**Williams vs. Rauner Consent Decree**

**Semi-Annual Report #14**

**July 1, 2018 – June 30, 2018**

**Submitted September 24, 2018**

**Community-Based Services and Housing Capacity Expansion Requirements**

*Defendants provide Plaintiffs with the opportunity to receive the services they need in the most integrated setting appropriate and to promote and ensure the development of integrated settings that maximize independence, choice, opportunities to develop and use independent living skills, and afford the opportunity to live similar lives to individuals without disabilities****.***

This Semi-Annual Report #14 covers a six-month reporting period for the second half of SFY18, January 1, 2018 – June 30, 2018. During this reporting period 194 Class Members transitioned to community-based living environments (PSH and Supervised Residential settings) through efforts of the designated Williams Community Mental Health Centers (“CMHCs”). There are 8 full array service CMHCs (Thresholds, Trilogy, Association House, Community Counseling Centers of Chicago (C4), Human Resource Development Institute (HRDI), Grand Prairie Services (GPS), Heritage Behavioral Health Center and Human Service Center (HSC)) – that offer a full array of Medicaid billable services (including ACT and CST) and non-billable services; and 8 transition only CMHCs (Alexian Center, Association for Individual Development (AID), Cornerstone Services, Ecker Center, Kenneth Young Center, Lake County Health Department, Presence Behavioral Health and Trinity Services Inc.), that provide services within their certifications but do not offer ACT and CST. 89% of the Class Members who transitioned this reporting period (173/194) moved into their own lease held apartments (including Cluster Housing). 21 of the Class Members (11%) who transitioned moved into a Community-Based Supervised Residential setting. In addition, 33 (17%) Class Members identified by the CMHCs as needing more assistance to assert independence and choice pre-transition, received In-Home Recovery and Support (IHRS). Since inception of IHRS in August 2017, a total of 85 Class Members have been referred for IHRS services, and 60 Class Members (71% of those referred) have received IHRS in some capacity. 25 Class Members (29% of those referred) either refused the offer of IHRS assistance or did not transition out of Long Term Care within the six-month timeframe (pre- and/or post transition) for program participation.

*For purposes of this Decree, PSH includes scattered-site housing as a well as apartments clustered in a single building, but no more than 25% of the units in one building with more than 4 units may be used to serve PSH clients known to have mental illness. For buildings with 2 to 4 units, no more than 50% of the units may be used to serve PSH clients known to have mental illness. However, during first 5 years after finalization of the IP, up to 75 class members may be placed in buildings where more than 25% of the units serve PSH clients known to have MI if those buildings were used to serve PSH clients prior to March 1, 2010. After first 5 years following the finalization of the IP, all class members served in PSH shall be offered the opportunity to reside in buildings that comply with 25% or 50% units limit set forth above in this subparagraph.*

Catholic Charities and the Illinois Association of Community Action Agencies (IACCA) are the two Subsidy Administration (SAs) entities responsible for the administration and monitoring of General Revenue Funds’ (GRF) supported Bridge Subsidies. These two entities manage and track signed Housing Assistance Payment (HAP) contracts executed by the SA as a commitment to the rental balance, on approved units with leases signed and held by the Class Members. Through this effort the SA can directly track the number of Class Members who are leased to reside in properties under a common roof, thus ensuring the 25% and 50% limits are followed. If a Class Member is adamant in his or her wish to reside in a unit that is at its 25% or 50% limit, an exception is typically granted based on consumer choice. Due to the conversion of many Class Members from the State’s Bridge Subsidy (GRF) to permanent rental vouchers (Housing Choice, State Referral Network, HUD 811), the number of Class Members who are currently reliant on a Bridge Subsidy to sustain affordable housing has consistently decreased. 280 Class Members received a subsidized rental payment in FY18. During this reporting period timeframe, 1,042 Class Members out of a cumulative transition total of 2,265 Class Members (46%) received a GRF funded Bridge Subsidy. Concurrently, efforts to expand access to affordable housing has incentivized the Illinois Housing Development Authority’s (IHDA) Low Income Housing Tax Credit Units to continue to create new units. See the expansion of 1,964 new units through the end of June 2018 (FY18) in the below Table A.

The table below reflects the number of Class Members who currently reside in a lease held unit or units with the same building address (common roof).



**Low Income Housing Tax Credits (LIHTC)**

**Table A**• LIHTC awards per year beginning at 2012 (CY)

|  |  |
| --- | --- |
| **Year**  | **LIHTC Units**  |
| Pre-2000:  | 25,287 (about 1,687 units a year)  |
| 2000-FY2011:  | 36,459 (about 3,314 units a year)  |
| FY2012:  | 1,347  |
| FY2013:  | 1,297  |
| FY2014:  | 4,252  |
| FY2015:  | 3,489  |
| FY2016:  | 4,736  |
| FY2017:  | 2,652  |
| FY2018:  | 3,291  |
| *Average unit production per year, FY2012-FY2017*  | *3,009 units*  |
| **TOTAL LIHTC UNITS**  | **82,810**  |

. Updated numbers after the 2018 LIHTC Round



**Statewide Referral Network**

The Statewide Referral Network (SRN) works to link populations already connected with services to affordable, available, supportive housing. SRN units are affordable for persons at 30% area median income. Eligible populations include persons living with disabilities, persons experiencing homelessness, persons at risk of homelessness, and, new this year, persons at risk of institutionalization.

Embedded within the State of Illinois’ housing locator website is a password-protected login through the Pre-Screening, Assessment, Intake and Referral (PAIR) module for SRN and Section 811 units. The PAIR module is a waitlist management system that allows for the pre-screening of individuals for eligibility through an initial questionnaire. The SRN Waiting List receives referrals through the module from various service providers (housing locators, transition coordinators and care coordinators). The Housing Waiting List Manager then facilitates the match and referral of qualified applicants to properties with SRN units. There are approximately 1,700 units available within the SRN. Consent Decree Class Members (Williams, Colbert and Ligas) receive preference in accessing SRN units.

The Statewide Housing Coordinator (SHC) in collaboration with IHDA oversees the PAIR module, its SRN/811 application process, matching system, and tracks to ensure that the 25% restriction is maintained (while respecting consumer choice). IDoA, IDHS and IHFS have an established intergovernmental agreement and share the costs of maintaining the [www.ILHousingSearch.org](http://www.ILHousingSearch.org) housing locator and PAIR waiting list module. Tables B(1), B(2) and C reflect the SRN growth pattern and units accessed by Class Members. Table C(1) reflects the number of expanded 811 units through FY18. Table C(2) breaks out PSH units by types: 811, SRN and PSH (regular) and PSH (cluster)

**Statewide Referral Network Units (SRN)**

**Table B(1)** - SRN units - growth pattern included in each round of LIHTC awarded

|  |  |
| --- | --- |
|  | SRN Units  |
| 2008-FY2011:  | 299  |
| FY2012:  | 36  |
| FY2013:  | 229  |
| FY2014:  | 460  |
| FY2015:  | 197  |
| FY2016:  | 187  |
| FY2017:  | 152  |
| FY2018:  | 498  |
| *Average unit production per year, FY2012-FY2017*  | *251*  |
| TOTAL SRN UNITS  | 2,058  |

 Updated numbers after the 2018 LIHTC Round

**Table B2**



**Table C** Number of Olmstead Consent Decree tenants in SRN units

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Calendar Year  | SRN Units Filled | Williams | Colbert | Ligas | Other\*\*\* |
| 2015\*  | 42 | 0 | 1 | 0 | 41 |
| 2016  | 180 | 1 | 1 | 11 | 167 |
| 2017  | 204 | 4 | 8 | 4 | 188 |
| 2018\*\*  | 46 | 0 | 0 | 2 | 44 |
| Total | 471 | 5 | 10 | 17 | 439 |

\*\*January 1-June 30, 2018

\*\*\* At risk of or experiencing homelessness, head of household w/disability, moving out of nursing facility

In FY18, there were 272 Class Members who transitioned to PSH (regular) units; 21 Class Members transitioned to Supervised Residential settings; 2 Class Members transitioned to SRN units and 20 Class Members transitioned to HUD 811/Cluster Housing units.

**Table C(1) - Expanded 811 units through FY18**

|  |  |
| --- | --- |
| **Year** | **811 Units** |
| FY2015: | 18 |
| FY2016: | 20 |
| FY2017: | 73 |
| FY2018: | 84 |
| *Average unit production per year, FY2015-FY2017* | *49* |
| **TOTAL 811 UNITS** | **195** |

**Table C(2) – PSH Units occupied by types (FY18):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PSH (regular)** | **PSH (cluster)** | **SRN** | **811** | **Conversion** |
| **1,154** | **40** | **5** | **40** | **281** |
|  |  |  |  |  |

**HUD Section 811 Program**

The Section 811 Project Based Rental Assistance Demonstration Program provides assistance to low-income households with long-term disabilities to live independently in the community by providing affordable housing linked with voluntary services and supports. During the first round of Section 811 Project Based awards, the State was awarded $11.9 million from HUD to provide project-based vouchers to persons with disabilities who were residents of nursing homes and other institutional facilities to assist with their transition back into the community. This funding also helped Illinois meet obligations to develop affordable housing set forth by the three Olmstead Consent Decrees (Williams, Colbert and Ligas) as well as the former federal Money Follows the Person (MFP) program and housing needed as a result of the closure of a number of State Operated Developmental Centers (SODC). This round of funding subsidized 370 new PSH units. HUD subsequently announced a second round of 811 funding, of which Illinois (IHDA) was awarded $6.42 million dollars. The second round of 811 funding subsidized an additional 200 households.

An ongoing Section 811 Interagency Panel that includes IHDA, DHS, and HFS meets regularly to review data and interagency initiatives to better improve access to 811 units. Such discussions include determining the communities of preference in each LIHTC Qualified Allocation Plan (QAP) that guides LIHTC awards. Proposed developments with SRN unit buildings, in communities of preference, are awarded additional points in the QAP to encourage affordable housing development in those areas where eligible 811 applicants have moved and wish to move. The group also discusses HUD compliance matters, new reports that may be useful for program evaluation, training opportunities to use PAIR and possible pilots to improve the PAIR module’s functionality.

**811 Unit Rental Assistance Contracts (RACs), expansion by year**

Some of the 811 units also have subsidies attached to them via the SRN, therefore the 811 and SRN unit count may overlap. 811 units can be captured but not available for lease until turnover of the unit (where the unit is initially occupied at creation of the RAC). Tables D, E and F of the subsequent charts reflect new 811 units on line for the respective fiscal year.

**Table D**

| Year  | 811 Units  |
| --- | --- |
| FY2015:  | 18  |
| FY2016:  | 20  |
| FY2017:  | 73  |
| FY2018:  | 49\*  |
| *Average unit production per year, FY2015-FY2017*  | *37*  |
| TOTAL 811 UNITS  | 160  |

\*Additional units added after LIHTC round awards for CY2018. Additional units may be added to FY2018 through June 30, 2018, including the 2018 LIHTC round awards.

**Table E**



**Table F**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Calendar Year  | 811 Units Filled  | Williams  | Colbert  | Ligas  | Other\*\* |
| 2015\*  | 1  | 1  | 0  | 0  | 0 |
| 2016  | 5  | 1  | 2  | 1  | 1 |
| 2017  | 21  | 5 | 11  | 4  | 1 |
| 2018\*\*  | 27 + 20 Cluster Model Conversions  | 20 + 20 Cluster Model Conversions  | 6  | 0  | 1 |
| Total | 54 + 20 Cluster Model Conversions | 27 + 20 Cluster Model Conversions | 19 | 5 | 3 |

\*June 1, 2015 SRN Waiting List Was Placed in to Service \*\*January 1-June 30, 2018 \*\*Moving out of nursing facility

*Ensure availability of services, supports, and other resources of sufficient quality, scope and variety to meet obligations under the Decree and IP*

The State of Illinois has a GOMB appropriated, annualized FY18 budget of $38.7 million dollars allocated to services and supports to implement the Williams Consent Decree. The below budget spending plan (Table G) identifies budgeted amounts for key services and supports to facilitate community service start up, i.e., ACT and CST, and to sustain ongoing non-Medicaid operations, i.e., Drop-In Centers, Quality Administration, Transition Coordination, the Housing Locator website and support (IGA through Illinois Housing Development Authority), etc. As of this writing, 85% of the FY18 budget has been expended. The final account of all FY18 Williams Consent Decree budget expenditures will be posted at the close-out of the fiscal year. At the beginning of each fiscal year GOMB, IDHS/Budget, and IDHS/DMH work to identify the needed funding to ensure success of the Williams Consent Decree. These funds are allocated amongst Williams specific programs and providers to ensure that proper services are available to all Williams individuals. Throughout the fiscal year, IDHS/DMH has the ability to reallocate funds via formal contract amendments to align money with actual spending. This is important as location of desired housing and housing availability cannot be predicted, which in turn affects costs. This also permits flexibility in funding services and/or supports based on an individual’s need. Tables G, G(1) and G(2) reflect the current fiscal report for FY18. FY18 close-out will not occur until after the submission date for this report, therefore final FY18 figures are not currently available.

In FY18 the Illinois Governor’s Revised Introduced Budget included $44.7 million in General Revenue Funds for rebalancing efforts related to the Implementation Plan. Expenditures thru August 13, 2018 include $3.4 million for administrative and operational expenses as well as $26.7 million in grant funded services. In addition, $7.5 million has been expended for Medicaid services to Class Members. By the end of FY18 it is estimated that spending will total approximately $37.6 million with the balance of the GRF appropriation to be spent on Medicaid services.

The Governor’s current proposed FY19 budget for the Division of Mental Health includes $44.6 million in General Revenue Funds dedicated to expanding home and community-based services, and other transitional assistance costs associated with the consent decree implementation.

**Table G**

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**TABLE G1 TABLE G2**

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*Implement sufficient measures, consistent with the preferences, strengths, and needs of CMs to provide community-based services.*

During FY18 the state has continued to provide access to an available array of existing Medicaid billable and non-billable services to address the majority of multi-faceted needs, preferences and strengths of Class Members who can benefit from Community-Based outpatient services and supports, including but not limited to Assertive Community Treatment (ACT), Community Support Team (CST) services, Psycho-Social Rehabilitation Services, Drop-In Centers, Supervised Residential settings, Cluster Housing model (peer support) PSH units, case management, counseling and therapy. Additionally, the State has an array of State Plan services, including DRS and IDoA Waiver services, that may be available to Class Members (based on criteria of eligibility, medical necessity and authorization). The DHS/DMH has also added In-Home Recovery and Support Services and SOAR technical assistance to address additional unmet access needs.

