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**Governor's Nursing Home Safety Task Force
Thursday, October 29, 2009
8:30 a.m.-11:00 a.m.
Illinois State Museum Auditorium
502 South Spring Street
Springfield, Illinois**

The Seriously Mentally Ill And Nursing Homes

CBHA is aware of a range of experiences, options and challenges consumers face as they navigate their recovery from mental illness. Individuals in Illinois' Nursing Homes have a varied background before they enter a nursing facility as well as a range of experiences in nursing facilities.

As this taskforce establishes what can be corrected to improve safety for some of the most vulnerable among us, we ask members to consider that for many nursing homes residents with a Serious and Persistent Mental Illness the lack of community alternatives slams the door on their recovery. May we suggest that safety or the lack of it, and the inadequate continuum of care for many nursing homes residents with a Serious and Persistent Mental Illness are systemically linked.

As much as is possible and as is clinically appropriate we should move towards policy objectives wherein the state promotes and monitors correct care, in the proper setting, for the right amount of time.

There are options to develop more care alternatives even in these challenging times

Due to the lack of community care alternatives, most persons with a Serious and Persistent Mental Illness (SPMI) who are referred to nursing facilities have exhausted placement options. If alternatives from the most restrictive care to assistance provided to maintain recovery are adequately developed, persons with a Serious and Persistent Mental Illness (SPMI) would be a population that is safe and well served in Illinois.

Currently:

1. The lack of community alternatives results in a group of individuals by default being referred for facility placements that often cost the state dearly.
2. A significant number of persons placed in facilities and who leave or end their placement without proper community supports and alternatives join an ever growing population of mentally ill persons that place unmanageable burdens on the existing mental health system, jails, law enforcement and the courts.
3. The lack of community alternatives and supports results in persons with SPMI adding to the homeless population, engagement in the criminal justice system, as well as the local hospital ER visits and hospitalizations.

Care must be along a continuum of care and contain incentives for the state, facilities, communities, and consumers, to help individuals be safe and develop sufficient recovery skills.

We know the task force is gathering many recommendations concerning consumer safety. We hope to add to body of suggested solutions the task force is considering. May we start by reminding task force members that recovery leads to a less restrictive, more independent level of care in the community. Therefore for the SPMI client in nursing facilities care must include the requirement of recovery-oriented care that promotes “patients” obtaining their greatest degree of independence including discharge from the facility.

The Task Force in its current review of Nursing Home Safety will review the need to address forensic care. As one reviews the needs of the populations in nursing facilities including IMD’s we wish to advance solutions to address Illinois’ paucity of community alternatives for individuals with mental or substance use disorders, and individuals with co-occurring disorders of mental illness and substance abuse who can live safely in the community.

Our call for developing community alternatives includes:

- urging this Task Force to call for commitment to develop community alternatives.
- suggesting to policy makers that even in the current economic difficulties Consumer Alternative Programs can be developed.
- outlining a discussion for a program for implementing community alternatives for individuals with mental or substance use disorders, and individuals with co-occurring disorders of mental illness and substance abuse.

Saving GRF

The GRF cost per individual is less expensive to the state than current institutional care in institutes for mental disease (IMDs), due to federal financial participation. Periodically savings estimates for community care alternatives when compared to Institutes of mental Disease have been identified by legislators and advocates. With GRF saving as high as \$ 7000.00 per person per year we hope that a commitment will be made as soon as possible to develop Community Alternative Programs.

Implementing the CAP Program

The existing network of community not-for-profit mental health service providers and advocates has consistently demonstrated the ability to implement an initiative such as the CAP program.

Community Alternative Development

Illinois with the correct mixture of political will, planning and implementation could develop residential alternatives for individuals with mental or substance use disorders and individuals with co-occurring disorders of mental illness and substance abuse.

- In the early 1990s, community providers implemented a residential community development program called CILA (Community Integrated Living Arrangements), developing several hundred residential placements over a two-year period.
- In 1995, community mental health providers in the central part of our state developed multiple residential settings when the state hospital, Adolf Meyer Mental Health Center, was closed. Placement of approximately 100 people was achieved during a nine-month period.

The Consumer Alternative Program

The purpose of the Community Alternative Program is to prevent or avoid unnecessary institutionalization of individuals with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse.

It is assumed that CAP implementation will be phased in with start up of residential services occurring after the selection of proposals submitted by providers and development of residential settings.

