We respect the dignity of each person and value their participation in the design, choice and provision of services to meet their unique needs.

Community We believe that community-based service and support options should be available and easily accessible in the communities where people live. We believe that services and support options should be designed to meet the particular needs of the person.

Commitment We believe in the people we serve, our vision and mission, our workforce, and the community-at-large. We are committed to assisting people in improving their mental health, quality of life, and their acceptance and participation in the community.

Excellence We believe services and supports must be provided in an ethical manner, meet established outcome measures, and are based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

Accountability We believe it is our responsibility to be good stewards in the efficient and effective use of all human, fiscal, and material resources. We are dedicated to the continuous evaluation and improvement of the public mental health system.

Collaboration We believe that services and supports are the shared responsibility of state and local governments, communities, family members, and service providers. Through open communication, we continuously build relationships and partnerships with the people and families we serve, communities, governmental/nongovernmental entities and other service providers to meet the needs of people and their families.

Integrity We believe the public mental health system should act in an ethical, trustworthy, and transparent manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

Awareness We believe awareness, education, and other prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

Innovation We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

Respect We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the public mental health system.

3. Relevant Statewide Goals and Benchmarks

Statewide Goal: To protect Mississippians from risks to public health and to provide them with the health-related information and access to quality healthcare necessary to increase the length and quality of their lives.

Relevant Benchmarks:

- Percentage of population lacking access to mental health care
- Percentage of population lacking access to community-based mental health care
- Percentage of people receiving mental health crisis services who were treated at community mental health centers (versus in an institutional setting)
- Average length of time from mental health crisis to receipt of community mental health crisis service
- Percentage of DMH clients served in the community versus in an institutional setting
- Percentage of DMH institutionalized clients who could be served in the community
- Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams
- Number of individuals on waiting list for home and community-based services

4. Overview of Five-Year Strategic Plan

The Mississippi Department of Mental Health's (DMH) Five-Year Strategic Plan depicts the direction the Department is taking to meet the goals and changing demands of mental health care in Mississippi. This year, DMH has focused on aligning the Board of Mental Health's FY18 – FY20 DMH Strategic Plan with the Five-Year Strategic Plan for the Legislative Budget Office while also taking into account the State of Mississippi's strategic plan, *Building a Better Mississippi*. DMH's agency-wide, three-year strategic plan is approved annually by the board and is the roadmap for directing more resources toward community-based services while still maintaining an acceptable and necessary level of inpatient care. The Plan is continually streamlined, thus putting needed changes into sharper focus and progress more impactful. The agency-wide Plan is available on the DMH website www.dmh.ms.gov.

The goals and objectives in the LBO Five-Year Strategic Plan will also guide DMH's actions in moving toward a community-based service system and are aligned with the agency-wide Plan. These goals and objectives are inclusive of the populations DMH is charged to serve, and services developed and/or provided will take into account the cultural and linguistic needs of these diverse populations. This Plan addresses DMH's need to build community-capacity while at the same time ensuring the health and welfare of people currently being served. The Plan emphasizes the development of new and expanded services in the priority areas of crisis services, housing, supported employment, long-term community supports and other specialized services to help individuals transition from institutions to the community. The Plan includes a section on services for children and youth including MAP Teams and Wraparound Facilitation to help individuals stay in their community and avoid hospitalization.

The Department of Justice (DOJ) began a review of the Mississippi Department of Mental Health in June of 2011. The focus of the review was to determine Mississippi's compliance with relevant provisions of the Olmstead decision and the Americans with Disabilities Act (ADA). Additional funds will be requested in future fiscal years to continue the efforts to expand the capacity for community-based services. These additional funds will help the State move forward with more community placement of individuals through expanding services provided by community service providers. Many of the outcomes in the Five-Year Strategic Plan address DOJ concerns.

In July 2017, DMH announced steps to consolidate various aspects of its programs in an effort to reduce administrative overhead while continuing to deliver quality services to Mississippians in need.

The department's six programs for mental health services will be consolidated under the umbrellas of two of its current programs, Mississippi State Hospital and East Mississippi State Hospital. Specialized Treatment Facility will become a satellite program of Mississippi State Hospital, while North Mississippi State Hospital, South Mississippi State Hospital, and Central Mississippi Residential Center will become satellite programs of East Mississippi State Hospital in Meridian. This is similar to a consolidation in 2015 when the Mississippi Adolescent Center became a satellite program under Boswell Regional Center. After the consolidation, the two programs were able to reduce expenditures in personal services by sharing staff including maintenance and administrative, and the merging of electronic health records.

Another factor in FY18, is the federal requirement to comply with the Centers for Medicaid and Medicare Services (CMS) HCBS Final Rule regarding Conflict Free Case Management. Ultimately, this means that DMH can no longer be a provider of ID/DD Waiver services and conduct Support Coordination for people receiving ID/DD Waiver services. CMS will not allow the ID/DD Waiver to continue if DMH does not implement Conflict Free Case Management.

To address this issue, DMH will continue to provide Support Coordination services and no longer be a provider of all other ID/DD Waiver services to people enrolled in the program (except at Boswell Regional Center). DMH believes the function of Support Coordination falls within the mission of the agency. Support Coordination is responsible for coordinating and monitoring all services a person on the ID/DD Waiver receives to ensure services meet the needs of the person including protecting their health and welfare. By maintaining Support Coordination, DMH will be able to monitor the quality and quantity of services a person receives.

Even as the agency receives budget cuts, DMH's focus will remain on building up direct services in the community to ensure capacity is available to reduce the reliance on inpatient institutional services. Many of the outcomes in this plan speaks to the progress being made.

5. External and Internal Assessment

- Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.
- Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.
- Changes to Medicaid and other third-party payment sources, particularly in "Managed Care" initiatives.
- Implementation of Electronic Health Records in both funding and manpower.
- Availability of state general funds and federal funds could impact services and the implementation of some projects.
- Increase in demand for services from persons with mental illness, intellectual and developmental disabilities, and substance use disorders.
- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- Community acceptance vs. stigma for further inclusion through partnerships, visibility and employment.
- Availability of community discharge placement options.

5A. Internal Management System Used to Evaluate Agency's Performance

The Department of Mental Health has implemented a management system to ensure compliance with applicable standards in the delivery of quality services that includes:

- Bi-annual reporting on the agency's strategic plan to the Board of Mental Health. Progress reports are posted on the DMH website along with a quarterly highlights flyer.
- Monthly Executive Staff Meeting with attendance by program directors and bureau directors to disseminate and receive relevant information
- Bi-monthly Board of Mental Health meeting, with attendance by selected staff on an as needed basis, to ensure compliance with board priorities and directives
- Preparation of Board approved policies and procedures manuals, and adherence thereto
- Regularly scheduled audits
- Regularly scheduled site certification and monitoring visits
- Various committees at program locations – example: Human Rights Committee, Quality Assurance/Performance Improvement Committee, etc.

- Executive and Board review and approval of budget submissions
- External reviews by Joint Commission on Accreditation of Healthcare Organizations, State Board of Health, State Department of Audit, Mississippi Protection and Advocacy, and other organizations
- Ongoing improvements to management information systems, including both financial and operational data
- Adoption by the Board, during calendar year 2009 and updated annually since, of a DMH Strategic Plan to emphasize community-based services

6. Agency Goals, Objectives, Strategies, and Measures

Mental Health Services

Goal A: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care for adults

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of DMH clients served in the community versus in an institutional setting; Average length time from mental health crisis to receipt of community mental health crisis service; Percentage of people receiving mental health crisis services who were treated at community mental health centers (versus in an institutional setting)

Objective A.1 Provide a comprehensive, person-centered and recovery-oriented system of community supports for persons transitioning and/or living in the community and prevent out-of-home placements

Outcome: Average length time from mental health crisis to receipt of community mental health crisis service

Outcome: Percentage of population lacking access to community-based mental health care

Outcome: Percentage of DMH clients served in the community versus in an institutional setting

Outcome: Increase by at least 25% the utilization of alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment

Outcome: Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals

Outcome: Increase employment options for adults with serious and persistent mental illness by expanding the number of people employed through Supported Employment sites

Outcome: Utilize Mobile Crisis Response Teams to divert individuals from more restrictive environments such as jail, hospitalizations, etc.
Outcome: Increase the number of Certified Peer Support Specialists in the State
Outcome: Increase access to crisis services by utilizing Mobile Crisis Response Teams and tracking the number of calls to Mobile Crisis Response Teams

Strategy A.1.1 Utilize PACT Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services

Output: Number served by PACT Teams in MS as an alternative treatment option for individuals that have had multiple hospitalzations
Output: Number of admissions to PACT teams
Output: Number served by PACT Teams
Efficiency: Number of diversions from more restrictive placement
Efficiency: Cost of operation of PACT Teams
Explanatory: There is a fixed cost associated with PACT teams whether they serve five or 50

Strategy A.1.2 Fund four pilot employment sites for individuals with SMI

Output: Number of individuals employed through supported employment
Efficiency: Cost of each pilot site
Efficiency: Average cost per person served at pilot sites
Explanatory: Partner with DOM to develop a 1915 (i) waiver to include employment for SMI

Strategy A.1.3 Evaluate Mobile Crisis Response Teams based on defined performance indicators

Output: Number of calls to Mobile Crisis Response Teams
Output: Number of face-to-face visits
Output: Number referred to a Community Mental Health Center and scheduled an appointment
Output: Number diverted from a more restrictive environment
Efficiency: Average cost per response by Mobile Crisis Response Teams
Explanatory: Utilization due to public awareness

Crisis Stabilization Units

Goal A: To provide access to crisis stabilization services to all populations served by DMH

Objective A.1 Provide crisis stabilization services before an individual becomes so acutely ill that hospitalization is required

Outcome: Increase the utilization of Crisis Stabilization Units by admissions

Outcome: Increase the diversion rate of admissions to state hospitals through the Crisis Stabilization Units

Outcome: Decrease the number of involuntary admissions

Outcome: Increase the number of voluntary admissions

Outcome: Percentage of people receiving mental health crisis services who were treated at community mental health centers vs. institutions

Outcome: Average length of time from mental health crisis to receipt of community mental health crisis service

Strategy A.1.1 Evaluate Crisis Stabilization Units based on defined performance indicators

Output: Diversion rate of admissions to state hospitals

Output: Average length of stay

Output: Number of admissions

Output: Number of involuntary admissions

Output: Number of voluntary admissions

Efficiency: Average cost per operation of Crisis Stabilization Units

Explanatory: Need may increase due to awareness or may decrease because of people served on PACT Teams

MI – Institutional Care

Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at DMH's Behavioral Health Programs

Objective A.1 Enhance the effectiveness and efficiency of state hospital services

Outcome: Maintain a 90 percent occupancy percentage of inpatient beds by service of civilly committed individuals (occupancy percentage is filled beds compared to capacity)

Outcome: Maintain readmission rates within national trends

Outcome: Number of individuals served at DMH's inpatient behavioral health programs
Outcome: Support as % of total budget (MH)

Strategy A.1.1 Conduct weekly conference calls with Program Directors and Admission Directors to review available beds, number of commitments and waiting lists
Strategy A.1.2 Develop quarterly report by Program outlining occupancy percentage by service

Output: Number served at DMH's inpatient Behavioral Health Programs
Output: % of occupancy – acute psychiatric care (all behavioral health programs)
Output: % of occupancy – continued treatment (MSH)
Output: % of occupancy – MSH medical surgical hospital (MSH)
Output: % of occupancy – chemical dependency (MSH)
Output: % of occupancy – nursing homes (MSH and EMSH)
Output: % of occupancy – children/adolescents (MSH)
Output: % of occupancy – transition unit (EMSH)
Output: % of occupancy – forensics (MSH)
Output: % of individuals readmitted between 0-59 days after discharge
Output: % of individuals readmitted between 60-89 days after discharge
Output: % of individuals readmitted between 90-119 days after discharge
Output: % of individuals readmitted after 120-365 days after discharge
Efficiency: Cost per person per day – acute psychiatric

Efficiency: Cost per person per day – continued treatment

Efficiency: Cost per person per day – child adolescent

Efficiency: Cost per person per day – chemical dependency

Efficiency: Cost per person per day - forensic

Efficiency: Cost per person per day – Jaquith Nursing Home

Efficiency: Cost per person per day - STF

Goal B: To utilize data management and technology to enhance decision making and service delivery at DMH's Behavioral Health Programs

Objective B.1 To develop an Electronic Health Records system to improve services provided to individuals

Outcome: Implement the Electronic Health Records system to meet current Meaningful Use requirements

Strategy B.1.1: Report on CPOE use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines

Output: Report on 30% or more of all unique patients with at least one medication seen by an EP and have at least one medication order entered through CPOE

Strategy B.1.2: Report on permissible prescriptions electronically (eRx) generated and transmitted

Output: Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified EHR Technology

Strategy B.1.3: Record patient demographics: preferred language, gender, race, ethnicity, date of birth

Output: More than 50% or more of all unique patients seen by EP have demographics recorded as structured data

Strategy B.1.4: Report changes and additions for the following vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), and plot and display growth charts for children 2-20 years, including BMI

Output: More than 50% of all unique patients age 2 years or older seen by an EP during the reporting period have height, weight and blood pressure recorded as structured data

Efficiency: Cost to implement Electronic Health Records system

Goal C: To provide a comprehensive, person-centered and recovery-oriented system of care for children and youth served at DMH's residential program for youth (Specialized Treatment Facility)

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care

Objective C.1 Provide supportive wraparound aftercare to youth as they transition from STF to the community

Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility to communities with supportive wrap-around aftercare

Strategy C.1.1 Educate parents/guardians of supportive wrap-around options so that families may choose via informed consent

Output: Number of youth referred to MYPAC aftercare

Output: Number of youth referred to a local Community Mental Health Center aftercare

Output: Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center

Output: Number of youth actually transitioned to MYPAC aftercare

Output: Number of youth actually transitioned to a local Community Mental Health Center aftercare

Output: Number of youth who attended the Initial Intake with the referred local Community Mental Health Center aftercare provider

Output: Number of youth who attended the first appointment after the Initial Intake with the referred local Community Mental Health Center aftercare provider

Efficiency: Cost per patient day

Explanatory: Number of youth's parents/guardians who deny wrap-around transition services

Strategy C.1.2 Conduct discharge follow-up survey after 7 days and 30 days of transition to the community

Output: Youth successful after 7 days of transition to the community

Output: Youth successful after 30 days of transition to the community

Explanatory: Number of youth's parents/guardians who fail to follow-up with recommended services

Objective C.2 To provide psychiatric residential treatment at the Specialized Treatment Facility and education to youth that are in need of civil commitment by a youth court judge or chancellor. Miss Code Ann. 41-19-291

Outcome: Decrease the need for youth to be treated in acute hospitals, detained in detention centers, or not receiving services at all

Strategy C.2.1 Evaluate referrals and admit youth to appropriately treat youth that may benefit from psychiatric residential treatment

Output: Number of referrals on waiting list

Output: Number of referrals reviewed

Output: Number of referrals approved

Output: Number of referrals denied
Explanatory: Number of referrals approved but not admitted

Goal D: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at Central Mississippi Residential Center

Objective D.1 To increase access to community-based care and supports through a network of service providers that are committed to a resiliency-and recovery-oriented system of care

Outcome: Increase the number of individuals with Serious Mental Illness (SMI) transitioning from institutional setting to community setting
Outcome: Maintain readmission rates within national trends

Strategy D.1.1 Provision of transitional community living (group homes and apartments) services

Output: Total individuals served
Output: Percentage of discharges to alternative community setting
Output: Average length of stay
Output: Total days of service provided
Output: Occupancy rate of Community Living Program

MI – Support Services

Goal A: To provide administrative oversight and management at the Behavioral Health Programs

Objective A.1: To provide for the accounting of funds and management of personnel services and compliance with licensure and certification

Outcome: Support as an overall percent of total budget

Strategy A.1.1: Track the support percent of total budget at each DMH Behavioral Health Program to determine an overall percent

Output: Support as a percent of total budget at NMSH
Output: Support as a percent of total budget at SMSH
Output: Support as a percent of total budget at MSH
Output: Support as a percent of total budget at CMRC
Output: Support as a percent of total budget at STF
Output: Support as a percent of total budget at EMSH

Children and Youth Services

Goal A: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care for children and youth

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams

Objective A.1 Provide a comprehensive, person-centered and recovery-oriented system of community supports for persons transitioning to the community and to prevent out-of-home placements

Outcome: Increase the number of children and youth that are served by MAP teams

Outcome: Increase the statewide use of Wraparound Facilitation with children and youth

Outcome: Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams

Strategy A.1.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations

Output: Number of MAP teams

Output: Number served by MAP teams

Efficiency: Cost of operation of MAP teams; Average cost per child for MAP services

Strategy A.1.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED

Output: Number of individuals that have been trained in Wraparound Facilitation

Output: Number of providers that utilize Wraparound Facilitation

Output: Number of children and youth that are served by Wraparound Facilitation

Output: Number of youth that received Wraparound Facilitation that were diverted from a more restrictive placement

Efficiency: Cost analysis of Wraparound Facilitation per each child served

IDD Institutional Care

Goal A: To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person-centered system of care

Relevant Statewide Goals: Number of individuals on waiting list for home and community-based services; Percentage of DMH institutionalized clients who could be served in the community; Percentage of DMH clients served in the community versus in an institutional setting

Objective A.1 Provide a comprehensive person-centered system of community supports and services for people transitioning to the community from an institutional setting

Outcome: Increase the number of people transitioning to the community from the ICF/IID Regional Programs by 5% each year

Outcome: Number of individuals served at DMH's residential IDD programs

Outcome: Support as % of total budget (IDD)

Strategy A.1.1 Ensure people transitioning to the community have appropriate supports and services

Output: Number of people transitioned from community 10 bed ICF/IID program

Output: Number of people transitioned from facility to ICF/IID community home

Output: Number of people transitioned to community waiver home/apartment

Output: Number of people transitioned home with waiver supports

Efficiency: Percentage of people who transitioned from facility to 10 bed ICF/IID Program

Efficiency: Percentage of people who transitioned to community waiver home/apartment

Efficiency: Percentage of people who transitioned to home with waiver supports

Explanatory: Number of emergency admissions

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community

IDD Community Programs

Goal A: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care

Objective A.1 To provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home

Outcome: Percentage of people accessing non-waiver services (medical supports, case management, targeted case management, and/or other specialized services)

