



**Bureau of Intellectual
and
Developmental Disabilities**

FY 2011 State Plan

TABLE OF CONTENTS

PURPOSE	3
MISSION	4
VISION	4
PHILOSOPHY	4
VALUES & GUIDING PRINCIPLES	5
IDEAL SYSTEM MODEL	6
OVERVIEW OF MH SYSTEM	7
EXISTING UTILIZATION DATA	13
FISCAL RESOURCES	14
GOALS & OBJECTIVES	15

PURPOSE

The purpose of the State Plan for the Mississippi Department of Mental Health, Bureau of Intellectual and Developmental Disabilities is:

- to describe the comprehensive, community-based service delivery system for individuals with intellectual or developmental disabilities upon which program planning and development are based;
- to set forth annual goals/objectives to address identified needs;
- to assist the public in understanding efforts employed and planned by the Department of Mental Health to provide supports to Mississippi's citizens with intellectual or developmental disabilities;
- to serve as a basis for utilization of federal, state and other available resources; and
- to provide, through the establishment of a Bureau of Intellectual and Developmental Disabilities Advisory/Planning Council, an avenue for individuals, family members, and service providers to work together in identifying and planning an array of services and supports through the annual update of this Plan.

The State Plan's implementation time period is July 1, 2010 through June 30, 2011. Since the Plan is considered a working document, it is subject to continuous review and revision.

MISSION

The **mission** of the Department of Mental Health is supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems, and intellectual or developmental disabilities one person at a time.

VISION

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

A better tomorrow exists when...

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

PHILOSOPHY

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

VALUES & GUIDING PRINCIPLES

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

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

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

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

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

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

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

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

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

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

IDEAL SYSTEM MODEL

The Mississippi Department of Mental Health's Ideal System Model incorporates and reflects commitment to the mission, vision, core values and guiding principles of the agency. Individuals receiving services, each with his or her individual strengths and needs, is the center of the agency's ideal system model. Central to the comprehensive public mental health service system is the belief that individuals are most effectively treated in their community and close to their homes, personal resources, and natural support systems.

The development of the system reflects integration of services to meet individual needs and to facilitate accessibility and continuity of care. In meeting individual needs throughout the system, emphasis is placed on preserving individual dignity and rights including privacy and confidentiality, in the most culturally appropriate manner.

The state's vision for a statewide person-driven, family-centered system of care emphasizes the importance of access and coordination with other service agencies. System-wide support services may include operational services that are provided through a variety of other agencies or entities. Inherent in the Ideal System Model are the characteristics of consistency, accountability, and flexibility, to allow responsiveness to changing needs and service environments.

OVERVIEW OF STATE MENTAL HEALTH SYSTEM

THE STATE PUBLIC MENTAL HEALTH SYSTEM

The public mental health system in Mississippi is administered by the Mississippi Department of Mental Health (DMH), which was created in 1974 by an act of the Mississippi Legislature, Regular Session. The creation, organization, and duties of the DMH are defined in the annotated Mississippi Code of 1972 under Sections 41-4-1 through 41-4-23.

ORGANIZATIONAL STRUCTURE OF THE MS DEPT. OF MENTAL HEALTH

The structure of the DMH is composed of three interrelated components: the Board of Mental Health, the DMH Central Office, and DMH-operated Facilities and Community Services Programs.

Board of Mental Health - DMH is governed by the State Board of Mental Health, whose nine members are appointed by the Governor of Mississippi and confirmed by the State Senate. By statute, the Board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and citizen representatives from each of Mississippi's five congressional districts (as existed in 1974). Members' seven-year terms are staggered to ensure continuity of quality care and professional oversight of services.

DMH Central Office – The Executive Director directs all administrative functions and implements policies established by the State Board of Mental Health. DMH has a state Central Office for administrative, monitoring, and service areas. The Division of Legal Services, the Office of Constituency Services, the Director of Disaster Preparedness and Response and the Director of Public Information report directly to the Executive Director.

DMH has seven bureaus: the Bureau of Administration, the Bureau of Mental Health, the Bureau of Community Mental Health Services, the Bureau of Alcohol and Drug Abuse, the Bureau of Intellectual and Developmental Disabilities, the Bureau of Interdisciplinary Programs, and the Bureau of Workforce Development and Training.

