COUNTY OF MILWAUKEE

Inter-Office Communication

DATE:

October 27, 2010

TO:

Supervisor Elizabeth Coggs, Chairperson, Committee on Finance and Audit

FROM:

Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT:

HILLTOP AND OTHER COMMUNITY RELOCATIONS BY THE

DEPARTMENT OF HEALTH AND HUMAN SERVICES DISABILITIES

SERVICES DIVISION

Introduction

The following information is being submitted as a follow up to the Committee on Finance and Audit's discussion regarding the 2011 Milwaukee County budget regarding the Department of Health and Human Services Disabilities Services Division (DSD). Specifically, this information serves as a historical review of institutional relocation activity over the past ten years and provides data on the successful reduction of institutional care and the corresponding increase in community-based care for persons with physical and developmental disabilities.

Background

DSD has an extensive history of working to provide community-based alternatives to individuals living in institutional settings. The Division also has an 18-year history of downsizing and closure of specialized nursing homes- Intermediate Care Facilities (ICF-MR) for adults with dual conditions of mental health and developmental disabilities. In partnership with the State of Wisconsin Department of Health Services, several policy initiatives aimed at reducing the reliance on institutional care have funded this long-standing trend to reduce reliance on institutional care. Included in these initiatives were: the ICF-MR Rebalancing Initiative for persons with developmental disabilities; the State Center relocation initiative also for persons with developmental disabilities funded through the Medicaid Waiver CIP1A program; and the Community Relocation Initiative for persons with physical disabilities residing in nursing homes.

Collaborative partnering between DSD and BHD began intensively in 1990, and the downsizing of Hilltop has been a discussion issue for both Divisions since that time. (See Attachment.)

ICF-MR Rebalancing Initiative

In a June 2005 report to the County Board, DHHS moved forth with another downsizing of a unit at Hilltop which was based largely on the State's ICF-MR Rebalancing Initiative approved by the Legislature as part of the 2003-2005 State Budget. This initiative had several important policy and fiscal implications for both consumers and the operations of BHD and the Disabilities Services Division (DSD). Its goal was to restrict placement and admission of individuals with

developmental disabilities in Intermediate Care Facilities (for the) Mentally Retarded (ICFs-MR) and nursing homes. This was to be achieved by making placement of an individual into the "most integrated setting" the dominant factor to be considered by the courts in determining the most appropriate placement for an individual with a developmental disability, and by putting in place a series of fiscal incentives that are designed to encourage counties to seek community-based settings whenever and wherever possible. The State policy changes were designed to produce a significant decrease in residents for all intermediate and nursing home facilities, including Hilltop.

The Department recommended moving forward with the initiative to close a unit at Hilltop by December 31, 2005. However, it is also important to note that the Department fully supported the ICF-MR Rebalancing Initiative's "de-institutionalization" policy goal, and that clinical staff had determined that it is both possible and desirable to seek and secure community-based settings.

There was a concern raised during the period of time in which these events occurred which related to the transition planning process for an individual being relocated from an institution to a community based setting by DSD.

The transition of an individual from inpatient stay at Hilltop to community-based living is an orderly and carefully planned process. Procedures and processes involve the following parties:

- Discharge Team at Hilltop (RN, Psychologist, QMRP, Physician, Psychiatrist, OTR, Dietician, CNA's and unit support staff)
- Disability Resource Center at DSD
- Family Care provider or IRIS program
- Guardian for the Client
- Residential Staff the home manager and Day Program or Vocational staff
- Receiving Physician, Psychiatrist and Dentist
- Potential GAL and Defense Attorneys

The process for transitioning an individual involves numerous steps that ensure a gradual transition and the ability to monitor the success of the community relocation.

