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# **WILLIAMS CONSENT DECREE**

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## **Semi Annual Report #2**

June 01, 2012

## Williams Semi- Annual Report #2 June 1, 2012

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### EXECUTIVE SUMMARY

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This report is in response to the Williams Consent Decree's requirement that the Defendant report compliance with the tenants of the Decree on a semi-annual basis. It describes the last 6 months of Year 1 of the implementation of the Consent Decree and highlights both the State's success and its opportunities for improvement going forward. The format remains the same in this Semi-Annual Report #2 with the report organized by Implementation Plan component, i.e., Outreach, Resident Review, Transition Coordination/Community Services, Housing, Quality, Information Technology, and Budget/Administration. Metrics are summarized at the conclusion of the report.

The State considers its Outreach to Class Members to be one of the many successes of this past year. Outreach continues to be led by the National Alliance on Mental Illness of Greater Chicago (NAMI-GC) with informational materials and training provided by the Department of Human Services/Division of Mental Illness DHS/DMH. To date, Outreach Workers have "penetrated" all IMDS and approximately 73% of all IMD residents have been contacted. Class Members view this process favorably and approximately 90% of Class Members sampled reported Satisfactory or Excellent ratings when evaluating the Outreach process on satisfaction surveys. Outreach Workers have learned to adapt their presentations in accordance with the learning styles/preferences of the Class Members and the materials, particularly the video production, "Moving On" has been touted as being particularly impactful with Class Members. The Williams Information Line has been used by Class Members and is seen another resource for confirmation and or reinforcement of messages delivered by the Outreach Worker.

The Resident Review process experienced a four month delay in start-up due in part to protracted negotiations on the assessment tool that did not conclude until December 2011. This fact, along with difficulties in recruiting and retaining hires to complete the assessments, has resulted in fewer numbers of completed resident reviews and referrals for community transition than expected. That stated, serendipitously, a surprising number (40%) of Class Members refused to participate in the assessment process. This was also a finding, although to a lesser extent, during the outreach process. Although it is anticipated that as more individuals successfully transition to the community this refusal rate will diminish, it never-the-less suggests that as a collective, it is imperative that we better understand the reluctance, fears and other barriers that may be operative as Class Members contemplate this serious decision.

A second and equally as complicated an issue has arisen concerning the numbers of Class Members assessed as "appropriate" for transition. As of this report 50% of Class Members were not seen as appropriate for transition. In addition, of those referred for a second level of review, the recommendation "not to refer for transition" was only overturned on 15% of the cases. This raises a number of interesting policy questions that the State, with its partners, must contemplate such as: "is the assessment process truly person centered?", "are there additional community

supports that may be important to have in the service array?”, “what role does responsibility and liability play in the decision making?”. The State anticipates working through these issues, with its partners, over the ensuing months.

As of the writing of this report, one Class Member has transitioned to the community and is living in a residence, of his choosing, while receiving services with a Williams Community Mental Health Provider. Another 97 have been referred to community providers and are expected to transition in the next eight (8) weeks. In FY 12, the State entered into contracts with five (5) Community Mental Health Providers to provide transition coordination as well as a full range of services/programs deemed critical for successful community transition and adjustment. These services/programs include a full range of Medicaid Rule 312 services in addition to an array of non-billable supports including “bridge” rental subsidies and drop-in centers. The transition process is carefully monitored by the State and regular meetings are held with community staff to “troubleshoot” potential barriers and to learn, together, how to streamline processes. We do anticipate learning more about the needs of the Class Members in the “post-transition” phase over the coming months and years and will keep lines of communication open with community staff to that end. In addition, in order to expand access to services to Class Members, new providers will be brought on in FY13.

The State intensified its efforts to assure the availability of affordable housing units for use in the transition process during this reporting period. The Governor’s Office has hired two full-time staff to manage the development of affordable housing across the state. These individuals, both experts in housing policy and development now work with the DHS/Division of Mental Health, the Illinois Housing and Development Authority (IHDA), and the Corporation for Supportive Housing (CSH), to promote the Williams settlement to the housing development and landlord communities. With the downturn in the housing market, the instability of the job market and its combined effect on many tenants’ ability to make timely and continuous rent payments, landlords and property management entities are searching for other opportunities to guarantee income streams. This confluence of factors provides an opportunity to develop new relationships and leverage existing relationships to assure an adequate stock of housing choices for Class Members. In fact, DHS/DMH is in the process of negotiating two master leasing agreements with landlords. The Master Leasing program allows Class Members access to leases when otherwise credit or other factors may preclude them from competing in the open market.

There has been significant progress on a wide range of administrative functions. More notably, a number of Quality Assurance and monitoring activities are underway. The Williams Quality Improvement Committee has met twice, a number of Satisfaction Surveys have been conducted and quality indicators are in place for ongoing monitoring. Information System supports are now in place to collect and report data on each phase of the transition. And, although DHS/DMH has yet to hire all necessary staff to implement as aspects of the Decree, it is anticipated that the final hires will take place in the next couple of months.