The Department of Human Services shall implement, coordinate, monitor, and evaluate the Consumer Alternatives Program, as described in the accompanying Consumer Alternatives Program specifications in cooperation with all governmental and private resources, organizations, and stakeholders. The Consumer Alternatives Program shall address the needs of individuals with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse. The Consumer Alternatives Program will provide cost effective, community residential settings and supports to enable individuals with a mental or substance use disorder, or a mental illness and substance abuse co-occurring disorder, to live successfully in the community.

The Consumer Alternative Program

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Section 100. Purpose

It is the purpose of the Community Alternative Program to prevent or avoid unnecessary institutionalization of individuals with mental or substance use disorders, or a co-occurring disorder of mental illness and substance abuse. The Department of Human Services shall implement, coordinate, monitor, and evaluate the Consumer Alternatives Program, as described in the accompanying Consumer Alternatives Program specifications, in cooperation with all governmental and private resources, organizations, and stakeholders. The Consumer Alternatives Program will provide cost effective, community residential settings and supports to enable individuals with a mental or substance use disorder, or a mental illness and substance abuse co-occurring disorder, to live successfully in the community.

Section 102. Definitions

In Section 100 and the subsequent Sections of this program specification:

"Individual with a disability" means any of the following:

- (1) An adult individual who has a physical impairment of drug addiction, or alcoholism or both; or mental impairment, that substantially limits one or more of the individual's major life activities.
- (2) An adult individual who has a record of a physical impairment of drug addiction, or alcoholism or both; or mental impairment, that substantially limits one or more of the individual's major life activities.
- (3) An adult individual who is regarded as having a physical impairment of drug addiction, or alcoholism or both; or mental impairment, whether the individual has the impairment or not.
- (4) "Mental impairment" means a mental or psychological disorder or emotional or mental illness.
- (5) "Physical impairment" means drug addiction or alcoholism, or both.
- (6) "Stakeholder" means an advocacy organization or service provider whose mission includes advocacy for or provision of quality services to individuals with a disability of mental illness, substance abuse, or a co-occurring disorder of mental illness and substance abuse.

Section 105. Implementation of Consumer Alternative Program

The Department of Human Services is directed to implement the Consumer Alternatives Program. The Department of Public Aid, the Department of Public Health, and other state agencies as appropriate shall cooperate fully with the Department of Human Services in fulfilling the requirements of the Consumer Alternative Program.

Section 110. Community Services

In order to prevent or avoid institutionalization of individuals with a disability due to a mental or substance use disorder, or a mental illness and substance abuse co-occurring disorder, the Department of Human Services shall implement, coordinate, monitor, and evaluate community services for individuals with disabilities in Illinois in cooperation with all governmental and private resources, organizations, and stakeholders. Services shall address the needs of adult individuals with disabilities, in the following disability areas:

- (1) Mental illness.
- (2) Alcoholism and/or Substance abuse.
- (3) Mental illness and substance abuse.

Section 115. Consumer Alternative Program Implementation

(a) The Department of Human Services shall implement the Consumer Alternatives Program for individuals with a mental or substance use disorder or co-occurring disability of mental illness and substance abuse. The Consumer Alternatives Program shall consist of a program for individuals with a mental or substance use disorder or co-occurring disability of mental illness and substance abuse, designed to provide a system of services and supports for those individuals to live in the most integrated community-based integrated setting.

(b) The Department shall begin implementation of the program during fiscal year 20XX. The Department shall adopt rules for the selection of the initial program participants.

(c) From existing funds and funds appropriated by the General Assembly, the Department of Human Services shall do the following:

Establish a comprehensive plan to develop and maintain a statewide system of community-based services that reflect the choices and needs of individuals with mental or substance use disorder or a co-occurring disorder of mental illness and substance abuse and their families, to prevent or avoid unnecessary institutionalization.

Carry out all functions and duties required by law through collaboration with individuals with mental or substance use disorder or a co-occurring disorder of mental illness and substance abuse, their families and guardians, community organizations, and providers throughout the State.

Facilitate or provide technical assistance to community service providers in planning, developing, and implementing services and supports for individuals with mental or substance use disorder or a co-occurring disorder of mental illness and substance abuse and their families.

From funds appropriated by the General Assembly to the Department of Human Services for that purpose, the Secretary of the Department of Human Services shall establish initiatives including, but not limited to, the Consumer Alternatives Program as described in Section 100 and the subsequent Sections to prevent and correct inappropriate institutionalization to ensure that individuals needing alternative services are served in the most integrated setting.