The Bureau of Administration works in concert with all Bureaus to administer and support development and administration of mental health services in the state. The Bureau of Administration includes the following divisions: Division of Accounting, Division of Audit and Grants Management, and the Division of Information Systems.

The Bureau of Community Mental Health Services has the primary responsibility for the development and implementation of community-based services to meet the needs of adults with serious mental illness and children with serious emotional disturbance, as well as to assist with the care and treatment of persons with Alzheimer's disease/other dementia. The Bureau of

Community Mental Health Services provides a variety of services through the following divisions: Division of Accreditation and Licensure, Division of Mental Health Community Services, Division of Children and Youth Services, Division of Alzheimer's Disease and Other Dementia, Division of Planning, and the Division of Consumer and Family Affairs.

The Bureau of Alcohol and Drug Abuse is responsible for the administration of state and federal funds utilized in the prevention, treatment and rehabilitation of persons with substance abuse problems, including state Three-Percent Alcohol Tax funds for DMH. The overall goal of the state's substance abuse service system is to provide a continuum of community-based, accessible services, including prevention, outpatient, detoxification, community-based primary and transitional residential treatment, inpatient and aftercare services. The Bureau includes two divisions, the Division of Prevention Services and the Division of Treatment Services.

The Bureau of Mental Health oversees the six state psychiatric facilities, which include public inpatient services for individuals with mental illness and/or alcohol/drug abuse services as well as the Central Mississippi Residential Center.

The Bureau of Intellectual and Developmental Disabilities is responsible for planning, development and supervision of an array of services for individuals in the state with intellectual and developmental disabilities. This public service delivery system is comprised of five state-operated comprehensive regional centers for individuals with intellectual or developmental disabilities, one juvenile rehabilitation center for youth with intellectual or developmental disabilities whose behavior requires specialized treatment, regional community mental health centers, and other nonprofit community agencies/organizations that provide community services. The Bureau of IDD includes two divisions, the Division of Home and Community-Based (HCBS) ID/DD Waiver and the Division of Early Intervention Services.

The Bureau of Interdisciplinary Programs works with all other DMH programmatic bureaus, DMH facilities, and DMH-certified programs. The Bureau of Interdisciplinary Programs facilitates and coordinates the collection of information to develop reports, formulate policies, and rules and regulations as necessary for the Board of Mental Health and Executive Director; develops strategies for project management and organization; and, completes special projects for the Board of Mental Health and DMH. The Bureau Director of Interdisciplinary Programs serves as the liaison to the Board of Mental Health, and provides administrative leadership in the planning, directing, and coordinating of the *Board of Mental Health and DMH Strategic Plan*.

The Bureau of Workforce Development and Training advises the Executive Director and State Board of Mental Health on the human resource and training needs of the agency, assists in educating the Legislature as to budget needs, oversees the leadership development program, and serves as liaison for DMH facilities to the State Personnel Board. This Bureau includes two divisions, the Division of Professional Development and the Division of Professional Licensure and Certification.

FUNCTIONS OF THE MS DEPT. OF MENTAL HEALTH

State Level Administration of Community-Based Mental Health Services: The major responsibilities of the state are to plan and develop community mental health services, to set minimum standards for the operation of those services it funds, and to monitor compliance with those minimum standards. Provision of community mental health services is accomplished by contracting to support community services provided by regional commissions and/or by other community public or private nonprofit agencies.

State Certification and Program Monitoring: Through an ongoing certification and review process, DMH ensures implementation of services that meet established minimum standards.

State Role in Funding Community-Based Services: DMH's funding authority was established by the Mississippi Legislature in the Mississippi Code, 1972, Annotated, Section 41-45. Except for a 3% state tax set-aside for alcohol services, DMH is a general state tax fund agency.

Agencies or organizations submit to DMH for review proposals to address needs in their local communities. The decision-making process for selection of proposals to be funded is based on the applicant's fulfillment of the requirements set forth in the RFP, funds available for existing programs, funds available for new programs, and funding priorities set by state and/or federal funding sources or regulations and the State Board of Mental Health.

