

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 25, 2013

TO: Marina Dimitrijevic, Chairwoman – Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by: Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: **From the Director Department of Health and Human Services, providing an informational report regarding the Department’s intent to close the Behavioral Health Division Center for Independence and Development (formerly Hilltop) and Rehabilitation Center Central and to relocate residents to integrated community settings – A Mental Health Redesign Effort**

Background

Over the past three years, several Milwaukee County budget initiatives have focused on a downsizing of the Center for Independence and Development (formerly Hilltop). In April 2011, BHD notified the State of Wisconsin Department of Health Services (DHS) of its intention to begin a voluntary downsizing of 24 beds. This initiative was included in the 2013 Milwaukee County Adopted Budget. After being completed, this downsizing would leave a remaining capacity for 48 beds in the CID.

The CID has traditionally cared for individuals with co-occurring mental illness and intellectual disabilities in Milwaukee County. The primary role of facility staff is to serve as teachers, trainers and mentors for the residents while meeting their medical and personal care needs.

BHD’s Rehabilitation Center Central is a 70-bed skilled nursing home located in BHD. It serves clients with complex physical, mental and behavioral needs. Neither the CID nor the services provided by Rehabilitation Center Central are a mandated program for Milwaukee County but both programs have served as an option for individuals who exhibit challenges with severe and persistent mental illness and other complex medical or behavioral issues as well as intellectual disabilities. However, they are licensed differently; CID as an ICF-MR (Intermediate Care Facility for individuals with Mental Retardation) and Rehabilitation Center Central as a Skilled Nursing Facility.

Over the past 15 to 20 years, a number of nursing home downsizing and facility closure efforts have been completed in Milwaukee County as well as across the State of Wisconsin. Indeed, the long-term care bed capacity in Milwaukee County alone was hundreds of licensed beds greater than it is today due to this long-standing trend toward deinstitutionalization. This follows a nation-wide trend to reduce the reliance on institutional care that began in the late 1970s and has continued in the most recent decade through various initiatives by both local and State agencies. BHD has been downsizing and successfully moving clients to the community for many years beginning with a Master Plan completed in the 1990s. This effort is a continuation of the commitment to complete the downsizing and support individuals in a community setting. Furthermore, it is consistent with the recommendations of the HSRI Report, national and state trends as well as the resolution passed by the County Board from the Committee of the New Behavioral Health Facility Study.

BHD and DSD have worked jointly to achieve several previous downsizing initiatives of the CID. The number of individual relocations that have been completed since 2000 is 92 (see chart below). During this period at least two units previously operated by the CID were closed in favor of community-based options for individuals with intellectual disabilities.

BHD Center for Independence and Development (CID) Relocations History CY 1999 to 2009		
Year	Facility	Number of Persons Moved
CY 1999-2000	Hilltop	23
CY 2003	Hilltop	20
CY 2003	Hilltop	5
CY 2004	Hilltop	4
CY 2005	Hilltop	16
CY 2007	Hilltop	6
CY 2008	Hilltop	9
CY 2009	Hilltop	9
Overall Total		92

Additionally, throughout the state, there have been numerous large-scale facility closures and downsizing initiatives since CY2000. The number of downsizing/closures of Facilities for the Developmentally Disabled (FDD) identified by DHS from CY 1999 to CY 2012 is 30. Among the larger initiatives were relocation efforts that ranged in size from four individuals to 183 individuals that were relocated. The time frame to accomplish these relocation plans ranged from less than 12 months to 24 months. Of the agencies that completed downsizing or closure relocation projects, the following agencies were among the larger agencies. It should be noted that three of these large relocation initiatives were completed in Milwaukee.

- 2002 – Jackson Center FDD (Milwaukee) – 79 residents relocated in 10 months
- 2002 – Hearthside Rehab FDD (Milwaukee) – 183 residents relocated in 12 months
- 2003 – Marian Franciscan FDD (Milwaukee) – 62 residents relocated in 24 months
- 2003 – Northern Wisconsin Center (Chippewa Falls) – 152 residents relocated in 24 months
- 2005 – Horizons Unlimited FDD (Rhinelander) – 74 residents relocated in 12 months

Research has consistently shown that individuals have an increased quality of life in a community setting provided that setting has the environment and staffing to meet the individual’s needs and that sufficient community support is available. In October 2010, the Human Services Research Institute (HSRI) of Cambridge, MA completed an analysis of the Milwaukee County BHD system and provided recommendations for systems

change resulting in a more community-based system of care. The study also compared BHD with other metropolitan behavioral health systems across the country.

