Illinois Department of Human Services

Division of Mental Health
Williams Semi-Annual Report
#9

Contents

EXECUTIVE SUMMARY

The State of Illinois Department of Human Services/Division of Mental Health (IDHS/DMH) and its partners submit this 9th Semi-Annual Report. This report reflects the implementation period from July 1, 2015 through December 30, 2015. These six months have been an interesting and somewhat perplexing whirlwind journey. One cannot reflect on the past months and not factor in the realities of an elongated budget impasse concurrent with expectations for William Class Members to transition to the community with an overlay of evidenced-based, state-of-the-art services. Conversely, one would be remiss not to acknowledge the depths in which State leaders seriously gave credence to the meaning of the court order and aggressively sought remedies to keep services and supports flowing so that Class Members could retain residency in their own apartments. We recognize the enormous challenges and fiscal adaptations, as well as the impact on service changes and creatively sought out resolutions. Indeed, these past six months have been an experience which hopefully has made this State stronger, wiser and more committed than ever to meet the tenets of the Williams Consent Decree.

During the past months we have solidified the role of Outreach Ambassadors. They are working side by side with the National Alliance on Mental Illness (NAMI) outreach workers as independent agents focused on sharing their stories and experiences of recovery, self-determination and independence. We have encouraged the Ambassadors to stand strong, to speak directly and represent the 'voice of possibilities' exemplifying what individuals who are in recovery can offer as participating and contributing members of society. We have witnessed changes in Class Members, who were once on the periphery of decision-making whether or not to pursue transition, take the quantum leap forward towards independence as a result of encouragement and support from an Ambassador. We have heard family members state that they hope their loved one will one day epitomize the same commitment to change their lives as they have heard the stories from Ambassadors and how they made changes in their own lives.

The untimely defunding of Transitional Living Centers (TLC), Comparable Community Services (under the SMHRF legislation) due to budgetary constraints was a lemonade opportunity for the Williams Consent Decree. Three of the TLCs have been converted to Supervised Residential settings whose target is individuals from the 'Unable to Serve' population. These sites will be located in Chicago (north), Chicago (south) and Kankakee. Negotiations are being finalized with a fourth TLC site to be located in Decatur. In total these sites will have bed capacity for thirty-nine Class Members who have been assessed and recommended for this level of care. They will serve as therapeutic/transition settings in preparation for independent living.

Simultaneously, the State has paid attention to the transition needs of all Class Members, particularly those who have declined to transition after being approved for community reintegration. While their reasons to decline are varied, we are committed to respectfully re-explore how the State can support and assist these individuals fulfill their wishes and their rights to self-determination.

We have learned a lot over the past months and are much wiser from the past years' experiences. We want to appropriately channel this wisdom into a larger rebalancing agenda. We are the first to admit that the road has not always been smooth and the hurdles have only made us more determined to find the right solutions so that change can occur. It is with this wisdom that we embark on the final six months of the original Williams Consent Decree.

OUTREACH AND INFORMATION DISSIMINATION

Outreach workers

NAMI outreach workers continue to provide Class Members with resources that can assist them as they prepare to move out of the Nursing Facility/Institute for Mental Disease (IMD). Outreach workers continue to show the *Moving On* videos to all Class Members interested in seeing them. Outreach workers also conduct the "Recovery and Empowerment Statewide Call" with Class Members on the last Thursday of every month. The call covers information relative to consumers of mental health services and places an emphasis on sharing successful tools and strategies for wellness. It is an opportunity for participants to receive information, ask questions, express thoughts and concerns, and offer comments and suggestions directly to the Division of Mental Health.

Outreach workers continue to conduct baseline Quality of Life Surveys (QLS) with Class Members who are nearing transition from the IMDs. They also report to DMH any incidents of concern that are revealed while conducting the QLS. During this reporting period 37 surveys were completed.

In this reporting period, 410 Class Members signed Introductory Letters and engaged with outreach workers to learn about their rights under the Williams Consent Decree and *Moving On*. Outreach workers conducted 364 private interviews with Class Members and were approached 3,223 times by Class Members who asked questions or expressed concerns about the transition process. Approximately 133 new Class Members refused to engage with outreach workers when approached during this time period. The outreach workers made contact with 34 guardians via telephone or in person. Reasons for refusal and data on IMD residents seen are outlined in the following charts:

Refusal Report Totals as of November 17, 2015

Total Number of unduplicated Class Members – 2521 (some gave more than one answer)

Reason	Number of Responses	Percent of Respondents
Refusing Transition	1624	64.4%
Guardian is Refusing	89	3.5%
Go Away	90	3.6%
I am Happy Here	359	14.2%
Family Objects to Moving	32	1.3%
I Am Afraid Because Others Have Failed	10	0.4%
Other Things in My Life	58	2.3%
Maybe Later	153	6.1%
I am Thinking About It	40	1.6%
I want to but have not had an Assessment	830	32.9%
Total Number of Responses	3285	

Percentage of Residents seen as of November 17, 2015, by IMD:

Facility	#Beds	#Seen	Percent[1]
Abbott House	104	189	181.73%
Albany Care Inc	385	597	155.06%
Bayside Terrace	148	307	207.43%
Belmont Crossing of Lakeview	54	102	188.89%
Bourbonnais Terrace	197	332	168.53%
Bryn Mawr Care	170	373	219.41%
Central Plaza	260	406	156.15%
Clayton Residential Home	228	466	204.39%
Columbus Manor Res Care	99	279	281.82%
Grasmere Residential Home	206	459	222.82%
Greenwood Care Center	140	299	213.57%
Kankakee Terrace	146	386	264.38%
Lake Park Center	205	302	147.32%
Lydia Healthcare Center	412	850	206.31%
Margaret Manor Central	125	250	200.00%
Margaret Manor North	94	283	301.06%
Monroe Pavilion Health Center	136	290	213.24%
Pershing Estates	134	299	223.13%
Rainbow Beach Nursing Center	211	523	247.87%
Sacred Heart Home	172	390	226.74%
Sharon Health Care Woods	152	267	175.66%
Skokie Meadows Nursing Center	111	152	136.94%
Thornton Heights Terrace Ltd	220	405	184.09%
Wilson Care Inc.	186	490	263.44%
Total	4295	8696	202.47

Engagement Teams

During this reporting period, DMH piloted "Engagement Teams" which were designed to permit greater involvement of peers with Class Members who refused to consider an assessment for transition opportunities. The reasons vary from doubt, fearful or not comfortable, to family not supportive, lack of basic information, etc. The teams were composed of Williams Ambassadors, NAMI outreach workers and staff from designated Community Mental Health Centers (CMHC). The teams were paired with specific IMDs which had a high rate of refusals among the census population. Three IMDs were originally selected for the pilot that included Margaret Manor North, Albany Care and Grasmere Place. Due to concerns about the organizational stability of the designated community mental health center, the pilot which was to include Grasmere Place subsequently was withdrawn.

