

*Williams v. Pritzker* Consent Decree  
05-4673

Implementation Plan Amendment

Fiscal Year 2020

(July 1, 2019-June 30, 2020)

June 28, 2019

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## **Introduction**

Pursuant to the requirements in the *Williams* Consent Decree, the following represents the Implementation Plan Amendment for Fiscal Year 2020. This Amendment contains the State's targeted activities and processes intended to achieve compliance with the Decree.

Although not specific to the *Williams* Decree, the State is also embarking on some significant changes to the manner in which both the *Williams* and *Colbert* Decrees are managed as well as the relevant systems as a whole as set forth below.

## **New Commitments for FY2020**

As part of a renewed commitment to working with the Parties and Court Monitor ("Monitor") and enacting lasting programmatic and systems change involved in the *Colbert* and *Williams* Decrees, the Defendants have identified ten commitments to the Olmstead Decrees:

1. Move *Colbert* to DHS;
2. Expedite expansion of the Front Door Diversion Program in *Williams*;
3. Prioritize Resolution of Medicaid Eligibility, Spend-Down and Redetermination Issues;
4. Expand Services to Assist Class Members With SSI/SSDI Applications and Appeals
5. Identify and Address Transition Obstacles ("Pipeline Analysis");
6. Work With Providers to Implement Multi-Year Growth Plan to Expand Capacity;
7. Increase Agency Implementation Staff;
8. HFS Will Review Targeted Medicaid Provider Reimbursement Rates and Consider Adjustments;
9. PASRR Review and Revision; and
10. Integrate Efforts With Leadership from Governor's Office.

Many of these commitments involve aspects of the overall health and human service and public assistance delivery system that are outside the scope of the *Williams* Decree. Seven of these commitments fall wholly under Consent Decree planning and operations (1, 2, 4, 5, 6, 7, and 10) and are discussed in the corresponding sections of this Implementation Plan. The other 3 commitments - Medicaid eligibility and redetermination issues, HFS service payment/reimbursement rate review and adjustments and PASRR reform - have a large impact on Class Members but are part of a larger systems change and entail activities that reach beyond the Consent Decrees. For the sake of this Implementation Plan, activities in these areas are limited to those that are Consent Decree-specific.

## **Implementation Plan Amendments by Domain**

### **A. Diversion (Commitment No. 2)**

Pursuant to the *Williams* Consent Decree, after Year 5 of Implementation (June of 2016), no individual who is determined to be able to live in a Community-Based Setting shall be admitted to an IMD (now a SMHRF) before first being offered Community-Based Services. The Defendants have therefore created a Diversion program to offer Community-Based Services to individuals to attempt to divert them from a SMHRF admission.

#### **Diversion Program**

Although originally set to expand early in FY19, the Diversion program has recently been extended to additional acute care and State-operated hospitals. The Consent Decree requires that Community-Based Services be offered to any appropriate individual prior to a SMHRF admission statewide and the recent expansion is a significant step toward that achievement. The program now includes 37 participating hospitals statewide. This required a substantial effort to complete a Notice of Financial Opportunity (“NOFO”) competitive grant process that began expansion of Diversion efforts on May 1, 2019 and will be renewed for an additional two years, through FY2022. These grants have expanded the number of participating Community Mental Health Centers from three to six. It is anticipated that this increased access to individuals who might have otherwise been referred to a nursing home level of care will result in an increase in appropriate diversions.

Initial review of FY19 data indicates that approximately 94% of SMHRF referrals originate from Region 1 (Cook County) hospitals, which are included in the geographic area of the Diversion program. Since inception, there have been 208 diversions, with 46 of those occurring in the first 10 months of FY19. During FY20, the Defendants will divert 288 individuals. While the Decree only requires the offer of diversion, DMH will continue to work diligently with providers to achieve this projected figure. In addition, contracted agencies will continue to track and report the overall number of people approached for potential diversion and their diversion outcomes, and in turn, this data will be provided to the Parties and the Court Monitor.

## Diversion Strategy 1: Offer Diversion to Community-Based Services; Achieve 288 Diversions

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
D-1	Increase offers of Diversion to individuals, with actual Diversions of 288 for FY20	2 <sup>1</sup>	DHS/DMH	7/1/19	6/30/20	Meet contractually identified target of 288 Diversions
D-2	Track number of consumers who were offered Community-Based Services regardless of ultimate choice	2	DHS/DMH	7/1/19	6/30/20	Comply with Decree mandate to offer Community-Based Services prior to SMHRF admission
D-3	Continue to provide regular reports to the Parties and Monitor on Diversion approaches and outcomes	2	DHS/DMH	Pre-FY20	Ongoing	Comply with Decree requirement to offer Community-Based Services prior to SMHRF admission

Diversions Outside of Currently Participating Hospitals

The vast majority (more than 90%) of SMHRF admissions result from hospitalizations in the greater Chicago area, with very few admissions originating downstate. The remaining SMHRF referrals come from either: (1) acute care hospitals in remote/less populated areas; or (2) non-hospital sources such as families, community-based agencies/shelters, or other Long-Term Care facilities. These sources account for such a small number of SMHRF referrals that it is unfeasible to extend the contractual diversion program to these sources. Downstate hospitals

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<sup>1</sup> Reference to the Compliance Findings in the Strategy charts throughout the Implementation Plan are largely limited to the domain or subject area in which the tasks are relevant (i.e. Outreach, Evaluation, etc.). However, for a large number of the strategies and tasks identified in this Implementation Plan, there may be an impact on additional Compliance Requirements outside of the designated domain that are not otherwise specified.

refer very few individuals to SMHRFs and have no *Williams*-contracted Community Mental Health Centers in their areas to facilitate diversion services, and the contractual program is inapplicable to the other referral sources.

