



Division of Mental Health Williams Semi-Annual Report #13



WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Table of Contents

EXECUTIVE SUMMARY.....	3
OUTREACH AND INFORMATION DISSEMINATION.....	6
RESIDENT REVIEWS	10
SPECIALIZED ASSESSMENTS	12
CLINICAL CASE REVIEW PANEL.....	15
MORTALITY REVIEWS	19
TRANSITION COORDINATION AND COMMUNITY SERVICES	20
QUALITY MANAGEMENT/QUALITY MONITORING	22
CHARACTERISTICS OF WILLIAMS CLASS MEMBERS	28
WILLIAMS CLASS MEMBER QUALITY OF LIFE SURVEY REPORT	33
HOUSING/RESIDENTIAL OPTIONS.....	37
INDIVIDUAL PLACEMENT & SUPPORTS	46
1115 WAIVER	50
MANAGED CARE.....	50
STRATEGIES FOR OFFERING CHOICE AND COMMUNITY ALTERNATIVES TO.....	51
LONG TERM CARE/FRONT DOOR.....	51
SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES	52
FRONT DOOR PILOT.....	54
WILLIAMS CALL LOG	59

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

EXECUTIVE SUMMARY

The State of Illinois Department of Human Services/Division of Mental Health (DHS/DMH) and its partner agencies submit this 13th Williams vs. Rauner Semi-Annual Report. This report reflects implementation activities from the period of July 1, 2017 through December 31, 2017.

Nearing the close of FY17, Dennis Jones, MSW/MBA, Williams Court Monitor, officially submitted his notice of retirement to the Honorable William T. Hart, the Federal Judge overseeing the Williams Consent Decree. Concurrently, Judge Hart and the Honorable Joan H. Lefkow (the Judge over the Colbert Consent Decree) agreed to transfer the Williams case to Judge Lefkow, who would have both Consent Decrees under her jurisdiction. During the process of identifying a new successor Court Monitor, Mr. Jones agreed to a three month contract to allow him to continue as Court Monitor for both Colbert and Williams until a his replacement was determined.

During July and August, 2017, five candidates were interviewed for the Court Monitor position by multiple teams of legal and professional experts. After the interviews were completed, the parties were unable to agree on which candidate should be appointed Court Monitor, so the matter was brought to the Court for resolution. Judge Lefkow appointed Gail Hutchings, MPA, as successor Court Monitor, effective September 30, 2017.

At the beginning of this reporting period, the State had achieved 380 Class Member transitions into community living for FY2018 (as of June 30, 2017). The agreed upon transition goal for FY18 was projected to be 400 transitions. Since inception (2012), the state has cumulatively transitioned or signed leases to transition, a total of 2,083¹ Class Members from the Nursing Facility/Institutes for Mental Disease (NF/IMD) to community living options. At inception, it was estimated that approximately 3,200 NF/IMD residents, out of a possible 4,500, may elect to transition to the community if determined appropriate via the Resident Review assessment. Using the 3,200 as the base figure, the State has transitioned or signed leases to transition approximately 65% of the "original" Class Members. However, it is difficult, if not impossible, to determine the percentage of current or total Class Members who have transitioned, as new admissions in each of the 24 IMDs continue to expand the Class.

The uncertainty of the State's financial stability impacting community vendors during the past two years' budget impasse was addressed with the signed FY18 State budget. However, issues remained as vendors initially experienced delays in receiving FY18 funding allocations, specifically for non-Medicaid billable programs and services. This had a direct impact on hiring practices which impacts service delivery and other supports needed to keep organizational operations afloat. These challenges also directly impacted service delivery to Williams Class Members. In recent months, these

¹ This number reflects the cumulative count as of November 28, 2017.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

issues have resolved at the community level, as cash flow from the state was released.

The Front Door Pilot - which attempted to test the impact of systems, processes and infrastructure enhancements on the trajectory of individuals discharged from inpatient psychiatric hospitalizations and considered for Long Term Care admission, i.e., a diversion to community alternatives - is actively winding down. Data collection stopped at the end of September and is currently under review. The University of Illinois, School of Social Work is aggressively working on data analyses, cost analyses, findings and recommendations. More information on the Pilot, its effectiveness and impact will be in this report's section on the Front Door Pilot.

The NF/IMD conversion to Specialized Mental Health Rehabilitation Facilities (SMHRF) was a major focus by both DMH and the Department of Public Health (DPH) during the past six months. Of the 24 NF/IMDs, DPH released 21² certifications to facilities approving their conversion to a SMHRF. There are still some outstanding issues on the remaining three facilities, but it is anticipated that they will receive certification in the near future. More information on SMHRFs is included later in this document

There are several major issues currently under discussion regarding the newly converted SMHRFs. The first and most critical issue is determining how these settings will be used in the current service delivery system. If they are to be "specialized" facilities, should there be a defined population focus with specific programming, staffed by employees with training and expertise to meet the "rehabilitation" needs of the population? SMHRFs could potentially address the following five priority populations of individuals who have a diagnosis of serious mental illness (SMI):

1. Aging out youth/young adults (18 yrs – 26 yrs) with SMI, compromised developmental skills, self-destructive behaviors and who require a structured/staffed setting;
2. Individuals with a status of Not Guilty by Reason of Insanity (NGRI), who have been conditionally released from forensic psychiatric hospitalization and who require, based on order of the court, a structured/staffed setting;
3. Individuals with SMI who are treatment and medication resistant and require a structured/staffed setting;
4. Individuals with diagnosed SMI and serious substance abuse and drug addiction;
5. Individuals with SMI who have are high behavioral management needs or are at high risk for aggression and/or inappropriate acting out.

The second issue is whether there are too many SMHRFs with excess capacity. By mere volume, not all SMHRFs can effectively "specialize" in being a "rehabilitation" site to address the service/treatment needs of one or two of the defined priority populations. It is hopeful that in the

² This is the current count of SMHRF conversions as of November 28, 2017

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

second half of FY18 strategic planning will begin to determine if and how these facilities can or should be used in meeting unmet resource needs that exist beyond the scope of outpatient community mental health.

Two Notice of Funding Opportunities (NOFO) applications were released during this report period designed to directly benefit Class Members and meet unmet service needs identified by community mental health providers, Resident Reviewers and even Class Member preferences. The first NOFO is to develop three, 10-12 bed Supervised Residential sites - two in the city of Chicago and one in proximity to the cities of Peoria and Decatur. The lack of sufficient Supervised Residential beds, for those who have been determined to absolutely require this level of care to successfully transition to the community, has been a major resource deficit identified by both provider agencies and through recommendations from Resident Review assessments. The second NOFO is to expand the Cluster Housing model with two sites in the city of Chicago, the area with the highest volume. The addition of two Cluster Model sites could potentially garner between 20-40 Permanent Supporting Housing (PSH) units (Master Leased) for Class Members identified from the Complexities Affecting Seamless Transition (CAST) list.

The State has also aggressively moved forward with the goal of instituting an Incentive Payment Pilot, targeting Class Members identified on the CAST list. This Pilot would reimburse providers up to \$5,000 for each Class Member who maintains community tenure for at least 12 months, with no interruption via a return to Long Term Care. The concept of this Pilot is not intended to augment services, but rather to encourage agencies to make concerted efforts to transition Class Members the providers claim are more difficult to serve in the community. While any funds awarded under the Pilot would have to be reinvested into the providers' organization, it is up to the provider to determine where that reinvestment would be most needed or effective.

After intensive back and forth efforts between the Parties on the FY17 Implementation Plan Amendment, the Plan Amendment was filed in June 2017. The Parties and Court Monitor agreed that it was not feasible to pursue an amended FY18 Plan, but instead build on the amended FY17 Plan. This will be done with the direction and guidance of the new Court Monitor.

We all acknowledge that there is considerable work to be accomplished and there are critical decisions to be made as we move forward with best efforts to serve Williams Class Members and assist them in meeting their optimal level of functioning. We must remain sensitive to the fact that flexibility is needed to meet our goal, just as there is flexibility in working with different Class Members who have diverse needs. What can result in an immediate fix for one Class Member may not be a realistic solution to address the need for another. However, we remain committed to confronting the challenges that arise and working toward successful outcomes.

Outreach and Information Dissemination

Outreach Workers

NAMI Chicago Outreach Workers continue to provide Class Members with supports to assist them as they prepare to move out of IMDs. Outreach Workers provide Class Members with information 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 to Class Members under *Moving On*. NAMI Chicago continues to work in tandem with *Moving On* Outreach Ambassadors (Class Members who have successfully transitioned from the IMDs to the community).

Outreach Workers continue to conduct baseline Quality of Life Surveys (QLS) with Class Members who are nearing transition from IMDs. As of this writing, 73 baseline surveys were completed for this reporting period. Also during this reporting period, 305 Class Members were engaged by the Outreach Workers to learn about their rights under the Williams Consent Decree and *Moving On* program. Outreach Workers conducted 231 private interviews with Class Members. Outreach Workers were approached 2,622 times with questions or concerns about the process. Approximately 71 new Class Members refused to engage with Outreach Workers when approached. Lastly, the Outreach Workers made contact with 27 guardians via telephone or in person.

Ongoing Outreach Activities

Consent for Specialized Assessments

While conducting an assessment, the Resident Reviewer may find it necessary to gather additional information, in an effort to make a decision about a Class Member's eligibility for community living. Outreach Workers continue to work with DMH to obtain consents for this specialized testing. DMH alerts Outreach Workers when testing is recommended for a Class Member (Neurological or Occupational Therapy). Outreach Workers will then schedule a time to meet with the Class Member to explain the process and obtain their consent to participate in the testing.

Assessment Requests

NAMI Chicago Outreach Workers continue to work in conjunction with Lutheran Social Services and Metropolitan Family Services (Resident Review entities), to ensure that every Williams Class Member has been provided an opportunity for an assessment. Outreach Workers send a weekly list to the Resident Reviewers, documenting Class Members who have requested an assessment. This weekly communication provides assistance to the Outreach Workers, who inform Class Members on the status of the assessment.

Troubleshooting

Outreach Workers act as a liaison between Class Members, transition agencies and DMH. Class Members approach Outreach Workers with questions or concerns regarding their status with the *Moving On* program. Outreach Workers consult with the specific agency and provide feedback to the Class Member. In addition, Outreach Workers visit each IMD on a biweekly basis which allows for

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

timely follow-up.

Appeals

Once a Class Member is assigned to a transition agency, if the Class Member makes a request to change agencies, he/she is required to submit a written Appeal to explain the reason for the change request. If necessary or upon request, NAMI Outreach will assist the Class Member in filing an Appeal. NAMI Outreach Workers have created a form to assist Class Members record their reasons for requesting this change.

Drop-In Centers

Outreach provides Class Members with information on community-based resources which can be of advantage to them prior to moving out of the IMD. Staff is equipped with brochures from Drop-In Centers that includes 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 into the community. Additionally, Outreach Ambassadors are equipped with the necessary resources to provide public transportation for Class Members on visits to Drop-In Centers.

