



Ellisville State School

Mississippi Department of Mental Health

Five Year Strategic Plan
for the Fiscal Years
2017-2021



October 2015

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 community programs in the 31 counties it serves as well as a licensed array of residential services on its main campus. Services provided in the community treatment settings include those authorized under the Home and Community Waiver Program, employment training programs including supported employment, early intervention programs, case management, day services, diagnostic and evaluation services, community homes, and supervised and supported living arrangements. Ellisville State School's primary goal is to provide services to individuals 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 individuals 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 individuals 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 formed 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.

Number of individuals on waiting list for home and community based services.

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 individuals 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. The on campus accredited school program will continue to reduce numbers of individuals served as the number of individuals residing on campus and served in the public school system increases. 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 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. IDD - INSTITUTIONAL CARE:

Ellisville State School plans to provide 117,012 client days of residential care and treatment and training programs in FY 2016. Aggressive deinstitutionalization efforts over the 5 year planning

period are anticipated to reduce days of service by 10% per year, with the ultimate goal of attaining a campus population of approximately 250 individuals. Success in this endeavor will be contingent upon the availability of housing, service providers, and an expanded array of home and community service options.

2. IDD - GROUP HOMES:

Since the inception of the deinstitutionalization movement in the early 1970's, Ellisville State School has been a leader in the provision of supervised and supported living arrangements in community settings. Ellisville State School currently operates 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 and 17 licensed ICF/IDD Community Homes.

The capacity of the program component providing community living arrangements in homes licensed under the Bureau of Intellectual and Developmental Disabilities is anticipated to remain constant during the five year period of this plan

3. IDD - COMMUNITY PROGRAMS:

In fiscal year 2016, Ellisville State School hopes to deliver 286,219 units of service via the IDD - COMMUNITY PROGRAMS program, barring future funding reductions. This level of service would be provided to 485 individuals enrolled in programs offered through the ID/DD Waiver program. Currently 207 persons are served by the Early Intervention Program, 59 individuals are served in Supervised/Supported Living Programs, 106 individuals are receiving Case Management services and 129 persons are participating in a spectrum of employment services certified by the Department of Mental Health/Bureau of Intellectual and Developmental Disabilities programs.

The demand for IDD - COMMUNITY PROGRAMS is expected to continually increase. While no expansion is expected as a result of increased funding, it is hoped that savings realized from phase down efforts associated with the IDD-INSTITUTIONAL program will be available to expand offerings in these critical areas.

Probably the service with the greatest potential for service growth will be the ID/DD Waiver Program. This service option was established in the late 1990's and each year more and more referrals are made by parents, families, friends, and professionals for services to be provided by the program. The ID/DD Waiver Program provides a more inclusive alternative to institutionalization of individuals by allowing the individual to remain in their most integrated environment to the greatest degree possible. This program has the potential to provide a wide array of services and it is anticipated that over the next five years the demand for adult day services, community living arrangements, home and community supports, supported employment, and case management services will increase in each fiscal year. Additional types of services and support systems should be added to this network if the State of Mississippi desires to meet the needs of the individuals in non-institutional settings.

The Early Intervention Program currently serves approximately 207 individuals annually. It provides services for children from birth to three years of age who are at risk for developmental delays. The demand for the services is anticipated to increase during the next five year period of time. Special instruction is provided in the individual's natural environment. In this program, professionals conduct services in rural areas of Clarke, Covington, Forrest, Jasper, Jones, Lamar, Smith and Wayne counties. Given existing funding, no expansion is planned.

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.

The demand for supported and customized employment services in the community is expected to increase over the next five years. Ellisville State School has increased service options in this area through the addition of Job Discovery Services. Efforts will continue based on funding availability for the Home and Community Based Waiver program to meet the supported employment needs of the people requesting services. Implementation of the 1915(i) HCBS State Plan Amendment provisions has required initiation of Targeted Case Management Services for program compliance. The quantity of these services is expected to expand in the future.

Traditional Case Management Services provided during the next five-year period will potentially remain relatively constant as well. Due to anticipated funding constraints, no expansion is anticipated.

