



WILLIAMS V. RAUNER CONSENT DECREE
SEMI-ANNUAL REPORT #15

JULY 1, 2018-DECEMBER 31, 2018

PASRR REDESIGN

Decree Requirements

1	Williams Consent Decree VI(8)(A)	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.

HFS and DMH staff continue to work together to identify necessary changes and solution options in MH PASRR. Areas of focus include the following: (a) administrative rules in several state agencies, (b) options for conflict-free and clinically sound assessment, (c) pre-admission screening and review processes, (d) assessment tools, (e) outcome reporting, (f) quality monitoring, and (g) information systems. While there have been some focused meetings, considerable inter-agency staff discussion occurs on an almost daily basis. Staff have generated some specific recommendations and a range of options in these areas. Further, staff have identified a small number of fundamental elements outside of MH PASRR that must be addressed to support its basic effectiveness.

HFS and DMH have suggested a joint presentation to the Parties in Williams and Colbert in which to report and discuss progress/results to date and next steps in the process.

Implementation Plan Requirements

Requirement	Due Date	Current Status
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 from November Parties Meeting due to HFS prior commitment. New date to be determined once Parties meetings resume.
OBRA 1 and Level 1: Process, Tools, Reporting, Tracking/Follow-Up.	September 2018	Scheduled for November Parties meeting, rescheduled due to HFS prior commitment with agreement of Monitor. New date to be determined once Parties meetings resume. 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.
Level II: Process, Tools, LOC Determination, Setting and Services Recommendations, Reporting; Pre-Admission Specialized Reviews-Supportive Living Programs.	October 2018	Not completed. To be incorporated into PASRR redesign.

FRONT DOOR DIVERSION

Decree Requirements

2	Williams Consent Decree VI(8)(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 community agencies through April 30, 2019.

Agencies are showing less utilization of client assistance funds, spending only 9% of their allocation for the first half of 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 94% of utilization.

As noted in the below chart, diversions for this reporting period have decreased by 20% compared to FY18 levels and by 13% by Total Project Levels. 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 dramatic spike in FY19 to 51% compared to 18.8% in FY18 and 34% for all total program years. This high percentage of 51% is further increasing the total program averages. The data highlights this as a substantial, negative outlier issue for FY19.

Front Door Actions Semi-Annual results	FY18 July – December	FY19 July – December	Total Project Period FYs 17- 19 _{YTD}
Dispositions to community - Diversion	52 (8.33%)	31 (7%)	193 (13%)
Individual refusing services	105 (16.8%)	49 (11%)	347 (22%)
Individuals NOT evaluated	46 (7.3 8%)	223 (51%)	519 (34%)
Individuals ineligible	47 (7.5%)	53 (12%)	241 (16%)
Total Referrals ^(2 and 4)	624	434	1,543

NOTES:

- 1) Total Project Period FY17-19 YTD: This data includes the period Feb 2107 through June 2017 in FY17.
- 2) Total Referrals volumes includes all possible dispositions, not just the four items addressed in the above chart.
- 3) 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.
- 4) 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.

Weekly calls are 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 that Diversion Project participants have access to safe residential treatment options available for immediate post-discharge needs, as well as short, mid and long-term housing option access through enrollment in the PAIRS network for existing HUD 811 units and State Referral Network units;
- DMH continues to seek immediate short-term lease housing access;

- Bridge subsidies are currently at 72% utilization; 36 out of the 50 subsidies allocated have been committed. There have been multiple terminations/turnover of subsidies for various reasons which include non-payment of rent, inappropriate behaviors resulting in lease violations, substance abuse leading to threatening behaviors, incarceration and three deaths; and
- Meetings are periodically held with PASRR screeners to assess problems and issues encountered and to re-affirm referral practices/processes.

Front Door Expansion

A NOFO (Notice of Funding Opportunity) was initially published on December 21, 2018, soliciting potential contractors to provide diversion services to a larger geographical area – projected coverage will be 88% of all PASRR assessments conducted in those hospital inpatient behavioral health units which have a history of significant LTC referrals over the past three years. The original application period was from 12/21/2018 through 02/15/2019, with implementation scheduled for April 1, 2019 through June 30, 2019. The award will allow for two (2), one-year extensions. The NOFO was reposted on March 18, 2019 to include coverage of administrative costs, with a new response date of April 12, 2019. Implementation will now begin May 1, 2019 and run through June 30, 2019 and will still allow for two (2) one-year extensions. Services will be based predominately on a fixed rate contract with providers being reimbursed based on incentive payments for actual diversions, with additional bonuses for extended community tenure. Additionally, applicants may propose to add funds for client assistance (emergency contingencies, i.e., medication, clothing, etc.). Applicants may also propose funding to secure short term housing options for discharged participants to be utilized while applying for SRN or 811 units. The NOFO can be found at <http://www.dhs.state.il.us.aspx?item=101843>.

Front Door Diversion Incentive Payment

The cost analysis for the Front Door Incentive Payment was finalized during this reporting period and has received fiscal review and approval. The Notice of Funding Opportunity (NOFO) language has been completed and reviewed with all necessary elements required for application and was included in the December 21, 2018 and March 18, 2019 NOFOs for Front Door expansion. Agency responses to the March 18, 2019 NOFO are required within 25 days of posting.

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

With the conceptual design of the DUC established, DMH fiscal is prepared to insert other critical elements to the Exhibit to finalize the NOFO and Exhibit (defined purpose, scope, deliverables and standard measures) to release the NOFO by mid-April 2019. The target dates for the DUC-related action steps as indicated in the FY19 IP will need to be amended to correspond to a July 1, 2019 start date. The NOFO will seek to fund four (4) DUCs: three DUCs located in Chicago (North, West and South) and one in South Suburban Cook County. Each DUC must 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

will include mental health services as well as services for co-occurring substance use disorders. Individuals who are referred to and accept admission to a DUC will also be placed on the PAIRS housing list upon admission, for future access to Section 811 or SRN housing units. |

The DUC is designed to be a short-term transitional, treatment focused residential setting option for Front-Door participants. It is not considered, nor is it meant to be a “housing alternative” or permanent residence. DUCs 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 can return. Treatment participation is a condition of remaining in the DUC as DUCs focus on individualized treatment planning and treatment outcomes. Individuals who complete their treatment goals will have access to Section 811 or SRN housing units.

Implementation Plan Requirements

Requirement	Due Date	Current Status
Continue implementation and add one additional North Side Hospital.	6-30-18	Partially complete. Current contracts extended through April 2019, NOFO issued 12-21-18 and re-released 3-18-19 for additional hospitals
Develop and release Request for Information (“RFI”) to solicit CMHCs for FY19 expansion.	6-30-18	Completed. Incorporated into NOFO released 12-21-18 and 3-18-19.
Develop performance tracking and reports (monthly and quarterly) for additional Front Door entities.	6-15-18	Partially completed. Incorporated into NOFO released 12-21-18 and 3-18-19.
Convene three processing meetings among State entities to construct the operational design of the DUC, the programming/service array, staffing mix, management oversight, reporting requirements and linkage interface.	6-15-18 6-29-18 7-13-18 11-15-18	Partially complete and ongoing. Planning meetings convened, including the role SUPR can contribute and interface with SUPR vendors. Draft budget developed for review and approval.
Establish cost methodology re: number of Front Door participants who can be served in each type of setting, estimating overall operating cost for budgetary needs.	6-30-18	Completed 12-19-18. Methodology incorporated into 12-21-18 and 3-18-19 NOFO.
Hold discussions with Corporation for Supportive Housing (CSH) on properties needed, locations, sizing, etc. and assist in property search for DUC.	6-30-18	Completed. Addressed in June 2018 Housing Symposium.
Design brochures and flyers for use by PASRR to promote the Front Door as an alternative resource.	7-30-18	Completed 11-29-18. Released to PASRR in Front Door service areas; meetings held with PASRR executive directors to execute implementation effective 12-1-18.

Draft NOFO summary and application requirements for DUC.	7-31-18	Revised due date, April 2019. Partially completed, NOFO has been drafted.
Release DUC NOFO.	8-15-18	Revised due date April 2019. Partially completed, NOFO and exhibits drafted.
Schedule and conduct training for PASRR on DUC services/resources.	8-31-18	Not completed. Revised due date will be determined after NOFO is released and awards are issued.
Draft DUC program participation guidance, policy and procedures.	8-31-18	Completed 8-28-18. Scope of DUC services and program structures have been drafted.
Add Chicago Region 1N to Front Door Structure.	9-2018	Partially completed. Incorporated into NOFO released 12-21-18 and 3-18-19.
DMH Fiscal Analysis of DUC program.	9-30-18	Completed 8-28-18.
NOFO applications reviewed, scored and submitted to DMH fiscal services for DUC services.	10-15-18	Not completed. Revised due date January 2019.
Execute lease contracts between provider agencies and property management/landlords (for DUC)	10-15-19	Not completed. Revised due date July 2019.
Sequentially add other geographic areas into Front Door: Chicago Region 1C-8 Hospitals.	11-2018	Not completed. Incorporated into NOFO released 12-21-18.
Furnish DUC properties, hire and train staff.	11-30-18	Not completed, NOFO to be issued. Anticipated start date of 7/1/19.
Open DUC to receive referrals.	11-30-18	Not completed. Anticipated start date of 7/1/19.

OUTREACH

Decree Requirements

3¹	Williams Consent Decree VII(10)	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.
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¹ Requirement No. 3 contains repeated language and is not specifically referenced in this section.

4	Williams Consent Decree VI(6)(C)	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	Williams Consent Decree VI(9)(C)	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	Williams Consent Decree VII(10)	All costs for outreach shall be borne by Defendants.

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 (DHS 4803)

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:

- First Quarter: 23 (100% of SMHRFs)
- Second Quarter: 22/23 (96%-one remained due to scheduling difficulties)

Quality of Life Surveys: 94 requests for baseline Quality of Life Surveys (“QLS”) referred to NAMI from DMH.

- o 84 out of 94 (89%) completed.
- o 10 not completed (8 CM refused, 2 moved prior to QLS request referral to NAMI).