Quarterly Community Meetings

NAMI Chicago Outreach Workers are responsible for facilitating quarterly community meetings at each IMD. These meetings provide Williams Class Members with an opportunity to receive information on the Williams Consent Decree in a group setting. Each Ambassador receives an honorarium of \$25.00 for his/her participation in those meetings. As of this report date, Outreach Workers have held one of the four required IMD meetings for FY18. Approximately 284 Class Members and 16 different Ambassadors were present at these meetings. Ambassadors facilitate these meetings but Outreach Workers are on hand to provide details on the steps of the *Moving On* process, information on how to get involved, and advice on how to prepare for the assessment. The *Moving On* videos were shown at some of the meetings. The next round of meetings is scheduled for December 2017.

Recovery and Empowerment Statewide Call

Outreach Workers continue to provide Class Members with an opportunity to participate in the monthly 'Recovery and Empowerment Statewide Call'. The intent of these monthly educational forums is to provide Class Members with a venue to share successful tools and strategies for wellness, which will empower Class Members who have not transitioned, to feel empowered.

Outreach Ambassadors

The Outreach Ambassadors are an extension of NAMI Chicago Outreach Workers. Since November 1, 2015, 14 transitioned Class Members have worked as paid Ambassadors, returning to the facilities for 8 hours/month to share their recovery stories on life outside the IMD, and to offer tips or advice on how to make independent living a personal success. Ambassadors receive \$10/hour for their services. Eight Ambassadors have served in this role since inception, and recently celebrated 2 years of employment with NAMI Chicago! The Ambassadors speak from a voice of commonality about their experiences while living in the IMDs. Simultaneously, Ambassadors share their individual journey on the road to community transition, as well as wellness and recovery. Ambassadors are able to answer

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

questions about the process and speak about the services and supports available in the community. Other opportunities for Ambassadors are quarterly community meetings held in the IMDs and at various events sponsored by the Outreach Workers and the community mental health agencies.

NAMI Chicago is committed to actively recruit those who are interested in serving as an Ambassador and who have a commitment to engage with Class Members who have not transitioned. Ideal candidates are well spoken and able to articulate how the *Moving On* program worked/is working for them. Ambassadors go through an extensive training on their role and responsibility. Concurrently, Ambassadors have been trained on etiquette protocol on how they are to conduct themselves in the facility.

In-Home Recovery Support

The In-Home Recovery Support (IHRS) staff have been assisting Williams Class Members to bridge into the community, by providing linkage and support throughout the transition process. This team consists of five Certified Recovery Support Specialists who are using their recovery stories to encourage Class Members to continue working on obtaining and maintaining community placement. This support is being provided while Class Members are still living in the IMD and continues once the Class Members transition into the community. This support is being provided in combination with the on-going team services from the community mental health center (CMHC) where the Class Member is assigned. The intent of this support is to improve the likelihood of the Class Members' ability to transition from the IMD and maintain long-term community placement.

The IHRS staff have been providing support and reassurance to Williams Class Members who are exercising new skills, adjusting to new environments, or experiencing potential stressors, as they prepare to transition from an IMD to independent community living. They continue to work with the Class Member once they transition to the community helping to build the necessary supports and services needed to maintain community placement. This service is available to each consenting Class Member for six months. NAMI Chicago partnered with the Division of Mental Health to make this support available to Williams Class Members in FY18. NAMI began providing this service to Class Members as of August 14, 2017. Currently 25 Class Members are being served under this program.

During the 1st quarter of this fiscal year (7/1/17-9/30/17), NAMI served 18 Class Members. It is important to mention that 16 of the 18 Class Members began receiving services while still living in the IMD (4 of the 16 moved out during this period). It is equally important to mention that 2 out of 18 Class Members had already transitioned to the community, when NAMI Chicago received the referral. NAMI provided 203 hours of support for the consenting Class Members. 117 of those service hours were provided in the natural setting despite the Class Members still residing in an IMD.

The intake process for this program is conducted as described below:

- a. Resident Reviewers and CMHCs will identify Class Members who may be appropriate for this service.
- b. They will submit this information to DMH by indicating that a Class Member is "Recommended for In Home Recovery and Support" and state the reason why.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

- c. NAMI Chicago will approach the eligible individual to talk about the In-Home Recovery Support Program and offer services (when capacity is available).
- d. Waitlists for this program may develop based on number of In-Home Recovery Support providers available and the current capacity of these staff. NAMI Chicago will notify DMH if a waitlist is needed.
- e. When capacity becomes available, a Class Member will be removed from the Waitlist and approached for services.
- f. NAMI Chicago will provide In Home Recovery and Support services to identified Class Members (pre-and post-transition) for a duration not to exceed 6 months. Extensions may be requested as needed.

As this service continues, the program will continue to be modified and updated to meet the needs of Williams Class Members.

Resident Reviews

The Division of Mental Health remains committed to ensuring that each Williams Class Member is provided an opportunity to be considered as a transition candidate through the “*Moving On*” Program, by providing thoroughly detailed and clinically informative Resident Review Assessments. The ongoing goal of the Resident Review teams of Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS) is to provide assessments that paint a holistic view of the Class Member based on direct observations, clinical data review, collateral contacts and staff observations, and focusing on Class Members’ strengths and desires. Identifying improvements in the Resident Review processes continues through weekly teleconferences, random sample reviews, weekly in-house supervisory sessions and participation in ongoing in-person and webinar trainings provided by the University Of Illinois, College of Nursing.

Class Members are identified for Resident Review Assessments by LSSI and MFS as new admissions, through the use of Healthcare and Family Services (HFS) census data, Class Member/Guardian requests, The National Alliance on Mental Illness (NAMI), Engagement Team Members and Managed Care Organizations (MCO’s). Class Members may receive up to three assessments a year in addition to an annual review. Service support options such as use of Enhanced Skills Training, In-Home Recovery Support Services, and Supportive Employment remain in place to strengthen successful community transitions.

As the front-line representatives in the IMD, NAMI continues to play an instrumental role in keeping DMH abreast of Class Members’ feelings and concerns as it relates to community transition. As part of their role as advocates for Class Members, NAMI is provided with a monthly list from the Resident Review teams, which lists Class Members who have declined a Resident Review Assessment. From this list of Class Members, NAMI attempts to engage and educate each individual on the benefits of having a Resident Review Assessment, shares information about the *Moving On* Program and addresses any questions/concerns presented by Class Members about moving to the community.

In FY18, DMH, with the support of its’ community partners, LSSI, MFS and NAMI, remains committed to providing transition education and community living opportunities via the Resident Review process for Williams Class Members.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Performance Measures Outcome:

The following table reflects the Quarterly Performance Measure data submitted by LSSI and MFS.

Performance Measures Outcome¹

	# 1 Approached	# 2 Approached Refused	# 3 Signed Participation Agreement	# 4 Full Assessment Complete	#5 Aborted Assessmen	#6 Recommend for Transition	#7 Not Recommend	#8 Staff Productivity Approved	#9 Complex Medical Need	#10 Criminal Histories	#11 Staff Productivity Denied
LSSI	1466	894	1137	561	11	438	123	438	322	174	123
MFS	784	261	699	284	2	219	75	218	149	110	75
TOTAL	2250	1155	1836	845	13	657	198	656	471	284	198

Data analysis for this reporting period as compared to the last reporting period, shows an overall increase in the number of Class Members approached for Resident Review Assessment (up by 32) and an increase in the number of cases reviewed where complex medical needs existed (up by 68) and criminal histories were present (up by 31). Data also showed a slight decrease in the numbers of Class Members who aborted the Resident Review Assessment (down by 6), which aided in the increased number of assessments completed. Data for the number of full assessments completed (down by 3), number recommended to transition (up by 6) and number not recommended to transition (up by 2) remained relatively the same as were numbers for staff productivity in the areas of approvals (up by 5) and denials (up by 2).

¹ Time frame from April 30, 2017 – October 31, 2017

Specialized Assessments

Occupational Therapy

DMH has renewed its contract with The University of Illinois, Department of Occupational Therapy & Disability and Human Development, to conduct Occupational Therapy Assessments in FY18. The University of Illinois, Department of Occupational Therapy has recently hired and trained 4 Occupational Therapists, who will provide OT Assessments for Williams Class Members in FY18. The identified target populations for OT Assessments are Class Members on the CAST list with suspected skill deficits which have been identified as barriers to community transition, as well as Class Members identified by our contracted community mental health centers (CMHCs) who would benefit from such an assessment. The goal of the assessment is to identify specialized supports and services that could be utilized to aid in the successful transition of Class Members to the community.

In FY17, 15 Class Members were referred for OT Assessments. Of those 15 referrals, three declined to give consent one gave consent but later refused. Of the 11 remaining Class Members, all were assessed, with 10 recommended for Group Home Settings and one recommended for PSH. As noted below, for the 11 Class Members recommended for transition, the outcome was as follows:

Currently working with Agency	2
Declined to Transition	1
Medical Hold	2
CAST Medical	1
CAST (Housing)	1
Recent Resident Review Denial	1
Refused Recent Resident Assessments	3

As of this report, there has only been one OT assessment referral for FY18. During FY18, CMHCs will continue to work with their respective teams to identify Class Members who would benefit from an Occupational Therapy Assessment.

Neuropsychological

NAMI Outreach workers also continue to work with Class Members to obtain consent for Neuropsychological Assessments. As stated in previous reports, DMH provides NAMI workers with a list of Class Members who have been referred for specialized assessments. NAMI workers then report to the respective IMD(s) to obtain the Class Members' signed consent for the Release of Information, which authorizes UIC to conduct the evaluation. Additionally, the release of information allows the medical record for the respective Class Member to be forwarded to UIC prior to the scheduled appointment for evaluation.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

The CMHCs identify Class Members who they deem appropriate based on their assessments, for neuropsychological testing. This information is then forwarded to DMH. If the Class Member refuses to give consent for a specialized assessment on initial contact, NAMI Outreach workers will make a subsequent attempt to contact the Class Member, per DMH's request. The intent of the second attempt is to ensure the Class Member is clearly informed about the nature of the assessment(s); and to offer an opportunity for the Class Member to change his/her mind.³

The University of Illinois, Department of Psychiatry/Office of Dr. Neil Pliskin, remains under contract to conduct the neuropsychological assessments for Class Members who are suspected of having a severe cognitive impairment, including dementia or the onset of Alzheimer's disease. This report reflects assessment activities since July 1, 2017:

- Since inception, there have been a total of 152 *referrals* for a neuropsychological assessment, which includes 27 referrals for this reporting period.
- Each of the 27 Class Members referred during this reporting period signed the required consent form. The Class Members are from the following IMDs:

a. Lydia	10
b. Grasmere Place	1
c. Decatur Manor	2
d. Albany Care	1
e. Lake Park Center	2
f. Rainbow Beach	1
g. Columbus Manor	2
h. Bourbonnais Terrace	1
i. Thornton Heights	2
j. Sacred Heart	1
k. Margaret Manor Central	1
l. Margaret Manor North	1
m. Thresholds	1
n. Trilogy	1
- There were 20 neuropsychological assessments completed for this reporting period; with three Class Members awaiting a scheduling date.
- At the time of this writing, UIC has not been able to provide any additional time slots beyond January 2018, but are working to reopen the schedule to provide more assessment dates through February 2018.

