Annual Report on NC Supportive Housing Program

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Report to
The Joint Legislative Oversight Committee on
Health and Human Services

By

North Carolina
Department of Health and Human Services

October 1, 2016

North Carolina
Transitions to Community Living Initiative

Health and Human Services

July 1, 2015 – June 30, 2016

Vision Statement

North Carolina supports serving individuals with disabilities in the least restrictive and most integrated settings possible, based on what is clinically appropriate as defined by the individual's person-centered planning process. Through the planning process, the Department of Health and Human Services (DHHS) believes that individuals with disabilities should have the opportunity to live in community settings that reflect community values and standards. These settings will vary depending upon the individual's preferences and supports needed to live in the community.

DHHS is pleased to present the third annual report for the Transitions to Community Living Initiative (TCLI). Implementation of a comprehensive services system inclusive of TCLI continues to be the main focus for meeting the requirements of the Department of Justice settlement. Some of the accomplishments from the last year include:

- **Provided supportive housing to 334 new individuals in SFY 2015-2016**, bringing the total to 853 individuals since the beginning of TCLI.
- **Funded 10 new Individual Placement and Support – Supportive Employment (IPS-SE) teams and expanded eight teams**.
- **Nine new teams of IPS-SE have reached fidelity this fiscal year**, bringing the total to 22 teams
- **Providing quality Supported Employment (SE) services to 2,089 individuals,.of which, 1,755 individuals were served by teams that met IPS-SE fidelity.** Of the 1,755 receiving IPS-SE fidelity services, 708 individuals meet the definition of in or at risk of entry into an Adult Care Home (ACH).
- **Tenancy Supports is now a state-funded service** and the state has committed to developing a similar Medicaid service.
- **Diverted 139 individuals from entry to an ACH.**

Lives Transformed: Comments from Participants in the Transitions to Community Living Initiative

"I would say that they're very helpful, and that I never thought I would have my own place. The support helped me push through it, and I'm capable of doing different things. I'm living a normal, successful life no matter what the disability terms would be."
- Alliance Behavioral Healthcare

"In the past, I used to think I wouldn't be able to work because of my disability, that it would be too hard and everything. When I got linked up with Supported Employment, I see that there is a job out there for everyone. You just have to find the right job for you, and everything is possible."
- Alliance Behavioral Healthcare

"I feel like I've been truly blessed to be in this program and I'd just like to thank God for that and the people that have helped me and the whole program – the ACT Team, Cardinal Innovations. I'm really good now that I'm on my own."
- Cardinal Innovations Healthcare

"The most important thing for me is to not go back into the hospital and so far it has been great. I'm just happy. I achieved this. It was me who did it. I had help, but I did it."
- Cardinal Innovations Healthcare

"I have free will to do what I want, eat when I want, take a shower in my own bathroom and have privacy. I have more things to do, shoot pool, walk around and go to restaurants. You all helped me so much. It exceeded my expeectations."
- Smoky Mountain LME-MCO

"My Transition Coordinator is my (Lifesaver) she has brought me back to life inside and I'm loving it. I now am living in a very nice 2 bedroom apartment with 2 bathrooms."
- Sandhills Center

"I am so happy. This is the first time I have had the opportunity to live on my own."
– Partners Behavioral Health Management

LME/MCO Totals for Start of SFY2015-16

LME/MCO	in-reach Planning	Transition Planning	Housed	PASRR Screenings Processed	S.E. Total/ In or At Risk/ Teams	ACT Total/ Teams
Alliance Behavioral Healthcare	362	48	46	831	227/64/2	856/10
Cardinal Innovations	713	32	89	1172	99/63/3	796/15
CenterPoint Human Services	180	14	43	290	28/0/0	274/4
Coastal Care	156	24	69	274	85/75/1	43/5
East Carolina Behavioral Health	458	21	35	737	132/12/3	59/2
Eastpointe	245	18	59	426	88/20/3	434/7
Partners Behavioral Health Mgmt.	368	26	40	617	14/0/0	/16780
Sandhills Center	287	22	72	452	48/0/0	416/6
Smoky Mountain Center	551	23	66	882	314/54/1	1108/18
Total	**3320**	**228**	**519**	**5681**	**1035/288/13**	**5054/77**

LME/MCO Totals for End of SFY2015-16

LME/MCO	in-reach Planning	Transition Planning	Individuals Housed	PASRR Screenings Processed	ACT Served
Alliance Behavioral Healthcare	423	92	77	259	825
Cardinal Innovations	1014	57	166	383	1185
CenterPoint Human Services	324	7	70	92	267
Eastpointe	540	19	87	237	419
Partners Behavioral Health Mgmt	381	52	103	223	543
Sandhills Center	473	17	108	183	259
Smoky Mountain Center	641	46	100	274	1313
Trillium	544	28	142	200	407
Total	**4340**	**318**	**853**	**1851**	**5218**