**Outreach, Evaluation, and Service Plan Requirements**

*CMs have opportunity to receive complete and accurate info regarding rights to live in CB settings and/or receive CB services, and the available options and opportunities for doing so.*

NAMI Outreach Workers are contracted to provide comprehensive information to Class Members on the Consent Decree, their rights as Class Members, the Resident Review processes, the array of outpatient community services (based on medical necessity), the transition process, PSH and other services, resources and support options that may be available, based on the outcome of the Resident Review assessment and should the Class Member elect to transition. During this reporting period, Outreach Workers initiated engagement contacts with 523 Class Members. 366 Class Members (70%) elected to have private interviews with Outreach to learn more about their rights under *Moving On,* to discuss options and array of community services and supports, to view the *Moving On* videos and receive and review the multiple brochures and fliers developed as hand-outs. Conversely, 157 Class Members (30%) refused to engage or entertain contact with Outreach Workers regarding *Moving On.* This refusal rate has been somewhat consistent for the past years. Themes for refusals range from being expressed comfort with their surroundings, do not want to leave, perceives that they are not ready to transition or that they are too ill to leave; to previous bad experiences and fear that something will happen in the community. Outreach Workers had 3,689 repeat contacts with Class Members regarding questions or concerns about the process or general advocacy. There were 39 contacts with guardians via telephone or in person. Outreach Workers also obtained Class Members’ consent for Specialized Assessments (Occupational Therapy and Neuropsychological). 42 Class Members were approached seeking consent to conduct a Neuropsychological Assessment, 28 Class Members (67%) gave consent. 9 Class Members were approached seeking consent to conduct an OT Assessment, 9 subsequently gave consent (100%). Concurrently, Outreach Workers filter requests from Class Members for a Resident Review assessment. 306 Class Members requested a Resident Review through NAMI, who subsequently forwards these requests to DMH. 118 Class Members sought the assistance of an Outreach Worker to assist in troubleshooting issues or to address questions or concerns. NAMI’s Outreach Workers also assisted 7 Class Members in completing an appeal request based on the outcome of their Resident Review assessments. Outreach Workers also convened quarterly community meetings in each of the 24 facilities. An estimated 612 Class Members attended these collective meetings. NAMI’s Outreach Ambassadors of Good Will are an extension to ongoing Outreach efforts. Currently, there are 13 Ambassadors who work in the IMD/SMHRFs for a total of eight hours, each, per month. Ambassadors serve as the voice of a ‘lived experience’ as a person who once resided in a SMHRF and through the efforts of the Consent Decree transitioned from this setting to community independence. They share their respective journeys in making the transition, their processes in addressing personal recovery and the hurdles faced in achieving a balance. Ambassadors also provide opportunities for Class Members to observe community-based settings by accompanying them outside of the facility, if deemed appropriate. During this reporting period, Ambassadors had contact with 1,105 Class Members. They had direct interface with 612 Class Members (55%) during community meetings and an additional 493 Class Members (47%) in one-on-one discussions throughout the facilities. NAMI received an extensive training curriculum, developed by DMH, in addition to comprehensive training provided to Outreach Workers directly by DMH. NAMI currently uses this curriculum to provide orientation and ongoing training to Outreach Workers and Ambassadors. NAMI Outreach Workers have weekly meetings with DMH to obtain information updates and problem resolutions. DMH has made a concerted effort to ensure that Resident Reviewers and NAMI Outreach Workers are equipped with an abundance of crafted fliers, brochures and videos (consumer friendly, in basic language) designed to share very concrete information about the Consent Decree, its intent, rights and resources available. NAMI, through their extensive training with Ambassadors, uses the same materials. The contractors, NAMI, Resident Reviewers and community agencies, consistently make concerted attempts to assist Class Members with their understanding about the Consent Decree, however, the depth of what one understands or not is extremely subjective. There are no pre or post-tests given to Class Members to measure their level of understanding. However, the State does attest that the information conveyed by those contracted to deliver this information is complete and thorough, and those delivering the information are well versed and qualified to address any questions that may arise.

***Outreach First Half FY18 (7/1/17-12/31/17)***

During the first half of FY18, Outreach Workers held two of the required meetings in September and December 2017. **Approximately 600 Class Members and 22 different Ambassadors were present at these meetings.** Ambassadors facilitate these meetings, but Outreach Workers are on hand to provide details on the steps of the *Moving On* process, information on how to get involved, and advice on how to prepare for the assessment. The *Moving On* videos were shown at some of the meetings.

***Outreach Second Half FY18 (1/1/18-6/30/18)***

NAMI Chicago completed the remaining 2 rounds of community meetings for FY18 in March and June 2018. During this reporting period, approximately 612 Class Members and 20 different Ambassadors were present at these meetings.  Ambassadors facilitate these meetings, but Outreach Workers are on hand to provide details on the steps of the *Moving On* process, information on how to get involved, and advice on how to prepare for the assessment. The *Moving On* videos were shown at some of the meetings. For FY18, a total of 4 meetings were held, in which approximately 1212 Class Members received Outreach through the NAMI meetings.

Themes on Refusals (top ten) – (1) CM Refused to elaborate, (2) Plans to live with family, (3) Not ready to leave/this is my home/like it here; (4) Guardian refused, (5) Not interested, (6) Do not want to be assessed/don’t ask; (7) I don’t feel that I can live on my own, (8) I have medical conditions, (9) Lived in the community before, bad experience, (10) Court mandated.

Refusals by agency by month compared to number of CM Approached

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Month | LSSI Total Approached\* | LSSI Refused | % | MFS Total Approached\* | MFS Refused  | % |
| July 2017 | 155 | 65 | 42% | 92 | 25 | 27% |
| August 2017 | 235 | 158 | 67% | 77 | 25 | 32% |
| September 2017 | 143 | 90 | 63% | 88 | 10 | 11% |
| October 2017 | 193 | 119 | 62% | 117 | 28 | 24% |
| November 2017 | 109 | 54 | 52% | 64 | 12 | 19% |
| December 2017 | 195 | 133 | 68% | 56 | 5 | 9% |
| January 2018 | 200 | 105 | 53% | 53 | 6 | 11% |
| February 2018 | 179 | 89 | 50% | 56 | 9  | 16% |
| March 2018 | 140 | 66 | 47% | 107 | 37  | 35% |
| April 2018 | 202 | 116 | 57% | 123 | 43  | 35% |
| May 2018 | 302 | 199 | 66% | 214 | 88  | 41% |
| June 2018 | 321 | 228 | 71% | 296 |  97  | 33% |
|  |  |  |  |  |  |  |
| Total | 2374 | 1,422 | 60% | 1,343 | 385 | 29% |

\*Approached includes all attempts to conduct a Resident Review

*QPs conducting evaluations will engage residents who express concerns about leaving the IMD with appropriate frequency.*

The DMH contracted Williams Resident Review agencies, Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS), each have in employment seven full time, licensed clinicians to conduct Resident Review assessments. The initial Resident Review is initiated within 60 days of admission. Each reviewer is trained to engage Class Members who have concerns regarding the transition processes and to answer any questions that may ally fears or anxieties. Additionally, Resident Reviewers, Qualified Professionals (who are licensed clinicians), are equipped with the same informational packages (videos, brochures and fliers) used by NAMI Outreach Workers to share and discuss with Class Members and answer questions from Class Members during the assessment process. For Class Members who have not transitioned and who give consent, an annual Resident Review assessment occurs. During this six-month reporting period, the two Resident Review agencies attempted a total of 2,246 contacts with Class Members (see footnote at the bottom of Table H). From this effort, 716 (32%) actual Resident Reviews were completed. Of those Resident Review assessments completed, 679 (95%) were assigned to one of the Williams CMHCs to begin transition activities.153 (21%) Resident Reviews were not recommended for transition activities/denied (at this time) and were redirected to a Clinical Review Team (CRT) process. Tables H and I reflect a comparison of Resident Review data for the full twelve months of FY18 with the last six months of this reporting period. Table J reflects Williams agencies’ assignments for transition activity vs. referral to the Clinical Review Teams. NAMI Outreach Workers have also proven to be beneficial in redirecting attention to the benefit of a Resident Review assessment for Class Members who may have initially been reluctant to consider transition as an option. During this reporting period, NAMI requested Resident Review assessments for 306 Class Members. Class Members who have concerns about transition are constantly re-engaged by Outreach Workers, Ambassadors and the Resident Reviewers through targeted efforts to encourage participation in the transition process. This is the design and major focus of Williams’ implementation. The role of Outreach Workers and Ambassadors is to be the direct conduit to reach those Class Members who express ambivalence, and this role has been continuously expanded. However, each agent is respectful of the Class Member’s rights of determination and it is the policy not to harass or coerce a Class Member if it is not their desire, at the given time. Data is not currently available that reflects the success rate of repeated contacts with CM who have refused transition outreach and/or Resident Review.

**Table H**  

 **Tables I**

 **Table J**

*Defendants cover all outreach costs.*

The State covers 100% cost for Outreach and Information Dissemination, including full time staff and Ambassadors of Good Will, in the amount of $561,107. During this reporting period Outreach Workers conducted 104 (out of the reporting period’s 194 total transitions) Quality of Life Surveys on Class Members who moved from Long Term Care (54%). The difference in survey completion is attributed to Class Members who refused to participate in the QoL Survey, those who have a lease signed but who have yet to physically transition, and those who moved before NAMI was scheduled to return to the facility. For the latter group, the Williams Quality Monitor will attempt to complete the survey.

*Every CM receives independent, professionally appropriate and person-centered evaluation of preferences, strengths and needs to determine services required to live in PSH or another community-based setting. Every CM has the right to decline to take part in such Evaluation. Any CM who has declined to be evaluated has the right to receive an Evaluation any time thereafter on request.*

 There were 1,454 Class Members who consistently refused an assessment prior to FY18. 964 of the 1,454 were re-approached for an annual reassessment in FY18. 35 of the 964 Class Members approached and reassessed (4%) were approved to begin transition activity. 207 Class Members (21%) had been discharged from the facility (whereabouts unknown) or transferred to another facility. 707 Class Members of the 964 (73%) again refused a re-assessment. 15 Class Members of the 964 (2%) were reassessed and not approved for transition activity. The remaining 490 CM (out of the original 1,454) includes Class Members whose re-assessment is not yet due. If a Class Member changes their mind and requests a Resident Review, that request is sent to DMH and it is assigned to LSSI or MFS. The Resident Reviewers will schedule within their workload rotation. Data on the time from request to completion of the Resident Review is not currently collected but data will be collected during FY19 for future reports.

*Defendants shall ensure that all Evaluations are conducted by QPs as defined in this Decree.*

See above narrative for details. The Resident Review agencies, LSSI and MFS, have a combined total of fourteen (14) licensed, full time clinicians who are responsible for conducting a strength-based, person-centered, comprehensive evaluations that include clinical, functional, medical/medication and risk-based assessments. During this reporting period a total of 716 Resident Review assessments were completed.

*Defendants shall ensure, as provided in the IP, CMs are informed about community-based settings including PSH and community-based services available to assist individuals in these settings, and financial support CMs may receive in these settings.*

Addressed in narrative updates on Outreach Information Dissemination and Resident Reviews

*After the second year following finalization of the IP, the Evaluations shall be conducted annually. As part of each CM's annual Evaluation, the reasons for any CM's opposition to moving out of an IMD to a CB setting will be fully explored and appropriately addressed as described in Section VII. Any CM who has received an evaluation but has declined to move to a CB setting may request to be reassessed for transition to CB setting any time thereafter*.

 There were 4,223 Class Members who had a resident review in FY17. Out of this total, 1,110 (26%) were approved for transition. 3,113 Class Members of the 4, 233 (74%) who were not approved for transition in FY17 were scheduled for an annual reassessment in FY18. 2,571 of the 3,113 Class Members rescheduled for an annual resident review reassessment had this assessment conducted in FY18, to date. 1,526 Class Members of the 2,571 (59%) had a Resident Review assessment completed within 60 days from the due date of the previous assessment. The difference may be attributed to assessments that are not yet due. There are multiple reasons given by Class Members as to ‘why’ they “refuse to be assessed” or do not want to move from their current setting. The themes range from a general “no not interested/leave me alone”, to the top ten (in no priority order): (1) refuse to elaborate, (2) want to stay where I am, (3) going to live with my family, (4) it is not my family’s wishes, (5) court mandated, not going anywhere on conditional release, (6) guardian refuses to respond or says “no”; (7) never lived on my own and fearful/or had a bad experience before, do not want to again; (8) denied before, not interested; (9) medically cannot live on my own; (10) those people will get me. To the extent that these reasons can be adequately addressed to meet the comfort level of the Class Member, it is done by the Reviewer with support from NAMI Outreach or Ambassador staff. To ensure that options to transition are not exhausted, Class Members have the right to ask for an assessment and to be scheduled for a reassessment on a quarterly basis.

*Based on evaluations described above, Defendants shall promptly develop service plans specific to each CM who is assessed as appropriate for transition to a CB setting*

Each assigned CMHC is required to complete a Comprehensive Service Plan (CSP) with the Class Member’s input. The state’s contracted Administrative Service Organization (ASO), Mental Health Collaborative for Access and Choice, is the repository for capturing the three critical elements of the data system’s operations (1) Registration Data, (2) the Comprehensive Service Plan (CSP) Data, and (3) Transition Outcome Tracking. The data fields for the CSP include, as examples: (a) service description, (b) type of services, (c) level of care description, (d) date of referral, (e) intro letter signed/date, (f) medical., (g) dental, (h) ancillary services, (i) podiatry, (j) vocational, (k) other. Concurrently, assigned CMHC envelops the CSPs into the Medicaid required Individual Treatment Plan (ITP), which is updated every six months. Additionally, the assigned Williams CMHCs initiate and develop a required Emergency Back-Up Plan as part of the transition/move-in process. Williams Quality Monitors review each Class Member’s CSP as part of the initial monitoring process and before they engage the Class Member for the 30-day post transition monitoring visit. Comprehensive Service Plans are the pre-cursor to the required Medicaid Individual Treatment Plan (ITP), which describe necessary community-based services and ancillary supports and coordination of care resources needed to facilitate transition. There were 315 CSPs reviewed by Quality Monitors in FY18. Quality Monitors have not been instructed to look for a timetable to complete transitions. The initial expectation was that transition would/could occur within 12 weeks or less. The reality is that transitions are individualized and time frames vary according to multiple situations needed to execute a safe and sound transition. This is often outside of the control of the serving agency or the state. As stated, ITP must be updated every six months to meet compliance with Medicaid billing and the Medicaid Rule. The Service Plan is only completed once. There is no database that collects this data. However, data will be collected during FY19 for future reports on the time for Service Plan development.

*Each SP shall be periodically updated to reflect any changes in needs and preferences of the CM, including desire to move to CB setting after declining, and shall incorporate services to assist in acquisition of basic and instrumental activities of daily living skills and illness self-management.*

 Service Plans are reviewed and updated as needed by the CMHC as CM needs and preferences change. Data is not currently collected on the frequency of Service Plan updates, but data will be gathered during FY19 for future reports. *For each CM who does not oppose moving to CB setting, the service plan shall describe the CB services the CM requires in a CB setting, including the services the CM will need to transition to CB setting, and timetable for completing that transition.*

 There is no existing database to collect this data.

