



State of Illinois
Illinois Department on Aging

Colbert Semi-Annual Report

May 2015 – December 2015

Office of Transitions and Community Relations

1/4/2016

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Background

The *Colbert v. Quinn* lawsuit alleged that individuals are being unnecessarily segregated and institutionalized in nursing facilities in Cook County in violation of the Americans with Disabilities Act (ADA) and Rehabilitation Act. Through the Colbert Consent Decree, the State of Illinois agreed to provide the necessary supports and services to enable a definitive number of consenting Class Members to live in the most integrated community settings appropriate to their needs. The State also agreed to gather data that would reflect the costs of maintaining Colbert Class Members in community-based settings relative to the costs of maintaining those same individuals in nursing facilities. The results would be used to develop a Cost Neutral Plan to be used to guide the State in future community reintegration efforts-

The Illinois Department on Aging (IDoA) assumed the leadership of the Colbert Consent Decree implementation on January 22, 2014.

Introduction

This reporting period was primarily spent implementing the Six Month Plan to Achieve Compliance. The Six Month Plan to Achieve Compliance was introduced in the last report and is described in detail later in this document along with the State's implementation efforts. This plan served to organize and highlight activities that comprise the State's strategies to improve the quality of the services provided to Colbert Class Members and to track the State's compliance with the requirement to move 1100 Class Members by November 30, 2015.

1101 Colbert Class Members transitioned to community-based settings by November 30, 2015 in accordance with the transition requirement of the Six Month Plan. In addition to meeting the November 30th transition requirement, the State's accomplishments during this time period include:

- Inter-Governmental Agreement (IGA) with University of Illinois-College of Nursing (UIC-CON)
- Colbert Nursing Care Management Contracts with Community Mental Health Centers (CMHC)
- Contracts with selected CMHCs to provide outreach and evaluation services
- Contracts with selected CMHCs to provide outreach, evaluation and transition services
- Contracts with Care Coordination Units to provide outreach, evaluation and transition services
- Contracts with new Housing Locator agencies
- Development of Clustered-Model with supportive services
- Specialized training for all Colbert providers
- IGA with University of Illinois Jane Addams College of Social Work (UIC-JACSW)
- Initiation of IDoA/UIC-CON Quality Processes

The Six Month Plan describes several new initiatives that ultimately did not contribute significantly to the 1101 Class Members transitioned by November 30, 2015, but IDoA staff continues to monitor them closely. Not only did contracting delays result in start-up delays but these initiatives introduce new and challenging approaches to the core processes of the Colbert Consent Decree Implementation, e.g. outreach, evaluation. They are specific to certain disabilities and deserve our attention given the mix of disabilities among Colbert Class Members. All of these initiatives along with the State's core processes as implemented by the Managed Care Organizations, Community Mental Health Centers and Housing Locators are described in detail later in this document.

2015 Colbert Consent Decree Amendment

The 2015 Colbert Consent Decree Amendment was filed with the Court on December 1, 2015 and is appended to this document. Essentially, this amendment 1) clarifies the transition requirements of the Colbert Consent Decree to be 1100 transitions by January 8, 2015 with subsequent transitions to take place in the same manner and at the same pace as Year Three until the Cost Neutral Plan is resolved, 2) establishes that the Cost Neutral Analysis be completed by May 8, 2016 and that the Cost Neutral Plan be resolved by June 8, 2016, and 3) states the requirement for the State to create a Community Transition Schedule by December 31, 2016 for all interested Class Members that is consistent with the Cost Neutral Plan.

Cost Neutral Planning

During the time period covered by this report, the Cost Neutral Workgroup determined that cost data should be collected through December 31, 2015 for the final analysis as mandated by the Consent Decree. In preparation for the final analysis, cost data has been collected and reviewed for the periods ending June 30, 2015 and September 30, 2015. These reviews have been used to identify inconsistencies and to perfect the methodology. The 2015 Colbert Consent Decree Amendment, briefly described above, provides the timeline for the completion of the Cost Neutral Plan. As stated in the amendment, all of the Parties are to agree on a Cost Neutral Plan by the 42nd month following the finalization of the Implementation Plan or May 8, 2016. If the State and the Plaintiffs do not agree, the amendment requires that each of them submit a plan to the court by June 8, 2016. The Court will then determine how the Cost Neutral Plan is to be effected.

Court Monitor's Report

The Court Monitor issued an Interim Report to the Court on May 28, 2015 regarding the State's compliance with the requirements of the Colbert Consent Decree. In his report, the Court Monitor continued to find the State in compliance with the Outreach and Education requirements of the Consent Decree. It was noted, however, that the State was not in compliance with addressing issues of quality and comprehensiveness with Evaluations, in spite of initiating critical steps towards resolving those issues, and continued to be significantly behind in reaching the goal for Community Transitions, with 333 fewer placements than required as of May 8, 2015.

The Court Monitor carried over the seven recommendations that were made in the November 25, 2014 Report to the Court. The recommendations are listed below with the strategies developed and accomplished by the State in response.

1. Require the Managed Care Organizations (MCOs) doing Evaluations to standardize the Evaluation forms and required information (e.g., social histories and Service Plans of Care). *This task is included in the deliverables articulated in IGA between IDoA and the UIC-CON, which was executed on September 1, 2015. UIC-CON reviewed existing evaluation tools in use by Colbert MCO providers and for the new Division of Mental Health (DMH) and CMHC Resident Review initiatives. A more comprehensive assessment tool was developed in consultation with IDoA. Training on the use of the new tool, the quality of the assessment process and the initiation of service plans of care was held with the MCO assessment teams and Resident Reviewers on December 18, 2015. The tool will become effective on January 4, 2016. A follow-up training on utilizing assessment data to complete and implement quality, person-centered plans will be held with MCO and CMHC transition teams. A uniform service plan of care format is under consideration.*

2. Conduct routine and detailed audits/reviews of MCO Evaluations to ensure consistency, quality and comprehensiveness.

This task is included in the deliverables articulated in the IGA between IDoA and UIC-CON, which was executed on September 1, 2015. It was expanded to review the quality and comprehensiveness of all evaluations completed by CMHCs as part of the two new DMH and CMHC Resident Review Initiatives, as well as a random sample of evaluations completed by MCOs. All of the DMH and CMHC evaluations for September through November were submitted to IDoA as they were completed and then forwarded on to UIC-CON. The sample of MCO evaluations was selected using monthly Colbert Tracking System (CTS) reports of completed evaluations during the same time period. UIC-CON prepared and submitted to IDoA analyses of the assessments completed in September and October. The process they utilized and the preliminary outcomes are discussed later in the update on UIC-CON activities.

3. Develop a process/protocol for reviewing Evaluations that have a recommendation for no Community placement. This independent review should include the ability to challenge and overturn a negative recommendation.

This task is included in the deliverables articulated in the IGA between IDoA and UIC-CON, which was executed on September 1, 2015. Of 28 assessments reviewed in September and October where the disposition was to not recommend transition for the Class Member, one(1) was overturned due to the assessor's disagreement with the evaluator's identification of the Class Member's mental or physical health service needs, and four (4) were determined incomplete with additional information requested.

4. Increase the number and consistency of referrals to Housing Specialists and CMHCs by increasing the number of Evaluations and Service Plans of Care completed by MCOs on a monthly basis.

The number of Evaluations and Service Plans of Care by MCOs increased from an average of 126 per month in between October 2014 and March 2015, to 129 per month during the next six-month period between April and September 2015. The average number of evaluations per month declined to about 96 in October and November. (See Exhibit C.) IDoA attributes this decrease to intensified efforts by the MCOs to move more Class Members from the housing queue into the community. IDoA will continue to work with all of the evaluation entities to maximize the number of evaluations completed. It is anticipated that the Section Q initiative (see description later in this report) will generate a significant number of referrals for the MCO evaluators. The total number of evaluations completed by MCOs for the reporting period is 958. Exhibit C also reflects the number of evaluations completed by the Resident Review agencies and CCUs. Those new initiatives accounted for an additional 263 evaluations between July and the end of November. In all, 1221 Class Members were assessed for possible transition into the community.

5. Continue to expand and improve the availability of housing units for Class Members who use wheelchairs.

IDoA staff continues to work to cultivate relationships with landlords and identify handicapped accessible units for use by Colbert Class Members. The most recent opportunity was presented by one of the Colbert Community Mental Health Centers. IDoA has agreed to partner with the CMHC and DMH in a clustered model site still under construction in Evanston Township.

6. Explore alternative strategies to engage, evaluate and place Class Members over the age of 60. Evaluate the potential role that Care Coordinator Units (CCU) might play in this effort.

