WILLIAMS CONSENT DECREE

Semi Annual Report #3

December 01, 2012

EXECUTIVE SUMMARY

The Williams Semi-Annual Report #3 has been prepared in accordance with the requirements of the Consent Decree in the Williams v. Quinn lawsuit. This report describes Williams Implementation activities June 1, 2012 thru November 30, 2012.

During this reporting period, the Williams Consent Decree deadline to "offer placement" to 256 Williams Class Members was extended from July 1, 2012 to November 30, 2012. The efforts described in this report were to meet that benchmark as well as to position the State to effectively meet the needs of Williams Class Members now and in future years of the Consent Decree implementation.

To that end, the Williams Implementation Team used the knowledge from experiences in Year I to develop and implement the following strategies in this reporting period:

- Expand the geographic areas served by Williams community mental health agencies according to the expressed needs of Williams Class Members
- Alter two of the major processes of the Williams Implementation Plan for efficiency and better results – Resident Review and Clinical Review
- Devise the multi-strategic Pathways to 256 which included a Pilot Project to explore the utility of using Williams provider agencies to conduct Resident Reviews and then engage those same Class Members in transition activities
- Enhance the housing supply available to Williams Class Members
- Provide housing-related training and resources to Williams community mental health agency staff
- Sponsor a two-day institute with national experts presenting to the policymaker and provider community regarding alternate service delivery and housing models
- Fund certain essential non-Medicaid billable supports and service.

Details and outcomes of these strategies are found in the body of this report along with planning and implementation goals for Years II and III that generated from these activities.

OUTREACH AND INFORMATION DISSEMINATION

Since inception of Outreach, Williams Class Members have been approached with information regarding the Williams Consent Decree in all of the Nursing Facility/Institutes for Mental Disease (NF-IMD). To date, Williams Outreach Workers have made contact with 4525 Williams Class Members: 2878 (64%) consenting Williams Class Members have received the private informational sessions offered by the Williams Outreach Workers with 1647 (36%) refusals. All contacts with Williams Class Members are documented in the Williams Outreach database which provides Outreach data for review and analysis by the Williams Implementation Team. Williams Outreach Workers continue to be well regarded by Williams Class Members and a source of information regarding the Williams Consent Decree processes as Class Members are assessed and assigned to community mental health agencies for transition coordination.

As the number of Williams Class Members who require Outreach dwindles, the Outreach Worker's role is changing, as outlined in the Williams Implementation Plan. In response to Quality Improvement Committee (QIC) recommendations, Outreach Workers have been trained to support and encourage those Class Members who express ambivalence about transition to the community. Outreach Workers report the following as being representative of Class Member reasons for ambivalence:

- Some Class Members are fearful that they will repeat previous mistakes if they live independently.
- Some Class Members are so "institutionalized" that they cannot imagine another way of life
- Some Class Members lack significant Activities of Daily Living (ADL) skills and lack the confidence that they can acquire them in the community.

Outreach Workers will serve as a resource for Class Members who do choose to transition to the community and who need assistance as they navigate their new communities, and cope with a new level of independence and personal responsibility.

Outreach Workers have already begun to support the Williams Quality effort. Quality of Life surveys are being administered to Williams Class Members by Outreach Workers just before transition to the community, at 6 months and 12 months post transition. Quality of Life Survey results are detailed later in this report.

It is expected that Outreach Workers will continue their relationships with Class Members post transition, assisting the Quality effort to monitor many aspects of transition activities.

Williams Informational Line

The Williams Informational Phone Line, operated through DMH's contract with the Illinois Mental Health Collaborative for Access and Choice, is a live response telephone line, operated five days a week for eight hours daily. The Williams Informational Line has received 536 calls during this reporting period with questions regarding Williams Consent Decree issues.

RESIDENT REVIEW

At the close of FY12, DMH assumed responsibility for the Williams Pre-Admission Screening Resident Review processes. DMH subsequently executed contracts to conduct Resident Reviews for Williams Class Members in FY13 with Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS). These agencies were selected based on their extensive experience as PASRR agents in Illinois. DMH conducted an initial training for Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS) regarding the Williams Consent Decree and topics related to the Resident Review process on October 26, 2012. These agencies began conducting Resident Reviews in the IMDs in early November and have since hired enough additional staff to necessitate another training which is scheduled for November 28, 2012. Each agency is contracted to hire eleven licensed clinicians, across the disciplines of nursing, social work and psychology, in anticipation of the large volume of Resident Reviews to be completed by June 30, 2012 in accordance with Consent Decree requirements. It should be noted that University of Illinois Resident Reviewers began phasing out in July, but, will remain on board until the contract terminates the end of this calendar year.

As of today, 969 Resident Reviews have been completed. Of those, 420 or 43% have been referred to Clinical Review and 529 or 54.6% have been referred to community mental health agencies for transition to the community. The remaining 20 Resident Reviews are incomplete or have other issues that make them inappropriate for referral.

Pilot Project

The Pilot Project, a three month trial, initiated in September 2012, explores the utility of using Williams provider agencies to conduct Resident Review assessments and immediately transition into engagement activities with Class Members. Further description of this project and the tentative outcomes will be explained in greater detail in the Transition Coordination/Community Services section of this report.