An important final note and one critical to the ongoing success of this implementation is the unprecedented spirit of cooperation among all of the major Parties to this lawsuit. This list includes, but is not limited to, the Plaintiffs and Defendants counsel, all State agencies involved (Department of Human Services and all its Division therein, Department of Healthcare and

Family Services, Illinois Housing Development Authority), the Community Mental Health Provider community, private landlords and their respective associations, consumer organizations, and nursing home owners. At the outset, it was agreed that in many respects Illinois would need to create an effective "learning environment" to be successful....that collectively, we would seek to learn how best to serve this population in the community, seeking new answers and solutions together as no clear roadmap exists for every individual wanting to exercise their choice to live in the community. While this was never identified as an official "indicator" for success of this Consent Decree, clearly, this foundation has been achieved this year. As a learning community, we are all poised to make the necessary adjustments to strategy, policy, and implementation to move this process forward.

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## OUTREACH

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Outreach Workers have worked diligently during the period covered by this report, to convey as much information as possible to Class Members on their options, choices and rights under the Williams Consent Decree, and in doing so, have exceeded the expectations of the State. They have made contact with 3,800 Class Members (73%) and conducted private interviews with 2619 Class Members (51%) with 1181 refusals (23%). Outreach Workers quickly learned that Class Members absorb information in different ways. Thus, they have adapted their presentations for Class Members to accommodate an array of learning styles. Some combination of Moving On campaign materials – video, flyers, brochures, etc., is used to facilitate clear and concise communication during individual face-to-face discussions and group sessions. Outreach Workers report that many Class Members can readily articulate who they are, what their roles are in the Williams implementation process, and that Class Members look forward to their return for further questions and information about the next phases of the implementation process. Thus far, Outreach Workers have converted 5% of Class Members who previously declined Outreach.

On a daily basis, Outreach Workers are queried regarding the Williams Consent Decree and Implementation by Class Members, family members, Institution for Mental Disease (IMD) staff and others. Some questions are readily answered and some require research, but, many of them are reviewed at weekly Outreach meetings conducted by DHS/DMH. To assure that Outreach Workers remain consistent in their responses, an ongoing Question and Answer Tracking spreadsheet has been developed and is distributed to all Outreach Workers.

To evaluate the effectiveness of Outreach activities, DHS/DMH is conducting routine Outreach Satisfaction surveys in a sampling of the IMDs. Such surveys were conducted in two Nursing Facilities (NF)/IMDs during the time period of this report. It is significant to note that approximately 90% of Class Members have reported that their interactions and experiences with Outreach Workers have been “Good” or better. These results confirm that Williams Outreach efforts are effective and meeting the objectives of the Implementation Plan. This success is despite the lack of office space at many of the facilities and the challenges that present as Outreach Workers attempt to conduct private meetings with Class Members. Outreach Workers have creatively used the resources available to them and identified work areas where they can assure privacy and confidentiality for Class Members.

In addition to NAMI’s efforts, DHS/DMH is operating a Williams Informational Phone Line through its contract with the Illinois Mental Health Collaborative for Access and Choice. This resource is a live response telephone line, five days a week for eight hours daily. A Recovery Support Specialist (RSS) was trained with the Williams Outreach Workers on all aspects of the Consent Decree and the Implementation Plan. She has access to all informational materials, the Williams Question and Answer spreadsheet, and participates in weekly Outreach meetings. The Williams Informational Line has been extremely useful for Class Members and families when they need confirmation or reinforcement of messages conveyed by Outreach Workers. Questions as reported by the RSS assigned to the Informational Line are varied and come from Class Members, family members, as well as members of the community-at-large. Several of the more prevalent themes are identified below:

- When can I move out?
- When will my Outreach Worker be back?
- Will anyone check on me after transition?
- When will I get an assessment?
- What are Transition Assistance Funds?
- How will I be able to pay security deposit?
- How will I pay for an apartment?
- What will I do with my time?
- What if I do not want to move?

Although the National Alliance on Mental Illness of Greater Chicago's (NAMI-GC) contract stipulates that 11 Outreach Workers be hired, NAMI-GC was only able to hire nine Outreach Workers. Despite a multipronged approach to recruitment, NAMI-GC was unable to fill the two positions allotted for Peoria and Decatur. NAMI-GC requested permission and was allowed to rotate two of the existing Outreach Workers to the two Peoria and Decatur facilities. NAMI-GC began this reporting period with eight Williams Outreach Workers. One Outreach Worker resigned in March and a new hire is expected to start before the end of the reporting period. Efforts are being made to fill the ninth Outreach Worker position as soon as possible. As of January 2012, all 24 NF/IMDs had some Outreach activities. Coincidentally, Sharon Woods (Peoria) and Decatur Manor (Decatur) now have two of the largest penetrations of outreach engagement among the IMDs.

Training is ongoing. Outreach Workers participated in an extensive two day training workshop on Wellness Recovery Action Planning (WRAP). This training was conducted by the DHS/DMH Deputy Director for Recovery Support Services, using Mary Ellen Copeland's WRAP training modules. The motivation for WRAP training was to help Outreach Workers better understand principles of Recovery, so that they can better articulate the vision to Class Members. Understanding WRAP will help Outreach Workers conduct group sessions and aid them as they respond to questions on maximizing individual strengths and stability necessary to successful integration in the community. Outreach Workers were also trained to administer the Quality of Life survey during this reporting period. This survey is administered to Williams Class Members no more than 14 days before transition and 60 and 120 days post transition.

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## RESIDENT REVIEW • CLINICAL REVIEW

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Negotiations concluded with the Plaintiffs in December 2011 to finalize the Resident Review tools and protocol for selecting the first wave of Class Members to be screened for transitioning to the community. Forms were then created by UIC and Resident Reviewers were trained on the revised instruments and assessment components in mid-January 2012.

