



# Division of Mental Health Williams Semi-Annual Report #8



6/1/2015

# Division of Mental Health

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## EXECUTIVE SUMMARY

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The State of Illinois Department of Human Services/Division of Mental Health and its partners submit this 8<sup>th</sup> Semi-Annual Report. This report reflects the period from January 1, 2015 through June 30, 2015. As the State winds down this fourth year of implementation, we are consciously aware of the numerous challenges that we have faced over the past four years in our attempts to meet the various requirements of the Consent Decree. Concurrently, we are aware of the benefits that have evolved by bringing into fruition a light of encouragement and hope for those Class Members who have transitioned from one of the 24 IMDs to their optimal level of community independence.

We have identified numerous areas where changes can/should be made and how to make these changes expeditiously, with integrity and with assurances of the desired outcome. We acknowledge that the best effort attempts may not always be the 'right attempt' or result in the desired change for every Class Member. We have opened doors to hear and embrace the consumer's voice, and yet, we have learned to respect that voice regardless of the message conveyed. It is with the same level of respect that the State continues to motivate our community CMHCs, other contracted vendors, and controversially, the IMDs on the vision and mission at hand.

We have seen concerted efforts made by the Chicago Housing Authority to be more sensitive to the housing needs of Williams (and Colbert) Class Members which materialized in Class Members actually receiving face-to-face interviews with the Housing Authority for Housing Choice (Section 8) Vouchers. Never before has the barrier that limited access to Housing Choice Vouchers for residents of nursing homes been penetrated. We are hopeful that the majority of these Class Members will now become holders of a permanent voucher, thus redirecting Bridge Subsidies back to the State for usage.

We are anxiously anticipating that the State's community partners will reach their pinnacle in achieving the target number of transitions for this fiscal year. There was clear uncertainty of this attainment four months ago, but that is a remote memory secondary to the dedication, commitment and perseverance of these agencies and key staff in facilitating seamless transition processes. There currently exists the formalization and implementation of several contractual relationships with major academic institutions that will, hopefully accelerate the State's information on transition readiness for many Class Members who, heretofore, were not considered to be transition candidates.

What remains is the challenge of better understanding dynamics around Class Members who 'decline' to transition after being approved, and why other Class Members return to the facilities. The UIC study commissioned to explore a sample of the population who 'decline' will hopefully uncover some of the missing links why Class Members elect the option not to transition. Concurrently, the study on why some Class Members return to the IMDs will be useful information to uncover the missing links that may still exist in the spectrum of the community service array.

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As the State embarks on year 5, our attention is on those 'lessons learned' as we attempt to effectively structure resources to meet the needs of Class Members for whom the agencies have concerns about their treatment, management and safety needs in independent living. Some of the Front Door planning processes will become useful strategies with resources and supports for a segment of this population. The following information summarizes the progress that the State and its partners have made over the past six months in meeting the fabric of this Consent Decree.

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## OUTREACH AND INFORMATION DISSIMINATION

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The NAMI Chicago outreach team is continuing in their regular day to day operations as the first point of contact for Williams Class Members and their families, who would like information on the Williams Consent Decree. Each time the outreach workers go to the IMDs they engage with new Class Members and inform them of their rights and options under the Williams Consent Decree. They are the connecting point between Class Members, transition agencies and DMH. They also continue to conduct the initial Quality of Life Surveys.

The outreach team worked in conjunction with the University of Illinois at Chicago (UIC) to conduct a study designed to find answers as to why Class Members have declined to move out of the IMD after having been approved for transition into the community. The outreach team assisted UIC in locating these Class Members and in opening the dialogue between the Class Members and UIC staff.

DMH has undertaken another initiative to try to spark interest in transitions among Williams Class Members who have refused to talk with Outreach Workers or refused to have an assessment. DMH has developed what are called 'Engagement Teams'. An Engagement Team is made up of Williams Ambassadors (Class Members who have moved out of the IMD), outreach workers, and representatives from community mental health agencies. The goal of the initiative is to allow Class Members who are still living in the IMD the opportunity to speak one-on-one with Ambassadors. Class Members can ask questions and share their concerns and the Ambassadors can talk about all of the supports and services that they themselves are receiving from the community agencies. Outreach workers and community agencies will also be on hand to answer any questions and to connect Class Members with the Resident Reviewers should they want an assessment. T-shirts, which are printed with "Moving On" on the front and "Ambassador" on the back will be provided to the Ambassadors so they are identified easily. NAMI is charged with scheduling visits, keeping Ambassador time sheets and paying Ambassadors. The NAMI contract was amended to fund the initiative.

On March 12, 2015 NAMI hosted a Guardians Meeting. The goal of the meeting was to have a round table discussion on *Moving On* with Ambassadors, the guardians, DMH staff, Equip for Equality lawyers, outreach workers, community agencies, and family members of persons in recovery. Eight guardians confirmed their attendance but only one guardian arrived. All other entities were present. The conversation went well and was informative for the one guardian. DMH has requested NAMI to host a second Guardians' Meeting in June or July.

Lastly, the outreach team's schedule was changed in order to have better presence in each IMD every month. The outreach workers continue to provide Class Members with resources that will be advantageous before transitioning from the IMD. During each IMD visit outreach workers are equipped with brochures describing the location of all Drop-In Centers, explaining the purpose of the Centers and listing activities and events. The purpose of providing this information is to encourage Class Members to

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participate with Drop-In Center activities before they move out so that they can observe aspects of community living and maximize skills training prior to transition.

Outreach workers continued to show the *Moving On* videos to any Class Members interested in viewing them. They also continued to work with the 'Williams *Moving On* Ambassadors'. The Ambassadors speak at community meetings which are held at the IMDs and also at the Drop-In Centers. Approximately 1,105 Class Members and 73 Ambassadors attended these meetings and approximately 60 Class Members requested to be assessed at the end of those meetings. Their names were passed on to the Associate Deputy Director of Transition. The outreach workers continued to conduct the 'Recovery and Empowerment Statewide Call' with Class Members in the IMDs on the last Thursday of every month. These educational forums place an emphasis on sharing successful tools and strategies for wellness.

### **Quality of Life Surveys**

Outreach workers continue to conduct baseline Quality of Life Surveys (QLS) with Class Members who are nearing transition from the IMDs. The Outreach Workers also report any incidences that are of concern that are discussed while conducting the QLS. During this reporting period, outreach workers conducted 93 QLS. In those instances where the outreach workers were unable to conduct the QLS prior to the Class Members' transition, the Williams Quality Monitors conducted the baseline QLS during the first home visit.

### **Outreach Activities and Contacts**

In the past four months, 416 Class Members signed Introductory Letters and engaged with the outreach workers in learning about their rights under the Williams Consent Decree and *Moving On*. Outreach workers conducted 364 private interviews with Class Members. 2,815 Class Members approached the outreach workers for a 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc. time with questions or concerns. Approximately 115 new Class Members refused to engage with outreach workers when approached during this time period. Approximately 450 Class Members (Class Members new to IMD and existing Class Members approached every 3 months) told outreach workers that they are not interested in being assessed. The names of those Class Members, reasons provided why they do not want to move, and the IMDs where they reside in are sent to the Associate Deputy Director of Transition on the 15<sup>th</sup> of every month in the Refusal Report. Lastly, the Outreach Workers had contact with 55 guardians via phone or in person.

### **Data on Class Members who refuse to engage with Outreach Workers**

As noted above, NAMI Chicago outreach workers continue to 'in-reach' to Class Members who have ambivalence about making a personal decision to consider *Moving On* or who have adamantly refused to engage in further discussions about the possibilities of transitioning. The following data is an aggregate of reasons identified for refusing discussions.