Outcome: Percentage of people accessing ID/DD Waiver Services

Outcome: Percentage of persons with intellectual and developmental disabilities served in the community versus in an institutional setting

Outcome: Enroll 400 additional people through the 1915i (IDD Community Support Program)

Outcome: Enroll an additional 250 people from the Planning List to Waiver Services

Strategy A.1.1 To increase the availability of comprehensive community programs and services

Output: Number of people added from planning list to ID/DD Waiver Services

Output: Number of people enrolled in the 1915i

Output: Number of people receiving crisis support services

Output: Number of people receiving ID/DD waiver support coordination services

Output: Number of people receiving comprehensive diagnostic evaluations

Efficiency: Average length of stay per person of crisis support services

Efficiency: Average unit per person of Support Coordination services

Efficiency: Average length of time per person to receive a comprehensive diagnostic evaluation

Explanatory: Resources and reimbursement rates affecting services and support options

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community

IDD – Group Homes

Goal A: To provide a comprehensive person-centered system of care to people living in a community based ICF/IID Home

Objective A.1 To provide a comprehensive person-centered system of community supports and services in order for people to live in a community ICF/IID group home level of care

Outcome: Percentage of people served in the community versus in an institutional setting

Strategy A.1.1 Prepare people served in community-based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system

Output: Number of people transitioned from community 10-bed ICF/IID program

Output: Number of people served in the 10-bed ICF/IID community homes

Efficiency: Bed utilization rate

IDD – Support Services

Goal A: To provide administrative oversight and management at the IDD Programs

Objective A.1: To provide for the accounting of funds and management of personnel services and compliance with licensure and certification

Outcome: Support as an overall percent of total budget

Strategy A.1.1: Track the support percent of total budget at each DMH IDD Program to determine an overall percent

Output: Support as a percent of total budget at NMRC
Output: Support as a percent of total budget at SMRC
Output: Support as a percent of total budget at ESS
Output: Support as a percent of total budget at BRC
Output: Support as a percent of total budget at HRC

IDD Services (Waiver)

Goal A: To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through the ID/DD Waiver

Relevant Statewide Goals: Number of individuals on waiting list for home and community-based services; Percentage of DMH institutionalized clients who could be served in the community; Percentage of DMH clients served in the community versus in an institutional setting

Objective A.1: Provide community supports and services for persons through the ID/DD Waiver

Outcome: Increase number of people enrolled in the ID/DD Waiver

Outcome: Number of individuals on waiting list for home and community-based services

Outcome: Percentage of DMH institutionalized clients who could be served in the community

Outcome: Percentage of DMH clients served in the community versus in an institutional setting

Strategy A.1.1: Ensure people transitioning to the community have appropriate supports and services

Output: Number of people transitioned to community waiver home/apartment

Output: Number of people transitioned home with waiver supports

Output: Number of people added from planning list to ID/DD Waiver services

Output: Number of persons receiving ID/DD Waiver crisis support services

Output: Number of persons receiving ID/DD waiver support coordination services

Efficiency: Percentage of people who transitioned to community waiver home/apartment

Efficiency: Percentage of people who transitioned to home with waiver supports

Efficiency: Cost per day of ID/DD Waiver crisis support services

Efficiency: Cost per unit of ID/DD Waiver Support Coordination services

Explanatory: Resources and reimbursement rates affecting services and support options

Explanatory: Number of emergency admissions

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community; Pending implementation of the Rate Study

Alcohol and Drug Services (3% Alcohol Tax)

Goal A: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care for adults with substance use disorders

Objective A.1 Utilize the Three Percent Alcohol Tax to maintain a statewide network of community-based substance use disorder treatment services

Outcome: Maintain an array of community-based providers offering services for the treatment of substance use disorders

Outcome: Maintain the current level of detox services that are provided for the treatment of substance use disorders

Strategy A.1.1 Supplement funding provided to DMH certified substance use disorder treatment programs

Output: Number of grants provided to community-based organizations for the provision of residential substance use disorder treatment

Output: Number of residential beds made available statewide due to the Three Percent Tax supplements
Output: Number receiving residential substance use disorder treatment
Output: Amount of funding spent on withdrawal management services
Output: Number of Recovery Support Services grants provided to community-based organizations
Efficiency: Percent of total treatment funding provided by 3 percent tax supplement

Strategy A.1.2 Provide detox services to increase the successful treatment for people with substance use disorders
Output: Number of days reimbursed
Output: Number served through detox
Output: Number of individuals who complete detox and continue on to a 30-day treatment program

Service Management

Goal A: To increase access to supports and services for individuals seeking community-based treatment through the administration and management of grant funding for children with serious emotional disturbances, individuals with intellectual disabilities, individuals with alcohol and drug addiction disorders, individuals with serious mental illness and individuals with Alzheimer's disease and other dementia
Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of DMH clients served in the community versus in an institutional setting;

Objective A.1 Provide oversight, technical assistance, and management of grant funding for children with serious emotional disturbances, individuals with intellectual disabilities, individuals with alcohol and drug addiction disorders, individuals with serious mental illness and individuals with Alzheimer's disease and other dementia.
Outcome: Ensure funding for community-based services through the number of grants administered

Strategy A.1.1 Conduct on-site financial reviews of service providers receiving federal and state grant funding through the Department of Mental Health
Output: Number of on-site reviews conducted by the Division of Audit

Efficiency: Percentage of grant reviews resulting in a 5% error rate or below

Strategy A.1.2 Conduct in-house financial reviews of service providers receiving federal and state grant funding through the Department of Mental Health.

Output: Number of in-house reviews of cash requests conducted by the Division of Audit and the Division of Fiscal Services

Efficiency: Percentage of in-house reviews resulting in approval and payment of cash requests within 30 days of receipt

Goal B: Individuals receive quality services in safe community-based settings throughout the public mental health system

Objective B.1 Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards.

Outcome: Increase the number of approved and certified community-based service delivery agencies

Strategy B.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision.

Output: Number of interested provider agencies participating in interested provider orientation

Efficiency: % of interested provider agencies that complete the application process for certification

Efficiency: % of applications approved by DMH for new provider certification

Strategy B.1.2 Conduct certification reviews of DMH certified provider agencies to ensure compliance with state standards

Output: Number of on-site reviews conducted for DMH certified provider agencies

Efficiency: % of provider agencies with negative action taken towards certification as a result of DMH review

Efficiency: % of provider plans of compliance approved by DMH

Objective B.2 Operate referral and grievance reporting system and conduct subsequent investigations to ensure individuals receiving community-

based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

Outcome: Number of grievances received through the Office of Consumer Support

Strategy B.2.1 Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies

Output: Number of grievances resolved within 30 days of filing

Efficiency: Average length of time for grievance resolution

Explanatory: Grievance issues unrelated to DMH's authority for resolution will result in referral to other entities

Objective B.3 Operate serious incident reporting system and conduct subsequent investigations to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation

Outcome: Number of serious incident reports received

Strategy B.3.1 Triage all serious incident reports submitted to DMH to determine compliance with DMH reporting standards and state mandated reporting requirements

Output: % of serious incident reports triaged that DMH required corrective action

Efficiency: Average staff time per serious incident reported to DMH spent triaging and investigating incident

Explanatory: Not all serious incidents will require corrective action

Mississippi Department of Mental Health

Central Office (371-01)

Five-Year Strategic Plan

Fiscal Years 2019 – 2023

1. Mission Statement

Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance use disorders and intellectual/developmental disabilities, one person at a time.

Vision Statement

We envision a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports.

A better tomorrow exists when…

- All Mississippians have equal access to quality mental health care, services and supports in their communities.
- People actively participate in designing services.
- The stigma surrounding mental illness, intellectual/developmental disabilities, substance use disorders and dementia has disappeared.
- Research, outcome measures, and technology are routinely utilized to enhance prevention, care, services, and supports.

2. Philosophy

The Mississippi Department of Mental Health (DMH) is committed to developing and maintaining a comprehensive, statewide system of prevention, service, and support options for adults and children with mental illness or emotional disturbance, substance use disorders, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia. DMH supports the philosophy of making available a comprehensive system of services and supports so that individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs. Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individuals' needs can be met with less intensive or least restrictive levels of care as close to their homes and

communities as possible. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented.

Core Values

People We believe people are the focus of the public mental health system. We respect the dignity of each person and value their participation in the design, choice and provision of services to meet their unique needs.

Community We believe that community-based service and support options should be available and easily accessible in the communities where people live. We believe that services and support options should be designed to meet the particular needs of the person.

Commitment We believe in the people we serve, our vision and mission, our workforce, and the community-at-large. We are committed to assisting people in improving their mental health, quality of life, and their acceptance and participation in the community.

Excellence We believe services and supports must be provided in an ethical manner, meet established outcome measures, and are based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

Accountability We believe it is our responsibility to be good stewards in the efficient and effective use of all human, fiscal, and material resources. We are dedicated to the continuous evaluation and improvement of the public mental health system.

Collaboration We believe that services and supports are the shared responsibility of state and local governments, communities, family members, and service providers. Through open communication, we continuously build relationships and partnerships with the people and families we serve, communities, governmental/nongovernmental entities and other service providers to meet the needs of people and their families.

Integrity We believe the public mental health system should act in an ethical, trustworthy, and transparent manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

Awareness We believe awareness, education, and other prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

Innovation We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

Respect We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the public mental health system.

3. Relevant Statewide Goals and Benchmarks

Statewide Goal: To protect Mississippians from risks to public health and to provide them with the health-related information and access to quality healthcare necessary to increase the length and quality of their lives.

Relevant Benchmarks:

- Percentage of population lacking access to mental health care
- Percentage of population lacking access to community-based mental health care
- Percentage of people receiving mental health crisis services who were treated at community mental health centers (versus in an institutional setting)
- Average length of time from mental health crisis to receipt of community mental health crisis service
- Percentage of DMH clients served in the community versus in an institutional setting
- Percentage of DMH institutionalized clients who could be served in the community
- Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams
- Number of individuals on waiting list for home and community-based services

4. Overview of Five-Year Strategic Plan

The Mississippi Department of Mental Health's (DMH) Five-Year Strategic Plan depicts the direction the Department is taking to meet the goals and changing demands of mental health care in Mississippi. This year, DMH has focused on aligning the Board of Mental Health's FY18 – FY20 DMH Strategic Plan with the Five-Year Strategic Plan for the Legislative Budget Office while also taking into account the State of Mississippi's strategic plan, *Building a Better Mississippi*. DMH's agency-wide, three-year strategic plan is approved annually by the board and is the roadmap for directing more resources toward community-based services while still maintaining an acceptable and necessary level of inpatient care. The Plan is continually streamlined, thus putting needed changes into sharper focus and progress more impactful. The agency-wide Plan is available on the DMH website www.dmh.ms.gov.

The goals and objectives in the LBO Five-Year Strategic Plan will also guide DMH's actions in moving toward a community-based service system and are aligned with the agency-wide Plan. These goals and objectives are inclusive of the populations DMH is charged to serve, and services developed and/or provided will take into account the cultural and linguistic needs of these diverse populations. This Plan addresses DMH's need to build community-capacity while at the same time ensuring the health and welfare of people currently being served. The Plan emphasizes the development of new and expanded services in the priority areas of crisis services, housing, supported employment, long-term community supports and other specialized services to help individuals transition from institutions to the community. The Plan includes a section on services for children and youth including MAP Teams and Wraparound Facilitation to help individuals stay in their community and avoid hospitalization.

The Department of Justice (DOJ) began a review of the Mississippi Department of Mental Health in June of 2011. The focus of the review was to determine Mississippi's compliance with relevant provisions of the Olmstead decision and the Americans with Disabilities Act (ADA). Additional funds will be requested in future fiscal years to continue the efforts to expand the capacity for community-based services. These additional funds will help the State move forward with more community placement of individuals through expanding services provided by community service providers. Many of the outcomes in the Five-Year Strategic Plan address DOJ concerns.

In July 2017, DMH announced steps to consolidate various aspects of its programs in an effort to reduce administrative overhead while continuing to deliver quality services to Mississippians in need.

The department's six programs for mental health services will be consolidated under the umbrellas of two of its current programs, Mississippi State Hospital and East Mississippi State Hospital. Specialized Treatment Facility will become a satellite program of Mississippi State Hospital, while North Mississippi State Hospital, South Mississippi State Hospital, and Central Mississippi Residential Center will become satellite programs of East Mississippi State Hospital in Meridian. This is similar to a consolidation in 2015 when the Mississippi Adolescent Center became a satellite program under Boswell Regional Center. After the consolidation, the two programs were able to reduce expenditures in personal services by sharing staff including maintenance and administrative, and the merging of electronic health records.

Another factor in FY18, is the federal requirement to comply with the Centers for Medicaid and Medicare Services (CMS) HCBS Final Rule regarding Conflict Free Case Management. Ultimately, this means that DMH can no longer be a provider of ID/DD Waiver services and conduct Support Coordination for people receiving ID/DD Waiver services. CMS will not allow the ID/DD Waiver to continue if DMH does not implement Conflict Free Case Management.

To address this issue, DMH will continue to provide Support Coordination services and no longer be a provider of all other ID/DD Waiver services to people enrolled in the program. DMH believes the function of Support Coordination falls within the mission of the agency. Support Coordination is responsible for coordinating and monitoring all services a person on the ID/DD Waiver receives to ensure services meet the needs of the person including protecting their health and welfare. By maintaining Support Coordination, DMH will be able to monitor the quality and quantity of services a person receives.

Even as the agency receives budget cuts, DMH's focus will remain on building up direct services in the community to ensure capacity is available to reduce the reliance on inpatient institutional services. Many of the outcomes in this plan speaks to the progress being made.

5. External and Internal Assessment

- Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.
- Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.
- Changes to Medicaid and other third-party payment sources, particularly in "Managed Care" initiatives.
- Implementation of Electronic Health Records in both funding and manpower.
- Availability of state general funds and federal funds could impact services and the implementation of some projects.
- Increase in demand for services from persons with mental illness, intellectual and developmental disabilities, and substance use disorders.
- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- Community acceptance vs. stigma for further inclusion through partnerships, visibility and employment.
- Availability of community discharge placement options.

5A. Internal Management System Used to Evaluate Agency's Performance

The Department of Mental Health has implemented a management system to ensure compliance with applicable standards in the delivery of quality services that includes:

- Bi-annual reporting on the agency's strategic plan to the Board of Mental Health. Progress reports are posted on the DMH website along with a quarterly highlights flyer.
- Monthly Executive Staff Meeting with attendance by program directors and bureau directors to disseminate and receive relevant information
- Every other month Board of Mental Health meeting, with attendance by selected staff on an as needed basis, to ensure compliance with board priorities and directives
- Preparation of Board approved policies and procedures manuals, and adherence thereto
- Regularly scheduled audits
- Regularly scheduled site certification and monitoring visits

- Various committees at program locations – example: Human Rights Committee, Quality Assurance/Performance Improvement Committee, etc.
- Executive and Board review and approval of budget submissions
- External reviews by Joint Commission on Accreditation of Healthcare Organizations, State Board of Health, State Department of Audit, Mississippi Protection and Advocacy, and other organizations
- Ongoing improvements to management information systems, including both financial and operational data
- Adoption by the Board, during calendar year 2009 and updated annually since, of a DMH Strategic Plan to emphasize community-based services

6. Agency Goals, Objectives, Strategies, and Measures

Mental Health Services

Goal A: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care for adults

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of DMH clients served in the community versus in an institutional setting; Average length time from mental health crisis to receipt of community mental health crisis service; Percentage of people receiving mental health crisis services who were treated at community mental health centers (versus in an institutional setting)

Objective A.1 Provide a comprehensive, person-centered and recovery-oriented system of community supports for persons transitioning and/or living in the community and prevent out-of-home placements

Outcome: Average length time from mental health crisis to receipt of community mental health crisis service

Outcome: Percentage of population lacking access to community-based mental health care

Outcome: Percentage of DMH clients served in the community versus in an institutional setting

Outcome: Increase by at least 25% the utilization of alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment

Outcome: Expand employment options for adults with serious and persistent mental illness to employ an additional 75 individuals

Outcome: Increase the number employed through Supported Employment sites
Outcome: Increase access to crisis services by tracking the number of calls to Mobile Crisis Response Teams
Outcome: Increase the number of Certified Peer Support Specialists in the State

Strategy A.1.1 Utilize PACT Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services

Output: Number served by PACT Team in MS as an alternative treatment option for individuals that have had multiple hospitalizations
Output: Number of admissions to PACT teams
Efficiency: Number of diversions from more restrictive placement
Efficiency: Cost of operation of PACT Teams
Explanatory: There is a fixed cost associated with PACT teams whether they serve five or 50

Strategy A.1.2 Fund four pilot employment sites for individuals with SMI

Output: Number of individuals employed through supported employment
Efficiency: Cost of each pilot site
Efficiency: Average cost per person served at pilot sites
Explanatory: Partner with DOM to develop a 1915 (i) waiver to include employment for SMI

Strategy A.1.3 Evaluate Mobile Crisis Response Teams based on defined performance indicators

Output: Number of calls to Mobile Crisis Response Teams
Output: Number of face-to-face visits
Output: Number referred to a Community Mental Health Center and scheduled an appointment
Output: Number diverted from a more restrictive environment
Efficiency: Average cost per response by Mobile Crisis Response Teams
Explanatory: Utilization due to public awareness

Crisis Stabilization Units

Goal A: To provide access to crisis stabilization services to all populations served by DMH

Objective A.1 Provide crisis stabilization services before an individual becomes so acutely ill that hospitalization is required

Outcome: Increase the utilization of Crisis Stabilization Units by admissions

Outcome: Increase the diversion rate of admissions to state hospitals through the Crisis Stabilization Units

Outcome: Decrease the number of involuntary admissions

Outcome: Increase the number of voluntary admissions

Strategy A.1.1 Evaluate Crisis Stabilization Units based on defined performance indicators

Output: Diversion rate of admissions to state hospitals

Output: Average length of stay

Output: Number of admissions

Output: Number of involuntary admissions

Output: Number of voluntary admissions

Efficiency: Average cost per operation of Crisis Stabilization Units

Explanatory: Need may increase due to awareness or may decrease because of people served on PACT Teams

Children and Youth Services

Goal A: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care for children and youth

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams

Objective A.1 Provide a comprehensive, person-centered and recovery-oriented system of community supports for persons transitioning to the community and to prevent out-of-home placements

Outcome: Increase the number of children and youth that are served by MAP teams

Outcome: Increase the statewide use of Wraparound Facilitation with children and youth