Clinical Review Process

DMH has also modified the processes used in the post Resident Review, second level, Clinical Review, effective July 1, 2012. Clinical Reviews are no longer conducted by independent professionals contracted by DMH. It was determined that each Williams contracted agency would assume responsibility for conducting Clinical Reviews as assigned by DMH, when the Class Member is deemed not appropriate for transition at this time. Funding was granted to provide these Clinical Review services in FY13 based on the assumption that Williams contracted agencies may be better predictors of their capability to serve Class Members within the array of services and supports that they have available. In the absence of an agency preference, Class Members are assigned to community mental health agencies based on the geographic preference expressed at the time of the Resident Review, whether it be for Transition Coordination services or Clinical Review services.

Each Williams agency has identified a Clinical Lead person for this process. The Clinical Lead person has direct contact with the DMH Associate Deputy Director of Assessment for information exchange on the status of Class Members referred to Clinical Review. The Williams agency Clinical Review Team may include a registered nurse, psychologist, psychiatrist or an internist, as needed.

The outcome of the Clinical Review process will continue to be sent to each Class Member in writing. Class Members continue to have full rights to appeal the findings, with information on the Appeal Process included in letters sent to the Class Members.

It should be noted that, in the interim, while contracts were being executed with Williams agencies, Clinical Reviews were conducted by DMH staff. DMH staff continue to conduct Clinical Reviews generated by the Pilot Project described in the Transition Coordination/Community Services section of this report.

As of today, of the 420 Resident Reviews referred to Clinical Review, 46 or 11% of the recommendations were overturned and referred to community mental health agencies for transition to the community.

Universal Assessment Tool

The Office of the Governor has commissioned Navigant Consultants to convene State agencies to construct a Universal Assessment tool that would be relevant across disability populations (Developmental Disability, Mental Illness, Physical Disability, and Elderly). The information garnered from this tool will more effectively assist the PAS-RR screeners to make determinations for the most appropriate level of care, services and supports, based on individualized needs. This process will assist in shaping the future and responsibilities of the Pre-Admission Screening (PAS) processes across disabilities.

Eligibility Policy

It is evident from the Resident Review recommendations that a number of IMD residents exist who have operating diagnoses other than Serious Mental Illness(es). In October 2012, the State adopted a policy providing that these individuals can appeal a determination that they do not meet criterion as a Class Member. These individuals will be offered a re-evaluation by an independent psychiatrist and/or clinical psychologist for a second level diagnostic opinion. If the outcome of this second level diagnostic is that the resident does not meet criterion as a Class Member, the State has committed to assist with transition efforts by linking the individual to the most appropriate state agency(s), Federal and community-based resources.

TRANSITION COORDINATION/COMMUNITY SERVICES

Each Williams community mental health agency serves a discrete geographical area and each Williams community mental health agency is expected to provide a full range of Medicaid Rule 132 services with additional funding awarded to support non-Medicaid billable services and programs deemed critical to Williams Class Members' successful transition to the community.

The original five Williams community agencies identified in September 2011 to provide transition coordination and community services to Williams Class Members were Thresholds (Chicago), Trilogy, Inc. (Chicago), Community Counseling Center of Chicago (Chicago), Lake County Health Department (Lake County) and Human Service Center (Peoria).

In response to Class Members geographic requests and, given the Year II mandate for 640 Class Members to be transitioned, contracts with four more agencies were executed in September 2012: Grand Prairie Services (Tinley Park), Association House (Chicago), Heartland Health Outreach, Inc. (Chicago), and Human Resources Development Institute (Chicago). As of the date of this report, these new agencies have been trained by DMH staff regarding the Williams Consent Decree & Implementation and related topics and, are just beginning to receive referrals for transition.

The nine agencies listed above are able to serve approximately 90% of Williams Class Members in their geographic areas of choice, to date. The remaining 10% of Class Members assigned to community mental health agencies have expressed a choice to live outside of the areas served by the nine agencies. DMH is now executing contracts with nine more agencies located in geographic areas that will meet the needs of most of the remaining 10% and anticipate that more agencies will be added as Class Member choice dictates. Some of these agencies serve geographic areas requested by as few as one or two Williams Class Members, so non-Medicaid billable supports are contracted commensurate with the number of Class Members being served. These referrals will only be made when the community mental health agencies can demonstrate that they are able to meet the needs of Williams Class Members.

Transition Activities

In FY13 contract negotiations, Transition Activities was added as a Williams non-Medicaid billable support/program. Transition Activities grants performance based funding for timely transitions of Williams Class Members to the community, excess travel expenses incurred during engagement visits with Class Members, and the development of Williams housing resources.

PATHWAYS to 256

The Williams Consent Decree charged the State with "offering placement" to 256 Class Members by June 30, 2012. Due to a myriad of factors that delayed the start of implementation of the Williams Consent Decree, the State requested that this deadline be extended to November 30, 2012. To meet this goal DMH developed an initiative named PATHWAYS to 256 that employed two major strategies utilizing the collective efforts of the original four Williams contracted agencies and several of the FY13 contracted agencies:

Strategy I

Four of the original Williams community mental health agencies, Thresholds (Chicago), Trilogy (Chicago), Community Counseling Center of Chicago (Chicago), Human Service Center (Peoria),

were asked to identify a targeted number of Class Members that had been referred to them by DMH with the fewest barriers to timely transition to Permanent Supportive Housing. The progress of each of these Class Members was tracked by DMH staff during weekly meetings with the individual agencies. Barriers unique to each Class Member were addressed during these meetings as well as systemic barriers. As of the date of this report, *Strategy I* goals were met by all of the original Williams agencies.