DSD had identified several individuals who were relocated from the Hilltop ICF-MR facility to a community-based setting who were not very successful in their placement for a variety of reasons. DSD also had found, however, that the vast majority of persons relocated from Hilltop to the community adjusted extremely well, are involved in numerous activities, have developed positive relationships and are fully engaged participants in our community. There are skilled and experienced staff involved with the discharge planning of these individuals, as well as the ongoing monitoring of their supportive services. Also, there are trained and knowledgeable community-based service providers that work with the Department to provide quality services to individuals with disabilities every day.

Jackson Center and Hearthside Closure

In addition to the Hilltop experience, during 2002-2003, DSD also successfully participated in the closure of two ICF-MR facilities in Milwaukee County and subsequently relocated individuals with developmental disabilities to the community. These facilities were known as Hearthside and Jackson Center. DSD relocated 186 individuals with developmental disabilities to community-based settings. It should be noted that many of these individuals had similar needs to those currently residing at the BHD Hilltop facility.

As a result of the closure of Jackson Center and Hearthside DSD developed an RPF and conducted specialized planning for the development of resources. This resulted in an array of expanded services in the residential, work and/or day service areas to support the needs of individuals relocating from those facilities and other nursing homes.

The residential array consists of community based residential facilities (CBRF) group home settings typically with five to six adults. These sites are state licensed homes providing care, supervision, functional skills training, leisure/recreation and social skills development. Also included in residential services is Adult Family Homes (AFH) that supports three to four adults. These homes are state licensed and provide the same service array as a CBRF. However, services are focused on fewer residents. The high staff to client ratio offers more individualized training, personal time and supervision. In addition, supported apartments can offered single living sites or shared two-person adult living arrangements. Individuals in this home configuration are provided tailored training and supervision to promote and maintain a higher level of independence with experienced staff. Staff provides live-in or come-in formal and informal instruction to each person. Community integration and general community experiences of typical daily living tasks are high priorities in these programs.

New sites exist that represent all three types of community living settings throughout the county. These sites were specifically developed from the relocation projects over the past ten years. The adults placed from these facilities reside in all dwellings; single family homes with supervision, duplexes, four-plexes and apartment sites.

For work and day service programming, DSD has benefited from agencies with long-term histories of operation in the county. Most Hilltop residents attend MCFI, Goodwill, Curative Care Network, Mount Castle Corporation or Phoenix Care System- Bell Therapy. A few newer providers have evolved over the past five to seven years and provide a joint model of day service and community integration programming. These are Options for Community Growth Inc., Next Step in Residential & Community Living Inc., Midwest Community Services, Paragon Community LLC, Agape Day Center Services and Healthspan, LLC.

Work programs provide a variety of paid work tasks or projects from various community businesses that pay commensurate wages to participants. Many work programs offer opportunities for integration community employment on a part or full time basis depending on the participant's skill and interest. Day service programs, in turn, offer individuals functional

educational skills, pre-vocational skill development, self care, social and interpersonal skills and experiences in community.

State Center Relocations

Over the past number of years, DSD has worked with DHS on numerous relocations to community-based settings of individuals with developmental disabilities from the State Centers for the Developmentally Disabled. These centers include Southern Wisconsin Center, Central Wisconsin Center and Northern Wisconsin Center.

Community Relocation Initiative

Another DHS initiative with the goal of providing a community-based living option for individuals with physical disabilities residing in nursing homes is the Community Relocation Initiative (CRI). This initiative started several years ago and provided funding for those individuals who chose to leave nursing homes. DSD has worked extensively with this initiative and has relocated a significant number of individuals (See Attachment.)

In summary, DSD had supported more than 654 individuals in a variety of community-based settings while operating the Medicaid Waiver programs, prior to the implementation of Family Care, who previously were institutionalized in either a State facility for persons with developmental disabilities, an ICF-MR facility or skilled nursing facility. Of the 654 individuals that were supported, at least 165 were relocated from the Hilltop facility.

