



STATE OF MICHIGAN

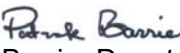
JENNIFER GRANHOLM
GOVERNOR

DEPARTMENT OF COMMUNITY HEALTH

JANET OLSZEWSKI
DIRECTOR

November 1, 2007

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs)

FROM: 
Patrick Barrie, Deputy Director
Mental Health and Substance Abuse Administration

SUBJECT: Utilization of Mt. Pleasant Center

As a matter of law, regulation, policy and contract, the Michigan Department of Community Health (MDCH) is committed to effectively supporting a life in the community for all persons with a mental illness or a developmental disability. For some time, MDCH has been particularly concerned about the utilization of the Mt. Pleasant Center (MPC) by CMHSPs and PIHPs. The lack of progress in diverting facility admissions, the delay in effecting quality, appropriate placements, and the long tenure of some individuals as facility residents are troubling signs that the public system may be faltering in its long commitment to achieving a life in the community for all.

Over the past year, MDCH has strongly promoted placements from MPC by prioritizing individuals exiting MPC in our allocations of 1915(c) waiver certificates to PIHPs. Despite such encouragement, the census at Mt. Pleasant has not declined as much as anticipated, since PIHPs and CMHSPs continue to request new temporary and administrative admissions to the facility, and required prerelease planning for discharge and community placement are seemingly not being developed and implemented (MCL 330.1209a) in a timely fashion.

Many requests for temporary and administrative admissions appear to stem from crisis situations and the perceived lack of local capacity to provide positive behavioral supports and appropriate living arrangements. We can no longer accept the notion that such crisis situations justify institutionalization. Each CMHSP and PIHP **must** have the necessary capacity to provide behavioral support and crisis prevention/response services to individuals with a developmental disability who may experience behavioral, emotional and/or other urgent situations in the community. MDCH has assembled a "virtual" consultation team - composed of MDCH staff and external participants with recognized expertise in community services - that will assist CMHSPs and PIHPs in identifying support and service options to stabilize individuals in the community during crisis situations. MPC will no longer approve any requests for temporary or administrative admissions to the facility without a prior consultation between the CMHSP/PIHP and the MDCH virtual team, to assess alternatives to institutional care. In addition, the MDCH site review protocol is being modified to assess PIHP capabilities and capacity to provide behavioral

supports and crisis prevention/response to individuals with a developmental disability (and their families) who experience crisis situations.

While the diversion of future admissions and an expansion of community crisis response capacity are important steps, we must also ensure that placements are swiftly effected (as required by law and long standing policy) for current residents in the facility that could be discharged from MPC into the community with appropriate support and service arrangements. MDCH, with assistance from both internal staff and external reviewers, have identified a large number of recipients (including nearly all facility residents who are ICF/MR eligible individuals) that should be moved to less restrictive, appropriate, and quality placements in the community. To achieve timely and appropriate placements, MDCH is requiring each PIHP and/or CMHSP with ICF/MR eligible consumers at MPC to:

- Provide MDCH, no later than November 16, 2007, with written notification of its intent to place all, some, or none of its ICF/MR eligible residents currently at MPC. This communication shall also include specific target dates for the discharge and community placement for each individual the CMHSP/PIHP has indicated in its notice that it will place. Please direct this electronic notification to Cynthia Kelly at kellyc@michigan.gov.
- This required placement notification/communication to MDCH shall also identify any barriers to community placement for an individual. These barriers will not be considered a deterrent to community placement. All details and justifications (if any) regarding barriers must be provided so that resolutions of these situations can be sought.
- For those ICF/MR eligible residents identified for community placement, the CMHSP/PIHP must develop, based upon a person-centered planning process as described in MCL 330.1700(g), and submit an appropriate community placement plan no later than December 15, 2007. Each plan shall comport with the requirements of MCL 330.1209(a) and (if applicable) MCL 330.1209(b), and must include a confirmed date for discharge from MPC and a confirmed date for placement in the community.
- If credible community placement plans are not developed by a CMHSP/PIHP for each of its ICF/MR eligible residents at MPC, and/or such plans have not been submitted by December 15, 2007, MDCH will take the lead to secure the services of other PIHPs or CMHSPs to effect an appropriate community placement. Necessary adjustments in general fund allocations and/or waiver certificate allocations will be made to facilitate placement by the alternative responsible agency.

We believe that quality, appropriate, and timely community placements can and will be accomplished through a focused and collaborative effort involving MDCH, MPC, PIHPs, CMHSPs, and families, consumers and advocacy organizations.

For family members or guardians of ICF/MR eligible individuals, it is the obligation of both the PIHP/CMHSP and MPC/MDCH to ensure that they are involved in planning, understand the less restrictive community options, and support the movement of ICF/MR eligible individuals from MPC to appropriate settings and support arrangements in the community. Your engagement and cooperation in working with consumers, families and guardians will be instrumental to a smooth transition from the facility to an appropriate community setting.

While proceeding with planning and placements (using the timelines and benchmarks noted above), MDCH has also utilized both internal workgroups and external reviewers to identify ways to improve services, address program and staffing needs, and to reform administrative practices at MPC. While MDCH firmly believes that the census at MPC can and must be reduced (and quality placements effected), the department is also committed to ensuring adequate services and appropriate care for those who remain at Mt. Pleasant Center. We will provide additional information regarding changes at MPC in future correspondence.

Cc: Janet Olszewski
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