Strategy II

In *Strategy II* or the Pilot Project, the four Williams agencies were allowed to conduct the Resident Reviews for the Class Members that they were to provide community mental health services. These agencies were given the latitude to identify Class Members in ways that were not afforded in the design of the Implementation Plan's Resident Review process. These agencies had direct access to IMDs of their choice, where they had established relationships with Class Members and/or operators. As such, they had the opportunity to identify Class Members easily who they knew had an interest in transitioning to the community and who they could transition expeditiously. Secondly, these agencies had direct access to IMD staff to elicit recommendations on Class Members who would be optimal candidates to transition. Finally, they were able to benefit from the knowledge of the Outreach Workers regarding Class Members who were interested in transition to the community. There were few random selections of Class Members to be assessed, so, there was minimal time lost in assessing individuals who had no interest in transition activities. The State did require that Resident Reviews be conducted by clinical teams distinct from the transition coordination teams.

One of the bigger barriers recognized very early was the low percentage (50%) of Class Members who were recommended for transition after assessment. The Pilot Project was an effort to improve the rate as well as to meet the November 30, 2012 deadline. To date, all of the Pilot agencies have conversion rates (rates of Class Members referred to transition) greater than 50%.

While the Pilot concludes November 30, 2012, DMH will heed the lessons learned and ensure that the Resident Review processes are well coordinated with the transition efforts of the Williams community agencies. The two vendors that have been contracted (LSSI and MFS) know the system's resources, services and operations well and it is anticipated that they will partner with the community mental health agencies in their effort to seamlessly transition Williams Class Members to the community.

Significant lessons were learned from both strategies regarding the challenges that can be associated with moving persons with serious mental illnesses from institutions to the community. Some the most prevalent ones are:

- Some Class members have unrealistic expectations of their housing options. They choose areas that are economically inaccessible or areas where community mental health services are unavailable,
- Class Member ambivalence – It can be manifested in many different ways, i.e., asking to slow down the process, changing one's mind after signing a lease, psychiatric decompensation due to stress, inability to make a decision, acting out, etc.,
- Family interference or implied detachment of emotional support and
- IMD interference – In some cases IMDs have attempted to block the process. They can be uncooperative with Resident Reviewers and community mental health center staff by not providing private space or needed records. Incidences have been reported of i) a CM being sent out of the facility after confirming a meeting, ii) comments being made about the

perceived failures of CMs to other CMs and iii) a case of IMD staff violating the privacy and lease of a CM by entering his apartment under false pretenses.

DMH is developing strategies to address all of these challenges.

PATHWAYS to 256 proved to be a successful initiative. As of November 30, 2012, **282** Williams Class Members transitioned to the community or have signed leases with transition imminent.

Integrated Care Program (ICP)
DMH is working with IlliniCare and Aetna to access outcome data that reflects that Williams Class Members continue to receive services that are comparable to Medicaid Rule 132 Community-based services.

Integrated Behavioral/Medical Care
HFS has taken the lead in promoting Integrated Healthcare models to pursue greater efficiencies in healthcare service delivery and coordination of care. The Integrated Care Program and the Innovations Project approach the needs of individuals with attention to both behavioral and physical healthcare needs. In FY13, DMH embraced the vision for an Integrated Healthcare model in its service delivery and incorporated an objective in its five year Strategic Plan continuum of care policy discussion. Likewise, DMH has assured that each of the contracted Williams community mental health agencies has, at a minimum, a basic connection to healthcare resources for Class Members with the understanding that mental health treatment is ineffective if it is separated from other healthcare or behavioral health needs of the person being served.

Descriptive Information - Williams Class Members Transitioning to Community Living
As described in the Decision Support/Information Technology Section of this report, DMH systematically collects a range of data on Williams Class Members across the five components of the Consent Decree. As of November, 2012, information had been submitted to the DMH/Collaborative Community Management information System by DMH contracted providers for 242 individuals who are or were in the process of transitioning from IMDs to community living. Demographic and clinical profiles for these individuals are displayed below.

Demographic Characteristics
Gender, Age, Race/Ethnicity and Hispanic Origin. The majority of individuals transitioning thus far are male (67%) and the primary race/ethnicity of these individuals is Black/African American (60%). Thirty-seven percent (37%) are Caucasian, and a small percentage (2%) is of Asian descent. Approximately 7% are of Hispanic Origin (e.g., Mexican, Puerto Rican or other Hispanic). Class Members ages range from 22 to 76, with an average age of 46.

Marital Status. Seventy-eight percent of the individuals in this first transition group have never been married; 14% are divorced, and a small percentage (2%) are married, separated or widowed.

Education Level: Twenty-nine percent (29%) of the individuals transitioning to community living from IMDs possess a high school diploma; another 11% have earned a General Equivalency Diploma (GED) and another 25% completed some high school. Seventeen percent completed some college and 4% earned a bachelor's degree. The remainder (3%) of those reporting their educational status have completed post secondary school training or post graduate college degrees.

Employment Status. As would be expected, most individuals (93%) were unemployed or not in the labor force. A very small percentage reported being employed part time or engaged in supported/subsidized employment (4%).

Veteran Status. A small percentage of individuals (4%) reported being Veterans.

Clinical Characteristics

Diagnosis. The majority (78%) of individuals transitioning at this point in time have a diagnosis of schizophrenia or other psychotic disorders; another 15% have a bi-polar disorder diagnosis and 4% have a major depressive disorder.