Appeals/Assessments:

- 5 Appeals submitted on behalf of Class Members (primarily for Resident Review determinations):
- 25 CM Neuropsychological Assessment consent requests sent to NAMI to obtain CM consent
 - 23 obtained, 2 CM refused
- 17 Occupational Therapy assessment consent requests
 - 15 obtained, 2 CM refused

Outreach numbers are reflected in the table below:

OUTREACH NUMBERS

FY19 (July 1 - December 31, 2018)	Totals	Percentage
# of Unduplicated Class Members engaged (new admits after 90 days)	365	
# of Unduplicated Class Members (new admits) who agreed to sign Letter of Introduction	324/365	89%
# of Class Members who consented to an Outreach interview (new admits)	313/365	86%

# of Unduplicated Class Members who refused to have Outreach Interview (new admits)	52/365	14%
# of Duplicated Class Members engaged	3,351	
# of Duplicated Engagements with Existing Class Members	2,316	
# of Guardians Outreach Workers engaged with	32	
# of Community meetings held at SMHRFs	45/46	98%
# of Quality of Life Surveys requested for completion	94	
# of Quality of Life Surveys completed	84/94	89%
# of Appeals submitted	5	
# of Neuro-psychological consent forms obtained	23/25	
# of Class Members who refused to consent to Neuro-psychological exam	2/25	5%
# of Occupational Therapy consent forms obtained	15/17	
# of Class Members who refused to consent to Occupational Therapy exam	2/17	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. (Consent Decree Requirement No. 6). 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 7/1/18-12/31/18**

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	TBD	TBD	TBD	TBD
November	72	8	February 2019	TBD	TBD	TBD	TBD
December	64	3	March 2019	TBD	TBD	TBD	TBD

*=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. NAMI implemented a new tracking system in FY19 to better track refusals and re-approaches. Data under this new tracking system begins as of October, 2018 and will be included in future reports.

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 82 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

There are fourteen (14) 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, former SMHRF residents, who assist with SMHRF meetings and are compensated on a per-visit basis. These Support Ambassadors allow a greater presence in the SMHRFs and Drop-In Centers and increase interactions between Class Members and Ambassadors: There are currently 18 "Support" Ambassadors. With the addition of "Support" Ambassadors, NAMI will have greater capability to conduct the following in addition to their existing SMHRF presence:

- Host 5 Ambassador meetings at 5 different Drop-In Centers (DICs) every month:
 - o Meetings will be hosted by a Support Ambassadors
 - o Meetings will last from 30 minutes to 2 hours
 - o Meetings to increase interest in the Ambassador program opportunities and the Moving On program
- Provide Peer to Peer Mentorship program

- Provide Class Members with additional social support for three extra months after the successful completion of the In-Home Recovery Support (IHRS) program - may improve the probability of successful and sustainable independent living:
 - Available to Class Members who need additional IHRS support beyond the 6-month time frame
 - We will identify 3-5 Ambassadors to work with IHRS Class Members who need additional support after the IHRS program
 - Each Ambassador would spend 5 hours a month supporting the Class Member in the community after their IHRS services end
 - In-Home Recovery Support providers will check with the Ambassadors bi-weekly to provide them with mentorship

A total of 32 Ambassadors and "Support" Ambassadors are currently working with NAMI at various events. During this reporting period NAMI Ambassadors approached 601 individual Class Members and interfaced with an additional 505 Class Members during various community meetings.

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

FY19	Totals	Percentage
07/01/18 – 12/31/18		
# of Class Members approached by Ambassadors.	601	
# of Class Members who refused to Ambassadors' engagement efforts.	107	18%
# of Class Members escorted by Ambassadors to a Drop-In Center.	6	.3%
# of Class Members escorted by Ambassadors out of the SMHRFs for leisure activities (coffee, restaurant, out for a walk, etc.).	39	13%
# of Class Members engaged by Ambassadors who reported not yet having an assessment.	180	59%
# of Class Members who requested an assessment.	183	30%
# of Class Members who had questions that Ambassadors couldn't answer and requested an Outreach Worker to follow up.	279	46%

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. Collaboration with IDPH is therefore not feasible.

Implementation Plan Requirements

Requirement	Due Date	Current Status
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.
NAMI to develop solicitation campaign to identify potential Ambassador candidates.	8-31-18	Completed. Activity began 10-2018. Ambassadors hired.
NAMI to interview and hire Ambassadors.	9-30-18	Completed. Interviews began 10-2018 Ambassadors hired beginning 10-2018.
NAMI to provide orientation and training to Ambassadors.	10-2018	Completed. Two rounds of training completed: 11-2018, 02-2019.
Discussion between IDPH/DMH to determine feasibility of collaboration regarding outreach/identification of Class Members for potential transition during IDPH oversight visits.	7-1-18	Completed 9-2018.
Report on outcome of discussions between IDPH/DMH.	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.

EVALUATION

Decree Requirements

7	Williams Consent Decree VI(9)(C)	Qualified Professionals shall inform Class Members of their options pursuant to subparagraphs 6(a), 6(d), and 7(b) of this Decree.
8 ²	Williams Consent Decree VI(6)(A)	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	Williams Consent Decree VII(10)	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	Williams Consent Decree VI(6)(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	Williams Consent Decree VI(6)(c)	Defendants shall ensure that Evaluations are conducted by Qualified Professionals as defined in this Decree.
12	Williams Consent Decree VI(6)(D)	After the second year following finalization of the Implementation Plan, the Evaluations described in Subsection 6(a) shall be conducted annually.
13	Williams Consent Decree VI(6)(D)	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	Williams Consent Decree VI(6)(D)	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.

² 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 the Bridge Subsidy, 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. Both LSSI and MFS hire professional staff to conduct Resident Review assessments. Resident Review staff 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 7/1/18-12/31/18 (Lutheran Social Services/Metropolitan Family Services)

CM Identified for Resident Review: 2250
 Discharged/Transferred: 526
 Approached: 1724

RR Approaches: 1724
 Refusals: 925 (54%)
 Partially Completed: 8 (.4%)
 Completed 780 (45%)

Completed: 780
 Not Recommended for Transition: 217 (28%)
 Recommended for Transition: 563 (72%)
 Recommended via Clinical Case Review: 10 (0.04%)
 Total Initial Recommended: 565 (72%)

Total Initial Recommended: 565
 Declined: 31 (8%)
 Unable to Locate: 9 (2%)
 Remaining Recommended: 525

Recommended for Transition: 565
 Recommended PSH: 413 (73%)
 Recommended Supervised Residential: 150 (27%)

Lutheran Social Services of Illinois (LSSI)

Class Members Identified for Resident Review	1513	Discharges/Transfers/Non-Admits	348
CM discharged/transferred prior to approach for Resident Review:	348	Discharged	227
Resident Reviews attempted	1165	Transferred	115
		Not Admitted	6

Attempted Resident Reviews (7/1/18-12/31/18)	1165 (including 15 duplicate attempts)
New Class Members (admits)	405 (35%)
CM Previously Approached	760 (65%)
CM declined	646 (55%)
CM terminated prior to completion	11 (1%)
Resident Review completed	508 (44%)

Completed Resident Reviews	508	Recommended for Transition	363
Recommended for Transition	363 (71%)	Recommended for PSH	281 (77%)
Current Level of Care (SMHRF)	145 (29%)	Recommended for Supervised Residential	82 (23%)

Annual Resident Reviews

Class Members with Annual Review due	936	Completed Annual Reviews	879
Number Completed	879 (94%)		
Not Completed within 12 months	58		
Completed after 14 months	39 (67%)		
Working with Transition Agency	6		
Guardian declined consent	1		
CM needed Discharge	1		
To be Scheduled	11		

Resident Reviews Requested by Class Members who Previously Refused

Class Member Requests for Resident Review	111
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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
July	137	93 (68%)	44 (32%)	0 (0%)	19 (43%)	25 (57%)	19 (76%)	6 (24%)	5 (26%)	1 (2%)	5 (26%)
Aug	189	122 (65%)	67 (35%)	0 (0%)	27 (40%)	40 (60%)	24 (60%)	16 (40%)	8 (33%)	6 (9%)	12 (50%)
Sept	113	66 (58%)	45 (40%)	2 (1%)	12 (27%)	33 (73%)	24 (73%)	9 (27%)	2 (8%)	2 (4%)	10 (42%)
Oct	145	80 (55%)	61 (42%)	4 (3%)	19 (31%)	42 (69%)	32 (76%)	10 (24%)	14 (44%)	0 (0%)	9 (28%)
Nov	162	117 (72%)	45 (28%)	0 (0%)	9 (20%)	36 (80%)	26 (72%)	10 (28%)	5 (19%)	1 (2%)	11 (42%)
Dec	96	52 (54%)	43 (45%)	1 (1%)	12 (28%)	31 (72%)	21 (68%)	10 (32%)	10 (48%)	1 (2%)	12 (57%)
Total:	842	530 (63%)	305 (36%)	7 (<1%)	98 (32%)	207 (68%)	146 (71%)	61 (29%)	44 (30%)	11 (3%)	59 (40%)

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
July	99	44 (44%)	52 (53%)	3 (3%)	10 (19%)	42 (81%)	36 (86%)	6 (14%)	16 (44%)	9 (17%)	21 (58%)
Aug	75	22 (29%)	53 (71%)	0 (0%)	19 (36%)	34 (64%)	30 (88%)	4 (12%)	12 (40%)	7 (13%)	16 (53%)
Sept	37	6 (16%)	31 (84%)	0 (0%)	7 (23%)	24 (77%)	23 (96%)	1 (4%)	2 (9%)	0 (0%)	9 (39%)
Oct	30	7 (23%)	23 (77%)	0 (0%)	4 (17%)	19 (83%)	19 (100%)	0 (0%)	4 (21%)	0 (0%)	13 (68%)
Nov	29	13 (45%)	16 (55%)	0 (0%)	2 (13%)	14 (88%)	11 (79%)	3 (21%)	1 (9%)	0 (0%)	6 (55%)
Dec	53	24 (45%)	28 (53%)	1 (1%)	5 (18%)	23 (82%)	16 (70%)	7 (30%)	4 (25%)	1 (4%)	8 (50%)
Total:	323	116 (36%)	203 (63%)	4 (1%)	47 (23%)	156 (77%)	135 (87%)	21 (13%)	39 (29%)	17 (8%)	73 (54%)

(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)

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=646)	Number of Class Members	Percent
Consider SMHRF their home	65	
Feel safe at SMHRF and have lived there for many years	26	
Prefers to stay/likes living at SMHRF	38	
Feel their needs are met at SMHRF	14	
Not ready for transition	66	
Too many health issues	19	
Family wants them to stay at SMHRF	1	
Already working with an agency on transition	20	
No reason given	217	
Guardian refused	50	
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.	130	
Total:	643	

LSSI continues to encourage Class Members to explore Supported Employment. Of the 363 Class Members recommended for transition, 202 Class Members (56%) 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.

Over the past four months, LSSI has implemented new tracking measures to monitor the number of Class Members who present with history or diagnoses of Substance Use. Between July 2018 and December 2018, 181 Class Members (48%) 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. For the next reporting period, LSSI will monitor timeframes when a Class Member is referred and the timeliness of our Reviewer’s response to Class Member requests.