Outcome: Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams

Strategy A.1.1 Utilize MAP Teams to help serve children and youth in their community and prevent unnecessary institutionalizations

Output: Number of MAP teams

Output: Number served by MAP teams

Efficiency: Cost of operation of MAP teams; Average cost per child for MAP services

Strategy A.1.2 Evaluate the utilization and practice of Wraparound Facilitation for children and youth with SED

Output: Number of individuals that have been trained in Wraparound Facilitation

Output: Number of providers that utilize Wraparound Facilitation

Output: Number of children and youth that are served by Wraparound Facilitation

Output: Number of youth that received Wraparound Facilitation that were diverted from a more restrictive placement

Efficiency: Cost analysis of Wraparound Facilitation per each child served

IDD Services

Goal A: To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through the ID/DD Waiver

Relevant Statewide Goals: Number of individuals on waiting list for home and community-based services; Percentage of DMH institutionalized clients who could be served in the community; Percentage of DMH clients served in the community versus in an institutional setting

Objective A.1: Provide community supports and services for persons through the ID/DD Waiver

Outcome: Increase number of people enrolled in the ID/DD Waiver

Outcome: Number of individuals on waiting list for home and community-based services

Outcome: Percentage of DMH institutionalized clients who could be served in the community

Outcome: Percentage of DMH clients served in the community versus in an institutional setting

Strategy A.1.1: Ensure people transitioning to the community have appropriate supports and services

Output: Number of people transitioned to community waiver home/apartment

Output: Number of people transitioned home with waiver supports

Output: Number of people added from planning list to ID/DD Waiver services

Output: Number of persons receiving ID/DD Waiver crisis support services

Output: Number of persons receiving ID/DD waiver support coordination services

Efficiency: Percentage of people who transitioned to community waiver home/apartment

Efficiency: Percentage of people who transitioned to home with waiver supports

Efficiency: Cost per day of ID/DD Waiver crisis support services

Efficiency: Cost per unit of ID/DD Waiver Support Coordination services

Explanatory: Resources and reimbursement rates affecting services and support options

Explanatory: Number of emergency admissions

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community; Pending implementation of the Rate Study

Alcohol and Drug Services (3% Alcohol Tax)

Goal A: To increase access to community-based care and supports through a network of service providers that are committed to a person-centered and recovery-oriented system of care for adults with substance use disorders

Objective A.1 Utilize the Three Percent Alcohol Tax to maintain a statewide network of community-based substance use disorder treatment services

Outcome: Maintain an array of community-based providers offering services for the treatment of substance use disorders

Outcome: Maintain the current level of detox services that are provided for the treatment of substance use disorders

Strategy A.1.1 Supplement funding provided to DMH certified substance use disorder treatment programs

Output: Number of grants provided to community-based organizations for the provision of residential substance use disorder treatment

Output: Number of residential beds made available statewide due to the Three Percent Tax supplements

Output: Number receiving residential substance use disorder treatment

Output: Amount of funding spent on withdrawal management services

Output: Number of Recovery Support Services grants provided to community-based organizations

Efficiency: Percent of total treatment funding provided by 3 percent tax supplement

Strategy A.1.2 Provide detox services to increase the successful treatment for people with substance use disorders

Output: Number of days reimbursed

Output: Number served through detox

Output: Number of individuals who complete detox and continue on to a 30-day treatment program

Service Management

Goal A: To increase access to supports and services for individuals seeking community-based treatment through the administration and management of grant funding for children with serious emotional disturbances, individuals with intellectual disabilities, individuals with alcohol and drug addiction disorders, individuals with serious mental illness and individuals with Alzheimer's disease and other dementia

Relevant Statewide Goals: Percentage of population lacking access to community-based mental health care; Percentage of population lacking access to mental health care; Percentage of DMH clients served in the community versus in an institutional setting;

Objective A.1 Provide oversight, technical assistance, and management of grant funding for children with serious emotional disturbances, individuals with intellectual disabilities, individuals with alcohol and drug addiction disorders, individuals with serious mental illness and individuals with Alzheimer's disease and other dementia.

Outcome: Ensure funding for community-based services through the number of grants administered

Strategy A.1.1 Conduct on-site financial reviews of service providers receiving federal and state grant funding through the Department of Mental Health

Output: Number of on-site reviews conducted by the Division of Audit

Efficiency: Percentage of grant reviews resulting in a 5% error rate or below

Strategy A.1.2 Conduct in-house financial reviews of service providers receiving federal and state grant funding through the Department of Mental Health.

Output: Number of in-house reviews of cash requests conducted by the Division of Audit and the Division of Fiscal Services

Efficiency: Percentage of in-house reviews resulting in approval and payment of cash requests within 30 days of receipt

Goal B: Individuals receive quality services in safe community-based settings throughout the public mental health system

Objective B.1 Provide initial and ongoing certification services to ensure community-based service delivery agencies making up the public mental health system comply with state standards.

Outcome: Increase the number of approved and certified community-based service delivery agencies

Strategy B.1.1 Provide interested provider orientation to educate agencies seeking DMH certification on the requirements for certification and service provision.

Output: Number of interested provider agencies participating in interested provider orientation

Efficiency: % of interested provider agencies that complete the application process for certification

Efficiency: % of applications approved by DMH for new provider certification

Strategy B.1.2 Conduct certification reviews of DMH certified provider agencies to ensure compliance with state standards

Output: Number of on-site reviews conducted for DMH certified provider agencies

Efficiency: % of provider agencies with negative action taken towards certification as a result of DMH review

Efficiency: % of provider plans of compliance approved by DMH

Objective B.2 Operate referral and grievance reporting system and conduct subsequent investigations to ensure individuals receiving community-based services through the public mental health system have an objective avenue for accessing services and resolution of grievances related to services needed and/or provided

Outcome: Number of grievances received through the Office of Consumer Support

Strategy B.2.1 Make toll-free number available to individuals receiving services through the public mental health system and other stakeholders to seek information and/or referral and file grievances related to services provided by DMH certified provider agencies

Output: Number of grievances resolved within 30 days of filing

Efficiency: Average length of time for grievance resolution
Explanatory: Grievance issues unrelated to DMH's authority for resolution will result in referral to other entities

Objective B.3 Operate serious incident reporting system and conduct subsequent investigations to ensure individuals receiving services through the public mental health system are protected from abuse, neglect or exploitation
Outcome: Number of serious incident reports received

Strategy B.3.1 Triage all serious incident reports submitted to DMH to determine compliance with DMH reporting standards and state mandated reporting requirements
Output: % of serious incident reports triaged that DMH required corrective action
Efficiency: Average staff time per serious incident reported to DMH spent triaging and investigating incident
Explanatory: Not all serious incidents will require corrective action

EAST MISSISSIPPI STATE HOSPITAL

FIVE YEAR STRATEGIC PLAN

FOR THE FISCAL YEARS 2019-2023

Charles Carlisle, Hospital Director

P.O Box 4128 West Station,
Meridian, MS 39304-4128

Mississippi Department of Mental Health

1. Mission Statement:

The mission of East Mississippi State Hospital (EMSH) is to provide the highest level of health care services through integrated behavioral health programs.

The mission of North Mississippi State Hospital (NMSH) is to provide the highest quality acute psychiatric care for Mississippi adults in the process of recovery.

The mission of South Mississippi State Hospital (SMSH) is to provide the highest quality acute psychiatric care for adults who live in south Mississippi.

The mission of Central Mississippi Residential Center (CMRC) is to provide a seamless, integrated continuum of mental health services, in a community setting, minimizing the need for hospitalization or long-term placement.

2. Vision Statement:

The vision of EMSH's consolidated behavioral health programs (NMSH, SMSH and CMRC) is to be a leader in partnering with a coordinated network of recovery-oriented community based services and supports that is person-centered and builds on the strengths and resilience of consumers, families, and communities to achieve improved health, wellness and quality of life for those with mental and substance use disorders in the State of Mississippi.

3. Philosophy

EMSH's consolidated behavioral health programs (NMSH, SMSH and CMRC) are committed to providing compassionate healthcare services which are client-driven, recovery and evidence-based, multi-faceted, and person-centered in an environment that promotes personal growth and change.

We are dedicated to preventing and/or reducing the unnecessary use of inpatient or institutional services when consumers' needs can be met with less intensive levels of care as close to their homes and communities as possible. Trust is fostered with consumers and their families when we treat them with dignity, respect and honesty.

3. Relevant Statewide Goals and Benchmarks

Statewide Goal #1: To protect Mississippians from risks to public health and to provide them with the health–related information and access to quality behavioral care necessary to increase the length and quality of their lives.

Relevant Benchmark 1

- Percentage of population lacking access to behavioral healthcare

Relevant Benchmark 2

- Percentage of population lacking access to community-based behavioral healthcare

Relevant Benchmark 3

- Percentage of Mississippi Department of Mental Health clients served in the community versus in an institutional setting

Relevant Benchmark 4

- Percentage of Department of Mental Health consumers institutionalized who could be better served in the community

4. Overview of the Agency 5-year Strategic Plan:

In July 2017, the Mississippi Department of Mental Health announced steps to consolidate various aspects of its programs in an effort to reduce administrative overhead while continuing to deliver quality services to Mississippians in need. North Mississippi State Hospital, South Mississippi State Hospital, and Central Mississippi Residential Center are now satellite programs of East Mississippi State Hospital in Meridian. This is similar to a consolidation in FY17 when the Mississippi Adolescent Center became a satellite program under Boswell Regional Center.

This reorganization will allow the programs to have the ability to share administrative staff and resources. This is a streamlining of backroom operations and will not impact the delivery of services to people in need at these programs. DMH will be able to accomplish this streamlining of administrative services through attrition, retirements, and the elimination of vacant positions. Streamlining is already occurring and includes programs sharing staff instead of replacing positions that become vacant such as human resources, billing, and other support functions.

The performance measures in EMSH's 5-Year Strategic Plan include measures for the satellite programs. They are a description of the organizational, multidisciplinary, and systematic performance improvement functions designed to support the mission, values, and philosophy of the behavioral health programs. The intent of the performance measures is to identify our systematic approach to improving and sustaining performance through the prioritization, design, implementation, monitoring, and analysis of performance improvement initiatives. The performance measures, with total support of leadership, will utilize databases in an ongoing effort to design, measure, assess, and improve our consolidated behavioral health programs.

The performance measures will also demonstrate measurable improvement in indicators for which there is evidence that they will improve care and outcomes. In accordance with the policies and procedures of each behavioral health program and the standards of the Mississippi Department of Mental Health, Mississippi Department of Health, Centers for

Medicare and Medicaid Services and Joint Commission, the consolidated behavioral health programs established expectations include but are not limited to:

1. Establish a recovery-oriented, person-centered system of care that will help achieve a balance between effective care and efficient use of the continuum of care by providing quality behavioral health care services for those who experience mental and substance use disorders.

2. Provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to our integrated behavioral health programs.

3. Maintain timely access to compassionate care for individuals with mental and substance use disorders through community awareness efforts as well as interaction and participation with family members, consumers, and community providers with a focus on self-advocacy, resiliency and a recovery-oriented system of care.

4. Utilize available community mental health programs to enhance the transition process of individuals to a less restrictive environment, with emphasis on individuals with history of readmissions who have not benefited from traditional outpatient services.

5. Utilize data management to enhance decision making and service delivery.

Most of the program planning over the next five years will go toward successful discharges of the people served to the best possible place for their continued mental health. Work will continue to assure that readmission rates decrease and that success in the community setting increases.

5. Agency's External/Internal Assessment

External Assessment

- Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.

- Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.

- Changes to Medicaid and other third-party payment sources, particularly in "Managed Care" initiatives.

- Implementation of Electronic Health Records in both funding and manpower.

- Availability of state general funds and federal funds could impede the implementation of some projects.

- Increase in demand for services from persons with mental illness, intellectual and developmental disabilities, and substance use disorders.

- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.

- Community acceptance vs. stigma for further inclusion through partnerships, visibility and employment.

- Changes in commitment laws and procedures and increases in demand for mental health services by the public and the judicial system.

- New developments and advances in psychotropic medications.

- Availability of trained professionals and work pool affecting the efforts of the hospital to meet standards set by Joint Commission.

- Availability of community discharge placement options.

Internal Assessment

- Monthly Administrative Management Council (AMC) meetings with attendance by local governing body to disseminate and receive relevant information.

- Program directors attend Executive Staff meetings and Board of Mental Health meetings, with attendance by selected staff on an as needed basis, to ensure compliance with priorities and directives.

- Preparation of and adherence to policies and procedures manuals approved by AMC.

- Regularly scheduled audits.

- Various committees – example: Human Rights Committee, Quality Assurance/Performance Improvement Committee, etc.

- External reviews by Joint Commission on Accreditation of Healthcare Organizations, State Board of Health, State Department of Audit, Disability Rights Mississippi, and other organizations.

- Ongoing improvements to management information systems, including both financial and operational data.

5.2 Internal Management System Used to Evaluate Performance

The Mississippi Department of Mental Health 5-Year Strategic Plan is utilized to establish and evaluate the on-going direction of the agency. The strategic plan's goals and objectives are objectively defined and reporting mechanisms are in place to internally monitor performance at each behavioral health program.

In order to ensure effective treatment programming and efficient overall operations, quality of care, utilization of resources, achievement of goals and objectives, and continuous performance improvement measures are presented monthly to the Internal Governing Boards of each behavioral program. Plans of Corrections are initiated internally to address any concerns and/or deficiencies.

Mississippi Department of Mental Health's Executive Director and Bureau Directors hold monthly meetings with the program directors to assess operations and identify how well the programs are meeting the needs of Mississippians served. This information, in turn, is presented during the Mississippi Department of Mental Health Board bi-monthly meetings.

6. Goals, Objectives, Strategies and Measures by Program for FY 2019 - FY 2023

Program: East Mississippi State Hospital – Institutional

Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at East Mississippi State Hospital.

Objective A.1 Enhance the effectiveness and efficiency of state hospital services

Outcome: Maintain a 90 percent occupancy percentage of inpatient beds by service of civilly committed individuals (occupancy percentage is filled beds compared to capacity).
Outcome: Maintain readmission rates within national trends.

Strategy A.1.1: Conduct daily meetings with the Hospital Director, Hospital Administrators and Admission Directors to review available beds, number of commitments and waiting lists.

Strategy A.1.2: Develop quarterly report by service outlining occupancy percentage by service.

Output: Number served at East Mississippi State Hospital
Output: % of occupancy – Acute Psychiatric Care
Output: % of occupancy – Nursing Facilities

Output: % of occupancy – Transition Unit
Output: % of individuals readmitted between 0-59 days after discharge
Output: % of individuals readmitted between 60-89 days after discharge
Output: % of individuals readmitted between 90-119 days after discharge
Output: % of individuals readmitted after 120 days after discharge
Output: Average length of stay by service
Output: Number of individuals by service discharged to:

Private Residence or Other Residential (01, 05)
Homeless or homeless shelter (02, 03)
Court (04)
Group Home (06)
Personal Care Home (07)
Nursing Home (08, 09)
Institutional (10)
Community Program (12)
Halfway House (13)
Other (15, 90, 99)

Efficiency: Cost per person per day by service

Goal B: To utilize data management and technology to enhance decision making and service delivery

Objective B.1: To develop an Electronic Health Records system to improve services provided to individuals

Outcome: Implement the Electronic Health Records system

Strategy B.1.1: Report on Certified Physician Order Entry (CPOE) use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines

Output: Report on 30% or more of all unique individual receiving services with at least one medication seen by an Eligible Provider (EP) and have at least one medication order entered through CPOE

Strategy B.1.2: Report on permissible prescriptions electronically (eRx) generated and transmitted

Output: Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified Electronic Health Record Technology

Strategy B.1.3: Record individual receiving services demographics: preferred language, gender, race, ethnicity, date of birth

Output: More than 50% or more of all unique individual receiving services seen by EP have demographics recorded as structured data

Efficiency: Cost to implement Electronic Health Records System

Program: East Mississippi State Hospital – Community

Goal A: To support the development of relationships with other community-based service providers in an effort to offer a continuum of care for individual receiving services transitions need.

Objective A.1: To increase access to community-based care and supports through a network of service providers that are committed to a resiliency-and recovery-oriented system of care

Outcome: Increase the number of individuals with Serious Mental Illness (SMI) transitioning from institutional setting to community setting

Strategy A.1.1: Provision of transitional community living (group homes) services

Output: Total individuals served
Output: Percentage of individuals admitted from institution
Output: Percentage of discharges to alternative community setting
Output: Average length of stay
Output: Total days of service provided

Efficiency: Average cost per day of service provided
Efficiency: Occupancy rate of group homes

Explanatory: Number of conditional releases

Program: South Mississippi State Hospital

Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at South Mississippi State Hospital (SMSH).

Objective A.1: Enhance the effectiveness and efficiency of state hospital services.

Outcome: Maintain a 90 percent occupancy percentage of inpatient beds by service of civilly committed individuals (occupancy percentage is filled beds compared to capacity)

Outcome: Create an annual report analyzing occupancy percentage at SMSH including recommendations for future provision of services

Outcome: Maintain readmission rates within national trends.

Strategy A.1.1: Participate in weekly conference calls with all Program Directors and Admission Directors to review available beds, number of commitments and waiting lists

Strategy A.1.2: Develop quarterly report outlining occupancy percentage

Output: Number of individuals served
Output: % of occupancy – acute psychiatric care
Output: % of individuals readmitted between 0-59 days after discharge
Output: % of individuals readmitted between 60-89 days after discharge
Output: % of individuals readmitted between 90-119 days after discharge
Output: % of individuals readmitted between 120-365 days after discharge
Output: Average length of stay
Output: Number of individuals discharged to:

Private Residence or Other Residential (01, 05)
Homeless or homeless shelter (02, 03)
Court (04)
Group Home (06)
Personal Care Home (07)
Nursing Home (08, 09)
Institutional (10)
Community Program (12)
Halfway House (13)
Other (15, 90, 99)

Efficiency: Cost per person per day by service

Strategy A.1.3: Utilize Wellness Recovery Action Plans (WRAP) at SMSH.