The HSRI study pointed out that in Milwaukee County there are an excessive number of inpatient beds given the population of the County. The report stated, "Estimates of the appropriate number of adult psychiatric beds in a mature well-managed mental health system should be in the range of 18 to 22 beds per 100,000 adults. Thus, the range of beds theoretically needed for a system the size of Milwaukee County would be between 126 and 154. With 472 public and private acute care beds, 140 extended care rehab beds, and 18 observation beds, Milwaukee County far exceeds the number of beds deemed necessary for inpatient psychiatric care for adults."

The State of Wisconsin DHS has also implemented a number of initiatives that focus on downsizing, diversion or closure of both nursing homes and ICFs/MR. The following is a summary of initiatives that have been implemented since 2005 and has resulted in a significant reduction in the use of institutional or nursing home/ICF-MR beds:

In a report to the Wisconsin Joint Finance Committee dated August 20, 2012, Secretary Dennis Smith reported the following relocation information in accordance with Section 51.06 (8), Wisconsin Statutes:

The Department's relocation and diversion programs have been highly successful, providing the opportunity in SFY11 for 499 elderly individuals and people with physical and developmental disabilities to live in community-based settings who otherwise would have resided in ICFs-MR and nursing facilities. Since FY06, approximately 4,319 elders and people with physical and developmental disabilities have successfully relocated from institutional settings and an additional 932 individuals were diverted from admission to a nursing home through the Department's programs. The quality of life for these 5,251 individuals has been enhanced through the opportunity to live in the community, be near family and friends and be more fully involved in community activities.

Highlights of the relocation and diversion initiatives include:

- 755 people with developmental disabilities, many of whom resided in institutions for decades, moved to the community and participated in community activities not previously available to them.
- 2,410 frail elders who resided in nursing facilities chose to live in the community near their families and friends. Prior to the Community Relocation Initiative these individuals would have been on a waiting list for home and community-based care, and few would have had the opportunity to return to the community.
- 1,154 people with physical disabilities chose to live in the community where they were able to access community activities.
- People with developmental disabilities have been served in the community at a cost that is within the institutional budget for this population.
- Frail elders and people with physical disabilities are being served in the community at a cost below that of institutional care, resulting in a level of savings under the Medical Assistance Program in SFY11 of \$2.2 million for the people relocated during the year.

The statewide initiatives that have been implemented since 2005 include:

ICF-MR Restructuring Initiative – Community Integration Program 1A Community Relocation Initiative Money Follows the Person Nursing Home Diversion Program – The ICF-MR Restructuring Initiative serves persons with developmental disabilities receiving active treatment in a non-state-owned Intermediate Care Facility for the Mentally Retarded (ICFMR) or a non-state-owned nursing facility. (Relocations from the three State Centers for Persons with Developmental Disabilities are part of the Community Integration Program 1A described below.) The initiative was authorized in the 2003-05 biennial budget bill and became effective on January 1, 2005.

Under the initiative, counties are required to prepare a community plan for every person residing in an ICF-MR and for every person seeking admission to an ICF-MR. The plan must be submitted to the court and the court must consider the plan, along with other information presented to the court. If the court determines that the community is the most integrated setting appropriate to the needs of the individual, the court must order the person to be served in the community. If the person with a developmental disability was a resident of an ICFMR or a nursing facility, the initiative allows money that was previously used to fund his/her institutional care to follow the person into the community to fund community-based care. Funding can also be used under this initiative for community placements for people relocated from facilities that are closing or downsizing. Under this initiative, the entire cost of the person's care plan is funded by the state. Therefore, no county tax levy funding has been required to fund these relocations.

Community Integration Program (CIP) 1A - The Community Integration Program 1A supports relocations of individuals with developmental disabilities from the three State Centers for the Developmentally Disabled to community settings. The CIP 1A program began in 1981. As established in the 09-11 biennial budget, effective SFY 2010, the State adopted a universal budgeting methodology that eliminates an upper limit on daily costs (formerly \$325) and provides the full funding needed in the community for each relocated resident. In SFY 2011, one person relocated from a long term care program in a State Center to the community.