[1] These percentages reflect multiple contacts

The pilot period was from June 2, 2015 to September 1, 2015. The ultimate goal of Engagement Teams study was to determine if other levels of support and encouragement would make a difference in a Class Member's decision to consider an assessment and possibly pursue transition options.

In total, the Engagement Teams attempted to contact 154 Class Members. Forty-four (44) Class Members (28.5%) between the two groups (those who refused assessment and those who declined transition) were interested in obtaining more information about *Moving On* and were amenable to be assessed by the Resident Reviewers. Referrals for these assessments were forwarded to the respective resident review entity. Twenty-Six (26) Class Members subsequently expressed interest in participating at the Drop-In Centers. Both Thresholds and Trilogy DIC facilities made previsions for ongoing contact with these individuals.

DMH elected not to continue the Engagement Teams. In lieu, DMH approved NAMI to convert an existing Outreach Worker position to hire 13 part-time Ambassador positions. Outreach Ambassadors started work on November 2, 2015 and will cover all IMDs with the exception of two in Decatur and Peoria.

Guardians' Meeting

NAMI hosted a guardians' meeting on September 19, 2015. The goal was to facilitate a round table discussion between Ambassadors, guardians of Class Member residents in the IMDs, DMH staff, Equip for Equality attorneys, outreach workers, community agencies, and family members of persons in recovery.

The attorneys were present to answer any legal questions around guardianship. DMH's representative spoke on the availability of services and supports at the community level, as well as the affordability of an apartment made possible through the Bridge Rental subsidy. One guardian and her ward attended the meeting and one guardian participated by telephone. Although greater guardian participation was anticipated the discussion went well and was informative for those who attended. DMH has requested NAMI to host two additional meetings in FY16.

RESIDENT REVIEW

In this reporting period, DMH remained committed to ensuring Williams Class Members have been afforded opportunities to be assessed for transition through the Resident Review process. As indicated in the last Semi-Annual Report, DMH incorporated use of the January 2015 Healthcare and Family Services (HFS) IMD census data as a tool to monitor completion of Class Members' Resident Review assessments. We overlaid the June 2015 HFS IMD census data to assure that all admissions within this reporting time frame were scheduled for an assessment.

Using this protocol, Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS) continued to approach new admissions; Class Members who are eligible for annual re-assessments; those referred by NAMI or the Engagement Team; and Class Members and/or guardians who requested assessments. The Resident Reviewers routinely re-engaged/approached Class Members who appeared somewhat ambivalent or confused about the assessment process in an effort to alleviate any fears.

The most common fears and rationales given by Class Members for declining the Resident Review assessment were: (1) being comfortable at the IMD; not wanting change; (2) feeling that their needs were already being met; (3) feeling that they were not ready for transition; (4) had too many medical problems to be addressed; (5) too old; (6) worried about living in the community; and (7) being unable to manage their finances. To help alleviate these fears education about community living and access to services was provided at each IMD through quarterly meetings sponsored by NAMI. Follow up visits with Class Members who declined to participate in the Resident Review assessment were also scheduled by NAMI and peers who had transitioned through the Ambassador Program.

The reviewing agencies continue to hold regular staff meetings and supervisory consultations. Staff from both agencies participated in a DMH training on Enhanced Skills Training and In-Home Recovery Support. The review teams have incorporated this information into their preliminary formulation of service needs – strengthening resource recommendations for community transition options. Both MFS and LSSI have expanded work to interface with the Outreach Ambassadors as a referral source at all of the IMDs in Cook, Lake and Kankakee Counties.

As part of our ongoing goal of improving the Resident Review process, weekly teleconferences and random sampling of Resident Reviews completed by LSSI & MFS continue to occur. The reviews provide an opportunity to share observations and give continuous feedback to the Resident Review Teams and to ensure that Resident Review Assessments are as detailed and clinically informative as possible. An analysis of the most recent reviews indicated an increased thoroughness in capturing highlights from each section of the Resident Review Assessment; more attention given to Class Member's strengths; more comprehensive integration of assessment information into the narrative portion of the Resident Review; more holistic view of the Class Members; and decreased reference to poor insight and skill deficits as the primary rationales for an inability to transition.

DMH continues to capture, review and analyze areas of productivity through Quarterly Performance Measure data submitted by MFS and LSSI. The following table reflects total numbers for the current reporting quarter.

Performance Measures Outcome[2] [3]

	# 1 Approached	# 2 Approached Refused	# 3 Signed Participation Agreement	# 4 Full Assessment Completed	#5 Aborted Asst'mt	#7 Recom'd for Transition	#8 Not Recom'd	#9 Staff productivity Approved	#10 Complex medical need	#11 criminal histories	#12 Staff Productivity Denied
LSSI	537	253	474	275	9	235	40	235	122	77	40
MFS	253	103	222	149	1	105	44	105	77	57	44
TOTAL	790	356	666	696	10	340	84	340	199	134	84

Data analysis continues to show disparities within the percentages of positive recommendations that exist between LSSI and MFS, with LSSI having higher rates of approval. Data also suggests that despite these disparities both agencies' rates of denial are similar for the current recording period. Performance Measure data shows a higher rate of refusals with LSSI which may indicate that LSSI approached twice as many Class Members in the review process. Class Members who refuse to engage in the Resident Review assessment remained fairly equal between both agencies, showing a little more than half of Class Members signing the Participation Agreement but not completing the assessment. DMH remains committed to drill down further on the contributing factors that may explain disparities of positive recommendations between the two reviewing agencies, i.e., IMD size, diagnostic Indicators, staffing patterns, etc.

