SPECIALIZED TREATMENT FACILITY 377-00

A BEHAVIORAL HEALTH CARE PROGRAM OF THE
MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

5-YEAR STRATEGIC PLAN
FISCAL YEARS 2018 – 2022
1. **Agency Mission Statement**

The mission of the Specialized Treatment Facility is to promote and strengthen the mental health and education of up to 48 adolescent males and females who are experiencing behavioral difficulties in their homes, schools and communities. The STF will enhance the Department of Mental Health mission to support a better tomorrow by making a difference in the lives of Mississippians with mental illness and substance abuse one person at a time.

2. **State of Agency Philosophy**

The STF will efficiently and effectively deliver evidenced based and best practice services to empower youth with mental health recovery as resilient and healthy individuals who will return as a productive member of their home, school and community.

3. **Relevant Statewide Goals and Benchmarks**

As a behavioral health program of the Mississippi Department of Mental Health (MDMH), the STF will contribute within statewide health benchmarks to support the goal for Mississippians to have the best possible access to quality mental health care. In addition to the statewide goal, the STF will support the MDMH goals.

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 eight (8) Health Relevant Statewide Benchmarks for Access to Mental Health Care, which are:

1. Percentage of population lacking access to mental health care.
2. Percentage of population lacking access to community-based mental health care.
3. Percentage of Mississippi Department of Mental Health (DMH) clients served in the community versus in an institutional setting.
4. Percentage of Mississippi Department of Mental Health (DMH) institutionalized clients who could be served in the community.
5. Percentage of people receiving mental health crisis services who were treated at community mental health centers (versus in an institutional setting).
6. Average length of time from mental health crisis to receipt of community mental health crisis service.
7. Percentage of children with serious mental illness served by local Multidisciplinary Assessment and Planning (MAP) teams.
8. Number of individuals on waiting list for home- and community-based services.
The STF supports the MDMH strategic plan goals:

1. 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).
2. To utilize data management and technology to enhance decision making and service delivery.
3. 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.

The STF relevant statewide goals are:

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

4. Overview of the Agency 5-Year Strategic Plan

The Specialized Treatment Facility (STF) operates under the auspices of the MDMH. The STF is the State’s only public Psychiatric Residential Treatment Facility (PRTF). The STF is unique in that it not only provides comprehensive mental health, physical health, and education, but also provides alcohol and drug prevention and treatment. The STF is the only PRTF that requires a civil commitment and a Court Order. Enabling Legislation (Miss. Code Ann. § 41-19-291).

The Strategic Plan takes into consideration an increase in PRTF beds offered by the State of Mississippi. In March, 2015, the Department of Health approved two additional PRTF private provider applications to increase from 382 to 418 Mississippi PRTF beds. PRTF beds increased in the Rankin-Hinds Counties by 26% and in Harrison County by 42%.

- Brentwood Behavioral Healthcare of Mississippi to establish 16 PRTF beds in Flowood, Rankin County for treatment of ages 5-17. (The original request to establish a 36 bed PRTF with a capital expenditure of $5,641,228 was reduced to 20 beds.)
- CARES Center to establish 20 PRTF beds in Harrison County with a capital expenditure of $258,000 for the treatment of males and females grades 7-12.

The Strategic Plan takes into consideration the need to add funding sources as the provision of children’s health coverages change. STF funding mechanisms remain fiscally aggressive in a changing funding environment. The STF is a participant in the Mississippi Medicaid provider program as the first and only state run Psychiatric Residential Treatment Facility (PRTF), and the only program on the Gulf Coast. Funding is provided by the Long Term Reimbursement Plan of the Mississippi Division of Medicaid, the State General Fund, the Healthcare Expendable Trust Fund, and the Drug Court Fund. STF continues to receive reimbursement of meals through the Child Nutrition Program. The agency also
continues to be awarded grants through the Mississippi Department of Education via the IDEA and the State Agency Neglected and Delinquent Federal Grant.

New in FY16, STF submitted provider application to CHIP and to Blue Cross Blue Shield. STF was approved as a CHIP Optum-United Healthcare Community Plan provider and awaits approval from the CHIP Cenpatico-Magnolia Health Plan. STF also awaits final approvals as a Blue Cross Blue Shield provider.

321 Mississippi PRTF Beds according to the MS Division of Medicaid:
- Parkwood BHS, 15 beds, Desoto County
- Specialized Treatment Facility, 48 beds, Harrison County
- Cares Center, 60 beds, Hinds County
- The Crossings, 60 beds, Lauderdale County
- Millcreek of Pontotoc, 51 beds, Pontotoc County
- Millcreek PRTF, 57 beds, Simpson County
- Diamond Grove Center, 30 beds, Winston County

61 Out-of-State PRTF Beds:
- San Marcos, San Marcos, Texas, 10 beds
- Timber Ridge Ranch, Benton, Arizona, 1 bed
- Youth Villages, Memphis, Tennessee, 50 beds

36 Additional PRTF Beds Not Yet Certified (CON Approved 3/2015)
- Brentwood, 16 beds, Rankin County
- Cares Center, 20 beds, Harrison County

* STF is the only State Operated PRTF

The STF is licensed, accredited and certified:
- Psychiatric Residential Treatment Facility (PRTF) – MS Division of Medicaid
- Psychiatric Residential Treatment Facility (PRTF) – MS Department of Health
- Behavioral Health Care Program – Joint Commission
- Non-Public, Special School – MS Department of Education
- Alcohol and Drug Provider – Primary Residential Services for Adolescents - MS Department of Mental Health

STF operations are separated into two different sub-categories. The first category, MH-Institutional Care, contains all clinical operations that provide direct youth care. The other category, MH-Support Care, contains all administrative operations that sustain the institutional services.