Of the 27 new referrals, 24 were recommended to remain in a nursing level of care setting, finding that transition to the community would be counter-productive due to their need for 24 hour skilled nursing support to maintain wellness and safety. These Class Members were found

³ Referrals for OT assessments are also subject to the two attempt procedure as described.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

to have a combination of psychiatric and medical problems, which were too complex for them to handle independently in the community. They would require the same level and intensity of care they currently receive in the IMD to be successful in their attempts to transition. Due to safety and risk factors, it was deemed appropriate for them to remain in the IMD.

Neuropsychological Assessments:

Number of Class Members (CM) identified for assessment (new)	27
Number of CMs recommended for current nursing level of care setting	24
Number of assessments pending (to date)	3

Clinical Review and Appeals

During this reporting period, 177 Resident Reviews resulting in a recommendation that the Class Member not transition to community based options were received for Clinical Review and referred to one of the respective Williams provider agencies for a second level, paper review. Of the 177 Clinical Reviews conducted:

- The clinical review team disagreed with the Resident Review recommendation and overturned 12 cases, thereby recommending community transition for the Class Member.
- The clinical review team agreed with the Resident Review recommendation in 165 cases.
- Of those 165 cases, 17 were appealed. The appeals were in response to the recommendations from the Resident Review/Housing options, which were submitted to DMH during this reporting period. Eight of the 17 appeals were overturned and Class Members were allowed to begin the transition process.

Clinical Case Review Panel

As stated in the previous report, the Division of Mental Health (DMH) initiated a Clinical Case Review Panel (CCRP) process to review the clinical and service needs of Class Members whose Resident Review resulted in a recommendation for transition, but after extensive engagement and activities with the assigned community mental health provider, were identified as Unable to Serve. The panel, which consists of a psychiatrist, registered nurse, social worker/occupational therapist and a Certified Recovery Support specialist (CRSS), convened weekly with provider agencies who presented a synopsis of their clinical assessment, which was the basis for the Unable to Serve determination.

Phase I of the Clinical Case Review Panel process included a review of the 309 Class Members that provider agencies placed on the Unable to Serve list as of February 1, 2017. Prior to the start of the clinical case reviews, DMH conducted an internal audit of the Unable to Serve list. The purpose of the audit was to ensure that provider agencies did not include Class Members on the Unable to Serve list who lacked sufficient financial income or benefit income (Social Security Income or Social Security Disability Income) required to successfully transition and live independently in the community. After completing the audit, it was determined that there were no individuals on the Unable to Serve list with financial barriers. However, it was determined that provider agencies had not excluded those Class Members who: 1) refused resident review reassessments; 2) were unable to be located/were no longer in the facility; 3) transferred to a skilled nursing facility/or other nursing facility; and 4) were not approved/recommended for transition. As a result, 147 of the 309 (48%) Class Members on the Unable to Serve list were removed. The data indicated Class Members were removed as a result of the following:

Removed from Unable to Serve List

Refused Resident Review Reassessment	79
Unable to locate/no longer in facility	32
Transferred to a SNF/or other NF	23
Transition Not Recommended (by Reviewer)	13

The remaining 162 Unable to Serve Class Members were reviewed by the Clinical Case Review Panel. The weekly clinical case reviews were initiated on 3/15/17, with the final review conducted on 8/9/17.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

During Phase I of the Clinical Case Review Panel process, the panel recommendations indicated:

Proceed with Transition n= 36*

Permanent Supportive Housing	1
Supervised Housing	30
Supported Residential	5
Supportive Living Facility	0

*22%

Transition Pending n= 53*

Medication teaching/evaluation	12
Neuropsychological Evaluation	11
Resident Review Reassessment Update	11
Other Assessment(s)	6
Request for additional information	13

*33%

Level of Care Supported n= 8*

No change in level of care	8
----------------------------	---

*0.05%

Skilled Nursing Facility n= 8*

Change in level of care	8
-------------------------	---

*0.05%

Remove from Unable to Serve List n= 57*

Refused Resident Review Reassessment	18
Declined Recommended Housing Options	9
Unable to Locate/No Longer in IMD	15
Transferred to a SNF/ or Other NF	3
Agency Reassignment	7
Transition Not Recommended (by Reviewer)	5

*35%

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Completion of the reviews for Phase I of the Clinical Case Review Panel process on 8/9/2017 made way for Phase II of the process. With the implementation of Phase II of the review process, Class Members are no longer referred to as 'Unable to Serve', but as Class Members with Complexities Affecting Seamless Transition (CAST). With the implementation of Phase II, agencies are no longer allowed to determine that a Class Member should be placed on the CAST list. Instead, agencies are required to request a date to present a clinical synopsis of the Class Member they are seeking to classify as CAST. In addition, provider agencies are now required to have had engagement with the Class Member within 60 days of the request for a review by the panel, and must provide the panel with the Class Member's updated medication list.

Phase II of the Clinical Case Review Panel process began on 10/25/17. As of this report, the Clinical Case Review Panel has conducted a total of 21 clinical case reviews. The panel recommendations were as follows:

Transition Pending	Proceed with Transition	Remove from CAST List	No Change in Level of Care	Change in Level of Care
6	0	10	0	5

- Transition Pending recommendations were made as a result of the panel not having sufficient information to make a clinical determination. In these situations, the panel requested additional assessments/evaluations before a determination could be made.
- Proceed with Transition recommendations were made when the panel could not identify any barriers to transition. There were no such cases heard during Phase II of the CCRP process.
- Remove from CAST List recommendations were made when it was determined the Class Member refused a Resident Review Reassessment, declined housing or agency engagement, was no longer in the IMD/unable to locate, transferred to a Skilled Nursing Facility or other level of care, was reassigned to another agency or when transition was not recommended by the resident reviewer.
- No Change in Level of Care confirms the current level of care is appropriate and the Class Member should remain in the IMD. There were no such cases identified during Phase II of the CCRP process.
- Change in Level of Care was recommended for Class Members who were identified to have had a decline in their ability to care for themselves. In most cases, the Class Member required 24 hour nursing services.

DMH continues to schedule weekly clinical case reviews. As previously stated, Community Mental Health Agencies are no longer able to classify Class Members as CAST without panel

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

approval. The hope is that this oversight will provide agencies with an opportunity to reconsider their transition determination.

Mortality Reviews

The University of Illinois at Chicago, College of Nursing continues to work under contract with DMH to conduct Mortality Reviews for Williams' Class Member decedents. The purpose of these ongoing reviews is the identification of patterns, themes, and behaviors surrounding Class Member deaths, which can be shared with Williams contracted community mental health agencies for their use when conducting assessments and planning for the service needs of Class Members who transition to community settings.

Cheryl Schrader, RN, PhD., FAAN Director of Policy & Practice Initiatives Institute for Health Care Innovation at UIC College of Nursing continues to head the Mortality Review process with DMH contracted agencies. Melissa Sautter, MS, APN, PMHNP-BC remains the DMH liaison and lead practitioner. The Mortality Review process includes a formal analysis of agency care and treatment plans, review of clinical, medical and hospital records and interviews with agency care team members and their Williams Quality Administrators (WQA's). UIC College of Nursing has received three decedent cases during this reporting period and are in the process of completing their final reports on these cases for submission to DMH. Upon receipt of the final reports a collaborative call will be scheduled between UIC, DMH and the respective CMHC's to review the final report and discuss its findings and recommendations.

UIC provided a Mortality Root Cause Analysis (RCA) Summary Report to closeout FY17. The purpose of the RCA is to present findings from the mortality reviews conducted for Williams Class Members. Data used to complete their report came from electronic data files of DMH, clinical documentation (i.e., assessments, care plans, hospital records, nursing facility records, etc.), case notes, emails, critical incident reports, Medicaid claims data, and autopsy reports when available. The Executive Summary of the 2017 Report contains identified gaps/weaknesses in care, CMHC case management strengths and recommendations for program quality improvement. The contents of the report in its entirety are found in the Williams Consent Decree Class Member Mortality Root Cause Analysis Summary Report Prepared by the University of Illinois at Chicago College of Nursing, Institute for Health Care Innovation, dated June, 2017.

Transition Coordination and Community Services

Currently 16 agencies are contracted to provide transition coordination and community mental health services to Williams Class Members.

Nine community mental health agencies contracted to provide the **“full array” of Williams services**:

1. Association House of Chicago
2. Community Counseling Centers of Chicago
3. Grand Prairie Services
4. Heritage Behavioral Health
5. Human Resource Development Institute
6. Human Service Center
7. Lake County Health Department
8. Thresholds
9. Trilogy

Seven agencies provide **“transition only”** services within the existing service taxonomy:

1. Association for Individual Development
2. Alexian Center
3. Cornerstone Services in Kankakee and Will Counties
4. Ecker Center
5. Kenneth Young Center
6. Presence Behavioral Health
7. Trinity Services

During this reporting period, DuPage County Health Department, requested non-renewal of their transition contract. As in the previous fiscal year, HHO (Heartland Health Outreach) requested not to renew their transition contract, and currently only provides services to previously transitioned Williams Class Members. HHO is currently working to assist their current Class Members with obtaining permanent forms of housing assistance such as the Chicago Housing Authority Choice Voucher program.

Service Area Issues

There are currently 26 Class Members remaining on the “service area issue list.” Class Members on this list have been approved for transition, but seek to transition to a geographical area where there is no contracted Williams provider agency. There will be no additional Class Members added to this list, as the current process is that Class Members are assigned to an agency within proximity to their IMD. The Class Member can then either elect to transition to that agency’s area of service or identify another location where there is a Williams provider.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

FY17 closed with a total of 380 transitions; 20 transitions short of the cumulative goal of 400 transitions. The transition data indicated that 4 of the 9 full array agencies met their transition target for FY17. For FY18, agencies will again be collectively responsible for 400 transitions. DMH has requested that each full array agency meet quarterly transition targets. Agency transition progress is tracked during the weekly calls with the Williams Quality Administrators. As of this report, 3 of the 9 full array agencies have met their 1st quarter targets for FY18. DMH is hopeful that setting quarterly targets will help agencies remain mindful of the work completed and highlight what is needed to remain on goal. The State continues to address transition concerns with the executive staff for each of the agencies that have not met the required quarterly benchmarks.

As of this report, Williams' teams have transitioned 98 Class Members, with 302 more transitions to accomplish before the end of the fiscal year. The State remains committed to ensuring transition goals are met.

Quality Management/Quality Monitoring

DMH currently employs nine Williams Quality Monitors, assigned to monitor the quality of care, quality of life, community integration and the quality of services, provided to Williams Class Members by designated CMHCs. Seven of nine Williams Quality Monitors are located in the Chicago Central Office. The remaining two Williams Quality Monitors are located in the Pekin Office, which services Class Members in Peoria, Decatur and surrounding areas.