Global Assessment of Functioning Ratings. The global assessment of functioning (GAF) score is a general rating made by DMH contracted agency clinical staff of individuals' ability to function independently in the community considering psychological, social and occupational factors. GAF scores range from 0 to 100; the higher the score the greater the ability of the individual to live independently in the community. GAF scores for Williams Class Members transitioning to community living ranged from 25 to 65, with an average score of 45. A score of 25 is used to describe individuals whose *"Behavior is considerably influenced by delusions or hallucinations or serious impairment in communication or judgment, or inability to function in almost all areas"*. A score of 65 is used to describe individuals *"who have some mild symptoms, or some difficulty in social, occupational or school functioning, but generally functioning pretty well; [the individual] has some meaningful interpersonal relationships"*. A score of 45, which was the average score, is used to describe an individual with *"serious symptoms or any serious impairment in social, occupational or school functioning"*.

Level of Care Utilization Scale (LOCUS) Ratings. The LOCUS is an instrument that was developed to guide assessment, level of care placement decisions, continued stay criteria, and clinical outcomes for individuals with mental illnesses. Per the authors, the instrument has the following potential uses:

- To assess immediate service needs (e.g., for clients in crisis)
- To plan resource needs over time, as in assessing service requirements for defined populations
- To monitor changes in status or placement at different points in time. The LOCUS has six subscales: Risk of Harm, Functional Status, Medical Addictive and Psychiatric Co-Morbidity, Recovery Environment, Treatment and Recovery History and Engagement.

LOCUS ratings provide the treatment team with information that they can used to work with consumers to help determine the type and level of mental health services that the individual needs. The scores for each subscale range from 1 to 5 with 1 typically indicating a less impairment or less need for an intervention or service. The LOCUS is completed for all Williams Class Members during the Resident Review and during Registration with DMH providers who will be providing transition coordination for these individuals. The average ratings made by DMH contracted community providers assigned to perform transition for Class Members ranged from 2.68 to 2.89.

Quality of Life Survey Assessment Snapshot

It is important to gain an understanding of how Williams Class Members view their quality of life whether positively or negatively, and to understand how their evaluation of their quality of life

changes or is maintained as they transition from residing in IMDs to their own apartments in community settings. DMH has implemented a survey process to obtain this information directly from Class Members. The Lehman Quality of Life Survey is administered to Class Members minimally a week before they move from the IMD in which they currently reside to their own residence in the community. The instrument is then re-administered at 6 month intervals to evaluate change across time in Class Members Quality of Life as rated using the instrument. A Perception of Care Survey is also administered to Class Members at each of these time points to obtain an evaluation of individuals ratings of access, quality and outcomes associated with the mental health services that they receive by NAMI-GC's Outreach Workers. Displayed below are the preliminary results for a small subset of items from the Quality of Life surveys for 40 (17%) of the 242 individuals who have transitioned to community living. The surveys cover a period of May through September 2012. Additional surveys are in the process of being analyzed. Please note that because the number of surveys represents a relatively small percentage of individuals engaged in transition coordination, and the surveys were not randomly selected, the results should not be generalized to the entire group of individuals described in this report. The information reported below is intended to provide the reader with a snapshot of a sample of Class Members assessment of their quality of life while still residing in their current residential setting. Please keep in mind that because of the size of the sample, one individual represents 5% of the sample, so although some percentages may seem high the number of individuals represented may actually be quite small. As more surveys are analyzed, the results will become more representative of some Williams Class Member responses.

Assessment of Health, Physical Condition and Emotional Well Being. In response to a question asking Class Members to rate their health, approximately 38% rated their health as excellent or good; 32% rated their health as fair and 10% rated their health as poor. These individuals were also asked how they would rate their physical condition. Forty-five percent reported being pleased or delighted, 15% were mostly satisfied, 10% stated that they had mixed feelings (e.g. equally satisfied and dissatisfied) and 5 percent reported being unhappy about their physical condition or that their physical condition was terrible. With regard to emotional well-being, approximately 58% reported being pleased or delighted, 23% were mostly satisfied, 12% had mixed feelings and 7.5% reported being unhappy.

Safety of Environment. In response to being asked how safe the streets are in the neighborhood in which they live, 48% reported being pleased or delighted, 25% were mostly satisfied, 18% had mixed feelings and 10% reported that they were disappointed. When asked about the safety of the place in which they live, 50% reported being pleased or delighted, 35% were mostly satisfied, 10% had mixed feeling and 5% reported being mostly disappointed or they felt terrible about the safety of their residence.

Overall Assessment of Functioning. Thirty-three percent (33%)of the 40 individuals who results are reported indicated that they would rate their functioning as excellent, 43% rated their functioning as good and the remainder rated their overall functioning as fair.

HOUSING

Permanent Supportive Housing (PSH) is the presumptive housing of choice for Williams Class Members and, during the time period covered by this report, the Class Members chosen for transition were those appropriate for scattered site Permanent Supportive Housing.