However, the fact remains that individuals outside of the Chicago/Diversion area who are clinically appropriate for Community-Based Services are still entitled to be offered such services prior to admission to a SMHRF. To address this population, DMH will prepare written materials on the Diversion program, which will be tailored for use by Hospital Administrators in non-participating areas. These materials will identify the goal of diverting individuals from Long-Term Care (including SMHRF) admissions and offer contact information for local mental health agencies able to assist. HFS will draft and disseminate an Informational Release to its hospital and Long-Term Care provider community regarding this topic. Semi-Annual meetings will be held with hospital and MCO stakeholders to focus on diversion from Long-Term Care (including SMHRFs). Finally, DMH will continue to track and report data on the percentages of SMHRF admissions that come from the current Diversion area vs. downstate acute care hospitals and other sources.

#### Diversion Strategy 2: Distribution of Diversion Materials to Non-Participating Hospitals

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
D-4	Prepare and distribute materials on diversion for non-participating Hospitals/MCOs	2	DHS/DMH Deputy Director of Systems Rebalancing  <u>HFS</u>	7/1/19	9/1/19	Increase awareness of Diversion efforts; increase Diversion in non-participating hospitals
D-5	Hold semi-annual meetings with Hospital and MCO stakeholders*	2	<u>DHS</u> Deputy Director of Systems Rebalancing  HFS	8/1/19	10/1/19 4/1/20	Increase awareness of Diversion efforts; increase Diversion
D-6	Prepare/send informational notice to hospital and Long-Term Care provider community	2	HFS	7/1/19	9/1/19	Increase Diversion awareness and participation

\* May involve utilizing existing forums

### Housing Options to Support Diversion

Ensuring access to a residential site upon discharge is an essential component of the successful statewide diversion program and other diversion efforts, in addition to providing needed services and supports. As part of the FY19 and FY20 Diversion program contracts, participating community agencies are funded to secure and provide beds/housing for diverted consumers for a period of up to 90 days, post hospital discharge. Based on agency estimates of need, twenty (20) beds have been funded as of the date of this Implementation Plan. Most of the housing is studio or one-bedroom apartments. The Defendants commit to ensuring funding for participating agencies to secure additional beds/housing necessary to achieve the projected 360 diversions. While consumers are residing in the diversion-funded apartments/units, the Defendants will support providers' work to obtain permanent housing through Housing Choice Vouchers and the State-Wide Referral Network. Fifty Bridge Subsidies remain available in FY20 for Diversion use and may be reused when a Diversion client obtains SRN/811 or other housing. Defendants will also continue to work with IHDA on housing options.

Keeping in mind Olmstead requirements that people have the right to choose to live in the least restrictive setting appropriate to their needs, DHS will also evaluate whether the current availability of residential options, such as Supported or Supervised Residential Settings, could be utilized for those whose clinical needs require that level of care. Initial review indicates that there are a significant number of vacancies in these settings, especially in areas outside of the geographic Diversion area, but utilization will require coordination between the provider agencies who operate these settings and hospitals and/or CMHCs and also require a close assessment of the logistical issues that would arise from transferring individuals to available locations. This will require not only identification of a placement, but also transition coordination between the Hospital Discharge Planner and the local PASRR agent and community mental health provider. Geographic preference of the individual will determine the ultimate residential placement.

### Diversion Strategy 3: Review of Available Residential Capacity for Diversion in Non-Participating Areas

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
D-7	Create (if needed per DHS review) and fill staff position for	2	DHS/DMH	8/1/19	Post by 12/1/19, fill by 4/1/20*	Addition of Housing Assistance staff

	assistance with housing resources					
D-8	Fill Statewide Housing Coordinator position	2, 36, 37	DHS	FY19	10/30/19*	Fill vacant Housing Coordinator position
D-9	Evaluation and report on existing residential settings/ discussion with Providers on potential use	2	DHS/DMH	8/1/19	10/1/19	Identification of residential options for Diversion
D-10	Develop and distribute materials for Diversion into residential settings; include clinical requirements for such settings	2	DHS/DMH Michael Pelletier  DMH Deputy Director of Systems Rebalancing	10/1/19	1/30/20	Increased utilization of available settings for Diversion

\* Timing is contingent on hiring process and availability of qualified candidates

◇ Contingent on sufficient Residential Settings identified for use

#### MCO Engagement, Incentive Payment Program and Contractual Obligations

The role of Medicaid Managed Care Organizations (MCO) in Illinois to effectuate diversions to has not fully been realized. To support MCO involvement in diversion efforts, the DHS/DMH will partner with HFS to engage in regular discussions with MCOs and Williams provider agencies; review MCO contractual obligations pertaining to prior authorization to long-term care and other procedural safeguards against inappropriate SMHRF admissions; and to implement an incentive payment program for MCOs.