IDoA selected five (5) CCUs to improve outreach to Colbert Class Members 60 years of age and greater in nursing facilities where referrals to the Money Follows the Person (MFP) Program Web Application have been deficient. With the assistance of the Illinois Department of Healthcare and Family Services (HFS), IDoA provides names of Class Members that reside in assigned nursing

facilities for outreach by selected CCUs. The CCUs identify Colbert Class Members age 60 and over that are interested in transitioning to community-based settings. UIC-CON and IDoA have developed flow charts for the care coordination process and case reviews of Class Members recommended for transition. Training for the CCUs on this information was held on December 15, 2015. More information on the CCU process is provided later in the report.

7. Develop (in an expedited way) the capacity to analyze and manage all levels of incidents that occur with Class Members. The proposed IGA with University of Illinois at Chicago - College of Nursing (once finalized) should provide a core, missing piece. The State also needs designated staff to ensure that all elements of the review (e.g., mortality review) are done in an in depth, and timely manner.

Until September 30, 2015, incident reports continued to be reviewed by IDoA staff with the respective CMHC and MCO staff. Beginning October 1, 2015, the responsibility for review of incidents shifted to UIC-CON. This provided IDoA the additional support and expertise of two Advance Practice Nurses and a Social Worker from UIC-CON. Furthermore, IDoA hired an Advance Practice Nurse November 1, 2015 who also has integral role in the incident report review process. In collaboration with the Quality and Compliance Liaison, UIC-CON updated the incident report form to include more detailed demographic information and the Class Member's transition date, to expand the types of reportable incidents (e.g. falls and specific injuries) and to add a section for recording the response to the incident. Along with that, new procedures were initiated to include the submission of assessments and current medical, medication and behavioral health information with the incident report. Teleconference calls to review incident reports are held weekly and no later than 3-7 business days of the receipt of the report by IDoA and UIC-CON, unless it is determined that a call should be held sooner to address the Class Member's immediate needs for safety or a change in placement. The status of the Class Member as a result of the incident and the implementation of any recommendations from the initial call are discussed during 30-day follow-up calls. UIC-CON also produces comprehensive summaries of incident reviews post-call, which serves both as a reminder of the actions recommended, as well as a mechanism for tracking trends and patterns.

Outreach

IDoA continued to contract with two Colbert Outreach providers: Age Options, the Aging and Disability Resource Center (ADRC) serving suburban Cook County and the City of Chicago Department of Family Support Services (CDFSS), the Aging and Disability Resource Network (ADRN) serving the City of Chicago. Each agency deployed three (3) Transition Engagement Specialists to conduct outreach, education and engagement activities for Colbert Class Members.

As of November 1, 2015, the ADRN is having difficulty meeting the personnel requirements of the Outreach contract. Temporary full-time staff hired to perform this function were terminated and outreach activities are being conducted by supervisory staff that are permanent full-time employees as part of their duties. IDoA is in discussions with CDFSS regarding the future of this contract and, also, exploring alternative strategies for conducting outreach activities for Class Members that reside in nursing facilities in the city of Chicago.

To improve outcomes of its outreach and engagement activities, Age Options is implementing innovative strategies. For example, in October, Age Options initiated a partnership to facilitate Metropolitan Family Services' ability to target Class Members that are interested in being evaluated for transition. In this arrangement, Age Options visits assigned nursing facilities in the south suburbs to identify interested Class Members who are diagnosed with serious mental illness. Metropolitan Family

Services follows up by contacting those residents to conduct resident review assessments. In addition, Age Options is developing a plan to implement Community Integration classes for Class Members that are interested in transitioning into the community. The classes are designed to increase awareness of the skills required to independently manage health, social, financial and basic needs, and to help Class Members feel comfortable with the prospect of living on their own.

During the reporting period, ADRC and ADRN submitted monthly reports to IDoA regarding their Colbert Outreach, Engagement and Peer Mentoring activities. The reports capture quantifiable data from each agency’s outreach efforts in Cook County nursing facilities. Exhibit A provides information from outreach and education activities conducted between April 1 and November 30, 2015. A total of 1397 nursing home residents participated in outreach and engagement sessions. From this effort, 555 (40%) residents were referred for evaluation.

Exhibit A

Colbert Outreach and Engagement Activities

	ADRC – Age Options	ADRN - Department of Family & Support Services of Chicago
# of Outreach & Engagement Activities	125	278
# of Nursing Home Visits	81	123
# of Participants Attended Outreach & Engagement Sessions	312	1085
# of Referrals Generated	114	441
# of Colbert Peer Mentor Visits	28	52

Peer Mentoring Program

The ADRC and ADRN continue to recruit, train and utilize of Colbert Class Members that have successfully transitioned to the community as Peer Mentors who are willing to share their experiences with nursing home residents who are considering transitioning into community living. Colbert Peer Mentors accompany the Transition Engagement Specialists to nursing facilities and participate in groups and individual presentations. The Peer Mentors are given a stipend to cover their time and transportation.

The ADRC and ADRN monthly activity reports include the number of peer mentors and the name and date of nursing facilities that were visited during the month. There were 13 active peer mentors as of November 30, 2015. On average, the ADRC and ADRN utilized the assistance of a trained Colbert Peer Mentor two times per week during this reporting period.

It is noteworthy that the Colbert Peer Mentoring program was recognized as a promising and innovative practice during the Federal CMS MFP site visit in July 2015.

Referrals for Evaluation

In addition to the core recruitment strategies for Colbert Class Members already in use as of the last report, referrals for evaluation are now generated from the new Resident Review initiatives and CCU Project. Each of the four (4) Resident Review agencies have been assigned nursing facilities to approach to identify Class Members that have Serious Mental Illness (SMI) and have interest in transitioning to the

community. Two (2) of the agencies, Lutheran Social Services of Illinois and Metropolitan Family Services, were provided with lists of nursing home residents with low case-mix indices low to aid them in distinguishing persons that are more likely to have SMI as the primary diagnosis. Additionally, IDoA began facilitating the coordination of outreach services of transition engagement specialists with the evaluation services of the Resident Reviewers. As stated in the Outreach section of this report, Age Options partnered with Metropolitan Family Services to assist in identifying potential Class Members with SMI in nursing facilities located in the south suburbs. In the CCU Process, staff of Aging Care Connections, Catholic Charities South Suburban Senior Services and Catholic Charities Older Adult Services provide outreach and opportunities for evaluation of Colbert Class Members age 60 and over in certain targeted nursing facilities.

Other strategies continue to be 1) use of Transition Engagement Specialists employed by Age Options and CDFSS to provide information about the Consent Decree and make referrals when appropriate, 2) the outreach of Aetna and IlliniCare to their respective Integrated Care Plan members, 3) the support of the Chicago Regional Ombudsmen’s Office and the Cook County Suburban Ombudsmen’s Office, and 4) information provided to Colbert Class Members and the community at large that encourages self-referral as well as referral by families and friends.

The MFP Web Application reports a total of 6583 referrals for evaluation for transition to a community-based setting since implementation began in February 2013. From April 1, 2015 thru November 30, 2015,¹ 2350 referrals were made for evaluation. The HFS MFP Web Application continues to be the primary vehicle for Colbert referrals, but Class Members and the community at large can access hard copies of the MFP referral application through Ombudsmen, Transition Engagement Specialists, nursing facility, MCO and Senior Help Line staff as needed. See Exhibit B below for the sources of Colbert referrals since implementation and during this reporting period.

It should be noted that CTS reports a total of 7821 referrals for evaluation for transition to a community-based setting since implementation began in February 2013. IDoA attributes this discrepancy to legacy cases that do not have a referral in CRM, duplicate referrals, and the manual entry of certain referrals in CTS.

Exhibit B

Colbert Referrals to Evaluation by Source

Source	# of Referrals Prior to 9-30-14	# of Referrals from 10-1-14 to 3-31-15	# of Referrals from 4-1-15 to 11-30-15
NH Staff/ MDS 3.0 Q	1141 (40.4%)	358 (25.4%)	629 (26.8%)
ADRC/ADRN	660 (23.4%)	498 (35.4%)	563 (24.0%)
Ombudsman	361 (12.8%)	72 (5.1%)	206 (8.8%)
State or Community Agency	259 (9.2%)	195 (13.9%)	445 (18.9%)
Self	100 (3.5%)	93 (6.6%)	225 (9.6%)
Family/Friend/Guardian	63 (2.2%)	5 (0.4%)	16 (0.7%)
MCO	74 (2.6%)	166 (11.8%)	266 (11.3%)
Other	169 (5.9%)	19 (1.4%)	0 (0.0%)
Total	2827	1406	2350

¹ April 1, 2015 through November 30, 2015 will be the referenced data reporting period throughout this document unless otherwise stipulated.

Much of the referral for evaluation data for the CCU, DMH and CMHC Resident Review initiatives was collected manually. However, IDoA is working with HFS to develop a work around so that this information can be uploaded to CRM and populate CTS. Efforts to do this were initiated in October and it is anticipated that the workarounds will be fully implemented in January 2016.