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 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 licensure regulation changes regarding life safety codes that could have an impact on current licensed beds.)
- d. Lack of funding for Capitol Improvement Plans as submitted to the Bureau of Building. (Example: continued funding for life safety and accessibility upgrades.)
- e. The availability of trained professional staff. (example: adequate numbers of nurses, psychologists, social workers, speech pathologists and special education teachers available for employment.)
- f. State Personnel salary scales for certain professional areas may not be competitive with salaries offered in the private sector.
- g. Economic indicators which may affect job market and opportunities for employment.
- h. An increase in the number of individuals with a diagnosis of intellectual and developmental disability.
- i. National trends and changes in "Best Practices" regarding programming for persons with intellectual and developmental disabilities.
- j. The financial condition of the State of Mississippi.
- k. The availability of Medicaid Match funding, especially associated with the Medicaid ID/DD Waiver program.
- 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 Deputy Director of the DMH/IDD Bureau Director and the Executive Director of the Department of Mental Health. This group guides the direction of services offered to individuals 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 individuals 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 individuals 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 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.
- c. 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.
- d. The Safety Committee whose responsibility includes reviewing client accidents, 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 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 which quality assessment and assurance activities are necessary 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, periodic analysis of DMH required client level data collection 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 the 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 individuals 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 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 3.6% 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 referrals for transition planning.

Output: Number of people transitioned from facility to 10 bed ICF/IID program.

Output: Number of people transitioned from facility to 4 ICF/IID bed 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 transition to the community.

Efficiency: Percentage of people currently accessing ICF/IID residential level of care as FY 2015.

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

Efficiency: Percentage of people who transitioned from facility to 4 ICF/IID bed 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.

Strategy B.1.2: Develop partnerships with private providers in the community via the waiver and ICF/IID 4-bed community homes.

Output: Number of relationships/partnerships developed.

Efficiency: Percentage of people who transition to the community.

Efficiency: Percentage of people who transitioned from facility to 4 ICF/IID bed home.

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

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

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

Strategy B.1.3: Educate families regarding the transition process from ICF to ID/DD Waiver Services, including available certified providers in the community.

Output: Number of family meetings attended by transition coordinator.

Output: Number of referrals for transition planning.

Output: Number of contacts with family regarding the transition process.

Efficiency: Percentage of people who transition to the community.

Efficiency: Percentage of people who transitioned from facility to 4 ICF/IID bed home.

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

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

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 the ICF/IID residential program.

Output: Number of people referred to the transition coordinator for transition planning.

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

Output: Number of people discharged into smaller service settings of choice.

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: Increase percentage of people with IDD accessing Community Services.

Outcome: Percentage of people accessing early intervention, employment, medical supports, case management, targeted case management, and/or other specialized services.

Outcome: Percentage of people accessing Diagnostic 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 through both public and private providers to include Home and Community based supports, Supported Living, Supervised Living, Behavior Supports, Crisis Supports, Day Supports and Employment Options.

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

Output: Number of people living in community based settings.

Output: Number of people transitioned from ICF/IID Programs to the community.

Output: Number of people receiving in home nursing respite.

Output: Number of people receiving behavioral support services.

Output: Number of people receiving early 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 adult day services.

Output: Number of people receiving pre-vocational services.

Output: Number of people receiving home and community support services.

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

Output: Number of people receiving targeted case management services.

Output: Number of people receiving Community Support Services/Case Management.

Output: Number of people receiving comprehensive diagnostic evaluations.

Output: Number of people receiving job discovery services.

Output: Number of people receiving work activity services.

Efficiency: Average unit (15 minutes) per person of In Home nursing respite.

Efficiency: Average unit (15 minutes) per person of behavioral support services.

Efficiency: Average unit (30 minutes) per person for early 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 adult day services.

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

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

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

Efficiency: Average unit (15 minutes) per person of community support services/case management.

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: Reduce staff turnover by 2% each year.

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.