The initial pool of names referred for Resident Review was sent to UIC on January 26, 2012. This pool was selected based on the agreement between the Parties to use a random draw from a pool of Class Members whose MDS results placed them into low Resource Utilization Groups (RUGs) along with those Class Members with a similar profile when MDS scores are not available. The intent of this method is to avoid assessments of Class Members with significant medical/physical needs in the first year of implementation. In addition, DHS/DMH requested that, for the first year, HFS remove i.) all Class Members whose names appear on the Illinois Department of Public Health (IDPH) Identified Offenders List, ii.) those with current forensic involvement, and iii.) those with any known histories of arson or fire-setting. Such Class Members are being held for later assessment, to the extent that they could be identified.

Resident Review teams began making introductory visits to the IMDs in January 2012 to familiarize themselves with each IMD and its record system, to secure private space for Class Member interviews, and to acquaint IMD administration and staff with the Resident Review process. In February, Resident Review teams began contacting individual Class Members to begin the assessment process. To date, 542 Class Members were offered assessments for transition to the community. 324 (60%) Class Members agreed to be assessed and 218 (40%) Class Members declined. HFS and UIC are presently analyzing Resident Review results in greater detail. By June 1, 2012, substantial information will be available regarding Class Members' reasons for declining assessment, some characteristics of individuals referred and not referred for transition at the time of assessment, and some initial indication of potential service enhancements needed to support expanded transition recommendations. This data should inform the State's Plan for Year 2.

The State recognizes that Resident Reviews of Williams Class Members must be completed at a certain pace to comply with the Consent Decree's mandate to complete all Resident Reviews by June 30, 2013 as well as to meet the Consent Decree's benchmarks for the numbers of Class Members to be transitioned. Factors identified that contributed to the pace of Resident Reviews completed are i.) new processes and tool revisions were implemented after negotiations concluded with Plaintiffs in January 2012 and subsequent retraining was required ii.) 2 Resident Reviewers resigned early in February iii.) UIC was unable to hire enough full-time Reviewers with the right clinical and practical expertise and iv.) the high rate of declinations among Class Members.

The following short-term strategies were employed to increase the pace of Resident Reviews completed:

- HFS directed the contractor, University of Illinois College of Nursing (UIC) to streamline elements of the review to be more user-friendly and to supplement the Resident Review team with temporary hires.
- DHS/DMH recruited three of the existing Pre-Admission Screening /Resident Review (PASRR) agencies to provide staff to assist in the Resident Review process for the remaining months of the fiscal year.
- Outreach Workers and Williams community mental health agencies offered names of Class Members for review to ensure that the selection pool includes Class Members who have the desired profile for Year One transitions.
- Procedure now allows significant others of selected Class Members to also be reviewed when the desire is to move together

The State is reevaluating the current approach to conducting Resident Reviews and considering revisions in this area as Year 2 implementation planning ensues.

#### **Resident Review Data Entry System**

HFS has been working with UIC to develop a real time electronic resident review data entry system. The system is currently in a "testing phase" with small changes anticipated. A Clinical Review Summary is being developed as well as management reports. This system is expected to be operational June 6, 2012. Previously gathered review data will be migrated to the new system.

#### **Williams Clinical Review Team**

The Clinical Review Teams are composed of independent contractors who are licensed clinicians, including psychologists, psychiatrists, nurses, medical internists and social workers. These teams, composed of three to four individuals representing varied disciplines, are convened to conduct a second level paper review of the Resident Review assessment recommendations, failing a Resident Review recommendation that a Class Member is not able to transition to the community. The CRT is to reach consensus, either in support of the Resident Review finding, or in support of the Class Member's transition to community-based housing with services and supports. However, if CRT cannot reach consensus, a review of both the Resident Review documentation and the CRT feedback is conducted by the Deputy Director of Assessments. The Deputy Director of Assessment's decision serves as the final recommendation from the CRT.

In late February, nineteen licensed clinicians were contracted by DHS/DMH to serve as Williams Clinical Reviewers. These individuals were selected for their clinical expertise and knowledge base in mental health from various professional contacts, academic affiliations and networking with professional organizations. Information regarding the Williams Consent Decree, the Implementation Plan and the role of the Clinical Review Team was provided in several teleconferences.

### *Training*

A customized training was developed for the Clinical Reviewers in early March 2012 to provide them with i.) a comprehensive overview of their roles and responsibilities as reviewers, ii.) information on the community mental health service delivery system of care, iii.) the array of Rule 132 Medicaid services, enhanced non-Medicaid services, and the Medicaid Plan iv.) the vision for Clinical Review outcomes and recommendations and v.) the definition of scattered-site Permanent Supportive Housing, as it currently exists as well as proposed enhancements of current models of PSH. To further expose the Reviewers to the community mental health system, on-site visits were arranged at three Williams provider agencies. This was a full day opportunity for the reviewer to observe Assertive Community Treatment (ACT) and Community Support Team (CST) operations. Mornings were spent becoming familiar with the team structure, roles of team members and the objectives of the daily team meetings. The second half of the day was spent shadowing ACT or CST staff as they engaged consumers in activities according to the mental health treatment plan, e.g., money management/budgeting, medication administration, shopping and cooking skills, etc. These trainings will be repeated and are designed to assure that Clinical Reviewers are knowledgeable enough about the Illinois community mental health service taxonomy, the State Medicaid Plan and housing options to make informed decisions as they consider adverse Resident Review decisions.