Evaluations and Transition Dispositions

Aetna and IlliniCare Care Coordinators have conducted 4551 Evaluations since Colbert implementation began in February 2013, of which 1928 (42%) Evaluations were recommended for transition to a community-based setting. They have conducted 958 Evaluations in the time period covered by this report, of which 622 Class Members (65%) were recommended for transition to a community-based setting (see Exhibit C). Exhibit C also includes the number of evaluations completed through the CCU and Resident Review Initiatives. Those evaluations totaled 263, of which 125 Class Members (48%) were recommended for transition. The combined effort resulted in 747 Class Members being recommended for transition into the community.

Exhibit C

Evaluations Per Month last 8 months

	April	May	June	July	August	September	October	November	MCO April - November	New Initiatives April-November	Totals
Recommended	122	89	73	94	66	77	66	35	622 (65%)	125 (48%)	747 (61%)
Not Recommended	52	60	58	25	21	37	58	25	336 (35%)	138 (52%)	474 (39%)
Total Completed	174	149	131	119	87	114	124	60	958 (78%)	263 (22%)	1221

New Initiatives include the CCU Process and DMH/CMHC Resident Review processes.

Exhibit D

of Evaluations by Disposition

Evaluations Recommended by Disposition			
Dispositions	# of Evaluations thru September '14	# of Evaluations Oct '14 thru March '15	# of Evaluations April '15 thru November '15
Aging Network	128 (15%)	77 (17%)	133 (18%)
DRS Home Services	112 (14%)	67 (14%)	142 (19%)
CMHS	366 (43%)	227 (51%)	391 (52%)
SLF	34 (4%)	29 (7%)	30 (4%)
Other Services	11 (1%)	34 (7.5%)	40 (5.4%)
No Services	198 (23%)	16 (3.5%)	11 (1.5%)
Total Recommended	849 (30%)	450 (59%)	747 (61%)
Evaluations Not Recommended by Disposition			
Dispositions	# of Evaluations thru September '14	# of Evaluations Oct '14 thru March '15	# of Evaluations April '15 thru November '15
Requires 24hr Nursing Care	408(21%)	102 (33%)	110 (23%)
Aging Network	22 (1%)	6 (2%)	73 (15%)
DRS Home Services	0 (0%)	5 (2%)	4 (.8%)
CMHS	384(20%)	114 (36%)	160 (34%)
Other Services	207(10%)	21 (7%)	55 (12%)
SLF	0 (0%)	5 (2%)	11 (2.3%)
Class Member Lost Interest	473 (24%)	34 (11%)	45 (9%)
Unknown	484 (24%)	22 (7%)	16 (3%)
Total Not Recommended	1978 (70%)	309 (41%)	474 (39%)
Total	2827	759	1221

Transitions

The Colbert Consent Decree originally mandated that 300 Colbert Class Members be transitioned to community-based settings by November 8, 2013; 800 Colbert Class Members be transitioned to community-based settings by November 8, 2014, with a grand total of 1100 Class Members to be transitioned to community-based settings by May 8, 2015. In April 2015, the State and the Parties agreed on a 6 month Plan to Achieve Compliance, to commence on June 30, 2015. This Plan allows the State until November 30, 2015 to achieve the total 1100 Class Members transitioned to community-based settings as well as certain other new benchmarks established to further define the State's compliance with the requirements of the Consent Decree. Subsequently, the 2015 Colbert Consent Decree Amendment allowed the State until January 8, 2016 to reach the 1100 transition target (see page 3). Notably, the State moved 1101 Colbert Class Members to community-based settings by November 30, 2015 in accordance with the requirements of the Six Month Plan. See the charts below for details regarding transitioned Colbert Class Members.

Exhibit E

Demographic Characteristics

Data Population	894
Average Age	55 Years
Prominent Gender	Male (62.98%)
Predominant Race	Black (57.61%)
Predominant Race/Gender	Black Male (37.02%)
Predominant Race/Gender/Age Group	Black Male 51-60 (17.23%)
Chicago Vs. Suburbs	Chicago (70.12%)
Predominant Chicago District	Far North Side (47.67%)

Exhibit F

Transitioned Disposition Total

Aging Network	191
DRS Home Services	177
CMHS	480
Other Services	41
No Services	121
SLF	91
Total =	1101

Will Not Transition

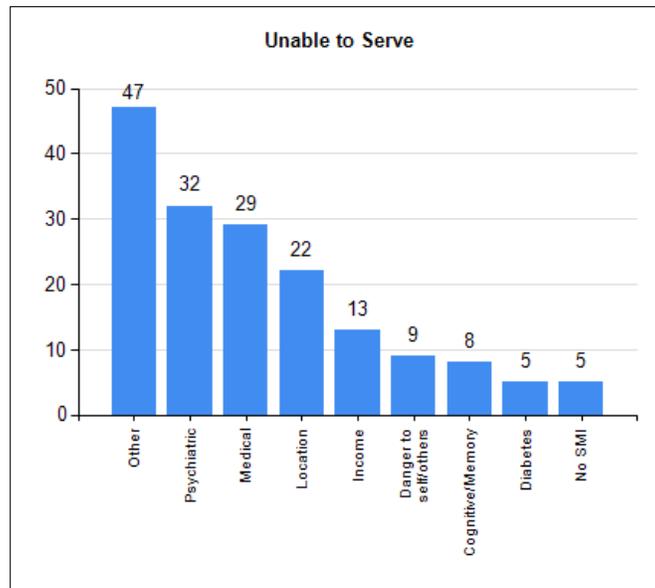
Of the 1873 Colbert Class members recommended for transition through November 30, 2015, 327 (17%) will not transition due to reasons such as a) Class Member lost interest, b) Class Member no longer appropriate due to medical/psychiatric condition, and c) guardian declined transition.

Unable to Serve

Of the 884 Colbert Class Members recommended to CMHCs for transition, 170 (19%) were determined Unable to Serve by the CMHCs for reasons such as a) no serious mental illness diagnosis, b) cognitive/memory loss, c) geographic preference, d) psychiatric condition, e) medical condition, f) danger to self and others, g) extreme criminal background, h) not a U.S. citizen, and i) requires higher level of care. In the next reporting period IDoA staff will work with the CMHCs and MCOs to 1) better understand the reasons that CMHCs determine that they are unable to serve Colbert Class Members, 2) ensure that the decision not to serve a Colbert Class Member is more collaborative, and 3) ensure that both the number of inappropriate referrals to CMHCs and the number of Colbert Class Members deemed unable to are reduced to a minimum.

Exhibit G

Colbert Class Members Unable to Serve



Housing Queue

As of November 30, 2015, there were 236 Colbert Class Members in the housing queue, that is, active participants in the housing component of the transition process.

Colbert Providers

Housing Locator Heartland Human Care Services and CMHC Heartland Health Outreach terminated their services with the State for the implementation of the Colbert Consent Decree implementation for economic reasons. There are currently nine (9) CMHCs and two (2) Housing Locator agencies providing transition services for MCO recommended transitions. IDoA has contracted with two (2) additional Housing Locator agencies for transition services related to the CCU initiative and the RSSI Clustered Model.

Six Month Plan to Achieve Compliance

In addition to the requirement to transition 1100 Class Members by November 30, 2015, six (6) tasks are mandated in the Six Month Plan to Achieve Compliance. All of the tasks were completed as required. See the tasks and the State's response below.

1. Major strategies to increase monthly transitions in months September- November include expansion of provider capacity and training.
Strategies include a) expansion of contracts with selected CMHCs to include Outreach and Evaluation services, b) contracting with Lutheran Social Services of Illinois and Metropolitan Family Services to provide evaluation services for Colbert Class Members diagnosed with serious mental illness, c) contracting with selected CCUs to target Colbert Class Members age 60 and over, d) amendments to Housing Locator contracts for increased compensation, and e) comprehensive training of Colbert providers for increased efficiency and improved operations.
2. IDoA will use existing data in an effort to predict the kinds of future housing that will be needed for Class Members.

Clustered Housing, Master Leasing and Accessible Housing are models designed to meet the needs of Class Members with special needs or who have barriers to acquiring apartments in the open housing market. The State provided projections of the numbers of Class Members who could potentially benefit from these models in the future due to their need for handicapped accessible housing or excessive credit or criminal backgrounds. Analysis of the data showed that class members with barriers account for 38% of all referrals. 50% of class members with barriers have accessible housing needs and 50% have excessive credit or criminal backgrounds. Currently, IDoA initiatives provide accessible units for 91% of transitioned class members in need of such units and 52% of units for class members who have backgrounds.