NOTE: For reporting purposes, there are places in this report where:

- *CenterPoint Human Services is referenced. They are now part of Cardinal Innovations Healthcare.*
- *CoastalCare and East Carolina Behavioral Health are referenced. They merged to become Trillium Health Resources.*

LME/MCO Supported Employment Totals for End of SFY 2015-16

LME/MCO	Fidelity S.E. Teams	Teams Working Towards Fidelity	Total Served by Fidelity Teams	Total Served by all teams	Total Served by Fidelity Teams that are in the Priority Population
Alliance Behavioral Healthcare	4	2	349	387	176
Cardinal Innovations	3	1	205	232	142
CenterPoint Human Services	1	1	134	161	77
Eastpointe	4	0	199	199	30
Partners Behavioral Health Mgmt	1	2	66	178	4
Sandhills Center	2	1	110	172	25
Smoky Mountain Center	2	0	445	445	69
Trillium	5	2	247	315	185
Total	**22**	**9**	**1755**	**2089**	**708**

Community Based Mental Health Services

Summary

North Carolina continues to make progress towards fulfilling the promise of TCLI. Our focus continues to be ensuring that our adult mental health service array is person-centered, infused with recovery oriented practices and a community focus. We will continue to broaden our efforts to re-shape the adult mental health service array. Our goal is that all levels of service delivery (from providers, to Local Management Entity-Managed Care Organization (LME-MCO) staff, to state agencies) provide adults with serious mental illness (SMI) access to services that support them in living, working and thriving in the community of their choice.

Assertive Community Treatment (ACT)

In SFY15-16, 41 Tools for Measurement of Assertive Community Treatment (TMACT)s were completed. All were second TMACTs completed on teams that scored at least provisional certification. The table below shows the significant shift in practice between first and second TMACT evaluations:

TMACT EVALUATIONS COMPLETED IN SFY 2015-16

Certification Level	Team Score at Baseline Evaluation	Team Score at Second Evaluation	Percent increase/decrease
Full Certification	13	26	50%
Moderate-High Provisional	18	9	50%
Low Provisional	10	3	33%

At the time of this report, three TMACTs were in the process of having consensus calls and do not have final scores. Twelve ACT teams had TMACT rating increases of 0.4, and four teams increased their score by between 0.6 and 0.8, which is a significant shift in practice.

State-level areas of training focus continue to be:

- Implementation of evidence based practices (which includes: integrated dual disorders treatment, IPS-SE, wellness recovery action planning, psychiatric rehabilitation, family psychoeducational and wellness management and recovery)
- Person-centered planning
- Organization and structure (which includes: daily team meeting organization, team scheduling and linking the person-centered plan (PCP) to scheduling)
- Assertive engagement
- Assessments (which includes: integrating mental health and substance use, being comprehensive and ongoing, and directly influencing the treatment provided)

DHHS will continue to address both completion of second/subsequent TMACT fidelity evaluations, completing initial TMACT evaluations on new ACT teams, and continuing to ensure that ACT teams and LME-MCOs have access to training, technical assistance, and learning communities/collaboratives. This will provide LME-MCOs the resources needed to continue to improve quality and improve their fidelity to the model, focus on tenancy supports and supportive employment quality improvements, support recovery and facilitate community integration for adults with severe mental illness.

Supported Employment (SE)

North Carolina has three teams that scored 100 or higher on their most recent fidelity evaluation. One of these teams scored 68 on their first fidelity evaluation and raised their score to 108. This was largely due to intensive technical assistance provided to that specific team by state staff. As a result, we have added five IPS-SE Consultant and Trainer positions to the NC ACT TAC contract to increase the provision of technical assistance to teams.

The IPS-SE Consultant and trainers will be located across the state (two in the east, one in the central region, and two in the west) and will be paired with no more than five IPS-SE teams. They will provide both on-site and virtual training and technical assistance to the IPS-SE model. Higher fidelity scores have resulted in improved outcomes, with IPS-SE teams scoring over 100 (114 is currently the highest score), having more than 40 percent competitive employment rate. Teams scoring in the low fair range (75-80) trend toward more than a 20 percent competitive employment rate.

At this time, 33 teams are providing IPS-SE services across the state. DHHS expects this number to increase. All LME-MCOs recently received allocations to support the development of one or two new IPS-SE teams in their network and to expand at least one existing IPS-SE team.

LME-MCOs are in the process of identifying the teams to receive start-up and expansion funds. The current state-wide capacity is roughly 6,600 individuals (assuming each team pushes to reach the currently identified maximum of 200 individuals receiving services).

Data shows that LME-MCO staff, along with providers, continue to need and benefit from systematic training addressing conversations around employment. The state will continue to identify and provide training and technical support that addresses readiness criteria. That will shift the concept of work from an exception to the expectation for adults with mental illness.

