

## ILLINOIS DEPARTMENT OF HUMAN SERVICES/DIVISION OF MENTAL HEALTH (IDHS/DMH)

### POLICIES AND PROCEDURES

## TRANSITIONAL SERVICES TO SUPPORT COMMUNITY ENGAGEMENT

To achieve successful transition of individuals leaving the IDHS/DMH State Operated Psychiatric Hospitals, the Division is contracting with community mental health centers and non-traditional service providers to develop capacity and deliver an array of clinical services and non-traditional supports to these individuals. The purpose of this initiative is to make available additional supports and services to individuals who might otherwise return to higher levels of care. The involvement of Consumer Operated Service Providers, including through subcontracting relationships, is strongly encouraged to meet the goals and objectives of this project.

### PROVISIONS FOR ALL SERVICES AND SUPPORTS

All entities providing Transitional Services to Support Community Engagement (TSSCE) will meet all provisions detailed in this section.

**Individual Rights:** To assure that an individual's rights are protected and that all services provided to individuals comply with the law, all providers and subcontractors shall ensure that:

1. An individual's rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5].
2. The right of an individual to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act and the federal Health Insurance Portability and Accountability Act of 1996.
3. Staff shall inform the individual of the following:
  - a. The rights in accordance with 1 and 2 above.
  - b. The right to contact the Illinois Guardianship and Advocacy Commission and Equip for Equality, Inc. The provider shall offer assistance to an individual in contacting these groups, giving each individual the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.;
  - c. The right to be free from abuse, neglect and exploitation;
  - d. The right to be provided mental health services in the least restrictive setting;
  - e. The individual's right or the guardian's right to present grievances up to and including the provider's Executive Director or comparable position. The individual or guardian will be informed of how his or her grievances will be handled at the provider level. A record of, and the response to, those grievances shall be maintained by the provider. The Executive Director's decision on the grievance shall constitute a final administrative decision (except when the decisions are reviewable by the provider's governing board, in which case the governing board's decision is the final authority at the provider level);
  - f. The right not to have services reduced, denied, suspended or terminated for exercising any rights;
  - g. The right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances; and
  - h. The right to have disabilities accommodated as required by the Americans With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].

4. The sharing of this information shall be communicated in a language or a method of communication that the individual understands. Documentation that this information was shared in that manner shall be noted in the individual's record.

**Employment Policies and Procedures:** To assure that all staff working in the TSSCE programs fulfill the roles assigned to them, all providers and subcontractors shall:

1. Establish and maintain a comprehensive set of personnel policies and procedures, minimally addressing hiring, training, evaluation, disciplining, termination, and other personnel matters related to staffing. Establish and maintain job descriptions detailing the duties and qualifications for all positions, including volunteers, interns and unpaid personnel. Establish and maintain individual personnel records for all personnel, paid and unpaid, minimally including the following components:
  - a. Documentation of current education, experience, licensure and certification;
  - b. Employment status of the individual (e.g., hire date, employee/contractor, termination date, etc.);
  - c. Review of individual employee's performance within the last 12 months; and
  - d. Documentation of training and continuing education units, as applicable.
2. Upon hire, perform sufficient background checks for all employees, volunteers, interns, unpaid personnel, or other individuals who are agents of the provider. At a minimum, the review shall include:
  - a. Searching the Illinois Department of Public Health's (DPH) Health Care Worker Registry concerning the person. If the Registry has information substantiating a finding of abuse or neglect against the person, the provider shall not employ him or her in any capacity.
  - b. Performing background checks in compliance with requirements set forth in the Health Care Worker Background Check Act [225 ILCS 46] and in DPH rules at 77 Ill. Adm. Code 955.
  - c. Reviewing the Provider Sanctions List, provided by the HFS Office of Inspector General (HFS-OIG), to ensure the provider is not on the list of sanctioned providers. The CSP/CMHC shall not employ or contract with any provider found on the List.
3. Annually, at a minimum, comply with all requirements set forth in the Health Care Worker Background Check Act and in DPH rules.

**Registration:** The provider shall register all individuals receiving any TSSCE in the DMH/Collaborative management information system through ProviderConnect using the Transitional Service Initiative indicator.

