



WILLIAMS V. PRITZKER CONSENT DECREE  
SEMI-ANNUAL REPORT#16

January 1, 2019-June 30, 2019

## PASRR REDESIGN

### Decree Requirements

1	<b>Williams Consent Decree VI(8)(A)</b>	Within one (1) year of finalization of the Implementation Plan, no individual with Mental Illness shall be admitted to an IMD without a prescreening having first been conducted through the PASRR Process and an initial Service Plan completed. Defendants will ensure that the PASRR Process: identifies and assesses individuals who may be appropriate for placement in a Community-Based setting; identifies Community-Based Services that would facilitate that placement; and ensures that approved admissions to IMDs are only for those IMDs that can provide treatment consistent with the individual's initial Service Plan and consistent with the goal of transition to a Community-Based Setting.
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Federally mandated MH and DD PASRR processes are critical basic components in state efforts to ensure provision of appropriate individual treatment and supports, to rebalance LTC/LTSS systems in compliance with the ADA/Olmstead, and to meet requirements in the Williams and Colbert Decrees. The state has already acknowledged issues in PASRR and a longstanding need to revamp the program. The potential of PASRR to drive system change and produce data to inform service development has yet to be tapped. Federal expectations for PASRR have increased in recent years, bringing new opportunities for improvement. These combine to make PASRR redesign a more lengthy and complex endeavor than might first be thought.

Illinois has committed to a substantial upgrade of the overall PASRR system and for MH PASRR, to a fundamental, ground-up redesign. The PASRR process however, does not stand alone. It requires better functional operation of some other system elements (e.g. discharge planning) and availability of alternative resources (e.g. intensive transition supports) to be effective. Successful state redesign requires a comprehensive approach, involving more than just identifying solutions for the known areas of weakness or noncompliance in current PASRR operations.

During this reporting period, a significant amount of work has been completed on PASRR redesign, which is scheduled to go into effect during FY20. Most significantly, due to the change in elected offices, including Governor of Illinois, the Defendant agencies have new leadership that is working together to identify and address issues related to PASRR. HFS has completed work during this reporting period to enable implementation of the new PASRR system during FY20. This includes, but is not limited to the following:

- HFS and DMH participation in webinars and training offered through PTAC, CMS-funded TA provider;
- HFS has reviewed efforts of other states to upgrade PASRR assessment provision, tools, determinations, service recommendations, and generation of individual and system reports;
- HFS researched literature on MLTSS and potential synergies of PASRR working with MCOs on diversion, community reintegration, and ensuring PASRR recommended services are provided;
- HFS identified basic system infrastructure components without which PASRR cannot function effectively (e.g. real-time psychiatric admission notification, routine availability of intensive transition services);

- HFS identified the policy review and regulatory issues involved in any update of the State’s Specialized Services definition; and
- HFS is developing options for how to stage full design implementation – for complex or sensitive changes (e.g. SMHRF versus NF criteria, MCO roles, Specialized Services definition).

**Implementation Plan Requirements<sup>1</sup>**

<b>Requirement</b>	<b>Due Date</b>	<b>Current Status</b>	<b>IP No.</b>
Overview of PASRR redesign issues, strategies and process presented to parties/Monitor.	August 2018	Partially Completed. Presented to Monitor August 2018. Presentation to Parties postponed and not completed during FY19. Please see Footnote 1.	IP9
OBRA 1 and Level 1: Process, Tools, Reporting, Tracking/Follow-Up.	September 2018	HFS has identified areas where the State is out of compliance with PASRR Level I requirements and has reviewed the database locations where Level I (positives and negatives) may be collected and stored. HFS has reviewed PTAC Level I Technical Assistance documents and also looked at Level I tools and processes from other states. Issues and options for Level I have been identified and will be presented to the parties, identifying the general issues and what can be done to address the larger systems change needs.  This matter was not scheduled and presented during the specified time frame. Will be part of PASRR redesign in FY20. Please see Footnote 1.	IP10
Level II: Process, Tools, LOC Determination, Setting and Services Recommendations, Reporting; Pre-Admission Specialized Reviews-Supportive Living Programs.	October 2018	Not completed in the specified time frame. To be incorporated into PASRR redesign in FY20. Please see Footnote 1.	IP11

<sup>1</sup> With respect to the IP requirements related to PASRR redesign, HFS staff agreed with the Monitor’s previous comments that the Parties were unfamiliar with the PASRR process and would benefit from a more in-depth presentation. IDHS requested a chart of dates be included in the IP. These dates were not intended to be reports on completed portions of the PASRR redesign, but a discussion of PASRR requirements, issues and possibilities for maximizing its effectiveness to inform the Parties. HFS has been internally researching PASRR in anticipation of a high-level, interagency consensus to redesign PASRR, along with and in the context of critically related aspects of the Long-Term Care System infrastructure. As noted, the initial segment presentation was postponed to allow for the HFS Deputy Administrator’s attendance at the meeting. In addition, the brief time available to spend on a particular agenda item suggested to HFS that a separate, lengthier meeting would be necessary for adequate coverage and response to questions. Upon review by the new Administration, removal of PASRR from the new IP was proposed as it impacts a larger statewide system not specifically governed by the Colbert or Williams Decrees. However, the parties agreed to include periodic progress reports and timelines in the FY20 Implementation Plan. HFS continues to believe that a separate meeting to present PASRR would be more beneficial to the Parties and Monitor than a time-limited agenda item during the current Parties meetings.

Report on where do the four SMHRF levels fit in the continuum; how do they fit in the continuum, defining the populations, needed rule changes, strategies for change.	No Due Date	Not completed in the specified time frame. To be incorporated into PASRR redesign in FY20. Please see Footnote 1.	IP12
By November/December 2018 Parties Meeting, [report on] resident review triggers, process, tools and reporting and specialized services, definitions and service provisions, and new options.	November/December 2018	Not completed in the specified time frame. To be incorporated into PASRR redesign in FY20. Please see Footnote 1.	IP13
By January 2019, secure Governor's Office, DHS, HFS and leadership high-level sign off and authorization to proceed (with PASRR reform).	January 2019	Not completed by January 2019. Partially completed during FY19 (late Spring) with Governor/HFS/DHS agreement on PASRR redesign to take place during FY20. Please see Footnote 1.	IP14
Contingent upon date of administrative approval, [design] process enhancements in partnership with MCOs.	No Due Date	Not completed, as contingency not met. Will be part of PASRR redesign in FY20. Please see Footnote 1.	IP15
Contingent upon date of administrative approval, develop the general specifications for the PASRR data system.	No Due Date	Not completed, as contingency not met. Will be part of PASRR redesign in FY20. Please see Footnote 1.	IP16
Contingent upon date of administrative approval, initiate procurement for PASRR data system.	No Due Date	Not completed, as contingency not met. Will be part of PASRR redesign in FY20. Please see Footnote 1.	IP17
Contingent upon date of administrative approval, initiate procurement for MH PASRR assessment entities.	No Due Date	Not completed, as contingency not met. Will be part of PASRR redesign in FY20. Please see Footnote 1.	IP18
Contingent upon date of administrative approval, develop MH PASRR system implementation timelines.	No Due Date	Not completed, as contingency not met. Will be part of PASRR redesign in FY20. Please see Footnote 1.	IP19

**FRONT DOOR DIVERSION**

**Decree Requirements**

2	<b>Williams Consent Decree VI(8)(B)</b>	After the first five (5) years following the finalization of the Implementation Plan, no individual with Mental Illness whose Service Plan provides for placement in Community-Based settings shall be housed or offered placement in an IMD at public expense unless, after being fully informed, he or she declines the opportunity to receive services in a Community-Based Setting.
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**Current Diversion Project Status**

The Diversion Project continues to operate, with contracts extended for all three original community agencies through April 30, 2019. The new expansion contracts began in May through June to complete FY19. Based on the terms of the NOFO solicitation these contracts were renewed for FY20 as the first of two one-year renewals as allowable. The new expansion contracts added four (4) new agencies and twenty-three (23) new hospitals.

Agencies showed much less utilization of client assistance funds, spending only 29% of their awarded allocation for FY19. The highest use of these funds has been applied to secure emergency or immediate housing assistance upon discharge from hospital units, which accounts for 91% of all client assistance dollars.

As noted in the below chart, diversions for this reporting period decreased to 5% compared to FY18 levels of 10% and compared against Total Project Levels, also at 10%. Agencies have advised that more consumers have made up their mind to be discharged to LTC prior to Front Door’s attempts at engagement, which occurs within 24 hours of the referral. The dispositional status reported below – “Not evaluated and/or consumer was discharged prior to engagement” shows a continued slight increase to 58% for this reporting period, compared to 51% in the previous period in FY19 and 30% in FY18, vs. 40% for all total program years. The data highlights this as a substantial, negative outlier issue for FY19. The recent increase may represent somewhat of a reporting artifact as agencies reporting using this category more and “refusing service” less in later FY18 and continuing into FY19.

Front Door Actions Semi-Annual results	FY18 July – December	FY19 July – December	FY19 Jan-June (see note 3)	Total Project Period FYs 17-19 <sub>YTD</sub>
Dispositions to community (Diversion)	52 (8.33%)	31 (7%)	31 (5%)	224 (10%)

Individual refusing services	105 (16.8%)	49 (11%)	80 (11%)	378 (20%)
Individuals NOT evaluated	46 (7.3%)	223 (51%)	444 (58%)	740 (40%)
Individuals ineligible	47 (7.5%)	53 (12%)	109 (14%)	297 (16%)
Total Referrals (2 and 4)	624	434	629	2172

NOTES:

- 1) Total Project Period FY17-19: This data includes the period Feb 2017 through June 2017 in FY17 and as below in 2 and 3
- 2) Diversion data for FY19 is for the period of July 2018 through June 2019. Diversion volumes are part of the performance-based contracting payment format which began for May/June 2019 contracts and is continuing for FY20.
- 3) Other line items are not required reporting elements beginning May 2019 and thus reflect ONLY July 2018-April 2019. These indicators are not part of the FY19 expansion or FY20 contracts which are related to performance-based items.
- 4) Total Referrals volumes includes all possible dispositions, not just the four items addressed in the above chart.
- 5) Not eligible for the Project is most often due to: (1) having a non-Medicaid payor source, (2) is currently a Williams or Colbert Class Member, and (3) cases had a presenting illness that does not constitute a SMI.
- 6) Percentages are arrived at using numbers using all possible dispositional categories several of which are NOT identified here, but are contained in the monthly Diversion reports provided to the Parties and Monitor.

Bi-Weekly calls continue to be held with Project agencies to maintain constant monitoring and allow for real-time adjustments, dispositions and issue(s) resolution. Lines of communication remain open between DMH Central Office, PASRR agencies and the Front Door agencies.

During this reporting period the following activities were accomplished:

- DMH continues to work to ensure a smooth transition from the original FY19 contracts into the NOFO based contracts which began in May 2019 and then were extended into FY20. The new expansion contracts added four (4) new agencies and twenty-three (23) new hospitals;
- Bridge subsidies continue at 72% utilization; 36 out of the 50 subsidies allocated have been committed. The availability and use of Bridge Subsidies continue to be an option for consumers, however the subsidies appear less likely to have an effect on consumer decision-making for diversion when an immediate post-discharge residential placement is needed;
- Meetings are periodically held with PASRR screeners to assess problems and issues encountered and to re-affirm referral practices/processes; and
- Outreach to new hospital partners was done by each responsible Front Door agency and by DMH upon request from either the hospital of the Front Door agency.

**Front Door Expansion**

In the new contracts beginning on May 2018, agencies are reimbursed predominantly based on delivered treatment services. Agencies are reimbursed for their initial review of each PASRR referred case. Additionally, there are incentive payments for actual diversions,

with additional bonuses for extended community tenure as outlined below:

- Service delivery 3 days post discharge (this is considered the “diversion” payment”);
- Service delivery 4-30 days post discharge;
- Service delivery 31-180 days post discharge;
- Service delivery 181-365 post discharge.

Additionally, agencies were allowed contractually to add funds for client assistance actions (emergency contingencies, i.e. medication, clothing, food, etc., and some housing related services as outlined below). Agencies were also provided funding to secure short term housing options, studio or one-bedroom apartments for use by discharged participants while applying for PAIRS/SRN or 811 units and securing a match.

**Front Door Diversion Expansion (Community-Based Diversion Utilization Crisis (DUC) settings)**

With the conceptual design of the DUC established, DMH released the NOFO on April 9, 2019. The target dates for the DUC- related action steps as indicated in the FY19 IP was tied to a July 1, 2019 start date. The NOFO sought to fund four (4) DUCs: three DUCs located in Chicago (North, West and South) and one in South Suburban Cook County. Each DUC was to have structural capacity for 5 - 6 double occupancy units, estimating 10 – 12 admissions (at a given time) for a length of stay ranging from 90 – 120 days. DUCs were to include mental health services as well as services for co-occurring substance use disorders. Individuals who would be referred to and accept admission to a DUC would also be placed on the PAIRS housing list upon admission, for future access to Section 811 or SRN housing units.

The DUC was designed to be a short-term transitional, treatment-focused residential setting option for Front-Door participants. It was not considered, nor was it meant to be a “housing alternative” or permanent residence. DUCs were to address the immediate need of Front Door participants who may require further stabilization post-hospitalization and who do not have a secured residence to which they could return. Treatment participation was a condition of remaining in the DUC as DUCs focus on individualized treatment planning and treatment outcomes. Individuals who completed their treatment goals would have access to Section 811 or PAIRS/SRN housing units.

The NOFO solicitation resulted in no responses from any interested parties. DMH is in the process of surveying key agencies who DMH anticipated would have had the capacity and/or interest in the program. Results are pending further interviews.

**Implementation Plan Requirements**

<b>Requirement</b>	<b>Due Date</b>	<b>Current Status</b>	<b>IP No.</b>
Sequentially add other geographic areas into the Front Door structure: Chicago Region 1 N-1 hospital	September 2018	Completed with publication of Front Door NOFO and contracting for May/June 2019 and FY20. One Region 1 N-1 hospital was added on 5-1-19. All other new hospitals also	IP1A

		added 5/1/19.	
Sequentially add other geographic areas into the Front Door structure: Chicago Region 1S-6 hospitals	November 2018	Completed with publication of Front Door NOFO and contracting for May/June 2019 and FY20. Region 1S hospitals added 5/1/19.	IP1B
Sequentially Add other geographic areas into the Front Door structure: Chicago Region 1C-8 hospitals	January 2018	Completed with publication of Front Door NOFO and contracting for May/June 2019 and FY20. Region 1C hospitals added 5/1/19.	IP1C
Sequentially add other geographical areas into the Front Door structure: Region 2 (Collar Counties/Rockford)- 6 hospitals	March 2019	Completed with publication of Front Door NOFO and contracting for May/June 2019 and FY20. Eight (8) Region 2 hospitals were added 5/1/19. No hospitals in Rockford have been added as of this report.	IP1D
Sequentially add other geographical areas into the Front Door structure: Region 3 (Peoria)-1 hospital	No Due Date	No contract expansion has occurred in Region 3 (Peoria) due to insufficient volume. However, Human Service Center (PASRR/MH in Peoria) has been included in preliminary meetings with Front Door Providers.	IP1E
Convene bi-annual Front Door network enhancement strategy meetings, involving Front Door Providers, PASRR agencies, consumers, MCOs and hospital representatives.	December 2018; May 2019	Two meetings were held regarding Front Door expansion: 10/17/18-meeting with Front Door providers and PASRR to discuss relationships. Interface in work productivity, work with hospital staff and referral sources. 10/31/18-teleconference with hospitals and Front Door providers. 4/19/19-flow chart released with list of all diversion agencies, PASRR agents, interface of hospital/PASRR agents and hospital talking points. 4/25/19-Expansion interface teleconference with Front Door agencies and PASRR entities. 4/29/19-teleconference with hospitals-Q&A session MCOs were not in attendance at the meetings.	IP2
Gather data regarding non-hospital PASRR LTC eligibility determinations.	Ongoing	This data continues to be collected, and is included in monthly Front-Door reports.	IP3
Replace the current grant funding structure by implementing a “pay for performance” methodology, to reimburse agencies for diversions and community tenure.	December 31, 2018	Completed. Contracts were executed February, 2019, but were retroactive to 1/1/19.	IP4
Design brochures and flyers for use by PASRR to promote the Front Door as	7-30-18	Completed 11-29-18. Released to PASRR in Front Door service areas; meetings held with PASRR executive directors	IP5

an alternative resource.		to execute implementation effective 12-1-18. Spanish language version completed July 2019.	
Release DUC NOFO.	8-15-18	Revised due date to April 2019. Completed and published 4-9-19.	IP6
Post awarded (DUC) contracts for signature and execution	10/31/18	Not completed, as NOFO did not result in any responses.	IP7
Open DUC to receive referrals.	11-30-18	Not completed as NOFO did not result in any responses. Program under review.	IP8

## **OUTREACH**

### **Decree Requirements**

3 <sup>2</sup>	<b>Williams Consent Decree VII(10)</b>	Defendants shall ensure that Class Members have the opportunity to receive complete and accurate information regarding their rights to live in Community- Based Settings and/or receive Community-Based Services, and the available options and opportunities for doing so.
4	<b>Williams Consent Decree VI(6)(C)</b>	Defendants shall ensure, as provided in the Implementation Plan, that all Class Members shall be informed about Community-Based Settings, including Permanent Supportive Housing, and Community-Based Services available to assist individuals in these settings, and the financial support Class Members may receive in these settings.
5	<b>Williams Consent Decree VI(9)(C)</b>	Class Members shall not be subjected to any form of retaliation in response to any option selected nor shall they be pressured to refrain from exploring appropriate alternatives to IMDs.
6	<b>Williams Consent Decree VII(10)</b>	All costs for outreach shall be borne by Defendants.

<sup>2</sup> Requirement No. 3 contains repeated language and is not specifically referenced in this section.

NAMI Chicago, Williams Outreach Workers, continue to provide Class Members with various supports as they prepare to transition from Specialized Mental Health Rehabilitation Facilities (SMHRFs).

NAMI Outreach workers have received extensive training by DMH on the Williams Consent Decree in order to ensure they are able to provide complete and accurate information to Class Members (See *Requirement No. 3* above). In addition, there are weekly teleconferences between DMH and NAMI Outreach workers to update information, address questions or concerns and problem-solve identified issues. Further, NAMI Outreach workers are equipped with a series of source documents (flyers and brochures) prepared by DMH regarding Williams and the Moving-On program for dissemination to Class Members. This include the following informational documents:

Permanent Supportive Housing (DHS 4807)

Tenant Tips (DHS 4812)

Frequently Asked Questions (DHS 4808)

Community Based Services and Supports (DHS 4806)

Appeal Process (English and Spanish-DHS4811)

Opportunities to Live and Thrive in the Community (DHS4803)

In addition, all NAMI Outreach staff are equipped with a laptop and DVDs to show videos of actual Class Members who have transitioned under Williams.

All outreach costs are borne by the Department (See *Requirement No. 6*). Outreach Workers provide Class Members with information and brochures on their rights under the Williams Consent Decree, help answer questions and address concerns about the processes, show Moving On videos to those who are interested and provide information on the supports and services available under Moving On. NAMI Chicago Outreach staff continue to work in tandem with the Moving-On Outreach Ambassadors (Class Members who have successfully transitioned from the SMHRFs to the community). While NAMI Outreach Workers maintain documentation on all formal/recorded Class Member interactions, they also have countless informal interactions with Class Members as a function of their routine presence in the SMHRFs. To encourage open communication, Outreach Workers do not track every informal interaction with Class Members, as to do so would be time-consuming and in many instances, off-putting to the Class Member and detrimental to the process.

**Performance Measures for This Reporting Period (Consent Decree Requirement No. 4)**

Outreach data for this reporting period is as follows:

Outreach Meetings at SMHRFs for FY19:

Third Quarter: 20/23 (87% of SMHRFs)  
Fourth Quarter: 23/23 (100%)

Quality of Life Surveys: 90 requests for baseline Quality of Life Surveys (“QLS”) referred to NAMI from DMH.

- 77 out of 90 (86%) completed.
- 13 not completed (9 CM refused, 3 CM absent from SMHRF during multiple attempts, 1 CM deceased).
- 13 additional requests (not counted in the 90) moved from SMHRF prior to QLS request referral to NAMI.