HFS-contracted MCO contracts will be amended as part of the HFS certification for rates to CMS. HFS can identify Colbert and Williams Class Members by MCO who currently reside in an institutional setting, either a SMHRF or Nursing Facility. HFS proposes to pay MCOs a separate incentive over and above their current capitation rate for each institutionalized Class Member they move to the community and maintain for three years. The incentive will pay a significant portion of the total cost for moving the Class Member to the community and lesser amounts for the next two years. It will also be tiered so that a Class Members moved during state Fiscal Year 2020, beginning July 1, 2020, will have a higher payment than those moved in

subsequent state Fiscal Years. Finally, if a Class Member is determined to have sufficient medical needs that have primacy over any behavioral needs and is determined inappropriate for transition to the community, HFS proposes that a small incentive payment be provided to the MCO in exchange for robust monitoring and documentation of this determination. The incentive will be large enough to share with their providers and medical team who are critical to the determination.

**Diversion Strategy 4: MCO Engagement, Including Incentive Payment Program and MCO Contractual Obligations**

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
D-11	Implementation of Incentive Payment Program	2	HFS	FY19	10/1/19	Increased number of appropriate diversions and decreased LTC/SMHRF admissions while increasing community placement and tenure
D-12	Review and Address MCO Contracts	2	HFS	8/1/19	11/1/19	Revised contract language, if needed; appropriate systems rebalancing
D-13	Convene DHS, HFS, MCOs and Williams providers	2	HFS, DMH	7/1/19	Ongoing	Enhanced communication and coordination; address/remove transition barriers

**PASRR Reform**

Pursuant to the Williams Consent Decree, the Defendants are to use the PASRR process to identify those individuals who are appropriate for Community-Based Services, to support development of an initial service plan that outlines needed Community-Based Services and

housing, and to identify and refer individuals who would otherwise become Williams Class Members to appropriate Community-Based Services. However, in practice, PASRR agents do not complete the initial service plan, as the assigned Community Mental Health Center is better suited to identify the services and supports needed for Class Members approved for transition.

The Mental Health PASRR system is being updated to take a more robust approach to identifying individuals with behavioral health needs and placing them appropriately. The redesign is expected to be complete before October 1, 2019 with complete implementation expected by April 1, 2020.

The PASRR system redesign will ensure identification, assessment, and appropriate placement with specific recommendations on services/supports for all individual Nursing Facility applicants with PASRR-qualified MH, DD, or related conditions. For persons admitted to SMHRFs, MH PASRR reviewers will also participate in or directly assess initial SMHRF treatment plans to ensure that identified service and support needs are addressed, with a focus on preparation for community reintegration. A process and framework will be formally developed for MH PASRR involvement in Initial SMHRF Treatment Plans for new admissions. A small group of contracted staff will be selected to pilot this Initial SMHRF Treatment Plan review/recommendation approach between August and October 2019. The pilot will continue until the new MH PASRR System is in place. Refinements/updates as identified during the pilot period will be included in the final MH PASRR design, as necessary.

MH PASRR redesign will focus strongly on increasing diversion and more rapid community reintegration from facility placements. It will also include the following:

1. Improvements to the Level I process and tools to ensure identification of all individuals with PASRR qualifying conditions and appropriate utilization and tracking of exceptions to immediate Level II completion;
2. Exploration of potential criteria to distinguish appropriate referrals for NF, SMHRF, and more intensive levels of care;
3. Creation of a structure and process for addressing the most complex presentations and clinical needs;
4. Inclusion of an option for short time-limited admission approval;
5. Update of Resident Review requirements, process, criteria and determinations;
6. Enhancement of the relationship between PASRR and MCOs to increase collaborative efforts on diversion and community reintegration, including MCO access to PASRR assessment results; and
7. Improvements to PASRR individual assessment reports, including report content and real-time access.

## Diversion Strategy 5: PASRR Redesign

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
D-14	Complete development of redesign	1 <sup>2</sup>	HFS	FY19	10/1/19	
D-15	Implementation of redesign	1	HFS Defendant Agencies	7/1/19	4/1/20 ◊	
D-16	Conversion to new system for assessment input and reporting that includes real-time capabilities	1	HFS	1/1/20	10/1/20 ◊	
D-17	Report to Parties and Monitor on implementation including reporting on use of short-term admissions	1	HFS	4/1/20	Ongoing after 4/1/20	
D-18	Addition of 3 new staff to address PASRR redesign and on-going requirements	1	DHS	7/1/19	Post by 12/1/19, fill by 3/30/20*	Three new DMH PASRR staff in place
D-19	Development of process and framework for MH PASRR involvement for SMHRF new	1	HFS	7/1/19	8/15/19	Process to be presented by 8/15/19

	admissions; presentment to Plaintiffs and Monitor					
D-20	Pilot implementation of MH PASRR SMHRF admission process	1	HFS	8/15/19	10/31/19^	

◇ Subject to Federal Approval

\* Timing is contingent on hiring process and availability of qualified candidates

^ Pilot implementation will continue until the full implementation of the MH PASRR redesign

**B. Outreach**

Outreach activities under the *Williams* Decree have been performed by the Chicago branch of the National Alliance on Mental Illness (“NAMI”) since 2011. Under the current protocols, which will continue for FY20, NAMI will continue to conduct Outreach as follows:

NAMI Outreach staff work directly in each of the 23 SMHRFs. Outreach workers may be assigned to multiple SMHRFs, but the same Outreach worker engages with a particular Class Member to build a relationship and rapport to further encourage the Class Member to consider transition. NAMI Outreach workers present videos and distribute brochures on Moving On (the *Williams* transition program), educate Class Members on community settings and services, including the availability of Drop-in Centers, conduct quarterly community meetings in every SMHRF, and engage in face-to-face discussions with Class Members. As part of their Outreach, NAMI staff attempt to engage every Class Member, and conduct repeated attempts to reach those who initially refuse.