The STF MH-Institutional Care 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.

The STF MI-Support Care program supports clinical operations so that appropriate youth who are civilly committed are admitted for residential mental health care and education. STF will continue to provide for the overall operation of the behavioral health program, including the control, utilization, and conservation of the physical and financial assets and the recruitment and direction of staff.

5. External/Internal Assessment

Strengths:
- Committed Professional Staff
- Evidenced Based/Best Practice Treatment Models
- Statewide Reputation

Weaknesses:
- Increased Youth Behavioral Challenges
- Closure of Adolescent Opportunity Programs in FY16
- Stigma
- Turnover of Frontline Staff
- Changes in Federal and State Reimbursement for Services

Opportunities:
- Mental Health Care to Behaviorally Challenged Youth
- Alcohol/Drug Prevention and Treatment
- Increased Family Involvement

Threats:
- Unfunded ACA required contractor health insurance & ACA fines
- Final Overtime Rule, effective December 1, 2016
- Impact of Budgets to Fund Public Services
- Impact of Youth Behavioral Tolerance by Families, Courts, and Schools
- Impact of Alcohol and Drug use within the State

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

The State Board of Mental Health is the governing body of the Mississippi Department of Mental Health (MDMH) that supervises, coordinates and establishes standards for all operations and activities of the state related to provision of mental health services. The Specialized Treatment Facility operates under the auspices of the Mississippi Department of Mental as the first and only state-operated psychiatric residential treatment facility.
As the MDMH leadership, the Executive Director, Executive and Division Staff and the Program Directors meet monthly regarding internal management leadership discussions. The MDMH leadership also attends the monthly State Board of Mental Health meetings.

The STF Program Director presents all results and findings of surveys by external entities to the State Board of Mental Health. Surveys would include regulating entities such as the Joint Commission, MS Department of Health, MS Division of Medicaid, the MS Department of Education, the Disability Rights Mississippi, and annual results of the STF Human Rights Committee.

The STF on-site Administrative Management Council (AMC) is the governing body that meets monthly regarding budget, administrative issues, and policies and procedures. The AMC committee members consist of the Program Director, Business Director, Human Resources Director, Resource Management Director, Clinical Director, and the Director of Nurses. In addition, the STF Department Director’s also meet monthly.

Adherence to rules, regulations, and policies are tracked through performance measures at the monthly Performance Improvement Committee. Policies and Procedures are reviewed, modified, and approved annually.

The organizational structure in descending order is as follows:

**State Board of Mental Health** – Composed of nine (9) members, to be appointed by the Governor, with the advice and consent of the Senate, each of whom shall be a qualified elector. One (1) member shall be appointed from each congressional district as presently constituted; and four (4) members shall be appointed from the state at large, one (1) of whom shall be a licensed medical doctor who is a psychiatrist, one (1) of whom shall hold a Ph.D. degree and be a licensed clinical psychologist, one (1) of whom shall be a licensed medical doctor, and one (1) of whom shall be a social worker with experience in the mental health field. (Miss. Code Ann. § 41-4-3).

**Mississippi Department of Mental Health (MDMH)** – MDMH Executive Director; MDMH Deputy Executive Director; MDMH Director of the Bureau of Mental Health; and the MDMH Medical Director.

**Specialized Treatment Facility (STF)** – STF Program Director; STF Medical Director; and the STF Clinical Director.

**STF Administrative Management Council** – STF Program Director, Medical Director or Nurse Practitioner, Clinical Director, Director of Nursing, Resource Management Director, Business Director, and Human Resources Director.

**STF Department Directors** – STF Program Director, Business Services, Human Resources, Dietary/Housekeeping, Education, Information Technology, Maintenance, Nursing/Medical, Recreation, Resident Living, Risk Management/Security, and Training.
**STF Performance Improvement Committee** – STF Program Director, Business Services, Human Resources, Dietary/Housekeeping, Education, Information Technology, Maintenance, Nursing/Medical, Recreation, Resident Living, Risk Management/Security, and Training.
6. **Agency Goals, Objectives, Strategies and Measures by Program**

### **PROGRAM 1: MH-INSTITUTIONAL CARE**

**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.

- **A.1.1. STRATEGY:** 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

- **A.1.2. STRATEGY:** 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.

- **A.2.1. STRATEGY:** 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 an Electronic Health Records system to improve services provided to individuals

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

**B.1.1 STRATEGY:** 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

**B.1.2 STRATEGY:** 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

**B.1.3 STRATEGY:** 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

**B.1.4 STRATEGY:** 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
PROGRAM 2: MH-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

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

Efficiency: Support as a percent of total budget

Explanation: Internal audits vs external audits

Explanation: Separation of duties for handling all accounting processing, etc.

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

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

Output: Number of vacancies

Output: Number of staff hired

Output: Number of training hours for compliance

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

Explanation: Availability of qualified staff

Explanation: Abolishment of state service positions

Explanation: Increase usage of contractual services and staff

STRATEGY A.2.2: Provide administrative oversight to minimize critical shortage staff turnover

Output: Number of employees at the beginning of the period

Output: Number of employees at the end of the period

Output: Number of separated employees during the period

Efficiency: Annual Employee Turnover Rate

Explanation: 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