

COUNTY OF MILWAUKEE  
Inter-Office Communication

Date: May 26, 2011

To: Peggy West, Chairperson – Health and Human Needs Committee

From: Geri Lyday, Interim Director – Department of Health and Human Services

Subject: **An informational report from the Interim Director, Department of Health and Human Services, regarding the Hilltop Downsizing Initiative**

**Introduction**

The 2011 Adopted Milwaukee County Department of Health and Human Services (DHHS) Budget includes an initiative requiring the Behavioral Health Division (BHD) to work with the Disabilities Services Division (DSD) to develop a plan to downsize BHD's Hilltop Rehabilitation Center, a 72-bed Title XIX (*Medicaid*) certified Intermediate Care Facility (ICF-MR) for persons with developmental disabilities.

The DHHS Director is to provide quarterly informational reports to the Committee on Health and Human Needs regarding the progress of this initiative.

A quarterly informational report was submitted in February 2011. This is the second report describing the progress on Hilltop downsizing planning efforts.

**Background**

The prospect of downsizing Hilltop has been identified in several reports and initiatives presented to the County Board:

- In a July 3, 2007 report to the County Board regarding relocating BHD to the vacant St. Michael Hospital facility, DHHS noted: "BHD would downsize both Rehab Central and Hilltop from three units to two."
- The comprehensive assessment of the Milwaukee County mental health care system done by the Human Services Research Institute (HSRI), *Transforming the Adult Mental Health Care Delivery System in Milwaukee County* (October 2010) included a recommendation to "develop and implement a plan to phase down the Hilltop Inpatient Program."
- The March 25, 2011 report to the New Behavioral Health Facility Study Committee, which presented a hypothetical plan for a new, downsized mental health facility with multiple caveats and considerations as to the preliminary nature of the model presented, included a downsizing of Hilltop as long as necessary services were provided in the community to ensure success of

community placements and required funding programs remained in place at the current rate or better.

Also, in October 2010, DSD submitted a report to the Committee on Finance and Audit outlining the Division's experience creating community-based alternative for adults with developmental disabilities. The Division has an 18-year history of securing community placements for adults, who have both mental illness and developmental disabilities, who were institutionalized in either a State facility for persons with developmental disabilities, an ICF-MR or skilled nursing facility. Of the 654 individuals supported in a variety of community-based settings, at least 165 were relocated from the Hilltop facility.

The October 27, 2010 report, *Hilltop and other Community Relocations by the Department of Health and Human Services Disabilities Services Division*, and an attachment to that report with data on the numbers of individuals relocated into the community by DSD are attached to this report.

### **Progress of Initiative**

DHHS has established a Hilltop Downsizing Workgroup consisting of individuals from BHD and DSD. This group is helping oversee the downsizing planning process, collect and analyze essential information and develop a strategy and plan for downsizing.

This group has had multiple meetings and progress has been made in several areas.

### **General Profiles of Hilltop Residents and Individuals with DD served at BHD**

Summary information has been reviewed by the Workgroup to assess both who the current Hilltop residents are and the use of BHD Psychiatric Crisis and Acute Adult Inpatient services by individuals with developmental disabilities. The purpose is to not only understand the needs of the current Hilltop residents to plan for appropriate community placements, but also to review where the community service network would need to be strengthened to support individuals with developmental disabilities by understanding how current community placements for individuals with developmental disabilities and mental illness are working.

### **Hilltop Profile**

Hilltop has 66 adult residents with developmental disabilities and mental illness. The following is a general profile of the residents from information as of February 9, 2011, which was presented to the Workgroup:

- Seventy percent (70%) of the residents are males.
- The age of Hilltop residents ranges from 20 to 71 years old, with the majority of residents in their twenties, thirties or forties.

- Of the 27 admissions from 2007 – 2010, 56% were from group homes and 30% were living with family members.
- The Hilltop population is characterized by “dual disabilities” in that not only do the residents have one or more disabilities but most also have one or more mental illnesses.
- Admission to Hilltop is precipitated by the repeated occurrence of challenging behaviors for which Behavioral Treatment Plans are developed to help residents learn adaptive behaviors.
- The residents have a wide variety of medical disorders for which they are being treated.
- All Hilltop residents are prescribed “psychotropic” medications by a psychiatrist and most have multiple medications to help improve their functioning.
- All Hilltop residents have been adjudicated “mentally incompetent” by the court system and assigned a legal guardian. They also all have been issued protective placement orders with a court at the time of admission.

### **Individuals with Developmental Disabilities served at BHD**

The summary data on the number of individuals with developmental disabilities served in the BHD Psychiatric Crisis Services (PCS) and Acute Adult Inpatient Services show that there are individuals with developmental disabilities who are being treated in PCS, OBS and being admitted to Acute Adult Inpatient. Initial information leads to the conclusion that community-based crisis, crisis response teams, and short-term stabilization capacity needs to be enhanced and/or expanded to address crisis situations for Hilltop individuals relocated in community placements to help minimize use of PCS, OBS and Acute Inpatient.

