

WILLIAMS SEMI-ANNUAL COMPLIANCE REPORT
Report 1: November 18, 2011

EXECUTIVE SUMMARY

The Williams Consent Decree requires the Defendants to produce a report for the Court, on a semi-annual basis, with sufficient information and detail to evaluate the State's compliance with the requirements of the Consent Decree. The Williams Semi-Annual Compliance Report format and data elements were to be agreed to, in advance, by the Parties and the Court Monitor. This report, as submitted to the Court Monitor and the Parties, satisfies that obligation. The format and informational elements were agreed to by the Parties and the Court Monitor on August, 26, 2011, although it was noted, at that time, that the reporting would be an iterative process and the format, over time, would reflect operational changes deemed necessary throughout the course of implementing the Consent Decree.

This initial report of compliance and progress towards meeting the requirements of the Williams Consent Decree is substantially narrative in format, containing descriptions of accomplishments in each operational component, as prescribed by the Decree. There are minimal data, as there have been no Resident Reviews or Community Transition activity, to date. Outreach activities, however, did begin on October 20, 2011, and those data are included in this report.

The Williams Timeline is a critical component of the Williams Implementation Plan. It is a list of tasks with "targeted" completion dates, organized by the components: Outreach, Resident Review, Transition Coordination, Community Services, Quality Assurance and Information Technology. Targeted completion dates are designed to instruct the pace of activities to assure overall compliance with required Consent Decree goals and timelines. Adherence to these completion dates is the expectation, and exceptions to meeting the target dates are noted and explained after each component's narrative.

The last section of the report includes administrative data regarding hires, contracts, and policy/programmatic efforts that merit mention.

Outreach activity began in the Nursing Facility/Institutes of Mental Disease (IMDs) on October 20, 2011. Outreach supervision and management is being led by the National Alliance for the Mentally Ill of Greater Chicago (NAMI-GC) with informational materials and training provided by the Department of Human Services/Division of Mental Health (DHS/DMH). As of November 3, 2011, 232 Class Members were approached to schedule informational meetings with Outreach Workers. Of this group, 194 (84%) Class Members participated in private informational sessions and signed the Williams Introductory Letter. Another 38 (16%) Class Members refused to meet with Outreach Workers.

The **Mental Health Pre-Admission Screening & Resident Review** section describes the State's efforts to conduct high quality Resident Reviews of Class Members and to improve Mental Health Pre-Admission Screening & Resident Review (MH-PASRR).

The **Housing** section describes the State's efforts to create and implement policy to develop the Permanent Supportive Housing model to implement the Williams Consent Decree and to inform planning on the infrastructure necessary for implementing subsequent settlements.

The **Transition Coordination/Community-Based Services** section describes DHS/ DMH's efforts to identify the needs of the IMD residents in a community-based setting, enhance the existing community mental health services to meet those needs and identify the community agencies that could best provide those services both initially and potentially through FY2013. DHS/DMH is currently in the final stages of discussions to establish funding levels.

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The **Quality Assurance** section describes Quality Assurance activities thus far. These activities include the establishment of the Williams Quality Bureau, the development of the Williams Quality Assurance Indicator Template, the development of the Outreach Worker Training Satisfaction Questionnaire and the convening of the Williams Quality Improvement Committee.

The **Information Technology (IT)** section describes the State's efforts to support decision-making, monitoring, evaluation, and outcome assessment and quality assurance activities for each of the five major Williams Consent Decree service components.

- DHS/DMH has developed a web-based system for Outreach data collection.
- The signed Intergovernmental Agreement between Health and Family Services (HFS) and the University of Illinois, College of Nursing includes requirements for data collection and reporting for Resident Review activities.
- Programming and testing for Transition Coordination, Community Services and Housing are underway and expected to be completed by mid to late November. Deployment is scheduled for December 9, 2011.

The **Budget** section describes the State funding strategy for Williams Consent Decree Implementation.

This report represents work accomplished in accordance with the Williams Consent Decree requirements to date, unless otherwise stipulated. While the Implementation Plan was approved by the Court, June 28, 2011, and day one of the Implementation is generally considered to be July 1, 2011, work is reported that began as early as the first quarter of 2011.

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Outreach

The State believes that it is critical for Williams Class Members, Class Member families and other stakeholders to have good knowledge and understanding of the Williams Consent Decree and Implementation Plan by providing information that is thorough, accurate and easily understood regardless of primary language or literacy level. Materials and methods of information sharing are varied and reflect the realities of the processes involved in transitioning Class Members from nursing facilities to more integrated community-based settings, the challenges of community living, and the potential rewards in terms of quality of life.

