



*Supporting a Better Tomorrow...One Person at a Time*

**Bureau of Intellectual  
and  
Developmental  
Disabilities**

**FY 2018 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 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 18 are:

Dr. Jerry Alliston  
Gretchen Cagle  
Danny Cowart  
Pam Dollar  
Lavonda Hart  
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Sandy Rogers  
Polly Tribble  
Kearney Waites  
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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 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 2018. The goals and objectives outlined in this plan are intended to support and further operationalize the goals and corresponding action plans set forth in the DMH Strategic Plan.

## Goal

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

**Objective 1** Provide a comprehensive system of community programs and services for people with IDD seeking community-based service options

**Activities** Identify training needs for providers, families, Support Coordinators and Targeted Case Managers

Ensure people are receiving a Person Centered Plan of Services and Supports that is attended by the person's chosen provider(s)

Provide ID/DD Waiver services for at least 2,515 people

**Evaluation** Training provided addresses at least the following: Plan of Services and Supports development and implementation, Individual Budgets, Person Centered Planning Facilitation; and Person Centered Thinking Training

Number of Person Centered Plans of Services and Supports reviewed by BIDD staff demonstrating adherence to the DMH Operational Standards and DMH Record Guide

Number of people receiving ID/DD Waiver services

**Objective 2** Expand the IDD Community Support Program

**Activities** Recruit and certify IDD CSP providers

Review and approve certification and recertification requests

Collaborate with the Division of Medicaid to expand reimbursement rates and services

**Evaluation** 800 people enrolled in and receiving services from the IDD Community Support Program

Increase number of certified providers for the IDD Community Support Program

**Objective 3 Provide Supported Employment Services to people with IDD in partnership with state agencies and providers**

**Activities** Collaborate with other partners to provide training and awareness of supports needed to move persons into competitive, integrated employment in their communities

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

Conduct (3) three regional trainings to providers during the year regarding supports needed to move people to competitive, integrated employment

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

Partner through a multi-agency taskforce/workgroup to increase quality of Supported Employment Services

**Evaluation** Increased number of people approved for Supported Employment Services

Increased number of people utilizing supported employment services

Number of technical assistance visits to providers during their initial startup or expansion

Number of taskforce/workgroup meetings and deliverables

**Objective 4 Educate families, schools and communities on options, services and supports available for people with IDD**

**Activities** Increase statewide public awareness campaign to increase knowledge of community services available to people with IDD

Provide families with information regarding the Inventory for Client and Agency Planning (ICAP) regarding Level of Care Determination and Individual Budgets for ID/DD Waiver services

**Evaluation** Number of educational materials developed

Increased number of outreach/awareness events and activities from FY 17

Increased number of people attending outreach/awareness events and activities from FY 17

**Objective 5 Provide a Conflict Free System of Case Management (ID/DD Waiver Support Coordination)**

**Activities** Transition supervision of Boswell Regional Center's ID/DD Waiver Support Coordination Department to Ellisville State School

Transition people receiving IDD services from Ellisville State School, South Mississippi Regional Center, North Mississippi Regional Center, and Hudspeth Regional Center to other DMH certified providers to ensure conflict free case management is provided

**Evaluation** Decreased number of IDD services provided by Ellisville State School, South Mississippi Regional Center, North Mississippi Regional Center, and Hudspeth Regional Center (not including ID/DD Waiver Support Coordination)

Increased number of IDD services operated by other DMH certified providers

Number of new certified providers

## Utilization Data

DMH Certified Providers submit data monthly through the Central Data Repository and the BIDD Monthly Data Report. This data generates information about admissions, discharges, demographics of those served, and types of services they receive. The data indicates more than 8,673 people received services/supports in FY2017, both in the community and in the state-run ICF/IID Programs. This is not an unduplicated count. Most people are enrolled in multiple services and may have multiple providers; therefore they are counted more than one time.

## 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 and 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. The Central Office provides administrative support and monitoring for DMH certified providers.

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 Outreach, Planning and Development, and the Bureau of Human Resources.

**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. DMH is responsible for certifying, monitoring and assisting the fourteen (14) Community Mental Health Centers as well as other private for profit/non-profit DMH certified providers of services to these populations.

**The Bureau of Alcohol and Drug Services** is responsible for the administration of state and federal funds utilized in the prevention, treatment and rehabilitation of persons with substance abuse disorders, 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, and 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 two (2) state psychiatric facilities and their satellite community programs. Services provided include public inpatient services for people with mental illness and/or substance use disorders.

