

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: October 11, 2011

To: Supervisor Peggy West, Chair, Health and Human Needs Committee

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

Subject: **From the Interim Director, Department of Health and Human Services, an Informational Report Regarding the Hilltop Downsizing Initiative**

Introduction

The 2011 Adopted Milwaukee County Department of Health and Human Services (DHHS) Budget includes an initiative that directs the Behavioral Health Division (BHD) to work with the Disabilities Services Division (DSD) to develop a downsizing plan for 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.

Quarterly informational reports were submitted in February and June 2011. This is the third report describing the progress on Hilltop downsizing planning efforts.

Background

An update report was submitted to the County Board in June 2011 detailing progress in the planning of a potential downsizing of BHD Rehabilitation Center Hilltop. In that update it was reported that BHD and the DSD have been working jointly to develop a plan for downsizing. Specific progress included:

DHHS established a Hilltop Downsizing Workgroup consisting of individuals from BHD and DSD which has accomplished the following activities:

1. Developed General Profiles of Hilltop Residents and Individuals with DD served at BHD
 - Information has been reviewed by the Workgroup to determine characteristics of the current Hilltop residents.
 - Data has been collected to determine the use of BHD Psychiatric Crisis and Acute Adult Inpatient services by individuals with developmental disabilities.

2. Determined System Capacity Requirement for Individuals with Developmental Disabilities served at BHD

- Individuals with developmental disabilities are being treated in PCS, OBS and being admitted to Acute Adult Inpatient.
- Community-based crisis, crisis response teams, and short-term stabilization capacity needs to be enhanced and/or expanded.

3. Determined Service Utilization to Determine Trends for the Period 2007-2010

4. Hilltop Screening Subgroup

- The Screening Subgroup developed and utilized a screening tool to assess community placement indicators and identify support needs.

5. Background Research Completed on Best Practices

- Literature review and expert consultation was completed to review other model priority service continuums for individuals with developmental disabilities and mental illness living in the community.

6. Fiscal Information Analysis

- DHHS fiscal staff collected background information to assess the fiscal impact associated with the downsizing of Hilltop.

Current Progress of Workgroup

Analysis of Service Utilization Trends

An analysis was completed to examine the trend in BHD service utilization of individuals who were known to both DSD and BHD during the years 2007 through 2010. Results of this analysis show that the number of consumers with developmental disabilities utilizing BHD services has increased over the period. It appears based on this analysis that individuals who made the transition to Family Care, may have experienced some disruption in supports due to changes in care plans, changes in community living arrangements or other factors including changes in support services provided. This may have contributed to increased numbers of individuals requiring crisis or other BHD services. Prior to the transition to Family Care, many of the individuals had been quite stable during the prior two years while receiving services from the Waiver programs with fewer admissions to BHD's Psychiatric Crisis Services.

This conclusion supports the need for a strong community-based crisis response service system to address periodic support issues that may be addressed while the individual remains in the community-based setting versus utilization of BHD. In addition, alternatives need to be created

to provide more appropriate community-based crisis options for individuals who need to temporarily leave their living situation due to situational or acute crisis episodes.

Preliminary Results of Assessments

Utilizing the new assessment tool, all current Hilltop residents were reviewed to determine behavioral and mental health needs and to evaluate supports that would be required if the individual was to relocate to a community-based living arrangement. The assessment team consisted of both DSD staff/consultants and residential teams from Hilltop consisting of the unit Psychologist, QMRP (Qualified Mental Retardation Professional), OTR (Occupational Therapist Registered) and nursing staff. The assessment teams determined that the group of 66 residents can be characterized in three distinct cohorts.