A variety of informational materials were created for Williams Class Members and Class Member families with one brochure directed toward IMD caregivers. The informational campaign was named “**Moving on**” and developed to include a motivational video as well as a variety of written materials. A general overview brochure on the Williams Settlement and supportive flyers regarding Permanent Supportive Housing, Community-Based Services, Class Member Complaint/Appeal Rights and other relevant information were created in a consistent color scheme for easy recognition. Consumer and Family Handbooks are also being presented to Class Members as a resource document.

DHS/DMH contracted with the National Alliance for the Mentally Ill of Greater Chicago (NAMI-GC) to supervise and manage the Outreach/Information Dissemination process.

NAMI-GC is charged with the following deliverables:

- Hire 11 Outreach Workers;
- Initiate contact with 150-200 residents per month for the first 2 years to schedule informational meetings;
- Participate and conduct Quality of Life and Perception surveys;
- Convene informational meetings with Class Members within 2 weeks of initial contact and log and report dates and times of contact;
- Convene informational meetings/discussions with family members or guardians, if requested;
- Convene confidential follow-up meetings with Class Members as requested, within one week of request. Report the number of follow-up meetings and subject topics, date and time;
- Convene monthly IMD community meetings. Report the number of meetings convened and number of people in attendance;
- Convene monthly introduction to Wellness Recovery Action Planning (WRAP) sessions. Report number of WRAP sessions held and number of people in attendance;
- Procure Interpreter services as needed. Log and report the number of interpreter services used languages and location;
- Maintain written record of all contacts and the formalized Letters of Introduction;
- Participate in all required training, as designed by DHS/DMH;
- Submit a monthly report as required by DHS/DMH no later than the 5th working day of the month;
- Submit quarterly summary and trend analysis for all service activities by the 10th working day after the close of the quarter;
- Provide and catalogue all equipment necessary to meet service deliverables and maintain an annual inventory of purchases.

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As of the date of this report, nine (9) Outreach Workers have been hired and trained to conduct Outreach activities. One Outreach Worker has subsequently resigned and two vacancies remain in the Peoria/Decatur area. Recruiting efforts are ongoing to fill these positions. The eight current Outreach Workers are culturally diverse and three are bi-lingual to address the Spanish and Polish speaking populations. Three of the Outreach Workers are prosumers (primary consumers of mental health services). The remaining five are Mental Health Professionals (MHPs), who minimally possess Bachelor's degrees in guidance and counseling, rehabilitation counseling, social work, education, vocational counseling, psychology, pastoral counseling, family therapy, or a related human service field.

The initial training curriculum was designed to be comprehensive with subsequent training and re-training ongoing. Training topics include the *Williams v. Quinn* lawsuit, the Williams Consent Decree & Implementation, Cultural Awareness/Cultural Competency, OIG Rule 50/51 Abuse & Neglect, Mental Health Code/Confidentiality Act/HIPPA, Professional Boundaries, Introduction to Permanent Supportive Housing, DMH Bridge Subsidy, Community Mental Health Services, Williams Outreach & Engagement, Complaints, Grievances & Appeals, Wellness Recovery Action Plans, Recovery & Resilience Education and Williams Information Technology.

Representatives from DHS/DMH, Healthcare & Family Services (HFS) and NAMI-GC accompanied Outreach Workers to conduct "Kick-off Meetings" in all of the twenty-four IMDS. The purpose of these meetings was to provide a general introduction and orientation to the Williams Settlement with opportunity to ask questions. These meetings were primarily attended by Class Members and the information was received with interest by most of those who attended. Attendance varied by facility ranging from 14 (Central Plaza) to 75 (Monroe Pavilion) Class Members.

Outreach Workers are currently engaged in 6 of the 24 IMDs. Weekly "debriefing" meetings are convened by DMH to review the weeks' activities. Unusual occurrences are discussed at that time as well as questions that Outreach Workers were unable to answer during the week. Thus far, IMD reception has been reported as generally cordial with Class Members' reception characterized as overwhelmingly enthusiastic.

As of November 3, 2011, 232 Class Members have been approached by Outreach Workers. Of this group, 194 Class Members agreed to receive the information and signed introductory letters. Only 38 Class Members refused to meet with Outreach Workers. Further support is provided to Class Members through an informational line accessed by a toll-free telephone number widely advertised in the informational materials. This telephone line is staffed 5 days a week 8 hours per day by a prosumer who was trained in the same manner as the Outreach Workers.