An area of training focus for SFY 2016-2017 will be increasing knowledge and understanding of the IPS-SE model to LME-MCO in-reach staff. Training will also address how employment and housing can support both recovery goals. After the training is complete, DHHS will track the number of individuals working with in-reach staff who also have employment goals on their transition plans or person-centered plans.

In-reach is an engagement, education and support effort designed to accurately and fully inform adults who have an SMI or a serious and persistent mental illness (SPMI) about community-based mental health services and supportive housing options. This includes, but not limited to, the availability of tenancy support services and rental assistance.

In SFY 2015-2016 trainings for SE included:

- Foundations of SE and recovery
- Employment peer mentor
- Benefits counseling for recovery
- Job development

North Carolina will continue collaboration with the Dartmouth Psychiatric Research Center, and participate in the Dartmouth Learning Collaborative. This collaboration will continue to provide funding, training and technical assistance to support the state in developing a sustainable infrastructure for the IPS-SE model. The Division of Vocational Rehabilitation (DVR) will partner with other divisions within the DHHS.

The state has five Dartmouth sites:

- University of North Carolina Center of Excellence in Community Mental Health in Carrboro/Pittsboro (Cardinal Innovations Healthcare)
- Meridian Behavioral Health in Sylva (Smoky Mountain LME-MCO)
- Easter Seals UCP in Wake (Alliance Behavioral Healthcare)
- RHA Howell in La Grange (Trillium Health Resources)
- Physicians' Alliance Behavioral Health in Wilmington (Trillium Health Resources)

Critical Time Intervention (CTI)

In 2014, DHHS began piloting Critical Time Intervention (CTI) with four LME-MCOs across the state. Funding was provided to:

- Phoenix House in Gastonia (Partners Behavioral Health Management)
- UNC in Chapel Hill/Carrboro (Cardinal Innovations Healthcare)
- Fellowship Health Resources in Fayetteville (Alliance Behavioral Healthcare)
- RHA in Greenville (Trillium Health Resources)
- Coastal Horizons (Trillium Health Resources)

State staff have received training from the model developers at the Silberman School of Social Work in New York and have started facilitating CTI trainings for providers.

In SFY 2015-2016, funds were allocated through an Invitation to Apply for LME-MCOs to develop CTI teams that focus specifically on individuals who are part of TCLI. Funds were awarded to Easter Seals (Partners Behavioral Health Management), Carolina Outreach (Eastpointe) and Daymark (CenterPoint LME-MCO). These teams are required to work with individuals that are part of the priority population. We expect these teams to be operational and tracking outcome data by the beginning of SFY 2016-2017.

Tenancy Supports

Tenancy supports was redesigned as a behavioral health service called transition management services. This redesign has brought coordination of the service to the local MCOs and their community service providers. This also allows each LME-MCO better supervision of the service to assist individuals with their transition back to the community.

Gaps Analysis

The LME-MCO has authority to contract with a qualified provider and obtain reports on the effectiveness of the service being provided. Quality management of the service should be greatly improved by bringing the service to the local system resulting in improved consumer service. Several LME-MCO TCLI staff have already expressed satisfaction with this change. All LME-MCOs were required to evaluate the full service array in their assessments and gaps analyses. They also identified and described service gaps, priorities and initiatives of special relevance to TCLI in areas such as housing and services. Other areas LME-MCOs identified service gaps, priorities and initiatives include: co-occurring mental health and intellectual developmental disability services, increased access to substance use disorder services,

integrated healthcare, prevention, provider/service outcomes, psychiatric capacity, technology resources and traumatic brain injury.