Output: Number of staff trained in WRAP
Output: Number of WRAPs conducted

Objective A.2: Enhance the transition process of individuals to a less restrictive environment

Outcome: Increase the percentage of continuing care plans that are transmitted to the next level of care within five days of discharge

Outcome: Increase the number of individuals referred to a Program of Assertive Community Treatment (PACT) Team

Strategy A.2.2: Improve the efficiency of the discharge process by monitoring post discharge continuing care plans

Output: Number of individuals receiving service care plans that are transmitted to the next level of care within five days

Strategy A.2.3: Utilize PACT Teams to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services

Output: Number of referrals to PACT Teams

Goal B: To utilize data management and technology to enhance decision making and service delivery

Objective B.1: To develop an Electronic Health Records system to improve services provided to individuals

Outcome: Implement the Electronic Health Records system to meet current Meaningful Use requirements

Strategy B.1.1: Report on CPOE (Computerized Physician Order Entry) use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines

Output: Report on 30% or more of all patients with at least one medication seen by an EP (Eligible Professional) and have at least one medication order entered through CPOE

Strategy B.1.2: Report on permissible prescriptions electronically (eRx) generated and transmitted

Output: Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified EHR Technology

Strategy B.1.3: Record patient demographics: preferred language, gender, race, ethnicity, date of birth

Output: More than 50% of all patients have demographics recorded as structured data

Strategy B.1.4: Report changes and additions for the following vital signs: height, weight, blood pressure, calculate and display body mass index (BMI)

Output: More than 50% of all patients during the reporting period have height, weight and blood pressure recorded as structured data

Efficiency: Cost to implement Electronic Health Record

Program: North Mississippi State Hospital

Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at North Mississippi State Hospital

Objective A.1: Enhance the effectiveness and efficiency of state hospital services.

Outcome: Maintain 90% occupancy of inpatient beds by service of civilly committed individuals (filled beds compared to capacity).

Outcome: Maintain readmission rates within national trends.

Strategy A.1.1: Participate in weekly conference calls with Department of Mental Health Program Directors and Admission Directors to review available beds, number of commitments and waiting lists.

Strategy A.1.2: Develop quarterly report for Department of Mental Health providing occupancy percentages.

Output: Number of individuals served
Output: % of occupancy
Output: % of individuals readmitted between 0 – 59 days after discharge
Output: % of individuals readmitted between 60-89 days after discharge
Output: % of individuals readmitted between 90-119 days after discharge
Output: % of individuals readmitted after 120 days after discharge
Output: Average length of stay
Output: Number of individuals discharged to: private residence or other residential, Homeless or homeless shelter, court, group home, personal care home, nursing home, institutional, community program, halfway house, other

Efficiency: Cost per day

Strategy A.1.3: Utilize Wellness Recovery Action Plans (WRAP) by the end of FY18

Output: Number of staff trained in WRAP
Output: Number of WRAPS conducted

Efficiency: Reduction in readmissions

Strategy A.1.4: Educate Community Mental Health Care Centers on use of WRAP and integration of WRAP into supporting self-directed recovery.

Output: Number CMHC's received training

Strategy A.1.5: Utilize pre-discharge interviews to review follow-up care plans and WRAP's.

Output: Number of individuals and families interviewed pre-discharge
Output: Number of monthly discharges

Efficiency: Average number of discharges per month utilizing person-centered care planning.

Strategy A.1.6: Evaluate readmission rate.

Output: % of individuals readmitted between 0 – 59 days after discharge
Output: % of individuals readmitted between 60-89 days after discharge
Output: % of individuals readmitted between 90-119 days after discharge
Output: % of individuals readmitted after 120 days after discharge

Strategy A.1.7: Evaluate percentage of referrals to community mental health centers successfully transitioning from NMSH to the community.

Output: Number of referrals to community mental health centers.
Output: Number of referrals kept.

Efficiency: Average number of discharges per quarter keeping follow-up referrals.

Objective A.2: Enhance the transition of individuals to a less restrictive environment.

Outcome: Establish a pilot utilizing Peer Bridgers to improve the process for people transitioning from inpatient to community-based care.

Outcome: Increase the percentage of continuing care plans that are transmitted to the next level of care within five days of discharge.

Outcome: Increase the number of individuals referred to a Program of Assertive Community Treatment (PACT) Team.

Strategy A.2.1: Begin a pilot project with Peer Bridgers with Regions II, III and IV Community Mental Health Care Centers utilizing WRAP

Output: Number of Peer Bridgers
Output: Number of Peer Bridgers trained in WRAP
Output: Number of WRAPs conducted Pilot Site
Output: Number of readmissions at Pilot Site

Strategy A.2.2: Improve the efficiency of the discharge process by monitoring post discharge continuing care plans.

Output: Number of individuals receiving service care plans that are transmitted to the next level of care within five days.

Strategy A.2.3: Utilize PACT Teams to help individuals who have most severe and persistent mental illnesses and have not benefited from traditional outpatient services.

Output: Number of referrals to PACT Teams.

Goal B: To utilize data management and technology to enhance decision making and service delivery.

Objective B.1: To develop an Electronic Health Records system to improve services provided to individuals.

Outcome: Implement the Electronic Health Records system to meet current Meaningful Use requirements.

Strategy B.1.1: Report on CPOE use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines.

Output: Report on 30% or more of all unique patients with at least one medication seen by an EP and have at least one medication ordered entered through CPOE.

Efficiency: Cost to implement Electronic Health Records System

Strategy B.1.2: Report on permissible prescriptions electronically (eRx) generated and transmitted

Output: Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified EHR technology

Efficiency: Cost to implement Electronic Health Records System

Strategy B.1.3: Record patient demographics: preferred language, gender, race, ethnicity, date of birth

Output: More than 50% or more of all unique patients seen by EP have demographics recorded as structured data.

Efficiency: Cost to implement Electronic Health Records System

Objective B.2: Further implementation of KRONOS timekeeping system.

Outcome: Improve/enhance timekeeping and payroll records

Strategy B.2: Enhance implementation of electronic timekeeping system

Output: Number of hours worked per employee
Output: Number of hours utilized for time away from facility
Output: Number of late arrivals, no-shows, and days off

Efficiency: Number of hours per employee by time classification

Program: Central Mississippi Residential Center

Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at CMRC.

Objective A.1: To increase access to community-based care and supports through a network of service providers that are committed to a resiliency-and recovery-oriented system of care.

Outcome: Increase the number of individuals with Serious Mental Illness (SMI) transitioning from institutional setting to community setting

Strategy A.1.1: Provision of transitional community living (group homes and apartments) services.

Output: Total individuals served
Output: Number of discharges to alternative community setting
Output: Average length of stay
Output: Total days of service provided
Output: Occupancy rate of Community Living Program
Output: Number of Peer Specialist Staff employed at CMRC
Output: Number of CMRC staff trained in WRAP

Efficiency: Average cost per day of service provided

Explanatory: Number of Conditional Releases

Goal B: To utilize data management and technology to enhance decision making and service delivery

Objective B.1: To develop an Electronic Health Records system to improve services provided to individuals

Outcome: Implement the Electronic Health Records system to meet current Meaningful Use requirements

Strategy B.1.1: Report on CPOE use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines

Output: Report on 30% or more of all unique patients with at least one medication seen by an EP and have at least one medication order entered through CPOE

Efficiency: Cost to implement Electronic Health Records system

Strategy B.1.2: Report on permissible prescriptions electronically (eRx) generated and transmitted

Output: Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified EHR Technology

Efficiency: Cost to implement Electronic Health Records system

Strategy B.1.3: Record patient demographics: preferred language, gender, race, ethnicity, date of birth

Output: More than 50% or more of all unique patients seen by an EP have demographics recorded as structured data

Efficiency: Cost to implement Electronic Health Records system

Program: Overall Support Services

Goal A: To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency

Objective A.1: To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws

Outcome: Operating cost per bed day

Strategy A.1.1: Evaluate and audit programs/services based upon defined accounting procedures and practices

Output: Number of fiscal audits completed during the fiscal year

Efficiency: Support as a percent of total budget

Explanatory: Internal audits vs external audits

Objective A.2: To provide management of personnel services in compliance with State Personnel Board requirements and other governmental standards

Outcome: Total staff turnover rate

Outcome: Number of staff recruited through State Personnel Board

Strategy A.2.1: Provide administrative oversight to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover

Output: Percentage of vacancies
Output: Number of staff hired
Output: Number of staff training hours
Output: Number of staff separated from employment
Output: Overtime as percentage of total Salaries/Fringe Benefits

Efficiency: Percentage rate of staff trained
Efficiency: Percentage rate of employee turnover

Explanatory: Availability of qualified staff
Explanatory: Abolishment of state service positions
*Explanatory***:** Increase usage of contractual services and staff

Objective A.3: To ensure compliance with state and federal licensing and certification

Outcome: Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health and MS Department of Education (MDE and IDEA)

Strategy AC.3.1: Provide administrative oversight and evaluate compliance of standards

Strategy A.3.2: Provide staff training to ensure regulatory adherence

Output: Number of staff trained
Output: Number of licensure and certification audits/reviews

Efficiency: Percentage of programs in compliance with regulatory requirements

Explanatory: Changes to regulatory requirements and standards

Mental Health -

MISSISSIPPI STATE HOSPITAL

(374-00)

5-YEAR STRATEGIC PLAN
FISCAL YEARS 2019 - 2023

1. VISION

The vision of Mississippi State Hospital's consolidated behavioral health programs (MSH, STF) is mental wellness in every life, in every home, and in every community.

MISSION

The mission of Mississippi State Hospital (MSH) is to help the individuals we serve achieve mental wellness by encouraging hope, promoting safety, and supporting recovery while utilizing resources effectively.

The mission of the Specialized Treatment Facility (STF) is to promote and strengthen the mental health and education of adolescents who are experiencing behavioral difficulties in their homes, schools and communities.

2. PHILOSOPHY

Mississippi State Hospital's consolidated behavioral health programs (MSH, STF) are committed to providing quality inpatient mental health, nursing home and substance use treatment and care. Services follow established standards of treatment, are person-centered and recovery oriented. MSH strives to continuously improve the quality, safety and effectiveness of the services provided, and to implement evidence based and best treatment practices in all clinical programs. Services are designed to empower individuals in the recovery process to return to their home, school and/or community as resilient, productive, and healthy individuals.

3. RELEVANT STATEWIDE GOALS AND BENCHMARKS

STATEWIDE GOAL #1: To protect Mississippians from risks to public health and to provide them with the health related information and access to quality healthcare necessary to increase the length and quality of their lives.

RELEVANT BENCHMARK 1 :

- Percentage of population lacking access to mental health care

RELEVANT BENCHMARK 2:

- Percentage of population lacking access to community-based mental health care

4. OVERVIEW OF THE MISSISSIPPI STATE HOSPITAL 5-YEAR STRATEGIC PLAN

In July 2017, the Mississippi Department of Mental Health announced steps to consolidate various aspects of its programs in an effort to reduce administrative overhead while continuing to deliver quality services to Mississippians in need. The Specialized Treatment Facility is now a satellite program of Mississippi State Hospital at Whitfield. This is similar to a consolidation in FY17 when the Mississippi Adolescent Center became a satellite program under Boswell Regional Center.

Mississippi State Hospital is a behavioral health program that provides Male and Female Acute Psychiatric Services, Male and Female Continued Treatment Services, Child and Adolescent Psychiatric Services, Adolescent Substance Use Services, Forensics Services, and Nursing Home Services.

The Specialized Treatment Facility program prepares youth and their parent/guardian's to utilize community-based mental health care after discharge. STF encourages and monitors the buy-in of parents/guardians to engage with and to follow-up with recommended aftercare supports. STF utilizes evidenced-based and best-practice service models that are empirically proven to empower youth to manage their disruptive behaviors, past traumas, alcohol/drug abuses, education, and physical health. STF compares pre- and post-test assessment scores to ensure youth learn from the treatment models.

This reorganization will allow the programs to have the ability to share administrative staff and resources. This is a streamlining of backroom operations and will not impact the delivery of services to people in need at these programs. DMH will be able to accomplish this streamlining of administrative services through attrition, retirements, and the elimination of vacant positions. Streamlining includes programs sharing staff instead of replacing positions that become vacant such as human resources, billing, and other support functions.

The performance measures in MSH's 5-year Strategic Plan include measures for its satellite program (STF). They are a description of the organizational, multidisciplinary, and systematic performance improvement functions designed to support the mission, values, and philosophy of the behavioral health programs. The intent of the performance measures is to identify our systematic approach to improving and sustaining performance through the prioritization, design, implementation, monitoring, and analysis of performance improvement initiatives. The performance measures will utilize databases in an ongoing effort to design, measure, assess, and improve our consolidated behavioral health programs.

The performance measures will also demonstrate measurable improvement in indicators for which there is evidence that they will improve care and outcomes. In accordance with the policies and procedures of each behavioral health program and the standards of the Mississippi Department of Mental Health, Mississippi Department of Health, Centers for

Medicare and Medicaid Services, Mississippi Department of Education, and Joint Commission, the consolidated behavioral health programs goals include:

a. To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at Mississippi State Hospital and the Specialized Treatment Facility;
b. To ensure patients and residents receive quality services in safe settings and utilize information/data management to enhance decision making and service delivery;
c. To provide administrative oversight and management to effectively and efficiently administer services.

Over the next five years, the consolidated programs will continue to implement emerging evidence based and best treatment processes and track patient outcomes through data collection and analysis. The data will assist in identifying and utilizing resources for treatment processes that promote recovery and prevent re-hospitalization. Reducing recidivism allows the programs to use those resources to help other individuals needing acute inpatient care or adolescent psychiatric residential treatment. Successful discharges of the people served to the best possible place for their continued mental health ensures that success in the community increases.

Implementation of the electronic health record will significantly impact the continuity and quality of patient and resident care.

Stabilizing and managing the workforce, particularly the direct care workforce, is also essential for the delivery of safe and effective patient care. The hiring/training process for each direct care worker is estimated at $3500. Trained, skilled direct care workers who have established professional relationships with their peers and their patients create the best treatment teams and produce the best patient outcomes.

Monitoring of adherence to State Purchasing Laws, generally accepted accounting procedures, and compliance with state and federal licensing, certification and accreditation agencies assures the most effective and efficient use of state resources and allows for maximum benefit to the individuals we serve.

5. Agency's External/Internal Assessment

External Assessment

- Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.

- Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.

- Changes to Medicaid and other third-party payment sources, particularly in "Managed Care" initiatives.
- Implementation of Electronic Health Records in both funding and manpower.
- Availability of state general funds and federal funds could impact services and the implementation of some projects.
- Increase in demand for services from persons with mental illness and substance use disorders.
- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- Community acceptance vs. stigma for further inclusion through partnerships, visibility and employment.
- Changes in commitment laws and procedures and increases in demand for mental health services by the public and the judicial system.
- New developments and advances in psychotropic medications.
- Availability of trained professionals and work pool affecting the efforts of the hospital to meet standards set by Joint Commission.
- Availability of community discharge placement options.
- Aging and failing mechanical systems in many patient care areas need repair, renovation, or replacement. The environment of care significantly impacts the provision of patient care.

Internal Management

- Monthly Administrative Management Council (STF) meetings with attendance by local governing body to disseminate and receive relevant information.
- Monthly Executive Staff Meeting (MSH) with attendance by division directors to disseminate and receive relevant information.
- Attendance by selected staff at the Monthly Board of Mental Health meeting to ensure compliance with board priorities and directives.
- Preparation of approved policies and procedures manuals, and adherence thereto.

- Regularly scheduled audits.
- Various committees including: Human Rights, Ethics, Executive Steering, Quality Assurance/Performance Improvement, Infection Prevention, Risk Management, Safety, Pharmacy and Therapeutics, Electroconvulsive Treatment (ECT), Medical Records and Disaster Preparedness.
- Executive review and approval of budget submissions.
- External reviews by Joint Commission on Accreditation of Healthcare Organizations, State Board of Health, State Department of Audit, Mississippi Protection and Advocacy, the State Fire Marshal and other organizations.
- Ongoing improvements to management information systems, including both financial and operational data.
- Monitoring and review by unit treatment teams, an executive steering committee, and/or Administrative Management Council, as well as participation by front line staff ensure the integrity and continuity of the improvement process.
- Implementation of an annual internal audit plan.
- Adoption of an approved Strategic Plan, updated annually, emphasizing person-centered and recovery oriented treatment and care.

5.2 Internal Management System Used to Evaluate Agency's Performance

The Mississippi Department of Mental Health 5-Year Strategic Plan is utilized to establish and evaluate the on-going direction of the agency. The strategic plan's goals and objectives are objectively defined and reporting mechanisms are in place to internally monitor performance at each behavioral health program.

In order to ensure effective treatment programming and efficient overall operations, quality of care, utilization of resources, achievement of goals and objectives, and continuous performance improvement measures are presented monthly to the Internal Governing Boards of each behavioral program. Plan of Corrections are initiated internally to address any concerns and/or deficiencies.

Mississippi Department of Mental Health's Executive Director and Bureau Directors hold monthly meetings with the program directors to assess operations and identify how well the programs are meeting the needs of Mississippians served. This information, in turn, is presented during the Mississippi Department of Mental Health Board monthly meetings.

6. GOALS, OBJECTIVES, STRATEGIES, AND MEASURES (TACTICS) BY PROGRAM FOR FY 2019 THROUGH FY 2023:

Program: Mississippi State Hospital - Institutional

Goal A: To provide a comprehensive, person-centered and recovery-oriented system of care for individuals served at Mississippi State Hospital.

Objective A.1 Enhance the effectiveness and efficiency of state hospital services.

Outcome: Maintain a 90 percent occupancy percentage of inpatient beds by service of civilly committed individuals (occupancy percentage is filled beds compared to capacity)

Outcome: Create an annual report analyzing occupancy percentage at each Program by service including recommendations for future provision of services

Outcome: Maintain readmission rates within national trends.