Timeline Deficits: None

Metrics:

- Outreach Materials describe PSH yes no
- Outreach Materials describe community-based settings yes no
- # Class Members informed about community-based settings 194
- % Class Members informed about community-based settings 4%
- # calls received on Williams toll-free informational line October 2011 35

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Mental Health Pre-Admission Screening & Resident Review

In accordance with the Williams Implementation Plan, the State, through Healthcare & Family Services (HFS), executed an Intergovernmental Agreement with the University of Illinois at Chicago (UIC) on June 29, 2011 to carry out Resident Reviews in accordance with requirements under the Williams Consent Decree, to assist with improvement of MH PASRR, and provide support to the State agencies in rebalancing the system for providing mental health long term care services. Under the agreement, UIC agreed to create the Resident Review and Assessment Unit (RRAUW) to conduct the Williams Resident Reviews.

The RRAUW has been formed including necessary management, assessment, and support staff positions, with approximately half of the full complement of fourteen reviewers hired to date. All Resident Reviewers are licensed professionals with experience in mental health. The current nurse reviewers include individuals with Ph.D, MSN, APN, and NP qualifications. Some nursing reviewers also have special certification in areas such as sexual assault examiner and forensic nursing. The current licensed clinical professional counselor reviewers include individuals with Certified Alcohol and Drug Counselor (CADC) qualifications. Reviewers have received training in the following areas to date: MH PASRR; LOCUS; Community Mental Health Services; the Illinois Mental Health Code, Confidentiality Act, and HIPPA; an Introduction to Permanent Supportive Housing and the Bridge Subsidy. Additional training will be provided including the topics listed below.

- Mental health Recovery and Rehabilitation;
- Assessment and interviewing skills, including motivational interviewing/stage of change assessment;
- Models of PSH and community-based residential programs;
- Community-based mental health services and supports;
- Processes to access ancillary support resources;
- Integrated dual diagnosis treatment and substance abuse treatment approaches and resources;
- Assessment of co-occurring chronic health conditions, physical disabilities, and developmental disabilities;
- Person-centered planning and strengths based assessment;
- Access, interpretation, and utilization of information from HFS and DMH data warehouses to assist RRAUW processes;
- RRAUW determinations, comprehensive recommendation development, report preparation, records and IT system input;
- RRAUW Quality Improvement;
- Hospital and nursing facility admission and discharge processes;
- Consent Decree principles in determining the most integrated setting appropriate for Class Members noting the limited specific exceptions.

The Consent Decree requires that each Class Member receive an independent, professionally appropriate and person-centered Resident Review assessment within the first two years after approval of the Implementation Plan, unless the Class Member or his/her Guardian refuses. The purpose of this Resident Review is to determine each Class Member's strengths and preferences and to identify individual needs and risks that must be addressed to ensure successful community living after potential transition from the IMD. The Resident Review protocol has been developed, reviewed by the Parties and is currently being finalized. The State may make some changes, if indicated, based on accumulated experience.

Transition assessment will be oriented toward transition to community housing under the current DHS/DMH Permanent Supportive Housing model, consisting primarily of scattered site individual units owned by mainstream landlords. Transition assessment will also be focused primarily on those services for which an individual is eligible under the current DMH Rule 132 Service Taxonomy, the Enhanced Mental Health Services

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specifically available to Williams Class Members, other Medicaid State Plan services for which an individual might be eligible, and Medicare covered services for those Class Members with Medicare benefits.

The Resident Review will result in recommendations regarding transition, housing, comprehensive service needs, and ancillary supports. It will also contain recommendations to be addressed during the Transition Coordination process by community mental health providers, including areas for risk assessment and mitigation planning.

The assessment is also geared to identify service supports in addition to current service capabilities that would enable future community transition of individuals assessed as inappropriate for immediate transition to the community using the current housing and service options. The State contemplates the addition of a Master Leasing model and potentially some Project-Based PSH development as well. These potential community service capability enhancements or additions will be considered in the process.

Finally, the Intergovernmental Agreement commits UIC to support the activities of the Illinois MH PASRR and Long-Term Care System Rebalancing Consortium, which will involve collaboration between UIC, HFS, DMH and national experts.

Metrics:

- Is evaluation strengths-based? Yes
- Does evaluation assess needs? Yes
- Does evaluation indicate preferences? Yes
- #MH PASRR Screeners who are qualified professionals 9
- %MH PASRR Screeners who are qualified professionals 100%

Timeline Deficits:

- Post, interview and hire Associate Deputy LTC Assessment – position frozen until temporary freeze is lifted.
- Creation of the LTC System Rebalancing Consortium – delayed until Resident Assessment tool is completed.
- Findings from the Resident Review Evaluations are forwarded to the Clinical Review Team – delayed until Resident Review Evaluations begin.