Conclusion

The debate on whether and to what extent community-based versus institutional settings are right for individuals with developmental and physical disabilities hinges primarily on the availability of both programs and funding resources. The Department has long believed that almost any individual with a developmental, physical or mental health disability can thrive in a community-based setting provided that sufficient programmatic and funding resources are available to secure appropriate services.

Efforts to avoid, whenever possible, placing individuals in institutional settings for their long-term care, has been and will continue to be a top priority for DHHS. In addition, the implementation of Family Care has created an entitlement benefit and funding that is immediately available to those who reside in institutional settings, allowing them to choose community-based living alternatives. It is believed that with the funding resources made available, the Department can partner with community-based providers to develop new specialized resources to meet the unique needs of the individuals that might be relocated from Hilltop. Providers in this community have previously come together to expand existing resources and develop new resource to meet the demand in much the same way they have done for other downsizing initiatives like the closing of both Jackson Center and Hearthside.

See C. Oggang

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Disabilities Services Division Hilltop and Other Institutional Relocations

Nursing Horr	Nursing Homes for Persons with Developmental Disabilities ICF-MR Relocations (Developmental Disabilities)	isabilities	State Faciliti State Center (D)	Facilities for Persons with Developmental Disabilities Centers for the Developmentally Disabled (Developmental Disabilities)	mental sabled	φ. Cor	Skiled Care Nursing Facilities Community Relocation Initiative (Physical Disabilities)	lies ative	
		Number			Number				Total Number
		o o			of D			Number of	of
Year	Facility	Persons Moved	Year	Facility	Persons Moved	Year	Facility	Moved	Moved
CY 1994-1997	Hilltop	73							
	Total 1994-1997	73							73
CY 1999-2000	Hilltop	23	CY 1998-2000	Central Wisconsin Center	20				
				Southern Wisconsin Center	21		-		
				Northern Wisconsin Center	3				į
	Total 1999-2000		, , , ,	Total 1998-2000					29
CY 2001	The Shores ICF-MK	23	CY 2001	Central Wisconsin Center	7 4				
	Total 2001	20		Total 2004					27
CV 2002	Jackson Center	67	CY 2002	Southern Wisconsin Center					
2002	Hilltop	50							
	Total 2002			Total 2002					88
CY 2003	Hearthside	93	CY 2003	Southern Wisconsin Center	3				
	Hilltop								
	Total 2003			Total 2003					101
CY 2004	Marian Franciscan	26	CY 2004	Central Wisconsin Center	-				
	Hilltop			Northern Wisconsin Center					
	Total 2004			Total 2004	2				32
CY 2005	Horizon Peterson Health Care Center	8	CY 2005	Central Wisconsin Center	2	CY 2005	Various Nursing Homes	4	
	Hilltop	16		Southern Wisconsin Center	3				
	Manitowoc Healthcare (and others)			Northern Wisconsin Center					Ş
	Total 2005			Total 2005		1	lotal 2005		48
CY 2006	Bethesda	₆ .	CY 2006	Central Wisconsin Center	2	CY 2006	Various Nursing Homes	3.1	
				Southern Wisconsin Center			9000 1-7-H	70	0,4
-000	Total 2006		2000	lotal 2006		7000 VO	Vorious Murcing Homos		0
CY 2007	St. Coletta - Alverno	χ	C 1 2001	Central Wisconsin Center	2 +	21 2007	Validus ivuisitig i Diffes	T	
	Hilltop Total 2007	٥ ٢		Soumern Wisconsin Center Total 2007	Ĺ		Total 2007	41	69
CV 2008	Racine Residential - ICE-MR		CY 2008	Central Wisconsin Center		CY 2008	Various Nursing Homes		
	Hilltop	6		Southern Wisconsin Center	6				
	Total 2008			Total 2008	14		Total 2008		58
CY 2009	Hilltop	6	CY 2009	Central Wisconsin Center	1	CY 2009	Various Nursing Homes	23	
				Southern Wisconsin Center					
	Total 2009			Total 2009			lotal 2009		42
	Overall Total	420			105			129	654