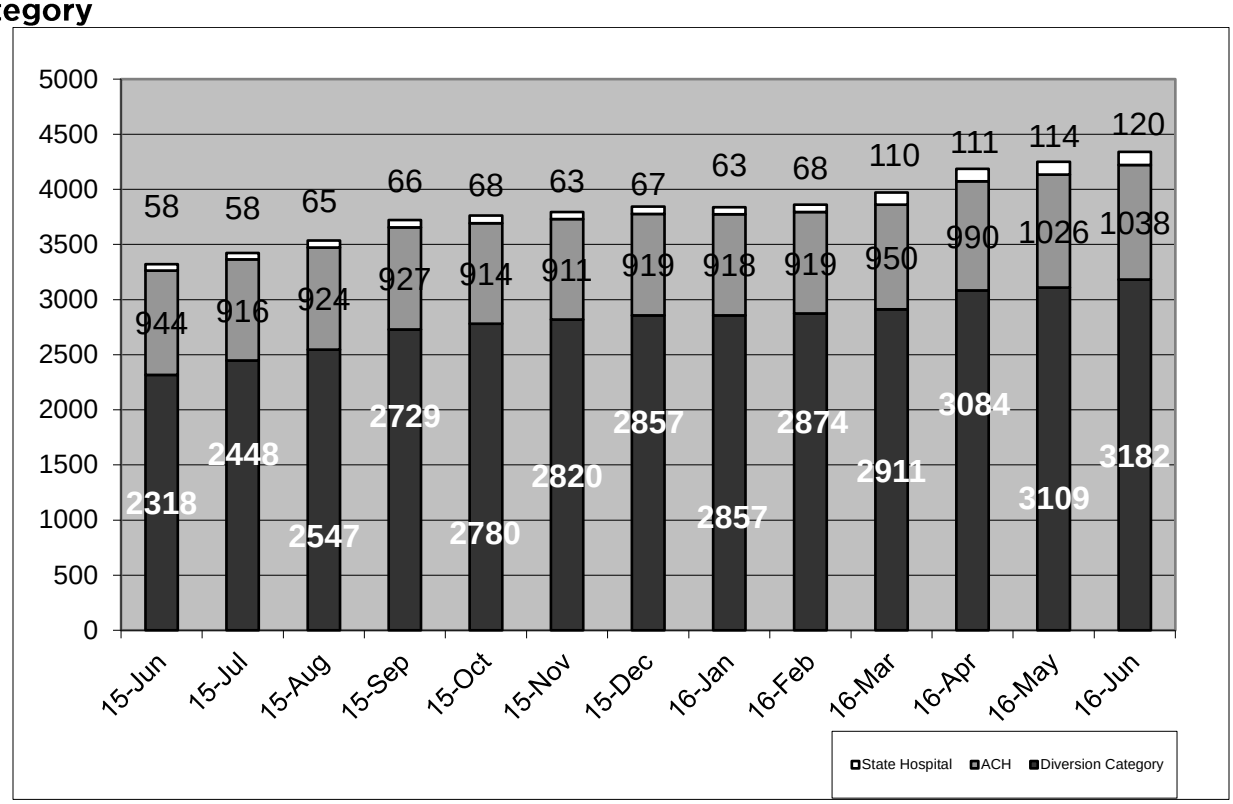
LME-MCO strategies to ensure progress on TCLI described in the April, 2015 gaps analyses reports include:

- Providing education to ACH administrators through training and meetings
- Contracting with a provider and using a case rate model to provide individual peer support to individuals interested in supportive housing
- Holding forums and meeting individually with apartment complexes to increase partnerships with potential landlords
- Addressing housing barriers through the use of reasonable accommodation
- Developing short-term transitional housing slots and housing units
- Including Tenancy Support Specialists in staff and transition planning meetings to improve support for individuals' success in the community
- Increasing collaboration between transition and care coordination departments to identify barriers and link members with resources
- Increasing emphasis on life and community integration as consumers transition
- Working with the quality management department to ensure quality of individuals' PCPs
- Collaborating with service providers to further program development and referrals
- Establishing an enhanced service provider learning collaborative
- Dedicating staff positions to promoting and working toward SE goals
- Providing SE benefits training to transition staff and SE providers covering methods for educating members
- Educating the community and individuals about the benefits of SE
- Contracting with additional peer support service providers
- Implementing enhanced peer support service rate for providers working with TCLI consumers
- Improving the quality and accessibility of ACT teams
- Contracting with CTI providers to meet the needs of individuals moving into supportive housing
- Collaborating with the quality management department to develop an LME-MCO formal monthly TCLI dashboard and benchmarks

The state continues to monitor crisis services and community-based mental health services required to enable the successful transition of adults with SMI to supportive housing. Services and identified gaps, as well as the implementation and success of LME-MCO strategies to address service gaps, are monitored by the DHHS.

Monitoring activities include the annual gaps analysis review process, review and monitoring of LME-MCO Local Business Plans, review of LME-MCO Network Development Plans and Quality and Performance Improvement Plans and Projects and Intradepartmental Monitoring Team (IMT) review of LME-MCO performance relative to contract requirements and performance standards.

End of June 2016 Monthly Totals of Individuals in in-reach Status by Population Category



2015							2016					
June	*July*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*
3320	3422	3536	3722	3762	3803	3843	3838	3861	3971	4185	4249	4340

This year, six trainings were provided to the Department of Social Services (DSS) guardians and private guardians contracted through Division of Aging and Adult Services (DAAS). Training targeted new guardians working within the system and provided education on aspects of working with individuals with mental illness. A review of the history of guardianship was conducted, explaining how it moved to the DSS system after the development of the LME network.

Trainers discussed recovery and how individuals with mental illness are best served to be successful living in the community. A detailed description of the supportive community housing model and review of housing were presented.