Further information is being gathered and will be analyzed regarding the overlap of patients “known” to the Disabilities Services Division who are also being served at BHD. The DSD client base is being compared to the BHD patient information for 2007-2009 to assess who is using BHD services and which services and if there are any trends in utilization. The Workgroup wants to understand the crisis and emergency needs of individuals with developmental disabilities and mental health issues, already in community placements, to consider what additional support services might need to be developed.

### Hilltop Screening Subgroup

A Hilltop Screening Subgroup was established to develop and administer a screening tool to assess the behaviors and other community placement indicators of each Hilltop patient and identify community placement support needs. The Subgroup included BHD clinical staff and DSD staff who have extensive experience in community placements.

The Subgroup met multiple times and reviewed existing screening tools, including the Wisconsin Adult Long-Term Care Functional Screen, but determined that a new supplemental screening tool should be developed to obtain information needed for successful community placement planning. The preliminary *Hilltop Behavioral/Mental Health Support Needs Supplemental Screen* has been created through extensive work and the collaborative efforts of the Subgroup and has been piloted with several Hilltop residents and revised as needed. The Screen is comprehensive and will provide critical information on the behavioral/ mental health needs of Hilltop residents that will be relevant for potential community placement providers.

DSD screeners will use the final screening tool to assess each Hilltop resident with the assistance of BHD multidisciplinary staff. The results of the *Hilltop Behavioral/ Mental Health Support Needs Supplemental Screening* assessment of each Hilltop resident will be used to provide a base of information for planning what is needed to successfully relocate individuals from Hilltop into the community.

It is interesting to note that at a recent Combined Community Services Board (CCSB) meeting, presentations were made by consumers, providers and Managed Care Organizations to discuss the Family Care experience. While not the main focus of the meeting, the current Functional Screen used to determine Family Care program eligibility was described several times as being inadequate to give a good assessment of clients with behavior challenges. The CCSB was informed of the work towards development of the supplemental screening tool and it was met with approval.

### Background on Best Practices

Mary Kay Luzi, Ph.D., BHD Associate Director of Clinical Operations, completed a literature review for the Workgroup of relevant articles and reports on model priority service continuums for individuals with developmental disabilities and mental illness living in the community. To support community placement and prevent institutional and other out-of-home placement due to behavioral episodes or emergency circumstances, systems have found that two key types of services are needed:

- Crisis response and clinical outreach, including behavioral support, in the person's community setting, and
- Short-term respite and "inpatient treatment" in a specialized environment.

Components of these services identified in the literature search were presented to the Workgroup as background ideas for a service continuum for individuals with developmental disabilities and mental illness living in the community.

Several members of the Workgroup also heard best practice ideas from Paul White with the University of Wisconsin - Madison Waisman Center for Excellence in Developmental Disabilities when he gave a presentation to the Community Advisory Board. The Board

includes numerous mental health stakeholders and was established by County Board Resolution to provide input on policies regarding patient safety and mental health treatment.

Paul White is involved with the Dane County Community TIES Project, which provides a multi-disciplinary approach to address the needs of individuals with developmental disabilities and mental illness who live in the community. This includes the development of person-centered behavior support plans, development of intensive supports including training providers on crisis response strategies, use of environmental adaptations and modifications, a mobile team and a Safe House. The Waisman Center advances and disseminates knowledge about developmental disabilities through research, clinical services, training and outreach.

Plans are underway for Paul White to participate in a Hilltop Downsizing Workgroup meeting to allow the team the opportunity to ask detailed questions and provide background information regarding models and strategies for servicing people with developmental disabilities and mental illness in the community.

#### Fiscal Information

Currently, DHHS fiscal staff is collecting background information to assess the fiscal impact associated with the downsizing of Hilltop. Personnel and operational costs are being identified so that the impact can be analyzed depending upon the extent of the downsizing. Staffing patterns, such as the need for one-to-one clinical coverage, are also being assessed.

Internal and external cross-charges are being reviewed to determine which costs could be reduced. Revenues are also being assessed, including revenue sources, levels of reimbursement, insurance coverage, Family Care reimbursement from the managed care organizations, and Medicaid. Additional potential options for revenue, like “money follows the person” and any provisions allowing for enrollment into Family Care programs for persons relocated from institutions if the individual has resided in the facility for at least 90 days, are being explored.

#### Next steps

Following analysis of the information collected and the results of the Hilltop patient screenings, the workgroup will develop a planning strategy for the Hilltop Downsizing initiative, which will include the extent of downsizing being considered and a proposed timeframe.

DHHS, in collaboration with the State of Wisconsin, plans to meet with the Family Care managed care organizations to discuss the downsizing plan and work together on developing the necessary capacity in the community to serve Hilltop residents.

Once the Hilltop patient assessments are completed using the new screening tool and there is more understanding of the specific support needs of each of the residents, meetings would be held with providers who now serve these types of clients to assess their interest, capacity and capability to serve Hilltop residents and what additional supports might be needed.

DHHS plans to involve private health systems, community partners, staff, stakeholders, and consumer advocates in the Hilltop downsizing efforts once the background and patient-specific information is complete.

DHHS will present an update regarding the progress on this initiative to the Health and Human Needs Committee in the third quarter of 2011.

**Recommendation**

This report is provided for information only. No action is required.



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