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### Refusal Report Totals as of May 6, 2015

Total Number of Class Members – 1964 (some gave more than one answer)

Reason	# Responses	Percent
Refusing transition	1435	73.1%
Guardian is refusing	89	4.5
Go Away	80	4.1
I am happy here	334	17.0
Family objects to moving	28	1.4
I am afraid because others have failed	4	0.2
Other things in my life	49	2.5
Maybe later	123	6.3
I am thinking about it	41	2.1
I want to but have not had an assessment	487	24.8
Total	2670	

### Percentage of Residents Seen as of May 5, 2015

Facility	# Beds	# Seen	Percent
Abbott House	104	183	175.96%
Albany Care	385	546	141.82
Bayside Terrace	148	284	191.89
Belmont Crossing	54	97	179.63
Bourbonnais Terrace	197	300	152.28
Bryn Mar Care	170	334	196.47
Central Plaza	260	353	135.77
Clayton Residential Home	228	437	191.67
Columbus Manor Res Care	99	256	258.59
Grasmere Residential Home	206	439	213.11
Greenwood Care Center	140	280	200.00
Kankakee Terrace	146	343	234.93
Lake Park Center	205	274	133.66
Lydia Healthcare Center	412	767	186.17
Margaret Manor Central	125	222	177.60
Margaret Manor North	94	264	280.85
Monroe Pavilion Health Center	136	270	198.53
Pershing Estates	134	258	192.54
Rainbow Beach Nursing Center	211	486	230.33
Sacred Heart Home	172	357	207.56
Sharon Health Care Woods	152	253	166.45
Skokie Meadows Nursing Center	111	146	131.53
Thornton Heights Terrace	220	358	162.73
Wilson Care	186	448	240.86
Total	4295	7955	185.22

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### Williams Focus Forum, Cook and Lake County

Williams Class Members who transitioned were asked to participate in a focus group on December 16 or 17, 2014 at Malcolm X College in Chicago. Other attendees included DMH employees, Outreach and Transition agency employees and Williams Quality Monitors. The college was selected in order to provide a safe and judgment-free environment for Class Members to speak openly and honestly about their experiences in transitioning to the community and suggestions for improving the experience for those still living in the IMDs and others who have already transitioned. Class members were given a \$10 Walgreens gift card for their participation.

Twenty three Class Members were randomly selected and were sent a personal invitation to attend the focus forum. Eleven persons (6 female, 5 male) attended on day one and twelve (3 female, 9 male) on day two. The meetings were held from 10:00 am to 1:00 pm and included a working lunch provided by DMH. Juan Pablo Rivera facilitated the first forum and Luberta Conner-Livingston facilitated the second. Juan and Luberta are both CRSS and WRAP certified and have facilitated focus forums on previous occasions.

The questions asked in the focus forums were compiled from suggestions received from the Williams Quality Administrators, DMH staff and the steering committee. The same format was used on both days. Every Class Member participated in the discussions, however some were more vocal than others. The discussions were lively and interactive. There were several reoccurring themes which included the need for the IMDs to better prepare people for community living; encouraging Class Members to be more independent and to learn and practice some of the skills they will need on a daily basis once in the community and the importance of the Ambassadors. The participants expressed that having Class Members who have already moved out and return to the IMDs to talk with people about life in the community is very helpful to the residents. It allows them to hear what happens when someone moves into the community from someone who has actually done so.

When asked what they thought the biggest reason Class Members did not want to move out of the IMDs the top responses were:

- fear of being lonely
- afraid of relapse
- being used to IMD living.

When asked what could be done to get people interested in moving out of the IMDs the top responses were to offer more information on:

- money management
- employment
- WRAP
- the meaning of independent living
- volunteering and socialization among others.

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## RESIDENT REVIEW

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In FY15, the State Partners remain committed to investigate contributing factors that may explain the disparities in percentages of positive recommendations between the two reviewing agencies, Metropolitan Family Services (MFS) and Lutheran Social Services of Illinois (LSSI). In keeping with this commitment a random sample review of Resident Reviews for both agencies continues to be completed on a monthly basis. Any disparities noted after the completion of these reviews is shared with the reviewing agencies as a means to promote consistency within the review process and to strengthen the Resident Review document. To ensure that optimal opportunities for transition is afforded to Class Members DMH will monitor the Resident Review process to assure that all Class Members reflected in the January 2015 Census Report are currently in the pipeline for review. The outcome of this review will be shared in the next semi-annual report.

As noted in the previous semi-annual report, in the initial random sample review of Resident Reviews there is no distinguishable difference in (1) the manner that reviews were approached by MFS and LSSI or (2) the processes or decision flow leading to a determination recommendation. In the current random sample review period those observations remained unchanged. It is important to note that in the most recent random sample period of review both MFS and LSSI continue to identify 'Class Member skills deficits or poor insight/judgment' as barriers. However, review of the documentation clarified that limitations are related to current persistent symptoms, from which it can be inferred that future consideration for transition would be appropriate once the individual has stabilized, as opposed to solely being noted as a barrier to transition. Documentation included in the Resident Review summaries continues to differ by Reviewer but generally reflect a better synthesis of content. Those narratives that are briefer in summation, comparatively speaking, contained enough qualitative documentation to support the recommended outcome but would have been that much stronger with additional clinical support. DMH's emphasis is to assure that all reviews are thoroughly detailed and clinically informative.

As a means to assure that all reviews are thoroughly detailed and clinically informative the following recommendations remain appropriate for summary integration by both reviewing agencies:

- Reviewers should capture highlights from each section of the Resident Review Assessment along with assessment outcomes (i.e. MMSE, LOCUS, CAGE, ABC) and integrate this information into the Resident Review Summary to give a snapshot of each area of the review.
- When notations identifying poor ADL/IADL skills or poor insight into mental illness/ medical conditions are mentioned as barriers to transition, clarification as to whether these are skill set deficits versus skills being impacted by psychiatric symptoms would help to give insight into the Class Member's ability to make gains in these areas.
- In spite of symptoms, the Resident Review summary should highlight Class Member strengths and the positive impact those strengths can play in the Class Member's road to recovery.

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- To give a more complete picture of Class Member’s life events, dates, frequencies and descriptions of behaviors, symptoms and hospitalizations should be given versus use of terms such as often, frequently, multiple, verbally/physically aggressive and symptomatic with documentation noting when information is limited/not available to further clarify observations or what is being documented.
- Reviewer’s documentation of recommended BIP Service Enhancements, i.e., Enhanced Skills and In-Home Recovery will be captured in the Resident Review Service Recommendation section, as well as contained in a separate last paragraph.
- Lastly, rationales as to why Class Members are not appropriate for PSH as well as other residential options should be included in the Resident Review summary and captured on the on-line system addendum form to illustrate that all options for possible transition were explored.

State Partners continue to capture and analyze areas of productivity through Quarterly Performance Measure data submitted by MFS and LSSI. The following table reflects total numbers for the current reporting quarter.

### \*Performance Measures Outcome<sup>1 2</sup>

	# 1 Approached	# 2 Approached Refused	# 3 Signed Participation Agreement	# 4 Full Assessment Completed	#5 Aborted Asst'mt	#7 Recom'd for Transition	#8 Not Recom'd	#9 Staff productivity Approved	#10 Complex medical need	#11 criminal histories	#12 Staff Productivity Denied
LSSI	945	585 (62%)	829	339	21	301	38	301	177	112	38
MFS	355	156 (43%)	321	199	0	130	69	130	101	72	69
TOTAL	1300 <sup>3</sup>	741 (57%)	1150	538	21	431	107	431	278	184	107

Although there continues to be disparities within the percentages of positive recommendations between the two agencies, Performance Measure data shows an increase in the number of Class Members approached shows that positive recommendations for transition remain at levels consistent with prior reports and noted a decrease in the number of class member denials since the last semi-annual report. The State Partners will continue to engage in weekly collaborative conference calls with MFS and LSSI to fine tune the review process and to trouble-shoot issues impacting the review process. Trainings will continue to be scheduled as needed to enhance Resident Review processes.

### Specialized Assessments

In May 2015, contracts were finalized and executed with the University of Illinois/Departments of Psychiatry and Occupational Therapy to implement specialized assessments for Williams Class Members when there is a suspicion of degenerative brain diseases (dementia/ Alzheimer’s) or severe cognitive impairment that may present risk barriers to community transition. The negotiation, budgeting and

<sup>1</sup> Time frame from Jan 1, 2015 – April 30, 2015

<sup>2</sup> Data for #6 has not been omitted. Information is collected by the community agencies.