Housing

DHS/DMH, in collaboration with the Illinois Housing Development Authority (IHDA), share a commitment to increasing the supply of Permanent Supportive Housing (PSH) in Illinois.

Pursuant to the Consent Decree, Williams Class Members may utilize scattered site rental apartments/units from an array of safe, decent and affordable fair market, open housing stock and have their services wrapped around them in the community. This scattered-site Permanent Supportive Housing model is the preferred model. By definition, Permanent Supportive Housing requires three components: capital, operating or rental assistance, and access to services. However, in the first year of the Consent Decree the State will develop the required supportive housing by identifying existing units, providing a Bridge Subsidy as necessary, and offering the services as outlined in the Community Services section of this report.

Information about DHS/DMH's Permanent Supportive Housing model and more general information about Permanent Supportive Housing is included in the training curriculums for Outreach Workers, Resident Review

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staff and community mental health agency staff. Community mental health agency staff are being further trained on various methods of accessing housing stock. This training includes information on how to participate in IHDA's targeting program, use of ILHousingSearch.org and how to assist Class Members with requests for reasonable accommodations or modifications.

The State is fulfilling its commitment to convene experts in subsidized and market housing development to advise the State as it works to meet the needs of Williams Class Members. The Corporation for Supportive Housing works with private and public partners, nationally, to develop housing with services for persons who are homeless by providing consulting expertise, making loans or grants to sponsors, and influencing public policy to make it easier to create and operate supportive housing. DHS/DMH is contracting with the Corporation for Supportive Housing from July 2011 through June 2012. The deliverables are as below:

- To create and implement policy to develop Permanent Supportive Housing to implement the Williams Consent Decree, and inform infrastructure for implementation of subsequent settlements.
- Assist with the structure and implementation of the DMH PSH Bridge Subsidy Program.
- Promote the achievement of DHS/DMH's PSH development goals by fostering partnerships and/or creative financing strategies with the entities listed below, specifically with the goals of implementing the Williams Consent Decree, and preparation for subsequent settlements.
- Provide targeted training on PSH for non-profit agencies, mental health center, transition coordinators, care managers and DHS/DMH staff.
- Assist DHS/DMH staff and mental health center staff in developing an understanding of various models of PSH, current PSH resources and how to effectively implement models and resources to fulfill the requirements outlined in the Williams Consent Decree.
- Provide DHS/DMH with nationally relevant examples, models, and research to facilitate the implementation of the PSH Initiative and Consent Decrees.

One of the first efforts was a meeting co-sponsored by the Illinois Housing Council and the Corporation for Supportive Housing during which the Williams Consent Decree was presented as an example of State Supportive Housing priorities. A representative from IHDA gave updates on the Low Income Housing Tax Credit Targeted Referral Program and how Williams and the other decrees will impact IHDA's future development priorities.

The Housing Focus Forum, comprised of representatives of DHS/DMH, IHDA, Corporation for Supportive Housing, Enterprise Community Partners, Mercy Housing, Heartland Human Care Services, Illinois Housing Council, Thresholds and others, is scheduled to meet quarterly, and, has met in July and October of this year. Recommendations noted from the recent October 25, 2011 meeting are intended to better equip developers with information and ease the development process. Recommendations include the following:

- Create a one-page fact sheet about Williams for the development community;
- Create a Williams/IHDA funding round timeline document;
- Communicate anticipated geographic housing needs to development community by April 2012;
- Conduct pipeline/case study with IHDA, Enterprise and interested developers (CSH will convene).

A workgroup was formed to study administrative barriers to Permanent Supportive Housing with the Corporation for Supportive Housing as the lead. This group has met once and is scheduled for a half-day session on November 15, 2011 to craft recommendations to DHS, HFS and IHDA leadership regarding the following issues:

- Coordinated application process,

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- Financing and capital,
- Non-tax credit development opportunities,
- Preservation and
- Supportive services.

The next Housing Focus Forum is scheduled for January 31, 2012

Timeline Deficits: None

Transition Coordination/Community-Based Services

Services authorized pursuant to 59 IL Administrative Code 132 (Medicaid) include the following: Mental Health Assessment, Psychological Evaluation, Treatment Plan Development, Assertive Community Treatment, Case Management, Community Support, Community Support Teams, Crisis Intervention, Community Service Residential, Mental Health Intensive Outpatient, Psychosocial Rehabilitation, Psychotropic Medication and Therapy/Counseling. After a review of the needs of a sample of IMD residents it was determined that expansion of services would be optimal with the presumption that service development would likely be ongoing and driven by the needs of Class Members. Initial service expansion includes the following components that are funded as indicated in the parentheses.