Appeals/Assessments:

- 0 Appeals submitted on behalf of Class Members (primarily for Resident Review determinations);
- 6 Appeals submitted on behalf of Class Members requesting to change transition agencies;
- 29 CM Neuropsychological Assessment consent requests sent to NAMI to obtain CM consent;
  - 25 obtained,
  - 3 CM refused,
  - 1 CM pending engagement by NAMI
- 7 Occupational Therapy assessment consent requests
  - 6 obtained
  - 1 CM refused

Outreach numbers are reflected in the table below:

**OUTREACH NUMBERS**

FY19 (January 1 -June 30, 2019)	Totals	Percentage
New Admit Class Members	320	
# of Unduplicated Class Members engaged (new admits after 90 days)	320	100%
# of Unduplicated Class Members (new admits) who agreed to sign Letter of Introduction	285/320	89%
# of Class Members who consented to an Outreach interview (new admits)	275/320	86%
# of Unduplicated Class Members who refused to have Outreach Interview (new admits)	45/320	14%
# of Duplicated Class Members engaged (total contacts)	2,903	
# of Duplicated Engagements with Existing Class Members	2903	
# of Guardians Outreach Workers engaged with	18	
# of Community meetings held at SMHRFs	43/46	94%
# of Quality of Life Surveys requested for completion	90	
# of Quality of Life Surveys completed	77/90	86%
# of Appeals submitted for agency transfer	6	
# of Neuro-psychological consent forms obtained	25/29	86%
# of Class Members who refused to consent to Neuro- psychological exam	3/29	10%
# of Occupational Therapy consent forms obtained	6/7	86%
# of Class Members who refused to consent to Occupational Therapy exam	1/7	13%

NAMI Chicago Outreach and Ambassadors respect the rights of Class Members' choices under the Moving On program. If a Class Member does not want information on the Moving-On program, they will be asked to sign the declination section of the Letter of Introduction, but are not required to do so. They are informed that if/when they are ready or interested in receiving information or to explore transition an Outreach Worker will be available to speak with them about the process, i.e., their rights, options, supports and services available to assist them in pre and post transition to the community. Even when a Class Member refuses these efforts, the Outreach Worker will later follow-up with the Class Member. At that time the Outreach Worker will offer a reintroduction and ask the Class Member if they would be interested in receiving information on the Moving On program. If the Class Member is interested, the Outreach Worker will complete the initial interview. (See table below).

Class Members are not pressured or retaliated against by Outreach staff or Ambassadors in the event they do not agree to Outreach services. (*Requirement No. 5*). In the event a complaint is received regarding a SMHRF impeding Moving On activities, notice would be provided to IDPH to address. For any complaints of retaliation by Williams Class Members. Illinois Department of Public Health conducts a formal investigation. No complaints regarding retaliation or harassment were received by DMH during this reporting period. IDPH considers retaliation claims under a number of internal categories, and for future reports will assess the feasibility of adding a specific category for "Retaliation/Harassment" and collect and report on any such complaints for future reports.

**Outreach Interview Refusals for New Class Members (New SMHRF Admissions) and 3-Month Follow-ups FY19 7/1/18-6/30/19**

Month for Initial Refusal of Outreach Interview	Number of New CM Outreach Attempts	Number of Refusals at Initial Outreach	Month for 3-month follow-up	Number of Follow- Ups Contacted	Consent at 3 Months	Refusal at 3 Months	Class Member Discharged/Transferred Prior to 3 Month Follow- Up
April*	90	-	July	-	-	-	-
May*	60	-	August	-	-	-	-
June*	74	-	September	-	-	-	-
July	81	10	October	10	1	6	3
August	33	11	November	11	0	5	6
September	56	9	December	9	0	8	1
October	70	9	January 2019	9	0	6	3
November	72	8	February 2019	8	0	5	3
December	64	3	March 2019	3	0	0	3
January	78	10	April 2019	8 <sup>3</sup>	0	3	5
February	65	7	May 2019	7	2	2	3
March	42	9	June 2019	3 <sup>4</sup>	0	2	1
April	58	11	July 2019	TBD	TBD	TBD	TBD
May	48	7	August 2019	TBD	TBD	TBD	TBD
June	29	1	September 2019	TBD	TBD	TBD	TBD

<sup>3</sup> One Outreach Worker resigned during April, 2019, new Outreach Worker will follow up with remaining 2 CM.

<sup>4</sup> Two Outreach Worker positions open during March, 2019-remaining 6 CM will receive follow up once new staff in place.

\*Initial Outreach Interview refused during prior reporting period. Data has not been collected in this manner prior to this reporting period but will be reported in future reports. Data is therefore not available for refusal rate and follow up approaches for April-June 2018. Data includes individuals receiving Outreach at Monroe Pavilion prior to closure.

NAMI re-approaches Class Members who have refused Outreach every three months, but Class Members continue to retain the right to refuse engagement. For Class Members who are adamant about not being approached, Outreach staff initiate contact annually. However, Outreach staff are present in the SMHRFs are available to engage in Outreach activities at Class Member request outside of the minimum 3 or 12-month intervals. Individual, unduplicated counts of re-approaches by Outreach staff are not available.

### **Ongoing Efforts**

#### **Troubleshooting**

Outreach Workers serve as liaisons between Class Members, transition agencies and DMH. Class Members may approach Outreach Workers with questions or concerns regarding their status with the Moving On program. Outreach Workers will consult with the specific agency and provide feedback to the Class Member. In addition, Outreach Workers have bi-weekly, on-site work at each SMHRF which allows for timely follow-up.

During this reporting period, Outreach Workers assisted or advocated for 87 Class Members with problem resolution, i.e., trouble shoot issues, answer questions or address concerns about the Moving On process.

#### **Drop-In Centers**

Outreach Workers provide Class Members with information on community-based resources that can be of advantage to them prior to moving from the SMHRF. Staff is equipped with brochures from Drop-In Centers that include the Centers' programming, locations and telephone numbers. Class Members are encouraged to visit Drop-In Centers where they can communicate with others who have successfully moved to the community. Additionally, Outreach Ambassadors are equipped with necessary resources (Ventra card, where applicable) to provide public transportation for Class Members to visit the Drop-In Centers. Ambassadors are also able to escort and introduce Class Members to the Drop-In Centers, as appropriate.

## **Recovery and Empowerment Statewide Call**

Outreach Workers provide Class Members with an opportunity to participate in monthly “Recovery and Empowerment” statewide calls. The intent of these monthly educational forums is to provide Class Members with a venue to share successful tools and strategies for wellness, which may serve to further interest and empower Class Members who have not transitioned.

## **Outreach Ambassadors and “Support” Ambassadors/Peer Mentors**

As of June 30, 2018, there were eighteen (18) Outreach Ambassadors who are direct, paid extensions of NAMI Chicago Outreach Workers. These Ambassadors work in SMHRFs for 8 hours/month to share their recovery stories on life outside the facility and offer tips and advice on how to make independent living a personal success. Ambassadors speak from a voice of commonality about their experiences while living in the SMHRFs. During this reporting period NAMI Chicago and DMH negotiated to increase the number of Support Ambassadors (now known as “Peer Mentors”), former SMHRF residents, who assist with SMHRF meetings and are compensated on a per-visit basis. The Support Ambassadors/Peer Mentors were selected from the existing Outreach Ambassador staff. These Support Ambassadors/Peer Mentors allow a greater presence in the SMHRFs and Drop-In Centers and increase interactions between Class Members and Ambassadors: As of June 30, 2019, there were four (4) “Support” Ambassadors/Peer Mentors. With the addition of “Support” Ambassadors/Peer Mentors, NAMI will have greater capability to conduct the following in addition to their existing SMHRF presence:

- Host 4 Informational meetings at 4 different Drop-In Centers (DICs) every month:
  - o Meetings will be hosted by a Support Ambassadors/Peer Mentors
  - o Meetings will last from 30 minutes to 2 hours
  - o Meetings to increase interest in the Ambassador/Peer Mentor program opportunities and the Moving On program
- Provide Peer to Peer Mentorship program
- Provide Class Members with additional social support for three extra months (with possible extensions as needed) after the successful completion of the In-Home Recovery Support (IHRS) program - to improve the probability of successful and sustainable independent living (this program began in February, 2019):
  - o Available to Class Members who need additional IHRS support beyond the 6-month timeframe;
  - o Four Ambassadors/Peer Mentors were paired with four IHRS Class Members;
  - o Each Ambassador spends up to 10 hours a month supporting the Class Member in the community after their IHRS services end; and
  - o In-Home Recovery Support providers check with the Ambassadors bi-weekly (at a minimum) to provide them with mentorship.

As of June 30, 2019, a total of 18 Ambassadors and “Support” Ambassadors/Peer Mentors were working with NAMI at various events. During this reporting period NAMI Ambassadors approached 897 individual Class Members and interfaced with an additional 419 Class Members during various community meetings.

The following chart details the 14 Ambassadors' work in the SMHRFs for this reporting period:

<b>FY19: 01/01/19 – 6/30/19</b>	<b>Totals</b>	<b>Percentage</b>
# of Class Members approached by Ambassadors.	897	
# of Class Members who refused to Ambassadors' engagement efforts.	77	9%
# of Class Members escorted by Ambassadors to a Drop-In Center.	4	4%
# of Class Members escorted by Ambassadors out of the SMHRFs for leisure activities (coffee, restaurant, out for a walk, etc.).	38	4%
# of Class Members engaged by Ambassadors who reported not yet having an assessment.	258	29%
# of Class Members who requested an assessment.	303	34%
# of Class Members who had questions that Ambassadors couldn't answer and requested an Outreach Worker to follow up.	346	39%

During their work activities in SMHRFs, Ambassadors record names and questions from Class members when they do not have answers. These questions are submitted to the Outreach Workers for follow-up with the Class Member. Ambassadors also provide names of Class Members who request an assessment or reassessment and submit these names to Outreach Workers. Outreach Workers submit a weekly list of Class Members requesting a Resident Review assessment to the Resident Review Agencies (Metropolitan Family Services and Lutheran Social Services).

### **IDPH/DMH Collaboration**

A follow-up discussion was held with the Illinois Department of Public Health to further explore the feasibility of using IDPH surveyors to assist in the identification of potential transition candidates during the SMHRFs survey process. IDPH reaffirmed that its role is to enforce regulations/compliance against established standards, and the use of surveyors outside of these parameters is not within the scope of regulations. It was determined during the first half of FY19 that collaboration with IDPH is therefore not feasible. No additional activity on this issue took place during this reporting period.

**Implementation Plan Requirements**

<b>Requirement</b>	<b>Due Date</b>	<b>Current Status</b>	<b>IP No.</b>
Report on outcome of discussions between IDPH/DMH re: feasibility of collaboration between IDPH/DMH to Parties and Monitor.	6-15-18	Completed 9-18. IDPH's role is regulatory only and any outreach/identification of Class Members would be outside the scope of their authority.	IP20
Work with DMH fiscal to complete paperwork for contract adjustment to increase NAMI ambassadors; execute contract amendment.	7-30-18	Complete. Paperwork completed, budget created, contract amendment approved 10-29-18	IP21
NAMI to develop solicitation campaign to identify potential Ambassador candidates.	8-31-18	Completed. Activity began 10-2018. Ambassadors hired.	IP22
NAMI to interview and hire Ambassadors.	9-30-18	Completed. Interviews began 10-2018. Prior to contract amendment, NAMI had 13 Ambassadors. As of 10/2018, 1 Ambassador hired. Between 11/20/18 and 6/30/19, 10 Ambassadors hired. Goal is to maintain 20 Ambassadors, but due to turnover, number as of 6/30/19 is 18.	IP23
NAMI to provide orientation and training to Ambassadors.	10-2018	Completed. Two rounds of training completed: 11-2018, 02-2019.	IP24

**EVALUATION**

**Decree Requirements**

7	<b>Williams Consent Decree VI(9)(C)</b>	Qualified Professionals shall inform Class Members of their options pursuant to subparagraphs 6(a), 6(d), and 7(b) of this Decree.
8 <sup>5</sup>	<b>Williams Consent Decree VI(6)(A)</b>	Within two (2) years of the finalization of the Implementation Plan described below, every Class Member will receive an independent, professionally appropriate and person-centered Evaluation of his or her preferences, strengths and needs in order to determine the Community-Based Services required for him or her to live in PSH or another appropriate Community-Based Setting.
9	<b>Williams Consent Decree VII(10)</b>	In addition to providing this information, Defendants shall ensure that the Qualified Professionals conducting the Evaluations engage residents who express concerns about leaving the IMD with appropriate frequency.
10	<b>Williams Consent Decree VI(6)(B)</b>	Any Class Member has the right to decline to take part in such Evaluation. Any Class Member who has declined to be evaluated has the right to receive an Evaluation any time thereafter on request.
11	<b>Williams Consent Decree VI(6)(c)</b>	Defendants shall ensure that Evaluations are conducted by Qualified Professionals as defined in this Decree.
12	<b>Williams Consent Decree VI(6)(D)</b>	After the second year following finalization of the Implementation Plan, the Evaluations described in Subsection 6(a) shall be conducted annually.
13	<b>Williams Consent Decree VI(6)(D)</b>	As part of each Class Member's annual Evaluation, the reasons for any Class Member's opposition to moving out of an IMD to a Community-Based Setting will be fully explored and appropriately addressed as described in Section VII.
14	<b>Williams Consent Decree VI(6)(D)</b>	Any Class Member who has received an Evaluation but has declined to move to a Community-Based Setting may request to be reassessed for transition to a Community-Based Setting any time thereafter.

<sup>5</sup> Requirement No. 8 is not relevant to the current reporting period and is not specifically referenced in this section.

## **RESIDENT REVIEWS**

During the initial engagement phase, Class Members are continuously educated on the Consent Decree and provided opportunities to explore Moving On services and supports available in the community. Lutheran Social Services Inc. (“LSSI”) and Metropolitan Family Services (“MFS”) are the Williams Resident Review agencies. Resident Reviewers discuss recommended community services and supports available and appropriate for transition should the Class Member choose to continue with the transition process. These services include Permanent Supportive Housing, financial assistance through Bridge Subsidies, ACT, CST, Medicaid billable array of services, Enhanced Services/OT and Recovery Support, supported education, supported employment, SUPR services, and any additional services to meet individualized needs of the Class Member. Resident Review staff at each agency are required to have a Masters Degree in a behavioral science, i.e., social work, psychology, psychiatric nursing, guidance and counseling and must hold a professional license, LCPC, LPHA, LCSW, RN, APN. For the current reporting period, all Resident Reviews were completed by LCSW or LCPC staff. (See *Requirement No. 11*).

Resident Reviewers are trained on how to address Class Member concerns and expected to explore with Class Members the resources available to mitigate transition concerns. This includes all aspects of transition, and may result in recommendations for Neuropsychology or Occupational Therapy assessments. Resident Reviewers routinely educate Class Members on the various services and supports available to help in the transition process and minimize anxieties surrounding the transition process. (See *Requirement 13*).

The Resident Review Agencies are assigned to specific SMHRFs as follows:

<u>LSSI</u>	<u>MFS</u>
Abbott House	Bourbonnais Terrace
Albany Care	Central Plaza
Bayside Terrace	Columbus Manor Residential Center
Belmont Nursing Home	Kankakee Terrace
Bryn Mawr Care	Lydia Healthcare Center
Clayton Residential Home	Rainbow Beach Nursing Center
Decatur Manor Healthcare	Mado Douglas Park
Grasmere Place	Thornton Heights Terrace
Greenwood Care Lake Park Center	
Mado HealthCare Old Town (Margaret Manor Central)	
Mado Healthcare Buena Park (Margaret Manor North)	
Sharon Health Care Woods	
Skokie Meadows Nursing	

Center Wilson Care

Resident Reviewers offer Class Members an opportunity to review Drop-In Centers' brochures and offer opportunities to preview Moving-On DVDs. Furthermore, Class Members are informed they may change their mind at any time during the evaluation and/or transition process. If the Class Member declines to move to a Community Based Setting, they may request a re-assessment any time thereafter (up to a total of 4 Reviews per year) and are offered contact information to request an assessment. Class Members who are tentative about participation are automatically re-approached after 90 days.

There is also a cohort of Class Members who, although they are recommended for transition, elect to remain in the SMHRF. The Resident Reviewer engages these Class Members in discussion to ascertain their reasons for not accepting a recommendation to transition. Reviewers also identify objectives that the Class Member can work on while still residing at SMHRF to meet goals of transition in the future. The Resident Reviewers continuously attempt to educate Class Members about their right to appeal, as well as offer information and discuss the appeal processes.

To ensure that the Williams Consent Decree requirements are met, a Master List of all Class Members residing at each respective SMHRF, including new admissions, referrals from NAMI Outreach and Ambassadors, Class Member requests and DMH referrals are maintained by the Clinical Supervisor for Resident Reviews at each agency. Due to the large volume of eligible Class Members to approach (which is provided in a list to each Reviewer) and the ongoing nature of the referrals, it would be difficult to track exact assignment dates compared to submission dates.

**Total Resident Review Assessments 1/1/19-6/30/19 (Lutheran Social Services/Metropolitan Family Services)**

CM Identified for Resident Review:	2550
Discharged/Transferred:	680
Approached:	1870
RR Approaches:	1870
CM Declined/Refusals:	1145 (61%)
Partially Completed:	9 (<1%)
Completed	716 (38%)
Completed:	716
Recommended for Transition:	505 (71%)
Not Recommended for Transition:	211 (29%)

Recommended for Transition:	505
Recommended PSH:	371 (73%)
Recommended Supervised Residential:	134 (27%)

**Lutheran Social Services of Illinois (LSSI)**

Class Members Identified for Resident Review	1703	Discharges/Transfers/Non-Admits	445
CM discharged/transferred prior to approach for Resident Review:	445	Discharged	274
Resident Reviews attempted	1258	Transferred	169
		Not Admitted	2
Attempted Resident Reviews (1/1/19-6/30/19)	1258 (1 duplicate attempt)		
New Class Members (admits)	258 (21%)		
CM Previously Approached	1000 (79%)		
CM declined/refused	781 (62%)		
CM terminated prior to completion	3 (<1%)		
Resident Review completed	474 (38%)		
Completed Resident Reviews	474	Recommended for Transition	336
Recommended for Transition	336 (71%)	Recommended for PSH	261 (78%)
Current Level of Care (SMHRF)	138 (29%)	Recommended for Supervised Residential	75 (22%)

**Annual Resident Reviews<sup>6</sup>**

Class Members with Annual Review due	867	Annual Reviews attempted	857
Number Attempted	857 (99%)	Refused	659 (77%)
Attempted within 12 months	683 (80%)	Completed	195 (23%)
Attempted within 13-14 months	75 (8%)	Partial	3 (<1%)
Attempted over 14 months	99 (12%)		

<sup>6</sup> Class Members with Annual Reviews are a subset of the group of Existing Class Members. Class Members who have been discharged/transferred/not admitted are not included in the figure representing Annual Reviews due.

Completed Annual Reviews 195  
 Recommended PSH 102 (52%)  
 Recommended Supervised Residential 36 (19%)  
 Not Recommended/Current Level of Care 57 (29%)

Resident Reviews Requested by Class Members who Previously Refused 76  
 Outcome: Recommended Transition 29  
 Not Recommended 4  
 CM Refused 40  
 Discharged/Transferred 3

Time between Request and Response  
 Less than 1 month 41  
 1-3 months 28  
 4-6 months 6  
 7-9 months 1

Class Member Requests for Resident Review (including NAMI/ DMH/MCO/IMD/  
 Guardian referrals) 144

	Self-Referral (CM)	NAMI	DMH	MCO	Guardian	IMD	Monthly Total
January	19	10	1	1	0	0	31
February	13	15	2	0	2	1	33
March	7	7	0	0	0	0	14
April	7	9	1	0	0	0	17
May	17	6	0	1	2	0	26
June	18	2	2	0	0	1	23
Total	81	49	6	2	4	2	144

### LSSI Resident Review Assessment by Month-Existing Class Members

	Approached	Refused	Completed	Partial	Not Recm	Recm Transtn	Rec PSH	Rec SR	Rec OT	Rec Neur	Rec IHRS
Jan	131	78 (60%)	53 (40%)	0 (0%)	18 (34%)	35 (66%)	28 (80%)	7 (20%)	7 (25%)	4 (7%)	16 (57%)
Feb	148	91 (61%)	57 (39%)	0 (0%)	20 (35%)	37 (65%)	23 (62%)	14 (38%)	6 (26%)	2 (3%)	7 (30%)
Mar	116	78 (67%)	36 (31%)	2 (2%)	10 (28%)	26 (72%)	18 (69%)	8 (31%)	5 (28%)	0 (0%)	3 (17%)
Apr	131	86 (66%)	45 (34%)	0 (0%)	17 (38%)	28 (62%)	23 (82%)	5 (18%)	5 (22%)	1 (2%)	5 (22%)
May	272	212 (78%)	60 (22%)	0 (0%)	18 (30%)	42 (70%)	30 (71%)	12 (29%)	4 (13%)	2 (3%)	6 (20%)
June	202	160 (80%)	41 (20%)	1 (<1%)	12 (29%)	29 (71%)	23 (79%)	6 (21%)	4 (17%)	2 (5%)	6 (26%)
Total	1000	705 (71%)	292 (29%)	3 (<1%)	95 (33%)	197 (67%)	145 (74%)	52 (26%)	31 (21%)	11 (4%)	43 (30%)

### LSSI Resident Review Assessment by Month-New Admit Class Members

	Approached	Refused	Completed	Partial	Not Recm	Recm Transtn	Rec PSH	Rec SR	Rec OT	Rec Neur	Rec IHRS
Jan	40	11 (28%)	29 (72%)	0 (0%)	8 (28%)	21 (72%)	19 (90%)	2 (10%)	6 (32%)	0 (0%)	9 (47%)
Feb	44	12 (27%)	32 (73%)	0 (0%)	5 (16%)	27 (84%)	23 (85%)	4 (15%)	7 (30%)	0 (0%)	5 (22%)
Mar	30	7 (23%)	23 (77%)	0 (0%)	5 (22%)	18 (78%)	15 (83%)	3 (17%)	5 (33%)	0 (0%)	1 (7%)
Apr	48	15 (31%)	33 (69%)	0 (0%)	8 (24%)	25 (76%)	18 (72%)	7 (28%)	6 (33%)	0 (0%)	3 (17%)
May	38	13 (34%)	25 (66%)	0 (0%)	3 (12%)	22 (88%)	20 (91%)	2 (9%)	1 (5%)	0 (0%)	4 (20%)
June	59	19 (32%)	40 (68%)	0 (0%)	14 (35%)	26 (65%)	21 (81%)	5 (19%)	2 (10%)	3 (8%)	4 (19%)
Total:	258	76 (30%)	182 (70%)	0 (0%)	43 (24%)	139 (76%)	116 (83%)	23 (17%)	27 (23%)	3 (2%)	26 (22%)

(SR=Supported Residential, OT, Neuro and IHRS may be duplicate referrals and may be recommended for CM who were recommended and/or not recommended for transition)

LSSI continues to encourage Class Members to explore Supported Employment. Of the 336 Class Members recommended for transition, 198 Class Members (59%) expressed interest in Supportive Employment. LSSI will continue to consider these supports when recommending transition to the community.