3. IDoA will track and report (by source) on the planned growth in the number of referrals for June through November 2015 and the transitions by month.
In an effort to assure that agencies receive an adequate number of referrals to meet transition compliance requirements, IDoA projected the number of referrals for transition to be generated from each of the evaluation entities and reported each entity's performance on a monthly basis. The results below show that evaluation entities did not achieve the targeted number of referrals. The DMH and CCU entities were newly contracted during this reporting period. Delays in contract execution and then subsequently in start-up account for their performance. IDoA staff will continue to monitor the number of referrals generated and work with the agencies to maximize the number of referrals generated.

Exhibit H

Targeted Number of Referrals per Evaluation Entity

Evaluation Entity	Targeted # Referrals Monthly	Average Actual # Referrals Monthly
MCO	100	69 (69%)
DMH	48	22 (46%)
CCU	12	2 (16%)

Exhibit I

Transitions By Month

	June		July		August		September		October		November	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Monthly	44	45	44	43	44	62	64	33	64	45	64	78
Cumulative	832	839	876	882	920	944	984	977	1048	1023*	1112	1101

*One additional class member was noted to have transitioned in September

4. IDoA will report on various aspects of quality assurance from referrals to contract compliance. Data shows number of reviews and results of reviews.
IDoA has provided access to the various quality assurance reports and methodologies as requested.
5. The State will develop and communicate a hand-off management system to ensure Class Members are informed of the time frame to expect for every event, with the contact name and information to answer questions at each stage of the process.

IDoA developed and implemented a Hand-Off Management process designed to promote communication between Class Members and transition agency staff throughout the transition continuum (See Class Member Notification Documents on page 17.)

6. IDoA will track and report on benchmarks reflecting salient aspects of the transition experience from the Class Member perspective.

IDoA reported monthly on four (4) benchmarks identified to be critical to the transition experience from the Class Member perspective. They include a) time from initial web referral to contact by a Colbert representative, b) time of contact by a HL, CMHC or CCU following a referral for transition, c) time from contact by HL, CMHC, or CCU to onset of housing search, d) time from web referral or reported interest in transitioning to actual transition. IDoA will continue to monitor these timeframes and discuss with the transition agencies to ensure that they work to achieve the targeted timelines.

Post-Transition

Consenting Colbert Class Members receive care coordination and follow up monitoring for 365 days post transition. Class Members that are evaluated through the core process received care coordination services delivered by the MCO Care Coordinator and the CMHC case manager when appropriate. In the new initiatives designed for Class Members diagnosed with serious mental illness, follow-up case management and monitoring are provided by CMHC staff only. Likewise, in the initiative that targets Colbert Class Members age 60 and over, follow-up case management and monitoring is provided by CCU staff. Regardless of the responsible entity, Colbert post-transition services are provided to consenting Class Members in accordance with federal MFP guidelines.

Exhibit J sorts Class Members into categories based on the number of post-transition days they reside in the community. As of November 30, 2015, 999 (91%) of transitioned Colbert Class Members remain in the community. The remaining 9% include 39 (3.5%) transitioned Class Members who are deceased, 52 (4.7%) transitioned Class Members who returned to the nursing facility, two (2) who are incarcerated, two (2) who moved out of state, and seven (7) whose whereabouts are reported to by the MCOs to be unknown. 465 Colbert Class Members have resided in a community-based setting for over 365 days.

Exhibit J

Community Tenure

In Community	# of Class Members
1-30 Days	81
31-60 Days	42
61-90 Days	40
91-180 Days	123
181-365 Days	248
365+ Days	465
In Community =999	
No Longer in Community	
Deceased	39
Returned to NH	52
Incarcerated	2
Moved out of state	2
Unknown	7
No Longer in Community = 102	
Total	1101

Employment

The *Colbert/Williams* Action Plan was developed to engage class members diagnosed with serious mental illness around employment as part of community integration. A *Colbert/Williams* IPS Trainer began working on October 20, 2015. The Trainer has visited 15 of the 18 Drop-In Centers and met with Drop-In Center Coordinators and *Colbert/Williams* Quality Administrators. A Survey Monkey to gather employment engagement and referral data for both *Colbert, Williams*, and non-*Colbert/Williams* class members has been developed. This survey will be completed by the Drop-In Center Coordinators weekly. The data will be aggregated to evaluate the effects of outreach and training efforts. The first monthly *Colbert/Williams Employment Learning Collaborative* call took place on December 18th. Meetings are scheduled in January with the remaining Drop-In Centers, *Williams* Ambassadors, and *Colbert* Peer Mentors.

Division of Rehab Services (DRS)

IDOa staff is working with Department of Human Services (DHS)/Division of Rehab Services to develop a process for *Colbert* Class Members with physical disabilities to access DHS/DRS's Vocational Rehabilitation services with the support of the MCO Care Coordinator. It is anticipated that this process will be developed and *Colbert* providers trained for implementation by March 1, 2016.

Housing

Bridge Subsidy

As November 30, 2015 approximately 65% of the 999 *Colbert* Class Members living in a community-based setting were supported by a *Colbert* Bridge Subsidy. The remaining 35% class members received a federal subsidy such as the Housing Choice Voucher (HCV), moved to a Supportive Living Facility (SLF), senior housing, or moved in with family or friends not requiring a subsidy. See Exhibit K below for more detail.

Exhibit K

of Class Members on a Rental Support

Rental Support	# of Class Members on a Rental Support
Bridge Subsidy	654 (approx.)
SLF	143
CHA/HACC HCV	25*/30
Other	148 (approx.)

*Number reflective of CHA HCV holders leased with an HCV not members award an HCV

Master Leases

Master lease agreements have been signed with four separate property management companies on the north, west and south sides of Chicago, and the Cook County suburbs, providing 39 units for class members with the option to add more as needed. The master lease agreements include less restrictive tenant selection criteria for class members with criminal and/or credit backgrounds and include buildings with elevators that are accessible for class members who use wheelchairs or who have limited mobility. Master leased units are located in the following neighborhoods: Old Town, Bronzeville, South Loop, South Shore, Logan Square/Humboldt Park, Irving Park and Riverdale. To date, 34 units are occupied by class members.

Clustered Model – Renaissance Social Service Inc. (RSSI)

The Clustered Model is now fully operational on the northwest side of Chicago with ten (10) accessible units set aside exclusively for class members with more severe medical and psychiatric needs. More units are also being secured with private landlords in the neighborhood to serve ten (10) additional Class Members. Supportive staff is able to provide additional supports and services onsite including regular visits by a nurse. The contract necessary to provide the services for this model was executed September, 2015 and the first tenants took occupancy of their units in October, 2015. As of November 30, 2015, all ten (10) site based units are filled and searches are under way for the neighborhood units.

Illinois Accessible Housing Initiative

IFF has acquired and made available all 70 units promised to Colbert class members in Phases I and II of this initiative. Fifty-one units are occupied by Colbert Class Members, with 12 additional class members in the various stages of the application process. IFF continues to purchase units, renovate them and make them available for the disability community, including Colbert Class Members.

Chicago Housing Authority

Chicago Housing Authority (CHA) committed 400 units to the consent decrees in 2012 and an additional 200 units in 2014 to Colbert and Williams Class Members; consisting of 400 Housing Choice Vouchers (HCV), 140-200 Property Based Vouchers (PBV) and up to 60 accessible public housing units. By November 30, 2015, 200 PBV have been secured for all Olmstead Consent Decree Class Members. Conversations are taking place with CHA for IDoA to refer additional Colbert Class Members for Bridge to HCV transfer in 2016.

Sixty-five Colbert class members have been issued HCVs. Of that 65, 25 have fully converted from Bridge and have signed leases with their HCV. Fifteen are in various stages of obtaining a lease. The remaining 25 include members who are working to reinstate their HCV. Causes for these circumstances involve landlords not willing to renew leases, landlords/members not submitting required documents within the

deadlines, members being unable to locate housing in the allotted time, lack of understanding of the process, returning to a nursing facility, etc. Some of these cases are being reviewed by CHA with the possibility of re-issuing the expired vouchers.

Housing Authority of Cook County

The Housing Authority of Cook County (HACC) has committed 10% of turnover vouchers to Colbert Class Members with an anticipated yield of 50 Housing Choice Vouchers (HCV), 35 PBV and Public Housing units, and 35 Non-elderly Disabled (NED) Vouchers for a total of 120 units. To date, all 35 NED Vouchers have been issued to Colbert Class Members, an additional seven (7) Colbert Class Members are living in PBV units and 30 have been issued HCV. HACC have committed to provide an additional 60 vouchers annually for consent decree class members.

Statewide Referral Network

The Statewide Housing Coordinator, responsible for the Statewide Referral Network (SRN), continues to disseminate the *Heads Up on Housing* newsletter that contains information on all SRN unit vacancies. The newsletter is distributed to more than 900 transition coordinators, case managers and housing locators around the state.

Section 811

Illinois Housing Development Authority (IHDA) continues to sign Rental Agreement Contracts with new affordable housing projects that are coming online. When a project is at 65% construction complete, the Section 811 Rental Assistance Contract (RAC) process begins if the units are in communities of preference for class members. The first S811 units were made available to class members starting in December 2015.