Community Relocation Initiative - The Community Relocation initiative provides elders and persons with physical disabilities residing in nursing homes the opportunity to relocate to community settings. People being cared for in nursing homes have a choice to remain in their current setting, or move to the community, if their care needs can be met at home, in an apartment or in an assisted living setting. The funding being used for an individual's institutional care "follows" the person into the community to be used in the home and community-based waiver. The Community Relocation Initiative was authorized in the 05-07 biennial budget bill and began in August 2006. In SFY 2011, a total of 359 people relocated from nursing homes under the Community Relocation Initiative. Of the 359 total, 223 were elders and 136 were people with physical disabilities. These individuals chose to live in the community where they could be closer to family and friends and more fully access community activities.

Money Follows the Person – In January 2007, the State was awarded a federal "Money Follows the Person" (MFP) Medicaid grant to support rebalancing of the long-term care system through further relocations from institutions to the community. Starting October 2007 and continuing to October 2016, the federal government will pay an enhanced matching rate higher than the standard Medicaid matching rate for the costs of certain relocated individuals during their first year in the community. Forty-eight of the individuals relocated during SFY 2011 also participated in Money Follows the Person. The Money Follows the Person federal grant is helping to sustain the momentum for Wisconsin's relocation initiatives.

Nursing Home Diversion Program - The Nursing Home Diversion Program provides support to individuals who are at imminent risk of entering a nursing home to be diverted from nursing home admission and remain in community settings. The program was authorized in 2005 Wisconsin Act 355 and began in April 2006.

All of the above initiatives were available in counties prior to the implementation and expansion of Family Care. In counties where Family Care is operational, the funding available from Family Care has replaced these initiatives as the primary mechanism to support individuals being relocated from institutions. Many non-Family Care counties still utilize these funding incentives.

It should also be noted that in their current biennial budget, DHS included several long term care sustainability initiatives. These new measures are intended to help curb the increasing costs to the Medicaid program but also emphasize the use of alternatives to institutionalization. Specifically, within the Family Care Sustainability, the following provision is included to help support community living for individuals with intellectual disabilities and mental health issues:

Crisis Intervention and Stabilization - Improve the capacity of MCOs and community-based providers to support individuals with complex mental health needs and challenging behaviors.

- Identify critical expertise in specialty areas that result in more cost-effective service planning and intervention for people with complex needs, including access to behavioral health professionals and use of trauma-informed care.
- Develop the capacity for comprehensive community crisis response.
 - Facilitate collaborative relationships between county mental health staff and MCOs to assure that each at-risk member has an effective response plan, which defines roles and responsibilities of all involved entities.
 - Facilitate the development of regional resources for mobile crisis response teams.
 - Utilize DD Coordinator positions within DLTC to divert admissions, assist in discharge planning and provide community resources.
- Increase capacity and expertise of MCOs in developing and maintaining effective behavior support plans and stable community settings.
 - Provide targeted training to MCO identified behavioral support specialists.
 - Promote development of back-up plans to reduce use of hospitals and institutions.
 - Provide targeted technical assistance expertise to MCOs and community providers as necessary.
- Develop resources to support relocation planning from institutional to community based settings.
 - Identify efficiencies and opportunities related to recruitment of providers and to develop appropriate community settings.
 - Assure that relocation plans and behavioral support plans contain specific strategies and projected timelines for gradually reduce, or “fade” the amount of support over time as individuals are supported and stabilized in the community.
- Explore partnering with the Waisman Center for Excellence in Developmental Disabilities to provide training and technical assistance to Family Care, IRIS and Partnership staff, and to provide assistance with relocation teams.

The implementation of these statewide initiatives will greatly assist the county in the transition of individuals from Rehabilitation Center Central and the CID.

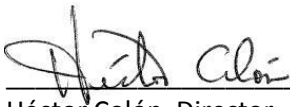
Discussion

To prepare for the 2014 Budget, BHD will begin discussions with the State of Wisconsin DHS related to the closure of the remaining beds in the CID and the beds in Rehabilitation Center Central. Working together with the State and the Family Care agencies serving Milwaukee County, community options can be developed for clients. The goal of these discussions would be to determine the best way to maximize the resources in the community, determine regulatory requirements, and develop joint planning capacity. Most importantly, however, the focus will be to provide for the health and safety for all individuals impacted by this decision and those that will be relocated.

A meeting has also been scheduled between BHD and the Family Care Managed Care Organization (MCOs) that serve individuals in Milwaukee County, the Disabilities Services Division (DSD), the Division of Housing and the Department on Aging so community planning can begin.

Recommendation

This is an informational report. No action is necessary.



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