Once transitions from NF/IMDs to community-based settings began, it became apparent that, once a Class Member committed to the idea of transition, the biggest barrier to timely transition is the housing search and the identification of an appropriate PSH unit that meets the needs and requirements of the Class Member. Clinician time was being used to conduct the housing search, often excessively. Transition Coordinators could move Class Members more quickly if they received assistance with locating the right unit in the geographic area requested by the Class Member. Common barriers identified that prevent a Class Member from timely transition to a scattered-site Permanent Supportive Housing unit include: a) poor credit history, b) criminal background, c) shortage of available, affordable units in desirable geographic areas, d) lack of identification and e) Medicaid Spend-down status. In addition, the intricacies of the DMH Bridge Subsidy process could delay timely Williams Class Member transitions. Strategies developed to meet these challenges and assure PSH housing choices for Williams Class Members throughout the Implementation timeline are:

- Additional funds were granted by DMH to community mental health agencies through FY13 Williams Community Service contracts to develop housing location resources.
- Statewide and Regional Housing Coordinators in the GO and CSH have expanded housing choices through obtaining commitments from developers and property managers to lease to Williams Class Members. Statewide and Regional Housing Coordinators, IHDA and CSH maintain and distribute a housing resource spreadsheet for community mental health agency staff use in seeking housing that includes those units, unit vacancies in the IHDA portfolio, as well as opportunities in Public Housing.
- Statewide and Regional Housing Coordinators have expanded the Williams Master Leasing program to 79 units.
- Statewide and Regional Housing Coordinators facilitated Illinois Housing Search.org training for approximately 40 community mental health agency staff to increase the use of the Illinois Housing Search.org Caseworker Portal for housing listings for persons with disabilities.
- Statewide and Regional Housing Coordinators are working with local housing authorities to identify units available to Williams Class Members. In particular, the Statewide and Regional Housing Coordinators received commitments for up to 575 additional housing units from the Chicago Housing Authority, the Housing Authority of Cook County and the Rockford Housing Authority for Olmstead Class Members, including Williams Class Members as leverage in support of the State's Section 811 application to demonstrate non-federal commitment to Olmstead implementation. The Housing Authority of Cook County (HACC) committed to 10% of all turnover HACC vouchers, housing units and project based rental assistance to be allocated to Olmstead Class Members as units become available, as well as 35 Non Elderly Housing Vouchers for persons with disabilities to be allocated through the Statewide Housing Referral Network.
- Statewide and Regional Housing Coordinators launched a bi-weekly teleconference with community mental health agency housing locator staff to brainstorm, problem solve and

serve as a resource for community mental health agency staff seeking housing for Williams Class Members.

- DMH is monitoring the timeframes associated with each step in the Subsidy Administration process once a unit is processed for lease up for appropriateness and efficiency.
- DMH staff provides a forum to brainstorm and problem solve housing/Bridge Subsidy issues during weekly Williams Quality Administrator calls.
- Statewide and Regional Housing Coordinators obtained a letter from the HUD Region V Director of Fair Housing stating that persons with disabilities may have different rental application standards applied to them in light of their disabilities without risk on the landlord's part to claims of housing discrimination by non-disabled complainants.
- Statewide and Regional Housing Coordinators worked in partnership with the U.S. Department of Housing and Urban Development (HUD) to develop guidance for Public Housing Authorities (PHA) on their ability to grant preferences under PHA Administrative Plans and Annual Plans to provide housing preference for Olmstead Class Members. This information was presented to the Annual Meeting of the Illinois Association of Public Housing Authorities.
- Statewide and Regional Housing Coordinators managed the Lead Referral Agent process for the referral of consumers with disabilities to housing options that are made available under IHDA programs, including LIHTC Targeting programs. This included developing a plan to list IHDA Targeted Units on IL Housing Search.org commencing in the first quarter of 2013.
- Statewide and Regional Housing Coordinators and IHDA co-developed the HUD Section 811 Project Rental Assistance Demonstration Program Application for Olmstead Class Members. If approved, the State of Illinois may add up to 825 housing units for a term of fifteen years for persons with disabilities. A decision by HUD is anticipated in December 2012.
- Statewide and Regional Housing Coordinators participated in numerous forums and gave presentations on the Williams Consent Decree to stakeholder groups including: the Statewide Housing Providers Association, Housing Action Illinois, the Pierce Foundation, the Coleman Foundation, the Chicago Community Trust, the Olmstead Policy Academy and the Illinois Association of Public Housing Authorities;**PSH Rule 150**

Proposed PSH Rule 150 is written and is in the Illinois rulemaking process. The language was adjusted to make it clear that continued tenancy is not contingent upon the receipt of services.

Residential Rule

DHS/DMH continues to work on a Residential Rule that will refine and standardize residential services within the State. Because these services have evolved over time and according to the needs of the particular community as identified by the specific provider of the residential service, there are broad variances in practices within the state. DHS/DMH has worked extensively through hours of stakeholder meetings to bring consistency to a new category of residential treatment to be known as Supervised Transitional Residential Level of Care. This will replace what has been known as Supervised Residential. The standards being developed focus on the needs of each person to be served in this level of care to assure that it is meeting treatment needs of individuals and not providing an alternative to housing. As the name of the level of care indicates, it is expected to be transitional in support of individuals moving toward recovery and into their own housing. Additionally, the standards focus on the safety of the sites and the qualifications of the staff. It is expected that a rule will be published during calendar year 2013.

QUALITY

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.

One QIC committee meeting was held during this reporting period. During the August 16, 2012 QIC committee meeting Outreach, Resident Review, and Transition data were presented. Representatives from NAMI-GC, Thresholds, Trilogy and C4 presented field perspectives regarding Outreach and Transition activities. In addition, the following subjects were discussed: 1) the pending change in Resident Review contractors, 2) housing search limits, 3) IMD barriers to efficient Class Member transitions, and 4) Class Member reluctance and ways to relieve Class Member anxieties regarding transitioning to the community.