Williams Quality Monitors are responsible for conducting home visits. As stated in previous reports, the initial Class Member home visit is conducted within 30 days of transition, with subsequent visits conducted at a minimum of 3 months, 6 months, 12 months and 18 months post-transition. In instances where the Williams Quality Monitor determines it is necessary, more frequent visits may be provided, and the visitation period extended beyond the 18 months. As stated in previous reports, the purpose of the home visit is to determine whether: 1) the comprehensive service plans accurately reflects the Class Members' needs and goals; 2) Class Members' living environments are safe and suitable for habitation; and 3) Class Members are adequately adapting to community reintegration.

For this reporting period, Williams Quality Monitors conducted 867 home visits. Completed home visit data indicates the following:

- 30 day home visits (175)
- 3 month home visits (209)
- 6 month home visits (167)
- 12 month home visits (153)
- 18 month home visits (133)
- Unscheduled Home Visits (30)

In addition to the home visits, Williams Quality Monitors also conducted 445 Quality of Life Surveys. Feedback from the survey serves as an indicator to determine the quality of care and services received by Class Members, their wellness, and their quality of life in the community. Completed survey data indicates the following surveys were conducted during this reporting period:

- 30 day surveys (149)
- 6 month surveys (118)
- 12 month surveys (96)
- 18 month surveys (82)

During this reporting period, DHS elected to conduct home visits for Class Members who were at least 36 months post transition, and no longer receiving scheduled home visits. The visits,

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

which were classified as “wellness visits” were conducted for the purpose of obtaining feedback from Class Members who have lived independently in the community for more than 36 months. DHS hoped to obtain useful information and feedback from these Class Members that would assist with efforts to sustain successful transitions and promote independence.

According to the transition data, there were 515 Class Members who were identified as having lived independently in the community for more than 36 months. For those 515 Class Members, the data for the “wellness visits” indicated the following:

Visit Status	Total
Completed	210
Pending	152*
Refused	20
Unable to Locate	133

*Not Scheduled

In May 2017, the Class Member Satisfaction Survey tool was implemented. The survey is composed of a total of 7 questions; five open-ended questions and two questions that require Class Members to give a rating on a performance scale and are conducted within 30 days of a home visit to the Class Member. Twenty percent of Class Members who have had a home visit within the past 30 days are randomly selected to participate in the survey and participation is optional. Surveys are conducted via telephone by the Williams Compliance Officer. The purpose of the satisfaction survey is to: 1) obtain Class Member feedback regarding the transition process; 2) assess the quality of care and the delivery of services provided by the agency; 3) determine Class Members’ level of satisfaction with the *Moving On* program; and 4) obtain feedback regarding the home visit. During the survey, Class Members are provided with an opportunity to rate the services provided by the community mental health agency and the *Moving On* Program. The Class Member Satisfaction Survey performance rating scale is represented as follows:

Rating Scale	Performance Rating
1	Poor
2	Needs Improvement
3	Average
4	Good
5	Excellent

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

During this reporting period, 126 Class Members were randomly selected to complete satisfaction surveys. Of the 126 Class Members, only 73 Class Members (58%) completed the surveys, while the remaining 53 Class Members (42%) were not available to complete a survey. Of the 73 completed surveys, two Class Members refused to give a performance rating. The performance rating for the remaining 71 surveys indicates the following:

Rating Scale	Agency Performance Rating
1	3
2	1
3	2
4	21
5	44
Unknown	2*

*No Rating Provided

Rating Scale	Program Performance Rating
1	0
2	0
3	1
4	14
5	56
Unknown	2*

*No Rating Provided

Reportable Incidents

From the period of April 1, 2017 through October 31, 2017, 242 reportable incidents were recorded by the DMH, as reported by the local community mental health providers. Below are the categories of incidents captured by community mental health providers and reported to Division of Mental Health.

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

Previously, all incident reports were tracked and reported by local community mental health agencies. The process has been modified, and incident reports are documented during the Class Members' initial eighteen months in the community. The unduplicated count of Class Members equaled 136 reportable incidents.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Of the 242 reports, the data indicated the incidents fell into the following categories:

Level I: 24 (9.9 %)
 Level II: 203 (83.9 %)
 Level III: 15 (6.2 %)

As previously note, 136 individual Class Members were responsible for the 242 incident reports during this period. The breakdown in number of incidents for each of these 136 Class Members is as follows:

Unduplicated # of Class Members	# of Incidents	Total Incidents	%
81	1	81	33.47
31	2	62	25.62
11	3	33	13.64
5	4	20	8.26
5	5	25	10.33
1	6	6	2.48
1	7	7	2.89
1	8	8	3.31
136		242	

Level 1 Reportable Incident

Three of the 24 Level 1 incidents were deaths. The remaining level I incidents include 12 assaults, 3 felony criminal activities and 4 missing persons. The circumstances of these Level 1 incidents that occurred this reporting period are as follows: three Class Members were arrested for alleged felonies; four Class Members were identified as missing by their assigned mental health provider and the police were notified; nine Class Members allegedly committed physical assault; and four were victims of alleged assaults. One Class Member attempted suicide; two Class Members were victims of suspected mistreatment- one (1) for abuse and the other for sexual abuse. Lastly, there were three Class Member deaths. Autopsy reports were requested from the Cook County Medical Examiner’s office and have yet to be submitted to DMH. All Level 1 incidents require a Root Cause Analysis for discussions with Division of Mental Health.

Level 2 Reportable Incidents

The highest number of Level 2 incident reports was for unexpected hospitalization, of which there were 167. The second highest was reports for 27 Class Members who returned to nursing home care. The remaining nine Level 2 reports were for behavioral incidents, fire, and allegations of exploitation.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Level 3 Reportable Incidents

Agencies reported 15 Level 3 incident reports. Six involved damage to property, two were motor vehicle accidents, and two Class Members alleged their funds were being misused/fraud. There were also three non-felony criminal charges, one eviction, and one missing person incident (not reported to police).

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Characteristics of Williams Class Members

This analysis provides an update to previous analyses performed to determine the characteristics of Williams Class Members receiving community-based treatment. As stated in previous reports, DMH contracted providers serving in the role of transition coordinators are contractually required to register/enroll Williams Class Members (WCMs) in the DMH Community Information System within 7 days of their initial contact with Class Members in the IMD in which the individual resides. They are also required to re-register these individuals to update key fields at six month intervals. As of October 28, 2017, 3,876 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 results of the analyses summarized below indicates that there were very few changes in the enrolled Class Member profiles as of December 2017, in comparison to June 2017. However, the clinical and descriptive characteristics appear to be fairly stable for this population.

Age Group	Count	%
18 - 20	5	0.1%
21 - 24	96	2.5%
25 - 44	1353	34.9%
45 - 64	2121	54.7%
65 and over	301	7.8%

Gender	Count	%
Female	1347	34.8%
Male	2529	65.2%

Ethnicity	Count	%
American Indian/Alaskan Native	14	0.4%
Asian	59	1.8%
Black/African American	1817	46.9%
More Than One Race Reported	12	0.3%
Native Hawaiian or Other Pacific Islander	6	0.2%
Race/Ethnicity Not Available	127	3.3%
White	1841	47.5%

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Hispanic Origin	Count	%
Central American	14	0.4%
Cuban	4	0.1%
Mexican/Mexican American	113	2.9%
Not of Hispanic Origin	3405	87.8%
Other Hispanic	89	2.3%
Puerto Rican	61	1.6%
Unknown, not Classified	190	4.9%

Marital Status	Count	%
Never Married	2843	73.3%
Married	98	2.5%
Widowed	76	2.0%
Divorced	471	12.2%
Separated	113	2.9%
Unknown, declines to specify	275	7.1%
Civil Union	0	0.0%

Highest Level of Education Completed

The data reported 27.5% of Class Members have a high school diploma and an additional 6.9% have a General Equivalency Degree (GED). 22.5% completed some high school (e.g., one, two or three years) with no diploma earned. 18.3% have completed some college, and 5.3% hold a Bachelor's Degree. A small percentage (1.1%) of Class Members have completed post-secondary training and 1.3% have completed post graduate training. Education level was not reported for approximately 16.4% of registered Class Members.

Residential Living Arrangement

A large number of individuals (28.3%) were reported as residing in private unsupervised settings (PSH), another 1.3% were reported as living in other unsupervised settings, 14.1% were reported as living in supervised settings and 45.6% were reported as residing in institutional settings. Data was not reported for 182 individuals (4.7%), and a small percentage of individuals were reported as residing in settings other than the ones reported above.

Military Status

5.0% of Class Members reported being a veteran, having formerly served in the military. Military status was listed as unknown for 9.6% of Class Members.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Primary Language

The primary language spoken by 98.0% of Class Members was English, while .5% reported as Spanish and another 0.6% reported as unknown.

Justice System Involvement

The majority (84.9%) of Class Members were reported as not having any involvement with the justice system (courts, jails, etc.). However, 1.4% had been arrested, 1.1% had been charged with a crime and 1.2% had been incarcerated or detained. An additional 1.1% of Class Members had a status at some point of being on parole or probation. 9.1% of Class Members' involvement in the justice system reported as unknown and 1.1% were reported "Other" at the time that the individual was registered/re-registered.

History of Mental Health Treatment

During the registration process, information is gathered regarding an individual's history of mental health treatment. 62.3% have a history of continuous treatment for mental health related problems. 75.0% have a history of continuous residential treatment, with 69.8% having a history of living in multiple residential settings. 87.8% of Class Members have a history of receiving outpatient mental health services for their illnesses. 93.6% of Class Members reported having received some previous mental health treatment.

Level of Care Utilization Scale Scores Based on Assessor Recommendation

27.3% of the Class Members included in this analysis were recommended by the assessor to receive high intensity community based services (level 3) based on the results of the LOCUS assessment. An additional 45.9% percent were recommended for Medically Monitored Services: 34.1% were recommended for Non-Residential while 8.6% were recommended for Residential services. 3.0% were recommended for a Medically Managed level of Residential Services. 5.7% percent were recommended for Low Intensity Community-Based Services, while 1.0% were recommended for Recovery Maintenance and Health Management. LOCUS scores were missing for approximately 20.0% of the cohort.

Diagnosis

There was a substantial change implemented effective October 1, 2015. Diagnosis reporting changed from ICD-9 to ICD-10 values as of that date. The results of ICD-9 values were reported for the period of July 1, 2015 to September 30, 2015. From October 1, 2015 through the date of this report (April 30, 2017), all new diagnosis values were required to be ICD-10. The most frequent counts are broken out in the tables below.

- *ICD-9 Frequencies:*
 - 74.6% of Class Members had a primary diagnosis of schizophrenia and other psychotic disorders
 - 23.8% were diagnosed with bipolar and mood disorders.
 - The remainder of diagnosis values fell under the following categories: Adjustment Disorders, Anxiety and Stress Disorders and Other Mental Disorders.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

- *ICD-10 Frequencies:*
 - 67.6% of Class Members had a primary diagnosis of schizophrenia and other psychotic disorders
 - 30.5% were diagnosed with bipolar and mood disorders.
 - The remainder of diagnosis values fell under the following categories: Anxiety and Stress Disorders, Disorders of childhood or adolescence and Other Mental Disorders.