(d) The Consumer Alternative Program components shall include:

(1) Policies to avoid inappropriate placement of an individual in an institution, including general acute care hospitals, hospitals with distinct parts for psychiatric care, free standing public or private psychiatric hospitals, residential treatment facilities, and nursing facilities.-

(2) Additional community-based integrated residential settings with appropriate community supports in accordance with an individual program plan or an individual treatment plan, or both.

- (3) Programs to train institutional discharge staff treating individuals with disabilities training on community-based alternatives.
- (4) A process to inform a person of all available options for his or her care before that person makes a decision on his or her placement.
- (5) The assistance before placement, of a specialist who will assist the person in making the move from an institution to a community setting.
- (6) Outreach activities to identify persons in institutions who may wish to move. The Department of Human Services shall establish the qualifications of persons and or organizations that perform the outreach for community-based organizations funded through the program. The guardian of the person, if any, must be afforded the opportunity to be involved with the outreach process and the resident.

Section 125. Provision of Services

In accordance with an individual program plan or an individual treatment plan, or both, based on a comprehensive evaluation, individuals with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, may be provided the services described in the Sections following this Section.

Section 130. Comprehensive Evaluation and Diagnosis

An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, who is applying for services is entitled to receive a comprehensive evaluation and diagnosis including an assessment of skills, abilities, and potential for residential and work placement, adapted to his or her primary language, cultural background, and ethnic origin.

Section 135. Individual Program or Treatment Plan

An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, is entitled to receive services in accordance with a current individual program plan or an individual treatment plan, or both. An individual with a disability who is receiving services shall be provided periodic reevaluation and review of the individual program plan or individual treatment plan, or both, in order to measure progress, to modify or change objectives, if necessary, and to provide guidance and remediation techniques. An individual with a disability and his or her representatives have the right (i) to participate in the planning and decision-making process regarding the individual's program plan and to be informed in writing, or in that individual's mode of communication, of progress at reasonable time intervals. Each individual must be given the opportunity to make decisions and exercise options regarding the plan, consistent with the individual's capabilities.

Section 140. Nondiscriminatory Access to Services

An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, may not be denied program services because of age, sex, ethnic origin, marital status, ability to pay (except when contrary to law), record, degree of disability, or illness.

Section 145. Family or Individual Support

An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, must be provided family or individual support services, or both, services in accordance with a current individual program plan or an individual treatment plan, or both. to prevent unnecessary out-of-home placement and to foster independent living skills

Section 150. Residential Choices

An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, who requires residential placement in a supervised or supported setting must be provided a choices among available, clinically appropriate, residential options. The placement must be offered in the most integrated community setting possible.

Section 155. Vocational Training

An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, must be provided vocational training, when appropriate, in accordance with a current individual program plan or an individual treatment plan, or both, that contributes to the individual's independence and employment potential. This training must include strategies and activities in programs that lead to employment and reemployment.

Section 160. Employment

An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, has the right to be employed free from discrimination, pursuant to the Constitution and laws of this state.

Section 165. Case Coordination Services

An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, must be provided case coordination services, as appropriate, in accordance with a current individual program plan or an individual treatment plan, or both.

Section 170. Due Process; Judicial Review

- (a) An individual with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, retains the rights of citizenship. Any individual aggrieved by a decision of a department of state government regarding services provided under this Act must be given an opportunity to present complaints at a due process hearing before a hearing officer designated by the director of that department.
- (b) Any individual aggrieved by a final administrative decision rendered following the due-process hearing may seek judicial review of that decision pursuant to the Administrative Review Law. The term "administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure. Reasonable attorney's fees and costs may be awarded to the successful plaintiff in any formal administrative or judicial action under this program.
- (c) The right to a hearing under this Section is in addition to any other rights under federal, State, or local laws.

Section 175. Transitional Living Assistance

The Department of Human Services shall lead a coordinated effort with the Department of Commerce and Community Affairs to further develop housing assistance programs to promote the ability of individuals with a mental or substance use disorder, or a co-occurring disorder of mental illness and substance abuse, to move from institutions to the most integrated community residence. The housing assistance program shall address eligibility criteria, the period a person may receive assistance, the types of housing expenses to be covered, and the locations of the programs. The Department of Human Services shall administer the program and may seek the advice of the Department of Commerce and Community Affairs for this purpose.