*If there has been a determination that a CM is not currently appropriate for PSH, SP shall specify what services the CM needs that could not be provided in PSH and shall describe the CB services that CM needs to live in another CB setting that is most integrated setting appropriate.*

The below screen shot is completed during the Resident Review assessment process for CMs who are determined at that time to not be appropriate for transition. The Service Plan is not completed by a CMHC until such time that the Resident Review affirmatively indicates that the Class Member is a transition candidate for a Community-Based option, either through PSH or a Supported or Supervised Residential setting. It should be noted that there remain a number of CM, who although they do not have dementia or cognitive impairments, high medical needs or are not an imminent danger to themselves or others, are later determined by the CMHCs or Resident Reviewers to require a more intensive level of care such as a Supported or Supervised Residential Setting. The specific data requested has not been captured in a format, as identified above, that can be easily summarized. Resident Review determinations and reasons supporting the determinations are not aggregated. Service Plans are completed by the CMHCs. Data systems will need to be developed to capture Resident Review determinations, for those not approved for transition, Clinical Review Team (CRT) determinations (if CRT supported the Resident Review outcome) and Service Plan recommendations for those on CAST or HOLD status

This information is captured in the Resident Review assessment document. See below: 

*The SP shall be developed by a QP in conjunction with CM and his/her legal representative. The QP also shall consult with other appropriate people of the CM's choosing.*

The CSP, as with Individual Treatment Plans are developed and signed off by the Class Member and the Qualified Mental Health Professional and/or the planning team. Each CMHC is Medicaid certified, accredited organization with operating policies, procedures and standards of care. Information is thoroughly reviewed with each Class Member (or guardian) or other individuals as chosen by the Class Member during the development of the Service Plan. If there is a concern about a CM’s comprehensive or cognitive ability to make informed decisions, the agency is advised to refer the CM for a specialized assessment. Data on what a CM may understand and who the CM may have included in process for SP development is not tracked, but individual involvement is typically referenced in the Service Plan document. Data on specific SP participation is not tracked. There are no pre or post tests given to Class Members to ascertain the depth of their individual understanding, retention of information or processing of information. However, the processes currently in place are designed to provide the most accurate, concrete and user-friendly information possible, so that Class Members are aware of their rights. The CMHCs, Resident Reviewers and NAMI fully reinforce that Class Members have full rights to have collaterals of choice in planning meeting with them.

*Each SP shall focus on CM's person vision, preferences, strengths and needs in home, community and work environments and shall reflect the value of supporting the individual with relationships, productive work, participation in community life, and personal decision-making.*

Service Plans are developed though person-centered planning for each CM by the assigned Community Agency, covering the areas of personal vision, needs, preferences in home, community and work and other areas of personal importance to the CM. Quality Monitors routinely review service plans to ensure they are appropriate and person-centered for each CM. Williams Quality Monitors reviewed 315 Comprehensive Service Plans during this reporting period. Service Plans are reviewed at the CMHC against set indicators developed by DMH before the initial 30-day post-transition contact with the Class Member. In instances where a deficiency is noted, the Quality Monitor requests revisions to the SP to ensure it meets the required indicators. The number of revisions is not currently tracked, but during FY19 data will be gathered to indicate the number of SPs that require revisions.

*SP not limited by current availability of CB services and settings; provided, however, that nothing in this subparagraph obligates Defendants to provide any type of CB service beyond the types of CB services included in the State Plan and Rule 132.*

Community Agencies base CM service plans on the services and supports currently available under the State Plan and Rule 132. To the extent a covered service is not available in a particular geographic area or there are other constraints on the provision of such services, the Community Agency works with DMH and others to identify alternative options and/or services or explore other providers and/or geographic areas. In instances where a CM is unable to transition due to the unavailability of services in a particular geographic area, the CM is offered a choice of 3 additional geographic areas for transition in which the specified service is available. As of June 30, 2018, there were 25 CM who were unable to transition due to the lack of a service in their chosen geographical area. Of those 25, 3 identified a second geographic preference. Additional data on outcomes for individuals unable to obtain services will be gathered during FY19 for future reports.

*SP shall be completed within sufficient time to provide appropriate and sufficient transitions for CMs in accordance with benchmarks set forth in the Decree.*

As the creation of Service Plans has shifted directly to the Community Agency, timeliness of Service Preparation is no longer viewed as a potential issue impeding a CM’s transition. Rather, the Community Agency is able to determine within its own operational and functional needs, the best and most efficient timing for Service Plan creation. There is no existing database to indicate the timeliness of service plan completion. However, for FY19, data will be gathered on the length of time for Service Plan development.

*Within 5 years of the finalization of the IP, all CMs who have been assessed as appropriate for living in a CB setting will be offered the opportunity to move to a CB setting.*

While efforts have consistently been made to ensure all CMs assessed as appropriate for transition are able to move into a Community-Based Setting, there remain a small subsection of CM whose current needs exceed that of what a community placement can address. As such, DMH has created the CAST system to further examine the needs of these CM, identify potential alternatives to serving these individuals in the community if appropriate and continue to reassess these individuals to ensure that once they are truly appropriate for transition, they are able to do so in a timely manner. See additional information re: CAST in subsequent sections. In FY18, there were 1,038 Class Members who were approved for transition. The actual FY18 transition number is 315. Out of the 315 Class Members who transitioned, 138 Class Members were approved **PRIOR** to FY18. 177 of the FY18 transitions were for Class Members approved **IN** FY18. The below chart is an account of the remaining 861 Class Members approved FY18:

|  |  |
| --- | --- |
| Status | Count |
| CAST (financial, medical and MH) | 103 |
| Declined | 134 |
| Hold (funding, legal, medical) | 109 |
| Housing Search | 30 |
| Inaccessible (deceased, refused, unable to locate) | 111 |
| Referred to CCRP | 38 |
| Pipeline | 336 |
|  |  |
| Total | 861 |
|  |  |

*Within 1 year of the finalization of the IP, no individual with MI shall be admitted to IMD without pre-screening (PASRR) and an initial SP completed.*

The Federal Center for Medicaid/Medicare Services (CMS) Pre-Admission Screening/Resident Review (PASRR) process provides screening to determine the appropriate level of care needs for any individual seeking or being recommended for Long Term Care admission (based on criteria of eligibility) or who may be appropriate for community diversion alternatives in lieu of LTC. At the time of the entry of the Williams Consent Decree, the twenty-four (24) facilities identified as the source residences of Williams Class Members were licensed as nursing homes and regulated, surveyed and monitored under the Nursing Home Care Act. The subsequent classification of these nursing homes as Institutes for Mental Disease (IMD) is a Medicaid claims categorization (meaning 51% or more of the population (between the ages of 22 and 64 years) has a diagnosed mental illness, thus the facility cannot garner Medicaid reimbursement), but that categorization did not differentiate these sites from any other nursing facilities licensed under the NF Care Act. Ergo, the same PASRR screening occurs when an individual is referred for admission to a LTC facility, either NF/IMD or NF/Skilled Nursing Facility (SNF). The significant difference between an IMD and SNF is that a SNF may address a higher acuity of medical complications and co-occurring medical issues. Referrals by hospital discharge planners to a SNF and NF/IMD had the same frequency based on bed availability. Approximately 98% of admissions to IMD/SMHRF are with a completed PASRR screen. The small percentage of admissions to IMD/SMHRF without a PASRR screen is largely attributable to individuals who transferred into the IMD/SMHRF from a SNF. In those instances, the individuals have been screened by a Case Coordination Unit (CCU) and found eligible for NF level of care with a DON score of 29 or greater, then subsequently transferred to a IMD/SMHRF. Pursuant to current federal regulations, NF residents do not need to be rescreened to transfer between facilities. As the IMD/SMHRFs are no longer classified as nursing homes, this process must be changed. It should be noted that the Williams FY19 Implementation Plan includes reference to a larger review of the entire PAS system, including potential revisions to PASRR. Finally, it should be noted that PASRR does not complete the initial Service Plan (SP), rather their function is to make service need recommendations.

*Defendants will ensure that the PASSR Process: identifies and assesses individuals appropriate for CB setting; identifies CB services that would facilitate that placement; and ensures that approved IMD admissions are only for those IMDs that can provide TX consistent with the individual's SP and consistent with the goal of transition to CB setting.*

Addressed and described in the above narrative.

*After the first 5 years following the finalization of the IP, no individual with MI whose SP provides for placement in CB settings shall be housed or offered placement in IMD at public expense unless, after being fully informed, he/she declines opportunity to receive services in CB setting.*

This Diversion Project is available to individuals who have been screened by a recognized PASRR agent and determined to require a Nursing Facility level of care. These individuals subsequently agree to accept Community-Based discharge and service planning as an alternative to Long Term Care admission. The project’s overall purpose is to have an established Community Mental Health Center evaluate Medicaid (active) eligible individuals upon referral for community service alternatives. As designed in the project, once the PASRR screener receives a referral they contact the Diversion Project CMHC to initiate an assessment. Participating CMHCs can often conduct this assessment within a 24-hours from the referral. The process is for the agency to assess the individual while he/she is still on the hospital inpatient unit and determine whether the patient could best benefit from a community-based discharge plan, as developed by that agency. This discharge plan responds to the clinical and support needs such that an admission to Long Term Care can be avoided. Upon acceptance of the community-based treatment plan and once discharge occurs, the CMHC engages the individual in the recommended community-based services**.** In this process, they continually work with the individual upon discharge to ensure that the recommended discharge plan is fully implemented. This Project has the potential to a) Improve discharge planning from inpatient psychiatric units; b) Increase linkage to state funded or Medicaid billable community-based services; c) Decrease the length of stay on an inpatient psychiatric unit; d) Assist in reducing the hospital re-admission rates; and e) Provide safe, clinically-based services that address a broad array of needs. The culmination of the discharge linkage and community engagement service process is for the Diversion Project to develop an individualized discharge plan which: a) Includes a recommendation on clinical services needed; b) Includes a mechanism to ensure that individuals keep their appointment(s) at the next level(s) of clinical care, including physician visits; and c) Provides supportive services for each specific need, which may include securing an immediate residential treatment setting or transitional housing, if necessary, and assist in securing mid/long term housing and other support services as detailed below:

i) Emergency funding for medication, food, clothing;

ii) Emergency funding to support placement into immediate housing or residential services at discharge;

iii) Funding to support associated costs related to obtaining housing, e.g. landlord fees utility deposits etc.;

iv) Funding to support transportation cost to ensure participants can attend community-based treatment programs.

Also available are several other options for use as needed:

1. An existing, DMH funded eight (8) bed Crisis Residential (#860) setting;
2. 50 PSH/Bridge subsidies. As of June 30, 2018, 46 individuals have active Bridge subsidies and another 4 are pending in varying stages of the application process.

Current Diversion Project Status:

a) The Diversion Project has continued operations as of July 1, 2018 under the same contract terms in the two previous FYs.

b) Agencies are using 92% of their contracted client assistance funds for securing emergency or immediate housing assistance upon discharge from hospital units.

c) Weekly calls with Project CMHCs continue to maintain constant monitoring and allow for real-time adjustments, dispositions and issue(s) resolution. Lines of communication remain open between DMH, PASRR agencies and the community agencies.

| Front Door Actions | FY18 July - December | FY18 January - June | Total Project Period FY17 FY18 |
| --- | --- | --- | --- |
| Dispositions to community - Diversion | 52 | 36 | 162 |
| Individual refusing services | 105 | 131 | 298 |
| Individuals ineligible | 47 | 87 | 188 |
| Total Referrals | 308 | 485 | 1109 |

NOTES:

1. Total Project Period Fy17 FY18: This data includes the period Feb 2107 through June 2017 in FY17.
2. Total Project Period volumes does include FY17 data (five months) thus the two FY18 data totals would not equal numbers in Total Project Period FY17 FY18.
3. Not eligible for the Project is most often due to: (1) having a non-Medicaid payor source, (2) is currently a Williams or Colbert Class Member and 3 cases had a presenting illness that does not constitute a SMI.

During this reporting period the following activities transpired:

* FY19 contracts for continuing services with the current CMHCs have been executed.
* Due diligence analysis of need was completed to explore expansion of the Diversion Project in to other geographic areas of the state.
* A Request for Information (RFI) has been completed to solicit potential contractors and to provide diversion services to a larger geographical area with a projection to cover 88% of all PASRR evaluations conducted in inpatient behavioral health units, which have shown a recent three years history of significant LTC referrals.
* DMH has initiated discussions with agencies on actively restructuring the future payment process to incorporate incentive-based rates.
* DMH will continue work ensuring that Diversion Project participants have access to safe residential treatment options available for immediate post-discharge needs, as well as continuing to provide short, mid and long-term housing access through the existing HUD 811 units, State Referral Network units and enrollment in the PAIRS network.

**Transition Benchmarks/Requirements from Consent Decree**

*Offer placement into CB setting to a minimum of 256 CMs who are assessed as appropriate for living in CB setting and who do not oppose moving to a CB setting.*

294 Class Members were transitioned to the community by November 2012. 114%

*Develop 256 PSH units for benefit of class members.*

294 Class Members signed leases for PSH units by November 2012. 114%

*Offer placement in CB setting to a minimum of 640 CMs (including the 256 referenced above).*

A cumulative number of 648 Class Members were transitioned to the community by June 2013 101%

*Develop 640 PSH units for benefit of class members.*

A cumulative number of 648 Class Members signed leases for PSH units by June 2013 101%

*Offer placement to at least 40% of all individuals who assessed as appropriate for living in CB setting and who do not oppose moving into CB setting.*

All Class Members recommended for transition through the Resident Review assessment process have not been ‘offered’ community-based services and PSH. The creation of the CAST Clinical Case Review Panel was structurally designed to provide a state-level staffing to better understand the dynamics of why Class Members are not on a transition pathway. The engagement process (which includes time spent with and observation of the Class Member outside of the facility) sometimes uncovers serious clinical barriers to transition involving functional needs, individual skill performances, self-management and decision making, cognition, treatment needs and supports. The reasons why Class Members are referred to CAST, by category, are denoted later in this document under the respective CAST section.

Cumulatively, 4,304 (unduplicated) Class Members have been approved for community transition (as of June 30, 2018). Extracting Class Members who *Decline* (690) and those who are *Inaccessible* (779), there remain 2,835 (N) Class Members who are currently approved for transition. As of June 30, 2018, 2,265 Class Members have transitioned to the community, which includes 52 Class Members who transitioned to residential settings and 38 who transitioned from the Wincrest closure and Colbert transfers. Therefore, 2,265/2,835 = 80% of all Class Members assessed as appropriate to live in CB settings have been transitioned to the community.