Strategy A.1.1 Conduct weekly conference calls with DMH Program Directors and DMH Admission Directors to review available beds, number of commitments and waiting lists

Strategy A.1.2 Develop quarterly report by Program outlining occupancy percentage by service

Output: Total Individuals Served

Output: Number served by Acute Psychiatric

Output: Number served by Continued Treatment

Output: Number served by Child/Adolescent Psychiatric

Output: Number served by Chemical Dependency

Output: Number served by Whitfield Medical Surgical Hospital

Output: Number served by Forensics

Output: Number served by Jaquith Nursing Home

Output: % of occupancy – acute psychiatric care

Output: % of occupancy – continued treatment

Output: % of occupancy – MSH medical surgical hospital

Output: % of occupancy – chemical dependency

Output: % of occupancy – nursing homes

Output: % of occupancy – children/adolescents

Output: % of occupancy – forensics

Output: Total All services % of individuals readmitted between 0-59 days after discharge

Output: Male Receiving % of individuals readmitted between 0-59 days after discharge

Output: Female Receiving % of individuals readmitted between 0-59 days after discharge

Output: Oak Circle Center % of individuals readmitted between 0-59 days after discharge

Output: Total All Services % of individuals readmitted between 60-89 days after discharge

Output: Male Receiving % of individuals readmitted between 60-89 days after discharge

Output: Female Receiving % of individuals readmitted between 60-89 days after discharge

Output: Oak Circle Center % of individuals readmitted between 60-89 days after discharge

Output: Total All Services % of individuals readmitted between 90-119 days after discharge

Output: Male Receiving % of individuals readmitted between 90-119 days after discharge

Output: Female Receiving % of individuals readmitted between 90-119 days after discharge

Output: Oak Circle Center % of individuals readmitted between 90-119 days after discharge

Output: Total All Services % of individuals readmitted after 120 – 365 days after discharge

Output: Male Receiving % of individuals readmitted after 120 – 365 days after discharge

Output: Female Receiving % of individuals readmitted after 120 – 365 days after discharge

Output: Oak Circle Center % of individuals readmitted after 120 – 365 days after discharge

Output: Total All Services Average length of stay by service (including outliers and discharged during timeframe)

Output: Acute Psychiatric Average length of stay (including outliers and discharged during timeframe)

Output: Continued Treatment Average length of stay (including outliers and discharged during timeframe)

Output: Child/Adolescent Average length of stay (including outliers and discharged during timeframe)

Output: Chemical Dependency Average length of stay (including outliers and discharged during timeframe)

Output: Medical Surgical Hospital Average length of stay (including outliers and discharged during timeframe)

Output: Acute Psychiatric Average length of stay (including outliers and discharged during timeframe)

Output: Forensics Average length of stay (including outliers and discharged during timeframe)

Output: Jaquith Nursing Home Average length of stay (including outliers and discharged during timeframe)

Output: Number of individuals by service discharged to:

Private Residence or Other Residential (01, 05)

Male Receiving
Female Receiving
Oak Circle Center
Forensics
Continued Treatment Service

Homeless or homeless shelter (02, 03)
- *Male Receiving*
- *Female Receiving*
- *Oak Circle Center*
- *Forensics*
- *Continued Treatment Service*

Court (04)
- *Male Receiving*
- *Female Receiving*
- *Oak Circle Center*
- *Forensics*
- *Continued Treatment Service*

Group Home (06)
- *Male Receiving*
- *Female Receiving*
- *Oak Circle Center*
- *Forensics*
- *Continued Treatment Service*

Personal Care Home (07)
- *Male Receiving*
- *Female Receiving*
- *Oak Circle Center*
- *Forensics*
- *Continued Treatment Service*

Nursing Home (08, 09)
- *Male Receiving*
- *Female Receiving*
- *Oak Circle Center*
- *Forensics*
- *Continued Treatment Service*

Institutional (10)
- *Male Receiving*
- *Female Receiving*
- *Oak Circle Center*
- *Forensics*
- *Continued Treatment Service*

Community Program (12)
Male Receiving
Female Receiving
Oak Circle Center
Forensics
Continued Treatment Service

Halfway House (13)
Male Receiving
Female Receiving
Oak Circle Center
Forensics
Continued Treatment Service

Other (15, 90, 99)
Male Receiving
Female Receiving
Oak Circle Center
Forensics
Continued Treatment Service

Efficiency: Cost per person per day by service (Total all services)

Efficiency: Cost per person per day Acute Psychiatric

Efficiency: Cost per person per day Continued Treatment

Efficiency: Cost per person per day Child Adolescent

Efficiency: Cost per person per day Chemical Dependency

Efficiency: Cost per person per day Forensics

Efficiency: Cost per person per day Jaquith Nursing Home

GOAL B: To utilize data management and technology to enhance decision making and service delivery

Objective B.1 To develop an Electronic Health Records system to improve services provided to individuals

Outcome: Implement the Electronic Health Records system to meet current Meaningful Use requirements

Strategy B.1.1: Report on CPOE use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines

Output: Report on 30% or more of all unique patients with at least one medication seen by an EP and have at least one medication order entered through CPOE

Strategy B.1.2: Report on permissible prescriptions electronically (eRx) generated and transmitted

Output: Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified EHR Technology

Strategy B.1.3.: Record patient demographics: preferred language, gender, race, ethnicity, date of birth

Output: More than 50% or more of all unique patients seen by EP have demographics recorded as structured data

Strategy B.1.4.: Report changes and additions for the following vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), and plot and display growth charts for children 2-20 years, including BMI

Output: More than 50% of all unique patients age 2 years or older seen by an EP during the reporting period have height, weight and blood pressure recorded as structured data

Efficiency: Cost to implement the Health Records system

Program: Specialized Treatment Facility – Institutional

GOAL A: To provide a comprehensive, person-centered and recovery-oriented system of care for children and youth served at the Specialized Treatment Facility.

Objective A.1.: To provide supportive wrap-around aftercare to youth as they transition from STF to the community.

Outcome: Increase youth successfully transitioned from the Specialized Treatment Facility to communities with supportive wrap-around aftercare.

Strategy A.1.1.: Educate parents/guardians of supportive wrap-around options so that families may choose via informed consent.

Output: Number of youth referred to MYPAC aftercare

Output: Number of youth referred to a local Community Mental Health Center aftercare

Output: Number of youth referred to a supportive aftercare provider other than MYPAC or a local Community Mental Health Center

Output: Number of youth actually transitioned to MYPAC aftercare

Output: Number of youth actually transitioned to a local Community Mental Health aftercare

Output: Number of youth who attended the Initial Intake with the referred local Community mental Health Center aftercare provider

Output: Number of youth who attended the first appointment after the Initial Intake with the referred local Community Mental Health aftercare provider

Efficiency: Cost per patient day

Explanatory: Number of youth's parents/guardians who deny wrap-around transition services

Strategy A.1.2.: Conduct discharge follow-up survey after 7 days and 30 days of transition to the community.

Output: Youth successful after 7 days of transition to the community

Output: Youth successful after 30 days of transition to the community

Efficiency: Cost per patient day

Explanatory: Number of youth's parents/guardians who fail to follow-up with recommended services

Objective A.2.: To provide psychiatric residential treatment at the Specialized Treatment Facility and education to youth that are in need of civil commitment by a youth court judge or chancellor. Miss Code Ann. 41-19-291.

Outcome: Decrease the need for youth to be treated in acute hospitals, detained in detention centers, or not receiving services at all.

Strategy A.2.1.: Evaluate referrals and admit youth to appropriately treat youth that may benefit from psychiatric residential treatment

Output: Number of individuals served (at DMH's inpatient behavioral health programs)

Output: Number of referrals on waiting list

Output: Number of referrals reviewed

Output: Number of referrals approved

Output: Number of referrals denied

Efficiency: Cost per patient day

Explanatory: Number of referrals approved but not admitted

GOAL B: To utilize data management and technology to enhance decision making and service delivery.

Objective B.1: To develop and electronic health records system to improve services provided to individuals.

Outcome: Implement the Electronic Health Records system to meet current Meaningful Use requirements

Strategy B.1.1: Report on CPOE use for medication orders entered by licensed healthcare professionals, who can write orders into medical records per state, local, and professional guidelines

Output: Report on 30% or more of all unique patients with at least one medication seen by an EP and have at least one medication order entered through CPOE

Strategy B.1.2: Report on permissible prescriptions electronically (eRx) generated and transmitted

Output: Report on 40% or more of all permissible prescriptions written by an EP during the reporting period are transmitted electronically using Certified EHR Technology

Strategy B.1.3.: Record patient demographics: preferred language, gender, race, ethnicity, date of birth

Output: More than 50% or more of all unique patients seen by EP have demographics recorded as structured data

Strategy B.1.4.: Report changes and additions for the following vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), and plot and display growth charts for children 2-20 years, including BMI

Output: More than 50% of all unique patients age 2 years or older seen by an EP during the reporting period have height, weight and blood pressure recorded as structured data

Efficiency: Cost to implement the Health Records system

PROGRAM: OVERALL SUPPORT SERVICES

GOAL A: To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency

Objective A.1. To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws

Outcome: Operating cost per bed day

Strategy A.1: Evaluate and audit programs/services based upon defined accounting procedures and practices

Output: Number of fiscal/property audits completed during the fiscal year

Efficiency: Support as a percent of total budget

Explanatory: Internal audits vs external audits

Objective A.2: To provide management of personnel services in compliance with State Personnel Board requirements and other regulating agencies

Outcome: Total staff turnover rate

Outcome: Number of staff recruited through SPB (registers pulled from SPB)

Strategy A.2.1: Provide administrative over site to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover

Output: Number of vacancies

Output: Percentage of Vacant Positions (June 30 of FY)

Output: Number of staff hired

Output: Number of staff training hours

Output: Number of staff separated from employment

Output: Overtime as percentage of total Salaries/Fringe budget

Efficiency: Percentage rate of staff trained

Efficiency: Percentage rate of employee turnover

Explanatory: Availability of qualified staff

Explanatory: Abolishment of state service positions

Explanatory: Increased usage of contractual services and staff

Strategy A.2.2: Provide administrative oversight to minimize CRITICAL SHORTAGE staff turnover (Critical Shortage staff defined as all client care support and direct care, ATT's, nurse practitioners, all physicians including dental, all nursing, all psychology, all police and all maintenance)

Output: Number of CRITICAL SHORTAGE employees at the beginning of the period

Output: Number of CRITICAL SHORTAGE employees at the end of the period

Output: Number of CRITICAL SHORTAGE separated employees during the period

Efficiency: CRITICAL SHORTAGE POSITIONS Annual Employee Turnover Rate

Explanatory: Percentage of employees separated within one year of service

Strategy A.2.3: Administer exit interview surveys with employees who are voluntarily terminating employment and utilize data to acquire more meaningful information regarding employment experience to identify areas for improvement

Output: Number of surveys completed

Output: Number of identified areas of improvement

Efficiency: Cost to implement identified improvements

Objective A.3: To ensure compliance with state and federal licensing, certification and accreditation

Outcome: Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health, CMS, Joint Commission, and MS Department of Education

Strategy A.3.1: Provide staff training to ensure regulatory adherence

Output: Number of staff trained

Output: Number of licensure and certification audits/reviews

Efficiency: Percentage of programs in compliance with regulatory requirements

Explanatory: Changes to regulatory requirements and standards

Boswell Regional Center

Mississippi Department of Mental Health

Five Year Strategic Plan for the Fiscal Years 2019-2023

382-00

1. Comprehensive Mission Statement

Boswell Regional Center began operation in July 1976 on the grounds of the old Mississippi State Tuberculosis Sanatorium. Authority for the establishment and operation for Boswell Regional Center was granted by Sections 41-19-201 through 41-19-213 of the Mississippi Code 1972 Annotated. The governing authority of Boswell Regional Center is the State Board of Mental of Health, as established effective July 1, 1974, (Mississippi Code 1972 Annotated, Section 41-4-1).

The mission of BRC is to offer specialized program options to Mississippians with Intellectual and Developmental Disabilities. These programs are designed to identify the necessary supports for successful community transition. With collaboration between the individual, family and community, dreams can become reality. The program seeks to provide an active habilitation program for each individual within a normalized and normalizing environment and to provide each individual the opportunity to live as interdependently as possible. Boswell Regional Center provides services to individuals in the State of Mississippi who are over the age of twenty-one and who have had an interdisciplinary evaluation completed at either Boswell Regional Center or one of the four sister facilities operated by the Department of Mental Health/Bureau of Intellectual Disabilities/Developmental Disabilities (ID/DD) that declares the individual to be eligible for services.

2. Philosophy and Values

We believe each person has his or her own dreams and goals.

The **philosophy** is to provide a person-centered approach to each individual being served. We believe in adapting to the needs of the people we support. Through communication with the individual and family, we arrange supports they need for a quality life and provide the appropriate services and supports they choose for themselves within the resources available. We work to provide specialized services that promote individual well-being and allowing them truly to thrive in a community setting where each individual's dreams can become reality.

The core values and guiding principles:

Commitment –Upholding BRC's mission is our covenant. As employees, we contract with each other to engage only in behaviors and decision making which promotes advancement towards our stated objectives.

Respect – BRC recognizes that all individuals are unique. We manifest this belief through our actions and attitudes, allowing for difference, building upon individual's strengths, and promoting personal choices.

Communication – BRC fosters active, open communication at all levels between all individuals involved in the development and continuation of services provided for our individuals. We strive to exchange information and develop dreams through a commitment to a true understanding, free of personal bias.

Responsibility – Each employee is accountable to the people who receive services, the other staff, the facility, and themselves. This accountability must impact upon each person's ability to act and make decisions, functions as a role model, implement all regulations and guidelines, and learn from mistakes and triumphs.

Loyalty – BRC believe that goals are achieved, expectations are advanced, and pride is instilled when we are dedicated to our established beliefs. We devote ourselves, steadfast in allegiance, to a unified effort of faithfulness and loyalty to our individuals and this facility, through our constant commitment to promote a positive message.

Trust – BRC promotes having faith in others to do the right thing.

Cooperation- BRC makes conscious, consistent efforts to work together toward reaching our goals through the interchange of ideas, policies, and procedures. We take initiative in furthering the partnership of individuals, family, staff, and community by promoting trust, support, understanding of objective, and sharing of resources.

3. Relevant Statewide Goals and Benchmarks

Statewide Goal #1:
To protect Mississippians from risks to public health and to provide them with the health-related information and access to quality healthcare necessary to increase the length and quality of their lives

Relevant Benchmarks #1:

- Percentage of Mississippi Department of Mental Health clients served in the community versus in an institutional setting
- Percentage of Mississippi Department of Mental Health institutionalized clients who could be served in the community

Statewide Goal #2:
To ensure that Mississippians are able to develop to their full potential by having their basic needs met, including the need for adequate food and shelter and a healthy, stable, and nurturing family environment or a competent and caring system of social support

Relevant Benchmarks #2:

- Percentage of the population of persons with a disability who are employed

4. Overview of the Agency 5-Year Strategic Plan

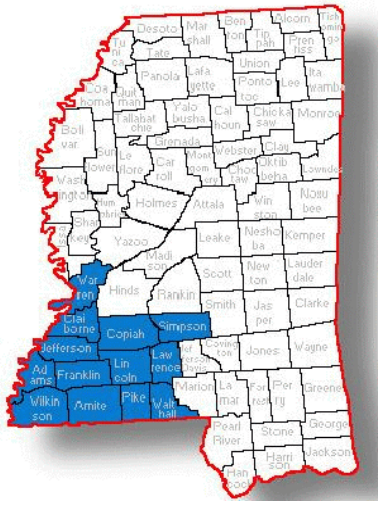
Boswell Regional Center began operation in July 1976 and during the first year of operation served seventy-six (76) individuals. Today (FY2018) the program provides various services to approximately four hundred (400) individuals in the community and residential services for up to one hundred ten (110) individuals on the main campus. To adapt to the State Wide Strategic Plan and comply with the Department of Mental Health Strategic Plan, through the years of FY2019 – FY2023, the number of individuals on campus will decrease to a census up to ninety (90) individuals. These individuals, along with others, will transition into community based programs. The main services include residential services, diagnostic and evaluation services, and home and community-based ID/DD services to as many as thirteen counties in Mississippi.

Boswell Regional Center has five major program components: The IDD – Institutional Care Program, the IDD – Group Home Program, the IDD – Community Program, the IDD – Mississippi Adolescent Center, and the IDD – Support Services Program. Through the four (4) programmatic services Boswell Regional Center provides an array of services such as, community based ICF/MR homes, developmental disability group homes, diagnostic and evaluation services, supported employment, day programs, and residential placement services to individuals across the State of Mississippi. The IDD – Support Services Program is responsible for the administrative oversight of the service components.

Senate Bill 2888 passed in the Regular Session of the 2016 Mississippi Legislature merged the Mississippi Adolescent Center with Boswell Regional Center. The Mississippi Adolescent Center will now be recognized as Program #5 for Fiscal Year 2017 and beyond.

The Mississippi Adolescent Center was created by the Mississippi Legislature in 1995 through Mississippi Code 41-21-109. The Mississippi Adolescent Center is located in Brookhaven, Mississippi. The MAC currently utilizes 36 beds and the program offers a self-contained, secure, therapeutic, family environment allowing adolescents with an intellectual or developmental disability to receive supports and services needed to live independently as possible. This facility was charged with providing services for Mississippi's adolescents with an intellectual or developmental disability needing family placement, are transferred from a sister facility and are in need of active treatment and training to prepare the clients for life in a less restrictive environment, while allowing the clients to develop to their maximum potential. Adolescents receive dietary, educational, medical, nursing, physical therapy, psychiatric, crisis support, psychological, recreational, social, and a variety of other treatments, life skills, and other needed supports and services. These services are provided 24 hours a day seven days a week.

In addition to residential training and habilitation, the Mississippi Adolescent Center offers follow-up/aftercare and family education services. It is our belief, as well as the belief of the Department of Mental Health, that all individuals are capable of learning and individual growth regardless of their physical or mental disabilities.



BRC provides diagnostic/evaluation services, and home/community based Intellectual Disabilities/Developmental Disabilities (ID/DD) services to as many as thirteen counties.

This plan will show the IDD-Institutional Care program continues to provide short term supports to people with significant behavior and health needs. The IDD- Community Program could show a slight decrease as private providers become certified to provide supports for FY 2019 – FY 2023. This plan mirrors the current and future focus of the Department of Mental Health in increasing community based services, as allowable. However, it should be noted that Boswell's campus program expects a future population of individuals with more behavior and health issues requiring more 1-to-1 supervision than in the past. The daily care of this population of individuals will be costlier than past or current populations.

Boswell Regional Center is dedicated to providing direct services at the highest level of quality and safety that meets the needs of the current participants as well as prospective individuals.

5. Agency's External/Internal Assessment

1) Significant changes in federal legislation may impact the type of licensed program deemed acceptable for individuals with developmental disabilities.
2) Economic indicators, the available labor pool, and demographic compensation variables may affect the agency's ability to recruit and retain needed staff and impact the job market and opportunities for employment.
3) It could be difficult to meet the staffing ratios required by the United States Justice Department and the ratios required for participation in the Medicaid Intermediate Care Facility for individuals who have a diagnosis of ID/DD and Home and Community Based Waiver Programs.
4) Delays could be a problem in opening new programs due to factors such as bidding processes, construction problems, legal issues and other related factors.
5) Failure to automate the programmatic aspect of the program resulting in the inability to meet the changing technological requirements in programming that is afforded by the use of computers.
6) Employment for persons with intellectual disabilities, especially in hard economic times, is very difficult.
7) Increased partnerships and greater visibility of Boswell Regional Center individuals served and increased services with community provides and community resources will assist in easier transition of individuals served into community settings.