## PROGRAM SPECIFIC INFORMATION

### LIVING ROOM PROGRAMS (Program 510)

**Purpose:** DHS/DMH Living Room Program is for individuals (referred to hereafter as guests) in need of a crisis respite program that provides a safe, inviting, home-like atmosphere offering services and supports designed to proactively divert crises and break the cycle of psychiatric hospitalization. First created by Recovery Innovations, now known as RI International, the living room model operates from the Crisis Now concept and focuses on practices including recovery orientation, trauma-informed care, significant use of recovery support staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for guests served and the staff providing services, and collaboration with law enforcement. Living Rooms are traditionally run by consumer operated service providers and are based on a philosophy that crises are an opportunity for learning.

**Intent:** The environment provided throughout the living room creates a safe space for the guest to calmly process the crisis event, as well as learn and apply wellness strategies which may prevent future crisis events. The guests' strengths are the basis for the services and supports which address whole health, wellness and life in the community. Engagement specialists may introduce individuals to the LRP during SOPH discharge planning to build awareness of the resource.

**Eligibility:** Individuals experiencing psychiatric crises may self-refer, or may be referred by police, fire, emergency departments or other organizations with which an individual experiencing such a crisis may come into contact.

**Hours of Operation:** The Living Room must be operational at the times of day that are demonstrated necessary in order to ensure the needs of the community and the individual in crisis are met. While the traditional Living Room model is for 24 hour/7 day a week operation, the provider may negotiate the hours of operation with DMH. Proposed hours of operation should be supported with documented historical use of crisis services, including but not limited to use of psychiatric emergency rooms and other hospital-based services, local first responder data, and crisis line call reports. For programs operating less than 24/7, there must be clearly published direction to individuals on where to access support at times the LRP is not available.

**Service Requirements:** The Living Room activities are to be designed by the Recovery Support Staff (RSS) and must include recovery education; information, resources and connection to natural supports; and must follow principles of trauma informed care. Upon arrival at the Living Room a guest must be greeted by an RSS who will provide a sense of welcome and reassurance and will explain in simple terms the program and what the guest can expect during their stay. The program must maintain a clinician on call who is available to respond for a face to face entry screening of the guest prior to entry into the actual Living Room environment. The screening will take into account the suitability of the Living Room environment and program to the guest's needs, including the safety of the individual as well as other guests and staff occupying the Living Room. The clinician will also be required to provide an exit screening as a part of the guest's departure from the Living Room. Prior to departure, each guest will be given the opportunity to provide feedback on their experience in the Living Room. An example of a feedback form is included at the end of this section. While it is not required that this specific form be used, each LRP will be expected to develop a quality improvement policy and procedure that incorporates guest feedback. Additionally, the provider and any subcontractors shall develop standard operating policies and procedures that define the program consistent with the model described above, determine a maximum safe operating capacity for the program, and ensure participation of the LRP staff in a DMH-led LRP Learning Collaborative.

**Staffing Requirements:** A Qualified Mental Health Professional (QMHP) must be immediately available to Living Room staff, including the face to face entry and exit screening of each guest, as well as ability to respond via phone or in person for consultation with Living Room staff to ensure adequate and appropriate service and support provision to all guests. The Living Room must be staffed at all times by a minimum of two individuals, and the staffing plan must include Recovery Support Specialists who may be hired through a subcontractor relationship.

**Training Requirements:**

Any person working in the LRP must complete the DMH web-based training prior to beginning work at the LRP. Any person working in the LRP must have the CRSS credential or must complete 100 hours

CRSS training within one year of beginning work at the LRP. DMH will provide the CRSS training for any LRP staff, as well as the CRSS continuing education training. LRP staff will also be invited to apply for participation in WRAP Facilitator training. The provider shall also arrange for additional training in the LRP model through any of the DMH-Approved providers below:

RI International  
People Inc.  
National Empowerment Center

**Physical Plant Requirements** The LRP provider must establish policies that ensure the physical safety of the environment. This includes providing guests with a safe and comfortable setting that includes a supportive, physical staff presence. Guests will also be afforded private space as requested; however, this requirement for private space should not be interpreted as a prohibition to interaction between multiple guests and staff, which is a key component to the supportive nature of the LRP. The site should include communal areas for interaction in which all guests at the same time can receive support through the physical presence of staff members. Snacks and beverages shall be available to guests at all times.

