



Boswell Regional Center

Mississippi Department of Mental Health

Five Year Strategic Plan for the Fiscal Years 2019-2023

382-00

1. Comprehensive Mission Statement

Boswell Regional Center began operation in July 1976 on the grounds of the old Mississippi State Tuberculosis Sanatorium. Authority for the establishment and operation for Boswell Regional Center was granted by Sections 41-19-201 through 41-19-213 of the Mississippi Code 1972 Annotated. The governing authority of Boswell Regional Center is the State Board of Mental of Health, as established effective July 1, 1974, (Mississippi Code 1972 Annotated, Section 41-4-1).

The mission of BRC is to offer specialized program options to Mississippians with Intellectual and Developmental Disabilities. These programs are designed to identify the necessary supports for successful community transition. With collaboration between the individual, family and community, dreams can become reality. The program seeks to provide an active habilitation program for each individual within a normalized and normalizing environment and to provide each individual the opportunity to live as interdependently as possible. Boswell Regional Center provides services to individuals in the State of Mississippi who are over the age of twenty-one and who have had an interdisciplinary evaluation completed at either Boswell Regional Center or one of the four sister facilities operated by the Department of Mental Health/Bureau of Intellectual Disabilities/Developmental Disabilities (ID/DD) that declares the individual to be eligible for services.

2. Philosophy and Values

We believe each person has his or her own dreams and goals.

The **philosophy** is to provide a person-centered approach to each individual being served. We believe in adapting to the needs of the people we support. Through communication with the individual and family, we arrange supports they need for a quality life and provide the appropriate services and supports they choose for themselves within the resources available. We work to provide specialized services that promote individual well-being and allowing them truly to thrive in a community setting where each individual's dreams can become reality.

The core values and guiding principles:

Commitment –Upholding BRC's mission is our covenant. As employees, we contract with each other to engage only in behaviors and decision making which promotes advancement towards our stated objectives.

Respect – BRC recognizes that all individuals are unique. We manifest this belief through our actions and attitudes, allowing for difference, building upon individual's strengths, and promoting personal choices.

Communication – BRC fosters active, open communication at all levels between all individuals involved in the development and continuation of services provided for our individuals. We strive to exchange information and develop dreams through a commitment to a true understanding, free of personal bias.

Responsibility – Each employee is accountable to the people who receive services, the other staff, the facility, and themselves. This accountability must impact upon each person’s ability to act and make decisions, functions as a role model, implement all regulations and guidelines, and learn from mistakes and triumphs.

Loyalty – BRC believe that goals are achieved, expectations are advanced, and pride is instilled when we are dedicated to our established beliefs. We devote ourselves, steadfast in allegiance, to a unified effort of faithfulness and loyalty to our individuals and this facility, through our constant commitment to promote a positive message.

Trust – BRC promotes having faith in others to do the right thing.

Cooperation- BRC makes conscious, consistent efforts to work together toward reaching our goals through the interchange of ideas, policies, and procedures. We take initiative in furthering the partnership of individuals, family, staff, and community by promoting trust, support, understanding of objective, and sharing of resources.

3. Relevant Statewide Goals and Benchmarks

Statewide Goal #1:

To protect Mississippians from risks to public health and to provide them with the health-related information and access to quality healthcare necessary to increase the length and quality of their lives

Relevant Benchmarks #1:

- Percentage of Mississippi Department of Mental Health clients served in the community versus in an institutional setting
- Percentage of Mississippi Department of Mental Health institutionalized clients who could be served in the community

Statewide Goal #2:

To ensure that Mississippians are able to develop to their full potential by having their basic needs met, including the need for adequate food and shelter and a healthy, stable, and nurturing family environment or a competent and caring system of social support

Relevant Benchmarks #2:

- Percentage of the population of persons with a disability who are employed

4. Overview of the Agency 5-Year Strategic Plan

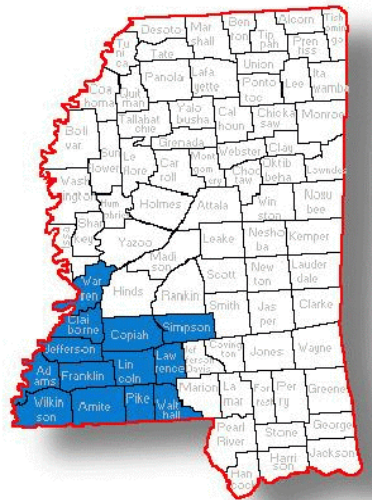
Boswell Regional Center began operation in July 1976 and during the first year of operation served seventy-six (76) individuals. Today (FY2018) the program provides various services to approximately four hundred (400) individuals in the community and residential services for up to one hundred ten (110) individuals on the main campus. To adapt to the State Wide Strategic Plan and comply with the Department of Mental Health Strategic Plan, through the years of FY2019 – FY2023, the number of individuals on campus will decrease to a census up to ninety (90) individuals. These individuals, along with others, will transition into community based programs. The main services include residential services, diagnostic and evaluation services, and home and community-based ID/DD services to as many as thirteen counties in Mississippi.

Boswell Regional Center has five major program components: The IDD – Institutional Care Program, the IDD – Group Home Program, the IDD – Community Program, the IDD – Mississippi Adolescent Center, and the IDD – Support Services Program. Through the four (4) programmatic services Boswell Regional Center provides an array of services such as, community based ICF/MR homes, developmental disability group homes, diagnostic and evaluation services, supported employment, day programs, and residential placement services to individuals across the State of Mississippi. The IDD – Support Services Program is responsible for the administrative oversight of the service components.

Senate Bill 2888 passed in the Regular Session of the 2016 Mississippi Legislature merged the Mississippi Adolescent Center with Boswell Regional Center. The Mississippi Adolescent Center will now be recognized as Program #5 for Fiscal Year 2017 and beyond.

The Mississippi Adolescent Center was created by the Mississippi Legislature in 1995 through Mississippi Code 41-21-109. The Mississippi Adolescent Center is located in Brookhaven, Mississippi. The MAC currently utilizes 36 beds and the program offers a self-contained, secure, therapeutic, family environment allowing adolescents with an intellectual or developmental disability to receive supports and services needed to live independently as possible. This facility was charged with providing services for Mississippi's adolescents with an intellectual or developmental disability needing family placement, are transferred from a sister facility and are in need of active treatment and training to prepare the clients for life in a less restrictive environment, while allowing the clients to develop to their maximum potential. Adolescents receive dietary, educational, medical, nursing, physical therapy, psychiatric, crisis support, psychological, recreational, social, and a variety of other treatments, life skills, and other needed supports and services. These services are provided 24 hours a day seven days a week.

In addition to residential training and habilitation, the Mississippi Adolescent Center offers follow-up/aftercare and family education services. It is our belief, as well as the belief of the Department of Mental Health, that all individuals are capable of learning and individual growth regardless of their physical or mental disabilities.



BRC provides diagnostic/evaluation services, and home/community based Intellectual Disabilities/Developmental Disabilities (ID/DD) services to as many as thirteen counties.

This plan will show the IDD-Institutional Care program continues to provide short term supports to people with significant behavior and health needs. The IDD- Community Program could show a slight decrease as private providers become certified to provide supports for FY 2019 – FY 2023. This plan mirrors the current and future focus of the Department of Mental Health in increasing community based services, as allowable. However, it should be noted that Boswell’s campus program expects a future population of individuals with more behavior and health issues requiring more 1-to-1 supervision than in the past. The daily care of this population of individuals will be costlier than past or current populations.

Boswell Regional Center is dedicated to providing direct services at the highest level of quality and safety that meets the needs of the current participants as well as prospective individuals.