Metropolitan Family Services (MFS)

Class Members Identified for Resident Review: 738
Discharged/Transferred: 179
Approached for Resident Review: 559

Approached for Resident Review: 559
Refused: 279 (50%)
Partially Completed: 8 (1%)
Completed: 272 (49%)

Completed: 272
Recommended for Transition 200 (74%)
Not Recommended 72 (26%)

Recommended for Transition: 200
Recommended PSH: 132 (66%)
Recommended Supervised Residential: 68 (34%)

Annual Resident Reviews Due

Class Members with Annual Reviews Due 238
Completed within 12 Months 128 (54%)
Not Completed 110 (46%)
 CM Refused 101 (92%)
 Incomplete 2 (2%)
 Currently Scheduled 7 (6%)

Completed Reviews 128

Class Member Requests for Resident Review² 0

² This figure represents the number of CM requests for a Resident Review whose initial refusal took place during this reporting period (i.e. only tracks CM whose initial refusal was from 7/1/18-12/31/18 and who later requested a Resident Review). Data on requests from previous refusals will be included in future reports.

Resident Review Attempts, Existing Class Members

	Approached	Refused	Completed	Partials	Not Recm	Recm Transtn	Rec PSH	Rec SR	Rec OT	Rec Neur	Rec IHRS
July	98	61 (62%)	37 (38%)	0	8 (22%)	29 (78%)	18 (62%)	11 (38%)	0	1	0
Aug	100	39 (39%)	59 (59%)	2	21 (36%)	38 (64%)	25 (66%)	13 (34%)	0	9	1
Sept	72	33 (46%)	38 (53%)	1	7 (18%)	31 (82%)	20 (65%)	11 (35%)	0	4	1
Oct	97	49 (51%)	47 (48%)	1	13 (28%)	34 (72%)	25 (74%)	9 (26%)	1	1	1
Nov	101	57 (56%)	42 (42%)	2	10 (24%)	32 (76%)	18 (56%)	14 (44%)	0	3	0
Dec	61	29 (48%)	31 (51%)	1	9 (29%)	22 (71%)	15 (68%)	7 (32%)	0	1	0
Total:	529	268 (50%)	254 (42%)	7	68 (26%)	186 (74%)	121 (65%)	65 (35%)	1	19	3

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
July	3	2 (67%)	1 (33%)	0	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0	0	0
Aug	5	2 (40%)	3 (60%)	0	0 (0%)	3 (100%)	3 (100%)	0 (0%)	0	1	0
Sept	2	0 (0%)	2 (100%)	0	1 (50%)	1 (50%)	1 (100%)	0 (0%)	0	0	0
Oct	4	1 (25%)	3 (75%)	0	0 (0%)	3 (100%)	2 (67%)	1 (33%)	0	0	0
Nov	4	1 (25%)	2 (50%)	1	1 (50%)	1 (50%)	1 (100%)	0 (0%)	0	0	0
Dec	12	5 (42%)	7 (58%)	0	1 (14%)	6 (86%)	4 (67%)	2 (33%)	0	0	0
Total:	30	11 (33%)	18 (63%)	1	4 (36%)	14 (64%)	11 (72%)	3 (11%)	0	1	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 272 Class Members assessed, 178 Class Members (65%) expressed interest in Supportive Employment.

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=279

Refusal Reason	No. of CM	Percent
CM refused and did not elaborate	35	13
CM stated they are not interested or not ready at this time	57	20
CM wants to stay in the facility	74	27
CM reported going home to live with family	17	6
CM reported wanting to find their own place	14	5
CM reported they were already in transition process	19	7
CM's guardian did not respond to outreach or declined CM's to be assessed	17	6
CM symptomatic /unable to be assessed due to psychosis	14	5
CM awaiting benefits/no funding	6	2
CM declined due to being transferred previously	4	1.4
CM does not want to go against family wishes	2	.7
CM wants to work with VA	2	.7
CM is court mandated	2	.7
CM declined due to medical reasons	5	1.8
Other (including but not limited to fear of relapse, no SSI, refused to engage)	10	3.6
Total	279	

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 1044 actual attempts made to reassess Class Members during this reporting period. Of the 1044 Class Members who initially refused an assessment, 646 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 7/1/18	4520
More than one refusal prior to 7/1/18	2868
Unduplicated Number of CM with one or more prior refusals who were re-approached for Resident Review	1044
Duplicated CM Completed	263
Duplicated CM Approved	164
Duplicated CM Denied	99
Duplicated Incomplete	12
Duplicated Refused	646
Duplicated Discharged/Transferred/Unable to Locate	170

Number of Re-Approaches*

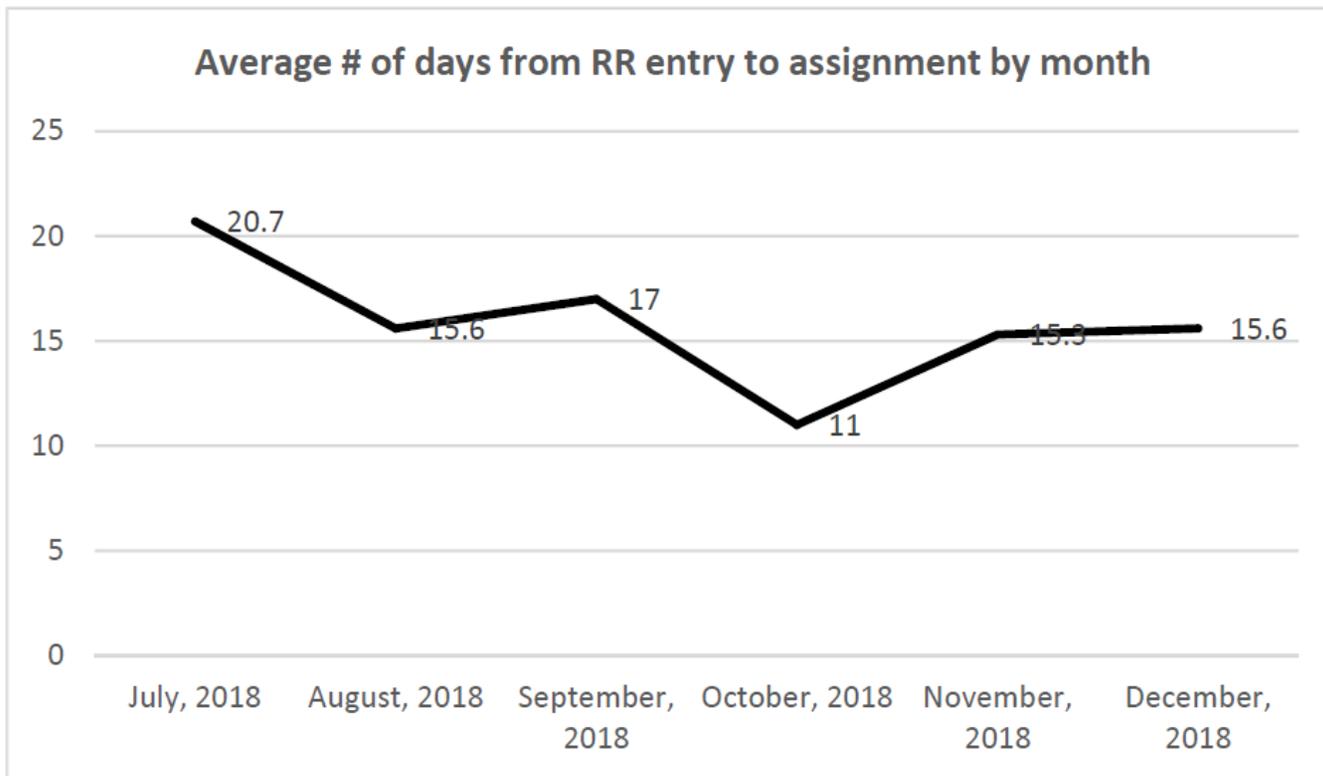
Number of Re-Approaches	Number of Class Members
1	998
2	45
3	1
Totals	1091

* 46 Class Members received more than one Re-Approach during this reporting period. Of those CM, different outcomes resulted (i.e. 2 refusals and one completed/approved), such that unduplicated totals for outcomes cannot be documented.

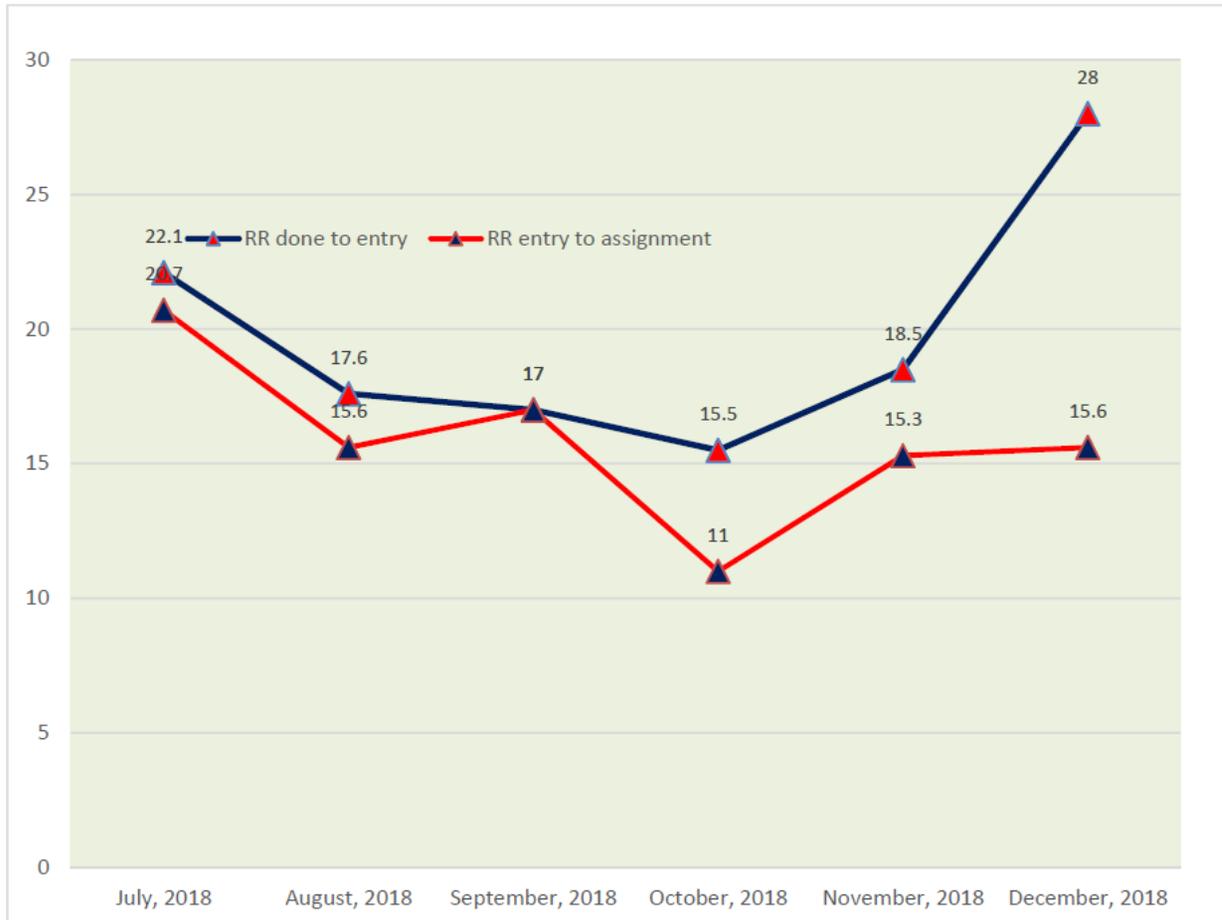
Agency Assignments

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. Recent efforts over the first six months of FY19 have further resulted in a significant reduction in the time between a recommended Resident Review entry into the database and assignment to a CMHC. The first 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 15.6 days as of December 31, 2018. The second chart reflects the average number of days between Resident Review date entry and Resident Review assignment – the time frame between receipt by DMH and entry into the Williams data base to CMHC assignment. During this time period, while the overall time for assignment decreased, DMH has taken steps to address the increase from October through December. This includes internal staff adjustments. There is now one staff member who enters only those Resident Reviews which were either Recommended for Transition or Not Approved (which go to the Clinical Review Teams). Two separate staff enter all of the refusals and declines, which make up the larger share of outcomes. This ensures those Class Members who have completed the Resident Review process are entered into the system and assigned to an Agency more expeditiously.



