

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: April 25, 2012

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

From: Héctor Colón, Director, Department of Health and Human Services
Geri L. Lyday, Administrator, Disabilities Services Division
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Subject: **From the 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 2012 Adopted Budget highlighted this initiative as continuing and included the planned investment "in enhanced community resources targeting individuals with Developmental Disabilities and Mental Health issues through a partnership between the Disabilities Services Division and the Behavioral Health Division."

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, June and October 2011.

Background

As the previous update reports submitted to the County Board have indicated, progress has been made in the planning for what will result in the ultimate downsizing and reorganization of services for individuals with Cognitive Disabilities at BHD Rehabilitation Center Hilltop. BHD and DSD have been working collaboratively to develop a plan for downsizing, including the development of the continuum of services necessary to support individuals' success in the community.

The Behavioral Health Division's Rehabilitation Center Hilltop has been licensed as an Intermediate Care Facility for the Mentally Retarded (ICF-MR) since 1988. The Hilltop population is characterized by "dual disabilities" in that not only do the residents have one or

more developmental disabilities but most also have one or more mental illnesses. The facility has downsized over the years from 150 licensed beds on six living units to the current program of three unlocked living units each with a capacity of 23 residents. Currently Hilltop has a census of 65 residents.

A comprehensive assessment of Milwaukee County's mental health care system done by the Human Services Research Institute (HSRI) with BHD, the Public Policy Forum, Milwaukee Health Care Partnership and other stakeholders in October 2010 recommended that BHD work with the State and DSD to "develop and implement a plan to phase down the Hilltop Inpatient Program." The report added: "this could be completed in a multi-year phase down plan" and suggested "person centered planning" "to design community options that meet the needs and choices of the current residents" and that beds still needed in the system could be "transferred to smaller privately operated facilities in the community."

In 2011 DHHS established a Hilltop Downsizing Workgroup consisting of individuals from BHD and DSD. As previously reported, this workgroup had made some significant progress including:

1. Developed general profiles of Hilltop residents and individuals with developmental disabilities served at BHD.
2. Determined service system capacity needs of individuals with developmental disabilities served at BHD.
3. Completed background research on best practices for service continuums for individuals with developmental disabilities and mental illness living in the community.
4. Developed and pre-tested a screening tool to assess community placement indicators and identify support needs for individuals with developmental disabilities and mental illness, specifically for those currently served at Hilltop.
5. Utilizing the new screening tool, reviewed all current Hilltop residents 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 teams from Hilltop consisting of the unit Psychologist, QMRP (Qualified Mental Retardation Professional), OTR (Occupational Therapist Registered) and nursing staff.
6. Collected background information to assess the potential fiscal impact associated with the downsizing of Hilltop and the estimated cost of community service options.
7. Analyzed trends in BHD service utilization of individuals who were known to both DSD and BHD during the years 2007 through 2010.

From this work and as previously reported in the October 11, 2011 Informational Report to the Health and Human Needs Committee, the Hilltop Downsizing Workgroup had come to the following conclusions:

1. The analysis of service utilization trends showed an increase in the number of individuals with developmental disabilities utilizing BHD services during the time of transition to Family Care possibly because of changes in services. This supports the need

for a strong community-based crisis response service system for individuals with developmental disabilities and mental illness. If issues arise while the individual resides in the community, a community-based response could provide support while the individual remains in the community-based setting. In the current system, the individual is removed from their current residence and then transported to BHD in the Acute Care area. 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.

2. All Hilltop residents were screened 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 determined that Hilltop residents can be characterized in three distinct cohorts:
 - a. Individuals who could potentially be relocated into community-based living situations with supports identified by the assessment and with some community provider development.
 - b. Individuals who may be able to relocate with significant development of highly skilled, new community providers to support more significant needs.
 - c. Individuals who exhibit significantly more challenging behaviors including a history of being included on the sexual offender registry, fire starting and frequent need for five-point restraints.
3. The assessment team determined specific characteristics of the individuals living at Hilltop. In brief summary here, the assessment noted that they have:
 - a. Unique combinations of physical care needs.
 - b. Extensive behavioral treatment programs that govern the prevention of behaviors, staff response, and consequences of behaviors and treatment.
 - c. Needs that require experienced, highly trained staff with individual emergency response plans and immediately available resources.
4. The assessment team also recommended numerous program components which would provide adequate supports for community-based living options which were listed in the October 11, 2012 Informational Report.
5. 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 immediately. It is anticipated that any tax levy reductions in expenditures would need to be dedicated to community-based program development. Also any savings that can be directed to community capacity will not be realized until at least two units are closed or a complete closure of Hilltop is declared.