 As of January 1, 2018, there were 121 Class Members who transitioned to the community during the first six months of FY18. During the third and fourth quarters an additional 194 Class Member transitions occurred. The final FY18 count of total transitions is 315 or 79% of the transition target of 400. From January 1 through June 30, 2018, 535 Class Members were approved for transition and assigned to CMHCs. In addition to the 535 assessed and referred during this period, an additional 147 CMs were assigned to CMHCs during this period who were assessed prior to January 1, 2018. A total of 682 CM were therefore referred for transition to the CMHCs between January 1 and June 30, 2018.

One hundred and three (103) Class Members out of the 535 assigned (19%) were referred for the CAST Clinical Case Review Panel (CCRP). Finally, of the 535 approved through the Resident Review process for transition, 89 Class Members (17%) declined an offer to transition. Those Class Members who declined are continuously afforded opportunities to be reassessed should they change their minds.

DMH is benchmarking the time frame from the point of Resident Review entry (into the Williams data base) and the time of assignment to a community agency**.** Table K and K(1) displays the respective month during this reporting period when Resident Review assessments were entered into the Williams data base to the point when the assignment/referral was transmitted to a Williams CMHC. The blue line represents Resident Review entries, while the red line indicates the number of days for agency assignments to be released.

**Table K and K1**



Data has not historically been collected on the average number of days between agency assignment and the service plan – (1) service plan start date or (2) service plan completion date. However, to bill for Medicaid (MCOs) allowable services, service plans, which evolve into Individual Treatment Plans (ITP) are required, according to the Medicaid Rule. The Mental Health Assessment must be completed within 30 days after the first face-to-face contact. The Individual Treatment Plan must be completed within 45 days after the MHA. The Service Plan is completed before the ITP.

**Tables L, L(1) and L(2)** represent the actual transition target each agency was assigned to meet this fiscal years’ transition goal. Based on the overall target of 400 transitions, a corresponding percentage of referrals should have been assigned to each agency. The primary challenge is in honoring Class Member preferences with both provider agency and geographical location. Despite the geographic locations of the SMHRFs, the northside of Chicago consistently remains a primary preference area for future residency. Requests by Class Members to transition to Chicago’s south and west side communities, as well as suburban areas were minimal.

 **Table L**

| Working Agency | FY18 | Agency Target | % of Target needed  | % of referrals received |
| --- | --- | --- | --- | --- |
|   | Count |   |   | % |
| ALEXIAN CENTER FOR MENTAL HLTH | 2 |   | N/A | 0.2% |
| ASSOCIATION FOR INDIVIDUAL DEV | 9 |   | N/A | 0.9% |
| ASSOCIATION HOUSE OF CHICAGO | 60 | 30 | 7.50% | 5.9% |
| COMM COUNSELING CTR OF CHICAGO | 111 | 40 | 10.00% | 10.8% |
| CORNERSTONE SERVICES | 19 |   | N/A | 1.9% |
| ECKER CENTER | 3 |   | N/A | 0.3% |
| GRAND PRAIRIE SERVICES | 50 | 35 | 8.75% | 4.9% |
| HEARTLAND HEALTH OUTREACH INC |   |   |   |   |
| HERITAGE BEHAVIORAL HEALTH CTR | 27 | 15 | 3.75% | 2.6% |
| HUMAN RESOURCES DEV INST INC | 60 | 30 | 7.50% | 5.9% |
| HUMAN SERVICE CENTER | 47 | 20 | 5.00% | 4.6% |
| KENNETH YOUNG CENTER |   |   |   |   |
| LAKE COUNTY HEALTH DEPT MH | 25 |   | N/A | 2.4% |
| PRESENCE HEALTH | 6 |   | N/A | 0.6% |
| THE THRESHOLDS | 416 | 160 | 40.00% | 40.6% |
| TRILOGY INC | 187 | 70 | 17.50% | 18.3% |
| TRINITY SERVICES, INC. | 2 |   | N/A | 0.2% |
| Total | 1024 | 400 | 100.00% | 100.1% |

The above Table highlights each agency’s projected transition target, plus the percentage of referrals necessary to assist in meeting this goal. Community Counseling Centers of Chicago (C4), Thresholds and Trilogy were charged with transitioning the greatest volume of Class Members, based on their size and historical service expansion (Table L(1)). Each of these three agencies did receive the required number of assignments needed to meet their transition goals. Two of the three agencies, C4 and Trilogy met their FY18 transition target. As mentioned earlier, these three agencies provide clinical services in communities on the north side of Chicago, which is the geographical preference area for more than 40% of transitioning Class Members.

**Table L(1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Working Agency | Agency Target | % of Target needed  | % of referrals received | Target achieved |
| COMM COUNSELING CTR OF CHICAGO | 40 | 10.00% | 10.8% | 41 |
| THE THRESHOLDS | 160 | 40.00% | 40.6% | 83 |
| TRILOGY INC | 70 | 17.50% | 18.3% | 70 |

Five Williams full service agencies have historically experienced a disadvantage in referral assignments (Table L(2)) due to the limited number of Class Members who chose to reside in reasonableproximity to the agencies’ geographical service areas. Heritage Behavioral Health (Decatur) and Human Service Center (Peoria) each have access to Class Members from only one SMHRF located in these respective cities, so referrals to these agencies are limited. Association House of Chicago, Human Resource Development Institute (HRDI) and Grand Prairie Services provide mental health services in locations that historically are in low demand by Class Members (South Side, West Side, West Suburbs and South Suburban Cook County). Although these five providers did not receive a proportional share of assignments/referrals, three of the five agencies did manage to meet their projected transition target: Grand Prairie Services, Heritage Behavioral Health and Human Service Center.

**Table L(2)**

| Working Agency | Agency Target | % of Target needed  | % of referrals received | Target achieved |
| --- | --- | --- | --- | --- |
| Association House of Chicago | 30 | 7.5% | 5.9% | 15 |
| Grand Prairie Services | 35 | 8.75% | 4.9% | 35 |
| Heritage Behavioral Health | 16 | 3.75% | 2.6% | 16 |
| Human Resource Development Institute | 30 | 7.50% | 5.9% |   26 |
| Human Service Center | 20 | 5.0% | 4.6% | 20 |

**Table M** reflects the geographical preference areas for transitioning Class Members during this reporting period.

**Table M**

| **Geographical Location** | **Count** |  **%** |
| --- | --- | --- |
| Chicago North | 210 | 43.0% |
| Chicago South | 46 | 9.4% |
| Chicago West | 13 | 2.7% |
| DuPage County | 4 | 0.8% |
| Kane County | 8 | 1.6% |
| Kankakee county | 19 | 3.9% |
| Lake County  | 32 | 6.6% |
| Macon County | 11 | 2.3% |
| McHenry County | 3 | 0.6% |
| other | 12 | 2.5% |
| Peoria County | 25 | 5.1% |
| Suburban Cook North | 55 | 11.3% |
| Suburban Cook South | 22 | 4.5% |
| Suburban Cook West | 24 | 4.9% |
| Will County | 4 | 0.8% |
| Class Members who have geographical preferences: | 488 | 91.2% |
|  |  |  |
| **Approved** | **535** |   |

*Develop corresponding number of PSH units or other CB settings sufficient for individuals; For purposes of this subparagraph, these individuals include the total of (1) all CMs as of the end of the 2nd year after the finalization of the IP who are assessed as appropriate for living in a CB setting and who do not oppose moving to a CB setting, and (2) all former CMs who have already transitioned from the IMD to a CB setting or to another community setting since finalization of the IP.*

Access to affordable housing, supplemented by either State-funded Bridge Subsidy, HUD 811, IHDA SRN units or Housing Choice Vouchers, is congruent with the number of Class Members who transitioned to the community. Between January 2, 2018 – June 30, 2018, of the 194 Class Members who transitioned, 173 units (89%) were found and leased through independent housing searches initiated by the CMHC with the Class Member. This number excludes the 21 Class Members (11%) who transitioned to the community but were referred and admitted to a Supervised Residential setting.

*Developed corresponding number of PSH units or other CB settings sufficient for individuals.*

Please see above response for referenced – **Community Based Services and Housing Expansion**.

*CMs who are assessed as appropriate for living in CB settings who do not oppose transition to CB setting and whose SPs provide for placement in CB settings shall be offered opportunity to move to those settings and receive appropriate services consistent with the SP within 120 days of the SP.*

During this reporting period 194 (N) Class Members transitioned/lease signed from SMRHFs to community-based settings. Of these, 95 Class Members (49%) transitioned within 120 days of assignment to a CMHC. The below insert shows the breakdown of days from agency assignment until community transition. The reasons for transition delays vary according to individualized challenges of the respective Class Members, i.e., poor credit history, eviction history, criminal history, medical complications and/or medication issues, indecisiveness, ambivalence, etc.

|  |  |  |
| --- | --- | --- |
| Transition Days | CMs transitioned (n=194) | Percentage |
| 0 - 30 | 26 | 13% |
| 31 - 90 | 53 | 27% |
| 91 – 120 | 16 | 8% |
| 121 - 180 | 36 | 19% |
| 180 + | 63 | 32% |

*PSH will be considered the most integrated CB setting appropriate for CMs except that, (1) for any CMs (i) who have been determined by a physician not affiliated with a NF to have a condition such as severe dementia or other severe cognitive impairments requiring such a high level of staffing to assist with activities of daily living or self-care management that they cannot effectively be served in PSH or Private Residence, (ii) who have medical needs requiring such a high level of skilled nursing care that they cannot effectively be served in PSH or a Private Residence, or (iii) who present an imminent danger to themselves or others, the evaluator will determine the most integrated setting appropriate, which may be PSH or another setting, and (2) nothing in this paragraph shall prevent CMs who can and wish to live with family or friends or in another independent housing that is not connected with a service provider form doing so. Those CMs not transitioning from IMDs into PSH will have ongoing reassessments with treatment objectives to prepare them for subsequent transition to the most integrated setting appropriate, including PSH.*

Class Members who do not transition from the SMHRF/IMDs to the community have, at a minimum, an annual re-assessment conducted by the Resident Review entity or may request an assessment/re-assessment up to three times within a 9-month period (a maximum total of 4 assessments within twelve months). These are comprehensive assessments to ascertain strengths, desires and interests, skill deficits, clinical dynamics, risk indicators (behavioral, social and medical) and service and behavioral needs. The assessments and reassessments are filed and logged (by date) in the Williams data base and O drive. Of the 194 Class Members who transitioned this reporting period, 173 Class Members (89%) transitioned into a lease-held apartment. The remaining 21 Class Members transitioned to a Supervised Residential setting. Please see above reference regarding Resident Review reassessments. Class Members that transitioned to a Supervised Residential setting did not meet either of the three conditions identified above. The level of comfort care or specialized care needed for one who has severe dementia or severe cognitive impairments is not provided in an outpatient community-based mental health setting. Those who have medical needs requiring a high level of skilled nursing care would not be best served in setting that does not have staff with the right qualifications and certifications of licensed medical professionals. One who is in imminent danger to self or others due to the presence of a psychiatric decompensation/crisis episode meets clinical criteria for inpatient psychiatric hospitalization. The 21 Class Members referred for Supervised Residential settings, during this reporting period and the 17 referred in the first half of FY18 are Class Members who were assessed and recommended via the Resident Review evaluation process as needing a 24-hour staff supervised setting as a transition option and/or Class Members determined via the engagement process by the CMHC as needing a greater level of on-site support as a stepping stone towards independent living.

*CMs will have access to appropriate CB services including but not limited to reasonable measures to ensure their housing remains available in the event they are temporarily placed in a hospital or other tx facility.*

During this reporting period, 35 Class Members temporarily left their leased-held units for an extended duration, not to exceed three months (90 days), due to either a hospitalization, a short-term return to Long Term Care or an incarceration. DMH authorizes the Subsidy Administration entities to cover three months of full rent (100%) in the event of one of the identified extenuating circumstances, upon notification by the CMHC of the absence. During this reporting period, Catholic Charities covered 100% rent for 33 Class Members (94%) and the Illinois Association of Community Action Agencies (IACCA) covered 100% rent for 2 Class Members (6%). DMH has sole discretion to authorize a short-term extension, upon request of the community agency and after a staffing, if it is determined that the absence will not exceed two additional months and that the Class Member will be able to return to the unit at that time. 30 Class Members temporarily left their housing during the first half of FY18.

*QPs shall inform all CMs of their options pursuant to subparagraphs 6a, 6d, and 7b of this Decree. Class members shall not be subjected to any form of retaliation in response to any option selected nor shall they be pressured to refrain from exploring appropriate alternatives to IMDs.*

From the onset of *Williams* implementation, the State has informed facilities that inappropriate efforts to sway an individual’s consideration of options or retaliate in any way are unacceptable. Prompt response by the Departments to any reports of such facility behaviors, early in implementation stages, strengthened the message. Any such report is filed as a complaint for IDPH’s investigation. IDPH cannot conduct an investigation if a complaint is not filed. Posters on Class Members’ rights related to *Moving-On* were developed and provided to each facility for public information. HFS also released a Public Notice dated 02/22/2018 - <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn180222a.aspx>. NAMI Outreach Workers and Ambassadors, as well as the Resident Review agencies and CMHCs’ staff have, as part of their message conveyor, language to inform Class Members of their rights. There is no specifically developed information disseminated that discusses options or recourse if one perceives that they are subject to retaliation.

**Implementation Plan Requirements**

*Defendants, with input of Monitor and Plaintiffs, shall create an implement an IP to accomplish the objectives set forth in the Decree.*

Since inception, the State has developed and submitted the annually required Implementation Plans and amendments. The one exception is the IP for FY18, which was significantly delayed due to numerous factors. The prior Monitor and parties agreed during a Williams Parties’ Meeting to table the FY18 IP during the selection process for a successor monitor. This agreement was verbal, and no written documentation has been located, as it was not the practice of the prior Monitor to memorialize all agreements in writing. An abbreviated FY18 IP was filed on July 22, 2018

*Establish specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure the Defendants fulfill the requirements of the Decree.*

The FY19 Implementation Plan was completed by June 30, 2018 and filed with the court on July 2, 2018. The Plan establishes criteria for implementation, including specific tasks, timetables, goals, program, plans, etc. The IP addresses, to the extent possible, all required elements. The Parties agreed to file both the FY19 and abbreviated FY18 IP. As the FY18 plan was abbreviated in nature and came toward the end of the Fiscal Year, it was not a typical forward-looking IP to which data can then be compared for compliance. Reference Document **Williams v. Rauner, et al., No.05-4673**

*Describe hiring, training, and supervision of the personnel necessary to implement the Decree.*

All Williams-related State hiring was completed at the outset of the Williams Decree. During the six-month reporting period for this report, there were no individuals hired into State employment for work on the Williams Decree. In the event additional staff is needed or current positions are to be filled, potential applicants who seek employment in State government and all subsequent hires follow standard policies in accordance with State practices, as written by Central Management Services (CMS). Individuals seeking employment complete and submit a standard application form which are reviewed and scored by CMS. According to the job description, classification of the position and professional qualifications the applicant may be subject to a Rutan interview. These interviews are conducted by the Bureau of Recruitment and Selection (BRS). Each Department, therein, is responsible for staff training, work assignment, supervision of personnel and staff development.

