



**Bureau of Intellectual
and
Developmental Disabilities**

FY 2013 State Plan

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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 members for FY 11 - FY 12 responsible for development this plan are:

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PURPOSE

The purpose of the Bureau of Intellectual and Developmental Disabilities State Plan 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
- to provide 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, 2012, through June 30, 2013. Since the Plan is considered a working document, it is subject to continuous review and revision.

GOALS AND OBJECTIVES

The Bureau of Intellectual and Developmental Disabilities Advisory Council developed the following Goals and Objectives for FY 2013. The goals and objectives outlined in this plan are intended to support and further operationalize the goals and corresponding actions plans set forth in the DMH Strategic Plan for FY 2013 - 2017.

UTILIZATION OF RESOURCES

Maximize efficient and effective use of human, fiscal and material resources.

Objective 1 Collaborate with the Division of Medicaid to provide access to Bridge to Independence for Individuals with Intellectual and Developmental Disabilities seeking discharge from an ICF/MR Facility

Activities Use the Bridge to Independence program to assist in development of community-based infrastructure.

Evaluation A minimum of 70 individuals are transitioned to the community using B2I during FY 13

Objective 2 Apply for the 1915(i) Medicaid State Plan Amendment.

Activities Continue support of the effort through information and research

Evaluation 1915(i) Medicaid State Plan Amendment approved by CMS by December, 2012.

Objective 3 Implement National Core Indicators

Activities Collaborate with the Bureau of Quality Management, Operations and Standards to implement the National Core Indicators project being funded by the Administration on Developmental Disabilities during FY 13.

Evaluation National Quality Indicators surveys completed by March, 2013. (Report from NCI contractor will not be completed this fiscal year.)

EXPAND PERSON-CENTERED, COMMUNITY-BASED SYSTEM

Strengthen commitment to a person-centered, community-based system of care

Objective 1 Renew ID/DD Waiver

Activities Research service definitions, eligibility, and performance measures from other states.

Seek technical assistance from national organizations.

Seek input from stakeholders from across the state.

BIDD staff will attend "Reinventing Quality Conference in August, 2012.

Evaluation Series of at least three meetings held across the state to gather stakeholder input by September, 2012.

Division of Medicaid will request technical assistance from the National Quality Enterprise, a CMS contractor, for assistance in developing performance indicators in July, 2012

Waiver renewal request submitted according to CMS timelines (April 1, 2013).

Objective 2 Adapt procedures and requirements for Certified Peer Support Specialists (CPSS) to include individuals with IDD

Activities Make recommendations/document concerns regarding the inclusion of individuals with IDD in the Certified Peer Support Specialist training and services

Identification of possible peer reviewers

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

Evaluation Peer reviewers identified by August, 2012. CPSS program includes individuals with IDD

Objective 3 Transition DMH operated ID/DD Waiver programs/services to private providers

Activities Engage in discussion with private providers regarding the geographic areas into which they want to expand

Develop site/service specific transition plans between families, DMH program and private provider(s)

Evaluation Five (5) DMH operated programs transitioned to private providers during FY 13

EMPLOYMENT

Develop and Implement Employment First

Objective 1 Research other states' Employment First policies

Activities BIDD will gather information from other states regarding their policies and practices with Employment First for use in designing Mississippi specific policies and practices

Evaluation Information will be presented at the 2nd quarter BIDD Advisory Council Meeting

Objective 2 Partner with APSE to provide training on customized employment

Activities BIDD staff will attend APSE meetings to assist in coordinating training.

Evaluation At least one training per quarter

Objective 3 Develop Memorandum of Understanding (MOU) with the Department of Rehabilitation Services

Activities Meet with MDRS staff to write an MOU which outlines the roles and responsibilities of MDRS and DMH regarding employment of individuals with IDD

Evaluation MOU developed by December, 2012.

ACCESS TO SERVICES

Provide equitable access to services

Objective 1 Develop system of individual budget allocations for the ID/DD Waiver

Activities Contract with Human Services Research Institute to provide BIDD with procedures and data regarding development of individual budgets in the ID/DD Waiver based upon ICAP scores

Evaluation Prototype developed by June 30, 2013

Objective 2 Develop Crisis Support Services for individuals with IDD

Activities Define “crisis” and determine services needed to mitigate/intervene in crisis situations

Develop training for behavior support/interventionists

Develop crisis capacity at BIDD facilities.