The Section 811 Interagency Panel met September 25th to review data from Williams, Ligas, Colbert and Money Follows the Person to determine what the communities of preference will be in 2016. Proposed developments with SRN units building in communities of preference are awarded additional points in the Illinois Housing Development Authorities' Qualified Allocation Plan to encourage affordable housing development in those areas where persons have moved and wish to move involved with Williams, Ligas, Colbert and Money Follows the Person. Communities of preference include: (within the city of Chicago) Uptown, Rogers Park, Near West Side, West Town, Edgewater, Lincoln Park, South Shore, Austin, Hyde Park, South Lawndale, Lake View, Burbank, Lawndale and Clearing; (cities) Peoria, Kankakee, Bourbonnais, Champaign, Urbana, and Decatur; (counties) Cook, DuPage, Kane, Kendall, Lake, Madison, McHenry, McLean, Sangamon, St. Clair, Will and Winnebago.

State of Illinois Housing Resource Website

On June 1, 2015, the Pre-Screening, Assessment, Intake and Referral (PAIR) online waiting list module located within www.ILHousingSearch.org became operational. More than 1,000 people around the state have been trained on using the online waiting list. The PAIR module allows for the prescreening of individuals for eligibility through an initial questionnaire that collects details of those who potentially qualify for continued assessment and placement on a waiting list. The PAIR module facilitates the matching and referral of qualified applicants to Statewide Referral Network units and Section 811 Project Rental Assistance (PRA) resources. The Statewide Housing Coordinator has been working with the software company to address any initial glitches in the system and to match current waiting list members with available properties.

Quality Assurance

IDoA significantly strengthened its quality assurance efforts in this reporting period. Since the last report, contract compliance audits were conducted, new processes were created to enhance communications with Class Members, and new systems for conducting clinical case, quality reviews of evaluations, mortality analyses and incident management reviews were developed through university collaboration.

Class Member Notification Documents

In response to the ongoing need to provide outreach and educational materials to ensure Class Members and their families and guardians have access to accurate information about the Colbert Consent Decree process, IDoA created seven (7) Informational Notices for Class Members to advise them of what to expect from the point of outreach and initial engagement, to being notified of a recommendation or no recommendation for transition, and through the delivery of pre- and post-transition services, when applicable.

A policy for distributing these notices was implemented and applies to all Colbert Consent Decree contracted providers, including those specifically responsible for outreach and engagement, evaluation, housing location assistance and pre- and post-transition care coordination. The policy emphasizes the need to present the relevant notices during a face-to-face contact as the Class Member begins each phase of the transition process. Contact information, including the provider's name and phone number, must be entered in case the Class Member needs more information and assistance. The notices, with the exception of notices regarding a recommendation to, or not to transition, provide a checklist that alerts the Class Member as to the phase he/she is currently engaged in. The notices are to be maintained by the Class Member.

Mortality Reviews

The purpose of Mortality Reviews is to identify patterns, themes, or behaviors surrounding an individual's death that could be beneficial to care coordinators and/or other community providers in the management of future individuals who transition to the community. Mortality reviews include a formal review of clinical documentation, case notes, emails, critical incident reports, insurance claims, and death certificates, if available, and face-to-face interviews with the care management team, other providers who worked with the Class Member, family members and guardians, as applicable. The mortality reviews are conducted by teleconference and facilitated by UIC-CON staff, including a nurse and social worker. IDoA staff includes the Colbert Project Director and Quality Assurance and Compliance Liaisons.

Since March 25, 2013 through August 31, 2015, a total of 773 Colbert members are documented as transitioning back to the community. During this time period, a total of 33 members died before reaching 365 days of continuous community living. Exhibit L below displays the total all-cause mortality rate for Aetna and IlliniCare, total Colbert members, and the number of MFP/Pathways participants compared to the MFP national rate.

Exhibit L

Colbert Transitions and All-Cause Mortality Rate

Organizations	Transitioned (n=)	Died (n=)	All-Cause Mortality Rate
Aetna	336	16	4.8%
IlliniCare	441	17	3.9%
Colbert Total	777	33	4.2%
MFP/Pathways ¹	1,232	57	4.6%
MFP National Program (MPR) ²			6.0%

Notes: ¹ February 2009 through December 2014; ² MPR MFP 2010 Annual Report.

Based on total transitions and deaths reported, the all-cause mortality rate for Colbert members was 4.2%, which is slightly lower than the MFP/Pathways rate and the MFP national rate.

Demographic characteristics, community tenure and cause of death of decedents are described as:

- A majority of decedents were male (75%) and African-American (50%). Slightly over half (54%) died in 2014.
- The decedents' average age at death was 57 years old. Decedents lived in the community an average of 4.6 months; 21% lived in the community two (2) months or less. Time spent in the community before death ranged from five (5) days to 10.5 months.
- The "typical" decedent experienced three (3) reportable incidents within 3.5 months after transitioning back to the community, in quick succession.
- Cardiac related event was the leading cause of death (43%) followed by unknown causes (18%), potential fall (7%), and cancer/hospice (7%).

Based upon the analyses completed, UIC-CON identified significant predictors of mortality post-transition. UIC-CON offered several recommendations for developing and implementing evidence-based guidelines and clinical protocols to increase the likelihood of Colbert Class Members living successfully in the community post-transition. The Colbert Quality Assurance Unit will collaborate with UIC-CON, the Quality Assurance Committee and representatives from the provider community to follow-up on the recommendations during the next reporting period.

Incident Reports

There were 322 incident reports for this reporting period that involved 277 Colbert Class Members. These incident reports included categories of medical hospitalization, psychiatric hospitalization, return to Nursing Home, Emergency Room visit (medical and psychiatric), alleged victim of abuse and neglect, alleged perpetrator of abuse and neglect, missing person, behavior incidents, death and other. See Exhibit M for a breakdown of key categories, medical hospitalization, psychiatric hospitalization, death, and return to Nursing Home.

During this reporting period, 13 Class Members returned to the nursing facility following a medical or psychiatric hospitalization. In other and non-medical areas, there were no evictions reported for this period, but there was an incident involving the alleged damage to Class Member's property inside his apartment. There were 14 incidents involving alleged abuse or neglect, with one allegation of a Class Member being the perpetrator.

Recently, UIC-CON examined reportable incidents (RIs) among Class Members transitioned since 2013 to determine trends in reportable incidents during the first eight (8) weeks of a Class Member’s move into the community. They found that:

- 29% of all documented RIs were experienced within two (2) months of transition by 53% of members who experienced at least one RI after transition.
- The documented RIs of this type were experienced primarily in 2014 (n=147) and 2015 (n=75); only 36 were documented to have occurred in 2013.
- The majority (97%) of RIs experienced within eight (8) weeks of transition were:
 - Hospital Admissions – 55%
 - ED Visits – 38%
 - Mortality – 4%

This information helped inform IDoA’s decision to amend MCO contracts to increase the frequency of face-to-face visits with Class Members determined to be at high risk.

Currently, UIC-CON is aggregating and reviewing all reportable incidents for trends and patterns. It is anticipated that a written analysis, along with recommendations for the prevention and management of reportable incidents, will be provided in January 2016.

Exhibit M

of Colbert Incident Reports

Type of Medical Incident	Prior Reporting Period Oct 2014-March 2015	Current Reporting Period April 2015-November 2015
Medical Hospitalization	63	109
Psych Hospitalization	35	55
Death	7	11
Return to Nursing Home	-	13

Contract Audits

Audits of contracts associated with the implementation of the Consent Decree are required as part of the IDoA quality assurance activity. During this reporting period, performance monitoring audits were conducted with the MCOs, Housing Locator Agencies, CMHCs, and Outreach and Engagement Agencies. Contract Compliance Monitoring tools and processes were developed and implemented, including interviews with staff and class members, observations of Colbert activities, site visits, reviews of written policies and procedures for services and record-keeping, partner agency feedback, and randomized reviews of records. Indicators of compliance were chosen based upon key deliverables as stated in the contracts and the Colbert Consent Decree Implementation Plan Phase 2. Below are summaries of the audits conducted.

Outreach and Engagement Agencies – March-June 2015

Colbert Performance Monitoring audits were conducted with Age Options (ADRC) and the City of Chicago Department of Family and Support Services (ADRN) by IDoA staff. IDoA staff had the opportunity to interview and observe three (3) Transition Engagement Specialists (TES) from each agency, and four (4) Colbert Peer Mentors during outreach presentations to interested Colbert Class Members at six (6) different nursing homes in Cook County. Overall, the Colbert outreach and engagement performance monitoring audit of the ADRC and ADRN was satisfactory. The Transition Engagement Specialists effectively delivered information to increase awareness of the services and

supports available to Colbert Class Members and generated referrals for those who were interested in transitioning to community living. IDoA met with both the ADRC and ADRN agencies to discuss the Colbert outreach performance monitoring findings, including commendations and recommendations. With the support of IDoA, the agencies are expected to implement corrective actions to address the recommendations. This will be monitored on an ongoing basis during monthly meetings as well as during the next scheduled performance monitoring audit.