The Division has developed strategies to implement the recommendations of the Committee.

Quality Monitors

During the period of this report, the ten Quality Monitors proposed in the Williams Implementation Plan were hired and began employment. Six Quality Monitors started in July, 2012 with two hired in September 2012 and the last two hired in November 2012. These Quality Monitors are a mix of Social Workers, Psychologists and Registered Nurses. The responsibilities of the Quality Monitors are broad and the training curriculum is a mix of classroom training and field practice. Eight of the Quality Monitors have received extensive instruction regarding the Williams Consent Decree and related topics. Related topics include Cultural Competency, Williams Quality Indicators, Medicaid Rule 132 Services, Recovery and Resilience Education, Permanent Supportive Housing, Expanded Services for Williams Class Members and OIG/HIPPAA. Quality Monitors must assess multiple aspects of the Williams Implementation process so they require familiarity with the community mental health service delivery system in Illinois and, in particular, Williams community mental health agencies. To that end, the Quality Monitors have spent time at all of the original five Williams agencies. They are becoming familiar with agency staff, the documentation systems at these agencies as well as their individual approaches to developing Comprehensive Service Plans and meeting Class Member needs. The Williams Quality Monitors have visited Williams Class Members in their apartments under supervision and independently as they familiarize themselves with the population and hone their interviewing skills. Williams Quality Monitors have begun to test the tools that they will use to audit quality in the various components of the Williams Implementation effort. Thus far, tools that have been tested include 1) the Outreach Satisfaction Survey, 2) the Resident Review Satisfaction Survey, and 3) the Comprehensive Service Plan Audit Tool.

Director of Licensing and Quality Management

The Director of Licensing and Quality Management position was vacated in July 2012. It has been posted and should be filled in the near future.

Outreach

Satisfaction surveys were administered to Williams Class Members to determine the effectiveness of Outreach activities. During July 2012, Outreach Satisfaction surveys were conducted at Monroe

Pavilion. Ten Class Members were surveyed individually and a focus group was conducted with ten Class Members. Class Members continue to report high levels of satisfaction with Outreach activities and processes.

Resident Review
Efforts made to increase the percentage of Class Members recommended to transition to the community include 1) the change in contractor from individual clinicians to community agencies practiced in MH-PASRR as described in the Resident Review section of this document and 2) the Pilot Project which allowed the community mental health agency to both complete the assessment and provide the community mental health services as described in the Transition Coordination/Community Services section of this document.

Quality Monitors have begun to test the Resident Review Quality Assurance Tool which is designed to assess the consistency and quality of the Resident Review process.

Transition Coordination
Transition Coordination progress continues to be tracked at weekly Williams Quality Administrator (WQA) meetings. This group is focusing on systemic issues, as the number of community mental health agencies has increased, and, in the interest of Class Member privacy. The PATHWAYS to 256 initiative introduced weekly meetings with each agency during which individual transition issues/barriers are discussed. This approach was effective and will be considered for future implementation in future efforts.

Appeals, Complaints, Grievances
The Williams Implementation Team has developed processes for Class Members to file complaints, appeals and grievances. These processes are explained in linguistically appropriate brochures that have been widely distributed to Williams Class Members.

Appeals
Williams Class Members have the right to file an appeal to dispute decisions made on their behalf in the Williams Implementation process. The Williams appeal process allows three levels of review that can be filed by telephone, email or U.S. postal mail.

- Twenty-eight (28) 1st level appeals were filed by Williams Class Members
- Four (4) Williams Class Members filed 2nd level appeals
- One (1) Williams Class Member filed a 3rd level appeal
- Twenty-six of the appellants disputed Resident Review findings
- One of the appellants disputed the finding that the individual did not qualify as a Williams Class Member
- One of the appellants disputed the housing options offered by the community mental health agency
- Eleven (11) (33%) of the appeals were substantiated or resulted in overturns of the Resident Review recommendations.

Complaints
Complaints are to be filed with the Illinois Mental Health Collaborative for Access and Choice. Complaints can be filed by telephone, email or U.S. postal mail.

There was one complaint filed with the Illinois Mental Health Collaborative for Access and Choice during the time period of this report. The nature of the complaint was the Resident Review process.

Grievances

Williams Class Members have the right to grieve a violation of written rights, rules, statutes or State contract terms such as those defined in the Illinois Mental Health and Developmental Disabilities Code, the Mental Health and Disabilities Confidentiality Act, the Health Insurance Portability and Accountability Act (HIPPAA), the State's administrative Rules and State contracts.

There were no grievance filed by Williams Class Members during this time period.

DECISION SUPPORT/INFORMATION TECHNOLOGY

Accomplishments and Updates

As described in the Implementation Plan, the Decision Support/IT strategy that was implemented to support planning, quality improvement/compliance activities, evaluation and decision making for each of the five components of the Consent Decree has been built on platforms that are interoperable. Data are collected using: (1) the DMH/Illinois Mental Health Collaborative Management Information System that the Division of Mental Health developed with its Administrative Services Organization (ASO); (2) a web-based Outreach system designed by DMH to capture outreach services/activities provided by contracted outreach workers and (3) the Resident Review system developed by HFS' vendor, the University of Illinois School of Nursing. DMH State agency partners involved in the Consent Decree are expected to provide files containing claims/other information for non-DMH purchased services which will be integrated into the DMH data warehouse for reporting purposes.