<sup>3</sup> Duplicate approaches

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contracting processes took longer than initially anticipated. As a result an unexpected delay occurred with implementation. Due to the delay, these assessments will bridge fiscal years 2015 and 2016 to assure that identified Class Members, where the suspicion exists, will have benefit of these specialized assessments. Subsequently, the Division of Mental Health (DMH) has now convened meetings with the respective department chair-persons to coordinate activities needed to schedule individual assessments for identified Class Members.

The Department of Occupational Therapy has subcontracted to be trained by a Philadelphia group on the Performance Assessment of Self-Care Skills (PASS) instrument. PASS is a performance-based, criterion-referenced, observational tool designed to assist practitioners in documenting functional status and change. It consists of 26 core tasks, categorized in 4 functional domains: 5 functional mobility, 3 personal self-care, 14 instrumental activities of daily living (IADL) with cognitive emphasis, and 2 IADL with a physical emphasis. The PASS is also designed to assist practitioners in treatment and discharge planning by identifying the type and amount of assistance required for successful task performance. These assessments will occur in the clinic and in other local natural settings. The neuropsychological assessments will occur in the clinic.

DMH held a joint teleconference with the IMD/SMHRF administrators (owners and lobbyist) to present the plan for obtaining these assessments and how the coordination will occur between DMH, the respective testers and the IMDs (for transport and staff accompaniment). Due to HIPAA requirements, for each Class Member to receive a specialized assessment, a Release of Information must be completed so that the IMDs can release clinical records. NAMI Outreach will work in concert with the IMD designee to obtain Class Members' signatures on the Release of Information form.

The initial focus will start with those Class Members who have not been recommended for transition via the Resident Review process in order of their initial assessment dates. The next wave will focus on those Class Members who were initially approved for transition, but the community agency (through its internal assessments) has subsequently identified suspicion of dementia or severe cognitive impairments. With best forecasting, these specialized assessments should start in the month of June 2015.

### **Clinical Review**

During the reporting period 82 Resident Reviews were received for Clinical Review and referred to one of the respective William provider agencies for a second level, paper review. Of the 82 Clinical Reviews conducted, there were 76 CRT's which were supported, i.e., concurrence with the recommendations of the Resident Reviewers. There were 6 CRT's which were overturned by the clinical review team, thereby recommending transition for those Class Members.

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There was 1 appeal submitted to DMH during this period. The appeal was based on the findings of the Resident Review. The appeal recommendation was supported by DMH and in agreement with the findings of the Resident Reviewer.

Northpointe Resources Inc. has assumed responsibility for conducting all Clinical Reviews in the Lake County geographical area. However, whenever a Class Member expresses preference to live in areas where there is no existing Williams contracted agencies, these cases are distributed among the other existing Williams agencies for the Clinical Review process.

The Clinical Review Coordinator continues to convene weekly teleconference calls with all of the Williams agencies. During these calls, policies and procedures are discussed in an effort to improve the overall quality of our Clinical Review process. The calls also serve as a platform to discuss complicated issues facing a clinical review team which require feedback.

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## TRANSITION COORDINATION/COMMUNITY SERVICES

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The eleven (11) community mental health centers contracted to provide the full array of Williams services and the seven (7) agencies contracted to provide 'transition only' and existing Rule 132 services continue to pursue efforts to expeditiously and effectively transition Class Members to the community. A total of 2,922 Class Members were referred to these agencies to engage and initiate transition activities, based on choice of geographic preference or provider agency. Of the 2,922 referred, there were 632 who declined to transition. As of this date, 1269 Class Members have transitioned, have signed leases to transition or signed leases and subsequently decided not to proceed with transition.

### Unable to Serve

The "Unable to Serve" list continues to be on the forefront for development of strategies to address a more challenging, complex profile of Class Member who presents risk factors and safety concerns for community agencies. While the implementation of the Cluster Housing model had a very small impact on the overall numbers of Class Members categorized as Unable to Serve, as more and more Class Members are assessed who have transition challenges the list continues to grow.

Using current compliance data for this reporting period, there are 286 Class Members (8%) who fall within this category. The chart below aggregates the categories of Class Members who have been identified as 'Unable to Serve'.

Reasons for Unable To Serve	Count
Financial	17
Medical	20
Medical/Diabetes	23
Medication Management	30
Mental Health	41
Housing	155
<b>Total</b>	<b>286</b>

### **Community Tenure**

An important indicator of the success in Class Members' transition from the institutional setting of an IMD to the community setting of their own home continues to be the extent to which Class Members reside in these homes post IMD discharge. The table below displays a frequency distribution showing the length of time or community tenure of Class Members still residing in permanent supported housing post IMD discharge. (Note that the data excludes individuals returning to IMDs who did not return to the community, and those Class Members who are deceased.) While this table does not provide a conclusive picture of 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

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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 approximately 42% of Class Members have lived in their own homes, after transitioning from IMDS, for 691 days. Another 30% have resided in the community between 361 and 690 days.

**Williams Class Members<sup>1</sup>**  
**Number of Days Residing in the Community as of April 30, 2015**

<b>Number of Days of Community Tenure</b>	<b>N</b>	<b>%</b>
0 - 30	22	2.33%
31-60	36	3.82%
61-90	16	1.70%
91-120	21	2.23%
121-150	21	2.23%
151-180	28	2.97%
181-210	22	2.33%
211-240	27	2.86%
241-270	19	2.01%
271-300	20	2.12%
301-330	26	2.76%
331-360	18	1.91%
361-390	25	2.65%
391-420	21	2.23%
421-450	25	2.65%
451-480	17	1.80%
481-510	23	2.44%
511-540	28	2.97%
541-570	9	0.95%
571-600	28	2.97%
601-630	27	2.86%
631-660	36	3.82%
661-690	35	3.71%
>690	393	41.68%
<b>Total</b>	<b>943</b>	<b>100.00%</b>

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<sup>1</sup> Excludes Class Members returning to IMDS who did not return to community based housing and Class Members who are deceased.

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## Characteristics of Williams Class Members Registered as of April 30, 2015

This analysis provides an update to previous analyses performed examining the characteristics of Williams Class Members receiving community-based treatment. As stated in previous reports, Division of Mental Health (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 within 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 April 30, 2015 one thousand two hundred thirty-nine (1239) Williams Class Members were enrolled in the DMH Community Information System as a result of being assigned to an agency for transition coordination. The results of the analyses summarized below are indicative that there were very few changes in the profile of enrolled Class Members as of April 2015 in comparison to November 2014. The clinical and descriptive characteristics appear to be fairly stable for this population.

**Age, Gender, Ethnicity and Hispanic Origin.** Those Class Members who are registered range in age from 20 to 82 years old, with an average age of 47. Of the 1239 class members included in the analysis, 810 (65%) are male and 429 (35%) are female. Overall, 5.8% of class members were reported as being of Hispanic Origin. With regard to primary ethnicity, 53.3% of Class members are Black/African-American and 42.3% are Caucasian. A small percentage are Asian (1.5%), and a very small percentage are American Indian/Native Alaskan and Hawaiian/Pacific Islander (.5%); ethnicity was reported as unknown for 31 (2.5%) Class Members.

**Marital Status.** The majority (76%) of class members have never been married; eleven percent are divorced and another 3.5% are separated. Only 2.2% are married and 2 percent are widowed. Data was not reported for 63 (5.1%) of Class members.

**Highest Level of Education Completed.** 28% of Class Members have earned a high school diploma and an additional 7% were reported as having earning a General Equivalency Degree (GED). 25% of Class Members completed some high school (e.g., one, two or three years) with no diploma earned. 19% have completed some college, and 5% hold a Bachelor's Degree. A small percentage (1.5%) of Class Members completed post-secondary training and 1.2% has completed post graduate training. The highest level of education completed by approximately 3.0% of class members was 8<sup>th</sup> grade. Education level was not reported for approximately 10% of registered Class Members.

**Residential Living Arrangement.** As of April 30<sup>th</sup> 36% of the individuals were reported as residing in private unsupervised settings (permanent supportive housing), another 4% were reported as living in other unsupervised settings; 10% were reported as living in supervised settings; and 44% were reported as residing in institutional settings. Data was not reported for 56 individuals (4.5%), and a small percentage of individuals were reported as residing in settings other than the ones reported above.

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**Military Status.** 5% of Class Members reported being a veteran having formerly served in the military.

