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South Mississippi Regional Center

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Fiscal Years Strategic Plan 2019-2023

SMRC Mission

South Mississippi Regional Center supports Mississippians with intellectual and developmental disabilities, using a person-centered approach, by promoting active partnerships to enhance each person's quality of life and independence through choice of living, working and learning.



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2019 – 2023 STRATEGIC PLAN

AGENCY MISSION STATEMENT

The South Mississippi Regional Center (SMRC) began operation in Long Beach in 1978. Authority for the establishment and operation of SMRC was granted by Sections 41-19-141 through 41-19-157 of the Mississippi Code 1972 Annotated. The State Board of Mental Health exercises governing authority over the operations of South Mississippi Regional Center.

The Mississippi Department of Mental Health's (MDMH) Bureau of Intellectual and Developmental Disabilities (BIDD) ensures a network of comprehensive services are available to our State's citizens with intellectual and developmental disabilities in the six southern counties of south Mississippi. Under the direction of the BIDD, SMRC provides residential services via licensed Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Home and Community Based ID/DD Waiver services to citizens who choose community-based care.

SMRC supports Mississippians with intellectual and developmental disabilities, using a person-centered approach, by promoting active partnerships to enhance each person's quality of life and independence through choice of living, working, and learning.

STATEMENT OF AGENCY PHILOSOPHY

Services provided by SMRC are designed to meet individual needs and choices throughout life and to promote independence, productivity, integration and inclusion in the community. Services and supports are designed to promote meaningful relationships in all facets of life. SMRC employees embrace our longstanding core values: responsibility, respect, commitment, communication, cooperative effort, and continuous learning.

RELEVANT STATEWIDE GOALS AND BENCHMARKS

The Statewide Health Goal is: 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.

There are three (3) Health Relevant benchmarks which SMRC directly supports through the Strategic Plan.

1. Percentage of Mississippi Department of Mental Health (DMH) clients served in the community versus in an institutional setting.
2. Percentage of Mississippi Department of Mental Health (DMH) institutionalized clients who could be served in the community.
3. Number of individuals on waiting list for home and community based services.

SMRC supports the following MDMH Comprehensive Strategic Plan IDD Services Goals:

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

Goal B: 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.

Goal D: To increase access to community-based care and supports for people with intellectual and/or developmental disabilities through the ID/DD Waiver.

OVERVIEW OF THE AGENCY 5-YEAR STRATEGIC PLAN

Since 1978, SMRC has served citizens with intellectual and developmental disabilities in the six southern counties of our state. At the close of FY17, SMRC served 633 people in community-based care. This represents a 48% increase in services to people in a community setting when compared to the FY15 total of 427. SMRC served 121 people within the campus residential setting which represents a reduction of 22% when compared to FY15 when 155 people were served. SMRC's 10-bed community-based residential program served 87 people in FY17 maintaining full capacity within that service setting during the fiscal year. SMRC anticipates a continued gradual reduction in the number of people served within the campus residential setting, with growth anticipated through community service options.

SMRC will continue to maintain ICF/IID licensure in order to serve the ID/DD population at five residential program sites. BIDD certification will be maintained to ensure community services are provided through diagnostic services, targeted case management (1915i), support coordination, and crisis support.

At the end of FY17, SMRC transitioned the behavioral support component of community services to private providers. During FY18, SMRC plans to transition supervised and supported living services, day services adult, supported employment services, and pre-vocational services to private providers within the community. This transition will ensure compliance with the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based settings.

As the provision of services through community providers is achieved, SMRC will serve fewer people within the ICF/IID licensed program in Long Beach. The Long Beach program location can anticipate serving a future population with very challenging medical and behavioral care needs, along with a geriatric population as these groups tend to present with the most challenging care which translates to a greater cost to private providers.

The goals outlined in SMRC's five year Strategic Plan support the MDMH Strategic Goals and Objectives for meeting the needs of Mississippi citizens with intellectual and developmental disabilities.

EXTERNAL AND INTERNAL ASSESSMENT

- Economic indicators, available qualified workforce, and demographic compensation variables may affect ability to recruit and retain needed staff and impact the job market and opportunities for employment.
- Health care reform legislation, both Federal and State, and other changes in legislation that may mandate change in the service delivery system.
- Changes to Medicaid and other third-party payment sources, particularly in "Managed Care" initiatives.
- Implementation of Electronic Health Records in both funding and manpower.
- Availability of state general funds and federal funds could impede the implementation of some projects.
- Increase in demand for services from persons with mental illness, intellectual and developmental disabilities, and substance use disorders.
- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- Community acceptance vs. stigma for further inclusion through partnerships, visibility and employment.
- Availability of community discharge placement options.

AGENCY GOALS, OBJECTIVES, STRATEGIES AND MEASURES

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 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 the people served in the residential setting receive specialized person-centered treatment of care to meet their individual needs.

Strategy A.1.1: Provide a 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 persons 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/IID 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/IID 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 persons 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 program.

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 (peer support, early intervention, employment, medical supports, case management, 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 ID/DD Waiver Services.

Output: Number of people receiving crisis support services.

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

Output: Number of people enrolled in 1915 (i).

Output: Number of people receiving comprehensive diagnostic evaluations.

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

Efficiency: Average units (monthly) per person of Support Coordination services.

Efficiency: Average units (15 minute units) per person of targeted case management services (1915 (i)).

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

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 oversight 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 oversight 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.