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



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. Five hundred and ninety-three (593) case assignments were made to CMHCs during the first half of FY19. This number includes both approvals obtained during FY19 as well as approved Resident Reviews from Q4 of FY18 that had not yet been assigned.

Agency Assignments by Month⁴

Agency	Jul, 2018	Aug, 2018	Sep, 2018	Oct, 2018	Nov, 2018	Dec, 2018	Total	%
Alexian Center For Mental Health		1					1	0.2%
Association For Individual Dev.					2	1	3	0.5%
Association House of Chicago	3	11	4	2	5	8	33	5.6%
Comm Counseling Ctr of Chicago	15	18	18	8	9	7	75	12.6%
Cornerstone Services	2	2	5	3			12	2.0%
Ecker Center	1				1		2	0.3%
Grand Prairie Services	7	10	9	10	3	5	44	7.4%
Heritage Behavioral Health Center	1	2		7		2	12	2.0%
Human Resources Dev Inst. Inc.	5	10	3	8	10	9	45	7.6%
Human Service Center	6	5	5	3	3	1	23	3.9%
Lake County Health Dept. MH	4	3	3	1	2	7	20	3.4%
The Thresholds	35	40	39	44	42	30	230	38.8%
Trilogy Inc.	10	3	18	22	20	19	92	15.5%
Trinity Services Inc.	1						1	0.2%
	90	105	104	108	97	89	593	

Requests for Specialized Assessments (Neuropsychological and Occupational Therapy)

Occupational Therapy Assessments

During this six-month reporting period, DMH received a total of eighteen (18) 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 eight (8) of the 18 referrals (44%) completed were

⁴ This chart currently reflects to date assignments for each agency within the reporting period. However, it does not track initial assignments that may have been transferred to another agency, returned to the “pending assignment” pool for service area issues or other reasons. For the next report, this chart will track the *initial* assignment from the Williams database, as well as the number of assignments removed from that agency due to reassignment or transfer. We will not, however track the subsequent assignment as total agency assignments are represented in the Transition section (current referrals).

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). Two (2) of the 18 referrals (11 %) were unable to be scheduled due to the Class Members' refusal to sign consent for participation. The remaining six Class Members (6) referred have been scheduled for evaluation in January and February 2019. Of the 8 Class Members recommended for community transition, none have transitioned to date. Seven were recommended for a Supervised Residential setting/group living environment and one was recommended for PSH.

CMs referred for OT assessments	18
CMs declination of consent	2 (11%)
CMS left SMHRFs prior to OT assessment	1 (5%)
OT evaluations completed	8 (44)
CMs referred, but No Show	1 (5%)
CMs scheduled for assessments in 01-02/2019	6 (33%)

Outcome from Completed Assessment:

Recommended for transition	8 (44%)
Not recommended for transition	0
Assigned and transitioned	0
Referred to CCRP	0

Neuropsychological Assessments

DMH received 25 referrals for Neuropsychological assessments during this reporting period from CMHCs for CM who had a Resident Review referring them for transition consideration. Of the 25 referrals received, 8 (32%) were from CMHCs, seeking assistance with evaluating severe cognitive delay or impairments as potential transition barriers. The remaining 17 referrals (68%) were from Resident Review assessments seeking to clarify observations of cognitive impairment or deficits. Of the 25 referrals, 17 Neuropsychological assessments (68%) were completed this reporting period. Eleven CM assessments (44%) documented that the Class Member was currently receiving the most appropriate level of care based on outcome findings from test batteries conducted. Six (6) Class Members (24%) 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. One referral is scheduled for evaluation after this reporting period. 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	25
Referral evaluations completed	17
Referral – assessment not completed (varying reasons)	8
Referrals recommended for transition	6
Referrals not recommended for transition	11
Neuro-psychological assessments not completed:	
CM declined to give consent	1
CMs declined to participate in the assessment after initially giving consent	3
CMs have upcoming appointments scheduled	1
CM was discharged from SMHRF prior to evaluation – whereabouts unknown	1
Proximity of SMHRFs prohibits travel distance	2
Outcome of Neuro-psych recommendations:	
Recommended for transition	0
Currently in Housing Search	1
Unable to locate Class Member	1
Medical hold	2
Returned to Resident Review	2

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

SERVICE PLANS

Decree Requirements

15	Williams Consent Decree VI(7)(C)	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	Williams Consent Decree VI(7)(D)	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	Williams Consent Decree VI(7)(A)	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	Williams Consent Decree VI(7)(F)	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	Williams Consent Decree VI(7)(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	Williams Consent Decree VI(9)(A)	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	Williams Consent Decree VI(7)(A)	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	Williams Consent Decree VI(7)(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	Williams Consent Decree VI(7)(E)	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, DoA 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 will be required to utilize the newly formatted CSP effective January 2, 2019.

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

As of 12/31/2018 there have been 662 *Williams* Class Members enrolled in IPS since July 1, 2012. This number includes approximately 161 individuals who were not previously identified nor listed as *Williams* Class Members in the Illinois IPS Web Based System. In FY19, IPS also began to capture data on Class Members who found jobs 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:

Total Williams Class Member Enrollment (since 7/1/12)	662	Current Williams CM Enrollment	182
Total Williams CM Who Have Worked (since 7/1/12)	209 (32%)	Total CM Who Worked FY19 (all pt)	77 (35%)
New Enrollments (7/1/18-12/31/18)	36	CM Currently Working	63 (82%)

The following table reflects the number of days of job tenure for the 77 Class Members who worked in mainstream competitive work in FY19 while on the active IPS caseload.

	Job Tenure*				
	30 days or less	1 – 3 months	4 – 7 months	8 – 11 months	over 11 months
# of Class Members holding jobs	2	4	14	9	58

* Note: in the above table 10 of the Class Members held two jobs

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. To date, 260 unduplicated Williams Class Members have responded to the Employment Status survey. 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.

During this reporting period, July 1, 2018 – December 31, 2018, 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? At this time, 147 employers have hired Williams Class Members through the IPS Supported Employment Program in Competitive Integrated Employment (CIE). The top employers working with IPS Supported Employment are (with number of IPS hires):

Jewel-Osco (18)	Salvation Army (11)	AD&D Property Services (3)
Levy Restaurants (4)	McDonalds Corporation (5)	NAMI (4)
United Service Companies (4)	The PLEASANTRY (2)	ARAMARK (4)
MADO Healthcare Centers (2)	Buffalo Wings & Rings (3)	Mariano's (3)
Monterey Security (3)	Sodexo (3)	Strack and Van Til Grocery (3)
Burger King (2)	Dollar Tree Stores (2)	JR Chicken (2)
Walmart (3)	Auto Zone (2)	Heritage Behavioral Health (2)
Pete's Fresh Market (2)	Popeye's Chicken (2)	Steak N' Shake (2)

Quality Monitoring

Tracking information for Quality Monitor review of Service Plans was not maintained for this reporting period, but will be tracked for the next reporting period. This will further ensure the new Service Plan is being implemented properly and corrections are made as needed.

Implementation Plan Requirements

Requirement	Due Date	Current Status
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 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.
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.
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. Work initiated to promote hiring employment specialist.

TRANSITION

Decree Requirements

24	Williams Consent Decree VI(9)(A)	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 an 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	Williams Consent Decree VI(9)(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	Williams Consent Decree VI(8)(A)	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	Williams Consent Decree VIII(15)	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	Williams Consent Decree VI(8)(G)	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	Williams Consent Decree VI(8)(G)	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% units limit set forth above in this subparagraph.
30	Williams Consent Decree VI(8)(H)	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 ⁵	Williams Consent Decree VI(8)(C)	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.
32 ⁶	Williams Consent Decree VI(8)(D)	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.

⁵ Requirement No. 31 is not relevant to the current reporting period and is not specifically referenced in this section.

⁶ Requirement No. 32 is not relevant to the current reporting period and is not specifically referenced in this section.

33 ⁷	Williams Consent Decree VI(8)(E).	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 ⁸	Williams Consent Decree VI(8)(F).	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 ⁹	Williams Consent Decree X(21)	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.

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 1/1/2019, based on the original number of 4,169:

Class Members as of 10/1/2010	4169	No Longer Class Members	1689
		Deceased	693

⁷ Requirement No. 33 is not relevant to the current reporting period and is not specifically referenced in this section.

⁸ Requirement No. 34 is not relevant to the current reporting period and is not specifically referenced in this section.

⁹ Requirement No. 35 is not relevant to the current reporting period and is not specifically referenced in this section.