As stated earlier in the report, DMH assumed responsibility for the Williams Pre-Admission Screening Process. Despite this modification to the Implementation Plan, Healthcare and Family Services has made a commitment to continue entering Resident Review data into the Resident Review Information System operated by the University of Illinois contractor who developed the system. DMH is working with HFS to obtain access to Resident Reviews completed prior to the start of fiscal year 2012, as well as data associated with Resident Reviews completed in fiscal year 2013. During the next six months, DMH and HFS will determine if the strategy to continue Resident Review data collection through the University of Illinois contractor requires modification.

Other Information Technology Activities

DMH Decision Support staff has worked with the Williams Consent Decree team to develop several small databases to manage various administrative tasks associated with the transition of Class Members. The tasks include tracking the completion and disposition of Resident Reviews, assignment of Class Members to DMH contracted agencies for transition coordination, and tracking and documenting appeals and the disposition of appeals. This system has also been useful in terms of compiling information required for compliance reports and for performing data integrity checks.

Work has been undertaken to develop reports that are needed to track the outcomes associated with transition coordination, as well as those outcomes associated with Class Members move to permanent supportive housing. Data analysis has also begun on the Quality of Life and consumer evaluation of care surveys that are being administered to Class Members as they transition to the community, and at six months intervals post transition. DMH Decision Support Staff will continue working with the Williams Consent Decree management team to develop additional reports over the next few months.

BUDGET

In FY13 the Illinois General Assembly approved a $16.75 million General Revenue Fund appropriation for grants and administrative expenses associated with compliance with judicial consent decrees. In accordance with statutory appropriation language, the funding will be used exclusively to support the Department's efforts to expand home and community-based services associated the Williams Consent Decree. In addition to the General Revenue Fund appropriation, the General Assembly also approved $20 million in appropriations from the Department of Human Services Community Services Fund. The Governor's Office of Management and Budget has committed to revenue transfers into this Fund sufficient to fully expend the appropriation. This appropriated line item will also be dedicated to Division of Mental Health grant and administrative costs associated with consent decree compliance.

OTHER PERTINENT ACTIVITIES

Specialized Mental Health Rehabilitation Facilities Rules

The State has been meeting with key stakeholders to explore the design of Specialized Mental Health Rehabilitation Facilities. The planning of these facilities was initiated in FY12 and will continue to ensure a process that is grounded in principles of Recovery and community reintegration. Major emphases in the design will be on appropriate staff training, competencies and to assure the best delivery of services to the defined population.

DMH Institute for Mental Health Systems Rebalancing

DMH coordinated a two day Institute for learning and problem-solving the issues inherent in achieving community integration for persons with serious mental illnesses in October 2012. Day One was directed toward community mental health agency staff with presentation topics focused on alternate service models, best practices in care delivery, and strategies for engaging clients in care. Day Two was designed for State policymakers with presentations focused on the implications of Managed Care and alternate models of housing and community mental health service delivery.

An action plan was developed by DMH staff using the learnings from these presentations along with information derived from Williams Implementation efforts thus far regarding Class Member services and support needs for FY13 , FY14 and FY15 planning and implementation that includes the following items:

- Monitor fidelity of existing CST and ACT for optimal effectiveness.
- Develop a Residential Intensive Support Team (RIST) - like model for the DMH service taxonomy with funding methodology – RIST is a service model developed in New Jersey to serve individuals at risk for homelessness and institutionalization. This supportive housing model is designed to engage the client at the point of referral, secure housing and provide intensive services as needed on a 24 hour 7 day a week basis.
- Provide ongoing training and support to community mental health providers regarding pertinent topics to include: i.) Harm Reduction, ii.) Health Literacy, iii.) the LEAP approach (Listen-Empathize-Agree-Partner), iv.)Staff culture change regarding deinstitutionalization and rebalancing, v.) Person-centered planning and, vi.) Integrated Health Care with focus on the monitoring of complex medical conditions.
- Promote new strategies for self-administration of medications and monitoring of medications.
- Seek other opportunities for community mental health service performance-based contracting
- Explore Medicaid Waiver feasibility
- Explore funding methods to support atypical costs associated with Housing, i.e., bedbug eradication, damage to property, etc.
- Expand opportunities for peer input, provision of peer services and peer supports
- Create additional co-occurring substance abuse and mental health treatment models
    - Use Dual Diagnosed Mental Health Treatment (DDMHT) instrument to assess community mental health providers and provide technical assistance
- Consider the use of occupational therapy on treatment teams – it is a practice in other states and is effective in the teaching of Activities of Daily Living.

- Design service model around the Four Quadrant Model of risk – a model for the clinical integration of mental health and behavioral health services. The Four Quadrant Model describes differing levels of mental health and substance abuse integration and clinical competencies based on the four-quadrant model, divided into severity for each disorder.
- Explore other housing models with particular interest in New York's Pathways Housing First model.
- Develop procedures and parameters to provide landlord training, apartment maintenance, landlord network building and other landlord supports.

Olmstead Policy Academy

The Substance Abuse and Mental Health Services Administration (SAMHSA) and it's partners, the Administration for Community Living (ACL), the Centers for Medicare and Medicaid Services (CMS), the Department of Health and Human Services (HHS), Office of Civil Rights (OCR), the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Department of Justice (DOJ), the Department of Housing and Urban Development (HUD), the Department of Education, National Institute on Disability and Rehabilitation Research (NIDRR), and the National Association of State Mental Health Program Directors (NASMHPD) have joined together to provide technical assistance to selected states to further the goals of the Olmstead decision. Illinois was selected to participate and the State team, composed of representatives from GO, DHS/DMH, IHDA, and HFS key to Illinois' Olmstead efforts attended the first policy academy in September 2012. The purpose of the technical assistance is to help the policy academy states implement effective practices to successfully transition individuals with disabilities, including mental illnesses, from institutions to the community in the most integrated settings possible and to maintain those individuals in the community.