*Describe the activities required to develop CB services and CB settings, including inter-agency agreements, requests for proposals, and other actions necessary to implement the Decree.*

During this reporting period and in accordance with the Grants Accountability and Transparency Act (GATA), Notice of Funding Opportunities (NOFOs) were posted on the DMH website for an array of community-based mental health services, in addition to Williams specific services. Applicant specifications were outlined in the postings that included applicant qualifications, fiscal viability requirements, services to be rendered, performance deliverables, budget requests, etc. Applications were reviewed and scored (individually and as a team process). The top scorers were awarded contracts. The following Williams contracts were awarded during this reporting period: (1) Medicaid Spenddown, (2) Outreach, (3) Drop-In Center, (4) Quality Administrator, (5) Integrated Health Care, (6) Transition Coordination, (7) Clinical Reviews, (8) Consent Decree Training Institute, (9) Mortality Review, (10) Resident Reviews, (11) Neuropsychological assessment, (12) Occupational Therapy Assessment, (13) Cluster Housing PSH, (14) Front Door Expansion, (15) In Home Recovery and Support. Currently, there are three active Intergovernmental Grant Agreements (IGAs) with (a) the University of Illinois – Training Institute, Research, Mortality Reviews, Neuropsychological Assessments and Occupational Therapy Assessments, (b) the Illinois Department on Aging and (c) the Illinois Housing Development Authority. There were no new IGAs executed during this reporting period.

*Identify, based on information known at the time the IP is finalized and updated on a regular basis, any services or supports anticipated or required in SPs formulated pursuant to the Decree that are not currently available in the appropriate quantity, quality, or geographic location.*

The State continues to review with Williams CMHCs access and capacity needs to ensure an adequate complement of services to facilitate seamless transition, treatment and continued support for transitioning Class Members. Class Member service plans were not assessed during these discussions but served to inform the discussion as the CMHCs have extensive knowledge of CM Service Plans as a whole.

*Identify, based on information known at the time the IP is finalized and updated on a regular basis, any services and supports which, based on demographic or other data, are expected to be required within one year to meet the obligations of the decree.*

DMH recognized the need to expand services to address gaps in available resources for Class Members who need Supervised Residential settings, in the metro Chicago area and in mid-State (Peoria/Decatur areas), and Cluster Housing/PSH models to facilitate transition opportunities for Class Members who require another level of support as they work on recovery and movement towards independent living. Notice of Funding Opportunities (NOFOs) were released in the second quarter of FY18 for Supervised Residential settings and to expand Cluster Housing/PSH. As a result of these applications, two Residential settings were awarded – one in Peoria (8 beds) and one in Chicago (8 beds). There were no funded applicants for the NOFO for expanding the Cluster Housing/PSH model. Another effort to expand Cluster Housing/PSH will be pursed in FY19. DMH also informed CMHCs with ACT services that they can use ACT nurses for non-psychiatric services and bill for these services. DMH also instructed CMHCs with ACT team services that the State Plan allows for ACT nursing to provide non-psychiatric services and appropriately bill for these services – medical staff can bill as allowed by their respective license. This will increase ACT teams’ capability to provide more integrated health care to Class Members with medical co-morbidity.

*Identify any necessary changes to regulations that govern IMDs in order to strengthen and clarify requirements for services to persons with MI and to provide for effective oversight and enforcement of all regulations and laws.*

Under authority of the Illinois Department of Public Health (IDPH), which survey and monitors the operations of the 24 Specialized Mental Health Rehabilitation Facilities (SMHRFs) for compliance, there were no changes to regulations that govern these facilities during this reporting period. IDPH continues to work with the two remaining SMHRFs/IMDs in their conversion efforts from a nursing facility/IMD to meet the requirements of Rule 380 - Specialized Mental Health Rehabilitation Facilities (SMHRFs).

*Describe methods by which Defendants shall ensure compliance with their obligations under paragraph 6 of this Decree.*

Addressed in detail under Resident Review Assessments.

*Defendants shall ensure that CMs have the opportunity to receive complete and accurate information regarding their rights to live in CB settings and/or to receive CB settings, and the available options and opportunities for doing so.*

Addressed in detail under Resident Review Assessment and Outreach and Information Dissemination.

*IP shall describe methods of engaging residents, including where appropriate, providing reasonable opportunities for residents to observe CB settings.*

The Implementation Plans, from inception to the current IP, lay out various methods used to engage residents, ranging from Outreach and Ambassador work to the work of the CMHCs in engaging residents throughout the transition period. Implementation activities of CMHCs have been clearly detailed, since inception. The CMHCs initiate contact with Class Members (and representatives, if appropriate) and the facility administrator or designee within seven days of the agency’s assignment. The CMHC is responsible for convening an initial pre-discharge staffing (with the Class Member, representative (if appropriate) and the facility designee) to identify transition needs, supports, resources, ancillary collaboration, housing preferences, housing searches, etc., and establishes ongoing engagement with the Class Member. The CMHC facilitates the housing search with the Class Member, based on geographical preference, as well as necessary paperwork for processing the housing application and Transition Funds. The CMHC also works with the Class Member on change of benefit, representative payee status (if necessary), coordination of medical appointments and any other ancillary coordination efforts. Class Members are encouraged to participate in the Drop-In Centers as a venue for additional support and socialization (pre-transition), as well as opportunities to familiarize themselves with other natural community resource options. CMHCs also convene a final discharge staffing with the Class Member and the facility - to confirm completion of all service plan activities, the discharge date and medication requests.

*IP must describe methods by which such info will be disseminated, the process by which CMs may request services, and the manner in which Defendants will maintain current records of these requests. In addition to providing information, Defendants shall ensure that QPs conducting the evaluations engage residents who express concerns about leaving the IMD with appropriate frequency.*

 The Implementation Plans and the respective amendments, since inception, address the manner in which information is disseminated and how Class Member requests for services (based on medical necessity) are handled by the CMHC in accordance with the Medicaid Rule. *Describe the mechanisms by which Defendants shall ensure compliance with their obligations under paragraph 10 of this Decree.*

The mechanisms of compliance with the obligations under paragraph 10 of the Decree - operationalizing NAMI Outreach Information and Dissemination (including the use of Ambassadors) and the Resident Review assessments contracted with LSSI and MFS - have been detailed above.

*Defendants shall provide Monitor and Plaintiffs with draft IP.*

This compliance indicator was completed in 2011 in accordance with the original implementation plan. IPs and amendments have been completed and submitted accordingly since 2011, with Monitor and Plaintiffs receiving drafts prior to filing.

*The Monitor and Plaintiffs will participate in developing and finalizing the IP, which shall be finalized within 9 months following Approval of the Decree. In the event that Monitor or Plaintiffs disagree with the Defendants' proposed IP, the matter may be submitted to the Court for resolution.*

This compliance indicator was completed in 2011. Subsequently, annual IPs have been finalized and entered each year.

*IP shall be updated and amended annually, or at such earlier intervals as Defendants deem necessary/appropriate. The Monitor and Plaintiffs may review and comment upon any such updates or amendments. In the event the Monitor or Plaintiffs disagree with the Defendants' proposed updates or amendments, the matter may be submitted to the Court for resolution.*

This compliance indicator has been continuously addressed. Annual IPs are completed by defendants and submitted to the Court Monitor and Parties.

*IP, and all amendments or updates thereto, shall be incorporated into, and become enforceable as part of the Decree.*

This compliance indicator has been incorporated into the ongoing Consent Decree’s implementation.

*In the event that IMD seeks to discharge CM before appropriate housing is available, including but not limited to circumstances in which an IMD decides to close, Defendants will ensure that those individuals are not left without appropriate housing options based on their preferences, strengths and needs.*

During this six-month period the Illinois Department of Public Health (IDPH), which monitors and surveys compliance in SMHRFs, reported receipt of 128 complaints. Of these complaints, 29 (23%) were issued anonymously, and 99 (77%) were non-anonymous (complainant identified). Of the 29 anonymous complaints received, 6 have been finalized – 1 substantiated and 5 unsubstantiated. The remaining 23 complaints are in the review process. Likewise, of the 99 non-anonymous complaints received, 24 have been finalized – 3 substantiated and 21 unsubstantiated. The remaining 75 complaints are in varying stages of IDPH’s review and investigation process. The categories of complaint allegations are listed in Table N. Note: IDPH does not collect separate data if a complaint is the result of a perceived or actual threat of retaliation.

| **Table N**Allegation History for SMHRFs 01/01/18-06/30/18 |
| --- |
| Accidents |
| Administrative/Personnel |
| Admission, Transfer & Discharge Rights |
| Death – General |
| Dietary Services |
| Educational Services |
| Falsification of Records/Reports |
| Infection Control |
| Injury of Unknown Injury |
| Misappropriation of Property |
| Nursing Services |
| Other |
| Other Services |
| Pharmaceutical Services |
| Physical Services |
| Quality of Care/Treatment |
| Quality of Life |
| Resident/Patient/Client Abuse |
| Resident/Patient/Client Rights |
| Restraints/Seclusion - General |

There were 74 Williams Class Members who received a Notice of Involuntary Transfer or Discharge (ITD) from one of the 24 SMHRFs. ITDs are issued in accordance to the reasons categorized in Table O. IDPH advises that they have no authority to track Class Members once they leave the licensed facility.

**Table O** N = 74

|  | Reasons for Discharge | Number Discharged | Percentages |
| --- | --- | --- | --- |
|  |  |  |  |
| *State* | Medical Reasons | 18 | 24%  |
| *State* | Physical Safety | 1 | 1% |
| *State* | Physical Safety of Others |  46 | 62%  |
| *State* | Late/non-Payment | 7 | 9%  |
|  | Reason Not Provided | 2 | 3% |

**IDPH confirms that the SMHRFs facilities are licensed only. There is no federal certification. Therefore, only the State mandates are followed.**

**Monitoring/Compliance**

*The Parties will attempt to agree on the selection of a Monitor to propose to the Court. If the Parties are unable to reach agreement, each party will nominate one person to serve as Monitor and the Court will select the Monitor. Within 21 days of the Approval of the Decree, the Parties shall submit their joint recommendation or separate nominations for Monitor to the Court. In the event that the Monitor resigns or otherwise becomes unavailable, the process described above will be used to select a replacement.*

The processes to review applicant resumes, interview candidates and make recommendations for the appointment of a Williams Court Monitor was completed in 2010. A subsequent process was initiated and completed in 2017.

*Not less than every six months, Defendants shall provide the Monitor and Plaintiffs with detailed report containing data and info sufficient to evaluate Defendants' compliance with the Decree and progress toward achieving compliance, with Parties and Monitor agreeing in advance of the first report of the data and information that must be included in such report.*

Williams Semi-Annual Reports have been prepared and submitted to the Court Monitor every six months in accordance with the schedule designed by the Court Monitor. This document serves as Semi-Annual Report #14, in compliance with this indicator.

*Defendants will not refuse any request by the Monitor for documents or other information that are reasonably related to the Monitor's review and evaluation of Defendant's compliance with the Decree, and Defendants will, upon reasonable notice, permit confidential interviews of Defendant's staff or consultants, except their attorneys.*

During this reporting period, the defendants have not refused any request to produce documents requested by the Court Monitor or other information related to the Monitor’s review and evaluation of compliance. The Defendants have not restricted any interviews with staff or consultants, if such requests have been initiated. There has been no refusal of any requests for confidential interviews of staff or consultants.

*Monitor will have access to all CMs and their records/files, as well as to those service providers, facilities, buildings, premises that serve, or are otherwise pertinent to, CMs where such access is reasonably related to Monitor's review and evaluation of compliance.*

During this reporting period, the Monitor has had full access to Class Members’ records/files, service providers, facilities, buildings, and premises as reasonably related to the Monitor’s review and evaluation of compliance.

*Defendants shall comply with Plaintiffs requests for info that are reasonably related to Defendants' compliance with Decree, including without limitation requests for records and other relevant documents pertinent to implementation of the Decree or to CMs. Plaintiffs shall also be permitted to review the information provided to the Monitor.*

The defendants have complied with all informational requests made by the Court Monitor and Plaintiffs’ attorneys in accordance with the implementation of the Decree.

*In the event that the Monitor finds Defendants not in compliance with the Decree, the Monitor shall promptly meet and confer with the Parties in an effort to agree on the steps necessary to achieve compliance. In the event that Plaintiffs believe that Defendants are not complying with the terms of the Decree, Plaintiffs shall notify the Monitor and Defendants of Defendants' potential non-compliance. The Monitor then shall review the Plaintiffs' claims of actual or potential non-compliance and, as the Monitor deems appropriate in his or her professional judgment, meet and confer with Defendants and Plaintiffs in an effort to agree on steps necessary to achieve compliance with the Decree. IF the Monitor and Parties agree, such steps shall be memorialized in writing, filed with the Court, and incorporated into, and become enforceable as part of, the Decree. In the event that the Monitor is unable to reach agreement with Defendants and Plaintiffs, the Monitor or either Party may seek appropriate relief from the Court. In the event that Plaintiffs believe that Defendants are not in compliance with the Decree and that the Monitor has not requested appropriate relief from the Court, Plaintiffs may seek relief from the Court. The Monitor will not communicate with the Court without advance notice to the Parties.*

This is not a State reportable compliance requirement.

*Defendants shall compensate Monitor and his/her staff and consultants at their usual and customary rate; reimburse all reasonable expenses to the Monitor and the Monitor's staff; consistent with guidelines set forth in "Governor's Travel Control Board Travel Guide for State Employees." Defendants may seek relief from the Court if Defendants believe that any of the Monitor's charges are inappropriate or unreasonable.*

This is not a State reportable compliance requirement. During this reporting period, the Court Monitor and staff have been paid based on the rate determined by the Court and in accordance with the terms of the Monitor’s contract. Travel expenses have been reimbursed in accordance with CMS State policies regarding Travel Guidance, as required by the Monitor’s contract.

*Defendants shall offer each of the Named Plaintiffs the opportunity to receive appropriate services in the most integrated setting appropriate to their needs and wishes including PSH.*

This indicator was met in 2011. Status: based on the outcome from the original Resident Review assessment, the named Plaintiff (Williams) was determined not to be appropriate for community transition. Regarding the remaining four Plaintiffs, three were transitioned to the community to lease-held PSH units. One subsequently left his apartment and was relocated to a Supervised Residential setting, to prevent an imminent eviction and address greater level of care needs. The other two remain in the community in their original apartments. The last Plaintiff was transitioned from an IMD/SMHRF to a MI/DD Community Integrated Living Arrangement (CILA), operated by Anixter Center. He remains in this setting.

*The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants.*

The State of Illinois has incurred and paid all initial costs for notices associated with the Consent Decree.

