

### Hypothetical Mental Health Facility Downsizing Model

Considering Five Major Service Areas: Hilltop, Rehab Central, Acute Adult Inpatient Services, Child Acute Inpatient Services, Psychiatric Crisis Services

#### Hilltop Rehabilitation Center

<p>Expanded or enhanced mental health system capacity essential to support any facility downsizing effort &amp; challenges to downsizing</p>	<p>What would be downsized from the current BHD facility</p>	<p>What would be in a new Milwaukee County mental health facility</p>	<p>Estimated square footage needed in new facility</p>	<p>Estimated fiscal &amp; potential fiscal issues</p>
<p>Need to replace every Hilltop bed closed with a highly specialized, community-based residential slot. These would be structured, supervised and have programmed activities</p> <p>Need to assess current capacity in the community. There may be potential providers who could develop new and/or enhanced services</p> <p>Need to enhance/ expand community-based crisis capacity</p> <p>Need a high-level crisis response team</p> <p>Need high-intensity crisis capacity</p> <p>Need to enhance/expand PCS capacity and/or short term stabilization capacity</p> <p>Need to increase outpatient mental health capacity</p>	<p>2 Units could close (48 beds)</p>	<p>1 unit (or 2 smaller units) with approximately 24 beds for patients with dual diagnosis of developmental disabilities and mental illness to treat patients unable to be served elsewhere;</p>	<p>\$242/per square foot</p> <p>Does NOT include parking or detention ponds</p>	<p>Initial investment is needed to develop expanded community capacity before any units could be closed and any resources made available to invest in additional needed community infrastructure.</p> <p>Cost of community residential slots unknown</p> <p>Are Family Care reimbursement rates sufficient to build capacity?</p> <p>Cost of operating the</p>

<p>Need to address medical issues of individuals in the community since those needs are now met at the Hilltop facility</p> <p>Need to increase training of doctors (medical and psychiatric) to care for these individuals in the community</p> <p>Need to address strategies for getting individuals to appointments, clinics, activities etc. If individuals are at Hilltop, treatment services are on-site</p> <p>Could be zoning challenges</p> <p>With appropriate services and structure, living in the community could benefit some patients who might respond better</p> <p>Need to develop a quality assurance infrastructure</p>				<p>remaining unit with higher acuity/needs clients is unknown. BHD must develop a detailed staffing plan.</p> <p>When and to what extent overhead savings can be realized including fiscal, HR, utilities, operations, housekeeping etc is unknown.</p>
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Note: A BHD and DSD sub-committee has been formed to develop and analyze essential information required to begin a downsizing planning process and develop a strategy and plan for downsizing. This Hilltop program downsizing initiative was included in the 2011 Milwaukee County Budget. An informational report (February 22, 2011) was just presented to the Health and Human Needs Committee with the progress as of that time.

**Rehabilitation Central**

<p>Expanded or enhanced mental health system capacity essential to support any facility downsizing effort &amp; challenges to downsizing</p>	<p>What would be downsized from the current BHD facility</p>	<p>What would be in a new Milwaukee County mental health facility</p>	<p>Estimated square footage needed in new facility</p>	<p>Estimated fiscal &amp; potential fiscal issues</p>
<p>Capacity needed and challenges to downsizing similar to Hilltop</p> <p>Need to replace every Rehab Central bed closed with a highly specialized, community-based residential slot. These would be structured, supervised and have programmed activities</p> <p>There is some capacity in the community to serve these individuals but would need resources to expand</p> <p>There is a potential need for a police liaison</p> <p>Need to enhance/ expand community-based crisis capacity</p> <p>Need a high-level crisis response team</p> <p>Need high-intensity crisis capacity</p> <p>Need to enhance/expand PCS capacity and/or short term stabilization capacity</p>	<p>2 Units could close (48 beds)</p>	<p>1 unit with approximately 24 beds or fewer</p>	<p>\$242/per square foot</p> <p>Does NOT include parking or detention ponds</p>	<p>Initial investment is needed to develop expanded community capacity before any units could be closed and any resources made available to invest in additional needed community infrastructure.</p> <p>Determine appropriate license for unit that remains.</p> <p>Most patients receive care funded by tax levy.</p> <p>Significant initial investment is needed to develop community capacity before any units could be closed and any resources made available</p>

<p>Need to increase outpatient mental health capacity</p> <p>Need to address medical issues of individuals in the community since those needs are now met at the Rehab Central facility</p> <p>Need to increase training of doctors (medical and psychiatric) to care for these individuals in the community</p> <p>Need to address strategies for getting individuals to appointments, clinics, activities etc. If individuals are at Central, treatment services are on-site</p> <p>Could be zoning challenges since some individuals have criminal backgrounds</p> <p>With appropriate services and structure, living in the community could benefit some patients who might respond better</p> <p>Need to develop a quality assurance infrastructure</p>				<p>to invest in additional needed community infrastructure.</p> <p>Cost of operating the remaining unit with higher acuity/needs clients is unknown. BHD must develop a detailed staffing plan.</p> <p>When and to what extent overhead savings can be realized including fiscal, HR, utilities, operations, housekeeping etc is unknown.</p>
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**Child Acute Inpatient Services**