The purpose of **Transition Coordination** is to assure that the right systems and supports are in place to effect successful transitions for all Class Members making the choice to resettle into the community. The ultimate goal of Transition Coordination is to create a seamless interface between transition efforts and community-based supports that include community mental health services, healthcare services and other resources. (NON-MEDICAID, RULE 132 MEDICAID)

Supported Employment is an evidence-based practice defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services as “an approach to vocational rehabilitation for people with serious mental illnesses that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace.” (NON-MEDICAID)

Supported Education provides support and prepares people with psychiatric disabilities to achieve goals in a natural school or campus setting. Built on a Psychosocial Rehabilitation model, supported education addresses problems related to achieving educational success, such as managing stress, improving academic skills, problem solving, self-confidence, and career development. (NON-MEDICAID)

Peer Support is “a set of peer-based activities that engage, educate and support an individual successfully to make life changes necessary to recover from disabling mental illnesses. The activities that comprise this service are education and coaching. A key element contributing to the value of this service is that Peer Support Specialists appropriately highlight their personal experience of lived experience of recovery. (RULE 132 MEDICAID)

Family Education and Support is a “method of working with families in partnership with families to impart current information about the illness and help them to develop coping skills for handling problems posed by mental illness in one member of the family.” (RULE 132 MEDICAID)

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Recovery Drop-In Centers are distinct locations where individuals with mental illnesses create and operate an environment of support, socialization, self-direction, and empowerment. The environment is distinctly non-clinical in nature, and participation does not require a mental health assessment, treatment plan, or direction from other than the individual's personal expectations for themselves and their recovery. (NON-MEDICAID)

Crisis Diversion provides brief periods of care to persons with mental illnesses within a Crisis Residential site when they are experiencing a psychiatric crisis to assist them to return to and maintain housing or residential stability in the community, continue with their recovery, and increase self-sufficiency and independence. Services include 24-hour room and board, supervision, therapeutic support services, medication management/stabilization and education, milieu therapy and nursing services. (CAPACITY GRANT FOR ROOM AND BOARD)

DHS/DMH issued a Request For Information (RFI) in August 2011 to identify community mental health service providers who are willing and capable of providing the above services and supports to the first group of 256 Class Members in a manner that maximizes the likelihood of their long-term success in the community, Information was requested that would clarify which agencies would best partner with DHS/DMH to develop the service capacity able to serve and meet the needs of the individuals in the geographic areas they are likely to select. A person-centered, recovery-oriented approach is required and Class Members will have several choices that are to be honored if clinically appropriate. These include geographic area, housing choice and provider choice. To this end, the selected agencies had to not only be willing to comply with this service provision framework, exhibit acceptable capacity, but, also be able to execute considerable flexibility in order to effectively meet the needs and choices of individual Class Members, which may evolve and change over time. Indicators of successful candidates were determined to be:

- Financial stability;
- Existing ACT or CST teams;
- Desire and commitment to serve Williams Class Members with preference given to agencies that have a history of serving consumers who have transitioned from nursing facility level of care;
- Ability to provide a full range of services.

After analyzing the responses to the RFI, DHS/DMH selected Trilogy, Inc. (Chicago), Thresholds (Chicago), Community Counseling Center of Chicago (Chicago), Human Service Center Peoria (Peoria), Lake County Health Department (Lake County) and Heartland Health Outreach (Chicago) as its potential partners for the provision of services to 256 Class Members in FY12. Analysis of selected agency capacity revealed that:

- These agencies could meet the initial needs of Williams Class Members by maximizing existing ACT and CST team capacity, and;
- These agencies currently employ high intensity teams that can obtain Rule 132 certification, and, thereby, increase capacity.

Further analysis of selected agency capacity revealed that Year 2 Class Member needs can be met by start-up of additional ACT and CST teams which can be accomplished by July 1, 2012. This phased approach provides DHS/DMH the flexibility needed to initiate services consistent with the flow of individuals from the IMDs.

As of the date of this report, DMH is concluding negotiations with the selected agencies regarding the funding required to provide these services.

