



**Bureau of Intellectual
and
Developmental
Disabilities**

FY 2016 State Plan

Table of Contents

Members	3
Purpose	4
Goals & Objectives	5
Existing Utilization Data	8
Mission	8
Vision	8
Philosophy	9
Values & Guiding Principles	9
Overview of the Mental Health System	10

Bureau of Intellectual and Developmental Disabilities State Plan Advisory Council

The Bureau of Intellectual and Developmental Disabilities State Plan Advisory Council membership includes people with IDD, representatives of people who have intellectual and developmental disabilities, parents/guardians of people 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 16 are:

Renee Brett
Doug Buglewicz
Jason Bunch
Danny Cowart
Charles Hughes
Jaylene Lose
Ann Maclaine
Jessica Mathews
Don Myers
Matt Nalker
Sandy Rogers
Kearney Waites
Birchel Washington

Purpose

The purpose of the Bureau of Intellectual and Developmental Disabilities State Plan is:

- To describe the comprehensive, community-based service delivery system for people 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 people with IDD, 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.

Goals and Objectives

The Bureau of Intellectual and Developmental Disabilities Advisory Council developed the following Goals and Objectives for FY 2016. 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.

Goal

To increase access to community based care and supports for people with intellectual and/or developmental disabilities through a network of service providers that are committed to a person centered system of care.

Objective 1 Collaborate with the Division of Medicaid to use funds from the Balancing Incentive Program (BIP) to expand and increase the quality of services provided through the BIDD

Activities Continue participation in meetings to provide input about the use of BIP funds

Train ID/DD Waiver and IDD Community Support Program providers to use the Long Term Services and Supports (eLTSS) automated/electronic workflow and data management system

Offer provider training in the areas person-centered thinking and person centered planning

Hire 2 new contract staff for training, reviewing initial and annual IDD Community Support Program certifications, and program support activities

Evaluation Full implementation of LTSS

Development of contract for Person Centered Planning Facilitation training for FY 16

At least 2 new contract staff hired for IDD Community Support Program

Objective 2 Implement the IDD Community Support Program

Activities Recruit and certify IDD CSP providers

Review and approved certification and recertification requests

Evaluation 200 people enrolled in and receiving services from the IDD Community Support Program.

Objective 3 Continue Implementation of the FY 2013-2017 ID/DD Waiver

Activities Provide training to providers regarding DMH Operational Standards and Record Guide

Implement Transition Plan for CMS to detail how MS will implement the HCBS Regulations published March 17, 2014

Increase enrollment to 2500 people for FY 16

Work with Division of Medicaid to implement increased rates

Evaluation Training provided

Transition Plan approved by CMS and implementation begun

Enrollment increased

New rates implemented

Objective 4 Exploration of methods of providing peer mentoring services for people with IDD.

Activities Provide grant funds to two BIDD providers to hire at least (2) self-advocates who will begin providing mentoring services and assist with development of peer mentoring procedures

Evaluation A proposed IDD peer mentoring program will be developed and piloted

Objective 5 Support persons with IDD in their communities through the development and expansion of Supported Employment

Activities Provide training and awareness of supports needed to move persons into competitive employment within their communities

Provide seed funding to support staff in creating and developing Supported Employment programs which will lead to competitive employment

Assist in the development or facilitation of local Business Advisory Councils

Provide support to the programs through technical assistance, follow up and review of the programs activities regarding competitive employment placement

Implement the Memorandum of Understanding with the MS Department of Rehabilitation Services

- Evaluation** Conduct (3) three regional trainings to providers during the year regarding supports needed to move people to competitive employment
- Funding at least (2) two providers to implement or expand Supported Employment Services
- Development of one (1) local Business Advisory Council in the catchment area of one of the funded providers
- Technical assistance visits to providers during their initial startup or expansion as well as at least one (1) follow up visit during the first 6 months of service provision
- Training developed and provided to ID/DD Waiver providers and Support Coordinators and VR Counselors to implement the MOU

Objective 6 Work with the Division of Medicaid to implement the FY 14 Rate Study for the ID/DD Waiver.