NAMI Outreach staff are trained in the nuances of approaching and re-approaching Class Members and how to handle when individuals refuse to engage. In addition, weekly calls are held with NAMI and DMH during which problems are identified and the need for additional training or materials may be identified and provided either during the call or at a later date. NAMI may also participate in trainings provided by UIC’s Training Institute.

All new Class Members are approached by NAMI Outreach staff, generally within weeks of initial admission to a SMHRF. In cases where a Class Member refuses any engagement at all, Outreach workers re-approach quarterly, whereas if a Class Member is hesitant or indifferent but does not outright refuse, Outreach workers will re-approach in a shorter time frame, typically within a few weeks. The exception is for Class Members who are adamant about not being re-approached. For those Class Members, Outreach workers will generally only attempt to

approach annually to confirm the Class Member's choice to refuse Outreach, however annual outreach to every existing Class Member, and documentation of the same, has not been a specific requirement in NAMI's contract. NAMI remains present in the SMHRFs. As a result, Class Members have Outreach workers readily accessible should they wish to explore transition. Documentation of specific Class Member engagement is currently obtained through a Class Member Consent form, but this does not track all contacts and efforts to engage a Class Member.

#### Contact Intervals/Tracking

For FY20, a process will be established to set more definitive outreach contact intervals, and DMH will create an additional data report for completion by NAMI to document the number and frequency of unduplicated individual Class Member contacts, including those that refuse to sign a consent/participation form and those who have been re-approached. DMH will review the data report monthly for monitoring/Quality Assurance and will follow-up with NAMI for further information and explanations of performance, as necessary. This will provide data on the number of Class Members who ultimately accept Outreach services who initially refused. This data will be included in the semi-annual *Williams* reports and provided to the Parties and Monitor.

#### Outreach Strategy 1: Class Member Outreach Tracking

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
O-1	Create written process re: frequency of Outreach contacts	3, 4	DHS Deputy Director of Systems Rebalancing	7/1/19	9/1/19	Greater consistency and performance of Outreach; ensure 95% of New Class Members receive Outreach and existing Class Members have Outreach services readily available
O-2	Create and distribute template for	3, 4	DHS Deputy Director of	9/1/19	11/1/19*	Greater consistency and

	NAMI to complete on a monthly basis and submit to DMH document outreach attempts/re-attempts previously undocumented, reasons for refusals		Systems Rebalancing			performance of Outreach; ensure 95% of New Class Members receive Outreach and existing Class Members have Outreach services readily available
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\*Timing subject to NAMI database limitations and/or modifications

NAMI Ambassadors (Class Members who have already transitioned to the community and provide Outreach services and support), both full and “Support,” are a valuable resource to Class Members who are exploring transition. All Ambassadors conduct outreach activities in the SMHRFs, and visit each facility a minimum of once every 6 weeks (typically, much more frequently), where they are able to meet with Class Members, answer questions about transition to the community, and serve as an example of life outside of a SMHRF. For FY20, the number of Ambassadors will remain the same (14 full and 8 Support), but additional data will be obtained on both the number and nature of Ambassador contacts with Class Members and materials will be reviewed to ensure Ambassadors are equipped with information and written material to educate Class Members on transition services such as skill building, Occupational Therapy, financial assistance, and nursing support through integrated health services. Data from Ambassador tracking information will be provided to the Parties and Monitor.

Outreach Strategy 2: Ambassador Class Member Contact Tracking

Task	Task Description	Prior OOC/PC Compliance Finding	Agency/ Key Staff	Begin Date	Completion Date	Outputs/ Outcome
O-3	Create and distribute tracking template for Ambassadors to use to record CM interactions, questions, concerns, etc.	3, 4	DHS Deputy Director of Systems Rebalancing	7/1/19	9/1/19*	Greater consistency/performance re: CM interactions
O-4	Review training and available materials to	3, 4	DHS Deputy Director of	7/1/19	10/1/19	Ensure full and complete information is

	ensure education of CMs on available services and supports, such as financial assistance, nursing, OT, and skill building; modify if necessary.		Systems Rebalancing			available and provided to CM; Ability to meet reporting requirements to demonstrate compliance
O-5	Review and if needed, modify Moving On materials to identify services and supports available in Community-Based Setting	3.4	DHS Deputy Director of Systems Rebalancing	9/1/19	11/1/19	Ensure full and complete information is available and provided to CM; Ability to meet reporting requirements to demonstrate compliance

\* Subject to NAMI database limitations and/or modifications

### SMHRF Interference

Outreach staff and Ambassadors require access to SMHRF residents, and the ability to have unimpeded, private communications with Class Members. While potential SMHRF interference is not a large-scale issue, there are instances in which it is difficult for Outreach staff and Ambassadors to have access to Class Members. As a result, IDPH, DMH, and HFS will jointly prepare a notice to be sent to all SMHRF administrators notifying them of the *Williams* Decree and the requirement that all *Williams* staff, Outreach, Resident Reviewers, CMHC staff, the Court Monitor, and others, will be provided access to Class Members and their records in accordance with the provisions of the Decree.