Specialized Assessments

At the end of FY15, DMH executed contracts with the University of Illinois, Department of Psychiatry and the Department of Occupational Therapy to conduct Neuropsychological assessments and Occupational Therapeutic assessments on Class Members for whom transition was identified as a barrier due to either severe cognitive impairments/dementia or actualization of limited ADL skills training. These contracts were carried over in FY16.

DMH worked with UIC department heads to develop an operational protocol that described how referrals and scheduling would be conducted. DMH also held teleconference meetings with the IMD administrators and key staff to inform them of the process for conducting specialized assessments, requesting information and records from the IMDs, and coordinating travel. DMH assigned two staff as

[2] Time frame from July 1, 2015–October 30, 2015
[3] Data for #6 has not been omitted. Information is collected by the community agencies.

liaisons with each department. The two staff are responsible for assuring that the IMDs are kept apprised of the assessment schedules and for tracking the status of completed assessments. Additionally, NAMI outreach workers were tasked with obtaining consent from Class Members (or guardians) to proceed with scheduling the assessments.

The following data reflects the outcomes of these respective assessments:

Occupational Therapeutic Assessments:

Number of Class Members (CM) identified for assessment	88
Number of CM who refused to give consent	16
Number of CM who consented then refused assessment	4
Number of CM discharged from IMD before NAMI attempt	32
Number of CM who consented to be assessed by OT specialist	39
Number of CM who consented but moved before assessment	2
Number referred for neuropsych assessment	1
Number of assessment completed	30
Number pending (to date)	2
Number on medical hold	1

Neuropsychological Assessments:

Number of Class Members (CM) identified for assessment	35
Number of CM who refused to give consent	8
Number of CM who consented then refused assessment	1
Number of CM discharged from IMD before NAMI attempt	7
Number of CM who consented to be assessed by OT specialist	13
Number of CM who consented but moved before assessment	0
Number deceased	1
Number hospitalized	1
Number on restriction (cannot transport at this time)	1
Number of assessment completed	9
Number pending (to date)	3

A detailed synopsis is being complied on each Class Member with recommendations from the respective department. Preliminary reviews indicate that those who are recommended for transition to the community are recommended with notations that they will require considerable support, supervision and skills training to meet basic self-management.

Clinical Review

During the reporting period 74 Resident Reviews were received for Clinical Review and referred to one of the respective William provider agencies for a second level, paper review. Of the 74 Clinical Reviews

conducted, there were 63 Clinical Reviews which were supported, i.e., in concurrence with the recommendations of the Resident Reviewers. There were 11 Clinical Reviews which were overturned by the clinical review team, thereby recommending community transition for those Class Members.

There were 6 appeals of the findings of the Resident Review submitted to DMH during this period. The appeal was based on the findings of the Resident Review. There were 4 appeal recommendations which were supported by DMH and in agreement with the findings of the Resident Reviewer. However, there were 2 appeal recommendations which were overturned by DMH and the Class Members were subsequently approved to transition.

Northpointe Resources Inc. has assumed responsibility for conducting all Clinical Reviews in the Lake County geographical area. Whenever a Class Member has expressed preference to live in areas where there are no existing Williams contracted agencies, these cases are distributed among the other existing Williams agencies for the Clinical Review process.

The Clinical Review Coordinator continues to convene weekly teleconference calls with all of the Williams agencies. During these calls, policies and procedures are continually discussed in an effort to continually improve the overall quality of our Clinical Review process. The calls also serve as a platform to discuss complicated issues facing a clinical review team which requires feedback.

As a result of the decision for Community Counseling Centers of Chicago (C4) to remain open, the Clinical Review process has resumed operations effective, November 1, 2015. There have been no new Clinical Review cases assigned to this agency, as of this writing.

TRANSITION COORDINATION/COMMUNITY SERVICES

The eleven (11) community mental health centers contracted to provide the full array of Williams services and the seven (7) agencies contracted to provide 'transition only' and existing Rule 132 services continue to pursue efforts to expeditiously and effectively transition Class Members to the community. As of November 17, 2015 a total of 3186 Class Members were referred to these agencies to engage and initiate transition activities, based on choice of geographic preference or provider agency and 551 declined to transition. As of this date 1406 Class Members have transitioned, have signed leases to transition or signed leases and subsequently decided not to proceed with transition.

Unable to Serve

The "Unable to Serve" (UTS) list continues to be on the forefront of efforts to develop appropriate strategies that may address the service and transition needs of more challenging, complex profile of Class Members. Specifically, the interest is to address needs of Class Members who present risk factors and safety concerns for their wellness and for the community agencies' capability to effectively manage the care needs. As there is an apparent correlation with the directive given to the Resident Review agencies to generate more positive recommendations for transition and the counter determination of the transition agencies that these recommendations are false positives, DMH is attempting to find a median that will provide agencies with suggestions on how to redirect Class Members from the Unable to Serve list to the transition pipeline and/or to find resources through other elements that can assist with their transition needs.

In an effort to further understand the dynamics behind the increasing number of individuals on the UTS list, DHS undertook the following initiatives during this reporting period:

Regional Involvement

During October 2015, DMH Region Offices held face-to-face meetings with each full array Williams provider agency within the geographical service areas to review the respective UTS list and review specific transition barriers for each Class Member designated as "Unable to Serve." The Region Offices were asked to engage with the provider agencies and critically drill down on the specific needs of the Class Members on the UTS list. The objective was to explore what the Class Member would need to prepare them for transition to the community. For example, if there were those who required a specialized assessment (neuropsych or OT) to determine functional capability, then they were to be referred for these assessments. If there were those who were better suited to be linked with a waiver service, i.e., Traumatic Brain Injury (TBI), then the Region staff was to assure that the agencies were making the necessary arrangements. Language barriers should not have precluded transition activities however they may have required interface with an agency that would be more suited to provide ongoing services for those individuals with Limited English Proficiency.

Provider Spreadsheet Clean Up

Williams provider agencies are continually reviewing and updating their respective UTS list to ascertain accuracy. Agencies have been instructed to assure that there are no Class Members identified as Unable to Serve who should not have this designation, and to reclassify or place them in the pipeline for transition, accordingly. The assumption is that if the lists are clean, agencies can better reflect the existing challenges with this population.