SERVICE DELIVERY SYSTEM

The mental health service delivery system is comprised of three major components: state-operated facilities and community services programs, regional community mental health centers, and other non-profit/profit service agencies/organizations.

State-operated facilities: DMH administers and operates six state psychiatric facilities, five regional centers for people with IDD, and a juvenile rehabilitation facility. These facilities serve specified populations in designated counties/service areas of the State.

The psychiatric facilities provide inpatient services for people (adults and children) with SMI. These facilities include Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, Specialized Treatment Facility, and Central Mississippi Residential Center. Nursing facility services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital.

The Regional Centers provide on-campus residential services for persons with intellectual and developmental disabilities. These facilities include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center.

The Mississippi Adolescent Center (MAC) in Brookhaven is a residential facility dedicated to providing adolescents with intellectual and developmental disabilities an individualized array of rehabilitation service options. MAC serves youth who have a diagnosis of intellectual and

developmental disabilities and whose behavior makes it necessary for them to reside in a structured therapeutic environment. The Specialized Treatment Facility in Gulfport is a Psychiatric Residential Treatment Facility for adolescents with mental illness and a secondary need of substance abuse prevention/treatment.

State-operated Community Service Programs: All of the psychiatric facilities and regional centers provide community services in all or part of their designated service areas. Community services include: residential, employment, in-home, and other supports to enable people to live in their community.

Regional Community Mental Health Centers (CMHCs): The CMHCs operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 15 CMHCs make available a range of community-based mental health, substance abuse, and in some regions, intellectual/developmental disabilities services. CMHC governing authorities are considered regional and not state-level entities. DMH is responsible for certifying, monitoring, and assisting the CMHCs. The CMHCs are the primary service providers with whom DMH contracts to provide community-based mental health and substance abuse services.

Other Nonprofit/Profit Service Agencies/Organizations: These agencies and organizations make up a smaller part of the service system. They are certified by DMH and may also receive funding to provide community-based services. Many of these nonprofit agencies may also receive additional funding from other sources. Services currently provided through these nonprofit agencies include community-based alcohol/drug abuse services, community services for persons with intellectual/ developmental disabilities, and community services for children with mental illness or emotional problems.

AVAILABLE SERVICES AND SUPPORTS

Both facility and community-based services and supports are available through the DMH service system. The type of services provided depends on the location and provider.

Facility Services

The types of services offered through the regional psychiatric facilities vary according to location but include:

Acute Psychiatric Care
Intermediate Psychiatric Care
Continued Treatment Services
Adolescent Services
Nursing Home Services

Medical/Surgical Hospital Services
Forensic Services
Alcohol and Drug Services
Community Service Programs

The types of services offered through the facilities for individuals with intellectual/developmental disabilities vary according to location but statewide include:

ICF/MR Residential Services	Speech/Occupational/Physical Therapies
Psychological Services	Vocational Training
Social Services	Diagnostic and Evaluation Services
Medical/Nursing Services	Employment Services
Special Education	Community Services Programs
Recreation	

Community Services

A variety of community services and supports are available. Services are provided to adults with mental illness, children and youth with serious emotional disturbance, children and adults with intellectual/developmental disabilities, people with substance abuse problems, and persons with Alzheimer's disease or other dementia.

Services for Adults with Mental Illness

Crisis Stabilization Programs	Acute Partial Hospitalization
Psychosocial Rehabilitation	Elderly Psychosocial Rehabilitation
Consultation and Education	Intensive Residential Treatment
Crisis/Emergency Mental Health Services	Day Support
Inpatient Referral Services	Mental Illness Management
Pre-Evaluation Screening/Civil Commitment Exams	Individual Therapeutic Support
Outpatient Therapy	Individual/Family Education and Support
Case Management Services	Supervised Housing
Halfway House Services	Physician/Psychiatric Services
Group Home Services	SMI Homeless Services
	Drop-In Centers