### Outreach Strategy 3: SMHRF Notification re: Interference

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
O-6	Draft and distribute letter to SMHRF re: access to	3,4	DMH Deputy	7/1/19	9/1/19	Prevention of SMHRF interference in

	<i>Williams</i> Class Members		Director of Systems Rebalancing  HFS  IDPH			<i>Williams</i> activities; Ability to meet reporting requirements to demonstrate compliance
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### Non-Retaliation

Similarly, in order to ensure the Class Members are aware of the Decree provisions regarding retaliation due to their decisions to either explore or decline to explore community transition, DMH will conduct a review of the current Class Member Consent to Participate form to ensure the retaliation prevention provisions are clearly explained, and include steps a Class Member should take in the event they experience retaliation. In the event the form is not sufficient, it will be modified accordingly, and a copy provided to the Parties and Monitor. In addition, a poster will be prepared for display at all SMHRFs which advises *Williams* Class Members of their right to be free from retaliation, and provides steps the Class Member can take if retaliation occurs, including a telephone number to call to report retaliation. IDPH will be asked to include display of the posters as a compliance element in their surveys. This may require an amendment to the relevant Administrative Code Provisions (77 Ill. Admin. Code 380, 400). DHS and IDPH will continue to work together to attempt to identify ways in which to track and report on instances and findings regarding retaliation allegations within the existing statutory framework.

### Outreach Strategy 4: Review of Class Member Consent/Participation Form re: Retaliation Provisions

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
O-7	Complete review of current Consent/ Participation form	5	DMH Deputy Director of Systems Rebalancing	7/1/19	8/1/19	Determine if form adequately identifies non-retaliation; Ability to meet reporting requirements to demonstrate compliance
O-8	Revision and distribution, as	5	DMH Deputy	8/1/19	10/1/19	Enhanced non-retaliation notices to CM;

	needed, based on review		Director of Systems Rebalancing			Ability to meet reporting requirements to demonstrate compliance
O-9	Creation of non-retaliation poster for display in SMHRFs	5	DMH Deputy Director of Systems Rebalancing	8/1/19	10/1/19	Enhanced Non-Retaliation notice to CM; Ability to meet reporting requirements to demonstrate compliance
O-10	Review of 77 Ill. Admin. Code for potential amendment	5	IDPH	7/1/19	9/1/19	Enhanced non-retaliation notice to CM; Ability to meet reporting requirements to demonstrate compliance
O-11	Depending on outcome of Administrative Code review, draft and submit amendment to JCAR*	5	IDPH	9/1/19	1/1/20	Enhanced non-retaliation notice to CM; Ability to meet reporting requirements to demonstrate compliance
O-12	Convene monthly meetings with IDPH to identify other regulatory impediments or opportunities to improve Consent Decree compliance and identify ways to track and report on instances of alleged retaliation and findings	55	DHS/DMH, IDPH	7/1/19	Ongoing	Stronger IDPH role and regulatory environment to support Consent Decree strategy, planning, and operations

O-13	Inclusion of poster display as compliance element for surveys	5	IDPH	9/1/19	10/1/19 or 6/1/20 (if Admin Code Amend. Required)	Enhanced non-retaliation notice to CM; Ability to meet reporting requirements to demonstrate compliance
O-14	Initial development of system to track and report on instances of alleged retaliation and findings	55	DHS/DMH, IDPH	7/1/19	12/31/19	Enhanced ability to track and monitor alleged retaliation

\* Contingent on whether Admin Code requires amendment

NAMI will continue to provide In Home Recovery and Support services for referred Class Members subject to caseload capacity (generally 15-25 Class Members at any given time). However, SOAR services will no longer be handled through NAMI, but will be expanded for *Williams* Class Members through another initiative described later in this document (See Section E, Strategy 4).

#### Other Compliance Requirements

The Monitor has identified four separate Compliance Requirements for Outreach (Requirement Nos. 3-6). Requirement No. 3 contains repeated language and Requirement 6 was found to be in compliance. Those two Requirements are therefore not referenced in this Plan.

In addition to the strategies identified in this section, Defendants will also evaluate strategies for providing increased access to visit Community-Based Settings, including housing options, to Class Members earlier in the transition process, either through Outreach staff, Resident Reviewers or another method of offering such visits prior to Class Member engagement with a CMHC.

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
O-15	Evaluate strategies to offer provider-assisted	49	DMH Deputy	8/1/19	11/1/19	Determine if form adequately

	CM visits to Community-Based Settings and housing prior to CMHC assignment		Director of Systems Rebalancing			identifies non-retaliation; Ability to meet reporting requirements to demonstrate compliance
O-16	Implementation of identified strategies if feasible*	49	DMH Director of Systems Rebalancing  Other Agencies as Identified	11/1/19	5/1/20*	Provide reasonable opportunities for CM to visit and observe visit Community-Based Settings

\*Subject to procurement requirements

**C. Evaluation**

Resident Reviewers conduct initial assessments of *Williams* Class Members to determine if they are appropriate for transition services, and if so, the Class Member is referred to a Community Mental Health Center (“CMHC”) for transition-related services. The Resident Review process is already established and will continue as in prior years, but with some added enhancements and modifications as identified below:

Process Change to Encourage Focused Transitions and Warm Hand-Offs

Currently, Resident Reviewers approach Class Members based on information provided by HFS and SMHRFs. All Class Members are approached once they have been in a SMHRF for 60 days, regardless of the Class Member response to Outreach efforts. In addition, Resident Reviewers often conduct time-consuming intake and record reviews for Class Members who are either ineligible for transition (due to dementia, cognitive disabilities, or other recognized exceptions), or who ultimately refuse to consent to a Resident Review.