An LME-MCO also participated to supplement the training and reinforce the importance of services for the success of a transition to the community. The LME-MCO provided information on accessing services and addressed any concerns that the DSS system maybe experiencing in coordinating services with the LME-MCOs.

DHHS provided written guidance in December of 2015 regarding LME-MCO collaboration when an individual with SMI lives outside of the responsible LME-MCO's catchment area or an individual with an approved housing slot requests to move to a county outside of the responsible LME-MCO's catchment area.

Guidance was provided through *Joint Communications Bulletin #J172 - New Procedure for In-Reach and Transitions across Different LME-MCOs*. The bulletin is available at: http://jtcommunicationbulletins.ncdhhs.gov/post/135252052959/j172-new-procedure-for-in-reach-and-transitions.

The state has hired a new lead for in-reach who will focus on data integrity and ongoing quality improvement and support for staff in the LME-MCOs. DHHS will fund additional in-reach and Transition Coordinator positions at the LME-MCOs for this past fiscal year.

Total allocations for In-Reach staff are now 86 statewide and 97 for Transition Coordinators. LME-MCOs have initiated heavy recruitment for these positions during the past year. It is DHHS's goal that these new positions will increase the number of individuals receiving in-reach in Adult Care Homes in the new fiscal year in SFY 2017.

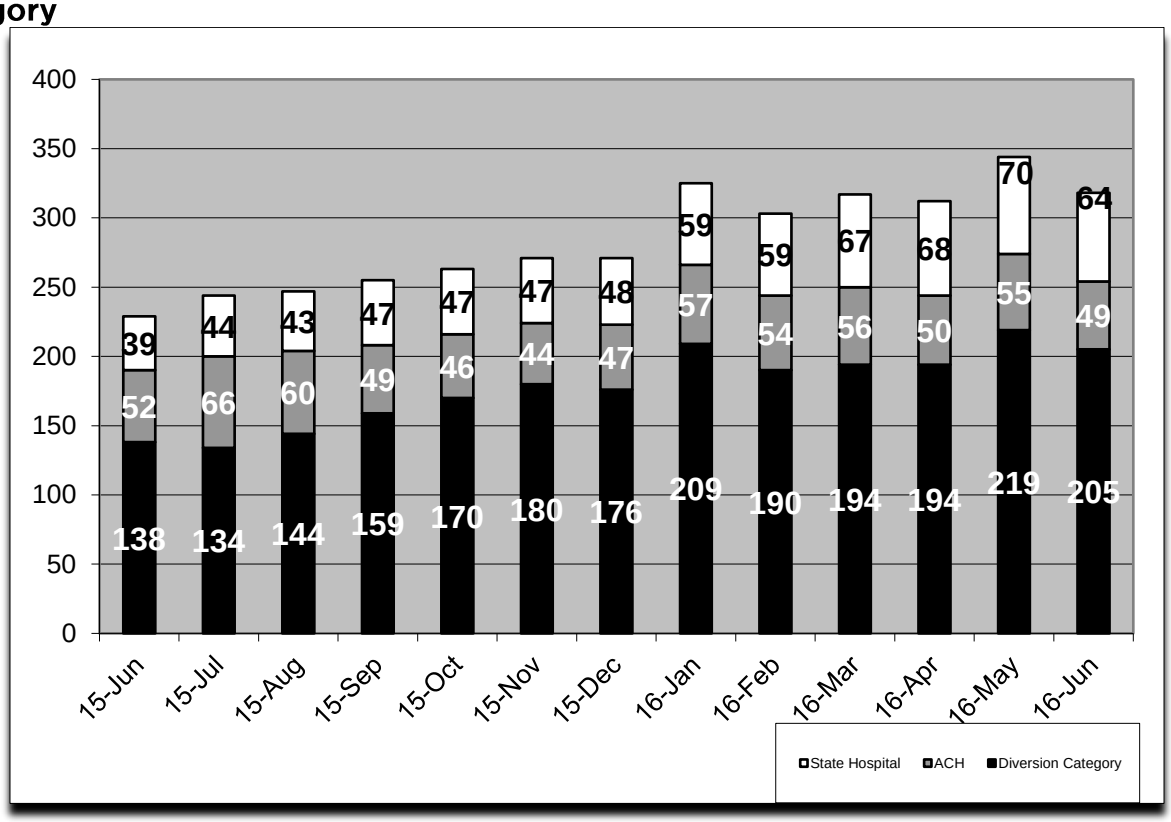
LME/MCO STAFFING

LME/MCO	Allocated FTE in-reach (effective 10/1/15)	Allocated FTE Transition Coordinators (effective 10/1/15)
Alliance	**9.64**	**12.0** (11 Medicaid and 1 State funded)
Cardinal	**15.28**	**17.0** (16 Medicaid and 1 State funded)
CenterPoint	**7.64**	**8.0** (7 Medicaid and 1 State funded)
Eastpointe	**7.64**	**9.0** (8 Medicaid and 1 State funded)
Partners	**7.64**	**9.0** (8 Medicaid and 1 State funded)
Sandhills	**7.64**	**9.0** (8 Medicaid and 1 State funded)
Smoky	**15.28**	**17.0** (16 Medicaid and 1 State funded)
Trillium	**15.28**	**16.0** (14 Medicaid and 2 State funded)