Services for Children and Youth with Serious Emotional Disturbance

Therapeutic Group Homes	Outpatient Therapy
Therapeutic Foster Care	Physician/Psychiatric Services
Prevention/Early Intervention	MAP (Making A Plan) Teams
Crisis/Emergency Mental Health Services	School Based Services
Mobile Crisis Response Services	Mental Illness Management Services
Intensive Crisis Intervention Services	Individual Therapeutic Support
Case Management Services	Acute Partial Hospitalization
Day Treatment	Family Education and Support

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers

Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Early Intervention

Day Treatment

Community Living Programs

HCBS In-home Nursing Respite

Work Activity Services

HCBS ICF/MR Respite

Supported Employment Services

HCBS Day Habilitation

Day Support

HCBS Prevocational Services

HCBS Attendant Care

HCBS Support Coordination

HCBS Behavioral Support/ Intervention

HCBS Occupational, Physical, and

HCBS Community Respite

Speech/Language Therapies

HCBS In-home Companion Respite

Substance Abuse Services

Detoxification Services

Primary Residential Services

Transitional Residential

Outreach/Aftercare

Prevention Services

Chemical Dependency Units

Outpatient Services

DUI Diagnostic Assessment

EXISTING UTILIZATION DATA

Data gathered from Bureau of Intellectual and Developmental Disabilities community services programs generates information about admissions, discharges, and demographics of the individuals served. While some individuals may be enrolled in more than one service, information indicates that **5,455** individuals received community services/ supports in FY 2009 through the Bureau of Intellectual and Developmental Disabilities and its providers.

FISCAL RESOURCES

The Bureau of Intellectual and Developmental Disabilities in the Department of Mental Health is responsible for the allocation of all fiscal resources received for services for persons with intellectual/ developmental disabilities. The responsibility for fund allocation was established by the Mississippi Legislature in the Mississippi Code of 1972, annotated, Section 41 4, et seq., State Department of Mental Health.

Funds received by the Bureau of Intellectual and Developmental Disabilities are as follows:

- A. **General Funds** - The Mississippi Legislature appropriates funds to the Bureau of Intellectual and Developmental Disabilities through the Department of Mental Health's Appropriation Bill for services and supports for persons with intellectual/developmental disabilities including, but not limited to, comprehensive regional center services, a specialized treatment facility, community living arrangements, work activity/employment related services, and Medicaid match for the Home and Community Based Services - ID/DD Waiver. During typical years, the state funds appropriated for Medicaid match currently draw down federal Medicaid dollars at an approximate ratio of 24% to 76%.
- B. **Social Services Block Grant** - The Department of Mental Health is a contractor of the Department of Human Services for the provision of social services as supported by Social Services Block Grant funds. Funds received by the Bureau of Intellectual and Developmental Disabilities support work activity/employment related services, child development, and case management services.
- C. **Council on Developmental Disabilities** - Public Law 106-402 allocates funds to states for planning and development of model programs for the state's citizens with developmental disabilities. The Mississippi Council on Developmental Disabilities establishes funding priorities through its State Plan and areas of emphasis which currently includes quality assurance activities, education activities and early intervention, child related activities, health related activities, employment related activities, and other community services including formal and informal community supports that affect quality of life. The Department of Mental Health/Bureau of Intellectual and Developmental Disabilities, as Designated State Agency, is responsible for an accounting of the utilization of funds.

GOALS AND OBJECTIVES

The Bureau of Intellectual and Developmental Disabilities has established the following Goals and Objectives for FY 2011. The time line for all objectives is **July 1, 2010 to June 30, 2011**.

PUBLIC AWARENESS

GOAL **Emphasize awareness of available services/support options for persons with intellectual/developmental disabilities.**

Objective 1 **Increase the number of public awareness activities occurring in conjunction with Intellectual/Developmental Disabilities Month.**

Activities Inform all service providers and media of designation of March as Intellectual/Developmental Disabilities Awareness Month.

Obtain proclamation from Governor Barbour and send out press release.

Schedule “Day at the Capitol” and invite all Legislators to attend and learn more about individuals with intellectual/developmental disabilities, available services/supports, and needs for the expansion of services.