Reasons for not recommending transition continue to be consistent with past reports. Class Members have presented with:

- significant psychiatric symptoms inhibiting Class Member from performing or learning Independent Activities of Daily Living that would place them risk in the community;
- recent episodes of aggressive behaviors with limited observation to identify and incorporate appropriate coping skills; and
- recent psychiatric hospitalizations, i.e., ongoing suicidal ideations or significant medical conditions that require 24-hour monitoring.

Reasons Recommending Current Level of Care/Not Recommended for Transition\*

	Recent Psych Hospitalization	SMI Impacting Function	Medical Needs	Chronic Suicidal Ideation	Aggression	CM Request to remain in LTC
January	7	23	2	3	10	1
February	6	24	6	5	3	0
March	2	13	4	3	3	2
April	6	25	4	4	6	0
May	13	20	6	6	5	0
June	4	26	1	3	10	0
Totals	38	131	23	24	37	3

\*These are duplicated figures-Class Members may fall into more than one category

During FY19, LSSI has implemented new tracking measures to monitor the number of Class Members who present with history or diagnoses of Substance Use. Between January 1 and June 30, 2019, 252 of the 474 Class Members (53%) who completed the Resident Review assessment presented with mental health and substance use related issues. The data highly suggests the need for integrated Mental Illness/Substance Abuse (“MISA”) treatment options for Class Members within both the SMHRF level of care and in the community. In addition, LSSI has restructured internal processes on how assessments are being reviewed and submitted to continue to ensure that quality assessments are completed. LSSI continues to monitor timeframes when a Class Member is referred and the timeliness of our Reviewer’s response to Class Member request.

### Class Member Refusals

Reasons given by Class Members for refusing to participate in the assessment are comparable to LSSI’s previous reports. These include:

Reason for Refusal (n=784)	Number of Class Members	Percent
Consider SMHRF their home	9	1
Feel safe at SMHRF and have lived there for many years	9	1

Age (reported too old to move)	8	1
Prefers to stay/likes living at SMHRF	116	15
Feel their needs are met at SMHRF	2	<1
Not ready for transition	52	6
Too many health issues	16	2
Family wants them to stay at SMHRF	5	<1
Already working with an agency on transition	17	2
No reason given	265	34
Guardian refused	131	17
Income	31	4
In process of moving out	15	2
Would like to live with family	15	2
Presented w/significant psychiatric symptoms	13	2
Other (including limited income, presented as symptomatic, already attempted Moving On once and do not want to attempt again, plan to return home, CM age and conditionally released by court to SMHRF.	80	10
Total:	784	

Unduplicated CM with one or more refusals re-approached for Resident Review between 1/1/19 and 6/30/19	76
Resident Review Completed	33
Approved for Transition	29
Not Recommended for Transition	4
CM Declined/Refused Resident Review	40
Unable to Locate/Discharged/Transferred	3

Number of re-approaches (2 approaches to CM during reporting period):	32
Resident Review Completed	18
Approved for Transition	12
Rec PSH	8
Rec SRS	4
Not Recommended for Transition	6

CM Refused Resident Review	14
Unable to Locate/Discharged/Transferred	0

**Metropolitan Family Services (MFS)**

Class Members Identified for Resident Review:	847	Discharged/Transferred	235
Discharged/Transferred prior to Approach:	235	Discharged	150
Attempted for Resident Review:	612	Transferred	85
Attempted Resident Reviews:	612 (no duplicate attempts)		
New Class Members (admits):	30 (5%)		
CM Previously Approached:	582 (95%)		
CM Declined/Refused:	364 (60%)		
CM terminated prior to completion:	6 (<1%)		
Completed:	242 (40%)		
Completed:	242	Recommended for Transition:	169
Recommended for Transition:	169 (70%)	Recommended PSH:	110 (65%)
Not Recommended for Transition:	73 (30%)	Recommended Supervised Residential:	59 (35%)
<b>Annual Resident Reviews Due<sup>7</sup></b>			
Class Members with Annual Reviews Due	553	Attempted Reviews	553
Attempted within 12 Months	337 (61%)	Refusals	327 (59%)
Attempted within 13-14 Months	150 (27%)	Partially Completed	6 (1%)
Attempted after 14 Months	66 (12%)	Completed	220 (40%)
Completed Annual Reviews	220		
Recommended PSH	98 (45%)		
Recommended Supervised	55 (25%)		
Not Recommended/Current Placement	67 (30%)		
Class Member Requests for Resident Review		4	
Class Member Requests for Resident Review who previously refused:		21	

<sup>7</sup> Class Members with Annual Reviews are a subset of the group of Existing Class Members. Class Members who have been discharged/transferred/not admitted are not included in the figure representing Annual Reviews due.

**Resident Review Attempts, Existing Class Members**

	Approached	Refused	Completed	Partials	Not Recm	Recm Transtn	Rec PSH	Rec SR	Rec OT	Rec Neur	Rec IHRS
Jan	73	31 (43%)	41 (56%)	1 (1%)	9 (22%)	32 (78%)	24 (75%)	8 (25%)	0	3	0
Feb	91	48 (53%)	42 (46%)	1 (1%)	12 (29%)	30 (71%)	19 (63%)	11 (37%)	0	1	0
Mar	93	58 (62%)	34 (37%)	1 (1%)	13 (38%)	21 (62%)	14 (67%)	7 (33%)	1	1	0
Apr	102	64 (63%)	36 (35%)	2 (2%)	12 (33%)	24 (67%)	13 (54%)	11 (46%)	0	3	1
May	104	87 (84%)	17 (16%)	0 (0%)	6 (35%)	11 (65%)	9 (82%)	2 (18%)	0	2	0
June	119	68 (57%)	50 (42%)	1 (1%)	16 (32%)	34 (68%)	18 (53%)	16 (47%)	0	2	0
Total:	582	356 (61%)	220 (38%)	6 (1%)	68 (31%)	152 (69%)	97 (66%)	55 (34%)	1	12	1

**Resident Review Attempts New Admit Class Members**

	Approached	Refused	Completed	Partials	Not Recm	Recm Transtn	Rec to PSH	Rec SR	Rec OT	Rec Neur	Rec IHRS
Jan	7	3 (43%)	4 (57%)	0	1 (25%)	3 (75%)	1 (33%)	2 (67%)	0	0	0
Feb	7	1 (14%)	6 (86%)	0	0 (0%)	6 (100%)	6 (100%)	0 (0%)	0	0	0
Mar	1	1 (100%)	0(0%)	0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0	0	0
Apr	2	1(50%)	1 (50%)	0	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0	0	0
May	5	2 (40%)	3 (60%)	0	2 (67%)	1 (33%)	1 (100%)	0 (0%)	0	0	0
June	8	0 (0%)	8 (100%)	0	1 (12%)	7 (88%)	5 (72%)	2 (28%)	0	0	0
Total:	30	8 (27%)	22 (73%)	0	5 (34%)	17 (49%)	13 (51%)	4 (16%)	0	0	0

MFS' Resident Review process also continues to make recommendations for community transition service needs to enhance community stabilization in addition to allowable Medicaid billable services, i.e., ACT or CST services. Enhanced Skills Training and Assistance, Occupational Therapy ("OT") and In-Home Recovery Support ("IHRS") are recommended as appropriate, as are Supervised Residential Settings ("SRS") as appropriate and as evidenced in the above chart. In addition, MFS continues to encourage Class Members to explore Supported Employment. Of the 169 Class Members recommended for transition, 134 Class Members (79%) expressed interest in Supportive Employment.

## Class Member Refusals

Reasons provided by Class Members for refusing to participate in the Resident Review assessment have been consistent, as reflected in previous reports. See below refusal chart:

Refusal Chart N=356

Refusal Reason	No. of CM	Percent
CM refused and did not elaborate	40	11
CM stated they are not interested or not ready at this time	59	17
CM wants to stay in the facility	117	33
CM reported going home to live with family	14	4
CM reported wanting to find their own place	5	2
CM reported they were already in transition process	14	4
CM's guardian did not respond to outreach or declined CM's to be assessed	29	8
CM symptomatic /unable to be assessed due to psychosis	7	2
CM awaiting benefits/no funding	5	1
CM declined due to being transferred previously	0	0
CM does not want to go against family wishes	3	<1
CM wants to work with VA	0	0
CM is court mandated	0	0
CM declined due to medical reasons	5	1
Other (including but not limited to fear of relapse, no SSI, refused to engage)	58	16
Total	356	

Unduplicated CM with one or more refusals re-approached for Resident Review between 1/1/19 and 6/30/19	356
Resident Review Completed	3
Approved for Transition	1
Not Recommended for Transition	2
CM Declined/Refused Resident Review	347
Unable to Locate/Discharged/Transferred	3
 Number of re-approaches (2 or more approaches to CM during reporting period):	12
Resident Review Completed	3
Approved for Transition	1
Rec PSH	1
Rec SRS	0
Not Recommended for Transition	2
CM Refused Resident Review	6
Unable to Locate/Discharged/Transferred	3

## **Refusal Report**

The Resident Review staff from both LSSI and MFS continuously extend offers of reassessment to Class Members who previously refused an assessment. For Class Members who refuse a Resident Review, the re-assessment attempt will be conducted 12 months following the refusal. For Class Members who request their Resident Review be delayed or postponed, the re-assessment attempt will be conducted either quarterly or at the time specified by the Class Member. All Class Members may request a Resident Review, regardless of when the next attempt is currently scheduled, up to a maximum of four per year.

There were a total of 1067 actual attempts made to reassess Class Members during this reporting period. Of the 1242 Class Members who initially refused an assessment, 793 Duplicated subsequently refused again (with certain Class Members refusing more than once during this reporting period). This percentage has been very consistent since the onset of the Consent Decree's implementation.

### **Class Member Refusals**

Unduplicated Number of Class Members with one or more Refusals prior to 1/1/19	4715
More than one refusal prior to 1/1/19	2956
Unduplicated Number of CM with one or more prior refusals re-approached for Resident Review	1242
Duplicated CM Completed	269
Duplicated CM Approved	157
Duplicated CM Denied	112
Duplicated Incomplete	5
Duplicated Refused	793
Duplicated Discharged	118
Duplicated Transferred	95

### **Number of Re-Approaches**

Number of Re-Approaches	Number of Class Members
1	1204
2	38
Total	1242

## Historical Refusals

During the entirety of the Williams Decree Implementation, 4,715 individual Class Members have refused a Resident Review a total of 13,792 times (duplicated refusals). The chart below identifies the number of Class Members who have refused a Resident Review during this reporting period, as well as the total number of refusals for that Class member (note: in the chart below, certain of these CM may have previously consented and/or completed a Resident Review).

Number of Refusals	Number of Class Members (Unduplicated)	Total Resident Review Refusals (Duplicated)
1	1759	1759
2	805	1610
3	559	1677
4	452	1808
5	402	2010
6	383	2298
7	236	1652
8	100	800
9	16	144
10	1	10
11	1	11
13	1	13
<b>Total</b>	<b>4715</b>	<b>13792</b>

In addition, there have been 1,261 unduplicated Class Members who have consistently refused *all* Resident Reviews prior to this reporting period, for a total of 5,381 refusals. The breakdown of these refusals is as follows:

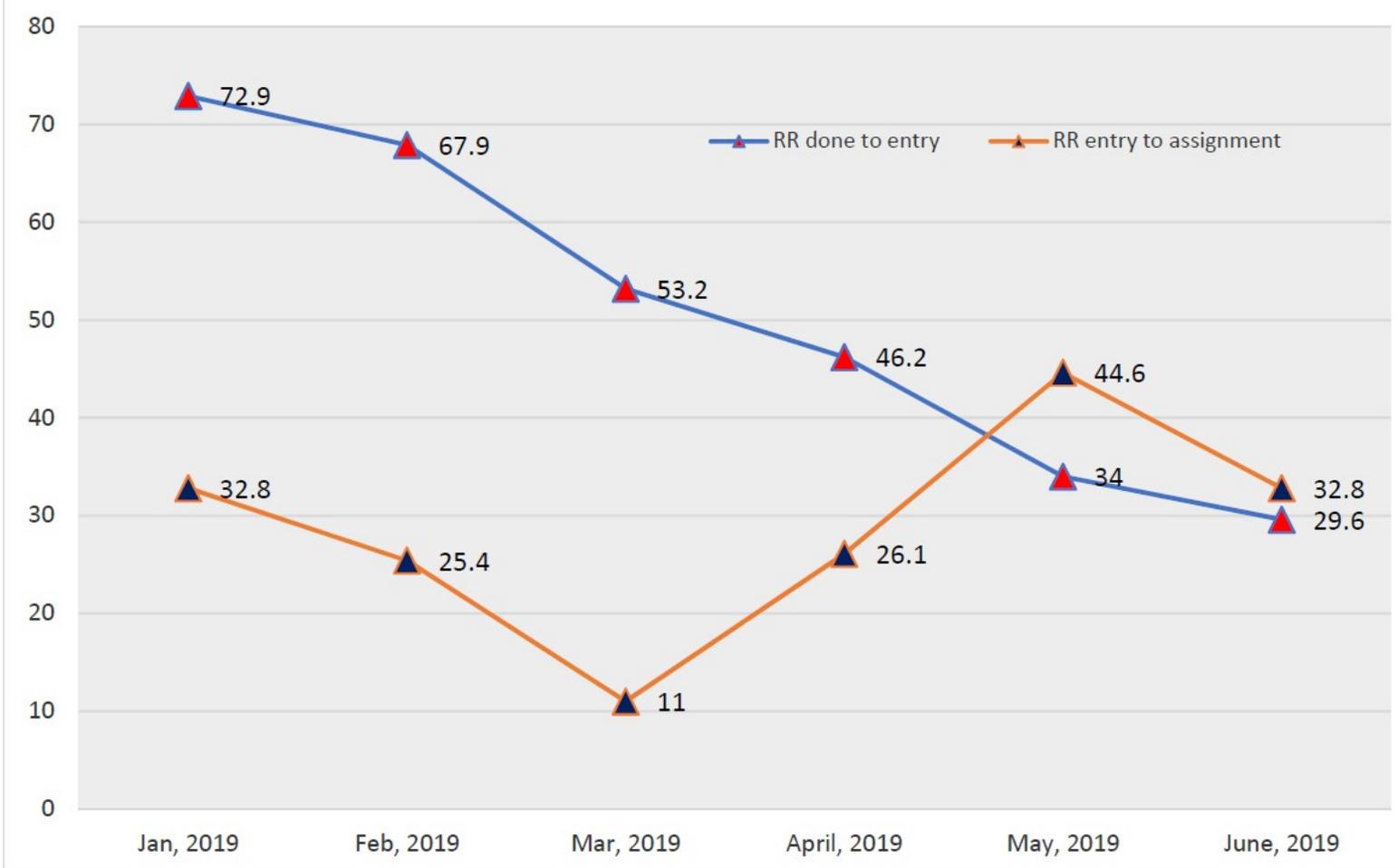
Number of Refusals	Number of Class Members (Unduplicated)	Total Resident Review Refusals (Duplicated)
1	309	209
2	100	200
3	99	297
4	96	384
5	148	740
6	231	1386
7	176	1232

8	87	696
9	14	126
11	1	11
Total	1261	5381

**Agency Assignments**

Once a Resident Review is completed, DMH enters the Class Member information into the Williams Database, assignments are made to CMHCs in a timely manner and transition activities proceed through the assigned CMHC. The targeted schedule is that all Resident Reviews are to be entered into the Williams Database within 5 business days of receipt by DMH Central Office. Agency assignments are to be made within 5 business days after entry into the Database. The chart below reflects the length of time from entry of the resident review assessments into the Williams Database to formal assignment to a CMHC, with the average assignment time of 32.8 days as of June 30, 2019, and the average number of days between the Resident Review and entry of that Review into the Database, which was an average of 29.6 days.

Average Calendar Days From Date of Resident Review to Database Entry/ Database Entry to CMHC Assignment



To address the increased time frames regarding Resident Review entries and assignments as reflected this in reporting period, a number of critical actions have been implemented.: First, priority is being given to entry of Resident Reviews that were completed and resulted in a determination on transition (Approval or Denial). Entry of these Resident Reviews into the Williams database is to be completed within 5 business days of submission. A dedicated staff person is now assigned responsibility for entering these completed Resident Reviews. Under

this new protocol completed Resident Reviews can be readily tracked by staff. Second, two staff are assigned to enter non-completed Review activities (CM Refusal, Unable to Locate and Discharges). This information is entered into the Williams Database within 10 business days of submission. Third, DMH established an encrypted repository file for accepting all Resident Reviews which can be accessed by five specific support staff trained to enter this information into the Williams Database. This, in essence, allows all five staff to continuously enter Resident Reviews on a daily basis, and provides constant coverage during absences. Finally, overtime was approved for staff during June and July, 2019 to facilitate entry of Resident Reviews into the Database and assignments to Williams Agencies.

CMHC assignments are determined by Class Member agency preference or geographical area of preference. The chart below indicates the number and percentage of case assignments released to CMHCs in this reporting period. Three hundred ninety-six (396) case assignments were made to CMHCs during the second half of FY19. This number includes both approvals obtained between January 1, 2019 and June 30, 2019 as well as approved Resident Reviews from Q2 of FY19 that had not yet been assigned.

Agency Assignments by Month

Agency Name	Jan, 2019	Feb, 2019	Mar, 2019	Apr, 2019	May, 2019	Jun, 2019	Total	%
Association For Individual Dev.				2			2	0.5%
Association House of Chicago	1	6	5	8	4	5	29	7.3%
Comm Counseling Ctr of Chicago	2	2	14	16	5	1	40	10.1%
Cornerstone Services			4	2			6	1.5%
Ecker Center	1						1	0.3%
Grand Prairie Services	4	1	14	4		1	24	6.1%
Heritage Behavioral Health Center		3	2		4	14	23	5.8%
Human Resources Dev Inst. Inc.	1	6	8	12		2	29	7.3%
Human Service Center		5	8	4	3	6	26	6.6%
Kenneth Young Center			1				1	0.3%
Lake County Health Dept. MH			4	4	1	1	10	2.5%
The Thresholds	14	15	48	40	6	14	137	34.6%
Trilogy Inc.	8	7	34	6	2	11	68	17.2%
<b>Total</b>	<b>31</b>	<b>45</b>	<b>142</b>	<b>98</b>	<b>25</b>	<b>55</b>	<b>396</b>	

Class Member Assignment Transitions Between Agencies

Agency Name	Jan, 2019	Feb, 2019	Mar, 2019	Apr, 2019	May, 2019	Jun, 2019	Total
Association For Individual Dev.				+1			
Association House of Chicago		+1		+1			
Comm Counseling Ctr of Chicago	-1, +2	-1, +2				-1	
Cornerstone Services							
Ecker Center	+1						
Grand Prairie Services					-2		
Heritage Behavioral Health Center							
Human Resources Dev Inst. Inc.	-1						
Human Service Center							
Kenneth Young Center							
Lake County Health Dept. MH			-1	+2	-1		
The Thresholds	-1, +2	-1, +1	+3	-3	+3	+1	
Trilogy Inc.	-2	-3, +1	-2			-1, +1	
Total	-5, +5	-5, +5	-3, +3	-3, +4*	-3, +3	-2, +2	

\* One Class Member was transferred from Presence Health to Association House during April. As Presence does not routinely receive CM assignments, they are not listed in the above chart.

**Requests for Specialized Assessments (Neuropsychological and Occupational Therapy)**

**Occupational Therapy Assessments**

During this six-month reporting period, DMH received a total of seven (7) referrals for Occupational Therapy (“OT”) assessments. The source of these referrals came directly from the CMHCs seeking assistance with evaluating potential skill deficits and service needs of Class Members assigned for transition consideration after a Resident Review. Recommended outcomes for four (4) of the seven referrals (57%) completed were for community transition, noting that continued 24-hour level of care was not necessary for transition to occur. CMHCs have received the completed assessments which contain service/support recommendations for those Class Members in the areas of Transition Support, Community Based Training, Assistance with Money and Medication Management, Work & Education pursuits, Engagement, Mobility, ORS/DOA linkages, Service type (i.e. ACT), In Home Recovery Services (IHRS), Drop-In Centers (DIC), Enhanced Skill Training Assistance (ESTA) services and Referral Service (i.e. PA, Home Health). One (1) of the seven referrals (14 %) was unable to be scheduled due to the Class Members’ refusal to sign consent for participation. Two (2) (29%) were unable to be valuated due the Class Member electing to not attend the OT appointment as scheduled. Of the four (4) Class Members recommended for community transition,

one (1) has declined to transition, two (2) are on a Hold for mental health reasons (one of which has a Neuropsychological Evaluation recommendation to remain in the current (SMHRF) level of care) and one (1) Class Member is currently in the housing search.