- The first cohort consists of approximately 24 individuals who could potentially be relocated to community-based living with supports identified by the assessment and with some community provider development. These individuals present similar characteristics as other individuals who have previously relocated from Hilltop to a community-based setting.
- While the second and third groups are not as well defined in terms of the number of individuals, it is anticipated that a second group may be able to relocate with significant development of highly skilled, new community providers to support more significant needs.
- The third group would likely require significant and intensive supports in order to be recommended for community-based services. Considerable new development of services and resources will need to occur before community service can be considered if considered at all. This last cohort of individuals exhibits significantly more challenging behaviors including a history of being included on the sexual offender registry, fire starting and frequent need for five-point restraints.

The DSD assessment team members determined specific characteristics of the consumers living at Hilltop that included:

- The clients of Hilltop present a unique combination of physical care needs most often requiring a licensed nurse to both monitor signs and symptoms, provide treatment and administer medications, both regularly scheduled and PRN or on an as needed basis and remain in contact with their Primary Medical Doctor and the many medical consultants each is treated by.
- Each client in Hilltop has an extensive behavioral treatment program developed by a psychologist that governs the prevention of behaviors, staff response, consequences of behaviors and treatment. Many clients require several staff to physically manage when a behavior manifests into a potentially dangerous situation leading to five-point physical restraint.

- The team is completing a list of approximately 24 candidates for a first phase community placement. These candidates have a wide range of needs, severity of behavioral and mental health issues and skills. All will need service providers that can meet a complex of physical and behavioral needs. Approximately eight individuals have an already assigned Family Care Worker.
- Because of the client needs, the future staff will need to be experienced, highly trained, have immediately available resources and individual emergency response plans.

Assessment staff also recommended numerous program components to provide adequate supports for community-based living options which included:

- Having a formal diversion program in place.
- Availability of a crisis respite house.
- An on-call system for professional staff to be used in emergencies.
- An on-call system for paraprofessional staff as crises develops taxing staff availability.
- Coordinating community-based Psychiatrist with corresponding Psychiatrist at BHD.
- Back-up system at BHD if needed.
- Plan for all staff to be familiar with the Behavioral Treatment Plan and Emergency Response Plan prior to discharge.
- It is recommended that staff should be encouraged to work several shifts/programs at Hilltop prior to discharge.
- It is recommended that staff be trained, prior to working in program, on behavior treatment principles, physical care and individual treatment components.
- Arrangements for Barber and Beautician services are also recommended.
- Providers should not have a history of high staff turn over rates.
- Recommended program components including community resource development services which entail vocational, educational, counseling and recreational services.
- Residential staff and agency vocational and/or day treatment staff should include licensed nursing, licensed psychologist, psychiatrist, behavior specialist and direct care staff.

Other recommendations of components that are suggested to be included in a Request for Proposal included:

- The physical setting or residences identified will need to offer a variety in locations and dwellings from city - urban living to smaller communities, suburban or rural settings. This variety is needed to be responsive to the range of supports and personal characteristics of the client group.
- It is recommended that each client have their own room as time outs are utilized and this may require that the individual have their own space.
- Each house should have more than one multi-purpose rooms and a fenced in yard would be preferred.

- It would be preferred that each house provide space for physical outlets/exercise space and equipment.
- A plan is recommended for all staff to be familiar with the Behavioral Treatment Plan and emergency Response Plan for each consumer prior to discharge.
- It is suggested that at least the first several months after discharge, certain clients may require a 1:1 staff to client ratio.
- Providers should have immediate behavioral specialists as back up in crises.
- The provider should have written protocols for emergencies and crisis.
- Provider Psychologist should have individually written Behavioral Treatment Plan for each client prior to discharge. It is strongly recommended that staff assigned to client must be trained in this plan.

Detailed results of the screening process provided data to better determine the frequency and severity of challenging behaviors and psychiatric symptoms. Dr. Gary Stark, Ph. D., of BHD provided an analysis of the data and targeted key areas to assist the team in identification of critical issues. Attachment 1 includes the results of this analysis. Average frequencies of key behavioral and psychiatric issues were determined and the data shows the reoccurrence rate for those items measured by the assessment tool. Further data analysis will be completed.