8) Partnerships and visibility could also assist in finding more jobs, of competitive wages, for individuals served at Boswell Regional Center with capabilities to work in the community.
9) It takes time to increase community acceptance for further inclusion through partnerships, visibility, and employment to those being served.

6. Agency Goals, Objects, Strategies, Measures by Program for FY 2018 through FY 2022

Program 1: ICF/IID Institutional Care Program

Goal A: To provide a comprehensive person-centered system of care to people requiring specialized residential care.

Objective A.1: Implement and enhanced specialized person-centered services for individuals in need of medical, therapeutic and behavioral treatment in a specialized residential setting.

Outcome: To ensure 100% of those people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

Strategy A.1.1: Provide person-centered planning process to all individuals served within the specialized residential setting.

Output: Number of people served in residential IID programs.

Efficiency: Cost of patient bed days

Efficiency: Bed utilization rate

Explanatory: Amount of changes in State & Federal regulations.

Explanatory: Pending litigation and resources affecting services and support options.

Goal B: To increase access to community based care and supports for people with intellectual and /or developmental disabilities through a network of qualified service providers that are committed to a person-centered system of care.

Objective B.1: To provide a comprehensive person-centered system of community supports and services for people transitioning to the community from the institutional setting.

Outcome: Increase the number of people transitioning to the community from the ICF/IID Residential Programs by 5% each year.

Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting.

Strategy B.1.1: Ensure people transitioning to the community have appropriate supports and services.

Output: Number of people transitioned from facility to ICF/IDD Community home.

Output: Number of people transitioned to community waiver home/apartment.

Output: Number of people transitioned home with waiver supports.

Efficiency: Percentage of people who transitioned from facility to ICF/IDD Community Home.

Efficiency: Percentage of people who transitioned to community waiver home/apartment.

Efficiency: Percentage of people who transitioned to home with waiver supports.

Explanatory: Number of emergency admissions.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 2: ICF/IID Group Homes

Goal A: To provide a comprehensive person-centered system of care to people living in a community based ICF/IID Home.

Objective A.1: To provide a comprehensive person-centered system of community supports and services in order for people to live in a community ICF/IID group home level of care.

Outcome: Percentage of people served in the community versus in an institutional setting.

Strategy A.1.1: Prepare people served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system.

Output: Number of people transitioning from Community 10 bed ICF/IID.

Output: Number of people served in the Community 10 bed ICF/IID.

Efficiency: Cost of patient bed days.

Efficiency: Bed utilization rate.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 3: IDD Community Programs

Goal A: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care.

Objective A.1: To provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home.

Outcome: Percentage of people accessing non-waiver services (employment, medical supports, targeted case management, and/or other specialized services).

Outcome: Percentage of people accessing ID/DD Waiver Services.

Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting.

Strategy A.1.1: To increase the availability of comprehensive community programs and services.

Output: Number of people added from planning list to IDD/DD Waiver Services.

Output: Number of people receiving Transition Assistance.

Output: Number of people receiving crisis support services.

Output: Number of people receiving crisis intervention services.

Output: Number of people receiving supported employment services.

Output: Number of people receiving supervised living services.

Output: Number of people receiving supported living services.

Output: Number of people receiving day services adult.

Output: Number of people receiving pre-vocational services.

Output: Number of people receiving ID/DD waiver support coordination services.

Output: Number of people enrolled into the 1915i

Output: Number of people receiving comprehensive diagnostic evaluations.

Output: Number of people receiving job discovery services.

Output: Number of people receiving work activity services.

Output: Number of people receiving Crisis Intervention.

Efficiency: Percentage of people that received Transition Assistance.

Efficiency: Average length of stay (days) per person for crisis support services.

Efficiency: Average length of stay (days) per person for crisis intervention services.

Efficiency: Average unit (15 minutes) per person of supported employment services.

Efficiency: Average unit (1 day) per person of supervised living services.

Efficiency: Average unit (15 minutes) per person of supported living services.

Efficiency: Average unit (15 minutes) per person for day services adult.

Efficiency: Average unit (1 hour) per person of pre-vocational services.

Efficiency: Average unit (15 minutes) per person of targeted case management services.

Efficiency: Average length of time (days) per person to receive a comprehensive diagnostic evaluation.

Efficiency: Average unit (15 minutes) per person of job discovery services.

Efficiency: Average unit (15 minutes) per person of home and community support services.

Efficiency: Average unit (1 hour) per person of work activity services.

Explanatory: Resources and reimbursement rates affecting services and support options.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 4: Support Services

Goal A : To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency.

Objective A.1: To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws.

Outcome: Percentage of compliance with State Purchasing Laws.

Strategy A.1.1: Evaluate and audit programs/services based upon defined accounting procedures and practices.

Output: Number of fiscal audits completed during the fiscal year.

Efficiency: Support as a percent of total budget.

Explanatory: Internal audits vs external audits.

Objective A.2: To provide management of personnel services in compliance with State Personnel Board requirements and other governmental standards.

Outcome: Total staff turnover rate.

Strategy A.2.1: Provide administrative over site to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover.

Output: Number of training hours for compliance with State Personnel Board and in accordance with state and federal employment law.

Output: Number of staff hired.

Output: Number of staff separated from employment.

Efficiency: Percentage rate of staff trained.

Efficiency: Percentage rate of employee turnover.

Explanatory: Availability of qualified staff.

Explanatory: Abolishment of state service positions.

Explanatory: Increase usage of contractual services and staff.

Objective A.3: To ensure compliance with state and federal licensing and certification.

Outcome: Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health and MS Department of Education (MDE and IDEA).

Strategy A.3.1: Provide Administrative over site and evaluate compliance of standards.

Output: Number of licensure and certification audits/reviews.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

Strategy A.3.2: Provide staff training to ensure regulatory adherence.

Output: Number of staff training hours.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

Program 5: Mississippi Adolescent Center ICF/IID Institutional Care

GOAL A: To provide a comprehensive person-centered system of care to adolescents with intellectual and developmental disabilities requiring specialized residential care.

OBJECTIVE A.1. Implement an enhanced specialized person-centered services for individuals in need of medical, therapeutic and behavioral treatment in a specialized residential setting.

Outcome*:* To ensure 100% of adolescents served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

A.1.1 STRATEGY: Provide person-centered planning process to all individuals served within the specialized residential setting.

Output*:* Total number of adolescents served.

Efficiency*:* Bed utilization rate.

Efficiency*:* Cost per patient bed day.

Explanatory*:* Changes to federal/state regulations.

Explanatory: Pending litigation and resources affecting service and support options.

GOAL B: To increase access to community based care and supports through a network of qualified service providers that are committed to a person-centered system of care.

Objective B.1. To provide a comprehensive person-centered system of community supports and services for adolescents transitioning to the community from the institutional setting.

Outcome*:* Increase the number of adolescents transitioning to the community from the ICF/IID Residential Programs by 5% each year.

B.1.1. STRATEGY: Ensure adolescents transitioning to community have appropriate supports and services.

Output*:* Number of adolescents transitioned home/community living with wavier supports.

Output*:* Number of referrals for transition planning.

Efficiency*:* Percentage of adolescents who transitioned home/community living with waiver supports.

Explanatory*:* Changes to state/federal regulations.

Explanatory*:* Reduction in funding.

Explanatory*:* Number of emergency admissions.

Explanatory*:* Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

ELLISVILLE
STATE SCHOOL
THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

373-00
Five Year Strategic Plan
For the Fiscal Years 2019-2023

1. COMPREHENSIVE MISSION STATEMENT

The mission of Ellisville State School is to enrich the lives of persons with intellectual disabilities by providing a foundation of independence and empowerment to reach for their tomorrow and make a difference in the world today. Ellisville State School provides or supports community programs in the 31 counties it serves as well as a licensed array of services on its main campus. Services provided in the community treatment settings include Support Coordination authorized under the Home and Community Waiver Program as well as Targeted Case Management Services under the provisions of Section 1915i of the Home and Community Based Waiver State Plan Amendment, diagnostic and evaluation services, and community homes. Ellisville State School's primary goal is to provide services to persons with intellectual and developmental disabilities in the environment chosen by the service recipient to be most appropriate.

The Ellisville State School delivery system is a person-centered, self-directed plan designed to reflect services and supports that are important to the individual to meet their needs. This focus ensures that services provided and the environments in which they are provided are in accordance with the desires of the person served.

Ellisville State School is an agency of the Mississippi Department of Mental Health. The Department of Mental Health is authorized by Sections 41-4-1 to 41-4-23 of the Mississippi Code 1972 annotated. Ellisville State School was enacted by the Mississippi Legislature in 1920 and is now cited under Sections 41-19-103 to 41-19-115, Mississippi Code 1972 annotated.

2. Philosophy and Values

A. Philosophy

Ellisville State School is committed to the provision of an array of services and supports to enhance the lives of persons with intellectual and developmental disabilities. The program supports the philosophy that all services utilize a person-driven approach integrated with the use of evidence based practices to ensure a comprehensive system of care designed to meet the needs of the individual and achieve desired personal outcomes.

Our program supports meaningful efforts to create opportunities for persons to transition to a community based system of care. Transition planning is person-centered and resiliency oriented.

Ellisville State School is committed to protecting the human rights of persons with intellectual and developmental disabilities through risk management efforts, self-advocacy training and relationships with outside advocates. It is important to develop an inclusive array of services that benefit the individual and their family in a dignified environment.

We support positive change in the lives of the people served, the efficient use of best practices and resources, and a system of care that is person-centered designed and driven.

B. Core Values

Quality Care

We are dedicated to the principle that each person is entitled to superior service and care with respect to their personal, social, emotional, behavioral, educational, vocational, and spiritual needs. To meet those needs, we are committed to a service delivery system and design of personal choice.

Cooperation

We value forming alliances, partnerships, and cooperative ventures with agencies to develop, implement, and promote opportunities for the persons we serve.

Accountability

We are responsible for determining priorities and developing policies and procedures to ensure that supports and opportunities are available for the persons we serve.

Learning and Growth

We are dedicated to the principle that an individual's education and personal development have no boundaries. Service provision extends from infancy to senior adults with the expectation that each person will reach his or her highest potential every step of the way.

Innovation

We support education and research because they foster new and improved methods of service provision, as well as strengthen our repertoire of treatment and training techniques that directly impact our positive outcome measures.

Professionalism

We are dedicated to the principle that each person is entitled to receive services from professional and direct support staff who have acquired the most current skills, knowledge, and expertise available.

Commitment

We are dedicated to the mission and vision of the Department of Mental Health by providing a foundation of independence and instilling in each person and employee a desire to achieve excellence.

3. Relevant Statewide Goals and Benchmarks

A. Health

Statewide Goal - To protect Mississippians from risk to public health and to provide them with the health related information and access to quality healthcare necessary to increase the length and quality of their lives.

Benchmark- Access to Care

Percentage of Mississippi Department of Mental Health persons served in the community versus an institutional setting.

Percentage of Mississippi Department of Mental Health persons who could be served in the community.

B. Government and Citizens

Statewide Goal - To create an efficient government and an informed and engaged citizenry that helps to address social problems through the payment of taxes, the election of capable leaders at all levels of government and participation in charitable organizations through contributions and volunteerism.

Benchmark- Government Efficiency

Administrative Efficiency: Expenditures on state government administrative activities as a percentage of total operation expenditures.

Number and average cost of regulatory actions taken, by regulatory body and type of action.

Percentage of state employees leaving state service within five years of employment.

4. Overview of the Agency 5-Year Strategic Plan

Ellisville State School is an integrated service provider offering a range of service options to the citizens of the State of Mississippi. While the agency has maintained a leadership role in the provision of services to persons with intellectual and developmental disabilities throughout its history, the current relationship between the United States Department of Justice and the State of Mississippi will realistically accelerate the agency's evolution from a primarily institutionally-based service provider (at least in monetary terms) to a mainly community-oriented provider. Negotiations between the State of Mississippi and the Department of Justice have not been concluded as of this date, so the following projections are based upon our understanding of the direction of the negotiations, and should be considered subject to the possibility of change. In addition to this document, Ellisville State School, as a facility of the Mississippi Department of Mental Health, is charged with participating in and implementing assignments associated with the Department's five year strategic plan.

1. ICF/IID - INSTITUTIONAL CARE:

Ellisville State School plans to provide 96,729 person days of residential care and treatment and training programs in FY 2018. Aggressive deinstitutionalization efforts

over the 5 year planning period are anticipated to continue to reduce days of service, with the ultimate goal of attaining a campus population of approximately 250 persons. Success in this endeavor will be contingent upon the availability of appropriate housing in the community, a sufficient number of community-based service providers, and an expanded array of home and community service options.

2. **ICF/IID Group Homes**

Ellisville State School currently operates a total of 17 licensed ICF/IID Community Homes. The capacity of the program component providing community living arrangements in homes licensed under Medicaid ICF/IID regulations is anticipated to remain constant during the five year period of this plan.

3. IDD - COMMUNITY PROGRAMS:

Since the inception of the deinstitutionalization movement in the early 1970's, Ellisville State School has been a leader in the provision of living arrangements in community settings. Ellisville State School historically operated a total of 6 Community Homes and 2 Apartment/Supported Living Programs certified by the Mississippi Department of Mental Health/Bureau of Intellectual and Developmental Disabilities. The provision of these services is currently being transferred to non-State providers, in accordance with the requirements of the "Final Rule" of the Centers for Medicare and Medicaid Services.

The level of Diagnostic and Evaluation services provided is anticipated to remain rather constant during the strategic planning period. Approximately 350 evaluations are conducted each fiscal year. The Diagnostic and Evaluation Program provides comprehensive, single, and specialized diagnostic evaluations to persons with intellectual and developmental disabilities. The parents and families of persons who are evaluated receive specific recommendations to assist in meeting the needs of their family members with disabilities.

Referrals by the Support Coordination Component of the Home and Community Based Waiver program have been curtailed at least through Fiscal Year 2018. It is hoped that expansion of this program will be re-initiated sometime in the near future. In its absence, the Targeted Case Management Service is expanding, although services provided are minimal, and the long term financial viability of this offering is of concern.

4. IDD - SUPPORT SERVICES

Ellisville State School's support services program provides administrative support to the other three facility programs. The support services program includes the

Director's, Personnel, Business, and Payroll Offices. The cost of this program is anticipated to decline during the five year planning period.

5. Agency's External/Internal Assessment

As with all other agencies, Ellisville State School is impacted by factors in the strategic environment. These elements are monitored by the staff of Ellisville State School, and every opportunity is taken to maintain a proactive posture, to anticipate external threats and opportunities, and to minimize the negative effects and maximize the positive outcomes associated. A list of topics of concern is as follows:

a. Increased activism by the United States Department of Justice in implementing interpretations of their Civil Rights Division concerning the Olmstead Decision and the Americans with Disabilities Act.

b. Changes in Federal and State legislation that may mandate change in the service delivery system.

c. Additional changes in State and Federal regulations that could affect the program's ability to meet licensure standards. (Example: State Fire Marshal's changes in regulations that could have an impact on agency operations.)

d. Inability to pursue to completion of safety and service related projects as submitted to the Bureau of Building.

e. Continuing difficulty in the recruitment of appropriate staff-persons at all levels and for all areas of the organization.

f. Disparity between State Personnel Board salary scales in relation to salaries for similar occupations in the private sector.

g. Economic indicators which may further affect the job market and opportunities for employment.

h. An ongoing evolution of the service mix required for those being admitted to the program as well as those currently served by the program.

i. National trends and changes in "Best Practices" regarding required service offerings for persons with intellectual and developmental disabilities.

j. Changing economic conditions, and their effect on the service environment.

k. Variability in the rate of Medicaid Match assessment across service offerings.

l. Potential resistance by current service recipients to the implementation of theoretically and scientifically based improvements to the existing service delivery system.

5. (A) Internal Management Systems Used to Evaluate Agency's Performance

Ellisville State School has designed an internal management system that addresses all aspects of the operation of the facility. The first step of this plan involves the monthly program directors meeting with the Executive Director, Deputy Director, and the IDD Bureau Director of the Department of Mental Health. This group guides the direction of services offered to persons with intellectual and developmental disabilities in the State of Mississippi. All information from this group as well as individual program reports are presented to the Board of Mental Health at their monthly meeting for approval.

Ellisville State School is actively engaged in quality enhancement, with the twin goals of providing the greatest value to the Taxpayers of the State of Mississippi, while providing the highest level of services to persons comprising our service population. Quality management is a task assigned to all staff members, and involves not only the review of all policies and procedures on a regular basis, but also involves the continuous review of operations to ensure the highest degree of compliance with all applicable codes, standards, and regulations.

In addition to the activities noted above, Ellisville State School has established several committees with the goal of developing a very high concentration of expertise in critical areas, and involving concerned citizens and dedicated professionals external to the program to serve in advisory capacities. These committees review and provide insight into the operation of the program at all levels, and are comprised of the following:

a. The Administrative Screening and Review Committee which ensures that persons applying for services and placement are properly reviewed and are placed in programs of their choice that meet their individual needs.

b. The Transitional Services Team works in conjunction with habilitation teams, family members, and advocates to provide on-going person-centered assessments of persons served and to determine the appropriate services and supports needed for their continued development. This process protects the health and safety of persons served, and ensures that services are provided in the most integrated setting appropriate to the person's needs and preferences.

c. The agency Human Rights Committee which ensures that all rights of the persons served are being protected and that all programs are designed according to best practices.

d. The Safety Committee whose responsibility includes reviewing the accidents of persons served, employee accidents and facility safety and implementing appropriate action as necessary.

e. The Audit Committee which reviews the results of all financial audits conducted for the Agency.

f. The Fall Prevention Committee whose purpose is to review incident records and data from the Risk Management Department to ensure policies are being carried out and to issue additional directives as needed to ensure the highest level of adherence to these policies and to promulgate any additional policies required.

g. The Medical Care/Quality Assurance Committee which identifies issues with respect to quality assessment and assurance activities and develops and implements appropriate plans of action to correct identified or potential quality deficiencies.

h. The Quality Management Improvement Committee ensures oversight of collection and reporting of Department of Mental Health (DMH) required performance measures, written analysis of serious incidents, analysis of DMH supplied data and oversight for the development and implementation of DMH required plans of compliance.