**Primary Language.** The primary language spoken by 99% of Class Members included in this analysis was English.

**Justice System Involvement.** The majority (91%) of Class Members were reported as not having any involvement with the justice system (courts, jails etc). However, .4% (n=5) had been arrested, and a very small percentage reportedly had been charged with a crime (.5%; n=6), or incarcerated in a jail (.3% or 4 individuals). An additional 6 Class Members (.5%) had a status at some point of being on parole or probation. The status of 6% (n=74) was reported as unknown; 1.5% (n=19) were reported as having a status of "Other"35+ 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. 54% have a history of continuous treatment for mental health related problems, 80% have a history of continuous residential treatment. 86% of Class Members have a history of receiving outpatient mental health services for their illnesses.

**Level of Care Utilization Scale Scores Based on Assessor Recommendation.** 35% 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 44% were recommended for Medically Monitored Non-Residential Services. 6% of Class Members were recommended for Medically Monitored Residential Services, while 2.8% were recommend for a Medically Managed level of Residential Services. 3.8% percent were recommended for Low Intensity Community-Based Services, while .3% were recommended for Recovery Maintenance and Health Management. LOCUS scores were missing for approximately 7.6% of the cohort.

**Diagnosis.** 73% of class members had a primary diagnosis of schizophrenia and other psychotic disorders; 24% were diagnosed with bipolar and mood disorders. 16% had a co-morbid substance use disorder.

**Functional Impairment.** The Global Assessment of Functioning (GAF) Scale (also known as Axis 5 of the DSM-IV) is used to determine functional impairment of an individual in the psychological, social and occupational spheres of their lives. The scale ranges from 1 to 100 with 1 representing lowest level of functioning or the highest level of impairment. Class members GAF scores ranged from 15 to 70 with an average of 44 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. 82% of class members were identified as having a serious functional impairment in the employment area, 81% in the financial area, 81% in Social/Group functioning and 76%

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in Community Living area. 63% had a serious functional impairment in the supportive/social area, 55% in activities of daily living and 42% had a serious impairment in relation to inappropriate or dangerous behavior.

### ***Comparison to Previous Analysis for April 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 November 2014 for class members registered as of November 10, 2014. A comparison of the data for these 2 time periods reveals that there is very little variability in the descriptive information reported.

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## Williams Class Member Quality of Life Survey Report

The Division of Mental Health considers the evaluation of care provided directly from 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 in which they reside and at 6 month intervals post discharge (up to 18 months), are used to gather this information. Quality of Life surveys used to 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 later survey.

### Evaluation of Care Results

The evaluation of care survey has seven domains: access to care, quality and appropriateness of treatment, treatment outcome, participation in treatment planning, satisfaction with services, improvement in functioning and social connectedness with others. Prior reports have noted positive change across time on nearly every one of these domains. The findings for this reporting period 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 evaluation of access to care, quality of treatment and participation in their treatment plan development. Class Members' evaluation of their functioning, treatment outcomes and social connectedness remained relatively stable across time—although some small positive changes were noted.

**Table 1**

### **Percentage of Positive Class Member Responses By Evaluation Domain Across Time**

	<b>Pre-Transition</b>	<b>6 Months</b>	<b>12 Months</b>	<b>18 Months</b>
<b>Evaluation Domain</b>				
<b>Access</b>	75.3	89.2	91	94.5
<b>Quality</b>	78.3	90.8	92.5	96
<b>Outcome</b>	92.3	92.4	90.9	93.7
<b>Satisfaction</b>	64.3	86.3	90.8	92.3
<b>Social Connectedness</b>	90.3	93.1	92.7	92.2
<b>Functioning</b>	95	93.3	95.8	97.4
<b>Treatment Plan Participation</b>	80	88.2	92	92.2

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Table 2 displays the percentage of positive responses across time only 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 IMD**  
**Transition at 6 Months (n=225)**

	<b>Pre-Transition</b>	<b>6 Months</b>
<b>Evaluation Domain</b>		
<b>Access</b>	78.1	92.4
<b>Quality</b>	79.9	93.3
<b>Outcome</b>	93.8	93.8
<b>Satisfaction</b>	66.8	91.1
<b>Social Connectedness</b>	91.9	94.2
<b>Functioning</b>	93.1	97.3
<b>Treatment Plan Participation</b>	83.8	89.7

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, quality of care followed by participation in treatment planning. A small degree of positive change was noted for functioning and social connectedness, with evaluation of treatment outcome remaining the same across time.

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

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**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=151)**

	<b>Pre-Transition</b>	<b>12 Months</b>
<b>Evaluation Domain</b>		
<b>Access</b>	73.5	94.5
<b>Quality</b>	80.8	96.6
<b>Outcome</b>	92.7	93.2
<b>Satisfaction</b>	63.5	93.8
<b>Social Connectedness</b>	91.9	91.9
<b>Functioning</b>	95.2	96.6
<b>Treatment Plan Participation</b>	82.4	96.6

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 followed by participation in treatment planning. A small degree of positive change was noted for functioning and evaluation of treatment outcome with social connectedness remaining the same across time.

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

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**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=98)**

	<b>Pre-Transition</b>	<b>18 Months</b>
<b>Evaluation Domain</b>		
<b>Access</b>	75.5	96.9
<b>Quality</b>	82.7	97.9
<b>Outcome</b>	92.9	91.7
<b>Satisfaction</b>	68.8	92.8
<b>Social Connectedness</b>	92.9	93.8
<b>Functioning</b>	97.9	97.9
<b>Treatment Plan Participation</b>	85.4	96.9

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 followed by participation in treatment planning. A small degree of positive change was noted for social connectedness; Class Members evaluation remained more or less the same across time and the evaluation of treatment outcomes showed a small decrease in positive responses.

### **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 more often evaluated 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 report will provide a summary of Lehmann Quality of Life survey responses across time.

### **Budget Incentive Program (BIP)/Proposed Service Expansion**

The federal Balancing Incentive Program (BIP), authorized by the Affordable Care Act, incentivizes transformation of state long-term care systems by encouraging states to shift from institutional to community-based long-term services and supports (LTSS). The purpose of the program is to improve access to non-institutional LTSS and encourage states to make structural reforms to their long-term care

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systems. A total of \$3 billion has been made available for distribution to states from October 1, 2012 to September 30, 2015. States that spent less than 50 percent of their total Medicaid long-term care expenditures on non-institutional LTSS during 2009 qualify to receive an enhanced Federal Medical Assistance Percentage (FMAP). Illinois qualified to earn an additional 2% FMAP from July 1, 2013 to September 30, 2015. The end date was extended in April 2015 for one year for service expenditures with justification accepted by federal CMS. Additional dollars were not added just time allotted for spending the dollars already available.

The federal government requires that BIP dollars be spent on new and/or expanded community-based services. The state has developed several new services using the BIP funds. Each of these services was created in response to discussions with community providers regarding unmet service needs for Class Members. Contracts for services have been executed with providers. The status of the each of these services follows:

**Peer Support Offered in Drop-In Centers:** This is an expansion of a very successful service developed as a result of the Williams Consent Decree Implementation. With the addition of BIP funds, DHS/DMH has completed negotiations with two community agencies to open additional drop-in centers in early 2015. These two centers will be located in the West Loop and Hyde Park communities. There are plans to open four more drop-in centers in FY16.

**In-Home Recovery Supports:** This service is an enhancement to the Assertive Community Treatment and Community Support Team services defined by Rule 132. It is intended to provide intensive access to an individual with lived experience in recovery during the initial transition phase for individuals who require this additional level of support and reassurance during the transition from institutional care to community living. DHS/DMH made funding for this service available in January, 2015, but to date, no providers have requested authorization to provide this service to any individuals. DMH has discussed this with the providers and encouraged them to seek authorizations.

**Enhanced Skills Training and Assistance:** This service is also an enhancement to the Assertive Community Treatment and Community Support Team services defined by Rule 132. It allows hands-on assistance and skill development for individuals requiring a habilitative level of intervention to acquire critical basic skills for safe and successful independent apartment living. The service must be provided by an occupational therapist or an occupational therapy assistant. DHS/DMH made funding available for this service in January, 2015, but to date, no providers have requested authorization to provide this service to any individuals. DMH has discussed this with the providers and encouraged them to seek authorizations.