APPENDIX I

Summary
Williams Consent Decree Class Members and Individuals Enrolled in the Money Follow the Person Initiative

Number of Service Units, Service Cost and Average Cost by Service Category Calendar Year 2012

	Williams Consent Decree Class Members		Money Follows the Person
Number of Individuals Transitioned	261		49
Number of Individuals Receiving Services	239		33
Number of Units of Service Provided	58,878		11,482
Total Expenditures/Community MH Services	$974,454.31 [a]		$194,136.92 [b]
Average Expenditure/Community MH Service	$4,077.21 [a]		$5,882.94 [b]
Transition Expenditures[c]			
Transition Fund/Security Deposits	$116,815.74		$33,815.5
Transition Fund Card	$347,091.24		$63,281.09
2012 Rental Subsidy[c]	$545,007.58		$1,069,849.53[c]
Total Transition Expenditures[c]	$1,008,914.56		$1,166,946.12[c]
Total Expenditures-Service and Transition[c]	$1,983,368.87		$1,361,083.04[c]

Notes:

[a]22 individuals classified as Williams Consent Decree Class Members did not receive community based services; The average Community Service Cost is based on 239 individuals

[b]16 individuals classified as enrolled in the Money Follows the Person Initiative did not receive community based services; The average Community Service cost is based on 33 individuals

[c]Transition Rental Subsidy Expenditures include expenditures for individuals transitioning under the MFP initiative in calendar year 2012, as well as those individuals who transitioned to community living in prior years.

APPENDIX II

Williams Consent Decree Class Members and Individuals Enrolled in the Money Follow the Person Initiative

Number of Service Units, Service Cost and Average Cost Per Consumer by Service Category – Calendar Year 2012

	Williams Consent Decree (N = 261[a])				Money Follows the Person (N = 49[b])			
SERVICE CATEGORY	**Unduplicated Count Consumers**	**Service Units**	**Service Cost**	**Avg Cost Per Consumer Per Service**	**Unduplicated Count Consumers**	**Service Units**	**Service Cost**	**Avg Cost Per Consumer Per Service**
Assertive Community Treatment	39	7,096	$208,190.00	$5,338.21	1	184.00	$5,521.60	$5,521.60
Case Management	203	20,053	$391,756.94	$1,929.84	30	3,520.00	$64,727.12	$2,157.57
Case Management - LOCUS	197	273	$12,073.23	$61.29	23	46.00	$1,927.26	$83.79
Community Support	107	19,597	$234,935.65	$2,195.66	26	4,041.00	$78,088.79	$3,003.42
Crisis Intervention	16	347	$6,619.99	$413.75	3	18.00	$592.26	$197.42
Mental Health Assessment	186	1,963	$38,632.31	$207.70	29	1,043.00	$20,179.66	$695.85
Psychosocial Rehabilitation	48	7,733	$49,675.82	$1,034.91	10	1,722.00	$10,099.86	$1,009.99
Psychotropic Medication Administration	4	16	$163.36	$40.84	1	2.00	$20.42	$20.42
Psychotropic Medication Monitoring	17	251	$5,033.86	$296.11	9	286.00	$5,725.72	$636.19
Psychotropic Medication Training	22	360	$6,526.00	$296.64	7	44.00	$839.00	$119.86
Residential Services	1	91	$0.00	$0.00	1	92.00	$0.00	$0.00
Therapy/Counseling	3	20	$341.22	$113.74	4	306.00	$3,230.77	$807.69
Treatment Plan Dev, Review,Modification	136	1,078	$20,505.93	$150.78	21	178.00	$3,184.46	$151.64
Subtotal 1 - Service Expenditures	**239**	**58,878**	**$974,454.31**	**$4,077.21**	**33**	**11,482.00**	**$194,136.92**	**$5,882.94**
TRANSITION EXPENDITURES[c]								
Transition Fund Security Deposits/Utilities			$116,815.74				$33,815.50	
Transition Fund Card			$347,091.24				$63,281.09	
2012 Rental Subsidy/Total Dollars YTD[c]			$545,007.58				$1,069,849.53[c]	
Subtotal2 Rental/Transition Funds[c]			**$1,008,914.56**				**$1,166,946.12[c]**	
Total - Service/Rental/Transition Funds[c]			**$1,983,368.87**				**$1,361,083.04[c]**	

Notes:

[a]22 individuals classified as Williams Consent Decree Class Members did not receive community based services; The average Community Service Cost is based on 239 individuals.

[b]16 individuals classified as enrolled in the Money Follows the Person Initiative did not receive community based services; The average Community Service cost is based on 33 individuals

[c]Transition Rental Subsidy Expenditures include expenditures for individuals transitioning under the MFP initiative in calendar year 2012, as well as those individuals who transitioned to community living in prior years.

APPENDIX III

Number of individuals Estimated to be Transitioned in Calendar Year 2013

Consent Decree/Initiative	Number of Individuals
Williams Consent Decree	680
Money Follows the Person Initiative	144
Colbert Consent Decree	90
Total	**914**