### *Clinical Review Team Sessions*

Clinical Review Team sessions are scheduled according to the volume of adverse Resident Review decisions received, with from four to eight cases reviewed at each session. The composition of the CRT is contingent on the majority of presenting issues of the cases to be reviewed. For example, if the presenting issue does not necessitate the expertise of an internist, then this discipline is not required or asked to participate on the CRT. The first Clinical Review Team was held at the end of March with CRT reviews scheduled an average two times a week. As the pace of the reviews increase, it is reasonable to assume that CRT reviews will also increase.

As of this writing, a total of 64 Class Members have been reviewed by the Clinical Review Team. CRT has overturned 10 (15%) of these cases, referring them to the DDTC for assignment to a community mental health center. It was clearly the expectation that the CRT would overturn adverse recommendations. In light of this low percentage of overturned recommendations, CRT structure and decisions will be reviewed in the upcoming months to ensure that a person-centered approach is being used, while exploring gaps in the community mental health system.

### **Notifications**

All Class Members whose Resident Review recommendations were reviewed by the CRT receive a letter informing them of the outcome of their review. Class Members for whom the CRT upheld the recommendation of the Resident Reviewer also receive information and instructions on the appeal process.

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## TRANSITION COORDINATION • COMMUNITY SERVICES

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### **Transition Coordination**

DHS/DMH identified five community agencies to provide transition coordination services to Williams Class Members from a Request for Information (RFI) that was issued in August 2011. Funding negotiations concluded during this reporting period and contracts were executed with Thresholds (Chicago), Trilogy, Inc. (Chicago), Community Counseling Center of Chicago (Chicago), Lake County Health Department (Lake County) and Human Service Center (Peoria). As of the date of this report, 97 Class Members have been referred to Thresholds (Chicago), Trilogy, Inc. (Chicago), Community Counseling Center of Chicago (Chicago) and Human Service Center (Peoria). These assignments were made based on Class Member geographic preference, or, in some cases, agency preference. The eight Class Members who elected to live in the geographic area served by Lake County Health Department are now on a waiting list pending the start-up of additional ACT teams.

Assignments to community mental health centers are made as soon as possible after receipt by the Deputy Director of Transition Coordination (DDTC). Tracking of transition coordination activities begin immediately and continue until twelve months post transition. Based on previous experience, DHS/DMH projects that the average transition should be accomplished in eight weeks. In keeping with that goal, timelines for initial transition activities were developed by the Williams Quality Bureau and communicated to the community mental health centers. For example, initial contact with Williams Class Members is required within seven days of assignment, Permanent Supportive Housing applications are to be submitted within ten days of assignment, initial Service Plans are to be completed within fourteen days of assignment, etc. Weekly meetings are conducted by the Director of Licensing and Quality with the WQAs during which 1) individual Class Member progress is reported, 2) any barriers to transition are discussed and solutions explored 3) strategies to expedite transition efficiently are reviewed. The following initiatives are a result of the discussions:

- DHS/DMH staff, along with the community agencies are working to develop strategies to address Class Member who delay transition because of nervousness and lack of self-confidence.
- DHS/DMH staff are reviewing the processes for opportunities to streamline paperwork and data entry necessary to transition a Class Member.
- DHS/DMH staff are meeting with Social Security area directors to inform them of the Williams Consent Decree and to expedite Social Security changes of address and representative payee for Williams Class Members.

As of the date of this report 1 Williams Class Member has transitioned to community-based housing with services and supports. This Class Member transition was accomplished in approximately eight weeks.

### **Community Services**

Each agency is expected to provide a full range of Medicaid Rule 132 services and additional funding was awarded to support non-Medicaid billable services and programs deemed critical to Williams Class Members' successful transitions to community-based settings.

Those services and programs include:

- The Williams Quality Administrator position, developed by DHS/DMH for a staff member of the community mental health center is to i.) be the single point of contact with DHS/DMH regarding Williams Class Member issues, ii.) receive referrals of Williams Class Members from DHS/DMH, iii.) provide training to community staff involved in providing transition and other services to Williams Class Members and iv.) monitor and report specific data regarding Williams Class Member transitions for 12 months post transition.
- Start-up of new Assertive Community Treatment (ACT) and Community Support Team (CST) services to assure adequate capacity.
- Individual Placement Support (IPS) as an evidence-based Supported Employment model.
- Integrated health care models in anticipation of Williams Class Members having more complex medical needs. Because each provider has a unique relationship with its own community healthcare system, the use of this grant is varied. Two providers hired nurses, one provider renovated space to allow for on-site access to a primary care physician (PCP) and another purchased transport off-site to the PCP.
- Recovery Drop-In Centers - Distinct locations (e.g., not based in a PSR program) where individuals who have experienced mental illnesses create and operate an environment of support, socialization, self-direction, and empowerment.

In April 2012, DHS/DMH issued a second RFI in anticipation of increased service capacity needs for FY13 and to expand the geographic service areas in which Williams Class Members are able to live and receive services and supports. Twenty invitations were sent and fourteen responses were received, nine of which are new community mental health agencies, i.e., they are not currently providing services to Williams Class Members. DHS/DMH is in the process of evaluating those responses with the intention of offering more contracts for team start-up expenses, new recovery drop-in centers, additional WQAs and further integration of behavior and primary healthcare for FY13.