Transitioned (either through Williams or another program):	971	LTC-Cook Cty	649
Aging Waiver	29	LTC-Downstate	133
DHS DDD waiver	5	State Operated LTC	5
Physically Disabled	11	No Medical Benefits	209
TBI Waiver	1	Class Members Remaining:	1509
Supported Living Facility	27		
Non-Waiver Setting	898		
Deceased post transition	55		

Of the 1509 remaining original Class Members, 1448 currently remain in the Williams database. Of those 1448, their status is as follows (data is unduplicated-for individual Class Members based on their most recent Resident Review):

Original CM in Williams Database	1448	Class Members Approved for Transition	199
Approved for Transition	199 (13.7%)	CAST	6 (3%)
Denied	126 (8.7%)	Hold	16 (8%)
Incomplete Resident Review	10 (0.6%)	Housing Search	12 (6%)
Refused Resident Review	1046 (72.2%)	Referred to CCR	30 (15.1%)
Transferred	19 (1.3%)	Refused Contact/Unable to Locate	16 (8%)
Unable to Locate	16 (1.1%)	Declined Transition	73 (36.7%)
		Recently Assigned to CMHC	42 (21.1%)

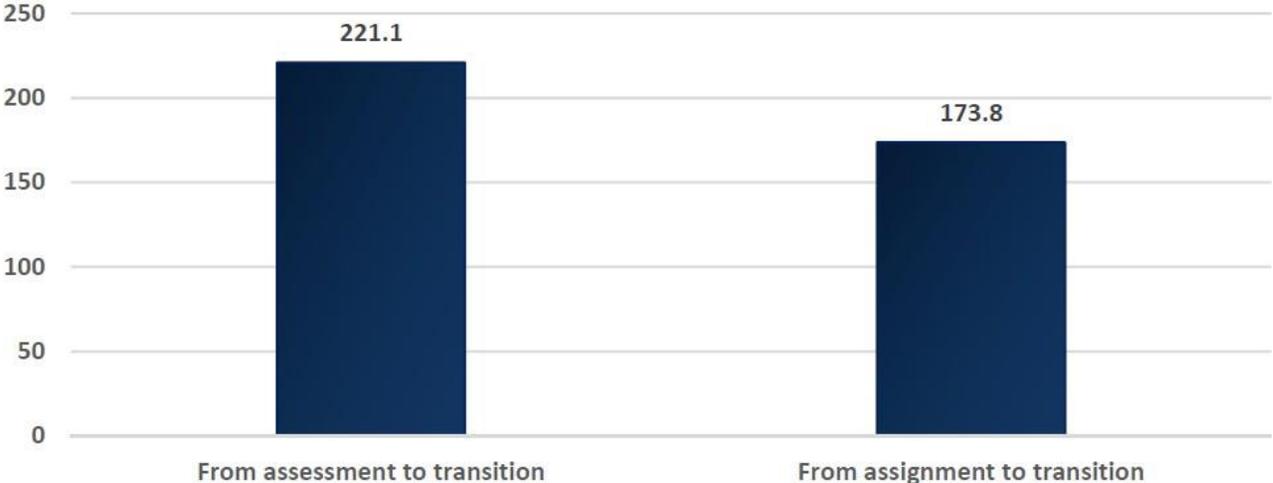
It should be noted that there have been a total of 6211 refusals (duplicated) for this group, demonstrating the repeat attempts to encourage CM to engage in the Moving On process.

Transitions 7/1/18-12/31/19

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.

Agencies (full array)	Full Year Target	Target this Period	Transitions achieved as of 12/31/2018	% of Period	% Full Year
Thresholds	160	80	40	50%	25%
Trilogy	70	35	16	46%	23%
Community Counseling Center of Chicago	40	20	17	85%	43%
Human Resource Development Institute	30	15	8	53%	27%
Association House	30	15	7	47%	23%
Grand Prairie Behavioral Health	35	17	16	94%	46%
Heritage Behavioral Health	15	7	3	43%	20%
Human Service Center	20	10	6	60%	30%
Full Service Agency Total:	400	199	113	57%	28%
"Transition Only" Agencies			7		
			120	60%	30%

**Average # of Calender days taken during reporting period 07/01/18
- 12/31/18**



Agency Referrals/Transition Rates

Referrals to each agency and their % of total referrals received vs transition during reporting period from 07/01/18 thru 12/31/18¹⁰

Agency	FY19 Target	6 Month Target	Total Referrals	% of Total referrals received	Transitions Achieved
ASSOCIATION HOUSE OF CHICAGO	30	15	33	5.56%	7
COMM COUNSELING CTR OF CHICAGO	40	20	75	12.64%	17
GRAND PRAIRIE SERVICES	35	17.5	44	7.41%	16
HERITAGE BEHAVIORAL HEALTH CTR	15	7.5	12	2.02%	3
HUMAN RESOURCES DEV INST INC	30	15	45	7.58%	8
HUMAN SERVICE CENTER	20	10	23	3.87%	6
THE THRESHOLDS	160	80	230	38.79%	40
TRILOGY INC	70	35	92	15.51%	16
Total	400	200	554		113
(Transition Only Agencies)					
ALEXIAN CENTER FOR MENTAL HLTH			1	0.17%	0
ASSOCIATION FOR INDIVIDUAL DEV			3	0.5%	0
CORNERSTONE SERVICES			12	2.0%	4
ECKER CENTER			2	0.3%	1
KENNETH YOUNG CENTER			0	0.0%	0
LAKE COUNTY HEALTH DEPT MH			20	3.37%	1
PRESENCE HEALTH			0	0.0%	0
TRINITY SERVICES, INC.			1	0.17%	1
Total			39		7
Total Referrals (Full and Transition Only Agencies)			593		120

¹⁰ Referrals for this table include both initial referrals as well as any additional referrals resulting from transfer of the CM from one agency to another. In the event of a transfer or reassignment, this chart captures only the current assignments (either initial or secondary referrals) for each agency. If a CM has been reassigned to another agency or removed from an agency assignment for service area or other issues, that CM is not reflected in these figures for the previous agency.

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, 80 Class Member cases were submitted for review, and the CCRP conducted a total of 77 CM case reviews. The panel’s recommendations for these cases were as follows:

Decision Pending No decision made as to transition - additional documentation/information requested	Proceed with Transition Reversal of CMHC determination to not transition - now proceed on transition pathway	No Change in Level of Care CM not recommended for transition - current level of care is recommended to be appropriate	Change in Level of Care Recommended for level of care change from a SMHRF to a SNF due to medical decline.
13	16 (21%)	48 (62%)	0

The CCRP recommended Decision Pending for 13 of 77 (17%) clinical cases reviewed. It was determined that follow-up documentation from the agencies was insufficient requiring more details before an informed decision could be rendered by the review team. A goal for the next reporting period is to ensure that agencies provide requested information/follow-up to recommendations within 30 days of the CCRP review date.

- The panel recommended that the CMHCs proceed with transition for 16 of 77 clinical cases reviewed (21%). This is an increase from the last reporting period.
- The panel recommended ‘No Change in Level of Care’ for 48 of 77 clinical cases reviewed (62%). The most common barriers for transition within this review period were (1) physical 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.

Performance-Based Payment Model

During this reporting period, the structural format, draft Exhibit and contract amendments for Transition Coordination, rates and billing (non-Medicaid), were modified to a Performance Based Payment model. A flat rate, per person, for each community transition was increased to

\$2,500 based on the agencies' respective quarterly projection target. Payments will be advanced based on the quarterly projection with reconciliation occurring based on the actual transition number. If more Class Members transition than what is projected, the agency will be reimbursed accordingly. A new reporting Invoice template is being finalized for release. The Performance Based Payment Model will begin effective January 1, 2019.

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 7/1/2018 thru 12/31/2018

Agency	Level I - Critical									Level II - Serious					Level III - Significant												
	A	B	C	D	E	F	G	H	Total	%	I	J	K	L	M	Total	%	N	O	P	Q	R	S	T	U	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	0	0	0	0	0	0	0	0	0	0.0
Association House of Chicago	0	0	0	1	0	0	0	0	1	5.6	9	3	0	0	0	12	9.2	2	0	0	0	0	0	0	2	4	40.0
Comm Counseling Ctr of Chicago	0	0	0	1	0	0	0	0	1	5.6	3	1	0	1	0	5	3.8	0	0	0	0	0	0	0	0	0	0.0
Cornerstone Services	0	0	0	0	0	0	0	0	0	0.0	4	1	0	0	0	5	3.8	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
Ecker 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
Grand Prairie Services	0	0	0	1	0	2	0	0	3	16.7	5	4	0	1	0	10	7.6	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
Heritage Behavioral Health Center	0	0	0	1	0	0	0	0	1	5.6	9	2	0	2	0	13	9.9	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	5.6	0	0	0	3	0	3	2.3	0	0	0	0	0	0	0	1	1	10.0
Human Service Center	0	0	1	0	0	0	0	0	1	5.6	10	2	0	1	0	13	9.9	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
Kenneth Young Center	0	0	0	0	0	0	0	0	0	0.0	4	0	0	0	0	4	3.1	1	0	0	0	0	0	0	0	1	10.0
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
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
The Thresholds	1	0	1	5	0	0	0	0	7	38.9	11	2	0	2	0	15	11.5	2	0	0	0	0	0	0	0	2	20.0
Trilogy Inc.	1	0	0	2	0	0	0	0	3	16.7	36	6	0	9	0	51	38.9	1	1	0	0	0	0	0	0	2	20.0
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
TOTAL	2	0	2	10	1	0	3	0	18	13.1	91	21	0	19	0	131	96.9	6	1	0	0	0	0	0	3	10	7.1

Unduplicated Count of CM Involved in Reportable Incidents: 85

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

159

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)

Level III - Significant

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

Level I: 18 (11.3 %)

Level II: 131 (82.4 %)

Level III: 10 (6.3 %)

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.

Williams Consent Decree
Reportable Incidents by Class Members
 between 7/1/2018 and 12/31/2018

Unduplicated # of Class Members involved in incidents	# of Incidents	Total Incidents	%
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
85		159	

The respective charts below categorize the specific reportable incidents.

Level I (Critical) 7/1/18-12/31/18

Category	Description	Number
Death	Other-Unexpected or Sudden Death	2
Fire	Intentional-Started by Participant	1
Missing Person	Law Enforcement Contacted	3
Physical Assault	Alleged Perpetrator	1
	Alleged Victim	9
Sexual Assault	Alleged Victim	2
Total:		18

Level II (Serious) 7/1/18-12/31/18

Category	Description	Number
Behavioral Incident	Substance Abuse	10
	Threat of Injury to Self/Others	9
Nursing Facility/SMHRF Placement	SMHRF/Nursing Facility Placement	21
Unexpected Hospital Visit/Admission	Emergency Department Visit-Illness (med/psych)	47
	Emergency Department Visit-Injury	4
	Medical Hospitalization	10
	Psychiatric Hospitalization	28
	Substance Abuse	2
Total:		131

Level III (Significant)

Category	Description	Number
Criminal Activity	Citation	1
	Domestic	1
	Misdemeanor	1
Property Damage/Destruction	Damage to participant property	3
	Damage to other's property	2
	Fire-Accidental	1
Vehicle Accident No Emergency Dept.	Other vehicle (bicycled, motorcycle)	1
Total:		10

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.

Mortality Reviews

There were two deaths which occurred within this six-month reporting period. One Mortality Review was subsequently scheduled and conducted by UIC with a finding of heroin intoxication. The other death fell in one of the exclusionary categories and did not require a Mortality Review, i.e., terminal illness, hospice, etc.

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 December 31, 2018, 4467 *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 June 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 4467 Class Members.