Brainstorming Sessions

DHS held two brainstorming sessions with teams consisting of the Williams Quality Administrator, Clinical Supervisor, and ACT/CST Team Leader from select Williams provider agencies on August 6 & 29, 2015. The teams were given a separate detailed, one page synopsis of the presenting issues – clinical, functional, severity, risks, etc. – for 20 Class Members that described why the individual was Unable to Serve and the challenges that the agencies' staff identified as barriers to transition. During the brainstorming sessions, the teams used the vignettes to discuss the services that would be needed to actualize transition for each Class Member, determine commonalities and to develop a transition recommendation.

Using compliance data, as of November 17, 2015 there are 289 Class Members (9%) who fall within the UTS category. The chart below aggregates the categories of Class Members who have been identified as 'Unable to Serve':

Reasons for Unable To Serve	Count
Financial	40
Medical	33
Medical/Diabetes	10
Medication Management	21
Mental Health	157
Housing	28
Total	**289**

During this reporting period DMH met with representatives from the State of New Jersey Olmstead Program to learn more about their strategies and approaches toward implementing community-based services and supports to a "difficult to serve population." The information that was shared was helpful and revealed that while there are similarities in operation between the Illinois and New Jersey models there are also differences, particularly concerning the funding mechanism.

Traumatic Brain Injury (TBI)

There are a small number of Class Members who have been classified as "Unable to Serve" as a result of a traumatic brain injury (TBI) and not necessarily due to a mental illness. Transition has been a barrier for them because they have special needs which are not within the foundation of traditional mental health services. In October 2015, DMH began meeting with the Department of Rehabilitation Services

(DRS) to develop a plan that will allow transition to the community for these individuals. The foundation of the plan is the State's TBI Waiver Program and will focus on how to refer the Class Members for waiver services and how to interface DRS with CMHCs to make transition for them as seamless as possible.

Community Tenure

An important indicator of the success in Class Members transition from the institutional setting of an IMD to the community setting of their own home continues to be the extent to which Class Members continue to reside in these homes post IMD discharge. The table below displays a frequency distribution showing the length of time or community tenure of Class Members still residing in permanent supported housing post IMD discharge. (Note that the data excludes individuals returning to IMDs who did not return to the community, and those Class Members who are deceased.) While this table does not provide a conclusive picture of the extent to which Class Members will remain in the community following community transition because new Class Members are continually transitioning from IMDs, it does provide descriptive point in time information regarding the number of days that Class Members are living in community residential settings post IMD discharge. The data displayed in the following table shows that approximately 50% of Class Members have lived in their own homes, after transitioning from IMDS, for more than 691 days. Another 21% have resided in the community between 361 and 690 days.

Williams Class Members[1]
Number of Days Residing in the Community as of November 23, 2015

Days of Community Tenure	N	Percentage
0 - 30	24	2.29
31-60	18	1.72
61-90	16	1.53
91-120	21	2.00
121-150	27	2.57
151-180	30	2.86
181-210	43	4.10
211-240	35	3.34
241-270	29	2.76
271-300	16	1.53
301-330	20	1.91
331-360	23	2.19
361-390	29	2.76
391-420	17	1.62
421-450	14	1.33
451-480	19	1.81

Days of Community Tenure	N	Percentage
481-510	21	2.00
511-540	22	2.10
541-570	21	2.00
571-600	19	1.81
601-630	24	2.29
631-660	23	2.19
661-690	14	1.33
>690	524	49.95
Total	1049	100%

[1] Excludes Class Members returning to IMDS who did not return to community based housing and Class Members who are deceased.

Characteristics of Williams Class Members
Registered as of October 31, 2015

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 month intervals. As of October 31, 2015 one thousand two hundred fifty-three (1253) Williams Class Members were enrolled in the DMH Community Information System as a result of being assigned to an agency for transition coordination. The results of the analyses summarized below are indicative that there were very few changes in the profile of enrolled Class Members as of October 2015 in comparison to April 2015. The clinical and descriptive characteristics appear to be fairly stable for this population.

Age, Gender, Ethnicity and Hispanic Origin. Those Class Members who are registered range in age from 21 to 82 years old. Of the 1251 class members included in the analysis, 810 (65%) are male and 429 (35%) are female. Overall, 5% of class members were reported as being of Hispanic Origin. With regard to primary ethnicity, 53.7% of Class members are Black/African-American and 41.5% are Caucasian. A small percentage are Asian (2%), and a very small percentage are American Indian/Native Alaskan and Hawaiian/Pacific Islander (.5%); ethnicity was reported as unknown for 31 (2.2%) Class Members.

Marital Status. The majority (76%) of class members has never been married; A little over eleven percent is divorced and another 3.0% are separated. Only 2.4% are married and 2 percent are widowed. Data was not reported for 53 (4.2%) of Class members.

Highest Level of Education Completed. A little over twenty-eight percent (28.5%) of Class Members (28%) have earned a high school diploma and an additional 8% were reported as having earning a General Equivalency Degree (GED). Twenty-four percent (24%) of Class Members completed some high school (e.g., one, two or three years) with no diploma earned. Nineteen percent (19%) have completed some college, and 5% hold a Bachelor's Degree. A small percentage (1.5%) of Class Members has completed post-secondary training and 1.2% has completed post graduate training. The highest level of education completed by approximately 3.0% of class members was 8th grade. Education level was not reported for approximately 10% of registered Class Members.

Residential Living Arrangement. As of October 31st 36% of the cohort of individuals were reported as residing in private unsupervised settings (permanent supportive housing), another 4% were reported as living in other unsupervised settings; 11.4% were reported as living in supervised settings; and 41% were reported as residing in institutional settings. Data was not reported for 75 individuals (5%), and a small percentage of individuals were reported as residing in settings other than the ones reported above.

Military Status. Five percent of Class Members reported being a veteran having formerly served in the military.

Primary Language. The primary language spoken by 99% of Class Members included in this analysis was English.

