



Mental Health -
MISSISSIPPI STATE HOSPITAL
(374-00)

5-YEAR STRATEGIC PLAN
FISCAL YEARS 2019 - 2023

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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

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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

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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.

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- 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.

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- 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

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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

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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

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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

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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

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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.

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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

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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

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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)

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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

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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