Age Group	Count	%
18 - 20	4	0.1%
21 - 24	97	2.2%
25 - 44	1608	36.0%
45 - 64	2374	53.1%
65 and over	384	8.6%
Gender	Count	%
Female	1538	34.4%
Male	2929	65.6%

Ethnicity	Count	%
American Indian/Alaskan Native	20	0.4%
Asian	71	2.1%
Black/African American	2067	46.3%
More Than One Race Reported	17	0.4%
Native Hawaiian or Other Pacific Islander	8	0.2%
Race/Ethnicity Not Available	151	3.4%
White	2133	47.8%
Hispanic Origin	Count	%
Central American	13	0.3%
Cuban	4	0.1%
Mexican/Mexican American	129	2.9%
Not of Hispanic Origin	3890	87.1%
Other Hispanic	111	2.5%
Puerto Rican	61	1.4%

Unknown, not Classified	259	5.8%
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Marital Status	Count	%
Never Married	3160	70.7%
Married	131	2.9%
Widowed	88	2.0%
Divorced	527	11.8%
Separated	125	2.8%
Unknown, declines to specify	436	9.8%
Civil Union	0	0.0%
Education	Count	%
Never attended school	10	0.2%
Last Primary /Secondary grade completed	925	20.7%
Preschool/Kindergarten	3	0.1%
High School Diploma	1191	26.7%
GED	279	6.2%
Special Education - Certificate of completion	9	0.2%
Post-Secondary Training	55	1.2%
One-year college	355	7.9%
Two-year college	333	7.5%
Three-year college	100	2.2%
College Bachelor's Degree	213	4.8%
Post Graduate college degree	66	1.5%
Unknown	928	20.8%

Justice System Involvement	Count	%
No Involvement	3701	82.9%
Arrested	61	1.4%
Charged with a Crime	50	1.1%
Incarcerated (Jail)	26	0.6%
Incarcerated (Prison)	13	0.3%
Juvenile Detention Center	4	0.1%
Detained (Jail)	3	0.1%
Mental Health Court	11	0.2%
Other (Justice System Involvement of Type Not Specified in Database)	48	1.1%
Unknown (Provider Not Able to Identify at Registration)	502	11.2%
Adult Probation	32	0.7%
Adult Parole	16	0.4%

Residential Living Arrangement	Count	%
Permanent Supportive Housing	1255	28.1
Other Unsupervised Setting	46	1
Supervised Residential Setting	633	14.1
Institutional Level of Care/SMHRF	2003	44.8
Other	31	0.7
Not Reported	225	5

Military	Count	%
Veteran/Former Military Service	162	3.6

Active Duty	1	.01
Unknown	398	8.9

Primary Language	Count	%
English	4369	97.8
Spanish	28	0.6
Unknown	32	0.7

History of Mental Health Treatment	Count	%
Continuous Treatment History	1894	42.2
Continuous Residential Treatment	2690	60.2
History of Multiple Residential Settings	2629	58.9
Outpatient Mental Health Services	3231	72.3
Previous Mental Health Treatment	3537	79.2

Level of Care Utilization Scale Score-Assessor Recommendation*	Count	%
High Intensity Community-Based Services (Level 3)	1027	23
Medically Monitored Services	1692	37.9
Non-Residential Services	1304	29.2
Residential Services	388	8.7
Medically Managed Residential Services	153	3.4
Low Intensity Community-Based Services	397	8.9
Recovery Maintenance and Health Management	64	1.4
Missing LOCUS score	1134	25.4

*Gathered during Registration Process

Diagnosis ICD-10	Count	%
Schizophrenia/Psychotic Disorders	2533	66.2
Bi-Polar/Mood Disorders	1208	31.8
Other (Anxiety and Stress Disorders, Disorders of Childhood or Adolescence and Other Mental Disorders)	80	2

N=3821

Diagnosis ICD-9 *	Count	%
Schizophrenia/Psychotic Disorders	447	69.2
Bi-Polar/Mood Disorders	140	21.7
Other (Adjustment Disorders, Anxiety and Stress Disorders and Other Mental Disorders)	59	9.1

N=646

Functional Impairment	Count	%
GAF* Average Score 41.7 (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.

Provider Assessed Functional Impairments	Count	%
Employment	3341	74.8
Financial	3025	67.8
Social/Group Functioning	3047	68.3

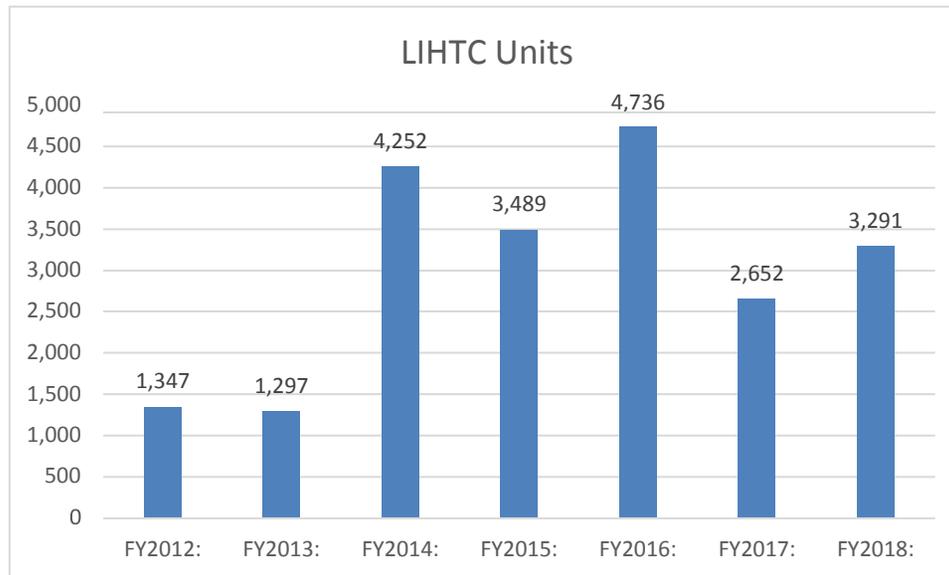
Community Living	2857	64
Supportive/Social	2648	59.3
Activities of Daily Living	2281	51.1
Inappropriate/Dangerous Behavior	1762	39.5
Previous Functional Impairment	3298	73.9

Housing (Requirement Nos. 24, 28-29)

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.

PSH Financed July-October 2018, as of 12/31/2018

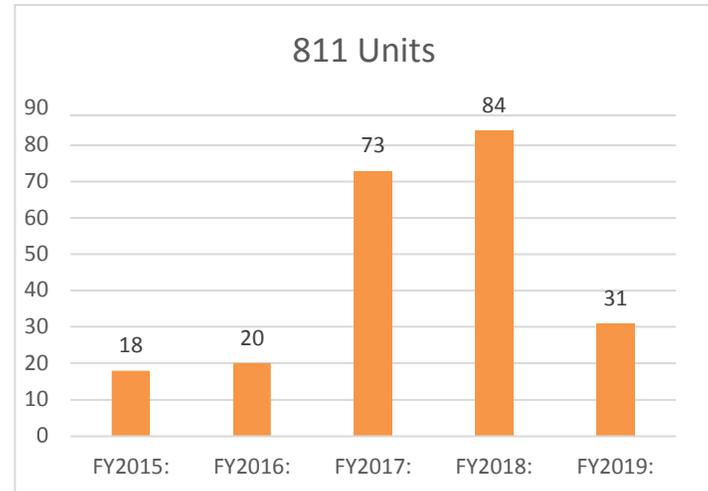
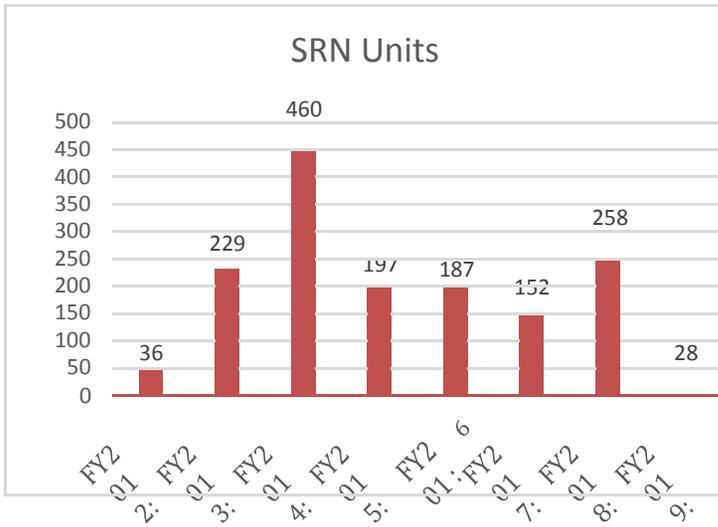
IHDA’s Low Income Housing Tax Credits’ (LIHTC) developments are single and scattered-site affordable housing. All LIHTC properties are listed on ILHousingSearch.org, which is the state’s official housing locator website, created to identify available housing units throughout the state. In the first half of FY19, there are no LIHTC available, as the applications for 2019 Tax Credit units will not be available until the Winter of 2019. These proposed units should receive financing by the Spring of 2019. The table below shows the growth in LIHTC units over the past five 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 LTC.

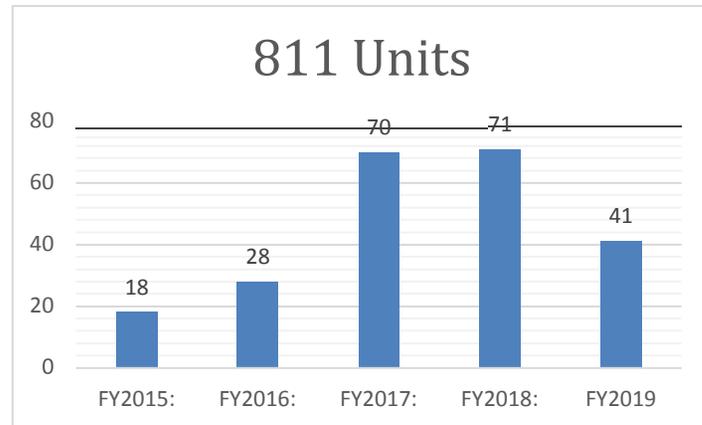
HUD’s 811 Project Based Rental Assistance Demonstration Program assists low-income households of individuals with long-term disabilities, to live independently in the community by providing affordable housing linked with voluntary services and supports. The 811 project-based rental assistance is provided 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.



Board Approved Section 811 Project-Based Units

FY15	18
FY16	28
FY17	70
FY18	71
FY19	51
Total	228
Average per year	47



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.

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 Available as of December 31, 2018

The below chart shows how many total SRN and 811 units are available on the PAIR waiting lists as of 10/31/2018, with a comparison of vacant units available for the entire state and the City of Chicago.