MCO Care Coordination Agencies – August-October 2015

The performance monitoring audits of Aetna Better Health and IlliniCare Health were conducted by the Quality Assurance and Compliance Liaison and the Housing and Transition Specialist. Overall, the outcomes were satisfactory and both MCOs demonstrate that they value and have a strong investment in the quality of services they provide on behalf of the Colbert Consent Decree. They have strong multidisciplinary staffs that together make clinically sound judgements of a person's suitability for transition into the community. Much time is invested in policy development and supervision and training to keep staff informed, motivated and prepared to provide quality services for Colbert Class Members. Good pre and post-transition care coordination to ensure Class Members are satisfied, safe and healthy in their new homes.

While observing staff interaction during multiple activities and completing interviews with the class members, it was evident the Multi-Disciplinary Team (MDT) staff have productive relationships with service providers and with Class Members. The Class Members interviewed by the IDoA auditors expressed high satisfaction with services they receive. Evaluations to determine whether or not Class Members are suitable for transition into the community draw upon data from a variety of resources including: risk assessments, nursing home records and interviews with Class Members, nursing facility staff and others.

Detailed feedback from the audits was provided in writing and during in-person meetings with management staff, which also offered additional information and recommendations for quality improvement. Both MCOs proactively implemented action steps and prepared a corrective action plan to address identified issues. It is clear that both MCOs could benefit from additional resources, tools and training, especially on assessment, care planning and developing case notes, which IDoA will continue to provide through its partnership with the UIC-CON.

Housing Locators and CMHCs- March-June 2015

Audits of all ten (10) Community Mental Health Centers and all three (3) Housing Locator Agencies were conducted over a period of three (3) months by the Housing and Transition Specialist, the Technical Support & Outreach Development Specialist and the Transition and Research Administrator.

A sample of Class Member files reflected activities related to the service plan of care for each Class Member and demonstrated that the agencies implement policies and procedures that support the deliverables of the contracts and best practice standards. There was clear evidence that efforts to assist Class Members with pre-transition needs were grounded in the assessment of each Class Member's preferences and identified strengths, needs and abilities. When preparing for the actual move into the community, there was documentation that all transition needs were fully met, including the acquisition of household items, telephone and needed medications. Across all Housing Locator and CMHC agencies, Class Members interviewed expressed satisfaction with the transition assistance they received.

Issues identified as needing improvement and recommended action steps were shared with the respective agencies. The next scheduled audits will determine the degree to which these changes have been implemented successfully.

Quality of Life Surveys

Quality of Life surveys continue to be conducted in accordance with MFP guidelines for all Colbert Class Members. The completed surveys are forwarded to the UIC-CON for analysis. Currently, UIC-CON is aggregating all data under MFP and has not partitioned the data for Colbert for a more specific analysis. It is anticipated that the Colbert specific data will be available by the next reporting period. Additionally, CMHCs that are functioning as Transition Care Coordinators in lieu of MCO Care Coordinators will initiate conducting Quality of Life surveys. They have been given instructions to access on-line training on the administration of the surveys in December 2015 and January 2016.

University of Illinois at Chicago – College of Nursing

IDoA executed an IGA with UIC-CON beginning September 1, 2015. The deliverables and progress to date for this IGA include:

- Standardization of the Evaluation Tool: The purpose of standardizing the assessment tool is to ensure best practices in the collection and analysis of assessment data, to achieve consistency among Colbert providers in the information obtained about the Class Member's needs, abilities, strengths, service patterns and preferences; to develop clinically informed decisions regarding the Class Member's readiness for transition, and to facilitate the development of a person-centered service plan with specific goals and objectives most likely to result in a successful transition for the Class Member.
 - A new assessment tool has been created. It was designed by integrating the best elements of existing tools in use by the MCOs, CMHCs and Resident Reviewers, with research and evidence-based practice.
 - Colbert providers responsible for conducting evaluations were trained on the use of the tool, a new high-risk screen, and the quality of assessments on December 18, 2015. Implementation of the tool will occur the first of January.
 - Colbert providers responsible for transitioning Class Members will be trained in January 2016 to use a new tool, Strengths and Challenges. Developed as a companion to the new assessment tool, it will facilitate improved risk identification and service/care plan development.
- Routine Audits/Reviews of Evaluations: The purpose of Quality of Assessments Reviews is to lend clinical support to Colbert providers in the implementation of person-centered planning. The reviews will assess the comprehensiveness of the assessment tool and process and the validity of the outcome regarding a Class Member's appropriateness for transition into the community. The assessment reviews will further help determine if the Class Member's strengths, needs, abilities and preferences have all been considered in the development of the service plan of care.
 - All assessments completed by the DMH Resident Review and CMHC Assessment and Transition Initiatives from September through November 2015 have been provided to UIC-CON by IDoA staff. For assessments completed by MCOs during the same timeframe, a random sample of assessments has been provided to UIC-CON.
 - In order to provide detailed feedback on the assessment review process, UIC-CON developed an algorithm that was used to score each assessment. The algorithm contains 13 different categories that are scored on a 4 point Likert-scale, from unacceptable (1) to exemplary (4). These include:

1. Background and demographics
 2. Mental status
 3. Social history
 4. Diagnosis
 5. Medications and special orders
 6. Physical health
 7. Behavioral health
 8. Functional status
 9. Utilization history
 10. Review summary
 11. Critical thinking and inquiry
 12. Risk identification
 13. Communication
- UIC-CON completed its analysis of assessments conducted during September and October. Overall, the assessments were proficient in the areas of current mental status, social history, diagnoses, behavioral health, functional history, and review summary. The assessments were marginal in the areas of background and demographics, medications and special orders, physical health, risk identification and reporting utilization history. The analyses contributed to the improvement of the assessment tool, the addition of a companion risk management tool, and the training on the quality of assessments in December 2015. As new issues emerge, UIC-CON and IDoA will respond with additional trainings and/or improvements in tools and protocols.
 - Case Reviews: The purpose of Case Reviews is to review the continuum of care provided to transitioning Class Members. The reviews focus on the quality and comprehensiveness of assessments and how that information is used in the development of service plans of care, risk mitigation plans and 24-hour back-up plans. Case reviews help to determine the degree to which the Class Member's needs are being addressed. Recommendations for improvements result from the reviews to enhance and support the Class Member's successful transition into the community.
 - Processes and flow charts have been completed for conducting case reviews of Class Members recommended for transition that are deemed to be high risk and for all Class Members referred for transition from the CCU, DMH Resident Review and CMHC Review Initiatives
 - Training on the processes with MCO, CCU and CMHC providers occurred on December 15, 2015.
 - Case reviews will begin in January 2016 for cases of Class Members that are expected to move into the community in February or March.
 - Case reviews will be conducted by teleconference and facilitated by UIC-CON staff, including a nurse and social worker. IDoA staff includes the LCSW and RN Quality Assurance and Compliance Liaisons. Colbert provider participants will include the care coordinator, care manager, RN and other staff as relevant to the particular Class Member and incident under review. Provider agencies are encouraged to also invite the Class Member's health plan MCO Care Manager.
 - Incident Management: Reportable Incidents Reviews are conducted to determine the strengths and areas in need of improvement in the documentation and response of Colbert providers to post-transition incidents involving Colbert Class Members. Reviews of individual reports occur by phone on a weekly basis. The outcomes of these reviews are used to implement action steps for immediate follow-up and to prevent the re-occurrence of incidents. A 30-day follow-up call

occurs to confirm that the action steps were successfully implemented and to share updates on the Class Member's condition and current housing. The reviews are facilitated by UIC-CON staff, including a nurse and social worker. IDoA staff includes the Quality Assurance and Compliance Liaisons. Colbert provider participants are those directly involved with the Class Member and incident from the MCOs and CMHCs, when applicable.