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Timeline Deficits:

- The awarding of funding to the community agencies – negotiations are concluding week of November 7, 2011
- Implementation of community mental health agency training - delayed until contracts are signed with selected community mental health agencies

Compliance, Quality Assurance & Risk Management

The goals of the Compliance, Quality Assurance and Risk Management Plan are: (1) assess, monitor and ensure compliance with each of the specific elements articulated in the Consent Decree; (2) ensure that services, supports, processes and facilities accessed by Class Members meet appropriate standards of quality; and (3) identify, manage, mitigate and respond to problems and risks to Class Members and the service system itself. Achieving these goals involves monitoring outreach, assessment (i.e., resident review), transition, housing and community services; establishing policies and procedures for complaints, grievances and appeals; analyzing sentinel risk management indicator data; and obtaining stakeholder feedback.

Williams Quality Assurance activities are currently overseen by the DMH Associate Director for Systems Transformation and Strategic Planning appointed on September 26, 2011. An initial responsibility was to establish the Williams Quality Bureau. This group currently is comprised of the Associate Director for Systems Transformation, the Williams Compliance Officer, the DMH Quality Manager, and the DMH Associate Director for Decision Support, Research and Evaluation. The Williams Quality Bureau meets weekly to implement, review and discuss quality assurance activities.

Williams Quality Assurance Indicators Template

Williams Quality Bureau tasks accomplished to date include the development of the Williams Quality Assurance Indicators Template. This document lists all of the quality assurance indicators—also referred to as outcomes—for each of the five key areas of the transition process (Outreach, Resident Review, Transition Coordination, Community Services and Housing); whether the outcome is a compliance, sentinel risk or quality indicator; the measures that will be used to assess each outcome; and data collection frequency and source. The Consent Decree, Risk Management Sentinel Indicator chart, and input from stakeholders are used to develop the outcomes for each key area. To date, the Outreach section of the template has been completed.

Outreach quality indicators

Five major outreach quality indicators will be addressed. These include: (1) informing all 4,500 Class Members about the Williams Consent Decree, the transition process and options; (2) verifying Outreach Workers' job knowledge and skills; (3) Outreach Workers' access to Class Members; (4) verifying information about the Williams Consent Decree, transition process and options described in outreach materials; and (5) assessing Class Members' satisfaction with the outreach process. To date, the following assessment activities have been established and/or completed. The Quality Bureau met with DMH IT staff, and reviewed and made changes to the outreach data collection tool to ensure that it accurately measures components of the outreach process (e.g., reasons for refusal). As described in the Outreach section of this report, a total of nine Outreach Workers have been hired and trained, and eight are currently engaged in outreach activities.

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A training satisfaction questionnaire was developed and administered to the Outreach Workers. Questionnaire results showed that, overall, the Outreach Workers were very satisfied with their initial training sessions, and felt that the training prepared them for their work with Class Members. Results related to Outreach Workers' requests for additional training on the data collection tool and Wellness Recovery Action Plans (WRAP) were used to develop and deliver a second, more in-depth training on these topics. Procedures for documenting access to IMDs via Outreach Workers' weekly logs and the DMH MIS data collection tool have been established. Outreach materials that clearly and concisely describe the Consent Decree, Permanent Supportive Housing and the transition process have been developed and are being distributed by Outreach Workers to Class Members. The Williams complaint line will be used to document Class Members' complaints and grievances about the outreach process.

Quality Improvement Committee (QIC)

The Williams Quality Improvement Committee (QIC) is a major continuous quality improvement mechanism that will help ensure that Class Members receive high-quality services and supports that are consistent with their choices and needs. The QIC, a group of 15 consumers and key stakeholders, will help the State achieve this goal by reviewing and providing feedback on Class Member outcome data, compliance with the Implementation Plan and other indicators of the success of the Williams transition process.

The QIC will meet quarterly with the first meeting to be held on November 10, 2011. Invitations to this meeting have been sent to consumers, IDHS representatives, and the Williams community providers. QIC by-laws have been drafted, and will be reviewed and approved in this first meeting. Additional agenda topics include: review and discussion of the outreach quality indicators; overview of the outreach data collection tool and data report process; and overview of the outreach process and progress.

Timeline Deficits:

- **Staff hiring:** DMH has recently received authorization to post the Associate Director of Licensing and Quality Management position. Position descriptions for 10 Quality Assurance Monitors are awaiting approval from the CMS Classifications Unit. Interviews for the support staff position have been completed, and DMH is waiting for the results of these interviews. This position has been included as a vacancy for DMH staff in lieu of layoffs.
- **Quality assurance indicators:** The deficits in this area are directly linked to implementation delays in each of the five key areas of the transition process. For example, because Outreach Workers did not begin informational meetings with Class Members until the end of October 2011, the Quality Bureau has not yet received data on outreach quality indicators nor analyzed trends. DMH will begin receiving outreach data and analyzing trends by the end of November 2011. Similarly, due to assessment delays related to the ongoing revision of the Resident Review, quality indicators for this area have not been completed, nor have policies and procedures for sampling reviews of Class Member evaluations been developed. We anticipate that the Resident Review will be finalized and the quality indicators completed in November 2011.