CMs referred for OT assessments	7
CMs declination of consent	1 (14%)
OT evaluations completed	4 (57%)
CMs referred, but No Show	2 (29%)

**Outcome from Completed Assessment:**

Recommended for transition	4 (57%)
Not recommended for transition	0
Assigned and transitioned	0
Referred to CCRP	0

**Neuropsychological Assessments**

DMH received 29 referrals for Neuropsychological assessments during this reporting period from CMHCs for CM who had a Resident Review referring them for transition consideration. Of the 29 referrals received, 20 (69%) were from CMHCs, seeking assistance with evaluating severe cognitive delay or impairments as potential transition barriers. The remaining 9 referrals (31%) were from Resident Review assessments seeking to clarify observations of cognitive impairment or deficits.

Of the 29 referrals, 19 Neuropsychological assessments (52%) were completed this reporting period. Six (6) CM assessments (34%) were not completed due to CM declination or absence and four (4) appointments (14%) are pending. Of the 19 completed, 10 (53%) documented that the Class Member was currently receiving the most appropriate level of care based on outcome findings from test batteries conducted. Five (5) Class Members (26%) were recommended for Supervised Residential settings, with on-site supports and services to provide skill training in the deficit areas of activities of daily living, community reintegration, medication management and supervision. Four (4) referrals (21%) are pending. All referring CMHCs have received copies of the completed respective Neuro-psychological Evaluations. The Resident Review agencies have also received copies of these evaluations, which are instrumental in making future clinical determination on the most appropriate recommendations based on the clinical findings provided through the evaluation process.

Total referred for assessment	29
Referral evaluations completed	19
Referral – assessment not completed (varying reasons)	10
Referrals recommended for transition	5
Referrals not recommended for transition	10
Neuro-psychological assessments not completed: CM declined to give consent	0
CMs declined to participate in the assessment after initially giving consent	4
CMs have upcoming appointments scheduled	4
CM was discharged from SMHRF prior to evaluation – whereabouts unknown	2
Proximity of SMHRFs prohibits travel distance	0
Outcome of Neuro-psych recommendations: Recommended for transition	5
Currently in Housing Search	1
Unable to locate Class Member	1
Medical hold	0
Returned to Resident Review	

**Implementation Plan Requirements** None-Resident Review Activity is per Consent Decree.

**SERVICE PLANS**

**Decree Requirements**

15	<b>Williams Consent Decree VI(7)(C)</b>	The Service Plan shall be developed by a Qualified Professional in conjunction with the Class Member and his or her legal representative. The Qualified Professional also shall consult with other appropriate people of the Class Member's choosing.
16	<b>Williams Consent Decree VI(7)(D)</b>	Each Service Plan shall focus on the Class Member's personal vision, preferences, strengths and needs in home, community and work environments and shall reflect the value of supporting the individual with relationships, productive work, participation in community life, and personal decision-making.
17	<b>Williams Consent Decree VI(7)(A)</b>	Based on the results of the Evaluations described above, Defendants shall promptly develop Service Plans specific to each Class Member who is assessed as appropriate for transition to a Community-Based Setting.
18	<b>Williams Consent Decree VI(7)(F)</b>	The Service Plan shall be completed within sufficient time to provide appropriate and sufficient transitions for Class Members in accordance with the benchmarks set forth in the Decree.
19	<b>Williams Consent Decree VI(7)(B)</b>	For each Class Member who does not oppose moving to Community-Based Setting, the Service Plan shall, at a minimum, describe the Community-Based Services the Class Member requires in a Community-Based Setting, and a timetable for completing the transition.
20	<b>Williams Consent Decree VI(9)(A)</b>	Those Class Members not transitioning from IMDs to permanent supportive housing will have ongoing reassessments with treatment objectives to prepare them for subsequent transition to the most integrated setting appropriate, including PSH.
21	<b>Williams Consent Decree VI(7)(A)</b>	Each Service Plan shall be periodically updated to reflect any changes in needs and preferences of the Class Member, including his or her desire to move to a Community-Based Setting after declining to do so, and shall incorporate services where appropriate to assist in acquisition of basic instrumental activities of daily living skills and illness self-management. Acquisition of such skills shall not be a prerequisite for transitioning out of the IMD.
22	<b>Williams Consent Decree VI(7)(B)</b>	If there has been a determination that a Class Member is not currently appropriate for PSH, the Service Plan shall specify what services the Class Member needs that could not be provided in PSH and shall describe the Community-Based Services the Class Member needs to live in another Community-Based Setting that is the most integrated setting appropriate.

23	<b>Williams Consent Decree VI(7)(E)</b>	The Service Plan shall not be limited by the current availability of Community-Based Services and Settings; provided, however, that nothing in this subparagraph obligates Defendants to provide any type of Community-Based Service beyond the types of Community-Based Services included in the State Plan and Rule 132.
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**Comprehensive Service Plan (Requirement Nos. 15-19)**

In collaboration with the IDoA and their contracted vendor, UIC College of Nursing, DMH revised its process and format for Comprehensive Service Plans (CSP). An official CSP form document was drafted and presented to the provider community in late October 2018 for feedback on its content and utilization. DMH and IDoA modified this document, using the Colbert CSP form as a template, for inclusion of content areas specific to the Williams Consent Decree. A joint presentation was held in mid-December to introduce a CSP document to Williams vendors. The new CSP document went into effect January 2, 2019. There remains concern among Consent Decree CMHCs on the use of the CSP due to HFS' introduction of the IM+CANS service and assessment tool. The IM+CANS was reviewed for its content by DMH, IDoA and UIC to determine its applicability to the meet the needs of both Colbert and Williams Class Members. It was determined that the IM+CANS did not address necessary data elements required and desired for the Consent Decree's CSP. Williams providers utilized the newly formatted CSP as of January 2, 2019. Review and consideration of IM+CANS and the Williams CSP continues and is included as a part of the FY20 Williams Implementation Plan.

**Individualized Placement and Support Employment Programs (IPS) (Requirement No. 16)**

As of 6/30/19 there have been 700 *Williams* Class Members enrolled in IPS since July 1, 2012. In FY19, IPS also began to capture data on Class Members who found employment outside of IPS Supported Employment services. The IPS data system only collects data while individuals are receiving IPS specific services and supports. Once successfully transitioned from the IPS caseload and stably employed, work activities are no longer tracked in the IPS data system. The following is a breakdown of the relevant data for the period of January 1, 2019 through June 30, 2019:

Total Williams CM Enrolled	192	Total Williams CM Currently Working	64
Total Williams CM Who Have Worked	76		
New Enrollments	37		

Cumulative data for Williams IPS (7/1/12-6/30/19):

Total Williams Class Member Enrollment (since 7/1/12)	700	Current Williams CM Enrollment	192
Total Williams CM Who Have Worked (since 7/1/12)	227 (32%)	Total CM Who Worked FY19 (all pt)	104 (46%)
New Enrollments (1/1/19-6/30/19)	37	CM Currently Working	64 (62%)

The following table reflects the number of days of job tenure for the 92 Class Members who worked in mainstream competitive work in FY19 while on the active IPS caseload, and includes Class Members who were working when closed to IPS Services:

	<b>Job Tenure</b>				
	30 days or less	1 – 3 months	4 – 7 months	8 – 11 months	over 11 months
<b># of Class Members holding jobs 1/1/19-6/30/19</b>	12	9	5	10	40
<b># of Class Members holding jobs 7/1/18-6/30/19</b>	8	11	11	12	62

Effective September 1, 2018, DMH started collection of Williams Class Members Employment Status information at 4 Points of Intercept as reported by the CMHCs. The 4 Points of Intercept are:

- (1) At the point of Initial Contact,
- (2) At the point of Lease Signed,
- (3) At the point of actual Move-In to the community, and
- (4) At the Drop-In Center or visit in the community.

At each point data is collected on whether the Class Member is working or not working and whether the work is full-time, part-time, day labor or in a sheltered workshop. If the Class Member is currently not working, the survey collects information to determine if the CM is interested in seeking employment. During this reporting period, 832 unduplicated Williams Class Members have responded to the Employment Status survey, bringing the total to 1,092 unduplicated responses. This survey not only collects Employment Status information but will also serve as a talking point for CMHC staff to continue exploring employment with the Class Members and to encourage them to consider a goal of returning to work or working for the first time.

In addition, the Quality of Life Surveys include key questions to document interest in IPS Supported Employment at 30 days, 3-month, 6-month, 9-month and 12-month intervals and post-transition. This reinforces and reintroduces the possibility of employment to Williams Class Members to encourage them to consider a goal of returning to work or to work for the first time.

The Williams IPS Trainer continued to gather observations from IPS Supported Employment managers regarding Williams Class Members and IPS Supported Employment services. The following feedback was obtained:

1. What appears to interest Williams Class Members about IPS and why Williams Class Members find IPS Supported Employment Services to be very helpful because IPS is driven by the job candidate's preferences such as the type of job, the job location, the work environment and the hours worked. In addition, the Class Members can obtain support with their housing stability and employment at the same time. Class Members have reported that getting supports with their employment goals help them feel like they are getting better, especially those that have worked in the past.
2. What needs to be tweaked to motivate and interest Williams Class Members to seek IPS Supported Employment Services? Class Members are concerned about the potential of losing benefits due to increased income. Class Members would benefit from more information on the Illinois ABLE (Achieving a Better Life Experience) Act. Under the Act, a qualified job candidate can open an Illinois ABLE account and save their work income without the fear of losing their benefits such as SSI and Medicaid.
3. Why from your experience are Williams Class Members not interested in IPS? Class Members who are current residents of SMHRFs do not want to lose an employment check to the facility. Williams Class Members who have moved out of SMHRFs express fear and concern of losing their benefits, such as SSI, SSDI and Medicaid. Feedback also indicates that after being out of the workforce for many years, some Class Members lack self-confidence about returning to the workforce. Others report being content with their life and do not want to pursue more.
4. Is there something that can be changed about the existing IPS Program that may make it more appealing to Williams Class Members? (1) Initiate more efforts to engage and interest Class Members to explore a goal of employment; (2)

Better advertisement to groups offered at agencies such as WRAP (Wellness Recovery Action Plan) for Work, NEW-R (Nutrition and Exercise for Wellness and Recovery), and the 8 Dimensions of Wellness to encourage the Class Members to think about a goal of returning to work or working for the first time; (3) Promoting that all are welcome and there are no requirements to receive IPS Supported Employment Services; (4) Volunteer options should be recognized as participation in the IPS Program.

5. What appears to be the primary successes with job retention and why? The IPS Employment Specialist's ability to provide individualized job retention supports is key. Also, reviewing with the Class Members the benefits of disclosure so that IPS Employment Specialists can advocate for accommodations with the perspective employers.
  
6. What businesses or companies seem to be the most receptive to hiring Williams Class Members? Between 1/1/19-6/30/19, 55 employers employed Williams Class Members through IPS Supported Employment Program in Competitive Integrated Employment (CIE). Employers with at least two (2) Williams Class Members employed during this period are as follows:

Jewel-Osco (9)	McDonalds (4)	AD&D Property Services (2)
Levy Restaurants (2)	UPS (2)	Burger King (2)
Steak n Shake (2)	YMCA (2)	Buffalo Wings & Rings (2)
JR's Chicken (2)	Mariano's (2)	

For the duration of the program, the top employers working with IPS Supported Employment are (with number of IPS hires):

Jewel-Osco (30)	Levy Restaurants (6)	Salvation Army (11)
McDonalds Corporation (8)	AD&D Property Services (7)	NAMI (8)
United Service Companies (8)	The PEASANTRY (5)	ARAMARK (5)
MADO Healthcare Centers (3)	Buffalo Wings & Rings (4)	Mariano's (5)
Monterey Security (4)	Sodexo (4)	Strack and Van Til Grocery (5)
Burger King (5)	Dollar Tree Stores (4)	JR Chicken (3)
Walmart (3)	Auto Zone (2)	Heritage Behavioral Health (2)
Pete's Fresh Market (2)	Superdawg Drive-In (4)	Popeye's Chicken (2)
Culvers (3)	Steak N' Shake (4)	Taking Care of Our Seniors (3)

## Quality Monitoring

Williams Quality Monitors reviewed Class Member Service Plans during this reporting period to monitor the goals and outcomes of Class Members transitioning to the Community. A database was created and was operational as of May, 2019 to track specific reviews, the need for corrections and data regarding the adequacy of Class Member Service Plans. More complete data summaries from this new database will be reported for the next Semi-Annual Report.

## Implementation Plan Requirements

<b>Requirement</b>	<b>Due Date</b>	<b>Current Status</b>	<b>IP No.</b>
Collect employment interest data from Class members at several key intercept points of engagement based on responses to a four- question survey. Intercept points are: first contact, transition engagement and planning, move-in date and at Drop-In Centers.	7-1-18	Completed by September 2018. Data being collected. In addition, Quality of Life Survey has been modified to collect information on "Interest in Employment" at 30 days, 6 months, 9 months and 12 months post-transition.	IP45
CMHCs to begin collection and coding of data on IPS services to capture actual participation by Williams Class Members.	9-1-18	Data collected. Was reported at September, 2018 Parties' meeting.	IP46
Convene meetings with the 3 Williams CMHCS that do not currently have an IPS Employment Specialist to prompt/encourage hiring within contracted resources.	10-1-18	Completed. Reported at September 2018 Parties meeting. Initial meetings held with Association House, HRDI and Grand Prairie, prior to July 1, 2018 to assist in implementing/structuring/staffing and obtaining referrals for IPS programs. Additional meetings held as follows: Association House (meeting 11/5/18) HRDI (meeting 11/6/18) Grand Prairie (multiple attempts to reach various staff to schedule meeting-phone and email messages not returned.) Work initiated to promote hiring employment specialist.	IP47

IPS Program Directors and staff to implement programming and an improved tracking system/process to identify Williams Class Members interested in and/or participating in IPS.	12/1/18	Completed. IPS data from the 12/31/18 IPS data report identified 161 Williams CM who subsequently received IPS services, but were not aware of these services earlier..	IP48
Execute a series of training sessions on IPS standards of care for CMHCs.	7/1/18 and ongoing	Completed. Throughout FY19 the IPS Trainer Team has executed a series of IPS Trainings focused on the pursuit of DMH to have IPS recognized as a standard of care, and employment to be an outcome of care.	IP49

**TRANSITION**

**Decree Requirements**

24	<b>Williams Consent Decree VI(9)(A)</b>	PSH will be considered the most integrated setting appropriate for Class Members except that, (1) for any Class Members (i) who have severe dementia or other severe cognitive impairments requiring such a high level of staffing to assist with activities of daily living or self-care management that they cannot effectively be served in PSH, (ii) who have medical needs requiring a high level of skilled nursing care that may not safely be provided in PSH, or (iii) who present a danger to themselves or others, the evaluator will determine the most integrated setting appropriate, which may be PSH or another setting, and (2) nothing in this paragraph shall prevent Class Members who can and wish to live with family or friends or in other independent housing that is not connected with a service provider from doing so.
25	<b>Williams Consent Decree VI(9)(B)</b>	Class Members who move to a Community-Based Setting will have access to all appropriate Community-Based Services, including but not limited to reasonable measures to ensure that their housing remains available in the event that they are temporarily placed in a hospital or other treatment facility.
26	<b>Williams Consent Decree VI(8)(A)</b>	Within five (5) years of the finalization of the Implementation Plan, all Class Members who have been assessed as appropriate for living in a Community-Based Setting will be offered the opportunity to move to a Community-Based Setting.
27	<b>Williams Consent Decree VIII (15)</b>	In the event that any IMD seeks to discharge any Class Member before appropriate housing is available, including but not limited to circumstances in which an IMD decides to close, Defendants will ensure that those individuals are not left without appropriate housing options based on their preferences, strengths, and needs.

28	<b>Williams Consent Decree VI(8)(G)</b>	By the end of the fifth year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement to one hundred percent (100%) of all individuals who are assessed as appropriate for living in a Community- Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the fourth year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since the finalization of the Implementation Plan.
29	<b>Williams Consent Decree VI(8)(G)</b>	For purposes of this Decree, PSH includes scattered-site housing as well as apartments clustered in a single building, but no more than 25% of the units in one building with more than 4 units may be used to serve PSH clients known to have mental illness. For buildings with 2 to 4 units, no more than 50% of the units may be used to serve PSH clients known to have mental illness. However, during first 5 years after finalization of the IP, up to 75 class members may be placed in buildings where more than 25% of the units serve PSH clients known to have MI if those buildings were used to serve PSH clients prior to March 1, 2010. After first 5 years following the finalization of the IP, all class members served in PSH shall be offered the opportunity to reside in buildings that comply with 25% or 50% unit limit set forth above in this subparagraph.
30	<b>Williams Consent Decree VI(8)(H)</b>	After the end of the fifth year following finalization of the Implementation Plan, Class Members who are assessed as appropriate for living in a Community-Based Setting, who do not oppose transition to a Community-Based Setting and whose Service Plans provide for placement in Community-Based Settings shall be offered the opportunity to move to those settings and shall receive appropriate services consistent with the Service Plan within one hundred and twenty (120) days of the date of the Service Plan.
31 <sup>8</sup>	<b>Williams Consent Decree VI(8)(C)</b>	By the end of the first year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement in a Community-Based Setting to a minimum of 256 Class Members who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed 256 PSH units for the benefit of Class Members.

<sup>8</sup> Requirement No. 31 is not relevant to the current reporting period and is not specifically referenced in this section.

32 <sup>9</sup>	<b>Williams Consent Decree VI(8)(D)</b>	By the end of the second year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement in a Community-Based Setting to a minimum of 640 Class Members (including the 256 referenced in subparagraph 8c above) who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed 640 PSH units for the benefit of Class Members.
33 <sup>10</sup>	<b>Williams Consent Decree VI(8)(E).</b>	By the end of the third year after the finalization of the Implementation Plan, Defendants will have (1) offered placement to at least forty percent (40%) of all individuals who are assessed as appropriate for living in a Community- Based Setting and who do not oppose moving to a Community-Based Settings; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the second year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since finalization of the Implementation Plan.
34 <sup>11</sup>	<b>Williams Consent Decree VI(8)(F).</b>	By the end of the fourth year after the finalization of the Implementation Plan, Defendants will have (1) offered placement to at least seventy percent (70%) of all individuals who are assessed as appropriate for living in a Community- Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the third year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since finalization of the Implementation Plan.
35 <sup>12</sup>	<b>Williams Consent Decree X (21)</b>	Within sixty (60) days of Approval of the Decree, Defendants shall offer each of the Named Plaintiffs the opportunity to receive appropriate services in the most integrated setting appropriate to his or her needs and wishes, including PSH. Provision of services to the Named Plaintiffs pursuant to this paragraph shall not be used to determine any other individual's eligibility for services under the terms of the Decree.

<sup>9</sup> Requirement No. 32 is not relevant to the current reporting period and is not specifically referenced in this section.

<sup>10</sup> Requirement No. 33 is not relevant to the current reporting period and is not specifically referenced in this section.

<sup>11</sup> Requirement No. 34 is not relevant to the current reporting period and is not specifically referenced in this section.

<sup>12</sup> Requirement No. 35 is not relevant to the current reporting period and is not specifically referenced in this section.