#### *Community Mental Health Center Staff Training*

DHS/DMH conducted an intensive three day training for community mental health center staff in February 2012. Training topics included:

- Williams Consent Decree and Implementation Plan
- Transition Coordination – Expectations and Instructions
- Comprehensive Service Plan – Expectations and Instructions
- Non-Medicaid Enhanced Services for Williams Class Members
- Reporting Abuse & Neglect in Nursing Facilities
- Complaints, Grievances & Appeals Processes
- Critical Incident Reporting & Root Cause Analysis
- Permanent Supportive Housing & Bridge Subsidy
- Community Service Directory and Resource & Referral Guide
- Information System Data Collection & Reporting Requirements

Participants were pre-tested, post-tested and required to complete a short training evaluation. Evaluation responses were reviewed and summarized; overall the data suggested that participants felt that the training helped them understand key elements of working with Williams Class Members and better prepared them to work effectively with these consumers.

### **Managed Care Initiatives**

There are currently three managed care projects initiated by HFS: the Integrated Care Program (ICP), Innovations and the Medicare-Medicaid Alignment Initiative. Innovations and the Medicare-Medicaid Alignment Initiative are scheduled for roll-out in the near future. ICP is currently administered by 2 managed care organizations, Aetna and Illini, in the Illinois counties Cook, Dupage, Lake, Kankakee, Will and Kane, We will continue to work with HFS as these managed care initiatives evolve and plan for the interface with Williams Class Members.

### **Residential Rule**

While the State recognizes PSH is the housing model of choice for Class Members, the State continues to make improvements to existing residential services. Proposed Residential Rule (59Ill. Adm. Code 140) is designed to establish regulatory standards and a rate methodology for residential care that will ultimately increase accountability and improve quality of residential services. The proposed Residential Rule (59 Ill. Adm. Code 140) submitted to DHS Rules for internal DHS review in the fall of 2011. In response to additional input from DMH stakeholders, the proposed rule was brought back to DMH for additional work. It has again been submitted to DHS Rules for internal DHS review. Upon the completion of that review, it will be submitted for 1<sup>st</sup> filing with the Illinois General Assembly's Joint Commission on Administrative Rules (JCAR). A rate methodology workgroup was named, met and developed a proposed rate methodology. 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 been completed on residential utilization management criteria for supervised transitional residential level of care.

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## HOUSING

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During this reporting period, the Governor's Office, the Department of Human Services/Division of Mental Health (DHS/DMH), the Illinois Housing and Development Authority (IHDA), and the Corporation for Supportive Housing (CSH), have collaborated to promote the Williams settlement. Emphasis has been on opportunities for housing developers, landlords and property management entities to participate in the effort to maximize the availability of affordable scattered site units. With the downturn in the housing market, the instability of the job market and its combined effect on many tenants' ability to make timely and continuous rent payments, landlords and property management entities are searching for other opportunities to guarantee income streams. Concurrently, the housing developers' community, particularly those developers who have expertise in affordable housing for persons who have disabilities, as well as persons who are homeless, are very interested in exploring the future needs and demands for new housing sites.

### **Landlord Associations**

DHS/DMH, with the guidance of CSH, has had opportunities to meet with many landlords, through presentations at Landlord Associations meetings. These networking opportunities are a platform to speak about the Williams Consent Decree, the phases of implementation and the array of services and supports that will be made available to Class Members. The presentations defined i.) the roles of the Subsidy Administrators (SA) ii.) how the SAs interface with landlords for Housing Quality Standards (HQS) inspections and Housing Assistance Payment (HAP) contracts and iii.) how the SAs assure timely rental payments through the DHS/DMH/Bridge Subsidy model. Association members were also encouraged to post available units on the State's housing stock locator [ILHousingSearch.org](http://ILHousingSearch.org) as a means to assure that all Williams Transition Coordinators have immediate access to available units.

Association members spoke about previous experiences and expressed concerns about how issues would be resolved that could jeopardize lease agreements. Association members were informed about the newly developed **Williams Landlord Line** that will provide access to a responder, within 24 hours or the next business day. This telephone line, manned by the Illinois Mental Health Collaborative, answers Williams-related questions and provides tenant-landlord conflict support.

CSH has developed an extensive listing of property management companies that are interested and willing to rent to Class Members from these Association meetings. This listing is continuously being updated and shared with the Williams Quality Administrators.

CSH also created a web-based training for landlords and associations who are interested in providing housing to Williams Class Members. The webinar training includes i.) an overview of the Williams Consent Decree, ii.) an overview of the DHS/DMH Permanent Supportive Housing Bridge Subsidy, iii.) Housing Quality Standards and Inspections, iv.) Engaging with service providers and tenants, and v.) Eviction prevention.

### **Site Visits**

Over the past months, CSH and /DHS/DMH staff visited several properties, under different management companies, to view potential rental units and to verify the integrity of the properties' structure, management and upkeep. These visits will continue as they allow DHS/DMH to understand the available housing stock and the neighborhoods in which they are located.