To streamline the process and to encourage engagement between NAMI Outreach staff/Ambassadors and Resident Reviewers, the protocol for Resident Reviews will be modified as follows:

- A Monthly Call will be held between Outreach staff and Resident Reviewers, convened by DHS/DMH, to discuss large-scale issues and trends to facilitate more effective Class Member engagement.
- Resident Reviewers will be required to prioritize those Class Members who have consented to participate in transition activities through Outreach.

- Outreach workers will be required to send a secure form for each Class Member who consents to the appropriate Resident Review staff. This form will contain information regarding the Class Member, including any non-clinical observations by the Outreach staff that may help facilitate further transition activity.
- Resident Reviewers will be required to engage with a Class Member prior to conducting an intake/record review, and may only conduct such a review if the Class Member indicates a willingness to participate in the Resident Review process.

#### Evaluation Strategy 1: Process Change/Handoffs

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
E-1	Creation and distribution of form for outreach referral to Resident Reviewers	N/A	DHS/DMH Deputy Director of Systems Rebalancing	7/1/19	8/1/19	Increased coordination between Outreach and Resident Reviews; Increase in completed Resident Reviews by 10% over FY19
E-2	Initiation of monthly call between Outreach and Resident Reviewers	N/A	DHS/DMH Deputy Director of Systems Rebalancing or Designee	8/1/19	Ongoing Monthly	Increased coordination between Outreach and Resident Reviews; Increase in completed Resident Reviews by 10% over FY19

#### Test Modified Resident Review Outcome Determinations

During FY20, a modified Resident Review outcome determination process will be tested for all Resident Reviews that occur during the month of August, 2019. Resident Reviews during that 30-day period will be categorized based on the skill development/clinical needs of the Class Member at the time of the Resident Review. The groupings will be as follows:

1. Recommend for expedited transition (no clinical stabilization or skill-building required);
2. Recommended for normal transition (mild to moderate clinical stabilization or skill-building may be required before transition); and
3. Recommended for later transition (moderate to severe clinical stabilization or skill-building may be required before transition).

This modified process will determine whether transitions are able to occur in a more timely manner when Class Members are identified at the outset as being ready for transition, and whether this classification assists CMHCs in service plan preparation and service delivery that will positively affect outcomes. Based on data and feedback from the CMHCs, this modified process may be extended beyond August 2019.

#### Evaluation Strategy 2: Modify Resident Review Outcome Determinations

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
E-3	Creation and distribution of Modified Resident Review Criteria for Resident Reviewers	N/A	DHS/DMH Deputy Director of Systems Rebalancing	FY19	7/15/19	Modification of Resident Review Outcomes to be used during August, 2019
E-4	Evaluation of Resident Review data and transitions for Reviews from August, 2019	N/A	DHS/DMH Deputy Director of Systems Rebalancing or Designee	9/1/19	Ongoing	Determine effect of Modified Resident Review Outcomes and whether to continue for remainder of FY20

#### Data Reporting for Resident Reviews

Multiple data points are recorded by the Resident Reviewers in terms of attempts and re-attempts to obtain Class Member consent for an assessment, but certain data points are lacking, especially regarding existing Class Member re-assessment and re-approaches. For FY20, DMH will require that Resident Review agencies track the following and report on a monthly basis:

1. The number of Class Members eligible for re-assessment or re-approach and/or number of Class Member requests for a re-assessment after a prior refusal
  - a. Number completed
  - b. Timeliness of evaluation - Within 12 months for annual reviews, within 14 business days for CM requested re-assessment, dependent on CM availability (Resident Reviews are to be conducted on at least an annual basis or up to four times per year per CM request)
  - c. Reasons for CM refusals or when Resident Review is terminated prior to completion and what information/response was provided to appropriately address Class Member concerns.
2. The number of Class Members (unduplicated) approached and the outcome, with an emphasis on the frequency of approaches for CM who have expressed concerns about transition. Will report on average time between approaches for such CM.

The monthly data will be reviewed and analyzed to identify trends and issues for potential interventions and will be reported to the Parties and Monitor.

Resident Reviewers will continue to maintain a presence in the SMHRFs to ensure Class Members are approached with appropriate frequency. At a minimum, Resident Reviewers will be in each SMHRF a minimum of 2 days per week (Resident Reviewers are typically in each SMHRF between 2-5 days each week, depending on the number of Class Members in the facility).

To further inform and identify the protocols and processes used by the Resident Reviewers to ensure Class Members are approached with appropriate frequency and that Class Member concerns are properly addressed, the Resident Reviewer agencies will be asked to attend a *Williams* Parties meeting early in FY20 to discuss the process.

Evaluation Strategy 3: Resident Reviewer Data Reporting Modifications

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
E-5	Create monthly data chart for Resident Reviewers re: timeliness of re-assessments and reasons for refusals	9, 10, 12, 13, 14	DHS/DMH Deputy Director of Systems Rebalancing	7/1/19	9/1/19	Increased accountability for timely Resident Reviews; Ability to meet reporting requirements to demonstrate compliance

E-6	Analyze and report on submissions	9, 10, 12, 13, 14	DHS/DMH Data Analyst (or other staff depending on staffing availability)	9/1/19	Ongoing Monthly	Ensure compliance with timely assessments
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#### Training/Written Material Review

To further encourage Class Member participation, as with the Outreach staff, training and written materials will be reviewed for the Resident Reviewers to ensure they are able to respond to Class Member concerns and can educate Class Members on the available pre-and post-transition services, including but not limited to OT, wrap around medical services, skill building, assistance with Social Security Applications, and employment opportunities. To the extent needed, additional training or written materials will be provided.