**Bidirectional Integrated Health Care for Complex Needs:** This service will provide increased expertise and specialization of medical care for individuals with serious mental illnesses whose symptoms of mental illness complicate their ability to respond to medical care. BIP monies will be used to provide training to selected agencies on best practices in the integration of primary and behavioral health care, and for these agencies to hire additional nursing staff to increase their capacity to integrate primary and

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behavioral healthcare. A decision has been made to immediately contract with a select group of Williams provider agencies to fund an Advanced Practice Nurse position to support team services and elevate their interface with federally qualified health centers.

In March, 2015, DHS/DMH brought Joan Kenerson King, RN, MSN, CS Senior Integration Consultant with the National Council for Behavioral Health to Illinois to provide onsite training and consultation to six community providers and to lay a foundation for the design of in-home recovery supports. In addition, DHS/DMH has executed contracts with these six providers to support the hiring of Advance Practice Nurses to provide direct services to Class Members whose complex medical needs require this level of intervention.

### **Individual Placement and Support (IPS)**

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 serious mental illness. There have been 260 Class Members enrolled in IPS since June 1, 2012. Currently there are 99 Williams enrollees in IPS. Eighty-six (86) Class Members or 33%% of the Williams Class Members who received IPS Supportive Employment have worked. Sixty-one (61) of the 86 are still working. The table below reflects the number of months of job tenure for the 61 Class Members who are currently working in mainstream competitive work experiences:

	Job Tenure				
	1 month	3 months	6 months	8 months	Longer than 1 year
# of Class Members	16	12	11	6	14

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 another employment.

In April 2015, DMH developed an action plan to increase the engagement of Williams and Colbert Class Members around work. This plan includes 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 will evaluate the effectiveness of the plan.

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## Comparable Community Services

Comparable Community Services (CCS) is a DMH initiative to help offer alternatives to referral into the Specialized Mental Health Recovery Support Facility (SMHRF) level of care. Funding for programs under this initiative began in February of 2014. Ten DMH contract provider agencies have opened 29 distinct projects in five defined community areas that have high concentration of nursing homes that currently are identified as Institutes of Mental Disease (IMD) and would possibly be certified under the SMHRF Act. In each of the five target community areas, the funded programs operate as a network to intercept people that are high risk for placement at an IMD and connect them to an array of services that can keep them independent of that level of care.

The service categories developed by DMH for the CCS initiative include:

**Crisis Assessment and Linkage** – Mobile workers assigned to respond to referrals from specific emergency departments within the target community with the intent of diverting people at high risk of referral to IMD level of care back to community alternative care.

**Discharge Linkage and Coordination of Services** – Mobile workers assigned to respond to referrals from specific inpatient psychiatric units with the intent of diverting people at high risk for discharge to IMD level of care to community alternative care.

**Outreach to Individuals to Engage in Services** – Mobile workers able to follow people leaving an emergency department or a psychiatric inpatient unit in need of further outreach to be engaged in alternative community care.

**Transitional Living Centers** – Centers that provide immediate housing for individuals up to 90 days while other community housing can be sought/obtained.

**Transitional Supervised Residential** – Housing alternative for people who need focused training to learn skills needed for community living. Residency can be for up to 180 days.

**Crisis Residential** – Short-term (up to 21 days) 24-hour supervised residential care with therapeutic interventions to help people in a psychiatric crisis who can be safely managed in a non-hospital setting. Each local partnership in the five target areas applied for and received funding for different combinations of the above CCS services.

By area, the types and number of programs is as follows:

### Chicago Northside Collaborative (Thresholds as Lead Agency)

- 2 Crisis Assessment & Linkage Programs (Trilogy, and C4)
- 3 Discharge Linkage and Coordination Programs (Thresholds, Trilogy, and C4)

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- 3 Outreach to Engage in Service Programs (Thresholds, Trilogy, and C4)
- 2 Transitional Living Centers (Trilogy and Neumann Family Services)

### **Chicago Southside Collaborative** (Human Resource Development Institute as Lead Agency)

- 1 Crisis Assessment & Linkage Program (HRDI)
- 1 Discharge Linkage and Coordination Program (Thresholds)
- 1 Outreach to Engage in Service Program (Thresholds)
- 1 Transitional Living Centers (Thresholds)
- 1 Transitional Supervised Residential (HRDI)

### **South Suburban Collaborative** (Grand Prairie Services as Lead Agency)

- 2 Crisis Assessment & Linkage Programs (GPS and Sertoma Center)
- 1 Discharge Linkage and Coordination Program (Sertoma Center)
- 1 Outreach to Engage in Service Program (Sertoma Center)
- 2 Transitional Living Centers (HRDI and Thresholds)

### **Kankakee Collaborative** (Helen Wheeler Center as Lead Agency)

- 1 Crisis Assessment & Linkage Program (Helen Wheeler Center)
- 1 Discharge Linkage and Coordination Program (Helen Wheeler Center)
- 1 Outreach to Engage in Service Program (Thresholds)
- 1 Transitional Living Center (Thresholds)
- 1 Crisis Residential Program (Riverside Hospital)

### **Decatur Area** (Heritage Behavioral Health Center as Lead Agency)

- 1 Crisis Assessment & Linkage Program (Heritage Behavioral Health Center)
- 1 Discharge Linkage and Coordination Program (Heritage Behavioral Health Center)
- 1 Transitional Living Center (Heritage Behavioral Health Center)

These new CCS programs are organized locally by the lead agency, which works to integrate their services with other DMH funded programs to create the fullest array of alternatives to ID level of care. For example, both the South Suburban and the Decatur area utilize pre-existing crisis residential programs for people needing that level of care, and all CCS networks use the full network of DMH provider agencies for key services such as Community Support Team (CST) and Assertive Community Treatment (ACT). The CCS Collaboratives have also had success using project-based housing subsidy programs to secure housing for people exiting the Transitional Living Centers, and DMH sponsored tenant-based subsidies are being explored for about 34 current TLC residents. The Collaboratives have also established working relationships with the 33 hospital emergency departments and the 23 inpatient psychiatric units operating in the 5 target community areas.

The projected FY15 full year cost of these CCS programs is approximately \$11,994,400. On April 2, 2015, the 6 Outreach to Engage Programs were notified that their contracts were suspended due to budget

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shortfalls, but these contracts were later reinstated after the State realized higher than projected revenue in April.

### **Persons served**

Provider reports submitted at the end of each quarter have been used for an interim count on persons served until modifications to the DMH reporting system can produce reports. The table below presents information taken from reports for the last two quarters of FY14 and the first two quarters of FY15, so it represents information on CCS operations from inception through December 31, 2014. A total of 2,165 service episodes have been reported by the 29 separate programs that comprise the 5 service networks or areas. It must be noted that these figures contain a degree of duplication as a person served by one CCS program (e.g., Crisis Assessment & Linkage) may move on to another CCS program (e.g., Transitional Living Center). There may also be duplication across quarterly reports as well. The Division has begun an effort to clean the data to remove duplicated individuals and better understand how the different types of service are being utilized.

<b>Persons Served by Community Comparable Services Projects</b> (inception through December 31, 2014)							
<b>Area</b>	<b>Crisis Assessment &amp; Linkage</b>	<b>Discharge Linkage &amp; Coordination</b>	<b>Outreach to Individuals to Engage</b>	<b>Transitional Living Centers</b>	<b>Transitional Supervised Residential</b>	<b>Crisis Residential</b>	<b>Totals</b>
North Chicago	27	448	333	35	<i>n/a</i>	<i>n/a</i>	843
South Chicago	66	99	154	24	15	<i>n/a</i>	358
South Suburbs	107	64	86	2	9	<i>n/a</i>	268
Kankakee Area	23	25	8	8	<i>n/a</i>	16	80
Decatur Area	256	350	<i>n/a</i>	10	<i>n/a</i>	<i>n/a</i>	616
<b>All Areas</b>	<b>479</b>	<b>986</b>	<b>581</b>	<b>79</b>	<b>24</b>	<b>16</b>	<b>2,165</b>

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## HOUSING

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### **Permanent Supportive Housing (PSH) - Rule 145 (Administratively changed from 150)**

Rule 145 is still very much active in the Bureau of Administrative Rules and Procedures. As recently as April 20, 2015, the dilemma raised by the Bureau is that the Rule is not ground in legislation. The attempt to align this Rule with the Williams Consent Decree was proven to be inconsistent, since the PSH model encompasses individuals who are not Williams Class Members, and the model was implemented two years before the Consent Decree was signed. Thus, the challenge for the Bureau is how to make this Rule come into fruition when it is not the result of legislation.

