Section 605: (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or PIHPs have programs and services in place for those persons currently in those facilities and a plan for service provision for those persons who would have been admitted to those facilities. (2) All closures or consolidations are dependent upon adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each person currently in the facility. A discharge and aftercare plan shall address the person’s housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the person’s housing needs. (3) Four months after the certification of closure required in section 19(6) of the state employee’s retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house of representatives and senate appropriations subcommittees on community health and the state budget director. (4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or PIHPs responsible for providing services for persons previously served by the operations.
INTRODUCTION

The Michigan Department of Community Health’s Mt. Pleasant Center (MPC) for persons with developmental disabilities is planned for closure effective October 10, 2009. The MPC currently provides services for persons who are developmentally disabled.

The Mt. Pleasant Center is currently certified by the Centers for Medicare and Medicaid Services (CMS). This certification indicates that quality active treatment services are provided and supports the operation with Medicaid (federal share) funding.

Public Act 246 of 2008, the Department of Community Health FY-09 Appropriations Act, Section 605(3), requires the Department to submit a closure plan to the House of Representatives and Senate Appropriations Subcommittees on Community Health and the State Budget Director four (4) months after the certification of closure required in section 19(6) of 1943 PA 240, MCL 38.19. This document is submitted to fulfill that requirement.

This plan outlines the process of

- assuring continuity of services for those persons requiring treatment
- maximizing employment and retirement opportunities for current employees
- protecting the physical assets owned by the state
- assuring that all legal requirements are met during the closure process

CONSOLIDATION OF PROGRAM

Act 258 of 1974, referred to as the Mental Health Code (MHC), clearly sets forth the intent to treat Michigan citizens in the least restrictive setting appropriate to the needs and condition of each individual. In 1996, significant changes were made to the MHC to address standards and procedures for consumers of mental health services that require consideration and provision of appropriate alternatives to hospitalization after clinical evaluation by the community mental health services programs and included in individualized written plans of services developed in partnership with the recipient and appropriate parental/guardian involvement.
On February 12, 2009, the Michigan Department of Community Health (Department) announced that, due to the decreasing numbers of ICF/MR-eligible residents (Intermediate Care Facility for the Mentally Retarded) at the Mt. Pleasant Center, and the Department’s continuing efforts to move ICF/MR-eligible residents into appropriate community placements, the Mt. Pleasant Center would be closed. This closure, supported by those who advocate on behalf of persons with developmental disabilities, is planned to occur on or before October 10, 2009.

SERVICES FOR PERSONS REQUIRING CONTINUED TREATMENT

In May 2007, due to emergent and recurrent difficulties that continued to overshadow the delivery of services to each resident living at Mt. Pleasant Center at that time, the Department established the MPC External Review Committee (Committee). After considerable review and discussion to resolve the identified operational and service problems at the facility, the Committee provided its findings, conclusions, and recommendations.

One of the recommendations provided by the Committee was the movement of the ICF/MR-eligible residents from the Mt. Pleasant Center into appropriate community placements. In October 2007, there were approximately 120 ICF/MR-eligible and approximately 35 non-ICF/MR-eligible residents at the Mt. Pleasant Center. From October 1, 2007, to the present date, 69 of the ICF/MR-eligible individuals have been placed into community settings. Planning for these individual placements included the resident, family members, guardians, MPC staff, CMHSP (community mental health services program) staff, provider staff, advocacy organizations, and other interested parties pertinent to the process. No individual has been or will be discharged from the Mt. Pleasant Center and into a community placement without a solid, person-centered plan first being established. This process will continue to be carried out in a manner to ensure that each placement will be successful, and that no resident will need to return to live in an institutional setting through appropriate alternative services.