**Class Member Transition Benchmarks/Data (Requirement Nos. 24-26, 28-30)**

**Original Class Member Data**

The following represents the cumulative transition activity for the original Williams Class Members (Class Members as of 10/1/2010), as of 7/1/2019, based on the original number of 4,169:

Class Members as of 10/1/2010	4169	No Longer Class Members	1748
		Deceased	741
Transitioned (either through Williams or another program:	993	LTC-Cook Cty	632
Aging Waiver	30	LTC-Downstate	140
DHS DDD waiver	6	State Operated LTC	4
Physically Disabled	11	No Medical Benefits	231
TBI Waiver	1		
Supported Living Facility	24	Class Members Remaining:	1428
Non-Waiver Setting	921		
Deceased post transition	66		

Of the original Class Members, 1430 currently remain in the Williams database. Of those 1430, their status is as follows (data is unduplicated-for individual Class Members based on their most recent Resident Review):

Original CM in Williams Database	1430	Class Members Approved for Transition	180
Approved for Transition	180 (12.6%)	CAST	07 (3.9%)
Denied	123 (8.6%)	Hold	08 (4.4%)
Incomplete Resident Review	9 (0.6%)	Housing Search	10 (5.6%)
Refused Resident Review	1065 (74.5%)	Referred to CCR	18 (10%)
Transferred	12 (0.8%)	Refused Contact/Unable to Locate	14 (7.8%)
Unable to Locate	13 (0.9%)	Declined Transition	59 (32.8%)
Discharged	28 (2%)	Recently Assigned to CMHC	40 (22.2%)
		Pending Assignments	16 (8.9%)
		Lease Signed	8 (4.4%)

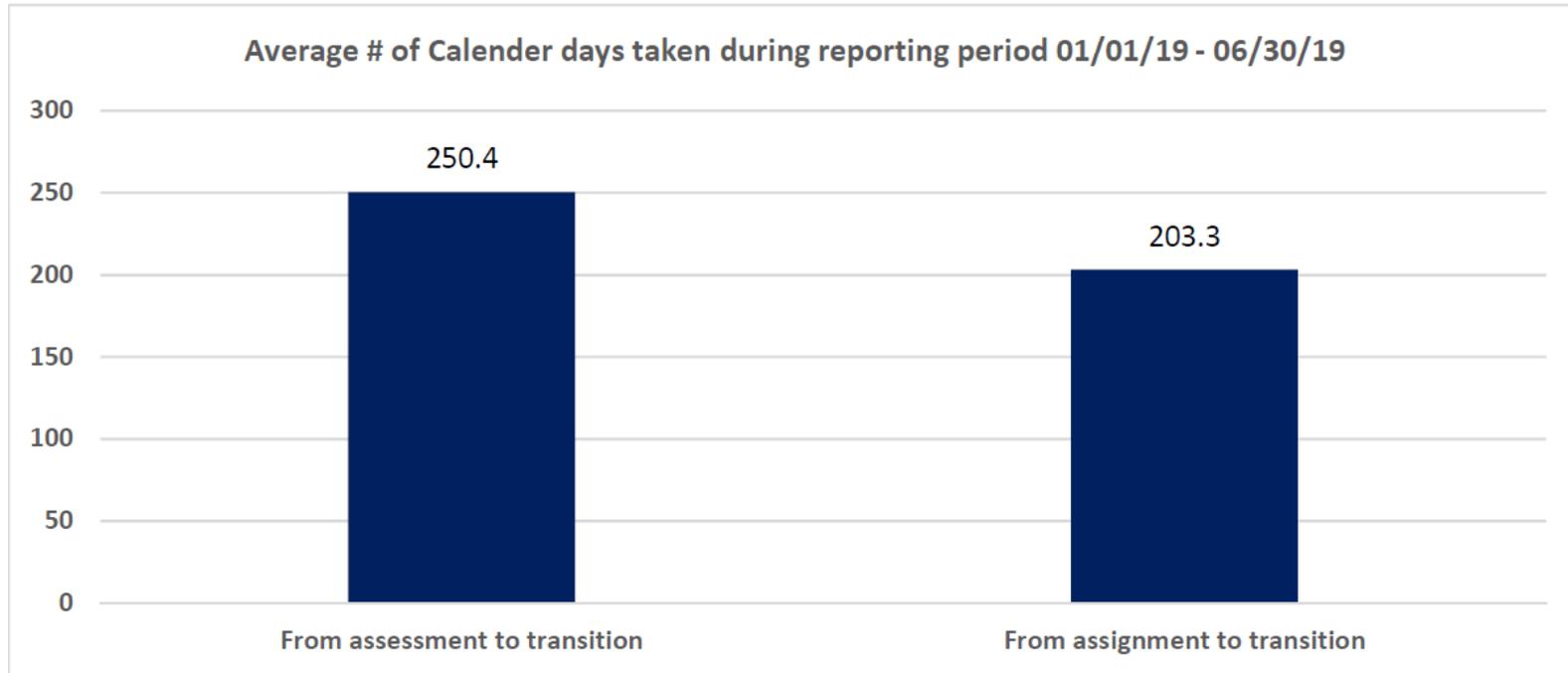
It should be noted that there have been a total of 6639 refusals (duplicated) for this group, demonstrating the repeat attempts to encourage CM to engage in the Moving On process.

**Transitions 7/1/19-12/31/19**

DMH applied transition benchmarks to the eight full array Williams agencies to achieve the fiscal year’s target projection of 400 Class Member transitions. These projections have been consistent for the past three years based on agency size, the growth pattern in ACT and CST services and the agencies’ geographical reach.

Agency (Full Array)	Full Year Target	Target this period	Transitions 1/1/19-06/30/19	% of Period	% Full Year
Association House	30	15	7	47%	23%
Community Counseling Center of Chicago	40	20	20	100%	50%
Grand Prairie Behavioral Health	35	17	12	71%	34%
Heritage Behavioral Health	15	7	5	71%	33%
Human Resource Development Institute	30	15	3	20%	10%
Human Service Center	20	10	5	50%	25%
Thresholds	160	80	51	64%	32%
Trilogy	70	35	13	37%	19%
Full Service Agency Total	400	199	116		
"Transition Only" Agencies			9		
			125	63%	32%

The following chart represents the average time between both Class Member assessment to assignment to a Williams provider agency, and the time from assignment to transition into the community:



### Agency Referrals/Transition Rates

Referrals to each agency and their % of referrals vs transition during reporting period from 01/01/2019 thru 06/30/2019:

Agency	FY19 Target	6 Month Target	Referrals	% of referrals received	Transitions Achieved
ASSOCIATION HOUSE OF CHICAGO	30	15	29	7.32%	7
COMM COUNSELING CTR OF CHICAGO	40	20	40	10.10%	20
GRAND PRAIRIE SERVICES	35	17.5	24	6.06%	12
HERITAGE BEHAVIORAL HEALTH CTR	15	7.5	23	5.81%	5
HUMAN RESOURCES DEV INST INC	30	15	29	7.32%	3
HUMAN SERVICE CENTER	20	10	26	6.57%	5
THE THRESHOLDS	160	80	137	34.60%	51
TRILOGY INC	70	35	68	17.17%	13
Total	400	200	376		116
(Transition Only Agencies)					
ALEXIAN CENTER FOR MENTAL HLTH		N/A	0	0.00%	0
ASSOCIATION FOR INDIVIDUAL DEV		N/A	2	0.51%	1
CORNERSTONE SERVICES		N/A	6	1.52%	4
ECKER CENTER		N/A	1	0.25%	2
KENNETH YOUNG CENTER			1	0.25%	0
LAKE COUNTY HEALTH DEPT MH		N/A	10	2.53%	2
PRESENCE HEALTH		N/A	0	0.00%	0
TRINITY SERVICES, INC.		N/A	0	0.00%	0
Total			20		9
Total Referrals (Full and Transition Only Agencies)			396		125

**Clinical Cast Review Panel (CCRP)**

The Clinical Case Review Panel (CCRP) reviews cases in which a Class Member was initially approved for transition by the Resident Reviewer, but the CMHC has determined the CM is not able to transition. During this reporting period, 74 Class Member cases were submitted for review, and the CCRP conducted a total of 72 CM case reviews. Two (2) cases were not reviewed as the most recent Resident Review recommended no change to the Class Member’s level of care (i.e. not recommended for transition). For the 72 case reviews completed, the panel’s recommendations for these cases were as follows:

<b>Decision Pending</b> No decision made as to transition - additional documentation/information requested	<b>Proceed with Transition</b> Reversal of CMHC determination to not transition - now proceed on transition pathway	<b>No Change in Level of Care</b> CM not recommended for transition - current level of care is recommended to be appropriate	<b>Change in Level of Care</b> Recommended for level of care change from a SMHRF to a SNF due to medical decline.
0	17 (24%)	52 (72%)	3

The CCRP recommended Decision Pending for none of 72 clinical cases reviewed. For this reporting period, agencies were to provide requested information/follow-up to recommendations within 30 days of the CCRP review date. These timelines were met by the agencies involved, which resulted in no Decision Pending outcomes.

- The panel recommended that the CMHCs proceed with transition for 17 of 72 clinical cases reviewed (24%). This is an increase from the last reporting period.
- The panel recommended ‘No Change in Level of Care’ for 52 of 72 clinical cases reviewed (72%). The most common barriers for transition within this review period were (1) physical and sexual aggression/explosive behaviors, (2) increased psychotic symptoms requiring psychiatric hospitalization within 30 days of the review panel meeting and (3) current, excessive substance abuse while in the nursing facility, to the extent of concern for the Class Members’ physical wellness and safety, as well as the community, should he/she transition.
- The panel recommended a change in level of care for 3 of 72 (4%) clinical cases reviewed related to a decline in medical conditions requiring an increase in skilled nursing care and in one case the Panel recommended the Class Member be reassessed for placement in a setting for individuals with Developmental Disabilities.

### **Performance-Based Payment Model**

During this reporting period, the structural format, Exhibits and contract amendments for Transition Coordination, rates and billing (non- Medicaid), were modified to a Performance Based Payment model for full-array Williams Providers. This Payment Model went into effect January 1, 2019. For this reporting period, a flat rate, per person, for each community transition was increased to \$2,500 based on the agencies' respective quarterly projection target. Payments were advanced based on the quarterly projection with reconciliation occurring based on the actual transition number. In the event a provider exceeds their transition target in any given quarter, they will be reimbursed for additional transitions using the same \$2,500 per transition. Quarterly payments are continuing for FY20.

### **Reportable Incidents**

Reportable Incidents are tracked by DMH for the first 18 months following the Class Member's actual transition move-in date. The table below reflects the 138 Reportable Incidents which occurred during this reporting period - according to Level I (Critical), II (Serious) and II (Significant).

**Reportable incidents level and categories reported by agencies**  
**Reporting period from 1/1/2019 thru 6/30/2019**

Agency	Level I - Critical										Level II - Serious						Level III - Significant										
	A	B	C	D	E	F	G	H	Total	%	I	J	K	L	M	N	Total	%	O	P	Q	R	S	T	U	V	Total
Alexian Center For Mental Health	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0.0
Association For Individual Dev.	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0.0	1	0	0	0	0	0	0	0	0	1 4.2
Association House of Chicago	0	0	0	1	0	0	0	0	1	2 10.5	6	0	0	0	0	0	6 4.0	6	1	0	0	0	0	0	0	2	9 37.5
Comm Counseling Ctr of Chicago	1	0	1	1	0	0	0	0	3	15.8	11	0	0	0	0	1	11 7.3	0	0	1	0	0	0	0	1	2 8.3	
Cornerstone Services	0	0	0	0	0	0	0	0	0	0.0	2	0	0	0	0	0	2 1.3	0	0	0	0	0	0	0	0	0 0.0	
Dupage County Health Department	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0 0.0	0	0	0	0	0	0	0	0	0 0.0	
Ecker Center	0	0	0	0	0	0	0	0	0	0.0	2	0	0	1	0	0	3 2.0	0	0	0	0	0	0	1	0	1 4.2	
Grand Prairie Services	0	0	0	0	0	0	0	0	0	0.0	5	0	0	2	0	0	7 4.7	0	0	0	0	0	0	0	0	0 0.0	
Heartland Health Outreach Inc.	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0 0.0	0	0	0	0	0	0	0	0	0 0.0	
Heritage Behavioral Health Center	0	0	0	1	0	0	0	0	1	5.3	4	1	0	0	0	0	5 3.3	0	0	0	0	0	0	0	0	0 0.0	
Human Resources Dev Inst. Inc.	0	0	0	0	0	0	1	0	1	5.3	1	0	0	1	0	0	2 1.3	0	0	0	0	0	0	0	1	1 4.2	
Human Service Center	0	1	0	0	0	0	0	0	1	5.3	6	2	1	1	0	0	10 6.7	0	0	0	0	0	0	0	0	0 0.0	
Iroquois County Mental Health Center	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0 0.0	0	0	0	0	0	0	0	0	0 0.0	
Kenneth Young Center	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0 0.0	0	0	0	0	0	0	0	0	0 0.0	
Lake County Health Dept. MH	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0 0.0	0	0	0	0	0	0	0	0	0 0.0	
Presence Health	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0 0.0	0	0	0	0	0	0	0	0	0 0.0	
The Thresholds	2	0	0	0	0	0	0	0	2	10.5	44	5	0	2	0	0	51 34.0	3	0	0	0	0	0	0	0	3 12.5	
Trilogy Inc.	2	0	2	4	0	0	1	0	9	47.4	38	4	0	9	0	1	51 34.0	2	2	0	0	0	0	0	3	7 29.2	
Trinity Services Inc.	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0 0.0	0	0	0	0	0	0	0	0	0 0.0	
	5	1	3	7	0	0	2	1	19	19.8	119	12	1	16	0	2	150 19.8	12	3	1	0	0	0	1	0	7 24.2	

**Unduplicated Count of CM Involved in Reportable Incidents: 110**

**Total reportable incidents (Level I + Level II + Level III) 193**

**Legends**

**Level I - Critical**

- A - Death
- B - Suicide Attempt
- C - Sexual Attempt
- D - Physical Assault
- E - Fire
- F - Criminal Activity
- G - Missing Person
- H - Suspected Mistreatment (Abuse, Neglect)

**Level II - Serious**

- I - Unexpected Hospital Visit/Admission
- J - Nursing Facility/SMHRF (IMD) Placement
- K - Fire
- L - Behavioral Incident
- M - Suspected Mistreatment(Exploitation)
- N - Injury

**Level III - Significant**

- O - Property damage/destruction
- P - Vehicle accident not requiring emergency department visit
- Q - Eviction for non-criminal reasons
- R - Suspected mistreatment
- S - Alleged Fraud/Misuse of funds
- T - Eviction for alleged criminal activity
- U - Missing person
- V - Criminal Activity

**Level I: 19 (9.8 %)**

**Level II: 150 (77.7 %)**

**Level III: 24 (12.4 %)**

**Unduplicated Class Members:** Unduplicated # of Class Members involved in total incidents. These Class Members may or may have not been transitioned during reporting period.

**Total reportable incidents** Total # of reportable incidents occurred during reporting period.

The following table captures the number of unduplicated Class Members compared to the number of Reportable Incidents. Note: one Class Member had a total of 8 Reportable Incidents within these six months.

**Reportable Incidents by Class Members (1/1/19-6/30/19)**

<b>Unduplicated Class Members</b>	<b>Number of Incidents</b>	<b>Total Incidents</b>	<b>Percentage</b>
47	1	47	29.56
19	2	38	23.90
9	3	27	16.98
6	4	24	15.09
3	5	15	9.43
1	8	8	5.03
<b>Total: 85</b>		<b>159</b>	

The respective charts below categorize the specific reportable incidents:

**Level I (Critical) 1/1/19-6/30/19**

<b>Category</b>	<b>Description</b>	<b>Number</b>
Death	Accidental	2
	Other-Unexpected or Sudden Death	3
Missing Person	Law Enforcement Contacted	2
Physical Assault	Alleged Perpetrator	2
	Alleged Victim	5
Sexual Assault	Alleged Victim	3
Suicide Attempt	Suicide Attempt	1
Suspected mistreatment (abuse, Neglect)	Alleged victim of sexual abuse	1
Total:		19

**Level II (Serious) 1/1/19-6/30/19**

<b>Category</b>	<b>Description</b>	<b>Number</b>
Behavioral Incident	Substance Abuse	4
	Threat of Injury to Self/Others	12
Fire	Accidental – not started by participant	1
Injury	Cut or Puncture Wound	1
	Fall	1
Nursing Facility/SMHRF Placement	SMHRF/Nursing Facility Placement	12
Unexpected Hospital Visit/Admission	Emergency Department Visit-Illness (med/psych)	44
	Emergency Department Visit-Injury	11
	Medical Hospitalization	10
	Medication related	1
	Psychiatric Hospitalization	46
	Substance Abuse	7
Total:		150

**Level III (Significant)**

<b>Category</b>	<b>Description</b>	<b>Number</b>
Criminal Activity	Citation	2
	Misdemeanor	5
Eviction of alleged criminal activity	Other	1
Eviction of non – criminal reason	Refusal to pay rent	1
Property Damage/Destruction	Damage to participant property	8
	Damage to provider property	1
	Damage to other’s property	2
	Fire-Accidental	1
Vehicle Accident No Emergency Dept.	Other vehicle (bicycled, motorcycle)	1
	Participant/passenger	2
Total:		24

It must be reiterated that Reportable Incidents are only collected for the first 18 months following a Class Member’s actual transition/move-in date to the community. Also, data collected for input is as reliable as the information obtained from the community agencies or as reported to the agencies by the Class Member or other individuals for whom the Class Member sees as significant in their life, i.e., family or friends, neighbors.

### **SMHRF Reportable Incidents**

In addition to the information above, Reportable Incident information is collected by IDPH on incidents that involve SMHRF residents. Not all information is available, for example, outcomes for individuals who are hospitalized may not be reported unless the individual returns to the SMHRF. The following represents Reportable Incidents by type during this reporting period:

#### SMHRF Reported Incidents (1/1/19-6/30/19)

Sexual Assault	16
Abuse/Neglect/Maltreatment	299
All Deaths	31
Assault (threat of harm)	51
Missing person >24 hrs.	101
Criminal conduct	11
Fire	0
Total	509

### **Mortality Reviews**

There were two deaths which occurred within this six-month reporting period. Both cases were referred to UIC College of Nursing for a post-mortem review. The first review has been completed and staffed by DMH in conjunction with staff from both UIC CON and the referring CMHC. Per autopsy results, the Cass Member's death was classified as suicide due to asphyxia with a notation of clozapine toxicity contributing to the death. The second review is currently in the post-mortem phase and will be scheduled for staffing once the review is complete and DMH receives the report.

### **Class Member Characteristics**

DMH continues to track data pertaining to the characteristics of Williams Class Members. As stated in previous reports, DMH contracted providers serving in the role of transition coordinators are contractually required to register/enroll *Williams* Class Members (WCMs) in the DMH Community Information System within 7 days of their initial contact with Class Members, typically at the SMHRF where the Class Member resides. They are also required to re-register Class Members to update key fields at six-month intervals. As of June 30, 2019, 4,589 *Williams* Class Members were enrolled in the DMH Community Information System as a result of being assigned to an agency for transition coordination. However, not all enrolled members are currently receiving services.

The prior analysis of descriptive demographic and clinical data for *Williams* Class Members registered in the DMH Community

Information System was performed in December 2018 for class members. Class Members who are approved for transition are entered into the database. Class Members are not removed from the database at any point, although registrations are closed and replaced with updated information when a Class Member has been re-assessed, re-approved for transition or re-assigned to another agency. All Class Members are to be registered in the database by the assigned provider within 7 days of assignment. Agencies are to re-register assigned Class Members every six months, at which point information in the database is updated. The database analysis is not based on a particular time period, but rather all Class Members who have active registration in the database. A comparison of the data for this period to the previous period reveals that there is little variability in the descriptive information reported for the two cohorts. The majority of values show little change while some have had a low variance compared to the previous analysis. The clinical and descriptive characteristics appear to be stable for this population. This demographics data is for any CM that has been approved for transition and is based on the most recently submitted registration by the provider. The analysis is based on the baseline of 4589 Class Members.

<b>Age Group</b>	<b>Count</b>	<b>%</b>
18 - 20	3	0.1%
21 - 24	84	1.8%
25 - 44	1661	36.2%
45 - 64	2417	52.7%
65 and over	424	9.2%
<b>Gender</b>	<b>Count</b>	<b>%</b>
Female	1580	34.4%
Male	3009	65.6%

<b>Ethnicity</b>	<b>Count</b>	<b>%</b>
American Indian/Alaskan Native	16	0.3%
Asian	79	1.7%
Black/African American	2128	46.4%
More Than One Race Reported	15	0.3%
Native Hawaiian or Other Pacific Islander	8	0.2%
Race/Ethnicity Not Available	173	3.8%
White	2170	47.3%
<b>Hispanic Origin</b>	<b>Count</b>	<b>%</b>
Central American	15	0.3%
Cuban	4	0.1%
Mexican/Mexican American	131	2.9%
Not of Hispanic Origin	3973	86.6%
Other Hispanic	130	2.8%
Puerto Rican	56	1.2%
Unknown, not Classified	280	6.1%

<b>Marital Status</b>	<b>Count</b>	<b>%</b>
Never Married	3195	69.6%
Married	134	2.9%
Widowed	88	1.9%
Divorced	520	11.3%
Separated	123	2.7%
Unknown, declines to specify	529	11.5%
Civil Union	0	0.0%

<b>Education</b>	<b>Count</b>	<b>%</b>
Never attended school	10	0.2%
Last Primary /Secondary grade completed	904	19.7%
Preschool/Kindergarten	3	0.1%
High School Diploma	1199	26.1%
GED	284	6.2%
Special Education Certificate of completion	7	0.2%
Post-Secondary Training	57	1.2%
One-year college	361	7.9%
Two-year college	334	7.3%
Three-year college	100	2.2%
College Bachelor's Degree	213	4.6%
Post Graduate college degree	69	1.5%
Unknown	1048	22.8%

<b>Justice System Involvement</b>	<b>Count</b>	<b>%</b>
No Involvement	3773	82.2%
Arrested	59	1.3%
Charged with a Crime	50	1.1%
Incarcerated (Jail)	27	0.6%
Incarcerated (Prison)	17	0.4%
Juvenile Detention Center	4	0.1%
Detained (Jail)	4	0.1%
Mental Health Court	10	0.2%
Other (Justice System Involvement of Type Not Specified in Database)	52	1.1%
Unknown (Provider Not Able to Identify at Registration)	547	11.9%
Adult Probation	32	0.7%
Adult Parole	14	0.3%

<b>Residential Living Arrangement</b>	<b>Count</b>	<b>%</b>
Permanent Supportive Housing	1346	29.3
Other Unsupervised Setting	48	1
Supervised Residential Setting	503	11.0
Institutional Level of Care/SMHRF	1999	43.5
Other	28	0.6
Not Reported	251	5.5

<b>Military</b>	<b>Count</b>	<b>%</b>
Veteran/Former Military Service	157	3.4
Active Duty	1	.01

Unknown	458	10.0
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Primary Language	Count	%
English	4483	97.7
Spanish	25	0.5
Unknown	42	0.9
Other Languages	39	0.8

History of Mental Health Treatment	Count	%
Continuous Treatment History	1839	40.1
Continuous Residential Treatment	2626	57.2
History of Multiple Residential Settings	2561	55.8
Outpatient Mental Health Services	3240	70.6
Previous Mental Health Treatment	3602	78.5

Level of Care Utilization Scale Score-Assessor Recommendation*	Count	%
High Intensity Community-Based Services (Level 3)	1060	23
Medically Monitored Services	1661	36.2
Non-Residential Services	1253	27.2
Residential Services	408	8.9
Medically Managed Residential Services	155	3.4
Low Intensity Community-Based Services	399	8.7
Recovery Maintenance and Health Management	80	1.7
Missing LOCUS score	1234	25.4

\*Gathered during Registration Process

<b>Diagnosis ICD-10</b>	<b>Count</b>	<b>%</b>
Schizophrenia/Psychotic Disorders	2604	65.2
Bi-Polar/Mood Disorders	1256	31.4
Other (Anxiety and Stress Disorders, Trauma and Stress Disorders, Disorders of Childhood or Adolescence and Other Mental Disorders)	133	3.3

N=3993

<b>Diagnosis ICD-9 *</b>	<b>Count</b>	<b>%</b>
Schizophrenia/Psychotic Disorders	417	69.9
Bi-Polar/Mood Disorders	129	21.6
Other (Adjustment Disorders, Anxiety and Stress Disorders and Other Mental Disorders)	50	8.3

N=596

<b>Functional Impairment</b>	<b>Count</b>	<b>%</b>
GAF* Average Score 41.2 (Serious symptoms or any serious impairment in social, occupational or school functioning.)	n/a	n/a
Class Member GAF Score Range: 0-99		

\*Based on Global Assessment of Functioning (GAF) Scale. Range is 0-100, with 0 being the lowest level of functioning/highest level of impairment.