It should be noted that the results of the assessment process represent a point in time assessment and may vary based on change in condition or other factors related to individual's treatment planning.

State of Wisconsin Department of Health Services (DHS)

DHHS has initiated dialog with the State of Wisconsin Department of Health Services, Bureau of Long Term Care. The focus is to explore alternatives to support a downsizing effort for Hilltop and to determine funding options, program development alternatives as well as fiscal and programmatic supports available from the State to further the downsizing effort.

Since the expansion of Family Care in Milwaukee County for younger individuals with disabilities, the State has specified guidelines to address the downsizing of ICF-MR facilities. Under Wisconsin Chapter 50 guidelines, it is required that DHS establish a downsizing team comprised of State DHS staff, Aging and Disability Resource Center staff, representatives of advocacy agencies and Family Care Managed Care Organization (MCO) staff. This team identifies individuals to be relocated, develops specific relocation plans and sets timelines for implementation of the community relocations.

Under these established rules, the responsibility for development of community-based supports including residential options and all other needed services lies entirely with the Family Care, MCOs. In Milwaukee County, since Family Care expansion, there has not yet been the opportunity for the new MCOs to oversee development of service providers to address the needs of a group with characteristics similar to those Hilltop consumers identified by the

downsizing workgroup. Further, it is not clear how a crisis response system of care would operate in Milwaukee County given that there is a combination of both public and privately operated MCOs. It is also unclear how a crisis response system would be funded by these entities. As indicated by the downsizing assessment team, it is anticipated that without an effective community-based crisis response system in place to be available for early intervention and to provide community-based alternatives to using BHD for crisis episodes, individuals relocating from Hilltop will not have a high likelihood for successful community living.

Therefore, DHHS believes it is essential that experienced staff should oversee the development of provider community resources and supports to ensure the successful community reintegration for Hilltop residents. Furthermore, DHHS would like to see BHD and DSD staff facilitate this provider expansion and support the CMOs with new resource development, more than the current DHS model allows.

At this time it is unclear if DHS will be able to provide alternative funding options to support this plan. It may be required by DHS to follow the regular guidelines associated with Chapter 50 for the downsizing of and ICF-MR. If DHS is unable to provide alternatives, DHHS will begin to develop a collaborative planning and implementation process and explore the development of adequate community resources to support the relocation effort.

Fiscal Analysis Status

A review of the fiscal information and impact of downsizing Hilltop indicated that complexities associated with indirect costs result in limited reductions in tax levy. It is anticipated that any tax levy reductions in expenditures would need to be dedicated to community-based program development. DHHS will be submitting a report to the County Board during the next Board cycle that illustrates the fiscal issues associated with closing units at BHD and more information regarding Hilltop unit closures will be included in that report.

Next Steps

DSD and Hilltop staff will confirm the results of the assessments and final recommendations for relocations of the first group of individuals determined to be eligible for community relocation will be completed by the next report. It is also anticipated that further information will be available about the remaining groups of individuals from the second and third cohorts and recommendations for needed supports will be completed at that time as well.

DHHS will follow up with State officials to determine funding and program development alternatives to support a downsizing effort. If DHS cannot support alternatives to the prescribed policy on downsizing, DHHS will engage the CMOs to begin planning for the downsizing and additional community provider development in the area of crisis intervention and stabilization.

DHHS will also request authorization to utilize anticipated tax levy reductions resulting from unit downsizing at Hilltop to support community-based program development and expansion in the area of crisis intervention and stabilization.

Recommendation

Given the results of the Hilltop workgroup assessments, fiscal analysis and consultation with the State DHS, it is recommended that BHD initiate closure of one Hilltop unit during CY 2012. While there remain a number of questions regarding adequate community-based service capacity development, it is believed that adequate supports can be developed to provide the necessary services and assistance required to maintain individuals in the community for the first group. Continued exploration will be done to identify the next group with needed resource and timeline.



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