Justice System Involvement. The majority (90%) of Class Members were reported as not having any involvement with the justice system (courts, jails etc). However, .3% (n=4) had been arrested, and a very small percentage reportedly had been charged with a crime (.6%; n=8), or incarcerated in a jail (.2% or 2 individuals). An additional 9 Class Members (.7%) had a status at some point of being on parole or probation. The status of 7.6% (n=95) was reported as unknown; 1.2% (n=15) were reported as having a status of "Other" at the time that the individual was registered/re-registered.

History of Mental Health Treatment. During the registration process, information is gathered regarding an individual's history of mental health treatment. Forty-six percent (46%) have a history of continuous treatment for mental health related problems, 78% have a history of continuous residential treatment. Eighty five percent (85%) of Class Members have a history of receiving outpatient mental health services for their illnesses.

Level of Care Utilization Scale Scores Based on Assessor Recommendation. Thirty-five percent (35%) 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 LOCUS assessment. An additional forty-four (44) percent were recommended for Medically Monitored Non-Residential Services. Six percent of Class Members were recommended for Medically Monitored Residential Services, while 2.8% were recommend for a Medically Managed level of Residential Services. 3.8% percent were recommended for Low Intensity Community-Based Services, while .3% was recommended for Recovery Maintenance and Health Management. LOCUS scores were missing for approximately 7.6% of the cohort.

Diagnosis. Seventy-three percent (73%) of class members had a primary diagnosis of schizophrenia and other psychotic disorders; 24% were diagnosed with bipolar and mood disorders. Sixteen percent had a co-morbid substance use disorder.

Functional Impairment. The Global Assessment of Functioning (GAF) Scale (also known as Axis 5 of the DSM-IV) is used to determine functional impairment of an individual in the psychological, social and occupational spheres of their lives. The scale ranges from 1 to 100 with 1 representing lowest level of functioning or the highest level of impairment. Class members GAF scores ranged from 15 to 70 with an average of 44 which represents…" Serious symptoms or any serious impairment in social, occupational, or school functioning".

Other Areas of Functional Impairment. DMH providers are asked to rate an individual's serious functional impairment in 7 areas as part of the registration/enrollment process: Social/Group Functioning, Employment, Community Living, Financial, Supportive/Social, Daily Living Activities and

Inappropriate Dangerous Behavior. Eighty-two percent (82%) of class members were identified as having a serious functional impairment in the employment area, 81% in the financial area, and 81% in Social/Group functioning and 76% in Community Living area. Sixty-three percent (64%) had a serious functional impairment in the supportive/social area, 55% in activities of daily living and 43% had a serious impairment in relation to inappropriate or dangerous behavior.

Comparison to Previous Analysis for October 2015 Cohort

The prior analysis of descriptive demographic and clinical data for Williams Class Members registered in the DMH Community Information System was performed in April 2015 for class members registered as of October 31, 2015. A comparison of the data for these 2 time periods reveals that there is very little variability in the descriptive information reported for the two cohorts.

Individual Placement and Support (IPS)

The evidence-based practice of IPS (supported employment) has been on the forefront as a service/resource to assure full and productive recovery for individuals diagnosed with serious mental illness. There have been 225 Class Members enrolled in IPS since June 1, 2012. Currently there are 73 *Williams* enrollees in IPS. Seventy-eight (78) Class Members or 35% of the Williams Class Members who received IPS Supportive Employment have worked. Fifty-seven (57) of the 78 are still working. These numbers are lower than previously reported due to client duplication errors in the data system, which have since been corrected.

The table below reflects the number of months of job tenure for the 57 Class Members who are currently working in mainstream competitive work experiences:

	Job Tenure				
	1 month	3 months	6 months	8 months	Longer than 1 year
# of Class Members	13	14	11	7	12

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 another employment.

In April 2015, DMH developed an action plan to increase the engagement of Williams and Colbert Class Members around work. This plan includes hiring a project manager/employment trainer, developing an

employment education and outreach campaign, providing broad based and targeted IPS training and technical assistance, building drop-in-center skill and capacity to engage Class Members around employment, and building ACT Team capacity to provide IPS and evidence-informed employment practices. Process and outcome monitoring systems will evaluate the effectiveness of the plan. The Williams/Colbert employment project manager/trainer has been hired and began work on October 20, 2015.

HOUSING

Permanent Support Housing Rule (PSH) – Rule 145 (Administratively changed from 150)

The First Notice period for the proposed rulemaking of 59 IAC 145 ended August 31, 2015. All required documentation was submitted in preparation for the Second Notice. This paperwork was completed and submitted at the end of September. DMH is waiting for the final outcome from this Second Notice.

Section 811

The Illinois Housing Development Authority (IHDA) and the Statewide Housing Coordinator continue to provide group and individual trainings on using the online housing locator and waiting list tool to people who are connected to eligible households. The Request for Application (RFA) work group is completing the development of the RFA that will be released in order to gain Section 811 units within existing properties in communities of preference who do not have a statutory obligation to accept a rental subsidy.

The Section 811 Interagency Panel met on September 25, 2015 to review data from Williams, Ligas, Colbert and Money Follows the Person Consent Decrees to determine what the Communities of Preference will be in 2016. Proposed developments with the Statewide Referral Network (SRN) units building in Communities of Preference are awarded additional points in the IHDA's Qualified Allocation Plan to encourage affordable housing development in those areas where persons have moved and who wish to move and who are involved with the Williams, Ligas, Colbert and Money Follows the Person. The 2016 list expanded the 2015 list by two communities. Communities of Preference include: Uptown, Rogers Park, Near West Side, West Town, Edgewater, Lincoln Park, South Shore, Austin, Hyde Park, South Lawndale, Lake View, Burbank, Lawndale and Clearing ; Peoria, Kankakee, Bourbonnais, Champaign, Urbana, and Decatur; Cook, DuPage, Kane, Kendall, Lake, Madison, McHenry, McLean, Sangamon, St. Clair, Will and Winnebago counties.

IHDA is working with SocialServe to update and enhance the current SRN monthly periodic poll email in order to capture Section 811 unit availability information as Section 811 units are added to the portfolio. The Statewide Housing Coordinator is working with SocialServe on issues that arise within the Pre-Screening, Assessment, Intake and Referral (PAIR) online waiting list module to improve performance and matching.