Program	Total on PAIR	Listed Available (State)	Listed Available (Chicago)
SRN	1,591	219	314
811	167	57	26

Class Members Entered on the PAIR Module July- December 2018

The chart below shows that 84% of Williams Class Members who have submitted housing applications to be on the PAIR’s waiting lists for SRN units did so during this reporting period. Similarly, 83% of all 811 applications to PAIR were submitted in 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.

Program	Applied cumulative (since 2012)	Applied FY2019	%
SRN	728	615	84%
811	670	559	83%

Class Members Housed July-December 2018

IHDA recognizes that data on CM 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/is not 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	8	3
811	30	4

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.

% of Class Members residing under a common roof

# of Williams Class members Residing in Community	Number of Addresses	%
1	787	81.5%
2	103	10.7%
3	27	2.8%
4	13	1.3%
5	10	1.0%
6	5	0.5%
7	4	0.4%
8	6	0.6%
9	4	0.4%
10	3	0.3%
12	2	0.2%
13	2	0.2%
Total	966	

Data specific to new bridge subsidies and compliance with the 25% and 50% requirements is not currently available, but will be tracked for the next report.

During this period there were 131 total Class Member transitions to Community-Based Settings. 119 Class Members were transitioned into lease-held rental apartments (Permanent Supportive Housing), and 12 Class Members transitioned to a Supervised Residential Setting. 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.

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.

SMHRF Involuntary Discharges/Transfers (Requirement No. 27)

There were 78 Williams Class Members who received a Notice of Involuntary Transfer or Discharge (ITD) from one of the 24 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=78

Reason for Discharge	Number Discharged	Percentage
Medical Reasons	17	21.8
Physical Safety	1	1.3
Physical Safety of Others	56	71.8
Late/Non-Payment	4	5.1
Reason Not Provided	0	0

IDPH confirms that the SMHRF facilities are state-licensed only. There is no Federal certification, therefore only the State mandates are followed.

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.

Implementation Plan Requirements

Requirement	Due Date	Current Status
Track weekly transitions achieved against projections.	Weekly, effective 7-1-19	Began prior to 7-1-19 and ongoing. Weekly meetings held with CMHC to track transitions.
Prepare and release monthly dashboard indicator charts to CMHCs by 5 th business day of the month to further encourage compliance with transition targets.	Monthly	Ongoing.
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.	7-20-18	Completed. Applications returned, resulting in 13 projects (5 in Cook County). Anticipated to be available 13-24 months after award.
Corporation for Supportive Housing will host a Housing Symposium/conference for developers in Chicago to promote opportunities for additional housing resources.	Summer 2018	Completed-Held June 2018.
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	Late Fall 2018	Not completed.
Emergency Departments and individuals with high-risk housing issues due to complex medical conditions.		
DMH will schedule a conference call with Williams CMHC agencies to review the Performance-Based Transition Coordination payment methodology and fiscal accountability.	7-20-18	Completed 9-4-18. Internal meetings held between DMH/IDoA, stakeholder meeting held to present plan and receive provider feedback.

DMH will finalize all related paperwork for implementation for performance-based payment model for Class Member transitions.	8-30-18	Completed. Grant agreements created February, 2019.
Full execution and tracking transitions (Performance-Based Payment Model)	9-1-18	Completed. Contracts posted 2-7-19 for signature.

COMMUNITY-BASED SERVICES and HOUSING CAPACITY DEVELOPMENT

36	Williams Consent Decree V(5)	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	Williams Consent Decree V(5)	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 LTC or Specialized Mental Health Rehabilitation Facilities. 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

The IHRS team consists of five direct support staff. Four 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 Clinical Professional Counselor (LCPC). 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.
- ☐ Is available Monday through Friday between the hours of 9 am – 8pm. Additionally, each RSP is responsible for one late shift, per week, from 2 pm – 10 pm; (8 pm – 10 pm for phone support).

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:

- Crisis Intervention Team Training (CIT) (40 hours)
- 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 July 1, 2018 to December 31, 2018 a total of 27 Class Members received IHRS services. 29 Class Members were referred for services during this period (93% referred were served).

- 854 hours of support were provided to Class Members from 7/1/18 - 12/31/18:
 - 680 of the 854 service hours (80%) were provided in a natural setting outside of the SMHRF.

14 Class Members (52%) received IHRS service between 1 and 3 months, post transition from the SMHRF.

- 10 Class Members (37%) received IHRS between 3 months and 1 day and 6 months, post transition from the SMHRF.
- 1 Class Member was determined appropriate for CAST and IHRS stopped.
- 2 Class Members refused to give consent to participate in IHRS and were closed from services.
- 2 Class Members, who had PREVIOUSLY completed 6 months of the IHRS program, were re-referred by their respective CMHCs to receive an additional 2 months of support.

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). In December 2018, DMH subsequently released to NAMI the full list of all Class Members identified as CAST Financial to expand the reach of SOAR assistance for potential application processing.

SOAR OUTREACH NUMBERS

FY19		
Date Range	07/01/18 - 12/31/18	%
# of Unduplicated Class Members Referred (original list)	88	
# of completed SOAR Applications	3	3%
# of current Class Members receiving SOAR support	4	5%
# of Unduplicated Class Members left to serve	13	15%
# of Class Members in appeals w/ lawyer	28	32%
# of Class Members who denied/declined SOAR services	3	3%
# of Class Members approved for SSI before SOAR engagement	5	6%
# of Class Members who no longer reside at the identified SMHRF	15	17%
# of Class Members deceased	1	1 %
# Not US citizens	2	2%
# Currently employed – declined, content with living in facility	2	2%
# of Class Members SOAR efforts could not engage at the request of the SMHRFs - duplicative efforts	10	11%
# of Class Members who could not be served by SOAR due to SMHRF closure (Monroe Pavilion).	2	2.27%

Williams Budget

Final Spending for FY18 included \$26.6 million in grant funded services as well as \$8.2 million for Medicaid services to Class Members. Additional Medicaid services were provided through the Managed Care Organizations. Administrative and operational expenditures totaled \$3.4 million.

The FY19 (July 1, 2018 – June 30, 2019) Governor’s Introduced Budget included \$44.9 million in General Revenue funds dedicated to expanding home and community-based services and other transitional costs associated with the Consent Decree implementation. Budget estimates are developed by applying current costs and rates coupled with trend analysis of the number of Class Members who will continue to receive services and the expenses associated with the targeted number of transitions phased evenly over the fiscal year. Costs for new initiates are estimated utilizing industry standards and adjusted based on responses to competitive bidding. The budget estimate also includes personnel services and fringe benefits based on the allotted Williams headcount and costs to administer the Implementation Plan. The final FY19 Williams budget is \$44,878,375. 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.

Expenditures from July 1, 2018 - December 31, 2018, include \$965,124.21 for administrative and personnel expenses as well as \$12 million in grant funded services. In addition, \$1.6 million has been expended for Medicaid services to Class Members. The following tables show expenditures to date. By the end of FY19 it is estimated that spending will total approximately \$34,465,805. The reduced spending is due in part to the lower transition numbers as well as the increased Medicaid costs being covered by the MCOs and not spent from the IDHS/DMH Medicaid budget.

FY19 July 1, 2018 - Dec 31, 2018	
Personnel:	\$ 825,984.50
Admin Expenses*:	\$ 139,139.71
Medicaid Expenses*:	\$ 1,696,194.40
Grant Expenses*:	\$ 12,116,991.00
Total Expenses thru 12/31/2018:	\$ 14,778,309.61

\$ 965,124.21
(Personnel and Admin)

FY19 Williams Admin Expenses as thru 12/31/18	
Sum of Dollar Amount	
Object	Total
1242	\$ 134,609.89
1263	\$ 714.99
1264	\$ 475.43
1291	\$ 67.50
1293	\$ 221.89
1295	\$ 107.91
1721	\$ 1,270.06
1728	\$ 301.05
1729	\$ 1,196.99
1740	\$ 174.00
Grand Total	\$ 139,139.71

FY19 Williams Grant Expenses thru 12/31/18			
Program Name	Sum of Dollar Amount		FY19 DMH Allocation
	Activity	Total	
Complexities Association	CAST	\$ 4,000.00	\$ 48,000.00
Integrated Health Care	CIHC	\$ 848,476.00	\$ 1,709,988.00
Cluster PSH	CPSH	\$ 451,002.00	\$ 902,009.00
Clinical Review	CRVW	\$ 51,652.00	\$ 121,802.00
Drop In Center	DROP	\$ 2,260,500.00	\$ 4,520,984.00
Front Door Diversion	FDDP	\$ 623,569.00	\$ 1,247,138.00
Housing Bridge Subsidy	HBSA	\$ 4,737,627.00	\$12,215,746.00
In Home Recovery	IHRS	\$ 257,365.00	\$ 514,728.00
Medicaid Spend Down	MSDN	\$ 16,326.00	\$ 65,302.00
Quality Administrator	QADM	\$ 851,225.00	\$ 1,751,200.00
Neuropsych Assessments	RNPA	\$ 23,436.00	\$ 66,024.00
Resident Review	RRVW	\$ 275,125.00	\$ 2,078,325.00
Supervised Residential	SUPR	\$ 1,267,740.00	\$ 2,535,458.00
Transition Coordination	TCNB	\$ 159,698.00	\$ 587,601.00
Outreach	WMOR	\$ 289,250.00	\$ 572,304.00
		\$ 12,116,991.00	\$28,936,609.00

***Notes**
Medicaid expenses were inaccurately represented in report 15A as \$2,312,937.
Grant and Admin expenses include some vouchers that have not yet had a warrant issued by the Comptroller

FY19 Williams Spending (Data as of 4/17/2019)

LINE DESCRIPTION	Williams FY19 EST SPENDING	Spending 7/1/18 thru 12/31/18
Appropriation 22001490W		
Operations		
Personal Services	\$ 3,045,300.00	\$ 748,100.83
Social Security	\$ 238,800.00	\$ 54,866.45
Subtotal Personal Services & Fringes	\$ 3,284,100.00	\$ 802,967.28
Personal Services Contracts (CO2s)	\$ 74,900.00	\$ 27,621.00
Corporation for Supportive Housing	\$ 253,750.00	\$ 56,899.50
University of Illinois	\$ 250,000.00	\$ 90,664.89
Legal Fees	\$ 1,287,700.00	\$ -
Beacon Health Options (45AW001188)	\$ 620,000.00	\$ -
Contractual employee travel	\$ 2,000.00	\$ 475.00
Travel & Exp Reimb - Contractual Employees	\$ 3,000.00	\$ 715.00
Subtotal Contractual Services	\$ 2,491,350.00	\$ 176,375.39
Travel	\$ 397.30	\$ 397.00
Telecommunications	\$ 7,355.01	\$ 2,942.00
Operation of Automotive	\$ 419.14	\$ -
Total Operations	\$ 5,783,621.45	\$ 982,681.67
Awards & Grants		
740 - ACT Start Up	\$ 317,008.00	\$ -
CAST - Complexities that Affect Seamless Transition	\$ 238,000.00	\$ 4,000.00
793 - Consent Decree Training Institute	\$ 108,684.00	\$ 31,609.90
760 - Integrated Health Care	\$ 1,709,988.00	\$ 854,994.00
785 - Cluster PSH	\$ 902,009.00	\$ 451,002.00
790 - Clinical Review	\$ 173,454.00	\$ 47,464.00
750 - CST Start Up	\$ 264,677.00	\$ -
720 - Drop In Center	\$ 4,520,984.00	\$ 2,260,500.00
800 - Front Door Diversion	\$ 1,706,128.00	\$ 623,569.00
200 - Housing Bridge Subsidy Admin	\$ 12,215,746.00	\$ 4,737,627.00
210 - Housing Statewide Locator	\$ 13,532.00	\$ 13,532.00
866 - In-Home Recovery Support	\$ 514,728.00	\$ 257,365.00
794 - Mortality Review	\$ 50,798.00	\$ -