The non-ICF/MR-eligible individuals that were admitted to the Mt. Pleasant Center throughout the years presented as being dual diagnosed, i.e., mentally ill and developmentally disabled. These individuals were not found to meet the criteria to be ICF/MR-eligible, but were deemed to be in need of inpatient services and treatment. These individuals were either administratively admitted to the facility, court ordered under Chapter 5 of the MHC, or court ordered under Chapter 10 of the MHC as being IST (incompetent to stand trial).
On February 12, 2009, the date of the closure announcement, there were 88 residents receiving services at the Mt. Pleasant Center (60 ICF/MR-eligible and 28 non-ICF/MR-eligible). Subsequent to that date, 9 additional ICF/MR-eligible residents have been discharged from the Mt. Pleasant Center and placed into appropriate community settings.

Of the 28 non-ICF/MR-eligible residents that were at the Mt. Pleasant Center on February 12, 2009, 23 of those individuals have been transferred to the Kalamazoo Psychiatric Hospital (KPH). The remaining individuals were either discharged to the community or found to be competent to stand trial and returned to the judicial system. The Kalamazoo Psychiatric Hospital has established a unit to provide for the care and services for non-ICF/MR-eligible persons. The provision of services also includes treatment for those individuals found by the judicial system as being IST and in need of competency restoration.

The current census at the Mt. Pleasant Center consists of 51 ICF/MR-eligible residents. The Department is continuing with its efforts to place each of these individuals into an appropriate community placement prior to the closure of the facility. However, the Department is cognizant that community-based plans for some of these individuals will require additional work to ensure that a solid plan is in place for each individual, one that includes, but is not limited to, medical equipment or other necessities. Therefore, the Department has requested the transfer of 40 ICF/MR certified beds from the Mt. Pleasant Center to be established at the Caro Center. The efforts to place each of these ICF/MR residents transferred from the Mt. Pleasant Center to the Caro Center into appropriate community placements will continue. It has been the mission of the Department to ensure that each ICF/MR-eligible resident is afforded an opportunity to live in the community.

There is not a circumstance in which a resident has been discharged from the Mt. Pleasant Center due to the lack of an appropriate person-centered community placement or transfer to either the Kalamazoo Psychiatric Hospital or to the Caro Center. To assure this, the Department implemented a monitoring process approximately one year ago via the expertise of highly qualified monitors from the Developmental Disabilities Institute (DDI) through Wayne State University.

The role of the DDI monitors is to conduct on-site follow up visits upon a resident’s discharge from the Mt. Pleasant Center (at 1 month and 6 months, or more often if deemed necessary). They meet with the parents and guardians before and during the on-site visits, take calls from family members regarding specific concerns, and report on their findings and recommendations. The reports are forwarded by the Department to the CMHSPs. In addition, the monitors make immediate contact with the Department for follow up with a CMHSP anytime it is appropriate to assure the health and/or safety
of the resident. The monitors do not have the authority to move people from placement to placement, or assume any responsibility for direct delivery of care and treatment.

In addition, to respond to the concerns of the parents and guardians of Mt. Pleasant Center residents, the Department developed a Safety Net Plan. Further, through a CMHSP, the Department contracted with an entity to establish the Center for Positive Living Supports (Center) to carry out several functions that will serve as the crisis response initially for residents discharged from the Mt. Pleasant Center since October 1, 2007, into the community. The Department intends to expand the focus of the Safety Net Plan to include other persons with developmental disabilities living in the community who may have health or behavioral challenges. The Center will be staffed by trained qualified mental health retardation professionals (QMRPs), direct care workers, and trainers, and will have immediate access to consult with other clinicians and experts.

Regular meetings of staff from both the Mt. Pleasant Center and the Department’s central office are held to ensure an orderly transition process. The planning for the placement or transfer includes the resident, family members, guardians, MPC staff, CMHSP (community mental health services program) staff, provider staff, advocacy organizations, and other interested parties pertinent to the process. The MPC admission and discharge staff, in conjunction with the CMHSPs and Department central office staff, develop transfer and placement packets for each individual.