Functional Impairment

The Global Assessment of Functioning (GAF) Scale is used to determine functional impairment of an individual in the psychological, social and occupational spheres of their lives. The scale ranges from 0 to 100 with 0 representing lowest level of functioning or the highest level of impairment. Class Members GAF scores ranged from 0 to 99, with an average of 42.6 which represents, "...Serious symptoms or any serious impairment in social, occupational, or school functioning."

Other Areas of Functional Impairment

DMH providers are asked to rate an individual's serious functional impairment in 7 areas as part of the registration/enrollment process: Social/Group Functioning, Employment, Community Living, Financial, Supportive/Social, Daily Living Activities and Inappropriate Dangerous Behavior. 73.7% of Class Members were identified as having a serious functional impairment in the employment area, 68.3% in the financial area, 71.0% in Social/Group functioning and 64.6% in Community Living area. 60.7% had a serious functional impairment in the supportive/social area, 49.6% in activities of daily living and 38.3% had a serious impairment in relation to inappropriate or dangerous behavior. It was also reported that 75.1% of the Class Members had a previous functional impairment.

Comparison to Previous Analysis for October 2015 Cohort

The prior analysis of descriptive demographic and clinical data for Williams Class Members registered in the DMH Community Information System was performed in June 2017 for Class Members. 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 variance in the five to eight percent range.

Community Tenure

An important indicator of the success in Class Members' transition from the institutional setting of an IMD to a community setting or their own home, continues to be the length of time the Class Members continues to reside in the community, post IMD discharge ("Community Tenure"). The table below displays the Community Tenure of Class Members still residing in permanent supported housing or other residential settings, post IMD discharge. Note that the data excludes Class Members who returned to IMDs who did not return to the community, and Class Members who are deceased. While this table does not provide a conclusive picture of

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

the extent to which Class Members will remain in the community following community transition because new Class Members are continually transitioning from IMDs, it does provide descriptive point in time information regarding the number of days that Class Members are living in community residential settings post IMD discharge. The data displayed in the following table shows that over 60% of Class Members have lived in the community for more than 691 days post IMD discharge. Approximately another 17.3% have resided in the community between 361 and 690 days.

Williams Class Members¹
Number of Days Residing in the Community as of October 30, 2017

Days of Community Tenure	N	Percentage
0 - 30	23	1.68
31-60	19	1.39
61-90	20	1.46
91-120	26	1.90
121-150	39	2.85
151-180	26	1.90
181-210	29	2.12
211-240	24	1.75
241-270	29	2.12
271-300	28	2.04
301-330	19	1.39
331-360	19	1.39
361-390	20	1.46
391-420	24	1.75
421-450	21	1.53
451-480	13	0.95
481-510	31	2.26
511-540	26	1.90
541-570	16	1.17
571-600	26	1.90
601-630	24	1.75
631-660	21	1.53
661-690	15	1.09
>690	832	60.73
Total	1370	

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

Williams Class Member Quality of Life Survey Report

DMH considers the evaluation of care provided directly to Class Members to be of paramount importance in evaluating the services received by these individuals. Quality of Life surveys, which are administered to Class Members prior to discharge from the IMDs and at 6 month intervals post discharge (up to 18 months), are used to gather this information. Quality of Life surveys used to evaluate the Consent Decree are comprised of two separate surveys: the Lehmann Brief Quality of Life Survey and the Mental Health Statistics Improvement Program (MHSIP) Adult Evaluation of Care Survey. This report will focus on the results of the latter survey.

Evaluation of Care Results

The evaluation of care survey has seven domains: access to care, quality and appropriateness of treatment, treatment outcome, participation in treatment planning, satisfaction with services, improvement in functioning and social connectedness with others. Prior reports have noted positive change across time on nearly every one of these domains. The findings this time are much the same.

Table 1 displays the percentage of Class Members' positive responses for each evaluation domain across time: 30 days prior to transition from the IMD and at 6 months, 12 months and 18 months post transition to the community. The results are presented for all individuals completing the evaluation surveys regardless of whether they completed surveys at each point in time. Class Members evaluation of their satisfaction with treatment evidenced the most change across time, followed by quality of treatment, evaluation of access to care, and social connectedness. Small positive changes were noted in the Class Members' evaluation of their functioning, and participation in their treatment plan development. Satisfaction with Treatment Outcome remains nearly the same across time.

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

	Pre-Transition	6 Months	12 Months	18 Months
Evaluation Domain				
Access	75.9	89.9	90.6	90.7
Quality	78.1	91.6	92.7	92.3
Outcome	90.4	91.8	89.9	90.7
Satisfaction	66.1	88.7	89.6	89.7
Social Connectedness	89.6	90.9	90.9	89.3
Functioning	91.6	93.6	92.7	93.1
Treatment Plan participation	79.5	89.6	89.9	88.8

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

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

Table 2
Percentage of Positive Class Member Responses by Evaluation Domain
Across Time Ratings Made by the Same Cohort Pre-IMD Transition and
Post IMO
Transition at 6 Months
(n=366)

	Pre- Transition	6 Months
Evaluation Domain		
Access	79.0	91.8
Quality	80.3	93.2
Outcome	91.5	92.6
Satisfaction	68.3	90.7
Social Connectedness	92.1	91.8
Functioning	92.1	95.1
Treatment Plan participation	81.1	92.3

This "matched" survey cohort exhibits a very similar pattern as that noted above. The most positive change was noted on the following evaluation domains: satisfaction, access to care and quality of care, followed by participation in treatment planning and functioning. The domain areas such as outcome and social connectedness remain almost the same across time.

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

Table 3
Percentage of Positive Class Member Responses by Evaluation Domain
Across Time Ratings Made by the Same Cohort Pre-IMD Transition and
Post IMD
Transition at 12 Months (n=274)

	Pre- Transition	12 Months
Evaluation Domain		
Access	77.4	93.4
Quality	79.9	96.0
Outcome	92.0	93.4
Satisfaction	65.0	92.7
Social Connectedness	91.6	92.3
Functioning	94.5	94.2
Treatment Plan participation	79.2	92.7

This "matched" survey cohort exhibits a very similar pattern as that noted above. Again, the most positive change was noted on the following evaluation domains: satisfaction, access to care, quality of care and participation in treatment planning. A small degree of positive change was noted for social connectedness while functioning remains almost the same across time.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Table 4 displays results for the fourth and final comparison: the percentage of positive responses across time for individuals completing the survey at the initial pre-transition point in time and at 18 months post-transition.

Table 4
Percentage of Positive Class Member Responses By Evaluation Domain
Across Time Ratings Made by the Same Cohort Pre-IMD Transition and
Post IMD
Transition at 18 Months (n=212)

	Pre-Transition	18 Months
Evaluation Domain		
Access	74.5	89.6
Quality	78.8	90.6
Outcome	92.5	89.2
Satisfaction	66.5	88.2
Social Connectedness	90.6	88.7
Functioning	94.3	92.2
Treatment Plan participation	79.2	90.1

Again, this "matched" survey cohort exhibits a very similar pattern as those described above: The most positive change was noted on the following evaluation domains: satisfaction, access to care, quality of care and in the area of participation in treatment planning. A small decrease in positive responses were also noted in the domains such as social connectedness and outcome.

Summary

In summary, generally regardless of point in time post transition or whether the same individuals completed survey at different points in time post transition, Class Members reported satisfaction with treatment, access to treatment, quality of treatment and their ability to participate in their own treatment planning more positively post IMD transition. Class Members generally evaluated treatment outcomes and functioning positively, showing less change across time however. Social Connectedness showed the least amount of change across time, and at times a minor decrease in positive responses. The next 6-Month Report will provide a summary of Lehmann Quality of Life survey responses across time.

Housing/Residential Options

Section 811 and the Statewide Referral Network

The Statewide Housing Coordinator (SHC) continues to provide group and individual trainings on using the online housing locator and waiting list tool to people who are connected to eligible households. Meetings with Williams transition coordinators, housing locators and case managers stress the importance of using federally funded Section 811 PRA and Statewide Referral Network (SRN) resources to increase the number of Class Members who can move to the community by accessing affordable housing resources. A PAIR Administrator helps the Statewide Housing Coordinator make 811 and SRN matches and interpret PAIR module data.

Statewide Referral Network

IHDA and DHS partner to create quality, affordable supportive housing units for persons with a disability OR experiencing homelessness OR at risk of homelessness and who require access to supportive services in order to maintain housing. The Statewide Referral Network (SRN) links eligible vulnerable populations, who are already connected to services, to affordable, available housing. SRN units are financed to be affordable for persons with extremely low incomes. They are pledged in Low Income Housing Tax Credit (LIHTC) applications to IHDA (the state housing finance agency) and if awarded funding, developers sign an agreement to comply with the SRN program's terms. Once the SRN units are listed in the online housing waiting list or PAIR module, the PAIR Administrator works to match Williams Class Members (and others eligible for SRN units) to potential units that fit their requirements for location and unit features. As of November 13, 2017, five Williams Class Members have moved into SRN units, 92 are on the SRN waiting list and 6 have open offers for SRN units.

The 2017 LIHTC awards totaled 1,442 units within 20 developments. There will be 244 SRN units created within these developments. IHDA has created the Qualified Allocation Plan (QAP) development (guidance and incentives) for the next few LIHTC application rounds (beginning in 2018). IHDA worked with Sister State Agencies to ensure that supportive housing development is incented in communities and ways that are beneficial to Williams Class Members and other vulnerable populations within the QAP.

Section 811 Units

IHDA, through Social Serve (contracted web-based housing locator), continues to send Section 811 monthly periodic poll emails in addition to the SRN monthly periodic poll to 811 and SRN properties, to capture Section 811 unit availability information as Section 811 units are added to the portfolio. The Statewide Housing Coordinator continues to work with Social Serve on issues that arise within the Pre-Screening, Assessment, Intake and Referral (PAIR) online waiting list module to improve performance and matching. The FY2018 contract included the development of enhanced accessibility matching features within the 811 and SRN waiting lists in order to better connect persons needing such features to housing opportunities within units that have those features. A Request For Proposal (RFP) for FY 2019 has been released for the online housing locator/waiting lists.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

IHDA continues to sign Rental Assistance Contracts (RACs) with new projects that are beginning to come online, to secure Section 811 units in new developments. In accordance with an Outreach Plan, IHDA is aggressively seeking opportunities to place Section 811 on properties that are within the Communities of Preference for Williams Class Members and other eligible 811 populations. When a project is 65% construction complete, the PAIR Administrator begins looking for referrals for the property.

As of October 2017, 148 units have been Board approved. Referrals continue to be made for persons on the PAIR module Section 811 waiting list. Anyone who is eligible for Section 811 is also eligible for the Statewide Referral Network waiting list. As of November 13, 2017, the Section 811 Waiting List includes 87 Williams Class Members; six Williams Class Members have been housed in Section 811 units and four Williams Class Members are currently referred to Section 811 properties.