*Reportable Incidents (post transition)*

DMH captures all reportable incidents, root cause analyses, and agency summaries and risk strategies once data is entered. Each agency that transitions a Class Member to the community is responsible for reporting and documenting incidents, plus developing a risk mitigation strategy to decrease the likelihood of future incidents, if possible. Reportable incident tracking can increase Class Member safety by identifying factors contributing to the incident, then allowing a planning process to assist with mitigate or possible elimination of contributing factors.

During this reporting period, the Williams DMH database captured the following reportable incidents. There were 229 incidents across the three different Levels. The below spreadsheet with Legend reflects all reportable incidents for this period, by the provider agency:

Level I Urgent; Critical 24 (10%)

Level II Serious; Reportable Incident 178 (78%)

Level III Significant; Reportable Incident 27 (12%)

Williams CMHCs submit Incident reports to DMH within the identified time frames:

1. Level I - Critical Incidents: reported within 24 hours or the next business day
2. Level II – Serious; Reportable: reported within 48 business hours
3. Level III – Significant Reportable: reported within 72 working hours



Level I deaths have an official Mortality Review analysis conducted by the University of Illinois College of Nursing (excluding those deaths associated with declined health conditions, i.e., natural causes (heart attack, stroke, cancer, etc.), in hospice care or terminal illness). During this reporting period, there were seven Level I deaths (3% of the overall reportable incidents). Of the seven deaths 1 was an alleged suicide and 2 were unexpected. These three deaths will necessitate a Mortality Review. Data collection on these three deaths is currently occurring. There have been no Mortality Reviews conducted during this reporting period. Comparable data on Reportable Incidents pre-transition from Long Term Care will be collected and compiled by IDPH for subsequent Semi-Annual Reports.

*Characteristics of Williams Class Members*

***NOTE: The following information is retrieved from registration data captured by the Mental Health Collaborative for Access and Choice (Administrative Service Organization) on Williams Class Members when the initial registration is completed by the Williams provider agency.***

This analysis provides an update to previous analyses performed looking at the characteristics of Williams Class Members receiving community-based treatment. As stated in previous reports, DMH contracted providers serving in the role of transition coordinators are contractually required to register/enroll Williams Class Members (WCMs) in the DMH Community Information System, within 7 days of their initial contact with Class Members which occurs within the IMD in which the individual resides. They are also required to re-register these individuals to update key fields at six months intervals. As of June 30, 2018, four thousand one hundred and thirty-six (4,136) Williams Class Members were enrolled in the DMH Community Information System, the result of being assigned to an agency for transition coordination. However, not all enrolled Class Members are currently receiving services. The results of the analyses summarized below are indicative that there were very few changes in the profile of enrolled Class Members as of June 2018, in comparison to December 2017. The clinical and descriptive characteristics appear to be stable for this population. This demographic data is for any Class Member that has been approved for transition, assigned to a community agency and registered. This data represents all Class Members from the initial registration, not those in the facilities. See *NOTE*. This information is based on the most recently submitted registration by the CMHCs. Since the data is based on the most current registration for Class Members the information can be compared going forward. However, there is no capacity to recreate and obtain historical data.

| **Age Group** | **Count** | **%** |
| --- | --- | --- |
| 18 - 20 | 5 | 0.1% |
| 21 - 24 | 97 | 2.3% |
| 25 - 44 | 1452 | 35.1% |
| 45 - 64 | 2242 | 54.2% |
| 65 and over | 340 | 8.2% |

|  |  |  |
| --- | --- | --- |
| **Gender** | **Count** | **%** |
| Female | 1428 | 34.5% |
| Male | 2708 | 65.5% |

|  |  |  |
| --- | --- | --- |
| **Ethnicity** | **Count** | **%** |
| American Indian/Alaskan Native | 18 | 0.4% |
| Asian | 66 | 1.6% |
| Black/African American | 1914 | 57.4% |
| More Than One Race Reported | 16 | 0.4% |
| Native Hawaiian or Other Pacific Islander | 9 | 0.2% |
| Race/Ethnicity Not Available | 129 | 3.1% |
| White | 1984 | 48.0% |

| **Hispanic Origin**  | **Count** | **%** |
| --- | --- | --- |
| Central American | 15 | 0.4% |
| Cuban | 4 | 0.1% |
| Mexican/Mexican American | 122 | 2.9% |
| Not of Hispanic Origin | 3617 | 87.5% |
| Other Hispanic | 102 | 2.5% |
| Puerto Rican | 66 | 1.6% |
| Unknown, not Classified | 210 | 5.1% |
| **Marital Status**  | **Count** | **%** |
| Never Married | 2975 | 71.9% |
| Married | 116 | 2.8% |
| Widowed | 81 | 2.0% |
| Divorced | 504 | 12.2% |
| Separated | 121 | 2.9% |
| Unknown, declines to specify | 339 | 8.2% |
| Civil Union | 0 | 0.0% |

| **Education**  | **Count** | **%** |
| --- | --- | --- |
| Never attended school | 6 | 0.1% |
| Last Primary /Secondary Grade completed – 1st thru 11th | 885 | 21.4% |
| Preschool/Kindergarten | 4 | 0.1% |
| High School Diploma | 1155 | 27.9% |
| GED | 274 | 6.6% |
| Special Education Certificate of completion | 11 | 0.3% |
| Post-Secondary Training | 51 | 1.2% |
| One year of college | 334 | 8.1% |
| Two years of college | 307 | 7.4% |
| Three years of college | 102 | 2.5% |
| College Bachelor's Degree | 210 | 5.1% |
| Post Graduate college degree | 62 | 1.5% |
| Unknown | 735 | 17.8% |

| **Justice System Involvement** | **Count** | **%** |
| --- | --- | --- |
| Not applicable  | 3414 | 82.5% |
| Arrested | 58 | 1.4% |
| Charged with a Crime | 54 | 1.3% |
| Incarcerated (Jail) | 29 | 0.7% |
| Incarcerated (Prison) | 10 | 0.2% |
| Juvenile Detention Center | 4 | 0.1% |
| Detained (Jail) | 3 | 0.1% |
| Mental Health Court | 10 | 0.2% |
| Other | 42 | 1.0% |
| Unknown | 466 | 11.3% |
| Adult Probation | 31 | 0.7% |
| Adult Parole | 15 | 0.4% |

***Residential Living Arrangement - This demographic data is for all Class Members who have been approved for transition and assigned to and registered by a CMHC. The information is based on the most recently submitted registration by the CMHC.***

A significant number of Class Members (27.4%) were reported as residing in private, unsupervised settings (Permanent Supportive Housing); 1.0% were reported as living in other unsupervised settings; 14.5% were reported as living in 24 hour supervised settings; and 45.3% were reported as residing in institutional settings. Data was not reported for 220 individuals (5.3%) and a small percentage of individuals were reported as residing in settings other than the ones reported above.

***Military Status***

There were 3.9% of Class Members reported as being a Veteran having formerly served in the military. There is currently 1 Class Member listed on active duty. There were another 8.1% of Class Members that were listed as unknown military status.

***Primary Language***

The primary language spoken by 97.9% of Class Members English, while .6% reported Spanish as their primary language and another 0.6% reported language preference as unknown.

***History of Mental Health Treatment***

During the registration process, information is gathered regarding a Class Member’s history of mental health treatment. Over forty-five percent (45.4%) have a history of continuous treatment for mental health related problems and 63.3% have a history of continuous residential treatment, due to the mental illness. 60.3% have a history of living in multiple residential settings. 74.3% of Class Members have a history of receiving outpatient mental health services for their illnesses. 79.6% of Class Members reported having received previous mental health treatment.

***Level of Care Utilization Scale Scores Based on Assessor Recommendation***

The LOCUS is completed during the Resident Review assessment/interview. More than twenty-four percent (24.6%) of the Class Members included in this analysis were recommended by the assessor to receive high intensity community-based services (level 3) based on the results of the Level of Care Utilization Scale (LOCUS) composite score. An additional forty-one (41.0%) percent were recommended for Medically Monitored Services; 32.4% were recommended for Non-Residential Services and 8.6% were recommended for Residential Services. 2.8% were recommended for a Medically Managed level of Residential Services. 7.5% percent were recommended for Low-Intensity Community-Based Services and 0.9% was recommended for Recovery Maintenance and Health Management. LOCUS scores were missing for 23.1% of the cohort. This demographic data is for all Class Members who have been approved for transition and who are assigned to and registered by a CMHC. The information is based on the most recently submitted registration by the CMHC. The analysis is based on the baseline provided in the first paragraph of the ‘Characteristics’ section, 4136.

***Diagnosis***

There was a substantial change implemented effective October 1, 2015. Diagnosis reporting was required to change from ICD-9 to ICD-10 values as of that date. The results of ICD-9 values were reported for the period of July 1, 2015 to September 30, 2015. From October 1, 2015 through the date of this report (June 30, 2018), any new registered Class Members will require the use of ICD-10 values. Of the 4,136 Class Member reported, less than 17% are still showing ICD-9 values. Re-registration is not required if a Class Member is no longer receiving services. The most frequent counts are broken out in the bullet points below. This data is not collected pre-transition. This demographic data is for all Class Members who have been approved for transition and assigned to and registered by a CMHC. The information is based on the most recently submitted registration by the CMHC.

* *ICD-9 Frequencies: N= 692*
	+ 73.6% of Class Members had a primary diagnosis of schizophrenia and other psychotic disorders
	+ 24.0% were diagnosed with bipolar and mood disorders.
	+ The remainder of diagnosis values fell under the following categories: Adjustment Disorders, Anxiety and Stress Disorders and Other Mental Disorders.

Note: This demographic data is for Class Members that have been approved for transition and assigned to and registered by a CMHC. The information is based on the most recently submitted registration by the CMHC. The ICD9 is 17% as stated in the paragraph for this section.

* *ICD-10 Frequencies: N=3,544*
	+ 66.8% of Class Members had a primary diagnosis of schizophrenia and other psychotic disorders
	+ 30.1% were diagnosed with bipolar and mood disorders.
	+ The remainder of diagnosis values fell under the following categories: Anxiety and Stress Disorders, Disorders of childhood or adolescence and Other Mental Disorders.

Note: This demographic data is for Class Members that have been approved for transition and assigned to and registered by a CMHC. The information is based on the most recently submitted registration by the CMHC. The ICD10 is 83%, though not noted, is the difference from the paragraph for this section where the ICD9 is noted as 17%. Out of 4,136 Class Members registered, 692 are still showing ICD-9 diagnosis codes. For Class Members who still have ICD-9 codes in the system, upon re-registration or new registration, their ICD-9 diagnosis codes will be changed to ICD-10 diagnostic codes.

***Functional Impairment***

The Global Assessment of Functioning (GAF) Scale is used to determine functional impairment of an individual in the psychological, social and occupational spheres of their lives. The scale ranges from 0 to 100 with 0 representing lowest level of functioning or the highest level of impairment. Class Members GAF scores ranged from 0 to 99, with an average of 42.6 which represents, “…Serious symptoms or any serious impairment in social, occupational, or school functioning.” All data under Characteristics is collected on Class Members who have been approved for transition, assigned to a CMHC and a registration has been submitted by the CMHC. The GAF is completed by the CMHC during their Intake process.

***Other Areas of Functional Impairment***

Williams providers are asked to rate an individual’s serious functional impairment in 7 areas as part of the registration/enrollment process: (1) Social/Group Functioning, (2) Employment, (3) Community Living, (4) Financial, (5) Supportive/Social, (6) Daily Living Activities and (7) Inappropriate Dangerous Behavior. Seventy-four percent (74.9%) of Class Members were identified as having a serious functional impairment in the Employment area, 68.6% in the Financial area, 69.3% in Social/Group functioning and 65.0% in Community Living area. Over 59 percent (59.8%) had a serious functional impairment in the Supportive/Social area, 50.9% in Activities of Daily Living and 39.2% had a serious impairment in relation to Inappropriate or Dangerous Behavior. It was also reported that 75.1% of the Class Members had a previous functional impairment. Registration and enrollment occurs pre-transition. The demographic data is for any Class Member that has been approved for transition and assigned to a CMHC and registered by the CMHC.

***Comparison to Previous Analysis for December 2017 Cohort***

The prior analysis of descriptive demographic and clinical data for Williams Class Members registered in the DMH Community Information System was performed in December 2017 for Class Members. A comparison of the data for this period to the previous period reveals that there is little variability in the descriptive information reported for the two cohorts. The majority of values show little change while some have had a low variance compared to the previous analysis.

*Quality* *of Life Surveys*

The Division of Mental Health considers the evaluation of care provided directly from Class Members to be of paramount importance in evaluating the services received by these individuals. Quality of Life Surveys, which are administered to Class Members prior to discharge from the IMD/SMHRFs, at intervals of 6 months post discharge (up to 18 months), are used to gather this information. Quality of Life surveys used to evaluation the Consent Decree are comprised of two separate surveys: the Lehmann Brief Quality of Life Survey and the Mental Health Statistics Improvement Program (MHSIP) Adult Evaluation of Care Survey. This report will focus on the results of the later survey.

**Evaluation of Care Results**

The evaluation of care survey has seven domains: access to care, quality and appropriateness of treatment, treatment outcome, participation in treatment planning, satisfaction with services, improvement in functioning and social connectedness with others. Prior reports have noted positive change across time on nearly every one of these domains. The findings this reporting period are much the same. This cohort includes Class Members who have transitioned since the inception of the Williams Consent Decree. Results are presented for all individuals completing the initial QoL survey, regardless if they complete subsequent surveys at designated points in time.

Table P displays the percentage of Class Members' positive responses for each evaluation domain across time: 30 days prior to transition from the IMD/SMHRF, at 6 months, 12 months and 18 months post transition to the community. The results are presented for all individuals completing the evaluation surveys regardless if they complete surveys at each point in time. Class Members’ evaluation of their satisfaction with treatment evidenced the most change across time, followed by evaluation of access to care, quality of treatment and treatment plan participation. Small positive changes were noted in the Class Members’ evaluation of their Functioning and Treatment outcome. The Social Connectedness domain has remained consistent across time.

**Table P**

 **Percentage of Positive Class Member Responses By Evaluation Domain Across Time**

|  | **Pre-Transition** | **6 Months** | **12 Months** | **18 Months** |
| --- | --- | --- | --- | --- |
| **Evaluation Domain** |  |  |  |  |
| **Access** | 75.4 | 90.7 | 90.4 | 90.5 |
| **Quality**  | 78.2 | 91.8 | 92.3 | 91.4 |
| **Outcome** | 89.5 | 91.6 | 89.9 | 90.3 |
| **Satisfaction** | 66.4 | 89.6 | 90.1 | 89.8 |
| **Social Connectedness** | 89.4 | 90.5 | 90.4 | 88.4 |
| **Functioning** | 91.0 | 93.6 | 92.9 | 92.6 |
| **Treatment Plan participation** | 79.3 | 89.8 | 89.6 | 88.9 |

Table Q displays the percentage of positive responses across time only for individuals completing the survey at the initial pre-transition point in time and at 6 months post-transition.