<p>Expanded or enhanced mental health system capacity essential to support any facility downsizing effort &amp; challenges to downsizing</p>	<p>What would be downsized from the current BHD facility</p>	<p>What would be in a new Milwaukee County mental health facility</p>	<p>Estimated square footage needed in new facility</p>	<p>Estimated fiscal &amp; potential fiscal issues</p>
<p>Need private health system(s) to accept patients and have a zero rejection policy</p>	<p>1 Unit could close</p>	<p>PCS only to assess children, no inpatient beds</p>	<p>0</p>	<p>Most of the children have insurance.  BHD may not realize budget savings from closing the unit since revenues are currently slightly overstated.  Need to determine if CAIS staff would be redeployed within BHD.  Potential changes in Medicaid may affect private system willingness to expand capacity.</p>

**Acute Adult Inpatient Services**

<p>Expanded or enhanced mental health system capacity essential to support any facility downsizing effort &amp; challenges to downsizing</p>	<p>What would be downsized from the current BHD facility</p>	<p>What would be in a new Milwaukee County mental health facility</p>	<p>Estimated square footage needed in new facility</p>	<p>Estimated fiscal &amp; potential fiscal issues</p>
<p>Improve community options first</p>	<p>2 Units could close</p>	<p>2 units for 48 beds</p>	<p>\$242/per square foot</p>	<p>Private health systems need assurance of an income stream</p>
<p>Need better short-term &amp; long-term housing options</p> <p>Need increased crisis capacity, including crisis care management and short-term crisis case management</p>		<p>Expand Observation unit (OBS beds)</p>	<p>Does NOT include parking or detention ponds</p>	<p>New agreements with private hospitals would need a zero rejection clause and a shared risk and responsibility for all patients.</p>
<p>Need increased outpatient capacity, including outpatient therapy</p> <p>Outpatient services need crisis walk-in capacity</p>		<p>Clinically, the smaller the unit the better</p>		<p>BHD may need to provide a subsidy to private hospitals for caring for indigent and underinsured clients.</p>
<p>Need a continuum of case management and increased capacity</p> <p>Need better and more co-occurring services</p>		<p>Address resulting acuity in Day Treatment</p>		<p>Revenue for BHD may decrease if more patients are sent to other facilities leaving the highest acuity, most indigent at BHD</p>
<p>Need to expand and develop workforce (Need more psychiatrists, therapists)</p> <p>Need increased capacity in partial hospitalization, OBS, day treatment, short-stay beds</p> <p>Need to analyze high inpatient users and develop new care models</p>				

<p>Need to enhance/ expand active treatment</p> <p>Need to expand residential training and development and back-to-work programs</p> <p>Need agreements with private health systems to expand inpatient capacity and take patients not currently serving</p> <p>Need to develop a quality assurance infrastructure</p>				<p>Cost of operating the remaining unit if patients have higher acuity/needs is unknown. BHD must develop a detailed staffing plan.</p> <p>When and to what extent overhead savings can be realized including fiscal, HR, utilities, operations, housekeeping etc is unknown.</p>
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**Psychiatric Crisis Services**

<p>Expanded or enhanced mental health system capacity essential to support any facility downsizing effort &amp; challenges to downsizing</p>	<p>What would be downsized from the current BHD facility</p>	<p>What would be in a new Milwaukee County mental health facility</p>	<p>Estimated square footage needed in new facility</p>	<p>Estimated fiscal &amp; potential fiscal issues</p>
<p>The more people served in the community, the larger the need for crisis services and the higher acuity expected                   Need a “high-impact” (high-intensity) facility                   Need a bigger mobile crisis team with more doctors                   Need an admissions area or entry point                   Could expand telemedicine capability</p>		<p>Need enhanced space for PCS or admission area                   PSC should be located near or in medical facility</p>	<p>\$242/per square foot                   Does NOT include parking or detention ponds</p>	<p>Cost of additional resources will need to be determined as final plans are made including staffing patterns, costs of technology for telemedicine capacity, and additional obs/beds.</p>

Note: The 2011 Milwaukee County Budget directs BHD to conduct a crisis bed analysis to survey the need for crisis beds in the County to alleviate the strain on the Psychiatric Crisis Services (PCS) Admission Center and build capacity for stabilization and linkages to services in the community. This analysis has begun and the next quarterly report to the County Board Health and Human Needs Committee should include further information as identified in the February 22, 2011 informational report to the Committee.