Public Housing Authorities

As of November 6, 2017, 190 Williams Class Members have converted from a Bridge Subsidy to a CHA Housing Choice Voucher. Processing of the Third Round of applications continues.

The Housing Authority of Cook County (HACC) has converted 33 Williams and Colbert Class Members from Bridge Subsidy to HACC Housing Choice Vouchers. HACC currently is in a HUD projected shortfall situation and are therefore unable to issue any more Housing Choice Vouchers (HCV). IDHS and IHDA will continue to work with HACC to access their pledged Section 811 matching resources.

Fifty-four Williams Class Members currently residing in Lake County have converted to Lake County Housing Authority Housing Choice Vouchers. We will continue to send pre-applications from Williams Class Members in batches for processing by the LCHA. Williams Class Members who currently reside in Waukegan and North Chicago will be able to continue to live in their homes. LCHA has created interagency agreements with the Waukegan Housing Authority and the North Chicago Housing Authority so that they can administer Housing Choice Vouchers within their jurisdictions. Class Members who reside in Waukegan and North Chicago will request a reasonable accommodation in order to access the LCHA – administered HCV within Waukegan and North Chicago.

The Decatur Housing Authority (DHA) has provided four Williams Class Members with federally-funded Housing Choice Vouchers (HCV). One Williams Class Member is in process to be issued a DHA HCV.

Illinois Rental Housing Support Program (RHSP), Long Term Operating Support (LTOS) Program, and Other IHDA Resources

The Illinois Rental Housing Support Program is a State-funded rental assistance program developed with annual appropriation of approximately \$25-30 million. The funding comes from

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

a \$10 real estate document recording fee collected at the county level, \$1 of which stays with the county and the balance is deposited into a RHSP fund. The RHSP is designed to provide long term assistance for permanent housing. Resources are allocated statewide based on a formula, with the Chicago administered program receiving 43% of resources. The Illinois Housing Development Authority (IHDA) administers the program for the balance of the State. IHDA then allocates rental assistance funding to local administering agencies across the State, which manage their own waiting lists.

On a per year basis, a minimum of 10% of the funding under RHSP is available as the Long Term Operating Support (LTOS) Program to provide up to fifteen years of long-term, project based, rent subsidy to newly available affordable units, in order to increase the supply of affordable housing to households earning at or below 30% of Area Median Income (AMI). RHSP (including LTOS projects) currently funds 1,175 units with rental assistance subsidy. IHDA is currently accepting applications on a rolling basis for the LTOS Program in FY 2018. Any project that is awarded LTOS during this application period is required to fill the units through the Statewide Referral Network, providing additional affordable units that can be accessed by Williams Class Members. The Statewide Referral Network preferences any Williams Class Member to the top of the SRN waiting list when units are available where Williams Class Members wish to live.

IHDA received 12 applications under their Permanent Supportive Housing (PSH) development round in the Spring of 2017. Due to the strength of these applications, IHDA added National Housing Trust Fund money to increase the pot of money available for these applications in order to fund more projects. Eight PSH projects were awarded funding by the IHDA Board.

An “At Risk of Placement in Long Term Care” preference has been added within the SRN waiting list and the Section 811 Interagency Panel has requested to HUD that persons at risk of placement in long term care become an eligible Section 811 population. IHDA currently has an open Rental Housing Support Program Special Demonstration Program Local Administering Agencies request for proposal that is designed to reduce the State’s reliance on institutional care for extremely low-income persons with disabilities. The RHSP Special Demonstration Program seeks proposals from qualified social service providers to create a pool of housing that can divert persons with disabilities from being institutionalized. This housing is intended for extremely low-income individuals with disabilities who are being released from hospitals and are able to receive services outside of nursing home type settings and whose physical and psycho-social needs can be successfully served in the community.

Corporation for Supportive Housing

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

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Housing Policy & Cross-Systems Partnerships

- CSH and Statewide Housing Collaborative Efforts

CSH and the Statewide Housing and Employment First Coordinator, Lore Baker, meet regularly for updates and planning on collaborative efforts including training, policy, and supportive housing resources.

CSH led the H2 Housing Tenancy Supports Workgroup. This group brought together mental and behavioral health providers, supportive housing providers, and policy leads to draft recommendations to the State regarding Housing Tenancy Supports, should the 1115 Waiver be approved. Over several meetings recommendations were completed. CSH led the staffing of this group, and subcontracted with Impact Solutions, Inc. for additional support in analyzing costs and specifically looking at costs of tenancy supports as provided by current 132 providers.

- Illinois Housing Development Authority Affordable Housing Task Force

CSH attends the Illinois Housing Development Authority Task Force and represents the needs of the supportive housing community – developers, providers, and state agencies to create coordination and best practices. CSH was a key stakeholder in the development of the Supportive Housing Working Group report released in February 2017 that outlines a comprehensive need for supportive housing across populations and outlines strategies to meet the need over a five-year period. CSH is the lead for the following Supportive Housing Working Group tasks: forming a housing roundtable, developing a permanent supportive housing services working group, encourage incentives to preserve Low Income Housing Tax Credit units with rehab, pursue Pay for Success or Social Impact Bonds, and partnership with public housing authorities to increase supportive housing stock in Illinois.

- Public Housing Authority Outreach

CSH continues to assist with the transition of Williams Class Members from Bridge to Housing Choice Vouchers including maintaining logs for the provider agencies, DMH, and Catholic Charities regarding relevant status and processing information. CSH is a liaison between the provider agencies and CHA on situations as they arise and serves as an advocate for direct service staff. CSH provides weekly updates and facilitates weekly calls with all Williams' providers and DMH staff to provide relevant updates, reports, and changes to policies and processes. CSH also provides similar status updates to Williams Transition Agencies regarding Housing Choice Vouchers coming from the Housing Authority of Cook County. CSH partners in engagements with Lake County Housing Authority and others at the request of the Statewide Housing Coordinator.

Trainings & Presentations

- CSH delivers trainings for Williams Consent Decree Providers and Housing Locators.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

- CSH facilitated a one day workshop on June 23rd, 2017 on creating an Eviction Prevention Policy. The session included an overview of eviction prevention along with best practices and resources for each organization to use in developing their own eviction prevention policy.
- CSH provided webinar training to Williams provider agency staff with information concerning their work with Williams Class Members. The training, entitled Practicing Eviction Prevention with Public Housing Authorities, focused on supporting Class Members once they are converted to a Housing Choice Voucher with a Public Housing Authority, particularly the Chicago Housing Authority (CHA). In response to feedback, this webinar was recorded and made available so staff can watch at the time most convenient to them. William's provider agency staff were requested to listen to the pre-recorded webinar, and then sign-up for the second part of the series to be held live and in collaboration with the Statewide Housing Coordinator and Public Housing Authority.
- A new series of online trainings became available through the CSH Training Center. The new training product is on the basics of Integrated Supportive Housing. This is a four-part multi-media lecture on development, service coordination, property management, financing, and Supportive Housing 201.

Implementation of Bridge Subsidy Program

- DMH Bridge Online Data System
CSH manages, completes data entry, and administers an online data tracking system for transition agencies and subsidy administrators to enter housing placement and subsidy payment tracking for individuals receiving bridge subsidies. CSH participated in conference calls with the Collaborative, Regional Housing Support Facilitator and Housing Coordinators. CSH completed data reconciliation to have accurate records, and provided training to all users on new processes. CSH held a webinar training for the Online Bridge Database Users on November 13th, 2017. This training was for new users as well as those needing a refresher in utilizing the housing report platform. CSH is in process of planning additional database features that will improve reporting capabilities.

Increasing Housing Availability

- CSH participates in regular Housing Locator Conference Calls. CSH shares information on available housing units, presents on properties available, and schedules property viewing opportunities as they arise with Housing Locators. The calls review landlord outreach strategies and actively problem solve in real-time.
- CSH continues to engage key stakeholders including developers, property managers, elected officials, and service providers in efforts to preserve and create new affordable and supportive housing units that would be available to Williams Class Members.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

- CSH conducted agency outreach for the Illinois Housing Development Authority LAA Special Demonstration program Applications due in December 2017.
- CSH conducted property management and landlord outreach activities including attending CHA landlord and property manager events. CSH also conducted targeted outreach based on high demand community areas and possible master leasing opportunities.

Consumer Satisfaction with Housing and Improving Housing Assessment Process

- Consumer Satisfaction Survey
 - The 2017 Williams Class Member Housing and Services Survey was released June 28th, 2017. Survey response rates were lower and took longer than in previous years, with final surveys being submitted at the end of September 2017. Over 750 surveys were submitted. The draft Consumer Satisfaction Survey was completed during the reporting period. Final 2017 report highlights will be summarized in the next Semi-Annual Report.
- Consumer Focus Group Forums
 - Williams consumer focus groups were held in July 2017. Focus groups will provide more in-depth feedback on areas of interest in the Satisfaction Survey. The Forums reflected the geographic diversity and distribution of Class Members' residences. An initial report was submitted to DMH by September 15th. The Final version of the report of the Housing Focus Forums was approved on September 26th, 2017. Report highlights include:
 - i. Across all sessions, every Class Member reported their life was immensely improved by living in their own apartment. Every single person who attended talked about the importance of having greater independence. Class members reported they love their support teams, the staff at the drop-in center, and their residential caseworkers and teams. Many said there was no way they could have made it in the community without their support. They only expressed a wish for more teams like this to support other people who could leave nursing homes in the future.
 - ii. Some expressed worries about state budget issues impacting the supports they receive in the community.
 - iii. While there were some individuals who were concerned about their neighborhood, they loved their apartment and their furniture. Some wished they had a slightly larger budget. All were now aware that they

had to switch subsidies although some did not know this at first. They also were aware that they had to save for new furniture when this furniture gets old. Almost all individuals were also able to identify a vocational staff and how to increase their work or volunteer work if they chose too.

- iv. The Ambassador Program was frequently mentioned as an important influence on people afraid to leave the nursing homes. These are informal paid part-time positions that are filled by peers who have moved out into the community. Individuals cited seeing successes by their friends as particularly motivating to people.

Williams Housing Interface

There are many important factors and resources that continue to be necessary to successfully transition Class Members from the IMD, into open market permanent supportive housing rental units in the communities; or alternative housing for those with more complicated medical, physical or mental health issues. Some of these important factors consist of having all the proper resources, process and collaboration available between DMH, Service Providers, Subsidy Administrators, Landlords and the Williams Class Members. One of these important resources includes the availability of housing. Subsequently, maintaining good relationships with landlords to retain these housing resources is necessary and may require “Eviction Prevention” strategies for Class Members challenged with maintaining a good neighbor and good tenant status.