Evaluation Behavior support/intervention training developed and implemented by June 30, 2013

Assign three beds at one of the BIDD facilities for use in crisis stabilization.

Objective 3 Expand the capacity of the ID/DD Waiver

Activities Use ID/DD Waiver Reserved Capacity slots to transfer people from ICF/MRs to the community.

Identify individuals to be enrolled from the ID/DD Waiver Planning List

Evaluation Transition 70 people from ICF/MRs to the community and 50 individuals from the ID/DD Waiver Planning List.

Objective 4 Fully develop Transition Teams at all Regional Facilities to enable successful quality of life discharges

- Activities** Outline guidelines and training for all team members
- Provide guidance and supervision of all ICF/MR discharges to community settings
- Evaluation** A minimum of 70 individuals with IDD will be successfully transitioned to community settings

PUBLIC AWARENESS

Emphasize awareness of persons with intellectual/developmental disabilities.

Objective 1 Encourage and participate in public awareness activities during 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 Bryant 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.
- Survey providers to determine the activities conducted at the local level.
- Evaluation** 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 (March, 2013)

Objective 2 Increase awareness of person first language in all DMH and provider verbal and written correspondence

- Activities** Develop "awareness kit" with updated information regarding the use of person first language.
- Provide all BIDD certified providers with "awareness kit".
- Put "awareness kit" on the DMH website.
- Evaluation** Number of entities provided "awareness kit" will be tracked by BIDD. Implementation will be January, 2013.

Objective 3 Increase availability of information regarding community programs, services and supports for individuals with intellectual or developmental disabilities

Activities Update service directory of BIDD certified community programs.

Updates will be made as new providers/services are certified.

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

MISSION OF THE DMH

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 OF THE DMH

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 OF THE DMH

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 OF THE DMH

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.

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

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 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 Quality Management, Operations, and Standards, 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 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 with intellectual and developmental disabilities. This system is comprised of five state-operated comprehensive regional centers for individuals with intellectual or developmental disabilities, one specialized residential facility for youth with intellectual or developmental disabilities, regional community mental health centers, and other nonprofit community agencies/organizations that provide community services. The Bureau of IDD includes the Division of Home and Community-Based Services (HCBS), the Division of Transition Services, and staff dedicated to the oversight of community-based services and programs.

The Bureau of Quality Management, Operations and Standards is responsible for the development of DMH standards of care for all DMH providers of community-based services, provider certification, compliance with DMH Standards, development of the peer review system as a part of DMH's overall quality management system, provision of support to programmatic divisions/bureaus within DMH to assist with information management and reporting, oversight of agency and provider emergency management/disaster response systems to ensure continuity of operations within the public mental health system, oversight of constituency services, and the development of performance measures for the agency and its certified providers.

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 DEPARTMENT 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.

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

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 proposals to DMH for review that 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 Request for Proposals, 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 programs, regional community mental health centers, and other non-profit/profit service agencies/organizations.

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.

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.

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.

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.

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

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|--|---|
| 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

Community Living Programs

Work Activity Services

Supported Employment Services

ID/DD Waiver Home and Community Supports

ID/DD Waiver Behavior Support/ Intervention

ID/DD Waiver Community Respite

ID/DD Waiver In-home Nursing Respite

ID/DD Waiver ICF/MR Respite

ID/DD Waiver Day Services - Adult

ID/DD Waiver Prevocational Services

ID/DD Waiver Support Coordination

ID/DD Waiver Occupational, Physical, and Speech/Language Therapies

Substance Abuse Services

Detoxification Services

Primary Residential Services

Transitional Residential

Outreach/Aftercare

Prevention Services

Chemical Dependency Units

Outpatient Services

DUI Diagnostic

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

EXISTING UTILIZATION DATA

Data gathered from the Central Data Repository 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 6,641 individuals received community services/ supports in FY 2011 through the Bureau of Intellectual and Developmental Disabilities and its providers (this number is duplicated). Through the ID/DD Waiver, 1,809 people received services in FY 11.

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. **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. 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.