HUDSPETH REGIONAL CENTER - 386-00
Mississippi Department of Mental Health

5 YEAR STRATEGIC PLAN
FOR THE
FISCAL YEARS 2018 – 2022

July, 2016

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1.   **<u>Mission Statement:</u>**

Hudspeth Regional Center is a team dedicated to excellence in providing individualized support and services for persons with intellectual and developmental disabilities. We advance personal growth and productivity by offering opportunities for choice, achievement, and success in all aspects of living.

2.   **<u>Agency Philosophy:</u>**

Hudspeth Regional Center's philosophy is to provide an array of services for persons with intellectual and developmental disabilities, promoting the awareness of human dignity and individuality as the most important factors in the development of quality programs. Mississippians with intellectual and developmental disabilities are afforded the opportunity to participate in residential, as well as community based, training programs which are designed to develop their social, daily living, and work skills to the fullest extent possible. Each person has the opportunity to develop his/her capabilities to the limits of their potential and to lead a life as normal as their assets and liabilities will allow. Hudspeth Regional Center endeavors to integrate the person into the community and to assist him/her in seeking, and participating in, the training and activities available to all citizens of Mississippi.

VALUES

Teamwork

Respect and Dignity

Effective Communication

Positive Attitude

Learning and Growth

Professionalism

Accountability

3. **Relevant Statewide Goals and Benchmarks**

A. Health
Statewide Goal:

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

Benchmarks - Access to Care

Percentage of Mississippi Department of Mental Health (DMH) clients served in the community versus in an institutional setting.

Percentage of Mississippi Department of Mental Health (DMH) institutionalized clients who could be served in the community.

B. Government and Citizens
Statewide Goal:

To create an efficient government and an informed and engaged citizenry that helps to address social problems through the payment of taxes, the election of capable leaders at all levels of government, and participation in charitable organizations through contributions and volunteerism

Benchmark – Government Efficiency

Administrative efficiency: Expenditures on state government administrative activities as a percentage of total operational expenditures

Percentage of state employees leaving state service within five years of employment

4. Overview of the Agency 5 – Year Strategic Plan

Hudspeth Regional Center (HRC) is a comprehensive regional program for people with intellectual and developmental disabilities (IDD) responsible for providing service alternatives to those people living in the central twenty-two (22) counties of Mississippi. Hudspeth Regional Center operates under the Statutory authority of the Mississippi Department of Mental Health.

While Hudspeth Regional Center plans to continue to provide a comprehensive person-centered system of care which includes medical, therapeutic and behavioral treatment for those people in need of twenty four (24) hour, 7 days a week residential care, the primary focus will be to increase access to community-base care and supports over the next five years. This coincides with the Department of Mental Health Strategic Plan's goals and objectives to move toward a community-based system of care.

Hudspeth Regional Center has four (4) major program components that will continue to be provided: 1) The ICF/IID Institutional Care Program, 2) ICF/IID Group Home Program, 3) IDD Community Programs and 4) IDD Support Services Program.

ICF/IID Institutional Care Program:

The Hudspeth Regional Center plans to increase the number of people transitioning to the community from the ICF/IID Institutional Care Program by a minimum of 5% each year over the next five years.   The ICF/IID Institutional Care Program will provide short term 30 day crisis support for people in need of twenty-four (24) hour person centered care with an emphasis on transitioning back to the community based setting. A primary focus will be to decrease the percentage of people currently accessing the ICF/IID level of care in the institutional setting. Success in this endeavor will be contingent upon the availability of housing, service providers and an expanded array of home and community service options.

ICF/IID Group Home Program

Hudspeth Regional Center plans to prepare people served in the community base ICF/IID group homes for transitioning into a smaller service setting (i.e. supervised living, supported living). This will then allow the opportunity for people living in the ICF/IID Institutional Care Program to have the choice option to live in an ICF/IID Community Group Home.

Hudspeth Regional Center currently operates 12 ICF/IID 10 bed Group Homes. Over the next five years, these group homes will continue to provide access to community based settings while providing an array of services for people with intellectual and developmental disabilities. There will be a need over the next five years to increase the amount of Direct Care Worker positions at the group homes to meet the more significant needs of the people who will be served there. In FY 18, Hudspeth Regional Center is requesting the restoration of ten (10) Direct Care Worker positions that were abolished in FY 13.

IDD Community Programs

The Hudspeth Regional Center's IDD Community Programs component provides 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 at home. This program component tries to increase the availability of comprehensive community programs and services through both public and private providers to include Home and Community based Medicaid supports, supported and supervised living, behavior and crisis supports, and employment options.

The IDD Community Program is expected to expand and increase the access to community based supports over the next five years. The ID/DD waiver program will have the largest service growth.

The ID/DD Waiver Program provides a more inclusive alternative to institutionalization of individuals by allowing the individual to remain in their most integrated environment to the greatest degree possible. This program has the potential to provide a wide array of services and it is anticipated that over the next five years the demand for the following services will increase in each fiscal year;

a) ID/DD Waiver Support Coordination
b) Home and Community Supports
c) In- Home Nursing Respite
d) Prevocational Services
e) Supported Employment
f) Supported Living
g) Supervised Living
h) Targeted Case Management
i) Crisis Support
j) Behavioral Support
k) Job Discovery
l) Transition Assistance
m) Work Activity

Hudspeth Regional Center's Home and Community Based Waiver Program plans to enroll an estimated 75 individuals for FY18 and will continue to increase the enrollment for FY19-2022 pending the availability of funds. There will be the need over the next five years to increase the number of Support Coordinator positions in the Home and Community Based Waiver Program and the Targeted Case Management Program to meet the service needs of these additional waiver slots. In FY18, five (5) new positions have been requested.