**Table Q**

**Percentage of Positive Class Member Responses By Evaluation Domain Across Time Ratings Made by the Same Cohort Pre-IMD Transition and Post IMO**

**Transition at 6 Months (n=426)**

**This cohort includes Class Members who were surveyed before transitioning from the IMDs and after 6 months of leaving the IMDs.**

|  |  |  |
| --- | --- | --- |
|  | **Pre-Transition** | **6 Months** |
| **Evaluation Domain** |  |  |
| **Access** | 79.8 | 92.7 |
| **Quality**  | 81.7 | 93.9 |
| **Outcome** | 91.1 | 93.0 |
| **Satisfaction** | 69.7 | 92.0 |
| **Social Connectedness** | 92.0 | 92.3 |
| **Functioning** | 92.0 | 95.3 |
| **Treatment Plan participation** | 82.9 | 93.0 |

This "matched" survey cohort exhibits a very similar pattern as that noted above. The most positive change was noted on the following evaluation domains: satisfaction, access to care, quality of care, participation in treatment followed by small positive change in the level of functioning, outcome and social connectedness.

Table R displays the percentage of positive responses across time only for individuals completing the survey at the initial pre-transition point in time and at 12 months post-transition.

 **Table R**

**Percentage of Positive Class Member Responses By Evaluation Domain Across Time Ratings Made by the Same Cohort Pre-IMD Transition and Post IMD**

**Transition at 12 Months (n=317)**

|  |  |  |
| --- | --- | --- |
|  | **Pre-Transition** | **12 Months** |
| **Evaluation Domain** |  |  |
| **Access** | 77.6 | 93.1 |
| **Quality**  | 81.4 | 95.3 |
| **Outcome** | 91.8 | 93.1 |
| **Satisfaction** | 65.6 | 93.1 |
| **Social Connectedness** | 90.9 | 90.9 |
| **Functioning** | 94.0 | 94.0 |
| **Treatment Plan participation** | 80.4 | 92.4 |

This "matched" survey cohort exhibits a very similar pattern as that noted above. Again, the most positive change was noted on the following evaluation domains: satisfaction, access to care, quality of care followed by participation in treatment planning. While domains social connectedness and functioning almost remains the same across time.

Table S displays results for the fourth and final comparison: the percentage of positive responses across time only for individuals completing the survey at the initial pre-transition point in time and at 18 months post-transition.

**Table S**

**Percentage of Positive Class Member Responses By Evaluation Domain Across Time Ratings Made by the Same Cohort Pre-IMD Transition and Post IMD**

**Transition at 18 Months (n=240)**

|  |  |  |
| --- | --- | --- |
|  | **Pre-Transition** | **18 Months** |
| **Evaluation Domain** |  |  |
| **Access** | 75.0 | 89.6 |
| **Quality**  | 78.8 | 90.0 |
| **Outcome** | 92.9 | 89.2 |
| **Satisfaction** | 66.3 | 88.8 |
| **Social Connectedness** | 90.0 | 87.1 |
| **Functioning** | 95.0 | 92.5 |
| **Treatment Plan participation** | 80.0 | 90.4 |

Again, this "matched" survey cohort exhibits a very similar pattern as those described above: The most positive change was noted on the following evaluation domains: satisfaction, access to care, quality of care and in the area of participation in treatment planning. A small decrease in positive responses were also noted in the domains such as social connectedness, outcome and level of functioning.

**Summary**

In summary, regardless of the point in time, post transition, or whether the same individual completes a survey at different points in time, Class Members more often evaluated satisfaction with treatment, access to treatment, quality of treatment and their ability to participate in their own treatment planning more positively post transition from the SMHRF/IMD. However, Class Members generally evaluated treatment outcomes and functioning positively, showing less change across time. Social Connectedness showed the least amount of change across time and at times reflects a minor decrease in positive responses.

*Supported Employment – Individual Placement and Support*

The evidence-based practice of Individual Placement and Support (IPS) Supported Employment has been on the forefront as a service/resource to further a full and productive recovery for individuals diagnosed with serious mental illness. The following IPS data, was taken from the last IPS Supported Employment Consent Decree Counts Report dated June 30, 2018. There has been a total of 498 *Williams* Class Members enrolled in IPS since July 1, 2012. One hundred fifty-four (154) Class Members (31%) who received IPS Supported Employment have worked. There are currently 143 *Williams* Class Members enrolled in IPS Supported Employment. Of this number, 50 Class Members (35%) are currently working. The jobs held by the employed Class Members are part-time. From January 1, 2018 to June 30, 2018, there have been 27 new Class Members enrolled in IPS. In FY 19, the IPS Trainer will begin to capture data on Williams Class Members who found jobs independent of the resources available through IPS/Supported Employment services. There are 50 Class Members currently working.

Table T reflects the ‘number of days’ of job tenure for the 70 Class Members who worked in mainstream competitive work experiences in Fiscal Year 2018.

(Note: The IPS data system only tracks persons while they are receiving IPS-specific services and supports. Once transitioned off the IPS caseload successfully and stably employed, their working activities are no longer tracked in the IPS data system. This job tenure data reflects the number of days worked while on the active IPS caseload.)

**Table T**

|  |  |
| --- | --- |
|   | **Job Tenure\*** |
|  | 30 days or less | 1 – 3 months | 4 – 7 months | 8 – 11 months | over 11 months  |
| **# of Jobs held by Class Members** | 5 | 8 | 15 |  9 | 42 |

\*(please note: in the above table, 9 of the class members held 2 jobs)

**IPS Supported Employment Data Points for Enrolled and Working *Williams* Class Members**

|  |  |  |
| --- | --- | --- |
|  | Number enrolled | Number employed |
| 07/01/2017 – 06/30/3018  | 60 | 70 |
|  |  |  |
| 01/01/2018 - 06/30/2018 | 27 | 7 |

The number employed is higher than the number enrolled during this period because it reflects Class Members who were enrolled prior to the specific time period

It is a normal part of the IPS Supported Employment model for individuals to lose jobs in the process. One core principle is that job loss is a learning event and not a reason to discontinue program engagement. When there is job loss, the individual and the employment specialist work together to determine what worked well and what did not. This collaboration is incorporated into lessons learned and in developing a correction plan. Individuals who have experienced job loss are immediately supported in finding other employment.

During this reporting period, the project manager/employment trainer has been implementing employment action plan strategies. These activities include the following:

1. Meeting with Community Mental Health Centers that do not currently provide IPS Supported Employment Services to encourage the development and implementation IPS for Class Members who have an employment goal and support this desire.
2. Visits to all 18 *Williams* and *Colbert* Drop-In Centers to promote the message of “Keeping Employment Always Present at the Drop-In Centers” and to further increase employment engagement activities and referrals to the IPS or other Employment Programs.
3. Convene monthly *Williams* and *Colbert* Employment Learning Collaborative calls for the Drop-In Center Coordinators and Illinois IPS Learning Community.
4. Encourage Leadership at the Community Mental Health Centers by working with ACT Teams’ Vocational Specialists through the 8 Key Principles of IPS Supported Employment that guides implementation.
5. Reviewed for the Illinois Recovery and Empowerment Statewide Calls how to get connected to an IPS Supported Employment Programs and how to connect to Work Incentives Benefits Counseling - explaining how employment will affect benefits such as SSI (Supplemental Security Income), SSDI (Social Security Disability Insurance), and Medicaid.
6. Co-facilitated an 8-weeks Nutrition and Exercise for Wellness and Recovery (NEW-R) groups as a result of the NEW-R Training. NEW-R groups support the IPS Supported Employment Action Plans - Nutrition and Exercise can help to prepare *Williams* Class Members to get back into the workforce and maintain their employment.
7. Reviewed 4 Employment Engagement Tools with Terry Sullivan from Alliance for Living – assisting SMHRFs in recognizing the importance of employment as part of the residents’ recovery and normalization process, particularly those who on a path toward transition in the next few months.”
8. Reviewed 4 Employment Engagement Tools with Randy Walker, the Vice President of Operations for MADO Healthcare in Chicago.

During this reporting period, January 1, 2018 – June 30, 2018, the *Williams* IPS Trainergathered observations from IPS Supported Employment managers regarding *Williams* Class Members and IPS Supported Employment services. Their feedback addresses six key questions:

1. **What appears to interest *Williams* Class Members about IPS and Why?**

Feedback indicated that the majority of Class Members showed interest in receiving IPS Supported Employment services and returning to work. The *Williams* Class Members feel that being employed will give them something to do in their day that is productive and is a way for them to integrate back into the community. Additionally, Class Members indicated that returning to work will include benefits as a way to build a steady routine and structure in their day; a meaningful reason to get out of the house and engage in social interaction with others; an opportunity to contribute to the community; a way to build their sense of accomplishment, self-esteem and self- confidence; and a way to improve their financial security.

1. **What needs to be tweaked to motivate the *Williams* Class Members to receive IPS Supported Employment Services?**

One point of view is that nothing needed to be tweaked, as a majority of Class Members expressed interest in working. Another point of view is to delay introducing IPS Supported Employment Services to Class Members anywhere from 3 to 6 months from the date that they move into the community. By doing so, Class Members have an opportunity to adjust to their new apartment and environment before engagement about returning to work is introduced. It is believed that Class Members may find it overwhelming to engage in work related activities.

1. **Why from your experience are *Williams* Class Members not interested in IPS?**

Feedback indicated that many Class Members are afraid of losing benefits such as SSI, SSDI and Medicaid. To address this concern, the IPS Program Managers include WIPA (Work Incentives Planning and Assistance) benefit planning for Class Members and their IPS participants. WIPA Benefit Planners explain how going to work effects benefits. WIPA Benefit Planners also make presentations in their Drop-In Centers. Additionally, other reasons shared why Class Members may not be interested in IPS includes their lack of self-confidence and self-esteem.

1. **What can or should be changed about the existing IPS Program that may make it more appealing to *Williams* Class Members?** Feedback indicated that having an IPS Team member lead vocational groups would not only help to keep the *Williams* Class Members engaged in their goal of returning to work, but also help to build their self-confidence and self-esteem. Vocational groups are usually not provided by the IPS Supported Employment Team. However, an Illinois SAMHSA IPS Supported Employment Expansion and Transformation Grant is showing positive results with two IPS Supported Employment Teams having an Employment Recovery Specialist (a person with lived experience of being in mental health recovery) as a part of the IPS Team who leads vocational groups which include WRAP (Wellness Recovery Action Plan) for Work, Nutrition and Exercise for Wellness and Recovery (NEW-R) and the Eight Dimensions of Wellness.
2. **What appears to be the primary successes with job retention and why?**

Feedback indicated that job retention supports are successful for Class Members because the IPS model requires that all clients receive job retention supports for as long as they are wanted or needed. In fact, every Class Member who obtains a job must have a job retention and support plan. The job retention and support plan identify anticipated stressors that may occur on the job, coping strategies for managing stressors and symptoms on the job.

1. **What businesses or companies seem to be the most receptive to hiring *Williams* Class Members?**

Feedback indicated that the IPS Supported Employment Program has a multitude of employers that are great advocates for persons in mental health recovery and are very receptive to work with IPS Employment Specialists and their IPS participants. The top ten employers who have hired Class Members in Supported Employment are Jewel-Osco, Buffalo Wings & Ring, Levy Restaurants, Macy’s Department Store, McDonald’s, Monterrey Security Services, NAMI, Strack & Van Til, T. J. Maxx and Walmart. The majority of jobs secured in IPS are in food services or related businesses, i.e., grocery stores.

*Quality Administration – Quality Management and Quality Monitoring*

Williams Quality Administration is composed of nine Quality Monitors, with disciplines that include psychology (2); social worker (3); and nursing (4). Seven of nine Monitors are physically stationed in the Chicago Central Office, serving the metropolitan Chicago and the collar counties. The remaining two Monitors are stationed in Pekin, Illinois, the DHS Pekin Local Office, serving the geographical areas surrounding the cities of Peoria and Decatur. Williams Quality Monitors maintain responsibility for monitoring the quality of care, quality of life, community integration and the quality of services provided to Class Members.

**Home Visits**

Williams Quality Monitors are responsible for conducting home visits. The initial home visit is conducted within 30 days post transition, with subsequent visits conducted at 3 months, 6 months, annually and 18 months post transition. In some instances, Quality Monitors may determine that due to unresolved issues a Class Member may require more frequent or intermittent visits in between scheduled visits. Should this occur, the Quality Monitor will conduct an unscheduled visit. The purpose of the home visit is to determine the following: 1) comprehensive service plans accurately reflects the Class Member’s needs and goals; 2) Class Member’s living environment is safe and suitable for habitation; and 3) Class Member is adequately adapting to community reintegration. There is no existing database to confirm 1), 2) or 3).

During the current reporting period, Quality Monitors conducted a total of 619 (duplicate) home visits, across all visit types (see below). Quality Monitors confirm that the service plan documentation is in the clinical record. Confirmation is submitted to DMH in a narrative report prior to the home visit. As of June 30, 2018, there were 412 (unduplicated) Class Members who were ‘eligible’ for a Quality Monitoring visit - who have resided in the community for 18 months or less.

During FY18, Quality Monitors conducted a total of 1,419 (baseline) Quality Monitoring visits, either in the home or an environment of preference as identified by the Class Member.

|  |  |  |
| --- | --- | --- |
| Type of Home Visit | Number of Visits | Percentage |
| 30 Day |  269 | 19% |
| 3 Month |  287 |  20% |
| 6 Month |  292 |  20% |
| 12 Month |  266 |  19% |
| 18 Month |  207 |  15% |
| Unscheduled |  98 |  7% |

As the data reflects:

* The combined total for the visits conducted at the 30-day, 3 months and 6 months post transition intervals, comprised more than half (59%) of the total visits conducted for the reporting period.
* The number of home visits conducted at the 18-month post transition (207), was significantly lower in comparison to home visits conducted at other post transition intervals. Class Members are less accessible to Monitors requests for visits.
* QM identified a need to make more frequent visits than scheduled. These visits were categorized as unscheduled visits, which comprised 7% of the total home visits.