Activities Amend the ID/DD Waiver

Evaluation Rates recommended by the FY 14 ID/DD Waiver Rate Study implemented

Objective 7 Conduct the National Core Indicators Survey

Activities Contract with entity to conduct the surveys across the state

Evaluation NCI Survey completed and submitted to Human Services Research Institute

Objective 8 Administer the Inventory for Client and Agency Planning (ICAP) to everyone enrolled in or being enrolled in the ID/DD Waiver for Level of Care Determination and Resource Allocation

Activities Supervised implementation of contract with Ascend Management Innovations to administer ICAPs

Evaluation Administration of 2300 ICAPs in FY 16

Objective 9 Provide community supports and services for persons transitioning to the community from and institutional setting.

Activities Develop/enhance partnerships with private providers in the community via the ID/DD waiver

Ensure people transitioning to the community have appropriate supports and services (utilizing Transition Specialists)

Increase the number of people accessing support services in the community such as peer support, behavioral support, crisis support and supported employment.

Evaluation Increase the number of persons transitioning to the community from the IDD Regional Programs by a minimum of 3.6% per year.

Existing Utilization Data

DMH Certified Providers submit data monthly through the Central Data Repository and the BIDD Monthly Data Report. The data generates information about admissions, discharges, demographics of those served, and types of services they receive. The data indicates more than 3300 people received community services/supports in FY2015. Many are enrolled in multiple services with multiple providers.

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 people 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 people served 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 personal needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when people's 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 DMH

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 people 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 people 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.

Bureau of Outreach, Planning and Development is responsible for the agency's strategic planning process, internal and external communications, public awareness campaigns, transformation to a Person-Centered and Recovery Oriented System of Care, special projects, workforce development, and professional licensure and certification.

The Bureau of Quality Management, Operations and Standards is responsible for: development of the DMH Operational Standards for providers of community-based services; provider certification; compliance with DMH Operational Standards; oversight of agency and provider emergency management/disaster response systems; and oversight of constituency services.

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 IDD and Behavior Health Programs 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 14 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.

Other Nonprofit/Profit Service Agencies/Organizations: These are certified by DMH and may also receive other funding to provide community-based services. 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/youth with mental illness.

State-operated Programs: DMH administers and operates six (6) Behavioral Health Programs, five (5) IDD Regional Programs, and a rehabilitation facility youth with IDD.

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 person's location and the availability of certified providers.

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 disorders, and persons with Alzheimer's disease or other dementia.

Services for Adults with Mental Illness

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

Services for Children and Youth with Serious Emotional Disturbance

Therapeutic Group Homes	Therapeutic Foster Care
Prevention/Early Intervention	Intensive Crisis Intervention Services
Mobile Crisis Response Services	Day Treatment
Community Support Services	Physician/Psychiatric Services
Outpatient Therapy	School Based Services
MAP Teams	Family Education and Support
Acute Partial Hospitalization	Crisis/Emergency Mental Health Services

Services for People with Alzheimer's disease and Other Dementia

Adult Day Centers	Caregiver Training
-------------------	--------------------

Services for People with Intellectual/Developmental Disabilities

Early Intervention	Work Activity Services
Supported Living (ID/DD Waiver and non-ID/DD Waiver)	ID/DD Waiver Home and Community Supports
Supported Employment Services (ID/DD Waiver and non-ID/DD Waiver)	Supervised Living (ID/DD Waiver and non-ID/DD Waiver)
ID/DD Waiver Behavior Support	ID/DD Waiver Community Respite
ID/DD Waiver In-home Nursing Respite	ID/DD Waiver Crisis Support
ID/DD Waiver Day Services - Adult	ID/DD Waiver Prevocational Services
ID/DD Waiver Support Coordination	ID/DD Waiver Job Discovery
ID/DD Waiver Crisis Intervention	ID/DD Waiver Supported Living
ID/DD Waiver Transition Assistance	ID/DD Waiver Host Homes
ID/DD Waiver Specialized Medical Supplies (blue pads, disposable briefs, catheters)	ID/DD Waiver Occupational, Physical, and Speech/Language Therapies

Services for People with Substance Abuse Disorders

Detoxification Services	Primary Residential Services
Transitional Residential	Outreach/Aftercare
Prevention Services	Chemical Dependency Units
Outpatient Services	DUI Diagnostic

IDD Regional Program Services

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

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

Behavioral Health Program Services

The types of services offered through the regional Behavioral Health Programs 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	