### **Master-Leasing**

DHS/DMH, through its Subsidy Administration entity, Catholic Charities (Cook County and Lake County), is currently establishing Master Leasing agreements with two property management companies located in Chicago, IL. The Kass Management Company (Chicago north side) will secure Master Leasing for twelve units. Feldman Management Company (Chicago south side) will secure Master Leasing for eight units. These agreements will allow Class Members whose housing application would otherwise not be approved, due either to criminal background or poor credit history, access to a lease. DHS/DMH continues to seek master leasing opportunities that are strategically located for the benefit of those Class Members who are unable to secure a lease through traditional means.

### **Housing Focus Forums**

The CSH has assumed the lead, at the bequest of DHS/DMH, in hosting quarterly Housing Focus Forums. A Housing Policy Workgroup evolved from the forums that submitted recommendations to DMH, IHDA and the Governor's Office on December 14, 2011. A brochure was also generated from the forums titled Tenant Tips. Tenant Tips was designed to help Class Members understand how to be a good tenant, a good neighbor and to provide strategies to help them prevent eviction.

### **Housing Developer Training Series**

CSH also hosted a housing developers training series. Over 40 people attended a four-part Training Series (February 7, 15 and 21, 2012) for housing developers that have or are looking to develop integrated housing projects. The training series covered four topics:

- Supportive and Integrated Housing and State of Illinois Priorities
- Developing Effective Partnerships in Integrated Housing
- Financing Integrated and Supportive Housing
- Property Management Strategies and Best Practices

### **IHDA**

IL Housing Development Authority (IHDA) acknowledges that there are more than 800+ units currently available on [ILHousingSearch.org](http://ILHousingSearch.org) that meet the criteria of Permanent Supportive Housing and that do not exceed Fair Market Rent. The results of a May 9-10, 2012 search on [IL Housing Search.org](http://ILHousingSearch.org) yielded 63 studio and 317 one-bedroom apartments in Chicago and 4 one-bedroom apartments in Peoria, that are below HUD Fair Market Rent(FMR), are non-elderly designated (although some Class Members may meet age requirements for elderly-designated housing), and do not have waiting lists.

IHDA also has in its portfolio a number of existing Low Income Housing Tax Credit units which meet HQS and FMR that can be used as options for Class Members. IHDA's Low Income

Housing Tax Credit Targeting Program has Board approved 450+ dedicated permanent supportive housing units which are reserved at lease-up and at tenant turnover for supportive housing populations that are referred by service providers through a lead referral agent.

Finally, IHDA recognizes that the State has a critical need for additional permanent supportive housing as a result of current and pending lawsuits against the State and has responded to this need by making affordable housing for persons with disabilities a priority. As evidence of IHDA's dedication to this endeavor, it has set a goal of funding 750 new construction supportive units in 2012 that will be ready for persons with special needs, including Williams Class Members, ready to transition as early as 2013.

### **State Housing Coordinators**

The State Housing Coordinators were hired by the Governor's Office to work across State agencies and the Illinois Housing Development Authority to expand networking opportunities, partnerships and relationships to facilitate the expansion of Permanent Supportive Housing access for the State's Rebalancing Initiative (the Federal Money Follows the Person demonstration), the Consent Decrees, and to manage the referral flow to IHDA Low Income Housing Tax Credit Units.

Over the past four months

- The State Housing Coordinators have been working closely with local housing authorities to access available Housing Choice Vouchers for persons who have disabilities and the elderly.
- The State Housing Coordinators have facilitated discussions between IHDA, the Corporation for Supportive Housing and Chicago Housing Authorities on exploring creative strategies to maximize existing initiatives and to forge collaboration.
- The State Housing Coordinators are in communication with the Department of Housing and Urban Development (HUD) on the release of its Notice of Funding Availability (NOFA) for expansion of the 811 program. They are now working with IHDA to develop this application to be one of 19 States selected to receive additional Housing Choice (Section 8) vouchers to meet the intent of the Olmstead Decision.
- The State Housing Coordinators also foster relationships with many property management entities and housing developers, across the city of Chicago and Statewide, who are now potential resources for PSH availability.

### **Permanent Supportive Housing Rule 150**

As the State advances the model of PSH, it was agreed that it would be important to pursue a PSH rule to clarify standards and to increase accountability. Since the last report, there have been four stakeholder meetings to review language content in draft Rule 150. The Draft Rule was changed to clearly reflect that it applies only to those units that receive a DHS/DMH Bridge Subsidy, and is now referenced as the DHS/DMH Permanent Supportive Housing/Bridge Subsidy model.

It was also important that DHS/DMH clarify language in the draft Rule regarding the requirement of service participation. DHS/DMH has taken the position that it is not a housing authority, and its purpose is not solely to provide housing. As such, the mission statement of

DHS/DMH is very clear – to provide comprehensive community-based mental health services. The Bridge Subsidy (while not an entitlement) has been made available to assist eligible consumers of mental health services with access to affordable housing or the means to make housing affordable (subsidy).

It is still factual that acceptance or participation in services is not a mandate to maintain residency in a PSH unit, as there are an array of PSH units made available through numerous sources. However, if one elects to receive a DHS/DMH Bridge subsidy, participation in services is requirement to retain tenancy. This is an important distinction, as the State has an inherent responsibility to assure that individual who are receivers of a Bridge Subsidy are continuing to function as good neighbors and tenants.

The change in this policy has been vetted and approved by State government, as well as the Williams Steering Committee members.