**The Bureau of Intellectual and Developmental Disabilities** is responsible for planning, development and supervision of an array of services for people with intellectual and developmental disabilities. This system is comprised of five (5) state-operated comprehensive regional programs for people with intellectual or developmental disabilities, Community Mental Health Centers, and other for profit/non-profit providers. The Bureau of Intellectual and Developmental Disabilities includes the Division of Home and Community Based Services (HCBS) which administers the ID/DD Waiver, the IDD Community Support Program and the Division of Transition Services.

**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, Suicide Prevention, and professional licensure and certification.

**The Bureau of Human Resources** is The Bureau of Human Resources is responsible for the employment and personnel matters of each of the Bureaus. Such matters include all aspects of human core capital processing, recruitment, retention, benefits, worker's compensation, job performance monitoring, and discipline. The Bureau is responsible for workforce development which is inclusive of managing the on-line learning system, organizing training opportunities for employees and assisting with the documentation of employee training credits. The Bureau also oversees the Contract Management of the agency's contract workers and independent contractors assuring compliance with state rules and regulations.

## THE SERVICE DELIVERY SYSTEM

The mental health service delivery system is comprised of three major components: state-operated programs, fourteen (14) Community Mental Health Centers, and other private for profit/non-profit providers.

***State-operated Community Service Programs:*** All of the IDD and Behavioral Health Programs provide community services in all or part of their designated service areas. Community services include: community living, employment, day programs, 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 fourteen (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 Profit/Non-profit Service Providers:*** These are certified by DMH and may also receive other funding to provide community-based services. Services currently provided through these profit/nonprofit agencies include substance abuse services, services for persons with intellectual/developmental disabilities, services for adults with serious mental illness and services for children/youth with serious emotional disturbance.

***State-operated Programs:*** DMH administers and operates two (2) Behavioral Health Programs and their community satellites and five (5) IDD Regional Programs.

## 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	Psychosocial Rehabilitation
Pre-Evaluation Screening/Civil	Crisis Response
Assertive Community Treatment	Community Support
Outpatient Therapy	Supervised Living
Supported living	Senior Psychosocial Rehabilitation
Acute Partial Hospitalization	Physician/Psychiatric Services
Targeted Case Management	Drop-In Centers
SMI Homeless Services	Peer Support
Adult MAP Team	Individual/Family Education and Support
Supported Employment	

#### ***Services for Children and Youth***

Therapeutic Group Homes	Therapeutic Foster Care
Prevention/Early Intervention	Intensive Outpatient Psychiatric
Crisis Response	Day Treatment and Pre-K
Crisis Residential	Pre-Evaluation Screening
Targeted Case Management	Respite Care
Peer Support (Family & Youth)	Crisis Stabilization
Community Support	Physician/Psychiatric Services
Outpatient Therapy	Wraparound Facilitation
MAP Teams	Family Support and Education
Acute Partial Hospitalization	Crisis Stabilization

#### ***Services for People with Alzheimer's disease and Other Dementia***

Adult Day Centers	Adult Respite Programs
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***Services for People with Intellectual/Developmental Disabilities***

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

***IDD Community Support Program Services for People with IDD***

Targeted Case Management	Supported Employment
Day Habilitation	Prevocational Services

***Other Services for People with Intellectual/Developmental Disabilities***

Crisis Response	Diagnostic Evaluation
Transition Services	Community Living
Case Management	

***Substance Use Disorders for Adults***

Withdrawal Management	Crisis Response
Peer Support	Prevention
Primary Residential	Intensive Outpatient Programs
Outpatient Therapy	Transitional Residential
DUI Diagnostic Assessment	Recovery Support
Partial Hospitalization Programs	Opioid Treatment
	Specialized Residential for Pregnant/Parenting Women

***Substance Use Disorders for Adolescents***

Outpatient Therapy	Partial Hospitalization Programs
Prevention	Residential Services
Intensive Outpatient Programs	

### **IDD Regional Program Services**

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

ICF/IID Residential Services  
Social Services  
Special Education  
Diagnostic and Evaluation Services  
Community Services Programs

Psychological Services  
Medical/Nursing Services  
Recreation  
Vocational Training  
Employment Services  
Speech/Occupational/Physical  
Therapies

### **State-Operated Program Services**

The types of services offered through the Behavioral Health Programs vary according to location but include:

Acute Psychiatric Care  
Continued Treatment Services  
Nursing Home Services  
Forensic Services  
Community Service Programs

Intermediate Psychiatric Care  
Adolescent Services  
Medical/Surgical Hospital Services  
Substance Abuse Services