In SFY 2015-2016 there were more than 15,000 in-reach interventions. With the number of individuals requiring in-reach constantly on the rise, LME-MCOs developed a tiered system of in-reach in SFY 2015-2016, which follows the rules of the Settlement Agreement, but allows LME-MCOs to focus in-reach on individuals who seem most interested.

In SFY 2016-2017 it is DHHS's goal to have more in-reach visits for individuals in population categories 1-3. DHHS is developing methods to increase the percentage of individuals who agree to in-reach. Additionally, in SFY 2016-2017 DHHS will encourage LME-MCOs to have housing slots available immediately for individuals that agree to in-reach.

End of June 2016 Monthly Totals of Individuals in Transition Status by Population Category



2015							2016					
June	*July*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*
217	244	247	255	263	271	271	325	303	317	312	344	336

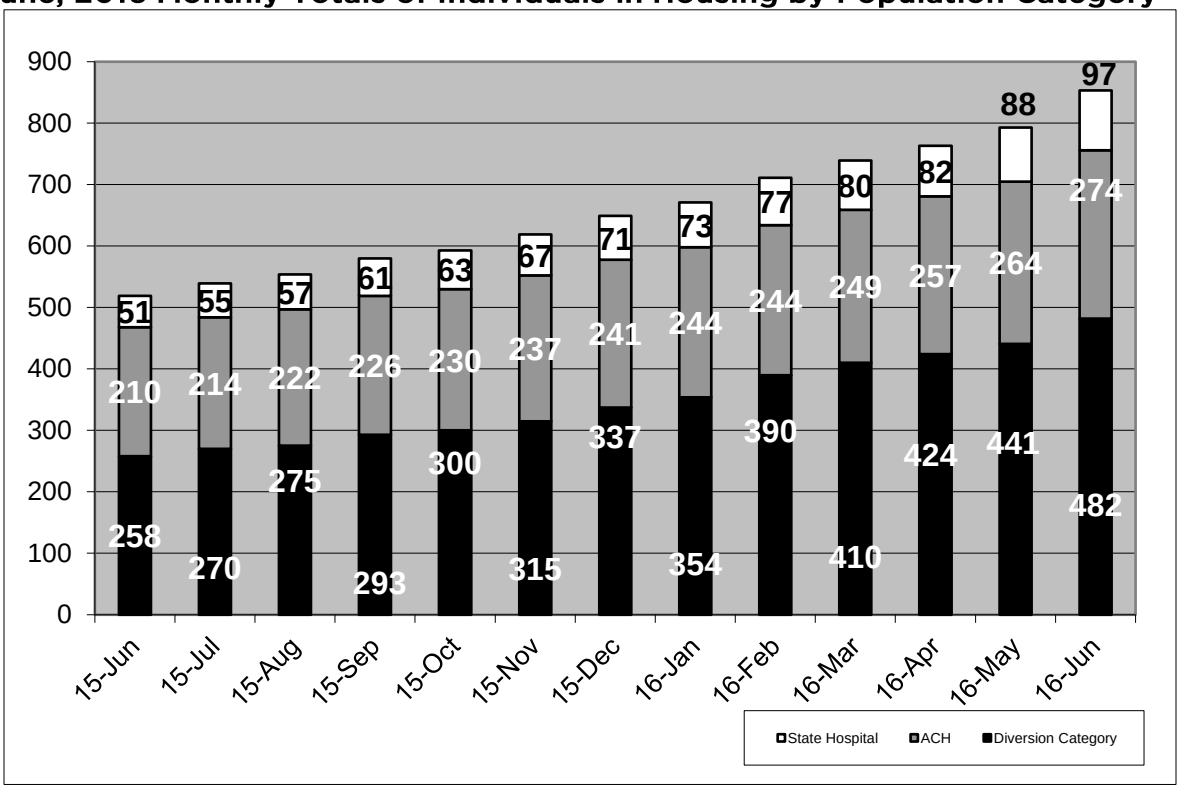
Notes: Diversion category includes individuals who were screened for ACH admission and may or may not have been diverted from ACH admission.

In SFY 2015-2016, LME-MCO staff made a significant effort to increase the number of individuals engaged in the transition process. Many of the same staff were also assisting a significant number of individuals leaving transition for placement in the community through supportive housing. This work is evident by the fact that more initial housing slots were granted in SFY 2015-2016 than any other year of the Settlement Agreement. In SFY 2014-2015, 385 slots were released. In SFY 2015-2016, 555 slots were released.

