

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: February 25, 2013

TO: Supervisor Peggy Romo West, Chair Health and Human Needs Committee

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

SUBJECT: **Informational Report from the Director, Department of Health and Human Services, on the Relocation of Residents in the Center for Independence and Development (Formerly Hilltop)**

Background

The 2013 Adopted Budget includes an initiative to downsize the Center for Independence and Development (CID) (formerly Hilltop) by 24 beds. Currently, Hilltop consists of three units of 24 beds each. The budget reflects a reduction of 12 beds by April 1, 2013 and an additional 12 beds by July 1, 2013.

Last August, BHD submitted a notice of intent to downsize the CID to the State of Wisconsin as required by section 50.03(14) of the Wisconsin Statutes. This notice of intent or relocation plan was approved effective September 10, 2012.

Discussion

In conjunction with the Disabilities Services Division (DSD) and the Department on Aging (MCDA), the Behavioral Health Division (BHD) has been working to permanently close the 24 beds by conducting options counseling with guardians. In addition, BHD has also engaged the Family Care Managed Care Organizations (MCOs) which are responsible for developing individualized service plans for all persons who will be relocated. The overall goal of this collaborative effort is to create an integrated system of care with a focus on community residence and appropriate support services.

The downsizing process is strictly governed by the State Department of Health Services' (DHS) Resident Relocation and Procedure Manual which prescribes the role of a relocation committee in identifying community placements for residents. This committee meets on a biweekly basis and consists of members from BHD, DSD – Disability Resource Center, MCDA, DHS relocation officials, State Ombudsman, Disability Rights Wisconsin, and the MCOs. The meeting is facilitated by a representative appointed by DHS. The process is meant to ensure that proper discharge planning occurs in collaboration with all interested parties.

The team began meeting in September to review each resident's relocation plan and identify potential community placements. The Family Care MCOs and their teams are charged with working with the families, guardians and BHD staff to identify resources to meet the unique needs of each person identified to be transitioned. Some guardians have expressed concerns but these are being addressed on a case-by-case basis. This is a person-centered planning process that requires the identification of personal outcomes, choices for living arrangements and the supportive services needed.

As of mid-February, six CID beds are vacant. The Relocation Committee must discharge six additional clients to meet the April 1 benchmark. BHD is optimistic that it will meet our targeted budget goal. BHD will continue to partner with all participants and pursue placements as opportunities are presented by Family Care and the MCOs.

In terms of the impact to personnel, BHD anticipates absorbing the majority of CID staff in vacancies elsewhere in the division.

Resident Community Transition Initiatives

The transition process for residents is being supported by a number of initiatives intended to address the needs of residents as they are relocated to the community.

The Model Apartment Program (MAP)

In mid-February, BHD opened a model apartment to provide opportunities for residents to practice skills such as personal care, household chores, handling money, use of community resources and coping, among others. Residents are being integrated into the program by following a curriculum prepared by a clinical interdisciplinary team lead by Dr. Gary Stark, Clinical Program Director.

The efficiency apartment includes a small dinette, living room, and bedroom. The apartment is one of the focal points of extensive training along with expanded community integration opportunities.

Crisis Respite Expansion

During 2012, DSD undertook a request for proposals (RFP) process to expand its existing level of crisis respite services to aid former CID residents placed in the community. Crisis respite home services provide a temporary alternative living arrangement to diffuse a crisis situation brought on by behavioral challenges or other circumstances. These services will allow CID residents to receive support without requiring them to be admitted to BHD's Psychiatric Crisis Service. Once the individual receives crisis services he or she can then return to his or her community placement.

A contract has now been executed and DSD's existing capacity of crisis beds has increased from four to eight beds which are fully accessible. DSD has received excellent cooperation in the utilization of the crisis respite beds and the last information obtained indicated that all eight beds were being occupied.

Mobile Crisis Team Expansion

BHD has been working with the Waisman Center to develop intensive crisis mobile team supports to provide enhanced services in the community for persons with both intellectual disabilities and mental illness. It is the intention to enter into an agreement with the Waisman Center for consultation services that will help develop the enhanced crisis capacity. A team of staff from both BHD and DSD will be meeting with Waisman Center staff in February to begin implementation of these expanded services.

The next step will then be for the Waisman Center consultants to complete an assessment and prepare recommendations for system improvements of the current service delivery system. These recommendations may include the following:

- Creating capacity to provide ongoing behavioral consultation, training, and support

- Creating an outpatient clinic design that provides psychiatric services for individuals with developmental disabilities and potential direction for creation of such a clinic in Milwaukee
- Establishing effective crisis capacity and needed service components
- Expanding current service providers' confidence and capabilities to improve positive behavioral outcomes for individuals being served
- Identifying future training needs and completing some identified trainings for service providers

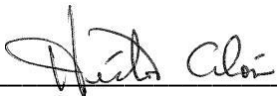
It is anticipated that the new services would be available to community providers serving individuals relocated from CID. The goal is to support individuals in crisis so that they can remain in the community in lieu of being admitted to BHD's Psychiatric Crisis Service.

Next Steps

The next few months will focus on successfully placing CID residents and closing the remaining beds in order to meet the 24-bed reduction by July 1, 2013.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

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