<b>Provider Assessed Functional Impairments</b>	<b>Count</b>	<b>%</b>
Employment	3392	73.9
Financial	3058	66.7
Social/Group Functioning	3090	67.4
Community Living	2894	63.1

Supportive/Social	2711	59.1
Activities of Daily Living	2296	50.1
Inappropriate/Dangerous Behavior	1838	40.1
Previous Functional Impairment	3362	73.3

**Williams Class Member Quality of Life Survey Report**

Quality of Life surveys are administered to Class Members prior to discharge from the SMHRF in which they reside and every 6-months thereafter, up to 18 months post-discharge. Quality of Life surveys consist of two separate surveys: the Lehmann Brief Quality of Life Survey and the Mental Health Statistics Improvement Program (MHSIP) Adult Evaluation of Care Survey. Data obtained and reported below is based on the later survey.

**Evaluation of Care Results**

The evaluation of care survey has seven domains:

- access to care;
- quality and appropriateness of treatment;
- treatment outcome;
- participation in treatment planning;
- satisfaction with services;
- improvement in functioning; and
- social connectedness with others.

Prior reports have noted positive change across time on nearly every one of these domains. The findings during FY19 are much the same.

Table 1 displays the percentage of Class Members' positive responses for each evaluation domain, ranging from pre-transition through 18 months post transition to the community. This cohort includes Class Members who have transitioned since the inception of the Williams Consent Decree, and include all individuals completing the evaluation surveys regardless of whether they completed surveys at each point in time.

Table 1  
Percentage of Positive Class Member Responses By Evaluation Domain Across Time

<b>Evaluation Domain</b>	<b>Pre-Transition</b>	<b>6 Months</b>	<b>12 Months</b>	<b>18 Months</b>
Access	75.6	90.4	90.6	90.9
Quality	78.7	91.7	92.3	91.8

Outcome	89.6	90.8	89.9	90.4
Satisfaction	66.5	89.1	90.3	89.9
Social Connectedness	89.9	89.8	89.8	88.2
Functioning	91.1	93.0	93.0	92.4
Treatment Plan participation	80.0	89.2	89.7	89.3

Table 2 displays the percentage of positive responses across time only for individuals completing the survey pre-transition and at 6 months post-transition.

Table 2  
Percentage of Positive Class Member Responses By Evaluation Domain Pre-Transition and Post-Transition at 6 Months (n=476)

<b>Evaluation Domain</b>	<b>Pre-Transition</b>	<b>6 Months</b>
Access	79.4	92.9
Quality	82.1	93.5
Outcome	91.4	92.0
Satisfaction	69.5	91.6
Social Connectedness	92.0	91.4
Functioning	92.2	94.5
Treatment Plan participation	83.0	92.6

Table 3 displays the percentage of positive responses across time only for individuals completing the survey pre-transition and at 12 months post-transition.

Table 3

Percentage of Positive Class Member Responses By Evaluation Domain Ratings Pre-Transition and Post-Transition at 12 Months (n=359)

<b>Evaluation Domain</b>	<b>Pre-Transition</b>	<b>12 Months</b>
Access	77.4	92.8
Quality	82.5	95.3
Outcome	92.2	93.0
Satisfaction	67.1	93.3
Social Connectedness	91.6	89.7
Functioning	93.3	94.2
Treatment Plan participation	81.6	92.2

Table 4 displays the percentage of positive responses across time only for individuals completing the survey pre-transition and at 18 months post-transition.

Table 4

Percentage of Positive Class Member Responses By Evaluation Domain Ratings Pre-Transition and Post-Transition at 18 Months (n=277)

<b>Evaluation Domain</b>	<b>Pre-Transition</b>	<b>18 Months</b>
Access	76.2	89.9
Quality	79.4	90.3
Outcome	92.8	89.9
Satisfaction	67.9	89.2
Social Connectedness	90.3	88.1
Functioning	94.9	92.8
Treatment Plan participation	79.4	90.6

**Housing (Requirement Nos. 24, 28-29)**

**Class Members Housed**

IHDA recognizes that data on Class Members housed in SRN and 811 units depends on property managers and/or service providers timely and accurately reporting to the PAIR wait list managers that units have been filled by SRN or 811 wait list applicants. Unfortunately, this data entry has not always been consistent, and thus, may not be reflective of actual occupancy in these units.

Program	<i>Williams</i> Class Members Housed cumulative (since 2012)	<i>Williams</i> Class Members Housed FY2019
SRN	16	10
811	41	15

The Decree requires that no more than 25% of the units in one building with more than 4 units may be used to serve PSH clients known to have mental illness. For buildings with 2 to 4 units, no more than 50% of the units may be used to serve PSH clients known to have mental illness. Catholic Charities and the Illinois Association of Community Action Agencies (IACAA) are the two Subsidy Administrators responsible for the administration and monitoring of the Bridge Subsidies afforded to Williams Class Members, which are paid out of Illinois General Revenue funds (and not subject to Medicaid matching Federal funds). As such, Catholic Charities and IACAA are able to monitor Bridge Subsidy approvals to ensure the mandates of the Decree are met. While every effort is made to comply with the 25% and 50% requirements, Class Members are afforded choice in their housing, and in some instances, waivers are granted to the 25% and 50% limitations based on Class Member requests and preferences.

Data specific to new bridge subsidies and compliance with the 25% and 50% requirements is as follows:

<b>Number of Bridge Subsidies Approved</b>	<b>1-4 Units</b>	<b>Compliant with 50%</b>	<b>Exceptions to 50%</b>	<b>5 or More Units</b>	<b>Complaint with 25%</b>	<b>Exceptions to 25%</b>
January	5	5	0	24	24	0
February	5	5	0	45	45	0
March	14	13	0	52	52	0
April	2	2	0	43	43	0
May	3	2	0	54	54	0
June	5	5	0	52	52	0
<b>Totals:</b>	<b>35</b>	<b>35</b>	<b>0</b>	<b>270</b>	<b>270</b>	<b>0</b>

During this period there were 125 total Class Member transitions to Community-Based Settings. Seventy-five (75) Class Members were transitioned into lease-held rental apartments (Bridge Subsidy/Permanent Supportive Housing), 11 CM were transitioned to Section 811/SRN units, ten (10) transitioned to a Supervised/Supported Residential Settings, 15 Class Members had signed leases, and 14 CM transitioned into other settings (including cluster-models, CILA, Assisted Living and transition with no subsidy). For those Class Members that were not currently appropriate for transition to PSH, the determination was made by the Williams Provider Agency that the individual required supports, including oversight and supervision, that was not available in PSH.

**Class Members Residing Under a Common Roof who Transitioned Between 1/1/19-6/30/19**

<b># of Williams Class Members Residing in Community</b>	<b>Number of Addresses</b>	<b>%</b>
1	67	89.3%
2	6	8%
3	2	2.7%
<b>Total</b>	<b>75</b>	

Housing availability is dependent on the timing of a Class Member’s transition. While there are several Master-Leased apartments in high-volume transition areas, Master-Leasing is not generally fiscally advisable, as these units are not always in areas where Class

Members choose to reside. Housing searches for Class Members are based on “geographical preference” and it is difficult to predict where individual Class Members will choose to live until the Class Member is in the active transition process.

Average wait time for housing is difficult to determine. Housing is based on the availability of units on the open market, in the area of Class Member preference and within the cost constraints of FMR. Further delays in obtaining housing can be the result of poor credit, prior evictions and criminal history (felony or sex offenses). IHDA continues to be a resource for housing development, but development from ground breaking to occupancy is generally 13-18 months.

Class Members may also face a delay if they have been recommended for a Supervised Residential Setting as opposed to PSH. Transition is therefore dependent on the availability of an appropriate (i.e. gender) Supervised Residential bed in the geographical area preferred by the Class Member that the Class Member is willing to accept. DMH does offer a one-to-one exchange for community transitions of individuals currently in Supervised Residential settings that are appropriate for transition. In those circumstances, DMH will offer a rental subsidy to the individual transitioning out of the Supervised Residential Setting under the condition that the vacancy then go to a Williams Class Member.

Williams Housing issues are continuously addressed through weekly meetings held by the Williams Housing Coordinator with various staff, including Housing Locators, IDHA, CSH. In addition, the State continues to seek potential partners in addressing housing issues, especially in the City of Chicago, including local municipalities, developers and planners.

**Retention of Class Member Housing**

For Class Members who receive a Bridge Subsidy, efforts are made to ensure retention of the Class Member’s housing in the event of a hospitalization or short-term return to Long-Term Care. If a Class Member is hospitalized, returns to Long-Term Care or is incarcerated, the subsidy will assume 100% of the rental cost for a 90-day (three month) period. This may be extended by two additional months if circumstances warrant and after a staffing with the Williams Housing Coordinator. The following represents such payments made for the nine (9) Class Members who requested such assistance (all of whom were approved) during this reporting period, which ranged from two (2) to four (4) months of rental costs for each individual Class Member:

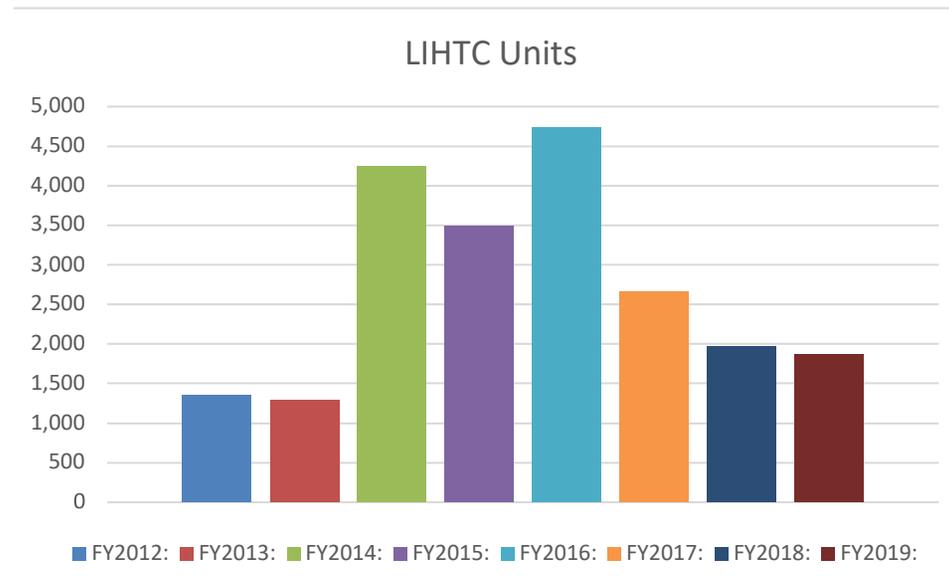
	January	February	March	April	May	June	Period Totals
Rent Payments for NF/IMD Admission	2	2	3	6	7	7	27

## IDHA Permanent Supportive Housing Development

The Illinois Housing Development Authority's (IHDA) Permanent Supportive Housing (PSH) expansion utilizes multiple funding sources to finance construction or rehabilitation of PSH, and usually takes an average of two years to fully construct and open a new building. The overlay of rental assistance makes scattered-site competitive housing stock or private market units affordable for persons who meet eligibility requirements for PSH. IDHA defines permanent supportive housing as housing for people who need supportive services to access and maintain affordable housing, are experiencing or at risk of homelessness, are living with diabetes, and/or are experiencing or at risk of institutionalization. The housing should be permanent (not time-limited, not transitional), affordable (typically rent-stabilized or otherwise targeted to the extremely-low-income who make 30% of the area's median income or below), and independent (tenant holds the lease with normal rights and responsibilities). Services should be flexible (responsive to tenants' needs and desires), voluntary (participation is not a condition of tenancy), and sustainable (focus of services is on maintaining housing stability and good health).

### PSH Financed as of 6/30/2019

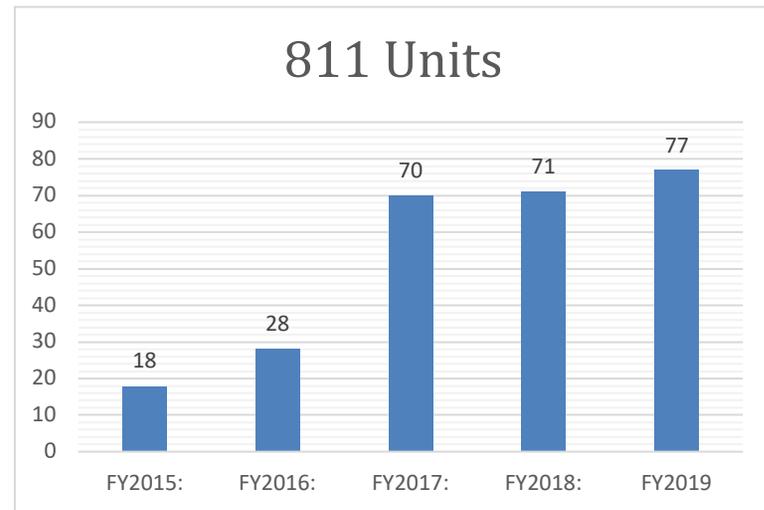
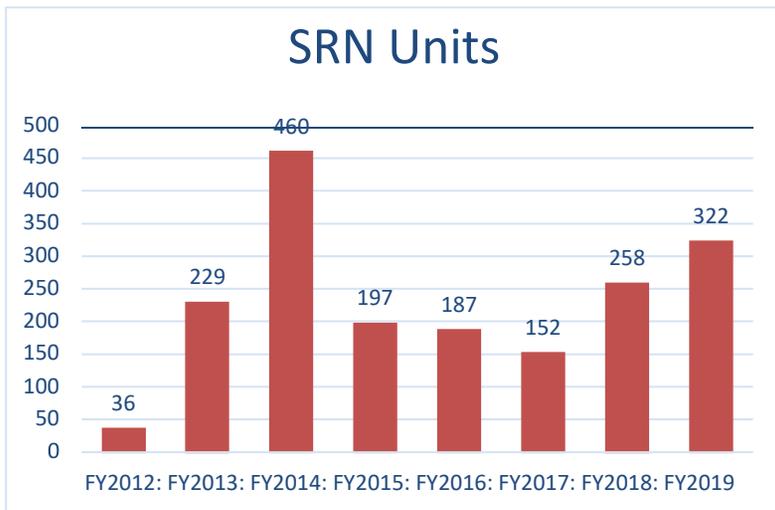
IHDA's Low Income Housing Tax Credits' (LIHTC) developments are single and scattered-site affordable housing. All LIHTC properties are listed on [ILHousingSearch.org](http://ILHousingSearch.org), which is the state's official housing locator website, created to identify available housing units throughout the state. The table below shows the growth in LIHTC units over the past eight years.



IHDA’s Statewide Referral Network (SRN) links populations already connected to services to affordable, available, supportive housing. SRN units are affordable for people with extremely low-incomes, also known as 30% of area median income, and are part of LIHTC developments. Eligible populations include those living with disabilities, experiencing homelessness, at risk of homelessness, and at risk of institutionalization or transitioning from placement in Long-Term Care (LTC).

HUD’s 811 Project Based Rental Assistance Demonstration Program assists low-income households of individuals with long-term disabilities, to live independently in the community by providing affordable housing linked with voluntary services and supports. Persons are eligible if they are Colbert, Williams or Ligas Class Members; participating in the Money Follows the Person program; at risk of institutionalization or placement in LTC; persons moving out of Medicaid funded institutions such as persons participating in the CRP program; or moving out of a State operated Developmental Center (SODC); and, are between the ages of 18 and 61; and, are eligible for Medicaid long-term services and supports or other Medicaid eligible services in the State plan. The 811 project-based rental assistance is provided at existing IHDA properties. Service providers working with eligible applicants can access 811 units by enrolling Class Members on the PAIR module’s 811 Waiting List.

The following tables show SRN and 811 units financed by fiscal year, with numbers financed in FY19 as of 12/31/2018. Many of these units are duplicated, e.g., in the LIHTC unit counts above. Some SRN units are layered with Section 811 subsidy and so those numbers are reported twice as well.



IHDA’s Permanent Supportive Housing Development Program is a special round of financing that creates 100 percent PSH developments with no more than 25 units, by address. These developments are required to set aside a minimum of 10 percent of units for referrals through the Statewide Referral Network. Data in the table below is duplicative, as SRN and 811 units are included in these developments. A new PSH Development round was announced on August 2, 2019. Awarded units will be determined by the next semi-annual report’s reporting period.

Year/Round	Round (Program)	PSH Units
2010	Demonstration Round (Build Illinois Bond Program)	98
2011	Round 1 (Moving Forward)	122
2012 (Round 2)	Round 2 (Moving Forward)	142
2017/Round 3	Round 3 (various funds, including National Housing Trust Fund)	119
FY2019/Round 4	Round 3 (various funds, including National Housing Trust Fund)	124
TOTAL PSH PROGRAM UNITS		605

**PSH Units Available as of July 1, 2019**

The below chart shows how many total SRN and 811 units are available on the PAIR waiting lists as of 7/1/19, with a comparison of vacant units available for the entire state and the City of Chicago.

Program	Total on PAIR	Listed Available (State-Wide)	Listed Available (Chicago)
SRN	1,687	142	25 (of 264 total units)
811	181	23	14 (of 94 total units)

**Class Members Entered on the PAIR Module**

The chart below shows that 72% of Williams Class Members who have submitted housing applications to be on the PAIR’s waiting lists for SRN and 811 units did so during this reporting period. This is due to the recent requirement that all Williams providers enroll their Class Members into the State-Wide Referral Network for SRN and 811 units. The report to gather these numbers has changed since the last

Williams Semi-Annual Report; it gathers waitlist data for those that are still on the waiting list as of June 30, 2019 (removing any applicants that are now removed from the waiting list). The waiting list is also undergoing data cleanup. Both of these updates may be reasons the number of applicants has slightly decreased.

Program	Applied cumulative (since 2012)	Applied FY2019	%
SRN	700	610	87%
811	626	542	87%

**SMHRF Involuntary Discharges/Transfers (Requirement No. 27)**

There were 69 Williams Class Members who received a Notice of Involuntary Transfer or Discharge (ITD) from one of the 23 SMHRFs. ITDs are issued in accordance to the reasons categorized in the table below:

IDPH advises that they have no authority to track Class Members once they leave the licensed facility.