### **Rule 140 – Supervised Residential Rule**

The rule is suspended until further notice.

### **Project-Based/Cluster Model Housing**

#### Thresholds Bryn Mawr Apartments

In March, 2014, The Statewide Housing Coordinators (SHC) and DMH created the Williams Consent Decree pilot Clustered Housing model for persons who were previously assessed as being “Unable to Serve.” Twenty Class Members currently live in scattered site, studio-sized, supportive housing units at the Bryn Mawr/Belle Shore Apartments through individual leases. They receive Assertive Community Treatment (ACT) or Community Support Team (CST) services from Threshold’s Community Mental Health Center. Thresholds maintains an office in the development that provides peer support 24-hours a day. The DMH Subsidy Administrator, Catholic Charities, entered into a Housing Assistance Payment (HAP) - like contract with Holsten Development, a private market landlord, for the 20 units (no more than 25% of units occupied by Class Members per building). Units are distributed throughout the buildings and not congregated together on one floor or section of the buildings.

A key component of the model is that staff provides a significant amount of education and training to members in order to increase their level of independence and understanding of both mental illness and vital health indicators such as glucose levels and blood pressure. Thresholds nursing staff are available at Bryn Mawr Apartments Monday through Friday, and on the weekends as needed. The nurses serve a vital role in ensuring the health and safety of Bryn Mawr members. Recently, 8 residents of Bryn Mawr Apartments attended the NAMI Mental Health Rally at the Thompson Center and demonstrated true engagement in their community and the future. Individuals who previously felt hopeless regarding prospects for moving out of the IMD and into their own apartments have demonstrated that with hard work, perseverance and adequate support, recovery truly is possible.

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### Trilogy Crandon Apartments

In April, 2015 a second Clustered model setting was implemented specifically to address the Williams Class Members that are on DMH agencies "Unable to Serve" lists. The scattered site setting is located at 7308 S. Crandon Street, on the Southside of Chicago in the Chatham neighborhood. It is a newly rehabbed property that has ground level, store front capability for local businesses. This project targets 10 units and adheres to the Consent Decree's 25% rule. Class Members may receive all Rule 132 services including Assertive Community Treatment (ACT) or Community Support Team (CST). All ten units have been inspected and approved for occupancy. Trilogy has negotiated with the landlord to convert one of the available store fronts into office space which will be maintained by Trilogy for 24 hour peer-support staff.

Trilogy employees are in the process of identifying consumers from their 'Unable to Serve' list to explore their interest in occupancy in this building. Several Class Members who initially expressed interest subsequently changed their minds and declined the units. Therefore, Trilogy expanded the offer to other provider agencies with 'Unable to Serve' Class Members. As of May 11, 2015 ten Class Members have looked at the units. Four Class Members have signed leases and will move by the end of May or early June. Four Class Members viewed the units but chose to look elsewhere. Two Class Members refused the location. An additional 5 Class Members have been identified by other agencies as potential referrals. It is expected that the ten units will be fully occupied by July 1, 2015. All staff have been hired and trained.

While this model has proven to be efficient in addressing the transition needs of those Class Members who would otherwise not have been afforded the option to live independently in a scattered site unit due to their risk factors, it nevertheless should be emphasized that this model is contingent on the availability of property, sized to accommodate the 25% restriction, and the landlord's interest and willingness to master lease units. These factors are outside of DMH's control or our ability to firmly commit to Cluster Housing expansion.

### **Statewide Referral Network (SRN) and ILHousingSearch.org (housing locator)**

In order to encourage the use of existing affordable housing resources by Williams Class Members, five webinar trainings focusing on the Statewide Referral Network and ILHousingSearch.org were held in March and April of 2015. Hundreds of case managers, transition coordinators and housing locators attended these trainings which highlighted the various upgrades to the housing locator, including the Saved Search function, Waterfall feature and streamlined processes. One of the webinars was recorded and is being disseminated to persons who may have missed the earlier training opportunities.

SocialServe, software vendors for ILHousingSearch.org, began a targeted landlord outreach campaign in March. With information from utilizers of ILHousingSearch.org and Saved Search data from locations

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without available units, 19 counties were targeted. Pertinent to Williams, these counties included Lake, Peoria and Kankakee. As a result of this outreach, an additional 1,417 units managed by 49 landlords were added to the housing locator (314 units in Lake, Peoria and Kankakee managed by 8 landlords). SocialServe will continue this outreach effort over May and June. We will reassess the communities with greatest housing need on a periodic basis for further outreach efforts.

On January 1, 2015, the Illinois Housing Development Authority (IHDA) began to use a new feature within ILHousingSearch.org. The periodic polling feature is designed to automatically email property managers/owners of properties that include Statewide Referral Network (SRN) units on the first of each month to ask about upcoming availability of SRN units. This allows for “marketing” of these vacant units to case managers, housing locators and care coordinators working with people who need access to affordable housing. As property management personnel change frequently, the periodic polling feature also asks for updated contact information. If there is no response from a property to the email, a second email is triggered and finally a personal contact from the IHDA Section 811/SRN Program Coordinator. This means that new property management staff are educated about their responsibilities related to providing SRN units for the life of the property and no opportunities to offer affordable housing to Williams Class Members are lost.

### Heads Up On Housing (HUOH) emails

In December of 2014, the Statewide Housing Coordinator (SHC) began sending out Heads Up On Housing (HUOH) email blasts to housing locators, case managers, care coordinators, Managed Care Organizations (MCOs) and other interested parties. These email blasts included information about currently available housing opportunities around the state, trainings and other housing related information. HUOH is sent to more than 800 people at least once a month.

### **Federally Funded Housing Resources**

#### Section 811

##### FY 2012 Section 811 Award:

A three pronged approach to expeditiously acquire as many Section 811 Project-Based Rental Assistance (PRA) units as possible in a rapid timeframe has been approved by the Section 811 Interagency Panel and implemented by IHDA:

1. The Allocation Committee of the Section 811 committee selected 70 units to receive the first Rental Assistance Contracts (RACs) based on data provided by Williams, Ligas, Colbert and MFP (Communities of Preference). Phase I signed Rental Assistance Contracts (RAC) went before the IHDA Board in April, 2015 and were approved. IHDA staff will complete the RACs with property owners in May, 2015.
2. Every new Low Income Housing Tax Credit (LIHTC) project coming online (about to complete construction/rehab and lease up) that is within a Community of Preference will automatically receive a

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Rental Assistance Contract for their Statewide Referral Network units to become Section 811 PRA units. This will garner ongoing available units for Class Members and MFP participants.

3. IHDA will develop and release a Request for Application (RFA) for property owners/managers who have properties developed before 2011 and would like to accept Section 811 PRA. There was a draft RFA developed during the initial Section 811 application process. That draft needs updating in order to capture projects in the Communities of Preference who already own the proper accounting software. The goal is to have the RFA to IHDA's board for approval at their May, 2015 meeting. IHDA's initial internal Readiness Assessment is complete. IHDA will continue to monitor their internal processes in relation to implementing and managing the Section 811 PRA Demonstration Program.

IHDA's Asset Management Department submitted the Affirmative Fair Housing Marketing Plan (AFHMP) to HUD for the Section 811 PRA Demonstration Program and it was approved on January 28, 2015.

On June 1, 2015, the Pre-Screening, Assessment, Intake and Referral (PAIR) online waiting list module will kick-off. Trainings on the use of the PAIR module will be held May 26, 27, 28, and 29, 2015 for anyone working with a Class Member transitioning from an institutional setting. The PAIR module allows for the prescreening of individuals for eligibility through an initial questionnaire, collecting more details of those who potentially qualify for continued assessment and intake onto a waiting list, then facilitating the matching and referral of qualified applicants to Section 811 PRA, Statewide Housing Network and Section 811 property providers with available units. The Statewide Housing Coordinator will be the designated manager of the waitlist and will be able to see all applicants in prioritized order and filter clients for matches with available Section 811 PRA, Statewide Housing Network and Section 811 match resources. The process of notifying matching clients, confirming eligibility and referring the client to the property provider through eventual placement (the "workflow") will be tracked in the system and recorded for outcome reporting.