IHDA continues to sign Rental Assistance Contracts (RACs) with new projects that are beginning to come online. When a project is 65% construction complete, we begin looking for referrals for the property and begin the RAC process if the units are in communities of preference. IHDA also signs Agreements for Rental Assistance Contracts (ARACs) for currently operating properties that will have open units in the near future. At this time, IHDA has 6 ARACs and 2 RACs. At the time of this report, two Section 811

properties are currently beginning lease up: Milwaukee Avenue Apartments in the Avondale community area and Bloomington Normal scattered sites. Referrals will be made over the next few weeks for persons on the PAIR module Section 811 waiting list. Anyone who is eligible for Section 811 is also eligible for the Statewide Referral Network waiting list. Active referrals are being made within SRN. See the table below for specific Section 811 matches, according to Housing Authority. General overview of these matches is provided in the following section:

Section 811 Match

Award Year	PHA	Match Type	Number	Special Conditions
2012	Chicago Housing Authority (CHA)	Housing Choice Vouchers (HCV) Project Based Vouchers (PBV) Accessible Public Housing units	 Up to 60	Total of 400 vouchers or units + additional 200 HCV
2012	Housing Authority of Cook County (HACC)	Low Income Public Housing (LIPH) Project Based Vouchers (PBV) Housing Choice Vouchers (HCV) Non Elderly Disabled (NED)/Mainstream Special Purpose Vouchers (SPV)	10% Annual Turnover + 10% of new PBV 35	Annual Turnover (LIPH, PBV, HCV) New PBV 1st year approx. 120 units in total, annualized
2012	Rockford Housing Authority (RHA)	Housing Choice Vouchers (HCV) Public Housing Units	50 30	Non-elderly disabled, one time
2014	Decatur Housing Authority (DHA)	Low Income Public Housing (LIPH) Housing Choice Vouchers (HCV)	15 15	Turnover vouchers, one time
2014	Housing Authority of Cook County (HACC)	Housing Choice Vouchers (HCV) Project Based Vouchers (PBV)		Total of 60 turnover vouchers, annualized
2014	Lake County Housing Authority (LCHA)	Housing Choice Vouchers (HCV)	100	Turnover vouchers

Public Housing Authorities

The Chicago Housing Authority has completed lease up with 90 Williams and Colbert Class Members transitioning from Bridge Subsidy and has issued another 169 Housing Choice Vouchers to Williams and Colbert Class Members transitioning from Bridge Subsidy during Phase I of accessing Section 811 Match. There are still about 50 people in process. Phase II of accessing Section 811 Match Resources from the Chicago Housing Authority will begin shortly. We will match the names of Colbert and Williams Class

Members to the CHA waiting list in order to determine who will be eligible to receive the next batch of HCV Section 811 Match resources that become available.

The Housing Authority of Cook County is working with Colbert and Williams Class Members who are coming up to their annual Bridge Subsidy renewal time. Seventy names are being cross matched with the HACC waiting lists. Once the first group of names has received a HCV Section 811 Match resource, we will send another batch of names for processing.

The Lake County Housing Authority has received approval from HUD to offer an Olmstead preference. They have developed a Pre-Application for Lake County Bridge Subsidy Class Members to complete and begin the process of accessing the Section 811 Housing Choice Voucher Match. DMH is working with Williams providers to review potential Williams Class Member Bridge recipients in Lake County who are eligible for the Housing Choice Voucher program. Pre-applications will be completed with potential recipients and submitted to the Statewide Housing Coordinator (SHC). The SHC will send the pre-applications to the Lake County Housing Authority in batches of 25 to be processed for Section 811 Housing Choice Voucher acquisition. The Colbert team is determining if there are Colbert Class Members currently residing in Lake County that might be able to access this resource. There are a total of 100 Housing Choice Vouchers pledged as match to the Section 811 grant from the Lake County Housing Authority.

The Decatur Housing Authority is developing a pre-application for potential recipients of Section 811 Match resources. They have pledged fifteen Housing Choice Vouchers and fifteen public housing units as match. The SHC is working with DMH to convert the Williams Class Members residing in Decatur using state Bridge Subsidies to Section 811 Match Housing Choice Vouchers. The SHC and DMH will be meeting to determine how to connect Williams Class Members to the other Section 811 match resources in Decatur.

The Rockford Housing Authority (RHA) has completed all of the administrative language changes to their Housing Plan and it was approved on October 22, 2015 by their Board. The request will be submitted to HUD for final approval. The RHA will then work with the SHC to determine the referral process to access their Section 811 match resources. The Rockford Housing Authority has pledged 50 Housing Choice Vouchers and 30 Public Housing units as match.

Coordinated Remedial Plan

The Statewide Housing Coordinator, in partnership with IHDA, and others have begun outreach to Public Housing Authorities (PHAs) across the state encouraging them to opt-in to the Remedial Plan which was approved by HUD that will allow a preference to be given to Olmstead populations. The immediate focus has been PHAs with pledged Section 811 matching resources. We plan to expand outreach to PHAs in those counties identified by the Section 811 Interagency Panel Allocations Committee as “communities of preference.”

Supervised Residential Expansion

As DMH continues to transition Williams Class Members from IMDs there is clear evidence that some Class Members require a level of care and support that cannot immediately be satisfied through direct transition to open market PSH rental units without the possibility of risk factors to wellness and safety. DMH is extremely aware that there must be a variety of 'housing' options to address the diverse clinical and therapeutic needs of Class Members. To adequately address the treatment resources needed and to provide an appropriate treatment level of care for Class Members who require more support, DMH has explored opportunities to create additional Supervised Residential Program capacity.

The Transitional Living Facilities (TLC), formerly funded under SMHRF Comparable Community Service dollars, were not included in the Governor's proposed FY16 budget. As a result of the defunding of this program, the buildings in which the TLCs operated offered an easy conversion opportunity to create Supervised Residential settings. The infrastructure existed, the staff were already hired and trained, and the agencies had a foundation grounded not only in recovery, but also in skills development and short-term transition preparation. The Supervised Residential settings will afford clinical and therapeutic oversight (awake staff 24-7) in a housing-type environment that will attend to immediate issues of medication training and administration, basic life skill enhancements, behavior self-management and introduction into independent living.

