

# State Operated Facilities Transition Plan

Recovery and Reinvestment  
Commission on Mental Health  
September 7, 2010

# What is Happening?

- Public announcement on 7/8/10 of the implementation of the transition plan for patients and staff
- Sequence of events that allow all state hospitals to remain open
- Specific patient populations have been identified to move from hospitalization to community services
- Result is the **net closure of 355 beds** system-wide which represents an approximately **30% decrease** of current capacity.
  - Current capacity: 1205
  - Revised capacity: 850
- Re-deploy 110 beds for persons with SMI
- SOFs will transition to intermediate care facilities and shift from long term residential housing to the greatest extent possible

# Current Picture (84% occupancy as of 8/30/10)

- ESH (95%)
  - Capacity 168
  - Population 160
- Madison (84%)
  - Capacity 150
  - Population 126
- Logansport (77%)
  - Capacity 388
  - Population 299
- Richmond (85%)
  - Capacity 312
  - Population 264
- Carter (97%)
  - Capacity 159
  - Population 154
- EPCC (54%)
  - Capacity 28
  - Population 15

# Transition versus Closing

- Prevents closure of a state hospital
- Maintains statewide service
- Services in the least restrictive setting by moving individuals to community
- No completely vacant assets for State to dispose of or maintain. All bonded structures remain in operation
- Diversity of mental health population & ability of each facility to provide appropriate services
- Minimization of disruption in services and community concerns
- Greater efficiencies than closing a single hospital
- Maintain statutory compliance specific to ESH and Carter

# Logansport

- Remain a high acuity forensic psychiatric hospital with limited civil beds
- Persons with MR/DD will be assessed for transition to the community
- 110 persons with SMI will transfer to other SOFs
- Capacity: 134
- Maintain approximately 500 employees
- **Why such a large impact at LSH?**
  - Large population with MR/DD
  - Expertise with forensic and high acuity patients
  - Significant investment of state funds

# Richmond

- Transition adolescent unit to services for persons with SMI
- Shift CA program to community providers resulting in closure of the addiction services building. RFP has been released for community –based services
- Transition persons with MR/DD to community services and convert unit for persons with SMI
- Capacity: 211
- Maintain approximately 495 employees
  
- Significant impact at RSH is due to the transition of the addiction services program

# Madison

- Transition 30 persons with MR/DD to community services
- Receive 30 persons with SMI
- Capacity: 150

# Evansville

- Transition 30 persons with MR/DD to community services
- Receive 30 persons with SMI
- Capacity: 168

# Larue Carter

- Transition youth from Richmond unit
- Capacity: 159

# Patient Future

- Carefully screened for community assignment
- Coordination with BDDS providers for best fit
- Involvement of patients and families
- Patient needs and community safety are paramount concerns



# Building Usage

- Other state agencies
- County/city opportunities
- School options

# Proposal Details

**Logansport:**

- Close most civil beds (254 beds)

**Larue Carter:**  
Youth from Richmond moved to LC (utilization of 20 Existing Beds)

**Evansville:**

- Close 30 bed MRDD unit & transition to community
- Utilize 30 bed unit for persons with SMI



**Richmond:**

- Close substance abuse unit (101 beds)
- Close youth services unit (20 beds)
- Close MRDD unit (30 beds)
- Use 50 beds for persons with SMI

**Madison:**

- Close two MRDD units (30 beds)
- Utilize 30 beds for persons with SMI

# Lay-off Process

- Affected classifications and number of employees needed after the transition have been identified
- Order of layoff in each affected classification is determined by State Personnel Department through the merit employee retention scoring process
- Layoffs will occur over a period of several months and will be concluded by 3/1/2011. Each State employee impacted by this transition will be notified of a specific layoff date as those dates are established in accordance with the transitions of patients to new living arrangements

# Next Steps

- Need to provide continuing quality care for patients throughout and following the transition
- Transition planning with patients and families
- SPD coordinating employee informational sessions with benefits section, PERF and DWD