### FY 2014 Section 811 application:

A second Section 811 application went in to HUD in May of 2014 requesting \$6.4 million for rental subsidies for 200 units. IHDA with its' partners, the Department of Human Services (DHS), Department on Aging (Aging) and the Department of Healthcare and Family Services (HFS) received notice in March of 2015 that they were awarded their second Section 811 PRA grant. In total, more than \$18M dollars of Section 811 PRA creating more than 900 affordable housing units will come to Illinois for Olmstead related populations.

### **Public Housing Authorities**

#### Chicago Housing Authority

The Chicago Housing Authority (CHA) committed Section 811 PRA match resources to to Colbert and Williams Class Members , 400 units in 2012 and an additional 200 units in 2014: consisting of 400 Housing Choice Vouchers (HCV), 140-200 Project Based Vouchers (PBV) and up to 60 accessible public housing units. To ensure we maximize this commitment, the State provider agencies enrolled over 2,000

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transitioned and to-be-transitioned Class Members on the recently opened CHA waitlist registry. CHA allowed those registered Class Members to skip the lottery process and move directly to the waitlist. Additionally, the State provided CHA with a list of 400 Class Members already transitioned to be preferred for HCV.

April 27-28 and May 4-5, the Chicago Housing Authority held interviews with these Williams and Colbert Class Members in order to complete the application process for CHA Housing Choice Vouchers with them. Interviews were held at the Trilogy and HRDI Drop-In Center sites. Class Members were apprised of the information needed and date/time of their appointments via mail. The DMH/Williams agencies and Aging/Colbert MCO contacts received an email notification from CHA, Aging and DMH. DMH/Aging contacted agencies/MCOs ahead of time with Class Member names to have agencies/MCOs complete applications with Class Members and gather documents. CHA will follow up with any interviewees who did not provide all of the required documentation or who missed their interview appointment. Once the HCV is awarded to a Class Member, they will transition in place from a state funded Bridge Subsidy to a federally funded Housing Choice Voucher.

### Housing Authority of Cook County

The Housing Authority of Cook County (HACC) committed Section 811 PRA match of 10% of turnover vouchers to Colbert and Williams Class Members with an anticipated yield of 50 (Housing Choice Vouchers) HCV, 35 Hard units of Project Based Vouchers (PBV) and Public Housing, and 35 Non Elderly Disabled (NED) Vouchers for a total of 120 units.

To ensure we reach the HCV target goal of 50, HACC, Aging and DMH are implementing a new initiative to transfer transitioned Class Members currently living in Cook County suburbs from the Bridge Subsidy to HCV at lease renewal. The HCV commitment should be complete by the end of the year.

To help reach the PBV/Public Housing goal of 35, HACC, Aging and DMH are implementing a new pre-application process for PBV buildings in the HACC pipeline to have Class Members placed on a waitlist to receive preference accordingly. HACC will provide Aging and DMH with a listing of current PBV and LIPH developments as well as a listing of PBV developments in the pipeline. These lists will be shared with the MCOs and provider agencies to have them work with Class Members to complete the pre-application. When units become available HACC will reach out to Aging and DMH to match interested Class Members with these units.

The Housing Authority of Cook County committed to a match for the second Section 811 PRA grant recently awarded. They pledged an additional 60 turnover Housing Choice Vouchers. We will continue to work with HACC in order to connect Class Members with these housing resources.

### Decatur Housing Authority

The Decatur Housing Authority (DHA) pledged match to the second Section 811 PRA grant recently awarded to the State of Illinois. Decatur is home to the farthest south IMD. DHA committed 15 units of Public Housing and 15 Housing Choice Vouchers through attrition. The Statewide Housing Coordinator

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met with DHA on March 25, 2015 to discuss the processes to operationalize these resources. DHA is completing the necessary changes to their Annual Plan in order to provide a preference to Olmstead related populations. We should begin accessing units in the late summer.

### Lake County Housing Authority

The Lake County Housing Authority (LCHA) pledged match to the second Section 811 PRA grant recently awarded to the State of Illinois. LCHA promised to amend its Section 811 Administrative Plan to adopt a first priority preference for up to one hundred Olmstead clients under their Housing Choice Voucher Program. The Statewide Housing Coordinator met with them on March 31, 2015 to discuss the processes to operationalize this resource. LCHA will be ready to begin receiving referrals for HCV mid-summer.

### Coordinated Remedial Plan

The Statewide Housing Coordinator, in partnership with IHDA, and others have begun outreach to Public Housing Authorities (PHAs) across the state encouraging them to opt-in to the Remedial Plan (approved by HUD) that will allow a preference to be given to Olmstead populations. The immediate focus has been PHAs with pledged Section 811 matching resources. We plan to expand outreach to PHAs in those counties identified by the Section 811 Interagency Panel Allocations Committee as “communities of preference.”

### Supervised Residential Expansion

As DMH continues transitioning Williams Class Members (WCM) out of IMD's there is clear clinical evidence that some percentage of WCM require a level of care that would not be satisfied through the DMH PSH resource. DMH is addressing the need for resources that will provide a level of care for these identified WCM through expanding and creating Supervised Residential Program resources. In the Supervised Residential Program WCM will be afforded clinical staff oversight (staff in house 24-7) in a housing type environment that will attend to immediate issues of living in the community safely, as well as the provision of skill training whereas the WCM can ultimately learn and acquire the necessary daily living skills to afford them the opportunity to live independently (via PSH) in the community at some point in the future.

### 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.

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### Trainings & Presentations

- CSH conducted a series of webinar trainings and presentations that were targeted to Williams Transition Agencies but also open to agencies and staff working on Colbert Consent Decree, Ligas Consent Decree, and community-based providers of supportive housing. These topics were prioritized by Williams agencies, and aim to engage providers in timely issues that impact long-term success of supportive housing for people moving into their own home after many years.
- March 17<sup>th</sup> (10:00 AM)– Overview of Bridge Subsidy Program. This recorded webinar was done in collaboration with Lindsay Huth of DMH and Patricia Hill from The Collaborative.
- March 30, 2015 (1:00 PM) – Reducing Time from Referral to Housing.
- April 21, 2015 (10:00 AM) – Understanding Reasonable Accommodation Process: How to Increase Access to Housing for Consumers.
- May 7, 2015 (10:00 AM) — Moving from Institutions to Community Based Apartments – Supporting Consumers in New Settings.
- May 19<sup>th</sup> 2015 (10:00 AM)–Supporting Tenants Transitioning from Bridge to Other Subsidies.
- June 4, 2015 (10:00 AM) – Promoting Community Integration.
- June 16, 2015 (10:00 AM) – Coordinating with Landlords/Property Managers to Promote Housing Stability for Tenants.
  
- Landlord Trainings on Supportive Housing and Williams Consent Decree  
CSH works closely with the Statewide Housing Coordinator to deliver training presentations on the Williams Consent Decree and Bridge Subsidy directly to landlord groups. CSH delivered the following trainings to landlords:
  - Presented on Williams at the First Incite Realty Group Landlord Association Meeting on Chicago’s South Side.
  - Presentation in partnership with NAMI of Lake County on Housing Location and Olmstead.
  
- CSH Supportive Housing Academy  
CSH delivered its annual Dimensions of Quality Supportive Housing Academy, a 3-day training event for existing and prospective housing partnerships. This event held April 14-16, 2015 in Chicago engaged 20 participants from Chicago, Cook County, Will County, and others who work even more regionally and include housing developers, realtors, and services providers. This includes DMH providers who are not yet delivering supportive housing under either consent decrees but that are visioning projects.
  