PSH Housing Resources

DMH uses an array of resources to obtain housing availability, which is shared with our contracted service provider housing representatives, also referred to as housing locators (HL). Some of the most current resources used are: ILHousingSearch.org, multiple listings provided by various large commercial real estate agencies like WPD management, Pangea LLC and other smaller scale property owners. Spreadsheets are submitted monthly by our Cook and Lake County subsidy administrator Catholic Charities for the status of available project-based and scattered site units. DMH currently has an inventory of 67 project-based units via Master Lease HAP contracts executed with 11 real estate entities or landlords. DMH continues to collaborate with current real estate entities for possible housing inventory expansion request while working perpetually with our contract Housing Locators for possible landlord expansion as well. Our most recent Project-based expansion includes; Access Housing I, with PSH scattered units located in various locations throughout the Logan Square area in Chicago. DMH secured 12 units as Project Based/Master Leasing contracts.

DMH continues to host housing locator (HL) conference calls twice a month. The HL calls cover landlord outreach strategies and discuss housing and landlord expansion opportunities and challenges. DMH contracted vendor, Corporation for Supportive Housing (CSH), also assist or provide training in HL calls. They also provide additional information on building the Class

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Members “portfolio” to assist in competing for available units, such as: Letter of recommendation from the agency; Letter of explanation about the program or supportive housing; Letter of support for a landlord that HL currently have a relationship or future landlords with and informational resources for HL to provide to landlords and for supportive housing tenants. CSH also offer support to housing locator staff on addressing potential discrimination practices against Williams Class Members or to request for reasonable accommodation.

Supervised Residential Expansion

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

One such opportunity involves the collaboration of Habilitative Systems (HSI), which operates an 8 bed residential facility located in Chicago, now serves 5 Class Members who came directly from the IMD, for first half of FY 2018. There have been a total of 17 Williams Class Members that have transitioned directly to supervised residential group homes throughout the State of Illinois. There have been a cumulative total of 136 Class Members who stepped down through the Supervised Residential setting, including two during this reporting period. Two non-Class Members residing in Supervised Residential housing via a Bridge Program Subsidy, moved into the community which opened a bed in that setting for a Williams Class Member in need of that level of care. There have been a total of 38 individuals who received subsidies funded by the Williams program in FY 2016, FY 2017 and a limited number in FY 2018.

Eviction Prevention Strategy

DMH practices eviction prevention to help sustain positive relationships with landlords and to prevent Class Members from being evicted from their perspective units for a variety of reasons. Most of the issues involve tenant provision violations, including Class Members or guests causing disturbances and/or problems that interfere with the peace of neighbors or other housing related issues. DMH’s eviction prevention efforts involve a staffing teleconference call with the Class Member, mental health agency, subsidy administrator, and DMH (Housing Coordinator and other DMH staff) to attempt to mitigate such issues.

In the first half of FY 2018, DMH statewide housing coordinator has scheduled 34 total staff teleconference calls with mental health agencies, subsidy administrators, other DMH staff, and Class Members. These calls involved 32 Class Members (some of whom had multiple calls), of which seven have voluntarily moved to another unit to avoid eviction, four have returned to IMD temporarily for short term rehab, two are pending termination of bridge subsidy due to unwillingness to engage in monthly wellness checks and allow for annual recertification, two

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

have a pending warning letter due to unwillingness to engage with their perspective agencies along with other issues and 17 others are either searching for new housing without eviction (either seeking a new location upon expiration of their lease or having been given the option to relocate without eviction).

Lastly, there continue to be different types of challenges in the community that hinder the potential for higher rates of success from a non-medical perspective. Some of these challenges include non-Class Members attempting to either sell drugs from a Class Member's unit and/or moving into unit, taking advantage of the vulnerable Class Member population. Others challenges include Class Members making poor decisions due to loneliness or self-isolation from society and even the Class Member's care managers themselves. Care managers continue to explore best practice preventive strategies to help Class Members address potential issues and make more sound and safe decisions which will, in turn, result in higher housing retention rates.

Individual Placement & Supports

The evidence-based practice of IPS Supported Employment has been on the forefront as a service/resource to assure full and productive recovery for individuals diagnosed with SMI. The following IPS data was taken from the last IPS Supported Employment Consent Decree Counts Report dated 11-8-2017. There have been 407 *Williams* Class Members enrolled in IPS since July 1, 2012. A cumulative total of 140 Class Members, or 34% of the *Williams* Class Members who received IPS Supported Employment, have worked. There are currently 143 *Williams* Class Members enrolled in IPS Supported Employment and 54 (38%) of them are currently working.

The table below reflects the number of days of job tenure for the 57 Class Members who worked in mainstream competitive work experiences in Fiscal Year 2018 (4 of the Class Members held 2 jobs). The Job Titles for the Class Members that worked over 180 days are shown in the second table below. (Note: The IPS data system only tracks persons while they are receiving IPS-Specific services and supports. Once an individual transitions off the IPS caseload successfully and is stably employed, their working activities are no longer tracked in the IPS data system. This job tenure data reflects the number of days worked while on the active IPS caseload.)

	Job Tenure				
	1 to 90 days	91 to 120 days	121 to 150 days	151 to 180 days	Over 180 days
# of Class Members	7	3	4	4	43

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Over 180 Days	Job Titles	
	Assistant / Floater	1
	Associate	2
	Bagger	1
	Bell Ringer	1
	Cart Pusher	1
	Cashier	3
	Cheese Specialist	1
	Concessions	1
	Courtesy Clerk	3
	Crew Member	2
	CRSS/Assist Mgr.	1
	Day Laborer	2
	Dishwasher	2
	Food Prep	1
	Food Runner	1
	Food Service Worker	1
	Fry Cook	1
	General	1
	Housekeeper	1
	Industrial Cleaner	1
	Janitor	1
	LPN Home Health Aide	1
	Package Handler	1
	Production	1
	Real Estate Broker	1
	Receiving Clerk	1
	Relief Doorman	1
	Sales Associate	2
	Service Clerk	1
	Unknown	1
	Usher	1
	Utility Clerk	2
	Williams Ambassador	2
	Total Job Titles	43

It is a normal part of the IPS Supported Employment model for individuals to lose jobs in the process. One core principle is that job loss is a learning event and not a reason to discontinue program engagement. When there is job loss, the individual and the employment specialist work together to determine what worked well and what did not. This collaboration is incorporated into lessons learned and in developing a correction plan. Individuals who have experienced job loss are immediately supported in finding other employment.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

In FY15, DMH developed an action plan to increase the engagement of *Williams* and *Colbert Class* Members on employment. This plan included a list of strategies for hiring a project manager/employment trainer, developing an employment education and outreach campaign, providing broad based and targeted IPS training and technical assistance, building drop-in-center skill and capacity to engage Class Members around employment, and building ACT Team capacity to provide IPS and evidence-informed employment practices. Process and outcome monitoring systems are currently evaluating the effectiveness of the plan.

The project manager/employment trainer has been very active in implementing the employment action plan strategies. These activities include:

- Met with Drop-In Center Coordinators and their staff at all 18 Drop-In Centers to continue to advocate to “Keep Employment Always Present” at the Drop-In Centers and increase referrals to the IPS Supported Employment Program or other employment program so that the *Williams* Class Members will be hopeful for employment in their future and a full life.
- Continued to encourage the 18 *Williams* and *Colbert* Drop-In Center Coordinators to have monthly “Work Recovery Stories” in the Drop-In Centers by individuals with the lived experience of having a mental illness who are working.
- Continued to host monthly *Williams* Employment Learning Collaborative Conference Calls with the Drop-In Center Coordinators. The topic of the August call focused on “Helping People Find Jobs In Spite of Justice Involvement.” This Statewide *Williams* Employment Learning Collaborative Conference Call was held on August 25th 2017 from 9am to 10am.
- Continued to encourage leadership at the Community Mental Health Centers that offer IPS Supported Employment Services to have their ACT Teams Vocational Specialists follow all of the principles of IPS Supported Employment, except for job development in the community.
- Five *Williams* Drop-In Centers continue to hold 8-week Nutrition and Exercise for Wellness and Recovery (NEW-R) Groups as a result of the NEW-R Training that the *Williams* IPS Trainer co-facilitated earlier this year. NEW-R Groups support the IPS Supported Employment Action Plan in that being intentional about nutrition and exercise can help to prepare *Williams* Class Members to get back into the workforce and maintain their employment.
- Continued to promote the Certified Recovery Support Specialist with an Employment Endorsement -- CRSS-E credential to Community Mental Health Center Staff. The first groups that are being targeted for the CRSS-E credential are the Drop-In Center Coordinators. One Drop-In Center Coordinator has received her CRSS-E credential.

In this reporting period, Survey Monkey continues to gather Employment Engagement Data on a weekly basis for *Williams* Class Members that attend the Drop-In Centers. There has been an increase in Employment Engagement Activities as well as referrals to IPS Supported Employment or other employment programs since the last reporting period.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

The data collection showed that approximately 514 Employment Engagement Activities are taking place per month, resulting in an average of 119 Employment Engagement Activities per week and occurring across the 18 Drop-In Centers.

1115 Waiver

The State continues to engage in discussion and dialogue with federal agency partners about the proposed 1115 Waiver and related Medicaid State Plan Amendments, which form the infrastructure for Illinois' Behavioral Health Transformation.

Managed Care

Healthcare and Family Services (HFS) launched a major reboot of its Medicaid Managed Care program in 2017. Beginning January 1, 2018, seven Medicaid Managed Care plans will operate in the state, with five of the seven operating statewide, and two plans dedicated specifically to Cook County. Plans were selected through a competitive statewide bidding process and will be charged with managing whole-person care, emphasizing prevention and managing chronic illness. It is anticipated that approximately 80% of the State's Medicaid population will be enrolled in managed care.

SMHRF/nursing facility IMD census declined slightly in the first nine months of 2017. As the data indicates, there was a decline in the census from 3,708 on January 1, 2017 to 3,601 on September 1, 2017. This represents a decline of 2.8%.

Strategies for Offering Choice and Community Alternatives to Long Term Care/Front Door

Feasibility Study

As stated in the previous report, the Court Monitor requested that the State explore the potential benefits and limitations of transferring fiscal oversight responsibly of the 24 NF-IMD/SMHRFs from HFS to the DHS. To meet this request, the State procured the services of a consultancy firm with the required expertise and knowledge necessary to complete a full and comprehensive feasibility study, with a particular focus on the fiscal and budgetary management and oversight responsibilities that would need to transfer between the agencies. A leading consideration for the study was to understand whether moving fiscal oversight from HFS to DHS, would accelerate/finalize compliance to the Williams Decree, while answering whether or not it is feasible for DHS to assume NF-IMD/SMHRFs management and oversight responsibilities. The study will explore operational challenges, should the transfer of oversight take place and map out what financial responsibilities HFS currently has that are able to be transferred, if any. In order to complete the study, important consideration will need to be given to the different state and federally funded grants, as well as relevant statutes, legislation and any other existing mandates. As of this report, the Feasibility Study is not complete, as the State has not received the final report.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

Specialized Mental Health Rehabilitation Facilities

As of November 1, 2017, the Department of Public Health (DPH) has received 24 applications for provisional licenses to provide Recovery and Rehabilitation services. Applications for two facilities (Bourbonnais Terrace & Kankakee Terrace) are currently being held for review until the required service fee is received from the facilities. In addition, one facility, Columbus Manor, is currently working on their curriculum for staff training to submit to DHS/DMH for approval and implementation.