**PERSONNEL SUPPORT SERVICES**

At the time of the closure announcement, the Mt. Pleasant Center had 405 FTEs with an in-house census of 88 residents. Staff from the Department’s central office Human Resources have worked closely with staff from the facility’s Human Resources to ensure that all Mt. Pleasant Center employees were and continue to be provided with all necessary information to make informed decisions about retirement options that exist under current legislation, as well as opportunities for employment both internal and external to state government,

Of the 405 employees, approximately 106 are eligible to retire on the closure date, and an additional 32 employees may become eligible for facility closure retirement through either purchase of retirement credit or through a process of becoming “age eligible” for retirement or a combination of both. Approximately 90 employees have transferred to other state employment and we expect placement of approximately 75 additional employees within state government. The remaining employees would be eligible for
recall under Department of Civil Service Rules and their respective collective bargaining unit contracts and agreements.

Various on site presentations have been provided for Mt. Pleasant Center staff, i.e., the Unemployment Agency Rapid Response Team; the Office of Retirement Systems provided information to members regarding the defined benefit and defined contribution plans.; Civil Service provided career counseling and credential reviews; and the Employee Services Program is available to provide job seeking skills, stress management, and information about retraining programs.

Information outlining retirement options, continuing state employment opportunities, employee preference rights, deferred compensation, social security, and employee benefits has been and will continue to be made available to all interested staff.

Central Office Human Resources and department staff have continued to focus priority on assisting qualified and interested MPC staff to secure positions within state government, thus retaining the expertise and experience that each of these individuals brings to the work environment.

The employee assistance and support programs will continue to be ongoing throughout the closure period.

**ADMINISTRATIVE ISSUES**

The closure planning process includes securing patient records, personnel records, administrative records, equipment, and supplies. A specific planned closure process, in accordance with the DMB Administrative Guide to State Government, has been initiated by the Department to assure appropriate accountability and secure use of state assets. The plan details specific tasks, including the purging of all records in accordance with the Department’s and the Department of History, Arts and Libraries (HAL) Records Management, Records Retention and Disposal Schedule, cancellation of all lease and rental agreements for services and purchase orders, an inventory of all equipment and furnishings, and the coordination of the transfer or disposition of items to other hospitals, centers, agencies, departments, salvage, and disposal. The plan will be used to monitor the closure process to ensure timely completion and protection of state assets. The closure process is directed and monitored through regular meetings and communication with the Bureau of Hospital, Center and Forensic Mental Health Services, and periodic Close-Out Status Reports provided to the Department’s Bureau of Hospital, Center and Forensic Mental Health Services and to the facility director/designee. The Department of Management and Budget/Real Estate Division (DMB-RED) is responsible for the disposition of the property and physical plant.
There is a requirement that the Office of Auditor General perform a final audit of the facility’s operations, including the closure process, which has been standard procedure during all other hospital and center closures. Previous OAG audit findings provide guidance for this closure process.

**SUMMARY**

The decreasing number of ICF/MR-eligible residents at the Mt. Pleasant Center, the discharge of individuals from Michigan’s last remaining facility for developmentally disabled persons into appropriate community placements, and administrative efficiencies have resulted in the decision to close the Mt. Pleasant Center. Ongoing individualized planning and coordination efforts between Mt. Pleasant Center, the Department and the CMHSPs will continue throughout the closure process. These efforts will result in alternative community placements or transfers, as clinically appropriate, prior to the planned closure date of October 10, 2009, either to the Caro Center or to the Kalamazoo Psychiatric Hospital.

The Department of Community Health requires the development of individual written person-centered plans for each individual leaving a state hospital or center. The plan, developed by the community mental health services program, in conjunction with the facility and Department central office staff, is based on established protocols and in partnership with the resident, family members, guardians, MPC staff, provider staff, advocacy organizations, and other interested parties that are deemed relevant to the process.

Programs to support and assist employees during the closure are in place and will continue throughout the process. These include information related to retirement options, continuing state employment opportunities, employee preference rights, deferred compensation, social security, and employee benefits.

State interests in the physical plant, property, equipment, and records are protected by well defined procedures, and the Office of the Auditor General will perform an audit of the closure process.