700 - Medicaid Spend-Down	\$ 65,302.00	\$ 16,326.00
730 - Quality Administrator	\$ 1,751,200.00	\$ 851,225.00
796 - Neuropsych Assessments	\$ 66,024.00	\$ 23,436.00
830 - Supervised Residential	\$ 2,535,459.00	\$ 1,267,740.00
780 - Transition Coordination	\$ 1,051,784.00	\$ 154,546.00
710 - Outreach	\$ 572,304.00	\$ 289,250.00
797 - OT Assessment	\$ 59,080.00	\$ 1,112.00
795 - Resident Review	\$ 2,078,325.00	\$ 275,125.00
Total Grant Lines	\$ 30,915,214.00	\$ 12,160,422.90
Medicaid	\$ 7,894,064.54	\$ 3,334,904.00
Total All Lines	\$ 44,592,899.99	\$ 16,478,008.57
Appropriation 400501910		
Behavioral Health Policy/Gail Hutchings	\$ 285,475.00	\$ 139,208.78
Total Williams Estimated Spending	\$ 44,878,374.99	\$ 16,617,217.35

ACT/CST Expansion

During this 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. The contracts were executed and agencies were to begin hiring. The teams were scheduled to go live in early 2019. The FY19 service expansions will be accomplished as follows for the following agencies, indicating the increased staff and the number of CM served:

- Human Service Center, 2 Full Time Equivalent Staff (FTEs) = 20 Class Members
- Thresholds, 1 new Team (6 FTEs) = 60 Class Members

- Grand Prairie Services, 1 new Team = 60 Class Members
- Heritage Behavioral Health, 2 FTEs = 20 Class Members
- Community Counseling Centers of Chicago, 1 new Team = 60 Class Members

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
- Grand Prairie Services, 4 FTEs = 72 Class Members
- Thresholds, 3 FTEs = 54 Class Members
- Trilogy, 3 FTEs = 54 Class Members

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

A series of processing meetings were convened during this reporting period 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, as discussed, 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. DMH, SUPR and DoA have committed funding to assist in this effort.

The outcome of these discussions is that SUPR will obtain a copy of all DDCAT agencies certified for DDCAT from Heartland (SUPR contractor) and compare this list against DMH vendors involved with Williams and Colbert. Once done, the Departments can move forward to development of a concrete planning process for TA and training in early Spring 2019. 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.

Multi Year Growth Plan

The Synergies Collaboration with DoA, DMH and HFS on the Multi-Year Growth Plan has had multiple discussions and multi-agency processing during this reporting period. An HFS Rates and Services Authorization Round Table, which started discussion in the third quarter of FY18, had its

last follow-up meeting/planning process on September 21, 2018 to address items in the Multi-Year Growth Plan that pertained to rates. DoA and DMH held an initial Synergies Collaboration meeting/call with the provider community on August 28, 2018. There was a follow-up joint providers' face-to-face meeting/call held on November 1, 2018. Finally, a joint Williams and Colbert teleconference meeting was held on December 7, 2018 with all CMHCs, as a direct response to each item in the Multi-Year Growth Plan. Feedback was provided by DMH, DoA and HFS. Minutes from the December 7th meeting are available with responses for items discussed.

The December 7, 2018 meeting resulted in the following determinations/discussions:

- HFS has limited ability to address Medicaid rates absent Legislative approval;
- Transition Incentive Payment model rates are to go into effect January 1, 2019. This will provide Williams Agencies with \$2,500 per transition and should help offset costs for transitional services and supports that are not Medicaid billable;
- Providers were notified there could be no rent threshold increases, as consistency must be maintained with HUD FMR (utilized by Chicago Housing Authority and Housing Authority of Cook County);
- Williams and Colbert joint polity developed to govern practices for re-transitioned Class Members on a case-by-case basis for release of additional transition funds;
- Data did not support claim of delay in Neropsych and OT assessments
- Williams and Colbert teams are aligning forms where possible-including the CSP and Reportable Incident Form;
- Joint Synergies Meeting with providers held on September 21, November 1 and December 7, 2018 to address issues of planning without provider input;
- Work force sustainability discussed to attract and retain qualified staff-continues to be problematic.

Implementation Plan Requirements

Requirement	Due Date	Current Status
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	Not completed. CST/ACT expansion was based on agency requests based on need and completed with contract expansions.

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. Expansion contracts for ACT/CST services executed with existing providers. No new NOFO released for additional providers. Services began 11-5-18.
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 created February 2019.
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.
DMH and IDoA will collect reporting documents from CMHCs to review and compare where there are differences or similarities.	7-30-18	Completed and ongoing. Includes Multi-Year Growth Plan synergies alignment discussions. Where alignments are not possible, providers are notified.
Convene an internal DHS meeting to review	10-15-18	Not completed.
data and analysis. Explore feasibility of CMHC vendor expansion beyond current participants.		
Develop and release NOFO for ACT/CST service expansion or start-up for new vendors.	10-15-18	Not completed.
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	Not completed.
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	11-30-18	Not Completed. Additional discussions will be held with HFS and DHS to determine future steps.

and Colbert Class Members.		
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.
Meet with SUPR director regarding substance-use related service options for Class Members.	7-30-18	Complete and ongoing. Meeting held with DMH/SUPR to discuss Class Members with co-occurring MI/SA and primary SA with no SMI, who are treatment resistant, actively using, and have health/management challenges. DMH/SUPR is exploring hosting a Summit for joint provider agencies with local/national experts. "Summit" has since been modified to instead enter into a contract with a nationally recognized consulting firm to conduct an overview of need and schedule a series of trainings to SPUR and DMH providers. Substance Use Consultant, ZIA Consultants (Dr. Ken Minkoff and Dr. Chris Cline) has been identified to provide training on dual disorders; training scheduled for June 7, 2019 for MCOs LTC providers and State staff. Registration/flyer materials for training currently under development.
Develop plan regarding SUPR services/MAT for Class Members.	8-30-18	Completed. KIA Consulting have met with DMH/SUPR. Exploratory teleconference scheduled with CMHCs for 3-5-19.
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.
DMH and IDoA will schedule meeting with CMHCs to obtain stakeholder input on the realignment of documentation.	8-30-18	Begun 8-23-18 and ongoing.
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. Meeting 9-25-18. Providers notified, formal policy created 11- 13-18, to be released Spring 2019.

ADMINISTRATIVE

Decree Requirements

38 ¹¹	Williams Consent Decree IX(16)	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	Williams Consent Decree IX(18)	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	Williams Consent Decree IX(18)	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	Williams Consent Decree IX(18)	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	Williams Consent Decree IX(18)	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.

¹¹ Requirement 38 is not relevant to the current reporting period.

43	Williams Consent Decree IX(20)	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	Williams Consent Decree XII(24)	The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants.
47 ¹²	Williams Consent Decree XI(22)	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).

¹² Requirement No. 47 is not relevant to the current reporting period and is not specifically referenced in this section.

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:

Position Title	Date Vacated	Date(s) Position Posted	Date Filled	Notes
Deputy Director of Systems Rebalancing Brenda Hampton	12-31-18	11-29-18 - 12-12-18	Candidate identified 2-8-19	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	First posting-no acceptable candidates	Interviews scheduled from second posting
Psychologist II (Quality Monitor) Donna Clayton	2-1-18	10-12-18 – 10-25-18	12-16-18 Julian Williams	Vacancy result of leave of absence
Registered Nurse II (Quality Monitor) Debra Rudder	8-16-18	8-29-18 – 9-11-18	11-16-18 Veronica Makokha	Filled via transfer
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	
Registered Nurse II Theresa McNulty	12-14-18	2-25-19 – 3-8-19	Pending	
Public Service Administrator Teresa Glaze	11-16-17	7-16-18 – 7-27-18	10-30-18 Imani Johnson	Position changed to Social Worker III

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	Williams Consent Decree VII(10)	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	Williams Consent Decree VII(10)	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	Williams Consent Decree VII(11)	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	Williams Consent Decree VII(11)	<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	Williams Consent Decree VII(11)	<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	Williams Consent Decree VII(11)	<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	Williams Consent Decree VII(11)	<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	Williams Consent Decree VII(11)(e)	<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	Williams Consent Decree VII(11)	<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	Williams Consent Decree VII(11)	<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	Williams Consent Decree VII(11)	<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	Williams Consent Decree VIII.13.	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	Williams Consent Decree VIII(14)	The Implementation Plan, and all amendments or updates thereto, shall be incorporated into, and become enforceable as part of the Decree.
61 ¹³	Williams Consent Decree VIII(12)	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 submitted to the Court for resolution.

Implementation Plan requirements are not applicable to the current reporting period.

¹³ Requirement No. 61 is not relevant to the current reporting period and is not specifically referenced in this section.

Implementation Plan Requirements: None.

OTHER DATA/ACTIVITIES

Williams Call Log

From July 1, 2018 through December 31, 2018 a total of 52 calls were received by the Williams Call line. The categorization of these calls is as follows:

- Calls received from Class Members seeking general information 35 (67%)
- Calls received from residents of other non-SMHRF nursing homes 7 (14%)
- Calls received from family or guardians regarding Williams Class Members 3 (5.3%)
- Calls from others seeking information about the Williams Consent Decree 7 (12%)
- Calls from landlords or complaints 0

Specialized Mental Health Rehabilitation Facility (SMHRF) Conversion

As of December 31, 2018, 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 21 SMHRFs providing services to individuals in the State. One facility, Monroe Pavilion, closed, surrendering its license on 09/05/18. Applications for two facilities (Bourbonnais Terrace & Kankakee Terrace) are currently being held for review until the required training curriculum for staff training is developed or approved by DHS/DMH.

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. The target date for implementation is the first quarter of 2019.

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)
- 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)