DMH entered into negotiations with three Williams contracted mental health service provider agencies (Thresholds, Trilogy, and Heritage Behavioral Health) to convert their TLC settings into four Supervised Residential settings. These building are located on Chicago's north side (Trilogy); one on the south side (Thresholds); one in Kankakee (Thresholds); and one in Decatur, Illinois (Heritage behavioral Health). The first three facilities will be totally occupied by the end of December 2015 and Heritage's occupied by February 2016. The total number of beds to come on line will be thirty-nine (39). The anticipated length stay will be based on individualized needs with an anticipated average of approximately six months. It is the goal that these settings will become the foundation necessary for Class Members to 'step-down' from long term care and begin a solid pathway towards independent living.

Corporation for Supportive Housing

Corporation for Supportive Housing (CSH) is under contract with DMH to assist in developing housing access to integrate Class Members into community-based housing options. CSH facilitates and brokers policy discussions between DMH and housing developers, advocates, other governmental entities, and investors with the goal of developing and leveraging quality supportive housing. This involves impacting the housing operations and client access to units, the planning and delivery of effective services, and the coordination between housing and services to get and keep the target populations in housing in the long-term.

<u>Chicago and Cook County Supportive Housing, Healthcare, and Systems Integration</u>

In 2015, Chicago and Cook County stakeholders developed a multi-pronged action plan to integrate housing creation and healthcare policy to increase supportive housing with sustainable services delivered through Medicaid partnerships. This initiative, called the Chicago and Cook County Housing

and Health Action Plan will help the most vulnerable, experiencing chronic homelessness, and most at-risk for repeated hospitalizations or admittance into nursing homes for lack of affordable housing. This initiative and its partners such as Cook County Health and Hospital Systems, in collaboration with Williams providers such as Thresholds and Heartland Health Outreach, will be critical in contributing to the long-term system goals of the Consent Decrees. Additionally, CSH has engaged with efforts led by Treatment Alternatives for Safer Communities to strengthen the community mental health response for people exiting Cook County Jail. The number of people entering and reentering Cook County Jail with mental health needs is extremely high, and will need a coordinated response between different governmental systems and the community-based services they fund. CSH has also worked to educate Cook County Health and Hospital Systems on supportive housing and on how hospital systems can increase their investment in supportive housing services or operations for complex populations including those with mental illness. CSH also participated with the Interagency Council on Homelessness meeting at IDHS-DMH/DASA, where the focus is to end chronic homelessness through supportive housing with specific focus on service needs in behavioral health and substance use.

Chicago Housing Authority Outreach

The Chicago Housing Authority (CHA) board approved the use of 200 Housing Choice Vouchers for Class Members of the Williams and Colbert Consent Decrees. CSH is assisting with the transition of the subsidies by maintaining a log and tracking all class members through the process to determine when issues arise and advocate for trouble shooting among partners. CSH holds weekly calls with all Williams providers and DMH staff to gather relevant updates and facilitate information sharing regarding the CHA process.

Illinois Housing Development Authority

CSH assisted IHDA in reviewing its Qualified Allocation Plan to assure that the language and incentives for the development community align with the goals of the Consent Decrees and other special needs populations in Illinois. CSH is also completing an on-line Toolkit for housing developers, property managers, services providers, and funders that will provide comprehensive information on considerations to create six different forms of supportive housing. CSH is also holding four webinars for the community on creating supportive housing, senior supportive housing, reasonable accommodation, and marketing properties to supportive housing populations.

Trainings & Presentations

CSH conducted a series of webinar trainings and presentations that targeted Williams transition agencies. The trainings were also open to agencies and staff working on the Colbert and Ligas Consent Decrees and to community-based providers of supportive housing. The topics were prioritized by the Williams agencies and aimed to engage providers in timely issues that impact the long-term success of supportive housing for people who move into their own home.

- September 30, 2015, 11:00 a.m.: Transitioning Subsidies for Current Bridge Tenants – Managing Tenant and Landlord Expectations
- October 15, 2015, 10:00 a.m.: Supporting Clients with Housing Appeals and Reasonable Accommodation/Modifications Requests – Step-by-Step Process and Troubleshooting

- October 28, 2015 10:00 a.m.: Supporting and Nurturing Your Landlords Networks with Limited Resources
- November 18, 2015, 11:00 a.m.: Re-Engaging Long-Term Bridge Tenants in Services and Potential Moving On Opportunities
- December 1, 2015, 11:00 a.m.: Responding to Crisis – Managing Tenants and Landlord Relationships

Landlord Trainings on Supportive Housing and Williams Consent Decree

CSH worked closely with the Statewide Housing Coordinator to deliver training presentations directly to landlord groups on the Williams Consent Decree and Bridge Subsidy. CSH delivered the following trainings to landlords:

- Presented on 9/23/2015 at the CIC Landlord training to 27 attendees
- Engaged 168 landlords interested in supportive housing who inquired through an on-line link. While most landlords are interested in Veterans, respondents contribute to the database of landlords.

Housing Action Illinois Annual Conference

CSH presented at the November Housing Action Illinois Conference on "Choosing the Right Supportive Housing Model for Your Community." The focus of the conference was to engage service providers and developers in creating a variety of community-based supportive housing opportunities throughout the state.

<u>Implementation of Bridge Subsidy Program</u>

DMH Bridge Online Data System

CSH managed, completed data entry and administered an online data tracking system for transition agencies and subsidy administrators to enter housing placement and subsidy payment tracking for individuals receiving Bridge subsidies. CSH participated in conference calls with the Collaborative, Regional Housing Support Facilitator and Housing Coordinators. CSH completed data reconciliation to have accurate records, and provided training to all users on new processes.

<u>Increasing Housing Availability</u>

Housing Locator Conference Calls

CSH participated in regular housing locator conference calls. The calls covered landlord outreach strategies and actively problem solved in real-time. CSH also offered support to housing locator staff on addressing Class Member discrimination practices.