Transition efforts have been increased in two key areas, ACHs and state-operated phychiatric hospitals. A significant effort has been made to improve in-reach and education for individuals residing in ACHs to allow more individuals to become educated about the opportunity of choices in the community for housing services.

In SFY 2015-2016, the largest number of individuals in the state hospital system become involved with the transition process due to the close collaboration between LME-MCO staff and hospital social workers. Working together, many new eligible participants were identified.

End of June, 2016 Monthly Totals of Individuals in Housing by Population Category



2015							2016					
June	*July*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*
519	539	554	580	593	619	649	671	711	739	763	793	853

In SFY2015-2016, 334 individuals were placed in supportive housing. Throughout the life of the initiative, 853 individuals have been placed in supportive housing while 203 individuals left supportive housing. Only 47% left housing for a higher level of medical care or for a more congregate setting.

To ensure safe housing, all units are all inspected using U.S. Department of Housing and Urban Development (HUD) Quality Standards (HQS). The state will continue inspections of units, and re-inspections at times to make sure all housing provided is of sufficient quality. In SFY 2015-2016, DHHS staff started visiting individuals in the community and following up with the LME-MCO to make sure individuals have well-furnished apartments.

In SFY 2015-2016 the North Carolina Housing Finance Agency amended their Qualified Allocation Plan (QAP) to include points for projects that will be especially helpful to TCLI individuals, and have attempted to incentivize one bedroom units. The winning applications in 2016 all scored the points that favor TLCI.

In SFY 2015-2016, the targeted transition pilot continued to give individuals who need immediate placement a location to stay while services are wrapped around the invididual and the housing search takes place. For the life of the pilot, 16 individuals have participated. Six of those moved into Target/Key units, nine into other TCLI supportive housing and one person decided to enter a group home.

North Carolina Housing Finance Agency (NCHFA) was able to expand the stock of more than 1,100 units that will participate in the Target/Key key program. These units will be available upon turnover. However, as they open, TCLI individuals will have preference.

In SFY 2015-2016, the state, in coordination with NCHFA, analyzed the stock of housing with tax credits, analyzed gaps, and asked LME-MCOs to complete a survey showing whether or not they found these units accessible. Regional housing coordinators are working closer with transition coordinators, resulting in a higher percentage of housing slots being paid for through the Key program, instead of the TCLI subsidy.

NCHFA, DHHS and the NC Justice Center collaborated to formulate a model criminal background policy for Targeted/Key units to improve accessibility for the priority population. This policy aligns with the recent guidance issued from HUD. The new model criminal background policy was presented to Target/Key property managers, and they are expected to implement this policy by November 1, 2016.

NCHFA utilized their Enhanced Asset Management information system for payment automation of tiered (enhanced) Key payment standards at expansion properties in high-cost counties and used the same information system to streamline workflow.

NCHFA and DHHS redesigned Targeting Agreements, Property Profiles, and Pre-leasing notifications with NCHFA, taking on roles previously handled by DHHS. NCHFA and DHHS also instituted bi-weekly operational meetings and monthly strategic meetings.

In SFY 2015-2016, each LME-MCO developed and submitted a housing plan for their entire catchment area. In SFY 2015-2016, DHHS and NCHFA contracted with TAC for a statewide housing plan, which will be completed in SFY 2016-2017.

DHHS contracted with NCHFA for housing administration and partnered to re-evaluate how subsidy administration was implemented. NCHFA has committed additional staffing as part of subsidy administration and other housing functions within TCLI. DHHS and NCHFA continue to work toward implementation of a new system for Subsidy Administration, which is expected to go-live in SFY 2016-2017. NCHFA will act as the Subsidy Administrator.

NCHFA Sponsored 16 Fair Housing Trainings for service and housing providers.

DHHS is planning to offer HQS inspection training to LME-MCOs in SFY 2016-2017. It is expected that empowering LME-MCOs to perform this function will result in losing fewer units due to the lengthy wait for inspections to be completed.

A complement of risk mitigation tools to make the TCLI voucher more desireable to landlords were completed on July 1, 2016. These tools include:

- Increasing the Rental Assistance Payment from a maximum of $360 to $600
- Using program funds (instead of Transition Year Start-up Resources (TYSR) funds) to pay security deposits
- Allowing the use of holding fees to ensure a place is ready when the individual is ready to transition
- Money to reimburse landlords for costs associated with a failed tenancy, which will reduce the risk to the landlord and ensure the landlord has attempted to remedy the situation

The state collaborated with Socialserve (NCHousingSearch.com) to update the housing search tool with more qualitative information, identify NCFHA and Targeted properties, and increase involvement with landlords.