Evaluation Document all public awareness activities conducted by the Bureau of Intellectual and Developmental Disabilities, DMH operated facilities serving individuals with intellectual/developmental disabilities, and BIDD certified community programs to promote better understanding of individuals with intellectual/developmental disabilities during Intellectual/Developmental Disabilities Awareness Month. Increases/decreases from FY 10 will be tracked by BIDD staff member responsible for coordination of “Day at the Capitol” events.

Target A minimum of ten activities (inclusive of press releases, letters to the editor, etc.) will be conducted throughout the State during Intellectual/Developmental Disabilities Month. Target date for completion – March 2011 (3rd quarter).

Objective 2 **Increase awareness of recent change in MS Code to delete the term “mental retardation” and incorporate usage of the term “intellectual disability”.**

Activities Develop “awareness kit” with updated information regarding passage of SB 3004 and change in terminology.

Provide all BIDD certified providers with “awareness kit”.

Incorporate usage of “intellectual disability” into 2011 revision of DMH Standards for Community Providers.

Evaluation Number of entities provided "awareness kit" will be tracked by BIDD.

Target In order to sustain this type of culture change, evaluation and awareness activities regarding this objective will be ongoing throughout FY 2011. Target date for initial implementation will be September 2010 (1st quarter).

Objective 3 Increase knowledge of ICF/MR providers regarding the ID/DD Waiver.

Activities Develop “HCBS Waiver 101” training to describe eligibility criteria for waiver and enrollment process.

Provide “HCBS Waiver 101” training to providers of ICF/MR services, targeting Interdisciplinary Team members.

Evaluation Document all “HCBS Waiver 101” trainings provided by BIDD staff and/or ID/DD waiver staff members throughout the State.

Target A minimum of five “HCBS Waiver 101” trainings will be provided during this fiscal year. Target date for completion is June 2011 (4th quarter).

Objective 4 Increase availability of information regarding availability of community programs, services and supports for individuals with intellectual or developmental disabilities.

Activities Develop service directory of BIDD certified community programs.

Make a minimal amount of print copies of service directory available for distribution.

Place electronic copy of service directory on DMH website.

Quarterly updates of service directory to be made on DMH website.

Evaluation Distribution of print copies will be tracked by BIDD. Number of quarterly updates to service directory will be tracked by BIDD.

Target Service Directory will be developed and made available online by December 2010 (2nd quarter). Quarterly updates will be ongoing.

OUTCOMES

GOAL **Emphasize use of evidence-based or best practice models and service outcomes.**

Objective 1 **Establish baseline on current utilization of National Core Indicators and other established elements of quality.**

Activities Generate baseline report from information received from BIDD Provider Survey.

Participate in “What Really Matters” field testing initiative with the Council on Quality Leadership to initiate development of plan to define and measure “quality” within the service system.

Evaluation Baseline report from BIDD Provider Survey is shared with BIDD Advisory Council for review.

Target Baseline report generated by September 2010 (1st quarter).
Participation in CQL field testing by September 2010 (1st quarter).

Objective 2 **Project number of funded ID/DD waiver slots needed to rebalance reliance on institutional care.**

Activities Identify individuals currently served through institutional services who can appropriately and safely be served in community settings and who desire, or families desire, that they be served through community supports/ services.

Based on number of individuals identified above, propose amendment to CMS to modify the current ID/DD waiver to increase the number of slots to be used for the specific purpose of deinstitutionalization.

Identify impact of waiver amendment.

Evaluation Report of projection will be made to DMH Executive Director, DOM and BIDD State Plan Advisory Council. Quarterly updates can be given at meetings of BIDD State Plan Advisory Council.

Target Final Report generated by June 2011 (4th quarter).