#### Evaluation Strategy 4: Training/Materials for Resident Reviewers

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
E-7	Review of Resident Reviewer training and written materials to ensure ability to respond to CM concerns and educate CM on available services and resources; modify and distribute to Resident Review Agencies if needed	9	DHS/DMH Deputy Director of Systems Rebalancing	8/1/19	11/1/19	Ensure appropriate materials and information available for Resident Reviews to inform CM on transition services; Ability to meet reporting requirements to demonstrate compliance

Other Compliance Requirements

The Monitor has identified eight separate Compliance Requirements for Outreach (Requirement Nos. 7-14). Requirement Nos. 7 and 11 were found to be in compliance, and Requirement 8 is not relevant for FY20. Those three Requirements are therefore not referenced in this Plan.

**D. Service Planning**

A new service plan was implemented for use on January 1, 2019. For FY20, *Williams* Quality Monitors will review a sample of completed plans to ensure they are complete and contain the elements required under the Consent Decree as follows:

1. Community-based services needed;
2. CM personal vision, strengths, needs in home, community and work;
3. Exploration of employment/IPS;
4. Timetable for transition; and
5. If not transitioning to PSH, establishment of treatment objectives to prepare for PSH in future; and/or
6. For CM not appropriate for PSH, description of the needed services that are unavailable in PSH and identification of the services needed to live in another Community-Based Setting that is the most integrated setting appropriate.

In addition, plans must indicate that they were prepared by Qualified Professionals with input of the Class Member, his or her Legal Representative and other individuals requested by the Class Member, and that the Class Member was advised of his or her right to have such individuals present or consulted during the process. Service Plans must also not be limited by current availability of Community-Based Services or Settings. Quality Monitors will be required to report on the number of plans reviewed, number of deficient plans, nature of the deficiencies and corrective action outcomes. The results will be reported monthly to DMH for review.

## Service Plan Strategy 1: Service Plan Review

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
SP-1	Develop data chart for Quality Monitor review of Service Plan sample	15, 16, 18, 19, 20, 21,22, 23	DHS/DMH Williams Compliance Monitor	8/1/19	10/1/19	Ensure 90% of Service Plans meet all service planning criteria; Ensure 90% of Service Plans for those not transitioned to

						PSH include treatment objectives to prepare them for PSH
SP-2	Review requirements of Service Plans in relation to Medicaid Integrated Assessment and Treatment Planning (IATP) requirements to see if IATP could replace current Service Plan per provider requests	N/A	DMH/DHS Deputy Director of Systems Rebalancing  HFS	7/1/19	9/30/19	Guidance for providers on Service Plan/IATP

#### Creation of Service Plans by CMHCs

Under the original requirements of the Consent Decree, development of the Service Plan was the responsibility of Defendants, and was to be completed within “sufficient time to provide appropriate and sufficient transitions...in accordance with the benchmarks set forth in the Decree.” (Decree, VI 7(f), Requirement No. 18) However, in the actual implementation of the Decree, the contracted *Williams* CMHCs prepare the transition Service Plan after extensive consultation with and evaluation of the Class Member. The CMHCs are uniquely positioned to work with Class Members who are in the process of preparing for transition and developing ongoing Service Plans for transition that properly include the services and supports both needed to prepare for transitions and to support the CM post-transition. There may also be prior treatment plans utilized to prepare a Class Member to live in the community. CMHCs should begin preparing Service Plans immediately after referral and the initial draft Service Plan must be completed within 45 days of the referral. Final Service Plans intended to be used post-transition must be completed no later than 14 days prior to CM transition, subject to any last-minute treatment or service need changes. Service Plans should include information pertaining to Class Member visits to Community -Based Settings, including housing options, including but not limited to what visits were offered, requested and completed. To ensure Service Plans are created in a timely manner with respect to transition, for FY20, DMH will require the *Williams* CMHCs to provide reporting on a monthly basis on the status of all Class Members who are awaiting transition, which will include the status of their Service Plan and any updates, including ongoing reassessments in furtherance of transition and changes in needs and preferences. This

Service Plan status will be part of the Pipeline Reporting described in detail in the Transition portion of this Implementation Plan (Section E).

With respect to implementation of the services and supports identified in a Service Plan, Williams Quality Monitors visit each transitioned Class Member 30 days post-transition to ensure Service Plan requirements are met. Quality Monitors conduct additional visits at 6, 12, and 18-months post-transition.

Service Plan Strategy 2: Service Plan Creation Timing/Tracking

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
SP-3	Require CMHC to provide monthly status reports on Service Plan status for all CM approved for transition	17, 18, 21	DHS/DMH Deputy Director of Systems Rebalancing	7/1/19	Ongoing	Ensure 95% of initial Service Plans are completed within 45 days of referral to CMHC and 90% of post-transition Service Plans completed 14 days prior to transition

Supported Employment

DMH and the Division of Rehabilitation Services (DRS) have been partners in implementing Individual Placement and Support services (IPS) in Illinois since 2005. Both Divisions work together to ensure IPS teams receive the resources and technical assistance needed to provide IPS services to individuals. DRS and DMH meet quarterly to discuss, brainstorm and problem solve IPS issues, including those involving *Williams* Class Members. Efforts are ongoing to expand IPS to other CMHCs and to increase the scalability of IPS in Illinois.