- UIC-CON began conducting Reportable Incident Reviews on October 1, 2015. Prior reports of incidents occurring between April and September 30, 2015 that were reviewed by IDoA were either provided to UIC-CON directly or via the MFP/CRM database.
- Procedures for the reviews were modified to include more background information that could be relevant to the analysis of the incident occurrence, including the initial or current assessment and medical/behavioral health history and list of current medications.
- UIC-CON provided a brief analysis of reportable incidents and will provide a full analysis in January 2016. (See previous discussion.)
- Reviews of Evaluations Resulting in Not Recommended Dispositions: UIC-CON staff will manage the Clinical Review of interested Class Members that are not recommended for transition to a community-based setting after being assessed. The purpose of this review is to determine if the decision not to recommend the Class Member was appropriate and in keeping with the requirements of the Colbert Consent Decree. It will also provide some guidance and consistency relative to how decisions that result in not recommended dispositions are determined.
 - A random sample of assessments performed in September and October that resulted in not recommended dispositions were included in an analysis conducted by UIC-CON. The sample was drawn from assessments completed by MCOs and the DMH and CMHC Resident Review Initiatives.
 - In order to provide detailed feedback on the assessment review process, UIC-CON developed an algorithm that was used to score each assessment. The algorithm contains the first 10 of the categories used to review recommended assessments (see earlier section) and is scored on a four (4) point Likert-scale, from unacceptable (1) to exemplary (4).
 - Of 28 assessments reviewed, there were four (4) in which the reviewer determined that additional preparation or specialized assessments are needed to facilitate a successful transition for Class Member within a short span of time. Ideally, the specialized assessments should provide more information about services and supports that could be put in place. For all four (4) class members, UIC-CON recommended re-evaluating class members after these specific recommendations are pursued. Specific recommendations were dispersed across three (3) categories:
 - Educate and assess class member's ability to manage chronic diseases
 - Evaluate class member for cognitive impairments by arranging a neuropsychological evaluation
 - Evaluate class member's mental health by arranging a comprehensive psychiatric evaluation
 - The UIC-CON reviewer disagreed with the reviewer's recommendation to not recommend a class member for transition in 1 of 28 assessments reviewed. This disagreement was based on the quality of the assessment, including missing or insufficient information about the Class Member's behavioral health history, current mental status, risks, utilization history and current medications and lab values. IDoA

provided the feedback to the MCO and has requested that the Class Member be re-assessed by January 15, 2016.

Peer Advisory Council

The Colbert Consent Decree Peer Advisory Council provides a forum for Colbert Class Members who are in the Colbert transition/post transition process to make recommendations and comment on issues pertaining to the experience of Colbert Class Members regarding the implementation of the Colbert Consent Decree. The Colbert Peer Advisory Council currently has 14 active Peer Advisory Council Members, with tenure in the community ranging from two (2) months to two (2) years. One Colbert Peer Advisory member is actively involved in Colbert pre-transition process and has not transitioned into the community during this reporting period. The Colbert Peer Advisory Council Members are a mixed representation of the three disability groups; Aging, Physical Disability and Mental Illness. Many of the Colbert Peer Advisory Council Members also participate in the Colbert Peer Mentoring Program which is of great benefit to the Council as Peer Mentors are keenly aware of the current successes and challenges of Colbert Class Members in the nursing home regarding implementation.

Meetings with the Peer Advisory Council occur quarterly and are attended by representatives of the Colbert Consent Decree Parties. The meetings during this report period were held on July 15, 2015 and October 21, 2015. The agendas addressed discussion of Colbert Implementation Components: Housing Location, Transition Needs, Subsidy Process and Moving Day, the development and implementation of a Colbert Community Resource Guide to be given to newly transitioned Colbert Class Members for additional support and Colbert Consent Decree updates. Future meetings of the Advisory Council will include their participation as advisors to new initiatives and strategic discussions, including the IPS Supported Employment program for people with severe mental illness and strategies for improving outcomes for Class Members after they have been in the community over one (1) year.

Complaints, Grievances and Appeals

Colbert Class Members continue to receive information concerning their rights to file complaints, appeals, and grievances during any portion of the Colbert Consent Decree Process. Beginning January 2015, all inquiries are logged with the name of individual making the inquiry, complaint, grievance, or appeal, the Class Member involved, date received, and nature of inquiry.

Currently, MCOs, CMHCs, and CCUs address and attempt to resolve complaints concerning the transition process and IDoA is available for a second level of complaint resolution. There have been 42 complaints filed with IDoA for the reporting period of April 1, 2015 to November 30, 2015. Of these, four (4) complaints were regarding negative evaluation results. Written material regarding the Colbert appeal process was mailed to these individuals. As a result of these four (4) complaints, four (4) appeals were filed and resulted in re-assessments. Each appeal was addressed by IDoA and has been resolved.

The remaining 38 complaints were regarding Class Member concerns about their status in the transition process or other issues that Colbert Class Members are facing while they were living in the community. Each of these complaints were investigated and resolved via email correspondence with the respective MCO or CMHC. Seven (7) formal complaints were filed regarding Colbert Consent Decree related issues, including MCO assignment, Housing Locator assignment, community living, and Peer Mentor compensation. These formal complaints were followed up with a written response to the Class Member from IDoA.

There were no grievances of rights being violated filed during this time period.

Colbert Inquiries

From April 1, 2015 through November 30, 2015, 334 inquiries were made regarding Colbert processes. Inquiries were made through the Aging.ColbertDecree@illinois.gov email address, the Senior Helpline and other communication avenues. Most inquiries were requests for information regarding Class Members' status in the Colbert process made by the Class Members themselves, Ombudsmen, the ADRC, ADRN, and Class Plaintiffs' attorneys. Other inquiries were primarily Class Members seeking information about post-transition activities (i.e. Peer Mentoring program, Peer Advisory Council, dental resources, housing subsidies, and moving to a new unit).

Colbert Program Innovations

DMH Resident Review Contractors and CMHC Resident Reviewers

In an effort to increase the number of evaluations conducted for Colbert Class Members, IDoA contracted with Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS) to conduct evaluations for Colbert Class Members diagnosed with serious mental illness. Additionally, Trilogy Behavioral Health and Thresholds were given increased capacity to outreach, assess and make recommendations for transitioning Class Members also diagnosed with serious mental illness. If recommended for transition and the Class Member agrees, Trilogy and Thresholds continue to work with the Class Member to provide transition coordination. If the Class Member prefers another agency for this purpose, IDoA makes a referral to the requested and appropriate CMHC. The mental health professionals employed by these agencies used a standard Resident Review tool that was modified from the one utilized by the Williams Consent Decree. IDoA also provided for them specially designed informed consents and Class Member Notification letters.

The table below displays the number of assessments conducted between July and November 30, 2015 by assessment agency and assessment recommendation. It is important to note that Thresholds and Trilogy had no activity during July and August and that Metropolitan Family Services had no activity during July. In addition, Trilogy intentionally focused on moving Class Members into the community during the months of October and November and temporarily ceased conducting resident reviews during that period. In fact, three (3) of four (4) Class Members that were moved in November were a direct result of Trilogy's resident reviews. Thresholds moved one (1) Class Member to a community-based setting by November 30, 2015.

Exhibit N

of Assessments completed

Recommendation Status	LSSI	Metropolitan Family Services	Thresholds	Trilogy	Total
Recommended for Transition	37 (77%)	17 (31%)	25 (58%)	37 (93%)	116 (63%)
Not Recommended for Transition	11 (23%)	37 (69%)	18 (42%)	3 (8%)	69 (37%)
Total Completed Assessments	48	54	43	40	185
Refused Evaluations	142 (85%)	78 (86%)	6 (100%)	1 (100%)	227 (85%)
Incomplete Evaluations	26 (15%)	13 (14%)	0	0	39 (15%)
Total Refused/Incomplete Evaluations	168	91	6	1	266
TOTAL ASSESSMENTS	216 (48%)	145 (32%)	49 (11%)	41 (9%)	451

Refused evaluations represented 50% of the total assessments attempted. To assist IDoA in better understanding why Class Members choose not to be evaluated, the Informed Consent to Evaluate form, which was developed by IDoA, provides an opportunity for the Class Member to write in the reason along with his/her signature. Also, the differences in the percentages of refused assessments and incomplete assessments between LSSI/MFS and Trilogy/Thresholds may be attributed to the ability of the latter group to conduct outreach and pre-screening in nursing homes they have established relationships with. To provide this same opportunity for LSSI and MFS, IDoA facilitated an arrangement with Age Options so that outreach could be performed just prior to the Resident Review assessors' visit to the facility.

Care Coordination Units (CCU) Process

IDoA is currently utilizing three (3) selected CCUs (Aging Care Connections, Catholic Charities South Suburban, and Catholic Charities Older Adults) to improve outreach to Colbert Class Members in nursing facilities where referrals to the MFP Web Application have been lacking. Two (2) other agencies chosen for this initiative, PLOWS Council on Aging and North Shore Senior Center, have since declined participation due to the lack of staff.

With the assistance of HFS, IDoA provides names of Class Members that reside in assigned nursing facilities for outreach by selected CCUs. The CCUs identify Colbert Class Members age 60 and greater that are interested in transitioning to community-based settings, conduct evaluations, develop service plans of care, risk mitigation plans, social histories, 24-hour back-up plans and provide post-transition monitoring for 12 months in accordance with the Colbert Consent Decree and IDoA requirements.