The Targeted Case Management Program (1915i) will continue to increase enrollment each year pending the availability of funds. This will also increase the level of Diagnostic and Evaluation Services needed for these individuals.

Hudspeth Regional Center plans over the next five years to work with and make individual referrals to private providers of Home and Community Based Waiver Core Services. This type of expanded service will depend on increase cost rates for waiver services. At the present time, there are only a small amount of private providers in the state. It will be necessary to increase waiver rates to attract more private providers to Mississippi.

IDD Support Services

The Support Services Program component will continue to provide administrative oversight and management in concert with direct services, to effectively and efficiently administer services relative to State and Federal licensure and certification, regulatory standards and other government requirements.

5. Agency's External/Internal Assessment

Hudspeth Regional Center has identified external and internal factors that can directly affect and impact the services provided and the ability to achieve targeted performance goals. A list of these factors are as follows:

- Competitive rates to attract new private providers into the state
- Availability and location of services in the state
- Housing opportunities for people with disabilities
- Availability of funding for waiver expansion
- Family acceptance/preferences for community placement
- 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.
- Implementation of Electronic Health Records in both funding and manpower.
- Increase in demand for services from persons with intellectual and developmental disabilities.
- Increase in activism by the United States Department of Justice concerning the Olmstead Decision and Americans with Disabilities Act.
- Availability of community placement options.
- Availability of state general funds and federal funds could impact services and the implementation of some services.

5A. Internal Management Systems used to Evaluate Agency's Performance

Hudspeth Regional Center has implemented a management system to ensure compliance with applicable standards in the delivery of quality services and to evaluate targeted performance levels. This includes:

- Monthly Executive Staff Meeting with attendance by IID Program Directors, Bureau Directors and the Executive Director of the Department of Mental Health to disseminate and receive relevant information
- Monthly Board of Mental Health meeting, to ensure compliance with board priorities and directives
- Quality Management by all staff members to ensure the highest degree of compliance with all applicable codes, standards and regulations.

- Committees established to review and provide insight into the operation of the progress at all levels. These committees include:

  - The Administrative Screening and Review Committee which ensures that individuals applying for services and placement are properly reviewed and are placed in programs of their choice that meet their individual needs.
  - The Transitional Services Team works in conjunction with habilitation teams, family members and advocates to provide on-going person centered assessment of individuals to determine services and supports needed to ensure health and safety in the most integrated setting appropriate to the individual's needs and preferences.
  - The agency Human Rights Committee which ensures that all rights of the individuals served are being considered and that all programs are designed according to best practices.
  - The Safety Committee whose responsibility includes reviewing client accidents, employee accidents and facility safety and implementing appropriate action as necessary.
- Plans and Procedures to ensure quality services are provided. These committees include:
  - Agency's Energy Management Plan which assist in maintaining the real property and implementing energy management and efficiency.
  - The Performance Development Assessment which evaluates staff job performance.
  - Monthly Director's meeting with Administrators and Department Directors to disseminate and receive relevant information.
  - Regularly scheduled audits by the Internal Auditor to review all the fiscal management of the facility. This person ensures that the fiscal management is conducted in accordance with regulatory requirements both state and federal.
  - Regular scheduled audits by the Quality Services Management to ensure compliance with the ICF/IID regulations.
  - An internal advocacy system for individuals receiving services by staff designated as Qualified Intellectual/Developmental Disabilities Professional (QIDP). This person provides support and programmatic monitoring on behalf of assigned persons.

  Hudspeth Regional Center is also audited by outside agencies such as the Department of Health, the State Department of Education, the State Auditor's Office, the Department of Mental Health, the Department of Labor; and the Division of Medicaid concerning federal and state guidelines for the operation of the facility's programs and services. This oversight, in conjunction with the internal programmatic evaluation, determines how well the facility is meeting its goal of providing efficient and effective services on behalf of the State, while providing quality services to persons with intellectual and developmental disabilities.

6. Agency Goals, Objectives, Strategies and Measures

<u>Program 1: ICF/IID Institutional Care Program</u>

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 10 bed ICF/IID program.
>
> **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 transition from facility to 10 bed ICF/IID

program.

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 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 the ICF/IID residential program.
>
>**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 (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 living in community based settings.
>
> **Output:** Number of people transitioned from ICF/IID Programs to the community.
>
> **Output:** Number of people receiving Transition Assistance.
>
> **Output:** Number of people receiving in home nursing respite.
>
> **Output:** Number of people receiving behavioral support services.
>
> **Output:** Number of people receiving crisis support 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 pre-vocational services.
>
> **Output:** Number of people receiving home and community support services.
>
> **Output:** Number of people receiving ID/DD waiver support coordination services.
>
> **Output:** Number of people receiving targeted case management services.

Output: Number of people receiving Community Support Services/Case Management.

Output: Number of people receiving comprehensive diagnostic evaluations.

Output: Number of people receiving job discovery services.

Output: Number of people receiving work activity services.

Efficiency: Average unit (dollars) per person for Transition Assistance.

Efficiency: Average unit (15 minutes) per person of In Home nursing respite.

Efficiency: Average unit (15 minutes) per person of behavioral support services.

Efficiency: Average length of stay (days) per person for crisis support 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 (1 month) per person of Support Coordination services.

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

Efficiency: Average unit (15 minutes) per person of community support services/case management.

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.