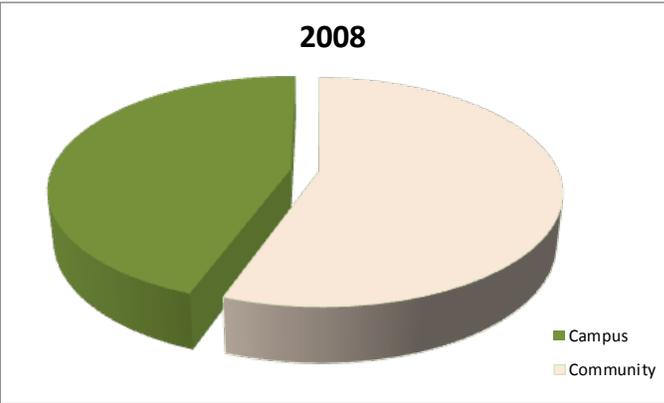
Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

Chart 1

**Ellisville State School
Comparison of IDD/Community Programs by Census
Fiscal Years 2008 and 2015**

2008 Campus 525
 Community 650



2015 Campus 306
 Community 727

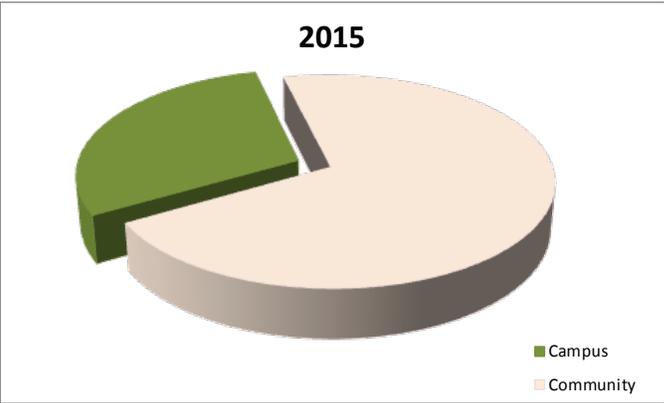
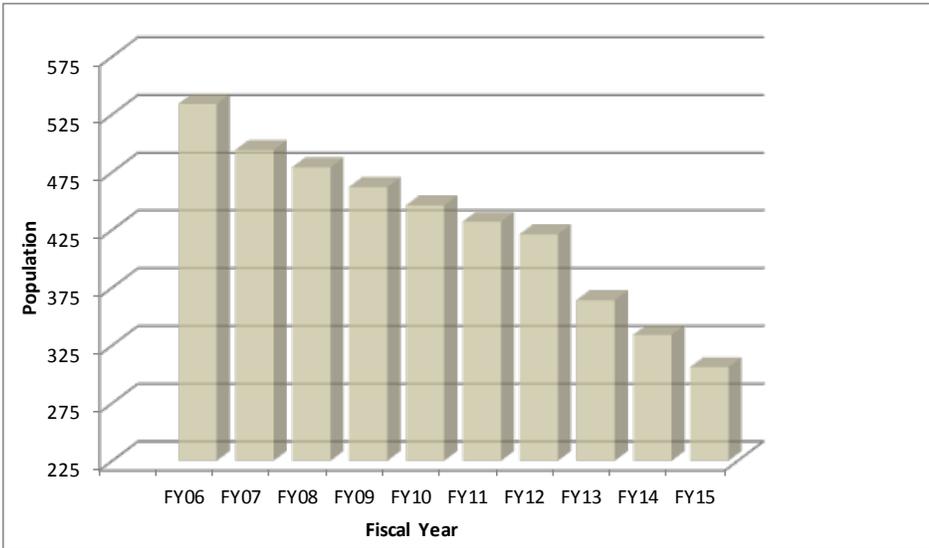


Chart 2

**Ellisville State School
Reduction of IDD Program by Fiscal Year
Fiscal Year 2006-2015**



Year	Population
FY06	534
FY07	494
FY08	479
FY09	462
FY10	446
FY11	432
FY12	421
FY13	364
FY14	334
FY15	306