**N=69**

Reason for Discharge	Number Discharged	Percentage
Medical Reasons	0	0
Physical Safety	4	6
Physical Safety of Others	55	80
Late/Non-Payment	5	7
Welfare/Needs Not Met	5	7

**Implementation Plan Requirements**

Requirement	Due Date	Current Status	IP No.
Prepare and release monthly dashboard indicator charts to CMHCs by 5 <sup>th</sup> business day of the month to further encourage compliance with transition targets.	Monthly	Ongoing. Was completed monthly and sent out in a timely manner.	IP25

<p>Release a Supportive Housing application for small (24 units or less), single site buildings to buy, rehab or build with no restriction on geographic area. Details to be provided once application period ends and awards are made.</p>	<p>7-20-18</p>	<p>Completed. Request for Applications posted 4/23/18, Applications returned by 7/20/18, resulting in 13 projects (5 in Cook County) approved by IDHA Board on 9/21/18. Anticipated to be available 13-24 months after award. 124 new units, total IDHA capital expenditure: \$27,414,447.</p>	<p>IP37</p>
<p>Develop incentives for developers/property management companies to create Statewide Referral Network units through the low-income housing tax credit process.</p>	<p>Begin 7/1/18</p>	<p>Completed. IDHA 2018-2019 Low Income Housing Tax Credit Qualified Allocation Plan (QAP) included incentives for SRN. The 2020-2021 QAP is still in draft form awaiting Board and Governor's approval. The draft form includes a mandate for 10% of units to be SRN, and incentives for developers to create additional SRN units. Incentives are up to 10 points out of a total of 100.</p>	<p>IP38</p>
<p>Corporation for Supportive Housing will host a Housing Symposium/conference for developers in Chicago to promote opportunities for additional housing resources.</p>	<p>Summer 2018</p>	<p>Completed-Held June 2018. The discussions included (1) timing of submission of applications for 811 and SRN units, real time matches and work flow; (2) barriers and apprehension about using SRN; (3) Plan of Action and training for PAIRS; (4) Policy Small Group discussions-policy changes recommended, i.e. more consistent Tenant Selection Plans (inconsistency between IDHA and DMH), better coordination and prioritization of Class Members for Rental Housing Support Program, maximizing leverage or resources (811 or SRN), finding units for CM with criminal histories, evictions, etc., reasonable accommodations, Fair Housing Act, challenges with HURD FMR standards.</p>	<p>IP39</p>
<p>Convene meetings with MCOs to explore the feasibility of garnering additional housing resources for post-transition, high-risk Class Members, individuals who frequently present at Emergency Departments and individuals with high-risk housing issues due to complex medical conditions.</p>	<p>Late Fall 2018</p>	<p>Not completed.</p>	<p>IP40</p>

Release NOFO to increase: Supervised Residential Settings by 2 sites (each serving 8-12 individuals), located in the City of Chicago (high preference areas) and Cluster Housing by 2 buildings (each with 10-20 units) located in the City of Chicago (high preference areas).	12/15/18	Not completed. NOFOs not released for Supervised Residential or Cluster housing, which are contingent on the availability of property (other than the NOFO for the DUC-Diversion Utilization Centers). DMH did receive interest in early Spring 2019 from two developers re: Cluster Housing. A NOFO for Cluster Housing support staff will be released in September 2019 (FY20) to support these two identified properties.	IP41
Convene meeting with Williams Providers leadership in order to review the housing opportunities, resources and tools that are currently available (created by the State of Illinois) and determine why these resources are so under-utilized.	August 2018	Partially completed. The former Statewide Housing Coordinator held standing meetings every week with Williams Quality Administrators to review PAIRS entries, accessibility, matches and address issues and concerns. On August 22, 2018, a joint Williams/Colbert housing meeting was convened. Minutes from this meeting are not available.	IP42
Update SRN unit listings to include whether or not the property has rental subsidies in order to ensure that only deeply affordable units (Tenant paying 30% of income) will be offered to Front Door Pilot participants.	December 2018	Completed. Modification to PAIR made November, 2018. Front Door recipients are placed on the SRN listing in priority status, just behind class members. DHS and DMH are in review of actions necessary to place Front Door recipients at primary status due to their needs for immediate housing opportunities. Also, DHS/DMH is reviewing how to regularly cross check actions/wait time in SRN for Front Door participants.	IP43
Require Williams Providers to add all Williams Class Members at their referral be added to the SRN and Section 811 Project-Based Rental Assistance waiting lists	7/1/18	Completed on 8/14/18	IP44
Full execution and tracking transitions (Performance-Based Payment Model)	9-1-18	Completed. Contracts posted 2-7-19 for signature. Contracts went into effect in February, 2019, but were retroactive to January 1, 2019.	IP26

**COMMUNITY-BASED SERVICES and HOUSING CAPACITY DEVELOPMENT**

**Decree Requirements**

36	<b>Williams Consent Decree V(5)</b>	Defendants shall ensure the availability of services, supports, and other resources of sufficient quality, scope and variety to meet their obligations under the Decree and the Implementation Plan.
37	<b>Williams Consent Decree V(5)</b>	Defendants shall implement sufficient measures, consistent with the preferences, strengths, and needs of Class Members, to provide Community-Based Settings and Community-Based Services pursuant to the Decree.

**In Home Recovery and Support (IHRS)**

NAMI’s multidisciplinary team of Recovery Support Providers (RSPs) strategically focus on improving *Williams* Class Members quality of life, improving engagement and satisfaction with services, and decreasing re-hospitalizations or returns to Long-Term Care (LTC) or Specialized Mental Health Rehabilitation Facilities (SMHRFs). During this reporting period, the IHRS team worked, in conjunction with the assigned CMHCs to enhance the integrity of the *Williams* Consent Decree program and operations, protect vulnerability of the population, and drive values in peer-supported services.

**IHRS Team**

During this reporting period the IHRS team consists of six providers. Five of the staff are Peer RSPs, who are licensed by the State of Illinois as Certified Recovery Support Specialists (CRSSs) and one Recovery Manager, who is licensed by the State of Illinois as a Licensed Social Worker (LSW). The IHRS team works with Class Members during the pre and post transition phase from the SMHRFs to independent community living, for a maximum of six months. The assigned CMHC or RSP can request an extension (for a maximum of 2 additional months) for the CM after 6 months of service, if deemed necessary.

When a Class Member is assigned to IHRS, the assigned RSP:

- Develops a recovery model and work plan (updated quarterly), incorporating applicable supporting agencies who help identify goals needed for Class Members to maintain and sustain long-term independent living in the community, post transition.
- Develops a Wellness Action Recovery Plan (WRAP) with the Class Member identifying areas of challenge or concern and areas where support is most needed.
- RSPs are available between the hours of 9 am – 10pm, with support available in-person from 9 a.m.-8 p.m., and by telephone from 8 p.m.-10 p.m.

## **Training & Development**

All RSPs receive ongoing training to improve skills and help them learn how to ensure that the critical aspects of hopefulness, recovery-orientation, empowerment, non-judgmental acceptance, and trust are promoted within the peer support relationship. RSPs received the following trainings:

- Critical Incident Reporting
- Motivational Interviewing
- Cultural Competency
- Mental Health Signs & Symptoms
- Person First Language
- De-escalation Techniques
- Suicide Risk Assessment

## **Quarterly Performance Measures Report**

From January 1, 2019 to June 30, 2019 a total of 28 Class Members received IHRS services.

- 834 hours of support were provided to Class Members from 1/1/19 -6/30/19:
  - 683 of the 834 service hours (82%) were provided in a natural setting outside of the SMHRF.
- 34 Class Members received IHRS service between 1 and 3 months, post transition from the SMHRF.
- 19 Class Members received IHRS between 3 months and 1 day and 6 months, post transition from the SMHRF.
- 21 Class Members refused to give consent to participate in IHRS, were unable to transition from the SMHRF to independent living or were an inappropriate referral.

Services Provided under the IHRS program include:

- Budgeting & Financing;
- Fitness and workout support at local health clubs to enhance mental health, physical health and wellness;
- Assistance with grocery shopping and meal planning and preparation;
- Assistance with navigating the public transportation systems;
- Connection to healthy, natural community social supports; and
- Assistance with hygiene and Activities of Daily Living (ADL).

## **SOAR**

In June 2018, the IHRS team added SSI/SSDI Outreach, Access, and Recovery (SOAR) to the NAMI's contractual scope of services for Class Members. IHRS staff currently assists Class Members residing in four SMHRFs (Abbott House, MADO Old Town, Wilson Care and Columbus

Manor) who are appropriate for transition but are unable to transition due to the lack of sustainable income/benefits (SSI or SSDI). NAMI received a new CAST Financial list from DMH in December, 2018. There were 149 unduplicated Class Members, and NAMI began reaching out to the SMHRF to obtain application status for those Class Members. Ten (10) SMHRFs did not respond. Eight (8) SMHRFs responded on the status of 31 Class Members. Data from these responses is included in the chart below. Out of the SMHRFS who responded, none identified any Class Members for NAMI to work with in completing SSI/SSDI applications.

**SOAR OUTREACH NUMBERS**

<b>FY19</b>		
<b>Date Range</b>	<b>01/01/19 - 6/30/19</b>	<b>Comments</b>
# of Unduplicated Class Members Referred (original list)	149	
# of completed SOAR Applications	0	
# of current Class Members receiving SOAR support	1	From previous FY19 Q2 (in appeal status) Not included in the 149 count for this reporting period.
# of Unduplicated Class Members left to serve	118	Have not received correspondence from SMHRF for assistance
# of Class Members in appeals	6	
# of Class Members who denied/declined SOAR services	0	
# of Class Members approved for SSI before SOAR engagement	7	
# of Class Members who no longer reside at the identified SMHRF	9	
# of Class Members with attorneys	2	
# of applications in process at SMHRF	5	
# of Class Members who the SMHRF reported are private pay and do not qualify for Medicaid services	1	
# of Class Members that SMHRF reported to have no known identify, not eligible	1	

**Williams Budget**

Williams FY19 spending for January through June 2019 included \$14.3 million in grant funded services, \$3.1 for operations expenses, and \$3.5 million for Medicaid services to Class Members as indicated on the following tables. Additional Medicaid services were provided through the Managed Care Organizations. Full year FY19 spending equals \$37.3 million to date with some additional spending to be reported during the lapse period.

The Williams FY20 Budget as passed includes \$47.6 million in General Revenue funds dedicated to expanding home and community-based services and other transitional costs associated with the Consent Decree implementation. The Williams budget is allocated to DMH in a block of funding, which is broken out into estimated line items internally. This allows flexibility in spending where needed over the course of the year.

<b>FY19 Williams Summary Expenditures Jan 1, 2019 - June 30, 2019</b>	
Personnel	\$ 1,014,471
Admin Expenses	\$ 2,104,837
Medicaid Expenses	\$ 3,484,574
Grant Expenses	\$ 14,257,719
<b>Total Expenses 1/1/19 - 6/30/19</b>	<b>\$ 20,861,601</b>

<b>FY19 Williams Admin Expenses 1/1/19 thru 6/30/19</b>	
<b>Object</b>	<b>Total</b>
1145	\$ 52,641
1242	\$ 516,280
1244	
1263	
1264	\$ 134
1291	
1293	
1295	
1721	\$ 3,712
1728	\$ 947
1729	\$ 3,428
1740	\$ 512
4459	\$ 1,527,183
<b>Total</b>	<b>\$ 2,104,837</b>

<b>FY19 Williams Awards &amp; Grants</b>			
<b>Program Name</b>	<b>Activity</b>	<b>Expenditures 1/1/19-6/30/19</b>	<b>FY19 DMH Allocation</b>
ACT Start-Up	ACTS	\$ 317,008	\$ 317,008
Complexities Affecting Seamless Transition	CAST	\$ 150,000	\$ 238,000
Consent Decree Training Institute	CDTI	\$ 86,293	\$ 108,684
Integrated Health Care	CIHC	\$ 841,307	\$ 1,709,988
Cluster PSH	CPSH	\$ 451,007	\$ 902,009
CST Start-Up	CSTS	\$ 264,677	\$ 264,677
Drop-In Center	DROP	\$ 2,234,739	\$ 4,520,984
Front Door Diversion Pilot	FDDP	\$ 438,239	\$ 1,706,128
Housing Bridge Subsidy Administration	HBSA	\$ 4,724,192	\$ 12,215,746
Housing Statewide Locator	HSWL		\$ 13,532
In-Home Recovery Support	IHRS	\$ 257,363	\$ 514,728
Quality Administrator	QADM	\$ 892,453	\$ 1,751,200
Supervised Residential	SUPR	\$ 1,237,438	\$ 2,535,459
Transition Coordination-Non Billable	TCNB	\$ 576,605	\$ 1,051,784
Outreach	WMOR	\$ 283,054	\$ 572,304
Clinical Review	CRVW	\$ 81,317	\$ 173,454
Mortality Review	MREV	\$ 35,027	\$ 50,798
Medicaid Spend-Down	MSDN	\$ 7,539	\$ 65,302
Neuropsych Assessments	RNPA	\$ 29,862	\$ 66,024
OT Assessments	ROTA	\$ 5,924	\$ 59,080
Resident Review	RRVW	\$ 1,343,675	\$ 2,078,325
	<b>Total</b>	<b>\$ 14,257,719</b>	<b>\$ 30,915,214</b>

**Williams FY19 Spending (as of 8/5/19)**

<b>LINE DESCRIPTION</b>	<b>Williams FY19 Est Spending</b>	<b>Spending 7/1/18 thru 6/30/19</b>
Appropriation 22001490W		
<b>Operations</b>		
Personal Services	\$ 3,045,300	\$ 1,512,759
Social Security	\$ 238,800	\$ 115,726
Subtotal PS&F	\$ 3,284,100	\$ 1,628,485
Personal Services Contracts (CO2s)	\$ 74,900	\$ 75,658
Corporation for Supportive Housing	\$ 253,750	\$ 205,600
University of Illinois	\$ 250,000	\$ 236,845
Legal Fees	\$ 1,287,700	\$ 1,527,183
Beacon Health Options (45AW001188)	\$ 620,000	\$ 0
Contractual Employee Travel	\$ 2,000	\$ 609
Travel & Exp Reimb-Contractual Employees	\$ 3,000	\$ 936
Subtotal Contractual Services	\$ 2,491,350	\$ 2,046,831
Travel	\$ 397	\$ 176
Telecommunications	\$ 7,355	\$ 11,541
Operation of Automotive	\$ 419	\$ 0
<b>Total Operations</b>	<b>\$ 5,783,621</b>	<b>\$ 3,687,033</b>

**Williams Spending FY19 Continued**

<b>LINE DESCRIPTION</b>	<b>Williams FY19 Est Spending</b>	<b>Spending 7/1/18 thru 6/30/19</b>
<b>Awards &amp; Grants</b>		
740 - ACT Start Up	\$ 317,008	\$ 317,008
CAST - Complexities that Affect Seamless Transition	\$ 238,000	\$ 137,500
793 - Consent Decree Training Institute	\$ 108,684	\$ 86,293
760 - Integrated Health Care	\$ 1,709,988	\$ 1,696,301
785 - Cluster PSH	\$ 902,009	\$ 902,009
790 - Clinical Review	\$ 173,454	\$ 128,781
750 - CST Start Up	\$ 264,677	\$ 264,677
720 - Drop In Center	\$ 4,520,984	\$ 4,495,239
800 - Front Door Diversion	\$ 1,706,128	\$ 1,006,605
200 - Housing Bridge Subsidy Admin	\$ 12,215,746	\$ 9,461,819
210 - Housing Statewide Locator	\$ 13,532	\$ 13,532
866 - In-Home Recovery Support	\$ 514,728	\$ 514,728
794 - Mortality Review	\$ 50,798	\$ 35,027
700 - Medicaid Spend-Down	\$ 65,302	\$ 23,865
730 - Quality Administrator	\$ 1,751,200	\$ 1,743,678
796 - Neuropsych Assessments	\$ 66,024	\$ 53,298
830 - Supervised Residential	\$ 2,535,459	\$ 2,505,178
780 - Transition Coordination	\$ 1,051,784	\$ 722,636
710 - Outreach	\$ 572,304	\$ 572,304
797 - OT Assessment	\$ 59,080	\$ 7,036
795 - Resident Review	\$ 2,078,325	\$ 1,618,800
<b>Total Awards &amp; Grants</b>	<b>\$ 30,915,214</b>	<b>\$ 26,306,314</b>
Medicaid	\$ 7,894,065	\$ 7,078,330
<b>Total All Lines</b>	<b>\$ 44,592,900</b>	<b>\$ 37,071,677</b>
<b>Appropriation 400501910</b>		
Behavioral Health Policy/Gail Hutchings	\$ 285,475	\$ 253,209
<b>Total Williams Estimated Spending</b>	<b>\$ 44,878,375</b>	<b>\$ 37,324,886</b>

## **ACT/CST Expansion**

During the prior reporting period, DMH negotiated FY19 contract expansions with Williams provider agencies to increase ACT service capacity to address the transition needs of 220 Williams Class Members. Funding awards were released in February 2019.

- Human Service Center, 2 Full Time Equivalent Staff (FTEs) = 20 Class Members
  - This funding was not expended as contracted. Agency reports an increase in ACT is not warranted by current caseload.
- Thresholds, 1 new Team (6 FTEs) = 60 Class Members
  - Agency returned 52% of start-up funding. Funding received in February, 2019; Agency unable to increase staff before the end of the reporting period.
- Grand Prairie Services, 1 new Team = 60 Class Members
  - Agency unable to identify appropriately credentialed candidates for hire.
- Heritage Behavioral Health, 2 FTEs = 20 Class Members
  - Staff hired, expansion completed.
- Community Counseling Centers of Chicago, 1 new Team = 60 Class Members
  - Staff hired, expansion completed.

In addition, DMH has negotiated FY19 contract expansion for CST service capacity to address the transition needs of 234 Williams Class Members. The contracts were executed, and agencies were to begin hiring. The teams were scheduled to go live in early 2019. This will be accomplished as follows for the following agencies, indicated the increased staff and number of CM served:

- Community Counseling Centers of Chicago, 3 FTEs = 54 Class Members
  - Staff hired, expansion completed.
- Grand Prairie Services, 4 FTEs = 72 Class Members
  - Three of four staff hired.
- Thresholds, 3 FTEs = 54 Class Members
  - Agency returned 60% of start-up funding. Funding received in February, 2019 and was unable to increase staff before the end of the reporting period.
- Trilogy, 3 FTEs = 54 Class Members
  - Two of three staff hired.

### **Promote Supports and Service Collaboration with the Division of Substance Use, Prevention and Recovery (SUPR)**

A series of processing meetings were previously convened by DMH with SUPR, with subsequent inclusion from Illinois Department on Aging (IDoA) to explore if the former MISA Institute group had SUPR licensed providers that have been assessed as strong trainers on Dual Disorders. The goal is to provide targeted technical assistance (“TA”) to mental health providers based on the results of a Dual Diagnosis Capability Addiction Treatment (DDCAT) index scale, then develop strategies with these providers and SUD providers to address the multiple gaps that are evident for many Williams – Colbert agencies in accessing Substance Abuse treatment for Class Members even before they transition to the community.

In December, 2018, verbal agreements were reached between DMH and SUPR and IDoA and with Zia Partners to provide training and system consultation to the Divisions and providers in Spring/Summer 2019. A teleconference between providers, Zia Partners and DHS/HFS/IDoA was held on June 7, 2019. Zia Partners has since submitted a series of findings and recommendations that are currently under review and consideration by DHS/HFS/IDoA. While final determinations have not been made, Defendants will update the Parties and Monitor as decisions are made.

The following is a summary of the main findings and recommendations currently under consideration:

#### **Findings:**

- Providers of all types are very engaged and eager to work with individuals with co-occurring disorders (including Class Members) and welcome the opportunity to participate in a learning and improvement process;
- Providers have a range of current expertise, but most fell into two main categories-new to working with individuals with co-occurring disorders and advanced practitioners;
- There are significant administrative and regulatory issues that will need to be addressed, including clear descriptions of services, billing, transition planning, MCO utilization and others.

Recommendations:

- DMH and SUPR should create further opportunities for partnership and learning for providers;
- DMH and SUPR should work together to engage a broad array of SUD and MH providers in a continuous quality improvement process to improve their co-occurring capability, using program self-assessment tools to identify improvement opportunities, and providing training and technical assistance to providers to progress within their currently available resources. DMH/SUPR believes this can be accomplished with the SUPR DDCAT self-assessment); and
- Creation of a working group of state agency representatives and provider representatives to work (with consultation) to identify key regulatory challenges and engage in collaborative process to address such issues overtime.

**Multi Year Growth Plan**

During the last reporting period, a series of meetings was held to address provider concerns and develop a Multi-Year Growth Plan. Recommendations were made on December 7, 2018, which continued to be evaluated during the remainder of FY19. However, with the recent commitment to move the Colbert Consent Decree oversight to DHS, the focus has changed to some extent and there are new developments that will be taking place during FY20 to further collaboration between the Defendant Agencies and providers. To that end much of the activity during this reporting period was directed at establishing tasks and processes to take place during FY20, including but not limited to quarterly Provider Summits, targeted rate reviews and other avenues to improve the system to benefit both Colbert and Williams Class Members.

**Implementation Plan Requirements**

<b>Requirement</b>	<b>Due Date</b>	<b>Current Status</b>	<b>IP No.</b>
Convene semi-annual meetings with Williams/Colbert CMHCs on the Multi-Year Growth Plan recommendations and implementation status.	10/31/18	Completed. Joint Consent Decree (Williams/Colbert) Synergies meetings with providers were held October 11, 2018, December 7, 2018 and February 7, 2019.	IP27
Compile and analyze data from <i>Williams and Colbert</i> Resident Review recommendations on the need for additional ACT and CST services provide close contract management to ensure utilization of existing ACT/CST capacity.	9/31/18, Ongoing	Completed. Discussions with providers were held during the month July and August 2018. A formal communication with a justification of need was sent to providers August 20, 2018. Act and CST service expansion funding released in February 2019.	