At no time is an LRP to contain more than 16 beds. An LRP cannot be created within any building, under one continuous roof including, but not limited to, houses, apartment buildings, and duplexes, in which residential treatment is being provided, which in total would exceed 16 beds.

### **Performance Measures**

The Grantee shall submit quarterly Periodic Performance Report (GOMBGATU-4001 (N-08-17)) and the Periodic Performance Report Template by Program (PRTP) to the appropriate email address below no later than November 1, February 1, May 1, and August 1. Reporting templates and instructions for submitting reports can be found in the Provider section of the DHS website.

PPR and PPRT Email Address for All Grants:

DHS.DMHQuarterlyReports@illinois.gov

The following are included in the reporting template:

1. Number of individuals who are referred to or present at the Living Room.
2. Number of total individuals served during this quarter.
3. Number of individuals seen by recovery support specialists.
4. Number of individuals self-referred (walk-in) to The Living Room.
5. Number of individuals referred by first responder or another organization.
6. Number of individuals served with a prior Living Room experience.

### **Performance Standards**

1. 50 individuals must be served this quarter. Each visit by an individual may be counted towards this minimum requirement.
2. 100% of individuals are seen by a recovery support specialist.
3. 100% of individuals who are referred to the Living Room and present at the Living Room must be accepted.

Guest Initials (optional): \_\_\_\_\_

Date of Visit: \_\_\_\_\_

## LRP Guest Feedback

1. I came in today because (check all that apply):

- I wanted to come because I was feeling \_\_\_\_\_.
- \_\_\_\_\_ recommended I come.
- I just felt like talking to someone.
- I was in the area.

*(Please answer questions # 2 and #3 using a scale of 1 – 5: 1 being the worst and 5 being the best.)*

2. How I was feeling when I arrived here today: 1    2    3    4    5

3. How I am feeling now: 1    2    3    4    5

4. Some things I liked about today's visit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Some recommendations for improvement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.  This was my first visit to the Living Room.  
 I have visited the Living Room 2-5 times.  
 I have visited the Living Room more than 5 times.  
  
 I choose not to provide feedback today.

## **TRANSITIONAL LIVING CENTERS (Program 854)**

**Purpose:** The Transitional Living Centers (TLCs) will provide immediate access to housing for individuals who are discharged from an SOPH, and whose lack of access to housing puts them at risk of referral to a higher level of care. These centers are to function as independent living settings.

**Intent:** TLCs will be developed by contracted providers by securing a physical structure where individuals can live until permanent housing is secured. The contracted provider will immediately begin working with the individual to identify a permanent living situation, such as permanent supportive housing. Because it is likely that transportation will be necessary for individuals to access follow up services, DMH is including provision of transportation costs in the funding of this program.

**Eligibility:** Individuals may be referred to TLC by SOPH staff. The individual must meet DHS/DMH Service Population criteria as defined in the DHS/DMH provider manual and must be clinically appropriate for referral to a non-supervised setting, as reflected by a LOCUS level of care recommendation of 3.

**Length of Stay:** Immediate access to this program is required. Therefore, contracted providers must establish lengths of stay and internal utilization review policies that ensure individuals continue to meet eligibility requirements and are moving through the program at a rate that allows for ongoing vacancies. DHS/DMH anticipates that lengths of stay will in no instance exceed three months.

**Provision of Treatment Services:** Since the contracted provider is expected to maintain immediate access for referrals, it is imperative that each individual is provided with the appropriate community based mental health services necessary to assist them in finding and moving to a permanent living situation. Because the individuals are to be at a LOCUS level of care recommendation of 3, these services may be provided through the usual community service protocols. The TLC is an independent living setting and not considered a treatment setting, and therefore Certification as a Rule 132 site is NOT required. Services to individuals housed at TLCs should be provided and reported in the same manner as services provided to individuals who live independently in the community.

**Staffing Requirements:** The TLC is an independent living setting not a residential treatment setting, therefore DMH exerts no requirement for staff to be present on site at the TLC.