The Rule is now in Registered Version and has recently been reviewed by DHS legal and others. It is now in a format for presentation to the DHS/DMH Executive Leadership. All necessary paperwork has been completed, including the Economic Benefit Statement. From there it will be reviewed by DHS and then the Governor's Office of Management and Budget for sign-off. Once sign-off occurs it will ready to send to sent to the Joint Committee on Administrative Rules (JCAR).

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## QUALITY

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An array of Williams Quality activities were accomplished during this reporting period. The Williams Quality Improvement Committee met twice; the Williams Quality Bureau is interfacing with community providers, evaluating services provided thus far, and developing indicators and processes to measure services in anticipation of upcoming Williams Class Member transitions.

### **Williams Quality Improvement Committee (QIC)**

The QIC committee meets quarterly and serves as a vehicle for stakeholders review and recommendations on specific system performance and risk management issues. Members of the Quality Improvement Committee include consumers, family members of consumers, Class Members, community mental health center staff, and representatives from DHS/DMH, HFS, IHDA, IDPH and the IMD industry.

This first QIC meeting was held November 10, 2011. Overviews were presented of the Williams Consent Decree, the Williams Consent Decree Implementation Plan, the role of the Williams Quality Improvement Committee and Williams Quality Improvement Committee By-laws. The Outreach process and activities thus far were described by representatives from NAMI-GC. It was recommended by the group that representatives from the IMDs be invited to join the Committee as non-voting members.

During this reporting period two additional QIC meetings have been held. In February 2012, Outreach activities and data were presented with an overview of the Resident Review Quality Indicators as well as an update on the Resident Review process. The Resident Satisfaction Survey process was described and results shared from the Margaret Manor Central visit on February 3, 2012.

The May 2012 QIC focused on a data review and presentation on the findings from Outreach, Resident Reviews, and Transition Coordination. The analysis and discussion focused on Class Members' (CM) decisions not to transition to the community at different points in the process. Recommendations for ongoing work with CMs who decide to withdraw at the point of apartment selection were made by committee members. Committee members also recommended that CMs who were not approved for transition receive a formal letter that includes the reasons for denial. The Division will develop strategies to implement the recommendations of the committee members.

### **The Williams Quality Bureau**

The Quality Bureau is an internal committee whose role is to ensure that key performance data is collected, analyzed and acted upon in a timely manner. The Quality Bureau continues to meet weekly and has made significant progress toward developing quality assurance indicators for the major areas of the Williams process; Outreach, Resident Reviews, Transition, Community Services and Housing.

Tasks completed this reporting period include development of:

- Resident Review Quality Indicators
- Transition Coordination Quality Indicators
- Community Service Quality Indicators
- Outreach Satisfaction Survey Tool
- Resident Review Satisfaction Survey Tool
- Comprehensive Service Plan Quality Assurance Tool
- Quality of Life Survey
- Policies and procedures for administering Quality of Life Survey

Policies and procedures for implementing Comprehensive Service Plan reviews, Housing Quality Indicators and the Resident Review Quality Assurance Tool are in draft form and being reviewed.

#### *Outreach*

Satisfaction surveys continue to be administered to Williams Class Members to determine the effectiveness of Outreach activities. During the months of February and May 2012, two Outreach Satisfaction surveys were conducted at Margaret Manor Central and Lydia Healthcare. Ten Class Members were surveyed individually and a focus group was conducted with ten Class Members at each facility, as reported in the Outreach section of this document. Class Members continue to report high levels of satisfaction with Outreach activities and processes.

#### *Resident Review*

In April 2012, manual management reports were created to track the outcomes of Resident Reviews. Initial data analysis and intervention focused on the percentage of Class Members not recommended for transition to the community. To decrease the percentage of Class Members not recommended for transition, an informational meeting was held with Resident Reviewers and community mental health center staff. The purpose of the interface was to increase Resident Reviewer knowledge and understanding of the current community mental health service taxonomy in Illinois. Also in April and May 2012, the contracted Clinical Reviewers visited several Williams community mental health centers for additional exposure and observation of operations of team services. Both of these activities increased knowledge, understanding and comfort with the level of available community services and supports.

#### *Transition Coordination*

Individual Class Member transition coordination progress is tracked during weekly Williams Quality Administrator (WQA) meetings. Discussion is focused on Class Members whose transitions are delayed, the reasons for delay and strategies to address barriers to timely transition of Class Members to community-based settings.

#### *Quality of Life Surveys*

In April 2012, the policy and procedure for conducting Quality of Life surveys (QOL) was approved by the Williams Implementation Team. Outreach Workers were trained to administer the QOL survey initially in January 2012 and then again in May 2012 along with a review of the policies and procedures. QOL surveys will be conducted no more than 14 days prior to Class

Member discharge from the IMD with the first transitions into PSH expected to occur at the middle of May or early June, Outreach Workers are ready to begin conducting these surveys that will be used as a base line to measure CMs perceived quality of life at IMD discharge, 6-months post discharge and again at 12 months post discharge. A data collection and evaluation system is in the process of being developed.

*Williams Quality Administrator Meetings*

The Director of Licensing and Quality Management convenes weekly meetings with Williams Quality Administrators. Community mental health agency concerns and questions are entertained during this meeting with answers memorialized on an ongoing Question and Answer spreadsheet which is distributed to community mental health agencies for clarity and consistency. As stated above, individual Class Members are currently being tracked to monitor their transition coordination course and resolve barriers to transition quickly.