Hold discussion forums with existing Williams providers and interested Medicaid certified vendors to elicit interest in service expansion for ACT and CST.	8-30-18	Completed. Discussions held August 2018, formal communication released August 20, 2018, requesting information and justification for existing capacity expansion. Funding was for start-up, not creation for new vendors. Expansion contracts for ACT/CST services executed in February, 2019. No new NOFO released for additional providers, as there was capacity for CM in existing provider teams, and infrastructure costs were not readily available for new providers.	IP 34
DMH and IDoA will review current transportation reimbursement methods to determine how to best realign and draft policy.	8-30-18	Completed. Incorporated into Financial Incentive Model for Transition Coordination. Grant agreements for Transition Coordination Incentive Payment Model released in February 2019.	IP52
Develop a concept paper on the “Crisis in Illinois” mental health service delivery system, which will discuss access issues, resource gaps, service needs, coordination and interface with primary health care (including MCOs) and coordination of care with other state divisions (DASA, DRS, DDD, etc.)	8-31-18	Not completed.	IP29
DMH and IDoA will collect reporting documents from CMHCs to review and compare where there are differences or similarities.	7-30-18	July 1, 2019 the Colbert Consent Decree was transferred under administrative governance to the Department of Human Services. Ongoing Multi-Year Growth Plan synergies alignment discussions continue to occur.	
Convene an internal DHS meeting to review data and analysis. Explore feasibility of CMHC vendor expansion beyond current participants.	10-15-18	Current options are being discussed at the state level to streamline and possibly expand the array of mental health service provider agencies beyond current capacity. However, expansion of ACT or CST was not the direction that DHS administration took at the time.	IP30
Develop and release NOFO for ACT/CST service expansion or start-up for new vendors.	10-15-18	Not completed.	IP35
Provide ACT/CST awards for start-up	January 2019	Completed, contracts executed February 2019. Three (3) expansions of ACT and two (2) expansions of CST; two (2) new ACT teams added and two (2) new CST teams added.	IP36

Contingent on approval, convene discussions with HFS on potential expansion of Medicaid billing for ACT and CST services and explore any management or other collateral ramifications.	11-15-18	Rate discussions have been ongoing during this reporting period and remain active. HFS has requested recommendations from DMH to ascertain where increases should best be applied which were submitted in FY20. DMH has also provided input on COLA and rate add-ons that may ultimately benefit the larger system. A targeted review of rates is included in the FY20 Implementation Plan.	IP31
Contingent on agreement with HFS for expansion of Medicaid billing, convene a meeting with existing CMHC Executive Directors and key leadership serving Williams and Colbert Class members to discuss feasibility and/or practicality of expanding community-based resources, i.e. adding new CMHC vendors to increase ACT/CST service array to meet the transition needs of Williams and Colbert Class Members.	11-30-18	Discussions are currently active with HFS regarding rate expansion, strategies where this expansion will create and increase the greatest outcomes. On 11/28/18, HFS and DHS met for a Behavioral Health discussion to explore the feasibility of expansion of Medicaid billing and rate changes. The outcome of this meeting was shared on 12/7/18 during the Multi-Year Growth Plan discussion with providers (i.e. HFS and DHS would continue these planning discussions as indicated in IP31). A subsequent follow up meeting was held with the HFS/DHS Behavioral Health group on 12/31/18.	IP32
DMH and IDoA to convene first annual CMHC stakeholders meeting.	11-2018	Meeting held on 2-7-18 as part of Multi-Year Growth Plan discussion.	IP54
Develop plan regarding SUPR services/MAT for Class Members.	8-30-18	Completed and ongoing. The first technical training session was convened by ZIA Partners with Williams and Colbert provider agencies and agencies contracted by SUPR. This training occurred June 7, 2019. A debriefing was held in late June to outline preliminary next step strategies. SUPR extended an offer to SMHRF to provide on-site TA resources to train staff on methodologies and best practice in working with a population with SA disorders, beyond AA. Several SMHRFs requested TA. Concurrently, the State has had preliminary conversations with ZIA on the possibility of executing another contract to work with a smaller, defined audience of mental health providers and SUPR providers to elevate best practice techniques in working with CM with co-occurring disorders, post transition from LTC. No contract has yet been released.	IP28

Compile and analyze data from source documents, past years Class Member transition trends (geo preferences/provider references), current provider team capacities and projections of case assignments for estimated new capacity.	7-31-18	Not completed.	IP33
DMH and IDoA will schedule a series of internal meetings to dissect existing practices of both Consent Decrees and where alignments can best be achieved.	7/1/18	IDoA and DMH held weekly meetings throughout FY19 to discuss alignment of documents between the two Decrees, where feasible, and based on the respective work production requirements.	IP51
DMH and IDoA will schedule meeting with CMHCs to obtain stakeholder input on the realignment of documentation.	8-30-18	Primary oversight of the Colbert Consent Decree was transferred to DHS in July 2019. Review of documents and realignment is ongoing. CMHC input on realignment was included in the joint Multi-Year Synergies meetings.	IP50
DMH and IDoA will meet to ascertain how to best align practices for repeat transitions and re-appropriation of transition funds (if feasible), and to develop accompanying policy.	9-30-18	Completed. Policy agreed upon and released with a production date of 1/13/19.	IP53

**ADMINISTRATIVE**

**Decree Requirements**

38 <sup>13</sup>	<b>Williams Consent Decree IX(16)</b>	The Court will appoint an independent and impartial Monitor who is knowledgeable concerning the management and oversight of programs serving individuals with Mental Illnesses. The Parties will attempt to agree on the selection of a Monitor to propose to the Court. If the Parties are unable to reach agreement, each party will nominate one person to serve as Monitor and the Court will select the Monitor. Within twenty-one (21) days of Approval of the Decree, the Parties shall submit their joint recommendation or separate nominations for a Monitor to the Court. In the event the Monitor resigns or otherwise becomes unavailable, the process described above will be used to select a replacement.
39	<b>Williams Consent Decree IX(18)</b>	The Monitor shall review and evaluate Defendants' compliance with the terms of the Decree. Not less than every six (6) months, Defendants shall provide the Monitor and Plaintiffs with a detailed report containing data and information sufficient to evaluate Defendants' compliance with the Decree and Defendants' progress toward achieving compliance, with the Parties and Monitor agreeing in advance of the first report of the data and information that must be included in such report.
40	<b>Williams Consent Decree IX(18)</b>	Defendants will not refuse any request by the Monitor for documents or other information that are reasonably related to the Monitor's review and evaluation of Defendants' compliance with the Decree, and Defendants will, upon reasonable notice, permit confidential interviews of Defendants' staff or consultants, except their attorneys.
41	<b>Williams Consent Decree IX(18)</b>	The Monitor will have access to all Class Members and their records and files, as well as to those service providers, facilities, building and premises that serve, or are otherwise pertinent to, Class Members, where such access is reasonably related to the Monitor's review and evaluation of Defendants' compliance with the Decree.
42	<b>Williams Consent Decree IX(18)</b>	The Defendants shall comply with Plaintiffs' requests for information that are reasonably related to Defendants' compliance with the Decree, including without limitation requests for records or other relevant documents pertinent to implementation of the Decree or to Class Members. Plaintiffs shall also be permitted to review the information provided to the Monitor. All information provided to the Monitor and/or Plaintiffs pursuant to the Decree shall be subject to the Protective Order.

<sup>13</sup> Requirement 38 is not relevant to the current reporting period.

43	<b>Williams Consent Decree IX(20)</b>	Defendants shall compensate the Monitor and his or her staff and consultants at their usual and customary rate subject to approval by the court. Defendants shall reimburse all reasonable expenses of the Monitor and the Monitor's staff, consistent with guidelines set forth in the "Governor's Travel Control Board Travel Guide for State Employees." Defendants may seek relief from the Court if Defendants believe that any of the Monitor's charges is inappropriate or unreasonable.
44	<b>Williams Consent Decree XII(24)</b>	The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants.
47 <sup>14</sup>	<b>Williams Consent Decree XI(22)</b>	In full settlement of all attorneys' fees to date in connection with the litigation, Defendants shall pay, subject to court review and approval, \$1,990,000.00 to Class Counsel. In full settlement of all out-of-pocket costs and expenses (not to include attorneys' fees) incurred to date by Class Counsel, Defendants shall pay to Class Counsel such costs and expenses incurred by Class Counsel through and including the Approval of the Decree and any appeal thereof. Such amounts shall be distributed to Class Counsel in the manner set forth in written instructions provided by Class Counsel. Furthermore, such amounts shall be set forth in a Judgement Order to be entered by the Court. Defendants shall complete and submit all paperwork necessary for payment of such amounts, plus applicable statutory post-judgment interest, within five (5) business days after expiration of the time to appeal the fee award without the filing of a Notice to Appeal or after the issuance of the mandate by the highest reviewing court, whichever is later.

As with some of the other Administrative requirements, for the current reporting period, previously identified *Requirement Nos. 38 and 43* are not applicable. The Monitor was appointed during a previous reporting period, and continues to be paid at the rate set by court order.

With respect to *Requirement 41 and 42*, the Department has continued to provide the Monitor and/or Plaintiffs with information and/or records as requested. Where such information contains confidential information pertaining to any individual, all such records continue to be governed by the Protective Order entered in this case. Defendants continue to pay for any notices required (see *Requirement No. 44*).

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<sup>14</sup> *Requirement 38* is not relevant to the current reporting period.

**Williams Staff**

During this reporting period, a number of Williams staff positions were vacated and/or filled. The following chart identifies the positions at issue and the current status:

<b>Position Title</b>	<b>Date Vacated</b>	<b>Date(s) Position Posted</b>	<b>Date Filled</b>	<b>Notes</b>
Deputy Director of Systems Rebalancing Brenda Hampton	12-31-18	11-29-18 - 12-12-18	Candidate identified	Approval for hire pending; B. Hampton on 75-day contract
Compliance Officer Wanda Higgenbotham	10-31-18	10-3-18 – 10-16-18 1-31-19 – 2-13-19	7-1-19 Kit O'Brien-Cota	
Psychologist II (Quality Monitor) Donna Clayton	2-1-18	10-12-18 – 10-25-18	12-16-18 Julian Williams	Filled via transfer
Registered Nurse II (Quality Monitor) Debra Rudder	8-16-18	8-29-18 – 9-11-18	11-16-18 Veronica Makokha (vacated)	
Registered Nurse II (Quality Monitor) Veronica Makokha	12-15-18	No posting	3-16-19 Ebenezer Jereos	Filled via transfer
Social Worker III (Quality Monitor) Markisha Nance	6-22-18	6-29-18 – 7-13-18	9-16-18 Elizabeth Martinez	
Social Worker III (Quality Monitor) Elizabeth Martinez	9-28-18	No posting	12-17-18 Eugenia Whalen-Robinson	Filled via new hire
Registered Nurse II Theresa McNulty	12-14-18	2-25-19 – 3-8-19	5/15/19 Donna Clayton	Position reclassified as Psychologist II

Public Service Administrator Teresa Glaze	11-16-17	7-16-18 – 7-27-18	10-30-18 Imani Johnson	Position Reclassified to Social Worker III
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All new Williams staff hired into DMH are provided written and in-person training/orientation. Each new staff member is provided a Williams manual containing information on Community Services, Implementation Processes, OIG Requirements and Reporting and the various roles and responsibilities of Williams staff. In addition, the Director of Systems Rebalancing personally meets with each new hire to provide information on the mental health system and Williams-specific issues and processes. Each new hire does 4 separate rotations with a Williams Community Mental Health Agency, shadowing staff on Williams-related activities, including attending team meetings and conducting home visits. A separate orientation to Mental Health Wellness and Recovery is provided by DMH staff. Each new hire also meets with a DMH regional Executive Director and receives an overview of Regional Mental Health Services within DMH. Williams Quality Monitor hires initially conduct their activities in pairs before being assigned individual case-loads.

**Implementation Plan Requirements**-None.

**IMPLEMENTATION PLANNING**

**Decree Requirements**

48	<b>Williams Consent Decree VII(10)</b>	The Implementation Plan shall describe methods by which such information will be disseminated, the process by which Class Members may request services, and the manner in which Defendants will maintain current records of these requests.
49	<b>Williams Consent Decree VII(10)</b>	The Implementation Plan shall describe methods for engaging residents, including where appropriate, providing reasonable opportunities for residents to visit and observe Community-Based Settings.
50	<b>Williams Consent Decree VII(11)</b>	Defendants, with the input of the Monitor and Plaintiffs, shall create and implement an Implementation Plan to accomplish the obligations and objectives set forth in the Decree.
51	<b>Williams Consent Decree VII(11)</b>	<i>The Implementation Plan must, at a minimum:</i> a) Establish specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure that Defendants fulfill the requirements of the Decree.
52	<b>Williams Consent Decree VII(11)</b>	<i>The Implementation Plan must, at a minimum:</i> b) Describe the hiring, training and supervision of the personnel necessary to implement the Decree.
53	<b>Williams Consent Decree VII(11)</b>	<i>The Implementation Plan must, at a minimum:</i> c) Describe the activities required to develop Community-Based Services and Community-Based Settings, including inter-agency agreements, requests for proposals and other actions necessary to implement the Decree.

54	<b>Williams Consent Decree VII(11)</b>	<i>The Implementation Plan must, at a minimum:</i> d) Identify, based on information known at the time the Implementation Plan is finalized and updated on a regular basis, any services or supports anticipated or required in Service Plans formulated pursuant to the Decree that are not currently available in the appropriate quantity, quality or geographic location.
55	<b>Williams Consent Decree VII(11)(e)</b>	<i>The Implementation Plan must, at a minimum:</i> e) Identify, based on information known at the time the Implementation Plan is finalized and updated on a regular basis, any services and supports which, based on demographic and other data, are expected to be required within one year to meet the obligations of the Decree.
56	<b>Williams Consent Decree VII(11)</b>	<i>The Implementation Plan must, at a minimum:</i> f) Identify any necessary changes to regulations that govern IMDs in order to strengthen and clarify requirements for services to persons with Mental Illness and to provide for effective oversight and enforcement of all regulations and laws.
57	<b>Williams Consent Decree VII(11)</b>	<i>The Implementation Plan must, at a minimum:</i> g) Describe the methods by which Defendants shall ensure compliance with their obligations under Paragraph 6 ( <i>Evaluations</i> ) of this Decree.
58	<b>Williams Consent Decree VII(11)</b>	<i>The Implementation Plan must, at a minimum:</i> h) Describe the mechanisms by which Defendants shall ensure compliance with their obligations under Paragraph 10 ( <i>Outreach</i> ) of this Decree.
59	<b>Williams Consent Decree VIII.13.</b>	The Implementation Plan shall be updated and amended annually, or at such earlier intervals as Defendants deem necessary or appropriate. The Monitor and Plaintiffs may review and comment upon any such updates or amendments. In the event the Monitor or Plaintiffs disagree with the Defendants' proposed updates or amendments, the matter may be submitted to the Court for resolution.
60	<b>Williams Consent Decree VIII(14)</b>	The Implementation Plan, and all amendments or updates thereto, shall be incorporated into, and become enforceable as part of the Decree.
61 <sup>15</sup>	<b>Williams Consent Decree VIII(12)</b>	Within 135 days of Approval of the Decree, Defendants shall provide the Monitor and Plaintiffs with a draft Implementation Plan. The Monitor and Plaintiffs will participate in developing and finalizing the Implementation Plan, which shall be finalized within nine (9) months following Approval of the Decree. In the event the Monitor or Plaintiffs disagree with the Defendants' proposed Implementation Plan, the matter may be submitted to the Court for resolution.

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<sup>15</sup> Requirement No. 61 is not relevant to the current reporting period and is not specifically referenced in this section.

Pursuant to the requirements identified above, Defendants prepared a draft annual Implementation Plan for submission and review by the Parties and Monitor, and submitted the same on May 1, 2019. After a series of discussions and draft revisions between the Parties and with the Monitor, the agreed FY20 Implementation Plan was filed on June 28, 2019 (see *Requirement No. 50, 59*).

In accordance with the requirements of the Decree, the FY20 Implementation Plan contains the following and is enforceable as part of the Decree (*Requirement No. 60*):

- Methods of information dissemination, the process for a Class Member to request services (data on these records are routinely kept by both DMH and the Williams Provider Agencies) (*Requirement No. 48*);
- Methods for engaging SMHRF residents and provision of reasonable opportunities to visit and observe Community-Based Services (*Requirement No. 49*);
- Establishes over 150 separate tasks, objectives, timetables, plans, goals and programs to achieve compliance with the Decree (*Requirement No. 51*);
- Describes generally, the training of personnel hired at the outset of the Decree (*Requirement No. 52*);
- Describes the activities required to develop Community-Based Settings (*Requirement No. 53*);
- Identifies services and supports needed (*Requirement No. 54* and *Requirement No. 55*);
- Describes efforts that will take place during FY20 regarding SMHRF oversight (*Requirement No. 56*); and
- Describes methods to achieve obligations related to Outreach and Evaluation (*Requirements No. 57, 58*).

In addition, the FY19 Implementation Plan also met the requirements of the Decree as follows (pages referenced may not be exhaustive of all areas in the FY19 IP in which the identified requirement was addressed):

- Methods of information dissemination, the process for a Class Member to request services (data on these records are routinely kept by both DMH and the Williams Provider Agencies)(see generally, sections pertaining to Outreach and Resident Reviews, p. 5-7) (*Requirement No. 48*);
- Methods for engaging SMHRF residents and provision of reasonable opportunities to visit and observe Community-Based Services (see generally, p. 5-7)(*Requirement No. 49*);
- Establishes separate tasks, objectives, timetables, plans, goals and programs to achieve compliance with the Decree (see tasks identified throughout FY19 Implementation Plan)(*Requirement No. 51*);
- Describes the activities required to develop Community-Based Settings (see generally, p. 8-11, 12-15)(*Requirement No. 53*);
- Identifies services and supports needed (see generally, p. 8-11)(*Requirement No. 54* and *Requirement No. 55*);
- Describes methods to achieve obligations related to Outreach and Evaluation (see generally p. 5-7)(*Requirements No. 57, 58*).

The FY19 Implementation Plan did not describe the hiring and training of staff, as hiring and training requirements were initially established at the outset of the Decree, and training has remained consistent for staff hired since the initial implementation, and has not historically been discussed in each year's Implementation Plan. The FY19 IP additionally did not describe FY19 SMHRF oversight (*Requirement No. 56*), as this requirement pertained

to the review of regulations governing the then-IMDs at the outset of the Decree as a requirement for the initial Implementation Plan, and has not historically been discussed in each subsequent IP.

**Implementation Plan Requirements:** None.

### **OTHER DATA/ACTIVITIES**

#### **Williams Call Log**

From January 1, 2010 through July 31, 2019 a total of 66 calls were received by the Williams Call line. The categorization of these calls is as follows:

- Calls received from Class Members seeking general information 38 (58%)
- Calls received from residents of other non-SMHRF nursing homes 17 (26%)
- Calls received from family or guardians regarding Williams Class Members 5 (8%)
- Calls from others seeking information about the Williams Consent Decree 6 (9%)
- Calls from landlords or complaints 0

#### **Specialized Mental Health Rehabilitation Facility (SMHRF) Conversion**

As of June 30, 2019, the Department of Public Health (DPH) has received and processed 24 applications for provisional licenses to provide Recovery and Rehabilitation services. DPH has completed with DHS/DMH the approved blueprint for the individual facility training modules to address Part 380, Section 710 g) 1) [Applications Process and Requirements for a Provisional Licensure].

There are currently 23 SMHRFs providing services to individuals in the State. One facility, Monroe Pavilion, closed, surrendering its license on 09/05/18. Belmont Crossing received accreditation on 9/27/18 and Abbott House was accredited on 3/6/19.

DPH ensured each facility received the approved required training curriculum from DHS. Training curriculum as noted in Part 380, Section 130 (d) ensures staff qualifications and training. Staff training is developed by each individual facility and includes, but is not limited to the following: understanding symptoms of mental illness; principles of evidence-based practices and emerging best practice, including trauma-informed care, illness management, recovery/wellness recovery action plans, crisis prevention and intervention training, consumer rights, and recognizing, preventing and mandatory reporting of abuse and neglect.

DPH ensured that facilities provided an attestation statement, by an authorized facility representative, that all required training will be completed at each facility. DPH has completed physical plant (Life Safety Code) and health inspections to determine provider compliance for issuance of the initial Provisional Licenses. DPH is currently waiting for board approval for implementation of the Reportable Incident Form. Implementation of the Form will occur during FY20.

DPH has approved and issued a Provisional License to the following SMHRFs:

- Decatur Manor Healthcare (4/21/17)
- Sharon Health Care Woods (4/26/17)
- Albany Care (6/13/17)
- Thornton Heights Terrace (6/13/17)
- Central Plaza (7/5/17)
- Rainbow Beach Care (7/5/17)
- Greenwood Care (7/6/17)
- Bryn Mawr Care (7/6/17)
- MADO Healthcare-Buena Park (8/4/17)
- Monroe Pavilion Health (8/4/17-surrendered 9/5/18)
- MADO Healthcare-Old Town (9/12/17)
- Wilson Care (9/12/17)
- Belmont Nursing Home (10/13/17)
- Clayton Residential (10/13/17)
- Lake Park Center (10/13/17)
- Abbott House (10/20/17)
- Bayside Terrace (10/20/17)
- Skokie Meadows (10/20/17)
- Grasmere Place (10/24/17)
- Lydia Healthcare (10/24/17)
- Sacred Heart Home (10/24/17)
- Columbus Manor (8/28/18)
- Bourbonnais Terrace (4/11/19)
- Kankakee Terrace (4/11/19)

In addition, the following SMHRFs have received the following accreditations:

- Belmont Crossing of Lakeview : Received accreditation on 10/5/18 through CARF International with the earned international accreditation for Residential Treatment-Psychosocial Rehabilitation-Adults
- Abbott House: Received accreditation on 3/6/19 through CARF International with the earned international accreditation for Residential Treatment-Mental Health-Adults.

No other SMHRFs received accreditation as of the date of this report.