Policies and procedures for sampling reviews of these evaluations will be finalized in December 2011. Training of Quality Assurance Monitors on sampling procedures is contingent on the hiring process for these positions. The Transition, Community Service and Housing quality indicators, and policies and procedures for reviewing Service Plans will be completed by December 2011. We have begun to review Quality of Life (QOL) surveys; this instrument will be finalized in December 2011. However, given that QOL surveys are administered to Class

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Members one week prior to their transition to the community, no surveys can be administered until these transitions are scheduled. Reporting of appeals by the Associate Deputy for Transition and Deputy Director of System Rebalancing to the Quality Bureau are contingent on the implementation of Resident Review and Transition Coordination processes, respectively. Finally, DMH has begun to collect risk management sentinel indicator data for Outreach and will start analyzing these data and reporting results to the Williams Implementation Team in December 2011.

Metrics:

- Number/nature of trainings – 2
Quality training of Mental Health Collaborative personnel and DHS/DMH regional staff regarding the Williams Consent Decree and procedures for management of Williams related calls.
- Number/nature of complaints

Information Technology

The IT strategy to support the implementation of the Williams Consent Decree (WCD) has been designed around five phases. During Phase I, the focus was on determining the business rules associated with the five consent decree components: outcome, resident review/assessment, transition coordination, community services and housing. Phase 2 focused on specifying and finalizing the business and functional requirements necessary for each component; Phase 3 is on-going and focusing on developing and testing software and system interfaces to capture information for the Williams Implementation Plan; Phase 4 is the deployment or implementation of the WCD data collection system; and Phase 5 focuses on technical assistance, maintenance and system improvement where/if necessary.

Phase I: Information Gathering and Identification of Business Rules

This phase of the decision support/IT strategy focused on the following tasks:

- Establishing and convening meetings with key Departments/Divisions to determine data requirements;
- Documenting business rules extrapolated from the WCD by meeting with subject matter experts and reviewing the Implementation Plan documentation created;
- Determining the IT System/Technology Approach, and where possible, leveraging existing technology investments using technological innovation to streamline collection of new data elements;
- Developing a system plan and incorporating it into the overall Williams Implementation Plan with specific tasks, objectives and timelines.

During the first quarter of the calendar year (January – March 2011), the State focused on the first two tasks listed above. To accomplish these tasks, DHS/ DMH convened multiple meetings weekly with State partner agencies and Williams' subject matter experts for all of the components of the Consent Decree. These meetings accomplished three objectives:

- All participants gained a better understanding of the processes and workflows that must be documented to provide necessary information for WCD decision support.
- An initial set of business rules identifying essential data elements, data sources and system modifications for each implementation phase was been developed.
- Workflows in the form of flowcharts were developed for each component of the implementation plan.

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The second quarter of the calendar year focused on continued finalization of the business requirements and the third and fourth tasks specified for phase I: (3) development of an information technology (IT) system approach using the results of the business requirements analyses and (4) development and incorporation of an IT system plan into the overall Williams Implementation Plan. During the finalization of the business rules and requirements in this phase, a decision was made by HFS to undertake development of a resident review module by a contracted vendor of the University of Illinois at Chicago. Thus, the following IT strategy was adopted: The current DHS/DMH data system would be leveraged to collect data for all of the components of the Williams Consent Decree Implementation Plan, with the exception of resident review. The business requirements and rules for the remaining components of the WCD---outreach, transition coordination, community services and housing were then finalized during this phase; however finalization of the resident review requirements by HFS/UIC are pending.

Phase 2: Design /Functional Specifications

During the third quarter of the year, the following tasks were completed. Functional specifications were developed based on the business rules and requirements, data interfaces were designed, and specific operational definitions for all data collected for the four phases of the Williams Implementation plan as referenced above were completed.

Phase 3: Building and Testing of WCD IT Components

Also, during the third quarter of the year, programming to develop the IT/data collection system for the four WCD components based on the functional specifications began. A web-based data collection system was developed, tested and finalized for the outreach component of the Implementation Plan. This system is now ready to accept data. Outreach workers, the Outreach staff supervisor and DHS/DMH staff have been trained to enter information into this system. However, full implementation of this component of the IT system is pending the merger of the Master Williams Class Member census file.