Objective 3 **Improve dementia screening practices utilized to identify signs of dementia in individuals with intellectual/developmental disabilities.**

Activities	Partnership with Division of Community Mental Health Services, Division of Alzheimer's and Other Dementia to review policies and practices related to dementia screening. Development of workgroup to review policies and practices related to dementia screening within the five state operated IDD facilities.
Evaluation	Review of policies and practices will take place at five state operated IDD facilities. Formal practice recommendations will be developed and disseminated.
Target	June 2011 (4 th quarter)

ACCOUNTABILITY

GOAL **Revise management and oversight practices to improve accountability and performance**

Objective 1 **Standardize certification survey procedures for all certified programs utilizing 2011 revision of DMH Standards**

Activities	Partnership with DMH Division of Accreditation and Licensure to develop and implement standardized certification survey and reporting procedures. Partner with DOM to define criteria for information included in HCBS waiver evidence package. Develop formal reporting procedures between DMH/BIDD and DOM regarding inclusion of information into HCBS waiver evidence package required by CMS.
Evaluation	Written standardized procedures will be developed and implemented during 2011 certification period. Criteria and formal reported procedures for HCBS waiver evidence package to be developed.
Target	Standardized certification survey and reporting procedures to be developed by March 2011 (3 rd quarter). Criteria for HCBS waiver evidence package defined by March 2011 (3 rd quarter). Formal reporting procedures will also be defined by March 2011.

SHARED RESPONSIBILITY

GOAL **Share responsibility for planning and delivery of services and supports with individuals with intellectual/developmental disabilities, family members of individuals with intellectual/developmental disabilities, state and local governments and other service providers.**

Objective 1 **Promote awareness of the abilities of individuals with intellectual/developmental disabilities.**

Activities Expand partnerships of the Abilities Awareness Council to include Department of Rehabilitation Services and APSE.

Development and implementation of “Possibilities through Abilities” campaign through the Abilities Awareness Council to educate MS business community about skills and abilities of individuals with intellectual/developmental disabilities.

Evaluation The number of potential employers reached will be tracked and responses evaluated by the Abilities Awareness Council and BIDD. The number of new employment opportunities generated will also be tracked.

Target Reach at least 10 business entities in FY 2011. Campaign implementation to be initiated by December 2011 (2nd quarter).

Objective 2 **Identify needed processes, systems and guidelines to support a pilot project within the ID/DD waiver to promote the usage of “individualized budgets” for waiver participants.**

Activities Discussion of interest in pilot project with Division of Medicaid to gain support.

Determination of whether or not waiver amendment from Centers for Medicare and Medicaid Services is needed.

Identify impact of waiver amendment.

Review of literature and research regarding use of individualized budgeting.

Partner with DOM to request technical assistance from National Quality Enterprise.

Evaluation Generate summary report for presentation to BIDD Advisory Council of actions needed to initiate, support and sustain pilot project related to individualized budgeting for HCBS waiver participants.

Target Summary report to be completed by end of June 2011 (4th quarter).

Objective 3 **Design a peer review evaluation program for BIDD certified programs.**

Activities Partnership with the Bureau of Community Mental Health Services, Division of Consumer and Family Affairs to ensure inclusion of BIDD in the development of the peer review process for DMH.

Identification of possible peer reviewers.

Inclusion of information related to IDD services and programs in DMH peer review training.

Evaluation Number of BIDD peer reviews. Establish baseline during FY 2011.

Target Peer reviewers identified and trained by March 2011 (3rd quarter).

Objective 4 **Explore feasibility of expanding community-based interagency teams, Making A Plan (MAP) Teams, to include children with intellectual/developmental disabilities as a target population.**

Activities Identify the number of MAP Teams already serving children with intellectual/developmental disabilities.

Identify additional team members needed to appropriately serve children with intellectual/ developmental disabilities.

Identify training needs of MAP Teams to appropriately serve children with intellectual/developmental disabilities.

Evaluation Survey the 34 already established MAP Teams to identify those already serving children with IDD, need for additional team members and training needs. Survey results will be utilized to determine next steps.

Target Survey results compiled and analyzed by September 2011 (1st quarter).

Bureau of Intellectual and Developmental Disabilities State Plan Advisory Council

The Bureau of Intellectual and Developmental Disabilities State Plan Advisory Council membership includes individuals with IDD, representatives of individuals with intellectual and developmental disabilities, parents/guardians of individuals with intellectual and developmental disabilities, service providers, regional facilities, community mental health centers, the Council on Developmental Disabilities, and other related service agencies. The Bureau of Intellectual and Developmental Disabilities thanks the members of the Advisory Council for their support and feedback.

Jason Bunch
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