

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