**Physical Plant Requirements:** The TLC must provide separate bedrooms for each individual during their stay. There must be at least one bathroom for every four occupants of a TLC. The TLC must also provide a fully furnished living area with common spaces, such as living room, dining room, and kitchen that may be shared.

### **Performance Measures:**

1. Number of referrals received from SOPHs.
2. Number of referrals from other sources.
3. Number of individuals served from SOPHs.
4. Number of individuals served from other referral sources.
5. Number of individuals remaining in excess of 90 days.

### **Performance Standards**

1. 100% of referrals received from SOPHs result in TLC admission.
2. 100% of individuals will have length of stay of 90 days or less.
3. 100% of individuals will be transitioned to independent living within 90 days.

## **Transitional Community Care and Supports (Program 855)**

**Purpose:** IDHS/DMH Transitional Community Care and Supports is for individuals admitted in Civil status at an SOPH in order to facilitate linkage to a community provider, plan for discharge, and ensure engagement and support once discharged from the SOPH. The provider will ensure face to face engagement with the individual during admission and will provide assertive outreach for any individual that fails to appear for an initial discharge linkage appointment. For individuals not otherwise funded for such services, the program will cover the cost of services consistent with the Medicaid Community Mental Health Services Program (Rule 140). The program will also cover costs for engagement and support activities specific to each individuals' needs which will include the design of unique resources not currently reimbursed through traditional funding streams. Providers will engage individuals during SOPH admission, and continue to provide engagement, treatment and support services upon discharge from the SOPH.

**Intent:** This program will ensure the availability of all necessary services and supports for individuals transitioning from an SOPH to a lower level of care. A goal of the program is to help the referred individual engage in all necessary mental health services to decrease the likelihood of further crisis or hospitalization. An equally important goal of the program is the identification and utilization of supports that have not been available through traditional funding streams but may assist the individual in successful community tenure. Because it is likely that transportation will be necessary for individuals to access follow up services and supports, DMH is including provision of transportation costs in the funding of this program.

**Eligibility:** To be eligible for this service, the individual must be receiving services in an SOPH, or have been referred to the program as a part of an SOPH discharge plan and must meet the "Served Population Definition" within the DHS/DMH provider manual.

**Service Requirements:** The provider will develop promotional materials for use at the SOPH by hospital discharge planners so that the individual may make an informed choice about discharge planning. The provider will begin serving each individual on site at the SOPH upon referral from the hospital discharge planner and will respond to all requests for engagement at the SOPH within one business day of the request by SOPH staff. In addition to engagement and assessment of the individual while still on the psychiatric unit, the provider will also participate in discharge planning meetings, and assistance in identifying and linking to services and supports in the community both pre- and post-discharge. To increase the likelihood of engagement, the provider shall attempt to engage the individual at SOPH discharge, either by providing transportation from the SOPH to the provider location or the individual's home. Attempts will continue until a face to face contact is made, or the provider is informed by the individual that treatment is not desired. Provider will ensure that staff providing these outreach services have been appropriately and adequately trained and assessed for competency in engagement techniques. Services will be provided by a combination of engagement specialists who either have the CRSS credential or the capability of attaining it, and licensed clinicians who will assist in provision of

clinical services such as assessment, treatment and discharge consultation and individualized treatment services post discharge.

**PERFORMANCE MEASURES:**

Performance data shall be reported quarterly for this program and include:

1. Number of individuals referred.
2. Number of individuals contacted within 1 business day of referral.
3. Number of individuals engaged during hospital stay.
4. Number of individuals engaged on the day of discharge.
5. Number of individuals who remain engaged 30 days post discharge.
6. Number of uninsured/underinsured individuals who received traditional mental health services.
7. Number of individuals who received non-traditional supports.
8. Number of individuals who required assistance with Medicaid application.
9. Number of individuals who received assistance with Medicaid application.
10. Number of individuals for whom registrations were submitted per DMH policy.

**PERFORMANCE STANDARDS:**

1. 100% of individuals contacted within one business day of referral.
2. 100% of individuals engaged during hospital stay.
3. 100% of individuals engaged on day of discharge.
4. 100% of individuals engaged at 30 days post discharge.
5. 100% of individuals who required assistance with Medicaid application received it.
6. 100% of registrations submitted according to DMH policy.