- CSH Summit  
CSH held its first national Summit in Chicago May 11-13, 2015. The Summit attracted over 650 stakeholders and allies in the supportive housing movement from across the country. There were 9 different tracks offering 45 sessions as well as other networking and learning opportunities including three different site visit tours of Chicago supportive housing providers focused on harm reduction, family, and veteran housing. One of the tracks focused on Olmstead and what complying with Olmstead means for supportive housing and communities from policy to housing setting to services delivery capacity. One session provided a case study of Illinois’ efforts to implement Williams, Colbert, and Ligas

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Consent Decrees. This session featured Denny Jones, Williams and Colbert Court Monitor, Ben Wolf, ACLU, Lore Baker, Governor's Office, and Ed Stellan, Heartland Health Outreach. Another session on creating the most integrated settings included IHDA Executive Director Mary Kenney and discussed housing model and unit integration as well as community integration and personal choice.

### 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.

### Increasing Housing Availability

- CSH completed six community profiles in locations that are near or similar to the "communities of preference" identified by Williams Class Members. The profiles were built off of existing information from realtors and Chicago Rehab Network. These communities were identified because they have similarities to and/or are in close proximity to those saturated communities, which have a demand that meets available units.

<b>Saturated Community</b>	<b>Similar Community</b>
Rogers Park	Albany Park
Hyde Park	Grand Boulevard
Near West Side	West Ridge
Edgewater	Near North Side
South Shore	Avalon Park
West Town	Logan Square

- CSH created project profiles of new developments coming on-line or are already in operation with resources targeted or available to Class Members, and are written in plain language to meet the literacy and informational needs of prospective tenants. Initial profiles are slated for Hope Springs in Springfield, The Landings of Villa Park, and Kimball Court Apartments in Homewood. All have Bridge Subsidy and participate in the State Referral Network.
- **Housing Locator Conference Calls**  
CSH participates in regular housing locator conference calls. The calls cover landlord outreach strategies and actively problem solve in real-time. In March, CSH provided additional information on building the

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Class Members “portfolio” to assist in competing for available units, such as: Letter of recommendation from the agency; Letter of explanation about the program, about supportive housing; Letter of support from a landlord you currently have a relationship with about the relationship with the service provider and/or being a landlord for a supportive housing tenant. CSH also offered support to housing locator staff on addressing Class Member discrimination practices.

### Consumer Satisfaction with Housing and Improving Housing Assessment Process

- Consumer Satisfaction Survey FY15

CSH conducted the second Consumer Satisfaction Survey for the participants of the Bridge Subsidy Program. This second survey was modified to focus only on housing-related questions and eliminated previous questions on services satisfaction and use of drop-in centers. The results will be published in a report that will be released by June 30, 2015.

- Consumer Housing Assessment

During the course of Williams implementation, additional housing models beyond the scattered-site approach have been requested and allowed. It is recognized that in order to maximize the number of people exiting institutional care a greater range of supportive housing will be needed, and in some cases a more intensive approach to service is also needed beyond ACT or CST. CSH worked with Resident Reviewers and Transition agency staff to develop the Consumer Housing Assessment to gather the level of service intensity, additional service risks that are present that could lead to housing loss, and then a menu of supportive housing settings. Resident reviewers piloted the approved tool from March 17-April 16, 2015, and the results are being analyzed with a report for next steps. The goal is to connect more Class Members with housing options and lessen the number of denials of transition if persons will not be successful in the scattered-site ACT model that is the primary option.

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## REPORTABLE INCIDENTS

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The incident reporting process is categorized into the three distinct levels as follows:

**Level I – Urgent; Critical Incidents:** Situations or outcomes that result in adverse occurrences impacting life, wellness and safety.

**Level II - Serious Reportable Incidents:** Situations or outcomes that could have implications affecting physical, emotional or environmental health, wellbeing and community stability.

**Level III – Significant Reportable Incidents:** Situations or occurrences that could possibly disrupt community tenure.

For the reporting period December 1, 2014 to May 6, 2015 the total number of reportable incidents (385) was categorized as follows.

**Level I:** 29 7.1%  
**Level II:** 347 85.3%  
**Level III:** 31 7.6%

Data compiled between December 1, 2014 and May 6, 2015, reflects that 226 Class Members accounted for a total of 407 reportable incidents. One hundred (100) Class Members accounted for two (2) or more Reportable Incidents. During this reporting period three (3) deaths were reported. A Root Cause Analysis was completed on each of these deaths and no autopsies were requested.

The below table shows the distribution:

Unduplicated Count of CMs	# Incidents	Total Incidents	Percentage
126	1	126	30.96
61	2	122	29.98
19	3	57	14.00
10	4	40	9.83
3	5	15	3.69
3	6	18	4.42
3	7	21	5.16
1	8	8	1.97
226		407	

The Division of Mental Health is executing an IGA with the University of Illinois, School of Nursing to conduct Mortality Reviews for the Williams level I Reportable Incidents that result in a death. The

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School of Nursing has also agreed to conduct retrospective reviews of the previous deaths, since inception. All paperwork, including deliverables has been agreed upon. UIC has the contract for signature. To date there have been 17 deaths under the decree.

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## QUALITY MANAGEMENT/QUALITY MONITORING

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### Quality Monitoring

The staffing and operations of the Quality Management unit has been consistent since the last reporting. Eight quality monitors continue to cover the Chicago metro and surrounding areas and two quality monitors housed in Pekin Illinois continue to cover Peoria, Decatur and surrounding areas.

The quality monitors fulfill their monitoring duties by: 1) completing reviews of comprehensive Service Plans for each Williams Class Member assigned to a community a agency for which transition services have occurred, 2) conducting in-home Quality Monitoring visits to assigned Class Member at 30 days, 3 months, 6 months, 12 months, and 18 months post transition, 3) completing Quality of Life Surveys on Class Members who have moved to the community, and 4) identify gaps in services and support for Class Members and report findings back to the Williams Quality Administrators, Associate Deputy Director of Transition Coordination and the Quality Monitor Supervisor.

When class members have had to return to the IMD, the information gathered by the Quality Monitors from the agency allows them to objectively look at reasons for the class member's return. When Class Members have subsequently returned to the community after stabilization the Quality Monitors resume the monitoring schedule.

There continues to be an increasing number of Class Members that are "aging out" of the monitoring process. After the 18<sup>th</sup> month visit the monitor's interaction with the Class Member ends. In some instances a monitor may feel that unresolved issues call for an extended monitoring period. In such cases, a request to extend the monitoring visits is submitted to the Associate Deputy Director of Transition Coordination. If approved, the Associate Deputy Director of Transition Coordination and the monitor agree on the timing of the next visit.

The feedback that DMH receives from the Quality of Life Surveys conducted by the Quality Monitors is critical. Quality Monitors provide another level of support which then validates the inclusion of wrap around services for Class Members living in the community. The feedback also provides a barometer of the care and services received by Class Members as well as their wellness and quality of life in the community. During this reporting period the Williams Quality Monitors completed sixty-seven (67) 6 month surveys, fifty-three (53) 12 month surveys and seventy-three (73) 18 month surveys.

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### BUDGET

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In FY15 the Illinois General Assembly appropriated \$35.5 million in General Revenue Funds and carried forward \$6 million in Special State funds for rebalancing efforts related to the Implementation Plan. Expenditures thru April 30, 2015 include \$3 million for administrative and operational expenses as well as \$17.7 million in grant funded services. In addition, \$4.4 million has been expended for Medicaid services to Class Members. By the end of FY15 it is estimated that spending will total approximately \$29.3 million with the balance of the GRF appropriation to be spent on Medicaid services.

The Governor's current proposed FY16 for budget for the Division of Mental Health includes \$57.9 million in General Revenue Funds dedicated to expanding home and community-based services, and other transitional assistance costs associated with the consent decree implementation.

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### **CALLS, COMPLAINTS, GRIEVANCES, and APPEALS**

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#### **Calls**

Between the dates of January 1, 2015 – May 11, 2015, there were a total of twenty-nine (29) calls to the Williams Call Line. Eleven (11) calls were directly from Class Members seeking status updates on assessments/reassessments, transition, requesting appeal information or follow-up by a community agency. Three (3) calls were received from a family member or guardian of a Class Member, seeking general information about the Consent Decree. Six (6) calls were received from other IMD/nursing home residents for general information. Nine (9) calls were received from other interested parties for general information about the Williams Consent Decree.

#### **Complaints**

There were no complaints or grievances filed to the Williams Call Line during the months covered by this report.

#### **Appeals**

There were no appeals submitted to DMH for review during this period.