Summary of Progress since the last Informational Report

Since the last informational report to the Health and Human Needs Committee, DSD and BHD have continued to plan for an integrated system of care for individuals with developmental disabilities and mental illness which emphasizes community success and which would support the Hilltop downsizing initiative.

Specifically the following has been accomplished:

1. Based on the previous analysis of Hilltop residents and DSD's past experience relocating individuals from ICF-MRs, DSD developed descriptions of community services needed to begin to develop the community service infrastructure to support individuals with developmental disabilities and mental illness (including anyone who had been a resident at Hilltop) living successfully in the community. These services include:
 - a. A mobile team, experienced in dealing with individuals who have developmental disabilities and mental illness, which can provide an immediate response to situations that arise at an individual's residential setting in the community.
 - b. The support of a Behavioral Specialist for crisis intervention and stabilization who would help develop and support behavioral treatment plans, link individuals to needed clinical supports, and support and train community staff of residential facilities.
 - c. Additional crisis beds in the community, which would have a primary focus of treatment and stabilization.
 - d. Community Integration services to provide appropriate Hilltop residents with individualized experiences in the community to provide them with more opportunities to partake in everyday activities in community settings.
2. DSD and BHD have had several conversations with Wisconsin's Department of Health Services (DHS), verifying that, if there is any intent to relocate Hilltop residents to close or de-license Hilltop beds, the Hilltop facility needs to submit a Letter of Intent to do so to the State in compliance with Chapter 50 Wis. Stats. and Medicaid and Medicare certification requirements. This letter would kick off a planning process with the State, Managed Care Organizations (MCOs) and Disability Rights Wisconsin (DRW) as partners, to develop a detailed Resident Relocation Plan prior to relocating any residents.
3. DSD and BHD have also had general discussions with DHS regarding Medicaid reimbursement rates and phase-down funding during a declared downsizing of an ICF-MR. Further discussion is needed with DHS on the specific fiscal impact to Milwaukee County as a result of any downsizing.
4. At their request, DSD has had meetings with DRW updating them on the progress of this initiative and needed community service capacity.
5. DSD and BHD staff continues to assess each individual resident at Hilltop as to the service supports each might need if community relocation were desired or considered

feasible. A first group of individuals determined to be eligible for community relocation has been identified by the DSD and BHD assessment team. BHD and DSD are planning to meet with Family Care Program agencies who are case managing individuals in Hilltop who are in publicly funded long-term care, or Family Care programs, since these individuals have funding designed to support them in the community.

Next Steps

As DSD and BHD proceed with this Hilltop Downsizing Initiative the goal has been reframed based on the planning and analysis to date. An eventual result will be the downsizing of Hilltop by 24 beds beginning in 2012 with a goal of completion by June of 2013. Evaluation of this process including the outcomes for the clients, the status of the community network of service, impact on Acute care Services, the demand for Hilltop-like services and any changes in health care financing will be completed in 2013. Based on lessons learned and evaluation of success from the first relocation experience, recommendations can be made to the board related to closure of additional beds in 2013/2014 and the option to explore pursuing a Request for Information (RFI) to contract out the remaining beds in future years.

Therefore, the DSD and BHD Workgroup is planning to work toward accomplishing the following goal and objectives.

Goal:

To develop an integrated system of care, for individuals with developmental disabilities and mental illness, that emphasizes community success.