In SFY 2016-2017, the same risk mitigation tools utilized by the Target/Key program will be made available to landlords that rent to TCLI individuals. This is intended to lead to a greater acceptance rate of the TCLI population in the landlord community.

LME/MCO Totals of Individuals in Housing by Population Category, End of June 2016

LME/MCO	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Total
Alliance Behavioral Healthcare	3	15	0	24	35	**77**
Cardinal Innovations	6	41	5	9	105	**166**
Centerpoint Human Services	15	7	0	0	48	**70**
Eastpointe	1	24	3	14	45	**87**
Partners Behavioral Health Mgmt	16	6	9	18	54	**103**
Sandhills Center	1	30	10	13	54	**108**
Smoky Mountain Center	19	8	7	4	62	**100**
Trillium	33	11	4	15	79	**142**
Total	94	142	38	97	482	**853**

Note. Population categories are defined as follows:

1- Individuals with SMI who reside in an ACH determined by the state to be an Institution for Mental Disease (IMD);
2- Individuals with SPMI who are residing in ACHs licensed for at least 50 beds and in which 25 percent or more of the resident population has a mental illness;
3- Individuals with SPMI who are residing in ACHs licensed for between 20 and 49 beds and in which 40 percent or more of the resident population has a mental illness;
4- Individuals with SPMI who are or will be discharged from a state-operated psychiatric hospital and who are homeless or have unstable housing; and
5- Individuals being considered for admission to an ACH and determined through preadmission screening to have SMI.

Housing Expenditures

For the Transitions to Community Living Initiative housing slots are defined as a package of both state and federal rental assistance as well as services, supports, tenancy supports and transition year stability funds. For Fiscal Year 2016, $1,170,270 were expended in rental assistance funds from DHHS/Quadel to private landlords. DHHS also has increased utilization of the Targeted and Key program and 213 particpants are receiving state rental assistance through the Targeted and Key programs. Additionally 22 individuals have other federal rental assistance. DHHS and NCHFA continue to research ways to maximize other state and federal rental assistance programs to extend resources allocated for TCLI. Transition Year Stability Funds are allowable household expenses up to $2,000 for individuals to move into their appartments. Last year from July 1, 2015-March 31, 2015 LME/MCOs expended $327,997.87 on Transition Year Stability Funds and $365,443.66 on Community Living Assistance.

LME/MCO FY2015	Community Living Assistance	Rental Assistance	Transition Year Stability Funds	Total
Alliance	42,411.00	44,219.00	48,312.61	134,942.61
Cardinal	148,288.00	271,925.00	17,552.18	437,765.18
Center Point	708.00	135,016.00	16,575.53	152,299.53
Eastpointe	14,811.00	93,692.00	29,009.20	137,512.20
Partners	17,007.00	96,340.00	41,733.61	155,080.61
Sandhills	42,168.66	176,178.00	45,443.07	263,789.73
Smoky	43,312.00	105,412.00	47,921.02	196,645.02
Trillium	56,738.00	247,488.00	81,450.65	385,676.65
Totals	365,443.66	1,170,270.00	327,997.87	1,863,711.53

In April of 2016 LME/MCOs began managing the the funds that support an individuals living expenses in the community (CLA) and the funds that support an individual to purchase necessary items for their apartments (TYSR) thorough direct allocation from DMH/DD/SAS. Below are the expenditures from April through June 30, 2016.

LME/MCO	Community Living Assistance	Transitions Year Stability Fund	Total
ALLIANCE	$8,549.00	$0.00	$8,549.00
CARDIANL	$44,145.36	$12,999.77	$57,145.13
CENTERPOINT	$0.00	$0.00	$0.00
EASTPOINTE	$3,026.00	$16,814.18	$19,840.18
PARTNERS	$9,596.00	$0.00	$9,596.00
SANDHILLS	$11,000.00	$0.00	$11,000.00
SMOKY	$12,000.00	$46,514.82	$58,514.82
TRILLIUM	$14,892.00	$0.00	$14,892.00
TOTAL	$103,208.36	$76,328.77	$179,537.13

Expenditures are taken from the Final SFY16 Program Report DAPG2618 dated 8/15/16
Expenditures recorded on LME/MCO books may differ due to cutoff required for 6/30/16 year-end

Closing Statement

While to date, the state has not met all numerical benchmarks related to the settlement, DHHS has developed Corrective Action plans around Supportive Housing, Supported Employment and Mental Health Services. These plans have been submitted to the US Department of Justice. DHHS has continued implementation while awaiting US Department of Justice acceptance. DHHS continues to be strongly committed to meeting requirements of the settlement agreement while building a system that assures the vision of a community based system is in place for people with mental illness. We are working closely with all partners and stakeholders, adjusting our strategies as we identify opportunities to improve. DHHS is confident that this approach will result in successful implementation of the settlement.