The facility maintains several plans and procedures not associated with committees to ensure that services are provided with the highest degree of efficiency and effectiveness. These include but are not limited to:

a. The Agency's maintenance plan for grounds and buildings, which aids in maintaining the real property in a manner in accordance with its custodial responsibility.

b. The employee performance development system which evaluates all staff and their ability to perform the jobs they are assigned.

c. A monthly ESS Directors/Administrators Meeting is conducted where all matters of the facility are discussed, all recommendations for new and innovative projects are disseminated, and all information received from the Department of Mental Health is distributed.

d. A formal process for the annual review and revision of the agency's policy and procedure manuals which govern all aspects of services provided by the agency.

The facility employs an internal auditor who reviews all matters pertaining to the fiscal management of the facility. This staff person, in conjunction with the agency Audit Committee, ensures that the fiscal management activities are conducted in the strictest accordance with regulatory requirements.

Ellisville State School is also audited by outside agencies such as the Department of Health, the State Department of Education, Special Education; the State Auditor's Office, the Department of Mental Health, Bureau of Intellectual and Developmental Disabilities; and the Division of Medicaid concerning federal and state guidelines for the operation of the facility's programs and services. This oversight, in conjunction with the internal programmatic evaluation, determines how well the facility is meeting its goal of providing efficient and effective services on behalf of the State, while providing quality services to persons with intellectual and developmental disabilities.

6. Agency Goals, Objectives, Strategies and Measures

Program 1: ICF/IID Institutional Care Program

Goal A: To provide a comprehensive person-centered system of care to people requiring specialized residential care.

Objective A.1: Implement enhanced specialized person-centered services for individuals in need of medical, therapeutic and behavioral treatment in a specialized residential setting.

Outcome: To ensure 100% of those people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

Strategy A.1.1: Provide person-centered planning process to all individuals served within the specialized residential setting.

Output: Number of people served in residential IID programs.

Efficiency: Cost of patient bed days.

Efficiency: Bed utilization rate.

Explanatory: Amount of changes in State & Federal regulations.

Explanatory: Pending litigation and resources affecting services and support options.

Goal B: To increase access to community based care and supports for people with intellectual and/or developmental disabilities through a network of qualified service providers that are committed to a person-centered system of care.

Objective B.1: To provide a comprehensive person-centered system of community supports and services for people transitioning to the community from the institutional setting.

Outcome: Increase the number of people transitioning to the community from the ICF/IID Residential Programs by 5% each year.

Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting.

Strategy B.1.1: Ensure people transitioning to the community have appropriate supports and services.

Output: Number of people transitioned from facility to ICF/IID community home.

Output: Number of people transitioned to community waiver home/apartment.

Output: Number of people transitioned home with waiver supports.

Efficiency: Percentage of people who transitioned from facility to 10 bed ICF/IID program.

Efficiency: Percentage of people who transitioned to community waiver home/apartment.

Efficiency: Percentage of people who transitioned to home with waiver supports.

Explanatory: Number of emergency admissions.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 2: ICF/IID Group Homes

Goal A: To provide a comprehensive person-centered system of care to people living in a community based ICF/IID Home.

Objective A.1: To provide a comprehensive person-centered system of community supports and services in order for people to live in a community ICF/IID group home level of care.

Outcome: Percentage of people served in the community versus in an institutional setting.

Strategy A.1.1: Prepare people served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system.

Output: Number of people transitioning from Community 10 bed ICF/IID.

Output: Number of people served in the Community 10 bed ICF/IID.

Efficiency: Cost of patient bed days.

Efficiency: Bed utilization rate.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 3: IDD Community Programs

Goal A: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care.

Objective A.1: To provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home.

Outcome: Percentage of people accessing non-waiver services (employment, medical supports, targeted case management, and/or other specialized services).

Outcome: Percentage of people accessing ID/DD Waiver Services.

Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting.

Strategy A.1.1: To increase the availability of comprehensive community programs and services.

Output: Number of people added from planning list to ID/DD Waiver Services.

Output: Number of people receiving Transition Assistance.

Output: Number of people receiving crisis support services.

Output: Number of people receiving ID/DD waiver support coordination services.

Output: Number of people receiving enrolled in 1915(i).

Output: Number of people receiving comprehensive diagnostic evaluations.

Efficiency: Average unit (dollars) per person of Transition Assistance

Efficiency: Average length of stay (days) per person for crisis support services.

Efficiency: Average unit (1 month) per person of Support Coordination services.

Efficiency: Average unit (15 minutes) per person of targeted case management services.

Efficiency: Average length of time (days) per person to receive a comprehensive diagnostic evaluation.

Explanatory: Resources and reimbursement rates affecting services and support options.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 4: Support Services

Goal A : To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency.

Objective A.1: To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws.

Outcome: Percentage of compliance with State Purchasing Laws.

Strategy A.1.1: Evaluate and audit programs/services based upon defined accounting procedures and practices.

Output: Number of fiscal audits completed during the fiscal year.

Efficiency: Support as a percent of total budget.

Explanatory: Internal audits vs external audits.

Objective A.2: To provide management of personnel services in compliance with State Personnel Board requirements and other governmental standards.

Outcome: Total staff turnover rate.

Strategy A.2.1: Provide administrative oversight to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover.

Output: Number of training hours for compliance with State Personnel Board and in accordance with state and federal employment law.

Output: Number of staff hired.

Output: Number of staff separated from employment.

Efficiency: Percentage rate of staff trained.

Efficiency: Percentage rate of employee turnover.

Explanatory: Availability of qualified staff.

Explanatory: Abolishment of state service positions.

Explanatory: Increase usage of contractual services and staff.

Objective A.3: To ensure compliance with state and federal licensing and certification.

Outcome: Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health and MS Department of Education (MDE and IDEA).

Strategy A.3.1: Provide Administrative oversight and evaluate compliance of standards.

Output: Number of licensure and certification audits/reviews.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

Strategy A.3.2: Provide staff training to ensure regulatory adherence.

Output: Number of staff training hours.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

HUDSPETH REGIONAL CENTER - 386-00

Mississippi Department of Mental Health

5 YEAR STRATEGIC PLAN

FOR THE

FISCAL YEARS 2019 – 2023

July, 2017

HUDSPETH REGIONAL CENTER - 386-00
5 YEAR STRATEGIC PLAN FOR THE
FISCAL YEARS 2019 - 2023

1. Mission Statement:

Hudspeth Regional Center is a team dedicated to excellence in providing individualized support and services for persons with intellectual and developmental disabilities. We advance personal growth and productivity by offering opportunities for choice, achievement, and success in all aspects of living.

2. Agency Philosophy:

Hudspeth Regional Center's philosophy is to provide an array of services for persons with intellectual and developmental disabilities, promoting the awareness of human dignity and individuality as the most important factors in the development of quality programs. Mississippians with intellectual and developmental disabilities are afforded the opportunity to participate in residential, as well as community based, training programs which are designed to develop their social, daily living, and work skills to the fullest extent possible. Each person has the opportunity to develop his/her capabilities to the limits of their potential and to lead a life as normal as their assets and liabilities will allow. Hudspeth Regional Center endeavors to integrate the person into the community and to assist him/her in seeking, and participating in, the training and activities available to all citizens of Mississippi.

VALUES

Teamwork

Respect and Dignity

Effective Communication

Positive Attitude

Learning and Growth

Professionalism

Accountability

3. Relevant Statewide Goals and Benchmarks

A. Health
Statewide Goal:

To protect Mississippians from risks to public health and to provide them with the health-related information and access to quality healthcare necessary to increase the length and quality of their lives

Benchmarks - Access to Care

Percentage of Mississippi Department of Mental Health (DMH) clients served in the community versus in an institutional setting.

Percentage of Mississippi Department of Mental Health (DMH) institutionalized clients who could be served in the community.

B. Government and Citizens
Statewide Goal:

To create an efficient government and an informed and engaged citizenry that helps to address social problems through the payment of taxes, the election of capable leaders at all levels of government, and participation in charitable organizations through contributions and volunteerism

Benchmark – Government Efficiency

Administrative efficiency: Expenditures on state government administrative activities as a percentage of total operational expenditures

Percentage of state employees leaving state service within five years of employment

4. Overview of the Agency 5 – Year Strategic Plan

Hudspeth Regional Center (HRC) is a comprehensive regional program for people with intellectual and developmental disabilities (IDD) responsible for providing service alternatives to those people living in the central twenty-two (22) counties of Mississippi. Hudspeth Regional Center operates under the Statutory authority of the Mississippi Department of Mental Health.

While Hudspeth Regional Center plans to continue to provide a comprehensive person-centered system of care which includes medical, therapeutic and behavioral treatment for those people in need of twenty four (24) hour, 7 days a week residential care, the primary focus will be to increase access to community-base care and supports over the next five years. This coincides with the Department of Mental Health Strategic Plan's goals and objectives to move toward a community-based system of care.

Hudspeth Regional Center has four (4) major program components that will continue to be provided: 1) The ICF/IID Institutional Care Program, 2) ICF/IID Group Home Program, 3) IDD Community Programs and 4) IDD Support Services Program.

ICF/IID Institutional Care Program:

The Hudspeth Regional Center plans to increase the number of people transitioning to the community from the ICF/IID Institutional Care Program by a minimum of 5% each year over the next five years. The ICF/IID Institutional Care Program will provide short term 30 day crisis support for people in need of twenty-four (24) hour person centered care with an emphasis on transitioning back to the community based setting. A primary focus will be to decrease the percentage of people currently accessing the ICF/IID level of care in the institutional setting. Success in this endeavor will be contingent upon the availability of housing, service providers, an expanded array of home and community service options and the funding of waiver services.

ICF/IID Group Home Program

Hudspeth Regional Center plans to prepare people served in the community base ICF/IID group homes for transitioning into a smaller service setting (i.e. supervised living, supported living, shared support). This will then allow the opportunity for people living in the ICF/IID Institutional Care Program to have the choice option to live in an ICF/IID Community Group Home.

Hudspeth Regional Center currently operates 12 ICF/IID 10 bed Group Homes. Over the next five years, these group homes will continue to provide access to community based settings while providing an array of services for people with intellectual and developmental disabilities. There will be a need over the next five years to increase the amount of Direct Care Worker positions at the group homes to meet the more significant needs of the people who will be served there.

IDD Community Programs

The Hudspeth Regional Center's IDD Community Programs component will be primarily focusing on providing ID/DD Waiver Support Coordination Services, Targeted Case Management Services, Crisis Support Services and Diagnostic and Evaluation Services. This program component will continue to assist individuals with finding comprehensive community programs and services through private providers to include Home and Community based Medicaid supports, supported and supervised living, behavior and crisis supports, and employment options.

HRC will be transferring all of its ID/DD Waiver Services to other interested private providers. This is to meet the compliance requirements for Conflict Free Case Management as outlined by the Centers for Medicare and Medicaid services (CMS) in the HCBS Final Rule.

Hudspeth Regional Center's Support Coordination Services Program will continue to enroll individuals into the waiver services and will monitor all the ID/DD Services provided by the private providers. There will be the need over the next five years to increase the number of Support Coordinator positions in the Support Coordination Services Program and the Targeted Case Management Program to meet the service needs of these additional waiver slots and 1915 (i) slots.

The Targeted Case Management Program 1915 (i) will continue to increase enrollment each year pending the availability of funding. This will also increase the level of Diagnostic and Evaluation Services needed for these individuals. The coordinators in the targeted case management program will continue to enroll individuals in the 1915(i) and will monitor the services provided by the providers.

Hudspeth Regional Center plans over the next five years to work with and make individual referrals to private providers of Home and Community Based Waiver Core Services. This type of expanded service will depend on increase cost rates for waiver services. At the present time, there are only a small amount of private providers in the state. It will be necessary to increase waiver rates to attract more private providers to Mississippi.

IDD Support Services

The Support Services Program component will continue to provide administrative oversight and management in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensure and certification, regulatory standards and other government requirements.

5. Agency's External/Internal Assessment

Hudspeth Regional Center has identified external and internal factors that can directly affect and impact the services provided and the ability to achieve targeted performance goals. A list of these factors are as follows:

- Competitive rates to attract new private providers into the state
- Availability and location of services in the state
- Housing opportunities for people with disabilities
- Availability of funding for waiver expansion
- Family acceptance/preferences for community placement
- Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.
- Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.
- Implementation of Electronic Health Records in both funding and manpower.

- Increase in demand for services from persons with intellectual and developmental disabilities.
- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- Availability of community placement options.
- Availability of state general funds and federal funds could impact services and the implementation of some services.

5A. Internal Management Systems used to Evaluate Agency's Performance

Hudspeth Regional Center has implemented a management system to ensure compliance with applicable standards in the delivery of quality services and to evaluate targeted performance levels. This includes:

- Executive Staff Meetings with attendance by IID Program Directors, Bureau Directors and the Executive Director of the Department of Mental Health to disseminate and receive relevant information
- Board of Mental Health meetings, to ensure compliance with board priorities and directives
- Quality Management by all staff members to ensure the highest degree of compliance with all applicable codes, standards and regulations.
- Committees established to review and provide insight into the operation of the progress at all levels. These committees include:

    - The Administrative Screening and Review Committee which ensures that individuals applying for services and placement are properly reviewed and are placed in programs of their choice that meet their individual needs.
    - The Transitional Services Team works in conjunction with habilitation teams, family members and advocates to provide on-going person centered assessment of individuals to determine services and supports needed to ensure health and safety in the most integrated setting appropriate to the individual's needs and preferences.
    - The agency Human Rights Committee which ensures that all rights of the individuals served are being considered and that all programs are designed according to best practices.
    - The Safety Committee whose responsibility includes reviewing client accidents, employee accidents and facility safety and implementing appropriate action as necessary.
- Plans and Procedures to ensure quality services are provided. These committees include:
    - Agency's Energy Management Plan which assist in maintaining the real property and implementing energy management and efficiency.
    - The Performance Development Assessment which evaluates staff job performance.
    - Director's meeting with Administrators and Department Directors to disseminate and receive relevant information.

- Regularly scheduled audits by the Internal Auditor to review all the fiscal management of the facility. This person ensures that the fiscal management is conducted in accordance with regulatory requirements both state and federal.
- Regular scheduled audits by the Quality Services Management to ensure compliance with the ICF/IID regulations.
- An internal advocacy system for individuals receiving services by staff designated as Qualified Intellectual/Developmental Disabilities Professional (QIDP). This person provides support and programmatic monitoring on behalf of assigned persons.

Hudspeth Regional Center is also audited by outside agencies such as the Department of Health, the State Department of Education, the State Auditor's Office, the Department of Mental Health, the Department of Labor; and the Division of Medicaid concerning federal and state guidelines for the operation of the facility's programs and services. This oversight, in conjunction with the internal programmatic evaluation, determines how well the facility is meeting its goal of providing efficient and effective services on behalf of the State, while providing quality services to persons with intellectual and developmental disabilities.

6. Agency Goals, Objectives, Strategies and Measures

Program 1: ICF/IID Institutional Care Program

Goal A: To provide a comprehensive person-centered system of care to people requiring specialized residential care.

Objective A.1: Implement and enhanced specialized person-centered services for individuals in need of medical, therapeutic and behavioral treatment in a specialized residential setting.

Outcome: To ensure 100% of those people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

Strategy A.1.1: Provide person-centered planning process to all individuals served within the specialized residential setting.

Output: Number of people served in residential IID programs.

Efficiency: Cost of patient bed days

Efficiency: Bed utilization rate

Explanatory: Amount of changes in State & Federal regulations.

Explanatory: Pending litigation and resources affecting services and support options.

Goal B: To increase access to community based care and supports for people with intellectual and/or developmental disabilities through a network of qualified service providers that are committed to a person-centered system of care.

Objective B.1: To provide a comprehensive person-centered system of community supports and services for people transitioning to the community from the institutional setting.

Outcome: Increase the number of people transitioning to the community from the ICF/IID Residential Programs by 5% each year.

Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting.

Strategy B.1.1: Ensure people transitioning to the community have appropriate supports and services.

Output: Number of people transitioned from facility to ICF/IID Community Home.

Output: Number of people transitioned to community waiver home/apartment.

Output: Number of people transitioned home with waiver supports.

Efficiency: Percentage of people who transitioned from facility to ICF/IID Community Home.

Efficiency: Percentage of people who transitioned to community waiver home/apartment.

Efficiency: Percentage of people who transitioned to home with waiver supports.

Explanatory: Number of emergency admissions.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 2: ICF/IID Group Homes

Goal A: To provide a comprehensive person-centered system of care to people living in a community based ICF/IID Home.

Objective A.1: To provide a comprehensive person-centered system of community supports and services in order for people to live in a community ICF/IID group home level of care.

Outcome: Percentage of people served in the community versus in an institutional setting.

Strategy A.1.1: Prepare people served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system.

Output: Number of people transitioning from Community 10 bed ICF/IID.

Output: Number of people served in the Community 10 bed ICF/IID.

Efficiency: Cost of patient bed days.

Efficiency: Bed utilization rate.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 3: IDD Community Programs

Goal A: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care.

Objective A.1: To provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home.

Outcome: Percentage of people accessing non-waiver services (employment, medical supports, targeted case management, and/or other specialized services).

Outcome: Percentage of people accessing ID/DD Waiver Services.

Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting.

Strategy A.1.1: To increase the availability of comprehensive community programs and services.

Output: Number of people added from planning list to ID/DD Waiver Services.

Output: Number of people receiving Transition Assistance.

Output: Number of people receiving crisis support services.

Output: Number of people receiving ID/DD waiver support coordination services.

Output: Number of people enrolled in 1915 (i).

Output: Number of people receiving comprehensive diagnostic evaluations.

Efficiency: Average unit (dollars) per person for Transition Assistance.

Efficiency: Average length of stay (days) per person for crisis support services.

Efficiency: Average unit (1 month) per person of Support Coordination services.

Efficiency: Average unit (15 minutes) per person of targeted case management services.

Efficiency: Average length of time (days) per person to receive a comprehensive diagnostic evaluation.

Explanatory: Resources and reimbursement rates affecting services and support options.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 4: Support Services

Goal A : To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency.

Objective A.1: To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws.

Outcome: Percentage of compliance with State Purchasing Laws.