**Quality of Life Surveys**

, There were 379 Quality of Life Surveys completed in FY18. There were 315 Class Members who transitioned in FY18. Some of the 30-day, 6-month, 12-month and 18-month Quality of Life Surveys conducted in FY18 are attributed to Class Members who transitioned before the beginning of FY18, ergo the difference of 64. The initial Quality of Life Survey, is completed by National Alliance for the Mentally Ill (NAMI-Chicago), before the Class Member moves out of the SMHRF. Williams Quality Monitors are required to complete the Quality of Life Surveys during the 6-month, 12-month and 18-month home visit, for consenting Class Members. Feedback from the survey serves as an indicator to determine the quality of care and services received by Class Members, their wellness and their quality of life in the community. Completed survey data indicates the Quality of Life Surveys were conducted during the following visits periods:

|  |  |  |
| --- | --- | --- |
| Survey Period | Number Completed | Percentage |
| 30 Day | 110 | 29.02% |
| 3 Month | N/A | N/A |
| 6 Month | 94 | 24.80% |
| 12 Month | 109 | 28.76% |
| 18 Month | 64 | 16.89% |
| Unscheduled | 2 | 0.53% |

As data indicates:

* Williams Quality Monitors conducted a total of 269 of the 379 (71%) of the Quality of Life Surveys.
* NAMI-Chicago conducted the remaining 29% of the Quality of Life Surveys for this reporting period.

Note: Quality of Life Surveys are not completed at the 3-month post transition period.

**36 Month Post Transition *Visits - (Note:*** *“Wellness visits” were initiated in August 2017 and completed in February 2018)*

As discussed in the previous report, DMH elected to conduct “wellness visits” for Class Members who were at least 36 months post transition. The purpose of these visits was to obtain feedback from Class Members to determine key factors for sustainability and successful independent living. The nine Quality Monitors were assigned to conduct “wellness visits” for Class Members who exceeded the 12 months monitoring period.

According to the transition data, there were 515 Class Members identified as having moved from the SMHRF/IMDs to independent living in the community for more than 36 months. Seven of nine Monitors were assigned to conduct visits for 474 Class Members living in the Chicago metro area; while two the Monitors in Pekin were assigned to 41 Class Members residing surrounding areas in proximity to Decatur and Peoria. The Chicago are Quality Monitors conducted 92% of the visits compared to the Pekin Monitors who conducted 8% of the wellness visits.

Of the 515 Class Members who were assigned, monitors reported that only 237 (46%) visits were conducted; while 278 (54%) of the Class Member visits were not conducted. Williams Quality Monitors reported the following reasons for the unsuccessful “wellness visit”:

|  |  |  |  |
| --- | --- | --- | --- |
| Unable to Contact | Refused Visit | Missed Visit | Other |
| 193 | 43 | 10 | 32 |

* ‘Unable to contact’ - Class Members who did not respond to contact efforts by phone or mail.
* ‘Refused visit’ - Class Members who were contacted, but who refused consent to participate in the 36 Month Post Transition “wellness visit.”
* ‘Missed visit’ - Class Members who initially stated they would allow the monitor to visit but were not available when they arrived at their place of residence.
* ‘Other’ - Class Members were no longer living in the community: 1) return to the SMHRF/IMD; 2) move to a skilled nursing facility/rehab center; 3) hospitalized; 4) incarcerated; 5) deceased; 6) moved with family; or 7) no longer receiving services from agency.

Williams Quality Monitors reported that 46 of the 237 Class Members (19.41%) were identified to have concerns since their transition from the SMHRF/IMD. The 46 Class Members reported to have had a total of 53 concerns/issues while living independently in the community. Class Members reported the following concerns:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mental Status | Medical/Dental | Social Services | Housing | Agency Services |
| 19 | 17 | 5 | 7 | 5 |

* ‘Mental status’ - Class Members report of paranoia, loneliness, depression, delusions, hallucinations, anger, agitation, aggression. Class Members also had reports of psychiatric hospitalizations, difficulties taking psych medications, complaints regarding psychiatric services, difficulties coping and substance abuse.
* ‘Medical/dental’ - Class Members report an exacerbation of pre-existing medical conditions (emphysema, COPD, diabetes, hypertension, renal failure and hypercholesterolemia); and hospitalization as a result of a declining medical conditions. Other medical concerns included newly diagnoses medical conditions. Class Members also reported not having the resources to obtain dental services when needed.
* ‘Social service’ - Class Members report not having an adequate food supply; and no resources for obtaining food. Class Members also reported not having enough money to manage household needs and financial stressors.
* ‘Housing’ - concerns identified as poorly managed units with water leaks, appliances in disrepair, reports of rats and bedbugs. Class Members also reported living in unsafe and gang/drug infested neighborhoods.
* Agency service related concerns included Class Members complaints of agency staff not returning calls, request to change agency and refusing to provide services.

Note: All concerns were reported to the community agencies for their follow-up.

*Clinical Case* *Review Panel (CCRP)*

The Division of Mental Health conducts an independent review of cases when Class Members have been identified by CMHCs as having Complexities Affecting Seamless Transition (CAST). CMHCs are required to present to the Clinical Case Review panel a synopsis which includes initial presentation and any barriers or challenges that have been identified as obstacles to achieve a seamless transition and that may impede a safe community living experience.

The Clinical Case Review Panel (CCRP) conducts weekly reviews as requested by the CMHCs. The CCRP process requires that the provider agency request a clinical review date, where a brief synopsis of the Class Members’ clinical signs and symptoms will be presented. During the case review the panel reviews assessments, medications and other clinical documents provided by the provider agency. The agency presentation of the clinical information and the review of clinical documentation are used to make recommendations to the agency.

During the period, the Clinical Case Review Panel conducted a total of 77 unduplicated CAST Class Members. For 6 of the 77 clinical case reviews (8%), the panel requested that the agency reschedule due to the agency’s failure to provide sufficient clinical documentation. The panel’s recommendations for the remaining 71 cases were as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transition Pending | Proceed with Transition | Remove from Agency Roster (CAST) | No Change in Level of Care | Change in Level of Care |
| 13  | 7  | 8  | 38  | 5  |

* ‘Transition Pending’ - recommendations are made when the panel is not provided with sufficient clinical information to determine the Class Member’s status. In such cases, the panel requested additional assessments, evaluations and/or clinical information. The CCRP recommended Transition Pending for 13 of 71 (18%) clinical cases reviewed.
* ‘Proceed with Transition‘ - recommendations are made when the panel could not identify any barriers to prevent transition. The panel recommendation also includes the type of housing most appropriate for the Class Member. The panel recommended that the CMHCs proceed with transition for 7 of 71 (10%) clinical cases reviewed.
* ‘Removed from Roster (CAST)’ - recommendations are made when it was determined that the Class Member: 1) refused the resident review assessment or reassessment; 2) decline/refused housing and/or transition services; 3) was unable to be located; 4) transferred out of the IMD (whereabout unknown); or 5) reassigned to another agency. The panel recommended 8 of 71 (11%) clinical cases reviewed to be removed from the CAST roster.
* ‘No Change in Level of Care’ - recommendations are made when the Clinical Case Review panel determines that the presenting clinical, behavioral or risk conditions support the need for a more intense level of care than what can safely be provided in a community-based setting and/or until a reassessment has been completed to determined that the Class Member can safely transition. The panel recommended No Change in Level of Care for 38 of 71 (54%) clinical cases reviewed. These are the most common themes of conditions that support ‘no change in level of care’, i.e., meaning that the Class Member should stay in LTC (at this time) based on the Class Member’s current presentation: (1) physical aggression/explosive behaviors, (2) inappropriate sexual behaviors, (3) active delusions, hallucinations and/or impulsivity. CAST Class Members have an annual Resident Review reassessment or may request reassessment up to three times a year.
* ‘Change in Level of Care’ recommendations - are made for those Class Members who were identified to have a decline in their medical or cognitive or psychiatric condition(s) and/or the ability to care for themselves, requiring 24-hour nursing care. The CCRP recommended a Change in Level of Care for 5 of 71 (7%) of the clinical cases reviewed.

During this reporting period, it was observed that there has been a decline in the number of agency requests for clinical case reviews. This decline has also decreased the number of Class Members who have been identified as having Complexities Affecting Seamless Transition (CAST).

*Specialized Assessments – Neuropsychological Assessments and Occupational Therapy Assessments*

Occupational Therapy Assessments: N= 9

| Action | Total | Percentage |
| --- | --- | --- |
| Total referred for assessment | 9 |  |
| **Referral evaluations completed**  | **8** | 89% |
| Referred – No Show | 1 | 11% |
| Referrals recommended for transition | 8 | 100% |
| Not recommended for transition | 0 | 0 |
| Assigned and transitioned | 0\*  | 0 |
| Referred to CCRP | 0 | 0 |

\* still in the pipeline for transition

During the last six months DMH received a total of 9 referrals for Occupational Therapy assessments. The source of these referrals were community agencies seeking assistance with evaluating the potential service needs of Class Members currently assigned for transition consideration, when skill deficits have been identified. The recommendation for the eight completed assessments was community transition, with outcomes indicating that continued 24-hour level of care was not necessary. CMHCs have received the completed assessments which contain service/support recommendations in the areas of Transition Support, Community Based Training, Assistance with Money and Medication Management, Work & Education pursuits, Engagement, Mobility, ORS/DOA linkages, Service type (i.e. ACT), In Home Recovery Services (IHRS) Drop-In Centers (DIC), Enhanced Skill Training Assistance (ESTA) services and Referral Service (i.e., PT, Home Health).

The data below reflects people served by In-Home Recovery and Support Services

***IHRS FY18 (7/1/17-12/31/17)***

* 1st and 2nd quarters of FY18 (July 1, 2017-December 31, 2017) - total of 35 Class Members were served in IHRS
	+ 50 Class Members were referred
	+ 15 Class Members did not receive service - either declined or weren’t appropriate
	+ 35 CM serviced out of 50 referred = 70%
* 26 of the 35 Class Members began receiving IHRS services while still living in the IMD (74%)
	+ 11 of the 26 moved out during this reporting period (42%)
* 9 of the 35 Class Members served had already transitioned to the community when NAMI Chicago received the referral (26%)
* NAMI provided 720 hours of support for the consenting Class Members
* 455 service hours out of 720 hours (63%) were provided in the natural setting despite some of the Class Members still residing in an IMD

***IHRS FY18 (1/1/18-6/30/18)***

* During the 3rd and 4th quarters (January 1, 2018 – June 30, 2018) of FY18 a total of 33 Class Members (CMs) were served in IHRS
	+ 38 Class Members were referred
	+ 5 Class Members did not receive services - either declined or weren’t appropriate.
	+ 33 Class Members out of 38 referred = 87%
* 1,211 hours of support was provided to consenting Class Members.
	+ 930 service hours out of 1,211 hours (77%) were provided in a natural setting outside of the SMHRF
* Since the program started in August of 2017 a total of 18 Class Members have completed the 6-month program in its entirety
* Since inception 88 members have been referred
* 68 out of 88 Class Members (77%) have received IHRS services in some capacity

There was a noted increase in the number of referrals received for OT assessments in the second half of the year. This increase can be attributed to the collaborative efforts of DMH and the UIC College of Occupational Therapy to identify factors that could be associated with the underutilization of OT assessment resources. The biggest factor identified was the need for further training on the benefits of an OT assessment and the supports and services that could be offered through an assessment. To address the need for further training, a Webinar was conducted in early May 2018 by DMH in conjunction with the College of Occupational Therapy. The focus of training centered on how Occupational Therapy support can be used as a tool to further assess transition needs or barriers by identifying services and supports that could be used in community settings to meet specified needs.

Neuropsychological Assessment: N=42

| Action | Total | Percentage |
| --- | --- | --- |
| Total referred for assessment  | 42 |  |
| **Referral evaluations completed** | **28** | 67% |
| Referral - assessment not conducted *(varying reasons)* | 14 | 33% |
| Referrals recommended for transition | 8 | 29% |
| Referrals not recommended for transition | 20 | 71% |
| Referrals assigned to CMHCs | 5 | 18% |
| Referrals assigned and transitioned  | 2 | 7% |
| Referred to CCRP  | 2 | 7% |

The reasons for the 14 Neuropsychological assessments not being completed are as follows:

1. Declined to give consent to participate in the evaluation (4)

2. Declined to participate in the assessment after initially giving consent (4)

3. Transferred to SNF (1) – greater level of care need

4. Hospitalized for psychiatric instability (2)

5. Discharged from IMD's - whereabouts unknown (3)

Outcome of CM's referred to transition (5):

1 - Transitioned

1 - Lease signed

1 - Class Member declined to transition

2 - Dispositions pending

During this reporting period, 42 referrals for Neuropsychological Evaluations. Of the 42 referrals received 17 (40%) were from CMHCs, remaining 23 (55%) were referred via Resident Review Assessment to clarify concerns around cognition. An additional 2 Class Members (5%) were already living in the community. Of the 28 Neuropsychological Evaluations completed, recommendations for 20 Class Members (71%) noted that they were currently receiving the appropriate level of care needed, based on the outcome findings from the test batteries conducted. The remaining 8 Class Members (26%) were deemed appropriate for a supervised/supported group living environment with adequate supports and services to provide skills training in deficit areas of activities of daily living, community reintegration, medication management and supervision. The referring CMHCs have received copies of the completed Neuropsychological Evaluations to assist their teams in assessing transition planning. Resident Review Teams have also received copies of the evaluations, which will be instrumental in making future clinical judgments based on the expertise provided through the evaluation process.

*Calls Log, Complaints, Appeals*

**Call Log:**

During this reporting period, there were 36 calls were made to the Williams warm line number. 32 calls were from Class Members and 4 were from others seeking information on behalf of a Class Member. The calls were separated into six distinct categories:

Call Categories January 1, 2018 – June 30, 2018

* Transition Status update 16
* Appeal Status update 3
* Other Options 6
* Complaint against agency 1
* Request for an assessment 3
* Other 7

Call Categories July 1, 2017 – December 31, 2018

* Transition Status update
* Appeal Status update
* Other Options
* Complaint against agency
* Request for an assessment
* Other

All materials (fliers, brochures, hand-outs) produced for the Williams Consent have a 1-877-594-8599 number listed. This number was managed by the Mental Health Collaborative for Access and Choice. When the contract for the Collaborative was renegotiated, their responsibility for managing the line was terminated. Although this number is no longer serviced by the Collaborative, a voice message instructs callers to contact a DHS/DMH dedicated number (312) 814-8211. This number is answered during regular business hours. Messages left are returned the next business day.

**Appeals:**

During this reporting period, there were 30 appeal requests. These appeals were separated into three distinct categories: (I) Change of Agency - 10, (II) Resident Review Outcome – 5, and (III) Decision Not to Proceed – 15.

 The Appeal review decisions reflect the following:

1. Appeal - Change of Agency: 33%
2. Agency assignment supported: 4
3. Agency assignment overturned: 3
4. Class Member withdrew the appeal: 2
5. New caseworker assignment: 1

1. Appeal - Resident Review finding: 17%
2. Resident Review finding Supported: 4
3. Resident Review finding overturned: 1
4. Appeal – Decision not to proceed: 50%
5. Referred to CAST/CCRP: 9
6. Class Member withdrew appeal: 3
7. Request for information: 3

During July 2017 – December 2017, there were a total of 51 calls received to the call line. 39 calls were from Class Members, 5 calls from family/guardians and 7 calls from other individuals seeking information about the Consent Decree. These calls were not categorized until after January 2018.