5. Agency’s External/Internal Assessment

- 1) Significant changes in federal legislation may impact the type of licensed program deemed acceptable for individuals with developmental disabilities.
- 2) Economic indicators, the available labor pool, and demographic compensation variables may affect the agency’s ability to recruit and retain needed staff and impact the job market and opportunities for employment.
- 3) It could be difficult to meet the staffing ratios required by the United States Justice Department and the ratios required for participation in the Medicaid Intermediate Care Facility for individuals who have a diagnosis of ID/DD and Home and Community Based Waiver Programs.
- 4) Delays could be a problem in opening new programs due to factors such as bidding processes, construction problems, legal issues and other related factors.
- 5) Failure to automate the programmatic aspect of the program resulting in the inability to meet the changing technological requirements in programming that is afforded by the use of computers.
- 6) Employment for persons with intellectual disabilities, especially in hard economic times, is very difficult.
- 7) Increased partnerships and greater visibility of Boswell Regional Center individuals served and increased services with community provides and community resources will assist in easier transition of individuals served into community settings.

- 8) Partnerships and visibility could also assist in finding more jobs, of competitive wages, for individuals served at Boswell Regional Center with capabilities to work in the community.
- 9) It takes time to increase community acceptance for further inclusion through partnerships, visibility, and employment to those being served.

6. Agency Goals, Objects, Strategies, Measures by Program for FY 2018 through FY 2022

Program 1: ICF/IID Institutional Care Program

Goal A: To provide a comprehensive person-centered system of care to people requiring specialized residential care.

Objective A.1: Implement and enhanced specialized person-centered services for individuals in need of medical, therapeutic and behavioral treatment in a specialized residential setting.

Outcome: To ensure 100% of those people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

Strategy A.1.1: Provide person-centered planning process to all individuals served within the specialized residential setting.

Output: Number of people served in residential IID programs.

Efficiency: Cost of patient bed days

Efficiency: Bed utilization rate

Explanatory: Amount of changes in State & Federal regulations.

Explanatory: Pending litigation and resources affecting services and support options.

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

Objective B.1: To provide a comprehensive person-centered system of community supports and services for people transitioning to the community from the institutional setting.

Outcome: Increase the number of people transitioning to the community from the ICF/IID Residential Programs by 5% each year.

Outcome: Decrease percentage of people currently accessing ICF/IID level of care in an institutional setting.

Strategy B.1.1: Ensure people transitioning to the community have appropriate supports and services.

Output: Number of people transitioned from facility to ICF/IDD Community home.

Output: Number of people transitioned to community waiver home/apartment.

Output: Number of people transitioned home with waiver supports.

Efficiency: Percentage of people who transitioned from facility to ICF/IDD Community Home.

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

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

Explanatory: Number of emergency admissions.

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

Program 2: ICF/IID Group Homes

Goal A: To provide a comprehensive person-centered system of care to people living in a community based ICF/IID Home.

Objective A.1: To provide a comprehensive person-centered system of community supports and services in order for people to live in a community ICF/IID group home level of care.

Outcome: Percentage of people served in the community versus in an institutional setting.

Strategy A.1.1: Prepare people served in community based ICF/IID programs for transitioning into smaller service settings through a person-centered service delivery system.

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

Output: Number of people served in the Community 10 bed ICF/IID.

Efficiency: Cost of patient bed days.

Efficiency: Bed utilization rate.

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

Program 3: IDD Community Programs

Goal A: To expand the community based service delivery system to provide a comprehensive array of community programs and services that are committed to a person-centered system of care.

Objective A.1: To provide a comprehensive system of community programs and services for people with intellectual and developmental disabilities seeking community-based living options or who desire to remain in their home.

Outcome: Percentage of people accessing non-waiver services (employment, medical supports, targeted case management, and/or other specialized services).

Outcome: Percentage of people accessing ID/DD Waiver Services.

Outcome: Percentage of people with intellectual and developmental disabilities served in the community versus in an institutional setting.

Strategy A.1.1: To increase the availability of comprehensive community programs and services.

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

Output: Number of people receiving Transition Assistance.

Output: Number of people receiving crisis support services.

Output: Number of people receiving crisis intervention services.

Output: Number of people receiving supported employment services.

Output: Number of people receiving supervised living services.

Output: Number of people receiving supported living services.

Output: Number of people receiving day services adult.

Output: Number of people receiving pre-vocational services.

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

Output: Number of people enrolled into the 1915i

Output: Number of people receiving comprehensive diagnostic evaluations.

Output: Number of people receiving job discovery services.

Output: Number of people receiving work activity services.