**Appeals, Complaints and Grievances**

Policies and procedures for appeals, complaints and grievances have been established. The appeals process is being managed by a designated group of Williams' related staff. The first appeal was heard reviewed May 2012. No complaints or grievances have been received to date.

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## INFORMATION TECHNOLOGY/DECISION SUPPORT

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Two components of the Information Technology/Decision Support strategy were implemented during this reporting period: (1) the Management Information System that DHS/DMH developed with its Administrative Services Organization (ASO), ValueOptions known in Illinois as the Illinois Mental Health Collaborative and (2) a web-based system designed by DHS/DMH to specifically capture outreach services/activities provided by DHS/DMH contracted outreach workers. The third Resident Review IT component is still in the testing phase with deployment scheduled in June 2012.

### **Outreach Web-Based Outreach System**

Using information derived from meetings with Outreach subject matter experts, DHS/DMH Decision Support Staff developed a web-based outreach data collection system to capture information on outreach activities performed by the DHS/DMH contractor for outreach---the National Alliance of the Mentally Ill of Greater Chicago. DHS/DMH staff provided on-site training to NAMI outreach workers and administrative staff in the use of the system.

The web-based outreach system that went "live" in October of 2011 captures information at the level of the individual class member such as the date outreach was provided, the type of outreach activity performed, the length of time of the outreach meetings, whether scheduled meetings were held and the date that introductory letters were signed by the class member. DHS/DMH Decision Support staff provided onsite training to outreach workers and administrators. Data is now being routinely submitted by outreach workers.

### **Resident Review/Assessment**

The Department of Healthcare and Family Services (HFS) is responsible for assuring that data collected during the resident review process is provided to DHS/ DMH. HFS has funded the development of a web-based resident review data system by its University of Illinois School of Nursing contractor. DHS/DMH has seen a demonstration of the system, at the last update, and the system is still in the process of being tested.

### **DHS/DMH/VO Management Information System**

#### *Registration*

All Williams Class Consumers are registered in the DHS/VO management information system at the point that they are referred to community agencies serving as transition coordination agencies. Essentially, these individuals are identified as being eligible for the service benefit package that has been designed for Williams Class Members. Similarly, agencies that are contracted to provide transition coordination services to Class Members are registered as well. DHS/DMH and ASO staff provided training on the submission of data to providers in December 2011 in anticipation of the referral of individuals for transition coordination services.

#### *Transition Coordination*

A transition coordination module has been developed and implemented by DHS/DMH. Programming for this module and those described below was completed in December 2011 in anticipation of the implementation of the resident review process. This module captures

information regarding the status and completion of activities that must be completed prior to an individual's transition to permanent supportive housing and community-based services.

#### *Permanent Supportive Housing Application and PSH Outcome Module*

An electronic permanent supportive housing application module documenting information needed to support Class Members transition to PSH previously existed in the DHS/DMH/VO management information system, although several modifications were made to better capture information related to the Consent Decree. A PSH outcome tracking module was also developed and implemented to capture information relating to outcomes such as the date DH individuals moved into PSH, rental subsidy amounts, monthly rent, etc.

#### *Comprehensive Service Planning Module*

A module was developed and implemented to capture information regarding the array of services that are needed by Williams Class Members once they transition to community services. The module captures both initial comprehensive service plans and final comprehensive service plans developed by Class Members and Transition Coordination Agency staff that provides a roadmap regarding services that should be accessible once individuals transition to the community.

#### *Outcome Tracking Module*

A module was developed to capture point in time information across time with regard to key outcomes associated with Class Members transition to the community. The outcome module captures data on such indicators as the occurrence of critical incidents (weekly, bi-monthly and monthly basis), status of living arrangements, and engagement/participation in activities such as education and/employment.

#### **Training**

All transition coordination agencies participated in two sets of trainings with regard to capturing and reporting information for Williams Class Members. One training effort was provided as a webinar. Transition coordination agencies have regular access to DHS/DMH and Value Options staff for technical assistance and follow-up with regard to submission of data should that be needed.

#### **Development of Williams Consent Decree Reports**

DHS/DMH Decision Support Staff is in the process of working with DHS/DMH Williams staff to design reports to monitor quality assurance and compliance issues as well as to support decision making and planning efforts associated with the Consent Decree.

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## BUDGET/ADMINISTRATIVE

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### **Budget**

In order to support DHS administrative and direct care costs associated with Williams v. Quinn, the Illinois General Assembly approved \$20 million in State FY12 appropriations from the Department of Human Services Community Services Fund. The Department anticipates the Governor will authorize a funds transfer into this special State Fund late in FY12, and the amount of the transfer will be sufficient to cover all incurred expenditures for the entire fiscal year.

For State FY13, Governor Quinn has requested appropriations of \$21 million from the State General Revenue Fund and \$20 million from the DHS Community Service Fund to cover projected administrative and program costs associated with the Williams Consent Decree. However, the Illinois General Assembly has yet to approve the Governor's State FY 13 budget request as of May 24<sup>th</sup>, 2012, and therefore final funding levels are still pending.

### **Hiring**

16 positions remain unfilled. Most of them are quality monitor positions that will be filled with staff impacted by hospital closures, namely Tinley Park, and the associated hiring freezes. It is anticipated that these positions will be filled in late June or early July.