CCU activities began in September 2015. Results will be analyzed after six (6) months of activities for impact on the number of Class Members recommended for transition to community-based settings. Exhibit O depicts the number of assessments that each CCU has completed and how many were recommended or not recommended as of November 30, 2015.

As of November 30, 2015, 78 evaluations were conducted, nine (9) resulted in recommendations for transition and three (3) Colbert Class Members moved into the community through the CCU Process.

Exhibit O

of Evaluations completed by CCUs

	Aging Care Connections	Catholic Charities – Older Adults	Catholic Charities – South Suburban
Recommended	1 (25%)	5 (17%)	3 (7%)
Not Recommended	3 (75%)	27 (84%)	39 (93%)
Total	4	32	42

University of Illinois Jane Addams Center on Social Policy and Research

The Jane Addams Center on Social Policy and Research (Jane Addams College of Social Work/University of Illinois at Chicago) convened the September 2015 Aging and Community Dialogue in which a small groups of experts and other interested individuals gathered to discuss concerns and matters involved in identifying needs and providing appropriate and effective services to individuals moving from institutions to community settings. Individuals who are transitioning from nursing homes to community living were addressed with questions centering on workforce development needs, service strengths and gaps, and innovations /priorities that can make a real difference. Individuals invited to participate included service providers, policymakers, state agency administrators, academic researchers, and several Colbert and Williams Class Members. Participants received a reading packet summarizing key policies, describing important research findings, and outlining effective practices and/or program models prior to the meeting. The Dialogue began with a brief presentation followed by group discussions led by individuals with expertise and knowledge about vulnerable populations and service programs. The report generated from the Dialogue is expected to serve as a valuable resource in forming and/or refining the Center for Innovation and Social Inclusion’s Year One work plan.

University of Illinois-Assistive Technology Unit (UIC-ATU)

UIC-ATU is funded by an IGA with IDoA to identify and meet the assistive technology and accessibility needs of Colbert Class Members. The proposed plan of services to class members included an evaluation at the nursing home, which would cover General Activities of Daily Living (General ADL; e.g., bathroom use), Mobility (including transfers), and Instrumental Activities of Daily Living (IADL; e.g., meal preparation, cooking, eating, cleaning, laundry). Class Members would then receive another visit, for the implementation of any and all equipment in the areas listed above. In the General ADL and Mobility areas, ATU services were intended to cover non-standard durable medical equipment (DME), as standard DME is handled by the MCOs. UIC-ATU Home Modification services were planned to occur prior to the move into the community. After conducting a number of evaluations in the nursing homes, however, it became evident that some portion of those services should occur in the class member’s apartment in the community. This new phase of service is identified below as Evaluations in Apartments for IADLs.

Evaluations for General ADL and Mobility

Through November 30, 2015, a total of 200 class members have received Phase 1 services. A total of 189 class members were seen at one of 75 nursing homes, and 11 were seen at their apartment in the community.

Home Modification Services

In this area, a total of 39 class members have received UIC-ATU evaluations of their apartments. Of those, a total of eight (8) class members have their accessibility changes completed, and Final Recheck visits made. There are two (2) cases on hold due to insufficient funds, as the required work exceeds the \$5000 allocation, and they are 60 years old or older (and thus not eligible for possible additional funding from the Illinois Department of Human Services – Division of Rehabilitation Services – Home Services Program).

Implementation in Apartments for General ADL and Mobility

Through November 30, 2015, a total of 48 class members have received services regarding implementation of General ADL and Mobility equipment identified in Phase 1.

Evaluations in Apartments for IADLs

The ATU has outfitted one of two vans dedicated to the project with typical IADL equipment. The goal is that for some class members, both the IADL evaluation and implementation can take place on the same date. Phase 3B services began in December 2015, and will be reported on in more detail in the next Progress Report.

MFP Minimum Data Set, Section Q (MDS-Q) Pilot

In December, 2015, HFS determined that it would go forward with the MFP Minimum Data Set, Section Q (MDS-Q) Pilot. The two purposes of this pilot project are to provide a timely response to those living in facilities who respond positively when asked if they would like to speak to someone about the possibility of returning to the community and to strengthen Illinois' long term care rebalancing efforts by increasing the number of participants receiving home- and community-based, rather than institutionally-based, services.

The MDS is part of the federally-mandated process for clinical assessment of all residents in Medicare- and Medicaid-certified nursing homes. The assessment is completed at admission, periodically after that, and at time of discharge. Within this pilot project, positive responses to the question regarding learning more about community transitions, located in Section Q of the MDS, will be treated as referrals to the MFP Program. Transition coordination staff at selected Care Coordination Units, an Aging and Disability Resource Center, and two Managed Care Organizations will contact those facility residents, and based on the residents' continuing interest and potential eligibility, full MFP assessments will be completed. Pending federal approval of completed Data Use Agreement addenda, implementation of this project is scheduled to begin early in 2016.

Colbert Tracking System

The Colbert Tracking System (CTS) is fully functional and utilized by all the provider agencies. CTS continue to enable IDoA and the provider agencies to better pinpoint where obstructions to transitions may occur and address them during weekly update telephone meetings. CTS continues to be the vehicle through which IDoA is able to track outcomes and provide reporting to the Parties on transition activities. CTS continues to be updated and modified with changes that allow IDoA to report the most

accurate information. Below are some of the changes that have occurred with CTS during this report period:

- Once a Colbert Class Member transitions in CTS, the record is frozen. The Housing Locator would not be able to enter in any data after the Housing Locator puts in a move-date. MCOs would not be able to update initial contacts, evaluation dispositions, and assignments to Housing Locators. It would not be frozen for IDoA staff.
- Updated CTS to include CCUs. CCUs act as an MCO in CTS.
- Thresholds & Trilogy initiative. They can now act as an MCO and Housing Locator under this initiative.
- Only one (1) initial contact after a referral is received can be entered into CTS, pre-transition. All other pre-transition contacts are now classified as subsequent contacts.

Trainings and Presentations

As audits, reports and contacts with Colbert Provider agencies suggest issues in need of improvement, and as new initiatives and process are implemented, IDoA works to ensure success by arranging relevant staff development training. Training is also provided by the Colbert Providers and is reviewed during the course of audits. During this reporting period, the following training and presentations were offered by IDoA:

- HFI Process Training for Colbert Care Coordinators – 4-24-15
- Home Services, Waiver Services & DME Training – 5-1-15
- How to Access Section 811 & SRN Housing Units for Colbert Class Members – 5-27-15
- HACC Change of Bank Training – 6-19-15
- Colbert Quality Assurance Committee – 6-22-15
- Colbert Tracking System and Transition Fund Request – 7-24-15
- MFP/CRM/Quality of Life Survey Training – 7-29-15
- Class Member Notification Letters – August 2015
- Colbert Tracking System Training – 8-14-15
- UIC-CON & CCU Implementation Training – 8-27-15
- UIC-ATU Training – 9-10-15
- Class Member Notification Letters Training – 9-10-15
- CCUs & Catholic Charities Housing Training with HACC – 9-21-15
- CRM Training Conducted by UIC-CON – 9-23-15

IDoA staff also coordinated and participated in a panel presentation “Guiding Older Adults and Persons with Disabilities Back to the Community” at the American Society on Aging Roundtable in April 2015, and presented at the Housing Action Illinois Conference regarding the Colbert Consent Decree implementation in November 2014. In July 2015, IDoA staff participated in the Federal CMS/MFP site visit and presented on key activities of the Colbert Consent Decree.

Colbert All Agency Training Day

IDoA hosted a full day of trainings, panels and workshops on July 10, 2015 for all Colbert contracted agencies. This day provided opportunity for all contracted agency staff to participate in discussions on subjects relevant to their area of work in the implementation of the Colbert Consent Decree. The opening panel included leads from sister State of Illinois Departments IHDA, DMH, IDoA, HFS, DDD, as well as the Court Monitor. Presenters hosted sessions from UIC-CON, UIC-ATU, Berkley Research Group, HACC, CHA, and plaintiffs’ counsel.

Staffing

During the time period covered by this report, a Licensed Clinical Social Worker and an Advance Practice Nurse were hired for two Quality positions. Additionally, a Project Assistant was hired for the Transition and Research Administrator, with primary responsibility in the area of Housing. The Transition and Research Administrator position was vacated November 1, 2015 and is anticipated to be filled in the next few months.

The IDoA Colbert Implementation Team is currently staffed with a Project Director, Housing and Transition Liaison, Outreach and Technical Assistance Specialist, Information Systems Analyst, Financial Analyst, Quality and Compliance Liaison, Quality and Compliance Nurse Liaison and two (2) Project Assistants.

Budget

IDoA requested appropriation levels during Fiscal Year 2016 (FY16) at the same level as the FY15 level of \$32,496,400. A FY16 State budget has not been passed; however, IDoA is permitted under the Colbert Consent Decree to continue funding the Community Transition and System Rebalancing program at the prior year funding level.