

**NORTH MISSISSIPPI REGIONAL CENTER
5 YEAR STRATEGIC PLAN
FOR THE FISCAL YEARS 2017 – 2021**

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North Mississippi Regional Center

The **NMRC Vision** is that a higher percentage of Mississippi's citizens with intellectual and developmental disabilities and their families in North Mississippi have access to an array of services/supports required for an individualized level of independence and an option on different levels of appropriate care.

Mission Statement

Enhancing the abilities and promoting the independence of persons with intellectual and developmental disabilities by providing quality care, comprehensive services, and family support, with dignity and respect.

The **NMRC Philosophy** includes the belief that each person and their family have access to an array of services/supports in their least restrictive environment appropriate to their individual needs. The NMRC service design is built upon a foundation that is person-driven, family-centered, and recovery/resiliency oriented. NMRC services incorporate dignity, respect, individuality, care, quality, and expertise. Components of the NMRC service delivery model are a holistic viewpoint in service design, a choice in services, and a network of available supports (including options of service providers in one's community). Considerations of the NMRC service delivery model are the expansion of NMRC community capacity, the incorporation of NMRC current service quality, the maintenance of existing NMRC supports, and the rebalancing (in percentages) of where NMRC service provision occurs.

The **NMRC Core Values** are accountability, responsibility and customer satisfaction.

Overview of the NMRC Agency 5-Year Strategic Plan

The North Mississippi Regional Center (NMRC) was created by state statute and opened in August, 1973. Presently (FY 2016) the North Mississippi Regional Center (NMRC) operates under the authority of the State Department of Mental Health and provides an array of services to over one thousand individuals with intellectual and developmental disabilities in the northern 23 counties in Mississippi. An increasing demand for NMRC services has been matched by legislative support and community program growth. NMRC will continue to expand community capacity through existing and new NMRC community services departments, partnerships with others, and a system-wide rebalancing of NMRC services, supports, and resources over the next five years. In accordance with the Mississippi Department of Mental Health's Statewide Strategic Plan, NMRC will increase access to community-based services while assisting individuals with achieving meaningful goals and relevant outcomes in a resiliency and recovery-

oriented system of care, will utilize information/data management to enhance decision making and service delivery; and will maximize efficient and effective use of human, fiscal, and material resources (including the decreasing of some service options and the increasing of other service options provided by NMRC).

The NMRC four major budget categories are as follows: (1) IDD Institutional Care, (2) IDD Group Homes, (3) IDD Community Programs, and (4) IDD Support Services. The IDD Institutional Care category includes 24 hour care in an ICF licensed residential service as well as short term services on the Oxford NMRC campus. Medical, nursing, nutritional, psychiatric, psychological, behavioral, pharmaceutical, occupational, prevocational/vocational and recreational services are provided. Additional supports are provided in resident living, special education, and social services as well as speech/language and physical therapies. The IDD Group Homes category refers to the twenty NMRC Community Homes located across north Mississippi that offer 24 hour care in an ICF licensed program. The third category, the IID Community Programs incorporates the access to services for almost 2,000 individuals through diagnostic and evaluative services, case management, and support coordination. This second category also includes NMRC Community Programs that serve over 55 individuals through 7 NMRC Group Homes, 1 residential habilitation program, and 2 supported living programs located in Bruce, Oxford, and Tupelo. Four NMRC Community Day Service Adults Programs, NMRC'S early intervention program (Project RUN), and the Technology Assistive Device Center (TAD) are further included in this category. The final category, IDD Support Services contains the supports necessary for all three other NMRC programmatic budget categories by providing administrative support required to meet all regulatory, legal, licensed, fiscal, and administrative laws, standards, and responsibilities. In addition, the fourth NMRC budget category is very relevant to staff training, quality care, and implementation of evidence based practices.

NMRC Agency Goals, Objectives, Strategies, Measures by Program for FY 2017-2021

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 enhance 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 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 3.6% 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 referrals for transition planning.

Output: Number of people transitioned from facility to 10 bed ICF/IID program.

Output: Number of people transitioned from facility to 4 ICF/IID bed 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 to the community.

Efficiency: Percentage of people currently accessing ICF/IID residential level of care as FY 2015.

Efficiency: Percentage of people who transitioned from facility to 10 bed ICF/IID Program.

Efficiency: Percentage of people who transitioned from facility to 4 ICF/IID bed 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.

Strategy B.1.2: Develop partnerships with private providers in the community via the waiver and ICF/IID 4-bed community homes.

Output: Number of relationships/partnerships developed.

Efficiency: Percentage of people who transition to the community.

Efficiency: Percentage of people who transitioned from facility to 4 ICF/IID bed home.

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

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

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

Strategy B.1.3: Educate families regarding the transition process from ICF to ID/DD Waiver Services, including available certified providers in the community.

Output: Number of family meetings attended by transition coordinator.

Output: Number of referrals for transition planning.

Output: Number of contacts with family regarding the transition process.

Efficiency: Percentage of people who transition to the community.

Efficiency: Percentage of people who transitioned from facility to 4 ICF/IID bed home.

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

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

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 referred to the transition coordinator for transition planning.

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

Output: Number of people discharged into smaller service settings of choice.

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: Increase percentage of people with IDD accessing Community Services.

Outcome: Percentage of people accessing peer support, early intervention, employment, medical supports, case management, targeted case management, and/or other specialized services.

Outcome: Percentage of people accessing Diagnostic 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 through both public and private providers to include Home and Community based supports, Supported Living, Supervised Living, Behavior Supports, Crisis Supports, Day Supports and Employment Options.

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 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 day services adult.

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.

Output: Number of Early Intervention evaluations and services for children.

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 (15 minutes) per person of day services adult.

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 (1 month) per person of Support Coordination 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.

Efficiency: Average unit (30 minutes) of Early Intervention 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: Reduce staff turnover by 2% each year.

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.