<u>Consumer Housing Assessment</u>

During the course of the Williams implementation, additional housing models beyond the scattered-site approach were requested and allowed. It was recognized that in order to maximize the number of people exiting institutional care, a greater range of supportive housing would be needed, and in some cases a more intensive approach to service was also needed beyond ACT or CST. CSH worked with

Resident Reviewers and Transition agency staff to develop the Consumer Housing Assessment to gather the level of service intensity, additional service risks that are present that could lead to housing loss, and a menu of supportive housing settings. After processing the results of the first pilot of the tool used by resident reviewers in the spring, CSH assisted with revisions and retraining on the tool for a second pilot in the fall. The goal is to connect Class Members with more housing options and lessen the number of transition denials. The results and next steps are to be confirmed by the end of 2015.

REPORTABLE INCIDENTS

DMH continues to make a concerted effort to accurately capture all reportable incidents and pay particular attention to those incidents that could impact the safety and wellness of Williams Class Members. Reportable incidents are any situations in which the Class Member experiences a perceived or actual threat to his/her health and welfare or to his/her ability to remain in the community. It is mandatory that these incidents are reported to DMH in a timely manner.

The incident reporting process is categorized into the three distinct levels as follows:

Level I – Urgent; Critical Incidents: Situations or outcomes that result in adverse occurrences impacting life, wellness and safety.

Level II - Serious Reportable Incidents: Situations or outcomes that could have implications affecting physical, emotional or environmental health, wellbeing and community stability.

Level III – Significant Reportable Incidents: Situations or occurrences that could possibly disrupt community tenure.

For the period of July 1, 2015 thru October 31, 2015 the total number of reportable incidents (297) was categorized as follows.

Level I: 23 7.7%
Level II: 243 81.8%
Level III: 31 10.4%

Data compiled for the reporting period July 1, 2015 thru October 31, 2015, reflects that 188 Class Members accounted for a total of 297 reportable incidents. Sixty-eight (68) Class Members accounted for two (2) or more Reportable Incidents.

The below table shows the distribution:

Unduplicated Count of CMs	# Incidents	Total Incidents	Percentage
120	1	120	40.40
43	2	86	28.96
17	3	51	17.17
6	4	24	8.08
1	7	7	2.36
1	9	9	3.03
188		297	

Mortality Reviews

The Division of Mental Health has signed a contract with the University of Illinois School of Nursing to conduct mortality reviews for the Williams Level I Reportable Incidents that result in a death. The School of Nursing has also agreed to conduct retrospective reviews of the previous deaths, since inception. The purpose of the reviews is to identify patterns, themes, or behaviors surrounding the Class Member's death that could be beneficial to care coordinators and/or other community providers in work with future individuals who transition to the community. The mortality review includes a formal review of clinical documentation and interview(s) with the care management team by clinicians from the UIC college of Nursing. To date there have been 25 deaths under the decree.

QUALITY MANAGEMENT/QUALITY MONITORING

Quality Monitoring

There have been no changes in personnel or in the monitoring procedures. Eight Williams Quality Monitors are assigned to mental health agencies in the Chicago metro area. Two Williams Quality Monitors have offices in Pekin Illinois to facilitate the monitoring of services to Class Members in Peoria, Decatur and the surrounding areas.

The Quality Monitors conducted 382 home visits to Class Members during the reporting period and a total of 3807 home visits since the start of the Williams program. The home visits are used to ascertain that the essential needs of Williams Class Members are being met. In addition to home visits, the Quality Monitors determine that the Class Members' comprehensive service plans accurately depict the Class Members' needs and goals, that the Class Members' homes are safe and well maintained and that the Class Members are adapting to their new environment. The Quality Monitors do not assume the role of service provider nor do they interfere with the relationship between the service providers and the Class Members.

The Quality Monitor's interaction with the Class Member ends after the 18th month home visit. In some instances the Quality Monitor may believe that unresolved issues call for an extension to the monitoring period. In such cases, a request to extend the monitoring visits is submitted to the Associate Deputy Director of Transition Coordination. If approved, the Associate Deputy Director of Transition Coordination and the Quality Monitor agree on the scheduling of the additional home visits.

The feedback that the Quality Monitors provide to DMH from the Quality of Life Surveys conducted by the Quality Monitors is critical. This feedback provides a barometer of the care and services received by Class Members, as well as their wellness and quality of life in the community. It also provides another level of support which then validates the inclusion of wrap around services for Class Members living in the community. During this reporting period, the Quality Monitors completed forty-six (46) 6 month surveys, thirty-five (35) 12 month surveys and thirty-five (35) 18 month surveys.

Quality Improvement Committee

The Quality Improvement Committee (QIC) meets quarterly and serves as a vehicle for stakeholders to review and make recommendations on specific system performance and risk management issues. The QIC is designed to include consumers, family members of consumers, Class Members, Williams CMHC agency staff, NAMI-GC staff and representatives from DMH, HFS, IHDA, IDPH and the IMD industry. The most recent QIC meeting was held on September 15, 2015. The meeting focused on the following issues: Unable to Serve, outreach, housing, compliance and reportable incidents.

BUDGET

Final Spending for FY15 included $25.4 million in grant funded services as well as $5.2 million for Medicaid services to Class Members. Additional Medicaid services were provided through the Managed Care Organizations. Administrative and operational expenditures totaled $3.5 million.

The FY16 Governor's Introduced Budget included $56.9 million in General Revenue funds and $0.2 million in Special State funds dedicated to expanding home and community-based services and other transitional assistance costs associated with the Consent Decree implementation. Expenditures through mid-October, 2015, include $0.62 million for administrative and operational expenses as well as $8.4 million in grant funded services. In addition, $0.69 million has been expended for Medicaid services to Class Members. By the end of FY16 it is estimated that spending will total approximately $57 million.

CALLS, COMPLAINTS, GRIEVANCES, and APPEALS

Calls

Between the dates of July 1, 2015 – October 30, 2015, there were a total of thirty-one (31) calls to the Williams Call Line. Eighteen (18) calls were directly from Class Members seeking status updates on assessments/reassessments, transition, requesting appeal information or follow-up by a community agency. One call was received from a family member or guardian of a Class Member, seeking general information about the Consent Decree. Four (4) calls were received from other IMD/nursing home residents for general information. Eight (8) calls were received from other interested parties for general information about the Williams Consent Decree.

Complaints

There were no complaints or grievances filed to the Williams Call Line during the months covered by this report.

Appeals

There were no appeals submitted to DMH for review during this period.