Strategy A.1.1: Evaluate and audit programs/services based upon defined accounting procedures and practices.

Output: Number of fiscal audits completed during the fiscal year.

Efficiency: Support as a percent of total budget.

Explanatory: Internal audits vs external audits.

Objective A.2: To provide management of personnel services in compliance with State Personnel Board requirements and other governmental standards.

Outcome: Total staff turnover rate.

Strategy A.2.1: Provide administrative over site to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover.

Output: Number of training hours for compliance with State Personnel Board and in accordance with state and federal employment law.

Output: Number of staff hired.

Output: Number of staff separated from employment.

Efficiency: Percentage rate of staff trained.

Efficiency: Percentage rate of employee turnover.

Explanatory: Availability of qualified staff.

Explanatory: Abolishment of state service positions.

Explanatory: Increase usage of contractual services and staff.

Objective A.3: To ensure compliance with state and federal licensing and certification.

Outcome: Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health and MS Department of Education (MDE and IDEA).

Strategy A.3.1: Provide Administrative over site and evaluate compliance of standards.

Output: Number of licensure and certification audits/reviews.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

Strategy A.3.2: Provide staff training to ensure regulatory adherence.

Output: Number of staff training hours.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

385-00

NORTH MISSISSIPPI REGIONAL CENTER

5 YEAR STRATEGIC PLAN

FOR THE FISCAL YEARS 2019 – 2023

Edith M. Hayles

Director

July 17, 2017

North Mississippi Regional Center

The **NMRC Vision** is that a continued growing percentage of Mississippi's citizens with intellectual and developmental disabilities and their families in North Mississippi have access to an array of specialized services and community supports required for an individualized level of independence and an option on different levels of appropriate care and their choice of providers.

Mission Statement
Enhancing the abilities and promoting the independence of persons with intellectual and developmental disabilities by providing quality care, comprehensive services, and family support, with dignity and respect.

The **NMRC Philosophy** includes the belief that each person and their family have access to an array of services/supports in their least restrictive environment appropriate to their individual needs. The NMRC service design is built upon a foundation that is person-driven and family-centered. NMRC services incorporate dignity, respect, individuality, care, quality, and expertise. Components of the NMRC service delivery model are a holistic viewpoint in service design, a choice in services, and a network of available supports (including options of service providers in one's community). Considerations of the NMRC service delivery model are the expansion of NMRC community capacity, the incorporation of NMRC current service quality, the maintenance of existing NMRC supports, and the rebalancing (in percentages) of where NMRC service provision occurs.

The **NMRC Core Values** are accountability, responsibility and customer satisfaction.

Overview of the NMRC Agency 5-Year Strategic Plan

The North Mississippi Regional Center (NMRC) was created by state statute and opened in August, 1973. Presently (FY 2018) the North Mississippi Regional Center (NMRC) operates under the authority of the State Department of Mental Health and provides an array of services to individuals with intellectual and developmental disabilities in the northern 23 counties in Mississippi. NMRC will continue to expand community capacity through a system-wide rebalancing of NMRC services, supports, and resources over the next five years. In accordance with the Mississippi Department of Mental Health's Statewide Strategic Plan, NMRC will increase access to community-based services while assisting individuals with achieving meaningful goals. NMRC will utilize information/data management to enhance service delivery decision making and will maximize efficient and effective use of human, fiscal, and material resources.

The NMRC four major budget categories are as follows: (1) IDD Institutional Care, (2) IDD Group Homes, (3) IDD Community Programs, and (4) IDD Support Services. The IDD Institutional Care category includes 24-hour care in an ICF licensed residential service as well as short term and other specialized services on the Oxford NMRC campus. Medical, nursing, nutritional, psychiatric, psychological, behavioral, pharmaceutical, occupational, vocational, and recreational services are examples provided. Additional supports are provided in resident living, special education, and social services as well as speech/language, physical and other therapy services. The IDD Group Homes category refers to the twenty NMRC Community Homes located across north Mississippi that offer 24-hour care in an ICF licensed program. The third category, the IDD Community Programs incorporates the access to services through Diagnostic and Evaluative Services, Targeted Case Management for 1915(i), Support Coordination for the IDD Waiver, and the Technology Assistive Device Center (TAD). The final category, IDD Support Services contains the supports necessary for all three other NMRC programmatic budget categories by providing administrative support required to meet all regulatory, legal, licensed, fiscal, and administrative laws, standards, and responsibilities. In addition, the fourth NMRC budget category is very relevant to staff training, staff recruitment, quality care, and assurance of compliance with all entities.

NMRC Agency Goals, Objectives, Strategies, Measures by Program for FY 2019-2023

Program 1: IDD Institutional Care

Goal A: To provide a comprehensive person-centered system of care to people requiring specialized residential care.

Objective A.1: Implement and enhance specialized person-centered services for individuals in need of medical, therapeutic and behavioral treatment in a specialized residential setting.

Outcome: To ensure 100% of those people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

Strategy A.1.1: Provide person-centered planning process to all individuals served within the specialized residential setting.

Output: Number of people served in residential IID programs.

Efficiency: Cost of patient bed days

Efficiency: Bed utilization rate

Explanatory: Amount of changes in State & Federal regulations.

Explanatory: Pending litigation and resources affecting services and support options.

Goal B: To increase access to community based care and supports for people with intellectual and/or developmental disabilities through a network of qualified service providers that are committed to a person-centered system of care.

Objective B.1: To provide a comprehensive person-centered system of community supports and services for people transitioning to the community from the institutional setting.

Outcome: Increase the number of people transitioning to the community from the ICF/IID Residential Programs by 5% each year.

Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting.

Strategy B.1.1: Ensure people transitioning to the community have appropriate supports and services.

Output: Number of people transitioned from facility to ICF/IID Community Home.

Output: Number of people transitioned to community waiver home/apartment.

Output: Number of people transitioned home with waiver supports.

Efficiency: Percentage of people who transitioned from facility to ICF/IID Community Home.

Efficiency: Percentage of people who transitioned to community waiver home/apartment.

Efficiency: Percentage of people who transitioned to home with waiver supports.

Explanatory: Number of emergency admissions.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 2: IDD Group Homes

Goal A: To provide a comprehensive person-centered system of care to people living in a community based ICF/IID Home.

Objective A.1: To provide a comprehensive person-centered system of community supports and services in order for people to live in a community ICF/IID group home level of care.

Outcome: Percentage of people served in the community versus in an institutional setting.

Strategy A.1.1: Prepare people served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system.

Output: Number of people transitioning from Community 10 bed ICF/IID.

Output: Number of people served in the Community 10 bed ICF/IID.

Efficiency: Cost of patient bed days.

Efficiency: Bed utilization rate.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 3: IDD Community Programs

Goal A: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care.

Objective A.1: To provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home.

Outcome: Percentage of people accessing non-waiver services (employment, medical supports, targeted case management, and/or other specialized services).

Outcome: Percentage of people accessing ID/DD Waiver Services.

Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting.

Strategy A.1.1: To increase the availability of comprehensive community programs and services.

Output: Number of people added from planning list to ID/DD Waiver Services.

Output: Number of people receiving Transition Assistance.

Output: Number of people receiving crisis support services.

Output: Number of people receiving ID/DD waiver support coordination services.

Output: Number of people enrolled in 1915(i).

Output: Number of people receiving comprehensive diagnostic evaluations.

Efficiency: Average unit (dollars) per person for Transition Assistance.

Efficiency: Average length of stay (days) per person for crisis support services.

Efficiency: Average unit (1 month) per person of Support Coordination services.

Efficiency: Average unit (15 minutes) per person of targeted case management services.

Efficiency: Average length of time (days) per person to receive a comprehensive diagnostic evaluation.

Explanatory: Resources and reimbursement rates affecting services and support options.

Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 4: IDD Support Services

Goal A: To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency.

Objective A.1: To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws.

Outcome: Percentage of compliance with State Purchasing Laws.

Strategy A.1.1: Evaluate and audit programs/services based upon defined accounting procedures and practices.

Output: Number of fiscal audits completed during the fiscal year.

Efficiency: Support as a percent of total budget.

Explanatory: Internal audits vs external audits.

Objective A.2: To provide management of personnel services in compliance with State Personnel Board requirements and other governmental standards.

Outcome: Total staff turnover rate.

Strategy A.2.1: Provide administrative over site to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover.

Output: Number of training hours for compliance with State Personnel Board and in accordance with state and federal employment law.

Output: Number of staff hired.

Output: Number of staff separated from employment.

Efficiency: Percentage rate of staff trained.

Efficiency: Percentage rate of employee turnover.

Explanatory: Availability of qualified staff

Explanatory: Abolishment of state service positions.

Explanatory: Increase usage of contractual services and staff.

Objective A.3: To ensure compliance with state and federal licensing and certification.

Outcome: Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health and MS Department of Education (MDE and IDEA).

Strategy A.3.1: Provide Administrative over site and evaluate compliance of standards.

Output: Number of licensure and certification audits/reviews.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

Strategy A.3.2: Provide staff training to ensure regulatory adherence.

Output: Number of staff training hours.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

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South Mississippi Regional Center

1170 West Railroad Street, Long Beach, Mississippi 39560
Lori V. Brown, MS, NHA, Program Director

Fiscal Years Strategic Plan 2019-2023

SMRC Mission

South Mississippi Regional Center supports Mississippians with intellectual and developmental disabilities, using a person-centered approach, by promoting active partnerships to enhance each person's quality of life and independence through choice of living, working and learning.

Table of Contents

SOUTH MISSISSIPPI REGIONAL CENTER

2019 – 2023 STRATEGIC PLAN

AGENCY MISSION STATEMENT

The South Mississippi Regional Center (SMRC) began operation in Long Beach in 1978. Authority for the establishment and operation of SMRC was granted by Sections 41-19-141 through 41-19-157 of the Mississippi Code 1972 Annotated. The State Board of Mental Health exercises governing authority over the operations of South Mississippi Regional Center.

The Mississippi Department of Mental Health's (MDMH) Bureau of Intellectual and Developmental Disabilities (BIDD) ensures a network of comprehensive services are available to our State's citizens with intellectual and developmental disabilities in the six southern counties of south Mississippi. Under the direction of the BIDD, SMRC provides residential services via licensed Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Home and Community Based ID/DD Waiver services to citizens who choose community-based care.

SMRC supports Mississippians with intellectual and developmental disabilities, using a person-centered approach, by promoting active partnerships to enhance each person's quality of life and independence through choice of living, working, and learning.

STATEMENT OF AGENCY PHILOSOPHY

Services provided by SMRC are designed to meet individual needs and choices throughout life and to promote independence, productivity, integration and inclusion in the community. Services and supports are designed to promote meaningful relationships in all facets of life. SMRC employees embrace our longstanding core values: responsibility, respect, commitment, communication, cooperative effort, and continuous learning.

RELEVANT STATEWIDE GOALS AND BENCHMARKS

The Statewide Health Goal is: To protect Mississippians from risks to public health and to provide them with the health-related information and access to quality healthcare necessary to increase the length and quality of their lives.

There are three (3) Health Relevant benchmarks which SMRC directly supports through the Strategic Plan.

1. Percentage of Mississippi Department of Mental Health (DMH) clients served in the community versus in an institutional setting.
2. Percentage of Mississippi Department of Mental Health (DMH) institutionalized clients who could be served in the community.
3. Number of individuals on waiting list for home and community based services.

SMRC supports the following MDMH Comprehensive Strategic Plan IDD Services Goals:

Goal A: To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through a network of service providers who are committed to a person-centered system of care.

Goal B: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care.

Goal D: To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through the ID/DD Waiver.

OVERVIEW OF THE AGENCY 5-YEAR STRATEGIC PLAN

Since 1978, SMRC has served citizens with intellectual and developmental disabilities in the six southern counties of our state. At the close of FY17, SMRC served 633 people in community-based care. This represents a 48% increase in services to people in a community setting when compared to the FY15 total of 427. SMRC served 121 people within the campus residential setting which represents a reduction of 22% when compared to FY15 when 155 people were served. SMRC's 10-bed community–based residential program served 87 people in FY17 maintaining full capacity within that service setting during the fiscal year. SMRC anticipates a continued gradual reduction in the number of people served within the campus residential setting, with growth anticipated through community service options.

SMRC will continue to maintain ICF/IID licensure in order to serve the ID/DD population at five residential program sites. BIDD certification will be maintained to ensure community services are provided through diagnostic services, targeted case management (1915i), support coordination, and crisis support.

At the end of FY17, SMRC transitioned the behavioral support component of community services to private providers. During FY18, SMRC plans to transition supervised and supported living services, day services adult, supported employment services, and pre-vocational services to private providers within the community. This transition will ensure compliance with the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based settings.

As the provision of services through community providers is achieved, SMRC will serve fewer people within the ICF/IID licensed program in Long Beach. The Long Beach program location can anticipate serving a future population with very challenging medical and behavioral care needs, along with a geriatric population as these groups tend to present with the most challenging care which translates to a greater cost to private providers.

The goals outlined in SMRC's five year Strategic Plan support the MDMH Strategic Goals and Objectives for meeting the needs of Mississippi citizens with intellectual and developmental disabilities.

EXTERNAL AND INTERNAL ASSESSMENT

- Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.
- Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.
- Changes to Medicaid and other third-party payment sources, particularly in "Managed Care" initiatives.
- Implementation of Electronic Health Records in both funding and manpower.
- Availability of state general funds and federal funds could impede the implementation of some projects.
- Increase in demand for services from persons with mental illness, intellectual and developmental disabilities, and substance use disorders.
- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- Community acceptance vs. stigma for further inclusion through partnerships, visibility and employment.
- Availability of community discharge placement options.

AGENCY GOALS, OBJECTIVES, STRATEGIES AND MEASURES

Program 1: ICF/IID Institutional Care Program

Goal A: To provide a comprehensive person-centered system of care to people requiring specialized residential care.

Objective A.1: Implement enhanced specialized person-centered services for individuals in need of medical, therapeutic and behavioral treatment in a specialized residential setting.

Outcome: To ensure 100% of the people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

Strategy A.1.1: Provide a person-centered planning process to all individuals served within the specialized residential setting.

Output: Number of people served in residential IID programs.
Efficiency: Cost of patient bed days
Efficiency: Bed utilization rate
Explanatory: Amount of changes in State & Federal regulations.
Explanatory: Pending litigation and resources affecting services and support options.

Goal B: To increase access to community based care and supports for people with intellectual and/or developmental disabilities through a network of qualified service providers that are committed to a person-centered system of care.

Objective B.1: To provide a comprehensive person-centered system of community supports and services for persons transitioning to the community from the institutional setting.

Outcome: Increase the number of people transitioning to the community from the ICF/IID Residential Programs by 5% each year.

Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting.

Strategy B.1.1: Ensure people transitioning to the community have appropriate supports and services.

Output: Number of people transitioned from facility to ICF/IID Community Home.
Output: Number of people transitioned to community waiver home/apartment.
Output: Number of people transitioned home with waiver supports.
Efficiency: Percentage of people who transitioned from facility to ICF/IID Community Home.
Efficiency: Percentage of people who transitioned to community waiver home/apartment.
Efficiency: Percentage of people who transitioned to home with waiver supports.
Explanatory: Number of emergency admissions.
Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 2: ICF/IID Group Homes

Goal A: To provide a comprehensive person-centered system of care to persons living in a community based ICF/IID Home.

Objective A.1: To provide a comprehensive person-centered system of community supports and services in order for people to live in a community ICF/IID group home level of care.

Outcome: Percentage of people served in the community versus in an institutional setting.

Strategy A.1.1: Prepare people served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system.

Output: Number of people transitioning from Community 10 bed ICF/IID.
Output: Number of people served in the Community 10 bed ICF/IID program.
Efficiency: Cost of patient bed days.
Efficiency: Bed utilization rate.
Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 3: IDD Community Programs

Goal A: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care.

Objective A.1: To provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home.

Outcome: Percentage of people accessing non-waiver services (peer support, early intervention, employment, medical supports, case management, targeted case management, and/or other specialized services).
Outcome: Percentage of people accessing ID/DD Waiver Services.
Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting.

Strategy A.1.1: To increase the availability of comprehensive community programs and services.

Output: Number of people added from planning list to ID/DD Waiver Services.
Output: Number of people receiving crisis support services.
Output: Number of people receiving ID/DD waiver support coordination services.
Output: Number of people enrolled in 1915 (i).
Output: Number of people receiving comprehensive diagnostic evaluations.

Efficiency: Average length of stay (days) per person of crisis support services.
Efficiency: Average units (monthly) per person of Support Coordination services.
Efficiency: Average units (15 minute units) per person of targeted case management services (1915 (i)).
Efficiency: Average length of time (days) per person to receive a comprehensive diagnostic evaluation.
Explanatory: Resources and reimbursement rates affecting services and support options.
Explanatory: Community Capacity; number of new providers; funding; willingness of families/caregivers to support the transition of their loved ones to the community.

Program 4: Support Services

Goal A: To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency.

Objective A.1: To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws.

Outcome: Percentage of compliance with State Purchasing Laws.

Strategy A.1.1: Evaluate and audit programs/services based upon defined accounting procedures and practices.

Output: Number of fiscal audits completed during the fiscal year.
Efficiency: Support as a percent of total budget.
Explanatory: Internal audits vs external audits.

Objective A.2: To provide management of personnel services in compliance with State Personnel Board requirements and other governmental standards.

Outcome: Total staff turnover rate.

Strategy A.2.1: Provide administrative oversight to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover.

Output: Number of training hours for compliance with State Personnel Board and in accordance with state and federal employment law.
Output: Number of staff hired.
Output: Number of staff separated from employment.
Efficiency: Percentage rate of staff trained.
Efficiency: Percentage rate of employee turnover.
Explanatory: Availability of qualified staff
Explanatory: Abolishment of state service positions.
Explanatory: Increase usage of contractual services and staff.

Objective A.3: To ensure compliance with state and federal licensing and certification

Outcome: Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health and MS Department of Education (MDE and IDEA).

Strategy A.3.1: Provide Administrative oversight and evaluate compliance of standards.

Output: Number of licensure and certification audits/reviews.
Efficiency: Percentage of programs in compliance with regulatory requirements.
Explanatory: Changes to regulatory requirements and standards.

Strategy A.3.2: Provide staff training to ensure regulatory adherence.

Output: Number of staff training hours
Efficiency: Percentage of programs in compliance with regulatory requirements.
Explanatory: Changes to regulatory requirements and standards.