The provisional licenses issued are as follows, all of whom provided an attestation statement by an authorized facility representative that all required training will be completed by each individual facility, and DHS/DPH has reviewed/approved each training program:

- DPH issued a Provisional License to Decatur Manor Healthcare on 4/21/17.
- DPH issued a Provisional License to Sharon Health Care Woods on 4/26/17.
- DPH issued a Provisional License to Albany Care on 6/13/17.
- DPH issued a Provisional License to Thornton Heights Terrace on 6/13/17.
- DPH issued a Provisional License to Central Plaza on 7/5/17.
- DPH issued a Provisional License to Rainbow Beach Care on 7/5/17.
- DPH issued a Provisional License to Greenwood Care on 7/6/17.
- DPH issued a Provisional License to Bryn Mawr Care on 7/6/17.
- DPH issued a Provisional License to MADO Healthcare-Buena Park on 8/4/17.
- DPH issued a Provisional License to Monroe Pavilion Health on 8/4/17.
- DPH issued a Provisional License to MADO Healthcare-Old Town on 9/12/17.
- DPH issued a Provisional License to Wilson Care on 9/12/17.
- DPH issued a Provisional License to Belmont Nursing Home on 10/13/17.
- DPH issued a Provisional License to Clayton Residential on 10/13/17.
- DPH issued a Provisional License to Lake Park Center on 10/13/17.
- DPH issued a Provisional License to Abbott House on 10/20/17.
- DPH issued a Provisional License to Bayside Terrace on 10/20/17.
- DPH issued a Provisional License to Skokie Meadows on 10/20/17.
- DPH issued a Provisional License to Grasmere Place on 10/24/17.
- DPH issued a Provisional License to Lydia Healthcare on 10/24/17.
- DPH issued a Provisional License to Sacred Heart Home on 10/24/17.

DPH has completed working with DMH to ensure compliance with Part 380, Section 130 d) [Staff Qualifications and Training Requirements]: “The curriculum for staff training will be developed or approved by DHS/DMH and will include, but not limited to, understanding symptoms of mental

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

illnesses; principles of evidence based practices and emerging best practices, including trauma informed care, illness management and recovery, wellness recovery action plans, crisis prevention intervention training, consumer rights, and recognizing, preventing, and mandatory reporting of abuse and neglect. Training shall also include relevant health and safety matter". DMH has retrieved all materials gathered from the University of Illinois, School of Social Work (under a previous training contract) to review and approve the training topics and proposed curricula.

DPH has also 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]. DPH has completed physical plant (Life Safety Code) and health inspections to determine provider compliance for issuance of the initial Provisional Licenses. Finally, DPH is currently working on a Reportable Incident form to submit to all approved SMHRF facilities. The target date is 1/1/18.

Front Door Pilot

Overview

The Front Door Diversion Pilot Project (FDDPP) is a joint project between HFS and DHS/DMH, directed and managed primarily by DHS/DMH with significant support and input from HFS and the Governor's Office. The project supplements five years of ongoing work to decrease the number of individuals with SMI who enter long term care (LTC) settings - nursing homes and IMDs. The project targets identified hospitals on Chicago's Northside that have a significant past and current history of admissions to Nursing Facilities upon discharge from their inpatient behavioral health units. The project included a six month pilot period (March through August 2017 FY17-18) but has been projected to continue as fully funded through December 2017 (1st and 2nd Quarters of FY18).

Purpose

The project's overall purpose is to have an established Community Mental Health provider evaluate Medicaid (active) eligible individuals upon referral from a participating hospital's inpatient behavioral health unit(s). Under the **Discharge Linkage and Coordination of Services** process, the agency assesses individuals while they are still on the inpatient unit and determines whether that individual could benefit from a discharge plan as developed by that agency. This discharge plan responds to all the clinical and supportive needs of that individual such that an admission to a nursing facility level of care - nursing homes and IMD – can be avoided (Diversion).

Once the Discharge Linkage process is complete, the provider engages in **Outreach to Individuals to Engage in Services**. In this process, not only do these providers assess each individual and develop an alternative discharge plan, they continually work with the individual upon discharge to ensure that the recommended discharge plan is fully implemented. Outreach to Individuals to Engage in Services is solely available to those individuals who accept the community based discharge service plan as an alternative to a placement into a Nursing Facility. These individuals are entered into the program after receiving Level II PAS-RR screen if it determines they require a Nursing Facility level of care.

In addition to supporting diversion from LTC as its major priority, this project has the potential to also:

- a) Improve discharge planning from inpatient psychiatric units;
- b) Increase linkage to state funded community-based services;
- c) Decrease in the length of stay for individuals in inpatient psychiatric units;
- d) Assist in reducing the hospital re-admission rates of these individuals and,
- e) Provide safe, clinically-based services that address a broad array of the individual's needs.

Process

Once a hospital discharge planner identifies an individual in their behavioral health unit as a likely candidate for a referral to LTC, they contact the Front Door provider to initiate a Front Door diversion assessment. Participating Front Door providers provide this assessment within 3 business days of

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

referral. DMH has contracted for and are finding that providers can affect this process often within 24 hours of referral. Front Door providers make recommendations available as soon as possible, so that the individual's MD, SW/discharge planner and the individual themselves can review and accept or decline the recommendations. The goal is that most recommendations are available prior to a decision to continue with a discharge to a LTC facility.

The culmination of the **Discharge Linkage and Coordination of Services** process is for Front Door providers to develop a discharge plan for each individual which:

- a) Includes a recommendation on all the clinical services needed;
- b) Includes a mechanism to ensure individuals keep their appointment(s) at the next level of clinical care, including physician visits;
- c) Provides supportive services for each specific individual need, as explained below.

As part of the **Outreach to Individuals to Engage in Services**, Front Door providers were specifically funded to develop and provide short-term assistance/services on behalf of these individuals who accept the discharge recommendations ("Pilot participants") that cannot be paid for through usual Medicaid reimbursements. These distinct services may include the following, as needed:

- a) Emergency funding for medication, food, clothing;
- b) Emergency funding to support placement into immediate housing or residential services at discharge;
- c) Funding to support associated costs related to obtaining housing, e.g. landlord fees utility deposits etc.;
- d) Funding to support transportation cost to ensure participants can attend community based treatment programs.

In addition to the above noted Outreach services, Front Door agencies are to assist individuals with applications for mid and long term permanent housing or residential options.

DMH has also secured access for participants into the following additional levels of care or services:

- a) Two existing Living Room programs have negotiated with DMH to allow participants to seek services at their facilities;
- b) An existing, DMH funded, eight (8) bed Crisis Residential (#860) program has, at DMH's direction, expanded their admission criteria to accept participants who can benefit from this level of care;
- c) DMH has authorized and opened 50 PSH/Bridge subsidies for Pilot participants.

Evaluation

DMH has contracted with the University of Illinois, School of Social Work (UIC) to independently evaluate the goals and outcomes for this project. The research questions under inquiry are:

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

- a) Do the numbers/percentages of individuals referred to community based alternatives differ, on a month to month and total analysis, between the pilot period and the same period of 2016? Does the pilot project appear to be making a difference in whether Class Members are being diverted from LTC? Are there different patterns for the three different agencies? For the participating hospitals?
- b) Do the characteristics of participants referred to community care differ from those who are not referred, or from those who accept referrals and those who don't? Characteristics include client demographics, prior service history, residential/housing history and health/behavioral health history. This data is processed and preliminary findings are reviewed on an ongoing basis. However, the overall report is not yet complete.
- c) What is the monthly average per participant cost associated with providing services (non 132) and does it differ by agency? What is the monthly average per participant cost associated with providing 132 services?
- d) Do the types of services (housing, clothing, transportation) that participants receive differ by agency or by participant characteristics; i.e. age, housing type, housing location, behavioral health/health need, etc.?
- e) How do the characteristics of participants who discontinue service differ from those who continue to receive community care services, and do the services they receive differ?

Current Status

- a) The FDDPP has been operational since February 1, 2017, with limited services provided during February and full services to 13 of the 14 identified hospitals commencing on March 1, 2017. Data reporting forms were finalized in early April, 2017. Data has been received for the limited period in February from one agency and March data from all three agencies. Preliminary report/analysis is as in below (b).
- b) Referral activity through October 30, 2017, shows all teams have evaluated 68 individual persons per month from all participating hospitals with a significant prior history (FY16) of LTC referrals. A total of 457 cases have been referred, with 114 deemed qualified and receiving Front Door Discharge Linkage as well as Outreach services.
- c) Capacity resources for Supervised Residential level of care have been finalized. At present one person continues to utilize this level of care resource.
- d) Agencies are using @65% of their contracted funds for securing emergency or immediate housing assistance upon discharge from hospital units. 61 cases have progressed into the Bridge PSH application process. 14 participants have received Bridge Subsidies and have signed leases and moved into their apartments.

WILLIAMS SEMI-ANNUAL REPORT [December 2017]

- e) Although Living Room capacity has been obtained at two existing programs, the level of activity is currently unknown.
- f) Weekly calls with Front Door agencies continue in order to maintain constant monitoring and allow for real-time adjustments and disposition and issue resolution. Lines of communication remain open between DMH, PAS-RR agencies and the community agencies.

Next Steps

- a) The six-month period of the pilot project is complete. However, the program is funded and will continue through December, 2017. This allows both the programmatic aspects of the pilot to remain in existence as well as ensures continuity of care for active program participants.
- b) The pilot data was provided to UIC and additional refinements the data continued into November, 2017.

Upon review of concurrent data for the pilot and a positive analysis report from the UIC evaluation, DMH plans to use this pilot experience in addition to the resources as also identified in 1115 waiver section to better inform future strategic planning on the best ways to divert persons from the front door of nursing home level of care.

Budget

Final Spending for FY17 included \$26 million in grant funded services as well as \$6.7 million for Medicaid services to Class Members. Additional Medicaid services were provided through the Managed Care Organizations. Administrative and operational expenditures totaled \$3.3 million. The FY18 Governor's Introduced Budget included \$44.7 million in General Revenue funds dedicated to expanding home and community based services and other transitional costs associated with the consent decree implementation. Expenditures through October, 2017, include \$1.3 million for administrative and operational expenses as well as \$10.6 million in grant funded services. In addition, \$1.7 million has been expended for Medicaid services to Class Members. By the end of FY18 it is estimated that spending will total approximately \$44.7 million.

Williams Call Log

During this reporting period, there were a total of 51 calls placed to the DMH's information number. The breakdown of these contacts is as follows:

- Number of calls received from Class Members 39
- Number of calls received from other residents of Nursing Homes 0
- Number of calls received from family/guardians regarding Class Members 5
- Number of calls from others seeking information about the Consent Decree 7
- Number of calls received from landlords or complaint calls 0