Output: Number of people receiving Crisis Intervention.

Efficiency: Percentage of people that received Transition Assistance.

Efficiency: Average length of stay (days) per person for crisis support services.

Efficiency: Average length of stay (days) per person for crisis intervention services.

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

Efficiency: Average unit (1 day) per person of supervised living services.

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

Efficiency: Average unit (15 minutes) per person for day services adult.

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

Efficiency: Average unit (15 minutes) per person of targeted case management services.

Efficiency: Average length of time (days) per person to receive a comprehensive diagnostic evaluation.

Efficiency: Average unit (15 minutes) per person of job discovery services.

Efficiency: Average unit (15 minutes) per person of home and community support services.

Efficiency: Average unit (1 hour) per person of work activity services.

Explanatory: Resources and reimbursement rates affecting services and support options.

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

Program 4: Support Services

Goal A : To provide administrative oversight and management, in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensing and certification, regulatory standards, and other governmental requirements applicable to the agency.

Objective A.1: To provide for the accounting of funds including purchasing of goods and services in accordance with generally accepted accounting procedures, and State Purchasing Laws.

Outcome: Percentage of compliance with State Purchasing Laws.

Strategy A.1.1: Evaluate and audit programs/services based upon defined accounting procedures and practices.

Output: Number of fiscal audits completed during the fiscal year.

Efficiency: Support as a percent of total budget.

Explanatory: Internal audits vs external audits.

Objective A.2: To provide management of personnel services in compliance with State Personnel Board requirements and other governmental standards.

Outcome: Total staff turnover rate.

Strategy A.2.1: Provide administrative over site to ensure compliance to State Personnel Board requirements and to effectively monitor staff turnover.

Output: Number of training hours for compliance with State Personnel Board and in accordance with state and federal employment law.

Output: Number of staff hired.

Output: Number of staff separated from employment.

Efficiency: Percentage rate of staff trained.

Efficiency: Percentage rate of employee turnover.

Explanatory: Availability of qualified staff.

Explanatory: Abolishment of state service positions.

Explanatory: Increase usage of contractual services and staff.

Objective A.3: To ensure compliance with state and federal licensing and certification.

Outcome: Percentage of compliance with licensure and certification by Division of Medicaid, Department of Mental Health and MS Department of Education (MDE and IDEA).

Strategy A.3.1: Provide Administrative over site and evaluate compliance of standards.

Output: Number of licensure and certification audits/reviews.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

Strategy A.3.2: Provide staff training to ensure regulatory adherence.

Output: Number of staff training hours.

Efficiency: Percentage of programs in compliance with regulatory requirements.

Explanatory: Changes to regulatory requirements and standards.

Program 5: Mississippi Adolescent Center ICF/IID Institutional Care

GOAL A: To provide a comprehensive person-centered system of care to adolescents with intellectual and developmental disabilities requiring specialized residential care.

OBJECTIVE A.1. Implement an enhanced specialized person-centered services for individuals in need of medical, therapeutic and behavioral treatment in a specialized residential setting.

Outcome: To ensure 100% of adolescents served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

A.1.1 STRATEGY: Provide person-centered planning process to all individuals served within the specialized residential setting.

Output: Total number of adolescents served.

Efficiency: Bed utilization rate.

Efficiency: Cost per patient bed day.

Explanatory: Changes to federal/state regulations.

Explanatory: Pending litigation and resources affecting service and support options.

GOAL B: To increase access to community based care and supports through a network of qualified service providers that are committed to a person-centered system of care.

Objective B.1. To provide a comprehensive person-centered system of community supports and services for adolescents transitioning to the community from the institutional setting.

Outcome: Increase the number of adolescents transitioning to the community from the ICF/IID Residential Programs by 5% each year.

B.1.1. STRATEGY: Ensure adolescents transitioning to community have appropriate supports and services.

Output: Number of adolescents transitioned home/community living with waiver supports.

Output: Number of referrals for transition planning.

Efficiency: Percentage of adolescents who transitioned home/community living with waiver supports.

Explanatory: Changes to state/federal regulations.

Explanatory: Reduction in funding.

Explanatory: Number of emergency admissions.

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