Programming and testing of the IT plan components for transition coordination, community services and housing are underway and are expected to be completed in mid to late November. This phase encompasses the following tasks:

- Coding/programming based on functional specifications;
- Testing of individual system components;
- Systems testing;
- Testing of integration of interfaces;
- Performance testing;
- Documentation/manual development;
- Development of training material;
- Development of monitoring and data integrity strategies.

Phase 4: Deployment

The WCD IT system data collection components will be deployed on December 9, 2011. Training to internal DHS/DMH staff as well as external providers will be provided in early December. The State will also begin

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designing reports using data collected by the WCD IT data collection system in late November and will continue into December.

Phase 5: On-Going System Maintenance

Planning is being undertaken to provide technical assistance to system users and to maintain and update the WCD IT components as necessary.

Timeline Deficits:

- Develop Resident Review data interface from HFS to DMH database – delayed until Resident Review IT strategy is determined
- Collection of Outreach Data – estimated to begin November 15, 2011; deficit due to delay in receipt of, and, consequently, the merger of the Williams Class Member census file
- Testing and Deployment Phase I – scheduled for November and December 2011 respectively;
- Hire staff to support IT implementation and provide decision support – awaiting Central Management System (CMS) approval of job descriptions.

Metrics:

Number/nature of new databases established: 1

- Web-based Outreach Database

Number/nature of new interfaces established : 2

- HFS to DHS/ DMH Outreach Database
- DHS/DMH Outreach Data to DHS/DMH Data Warehouse

Budget

In order to support all projected DHS administrative and program costs in State FY 2012 associated with *Williams v. Quinn*, the Quinn Administration pursued State General Assembly legislative approval for a dedicated special State fund appropriation of \$20 million during the Fall 2011 Veto Session. The General Assembly convened the Fall 2011 Veto Session without passing the requested dedicated appropriations. DHS re-assessed potential alternative funding mechanisms and was able to identify the Healthcare Provider Relief Fund as a funding vehicle for anticipated Williams costs in State FY 2012. This State FY 2012 funding source for Williams Consent costs shall be sufficient to ensure that other DHS Mental Health budgetary considerations shall not be adversely impacted.

Administrative

Hiring

Twenty-nine per cent (29%) of the Williams budgeted positions have been filled. Williams' positions remain vacant for various reasons; some of them are at different points in the state hiring process. Others have been approved but are affected by the temporary freeze due to lay-offs associated with facility closures. This freeze is expected to be lifted by December 4, 2011.

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Trainings

- Outreach Workers and Williams Information Line Personnel – 3 trainings (see Outreach section for details)
- Collaborative Warm Line Personnel – 1 training regarding the Williams Consent Decree and procedures for managing Williams related complaints.
- DMH Regional Staff received 1 training on the Williams Consent Decree and procedures for managing Williams related complaints
- Resident Review Staff – 3 trainings (see MH PASRR section for details)

Residential Rule

The proposed Residential Rule (59 Ill. Adm. Code 140) has been submitted to DHS Rules for internal DHS review. Upon the completion of that review, it will be submitted for 1st filing with the Illinois General Assembly's Joint Commission on Administrative Rules (JCAR). A rate methodology workgroup has been named and will begin meeting soon. Significant internal DHS/DMH work has been done to assure a conversion to fee for service of residential services as well as the provision of funds for the shift of some of what is now called residential to housing supports. Additionally, work has started on residential utilization management criteria.

IMD Census Report

HFS is collecting IMD Census data to generate monthly IMD Census data designed to track Class Member admissions and discharges to community, acute care inpatient settings and other IMDs. The first IMD report will be presented at the December Meeting with the Parties, and will reflect November census data.

Permanent Supportive Housing Rule

DHS/DMH (with technical advice from the Corporation for Supportive Housing) has drafted a Permanent Supportive Housing Rule. More specifically, this is a Rule that will govern all rental units/apartments that have a portion of the rental payment subsidized in whole or in part through State funding allocated or budgeted to DHS/DMH for the specific purpose of assisting persons diagnosed with Serious Mental Illnesses and who meet one of the six eligibility populations transitioning from institutional settings into safe, decent and affordable housing. This Rule will specify environmental and safety standards to mirror HUDs Housing Quality Standards.

The draft Rule was presented to a large group of Stakeholders in a meeting forum in October 2011. Feedback from this meeting is to be incorporated into a revised document. A second Stakeholders' meeting is scheduled for November 16, 2011.

Development of the Community Service Directory/Referral Guide

The web-based Community Service Directory/Referral Guide is complete and will be part of the community mental health agency training curriculum.