Objectives:

1. Develop a stabilization system for individuals living in the community.
2. Work with the Managed Care Organizations (MCOs) in Milwaukee County to identify and address barriers to community placement.
3. Reconfigure the BHD program to focus on the rehabilitation skills leading to community success.
4. Develop a communication structure between BHD, the MCOs and DSD.
5. Develop a strategy for guardian communication and education.

Planned actions and estimated 2012 timetable:

1. DHHS has just submitted a letter to the Wisconsin Department of Health Services (DHS) notifying them of their intent to close 24 beds and relocate residents in appropriate community-based settings as required by Chapter 50, Wis. Stats. (April)
2. The letter to DHS will kick off a formal resident relocation planning process. Under Chapter 50 Wis. Stats. it is required that DHS establish a Relocation 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 will identify individuals to be relocated, develop specific relocation plans and set timelines for options counseling and implementation of the community relocations. (May thru Sept)

3. BHD will initiate a meeting with DSD and the MCO's to discuss this initiative, the intent to close Hilltop beds, and to solicit their input on the community supports needed to ensure successful community placements. (May)

The responsibility for developing community-based supports, including residential options and all other needed support services, lies entirely with the Family Care Program MCOs. Since Family Care expansion, BHD has not had an opportunity to work with the MCOs on a downsizing effort where the MCOs would have to develop service providers to address the needs of a group with characteristics similar to the Hilltop residents identified by the downsizing workgroup. It is also not clear how a crisis response system of care would operate in Milwaukee County which has a combination of both public and privately operated MCOs.

4. BHD will seek input from the University of Wisconsin-Madison Waisman Center and Dane County Community TIES Project and others who also have model programs for supporting adults with developmental disabilities and mental health conditions in the community, to develop a BHD program or an RFP for mobile community stabilization services. (May)
5. DSD will release a Request for Proposal (RFP) for additional crisis respite beds for individuals with developmental disabilities and mental illness which would include treatment and stabilization services. (June)
6. DSD will release an RFP for Community Integration Services to provide Hilltop residents with individual experiences in the community. (June)
7. BHD will develop and implement a strategy to reconfigure the units at Hilltop with an increased focus on community success skills, a continuum of care, and enhanced management of patient care for individuals with more challenging behaviors. BHD is working to reorganize the care units to represent a continuum of care. As individuals move between units the skills education needed to be successful in the community will intensify to increase the potential for a successful community integration. (Sept)
8. BHD will develop and implement an approach toward enhanced communication and education of guardians, beginning with corporate guardians of patients. The Relocation Team will also be involved with guardian issues. (June and ongoing)
9. DHHS/DSD will explore working with the Public Policy Forum to undertake a gap analysis to determine what services are needed to support persons with intellectual disabilities,

including those with mental illness. Based on population trends and patient characteristics, the analysis would help address what services, including ICF-MR type nursing home beds, would be needed in a continuum of care service system. (July thru Dec)

10. The 2013 DHHS/BHD Requested Budget will include an initiative to evaluate the transition of the first clients to leave and based on that evaluation, plan for the transition the second cohort of Hilltop residents into the community. Future budgets will seek to determine options available for the third cohort who have more challenging behaviors, including exploring the option of issuing a Request for Information (RFI) to assess if privately owned facilities might be interested in serving these individuals as suggested in the HSRI Study.

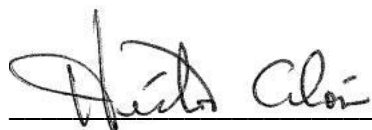
Fiscal Issues

As discussed in this report, the downsizing of Hilltop will require the development of an initial community service infrastructure to support Hilltop residents in the community. DHHS has recommended the creation of mobile community stabilization services, expanded community crisis beds and community integration to address this need. To fund these components, DHHS proposes using the \$448,040 in funding included in the 2012 Adopted Budget for BHD's Developmental Disabilities-Mental Health Pilot Respite Program as well as \$80,000 in funding included in DSD's 2012 Adopted Budget, which would be used for Community Integration Services.

Directing the use of these funds to Hilltop is consistent with the original intent of the dollars to prevent costly inpatient admissions of individuals with developmental disabilities and mental health diagnoses.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director

Department of Health and Human Services

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