During FY20, to increase the number of *Williams* Class Members enrolled in IPS and obtaining employment, DMH/DRS will request that CMHCs do the following:

1. Clinical staff should use the IPS Employment Center’s “Considering a Job” Employment questionnaire during Class Member Service Plan development to engage Class Members and encourage enrollment in IPS;
2. Hire additional IPS Employment Specialist Staff and/or encouraging CMHCs to partner on IPS services;

3. Refer *Williams* Class Members to another CMHC or to DRS if the affiliated CMHC does not offer IPS services; and
4. Full Service *Williams* Provider CMHCs ACT Vocational Specialists should utilize the 8 Key Principles of IPS Supported Employment that Guide Implementation.”

Data on Class Member utilization of IPS, inclusion of IPS information in Service Plan development and employment data will be included in the Semi-Annual Compliance Reports.

Service Plan Strategy 3: Expansion of IPS/Class Member Employment

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
SP-4	Encourage CMHCs to utilize IPS questionnaires in Service Plan Development	16	DHS/DMH Deputy Director of Systems Rebalancing  IPS Staff	7/1/19	Ongoing	Achieve 10% increase in CM enrollment in IPS services for FY20 over FY19 baseline
SP-5	Analyze IPS enrollment and employment data, establish baseline, and set benchmarks	16	DHS/DMH Deputy Director of Systems Rebalancing  IPS Staff	7/1/19	10/1/19	Identify employment and IPS enrollment benchmarks

## **E. Transition**

### Annual Transition Requirement

As in FY19, DHS is committed to transitioning Class Members in a safe and sustainable manner. For FY20, DHS and the other State Defendants will transition 400 Class Members, although that target was not met for FY19. Provider-level transition requirements will be determined in a collaborative fashion with *Williams* providers, and progress will be closely monitored by DHS/DMH. To date, discussions with providers have not identified a current pathway to 400 transitions for FY20, but discussions are on-going, additional strategies are being identified and considered, and the Department is planning on issuing a NOFO to identify additional full-service providers (this is discussed in Service and Housing Development, Strategy 4) and will work with providers to fund the increase or addition of ACT and CST teams, as needed. Transitions will also be supported through other initiatives in this Section. In addition, CMHCs will continue to

work with CMs on all aspects of community transition, including affording Class Members the opportunity to visit community-based settings such as drop-in centers and to view housing options.

Transition Strategy 1: Transition Benchmarks with Provider Agencies

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-1	Determine Provider-level annual transition requirements in collaboration with <i>Williams</i> Providers	N/A	DHS/DMH Deputy Director of Systems Rebalancing	FY19	9/1/19	Ensure <i>Williams</i> Providers can meet transition requirements totaling 400.
T-2	Closely monitor transitions through weekly Provider calls	N/A	DHS/DMH Deputy Director of Systems Rebalancing	FY19	Ongoing Weekly	Closely track achieved and pending transitions; identify issues and provide assistance to reach 400 for FY20

Pipeline Analysis (Commitment No. 5)

To provide insight into the slowing rate of transitions, an analysis of the *Williams* “Pipeline” (Class Members who have been approved for transition but who have not yet moved from the SMHRF into a Community-Based Setting) was conducted in the second half of FY19. This includes information on Class Members on the CAST (Complexities Affecting Seamless Transition) list, on “Hold” (CMs who are approved for transition but whose transition is temporarily on hold due to a number of factors, including psychiatric or medical concerns), and who are progressing to transition. While the full analysis is not yet complete as of the date of this Implementation Plan, there were a number of impediments to transition identified. Among the most common issues identified were the following:

1. Lack of Funding/Income;
2. Medical/Behavioral Issues;
3. CM Declined Transition Services; and
4. Agency Unable to Locate Class Member

Based on the initial analysis, some interventions have been identified, but continued information on this population will be vital to transitioning Class Members. The following interventions have been identified and are proposed for FY20 to address the following impediments:

1. Lack of Funding/Income
  - a. Lack of Funding/Income will be addressed through the SOAR process, by SOAR staff funded in each full-service Williams Agency, with the potential addition of legal referrals for certain Class Members.
2. Medical/Behavioral Issues
  - a. Medical and Behavioral Issues will be addressed through continued examination of medical and substance-use related services. This includes the substance abuse training and consultant described below. Further interventions will be developed over the course of the year in conjunction with the continued Pipeline reporting and analysis and through discussions at the Provider Summits. This includes continued collaboration between DMH and the Division of Substance Use Prevention and Recovery (SUPR) to identify ways that SUPR and CMHCs can work collaboratively and creatively in providing services to Class Members with dual disorders. Further collaboration between DHS/DMH, SUPR, and IDPH both as the regulating agency and a party to this Decree, will continue on ways to address the treatment and service needs of Class Members with co-occurring mental health and substance use disorders while they are in SMHRFs.

For FY20, all *Williams* CMHCs will be required to provide full Pipeline reports on at least a quarterly basis. A Pipeline Reporting tool will be created to ensure that data is uniformly submitted by providers and contains all relevant and required information. The information will include housing and geographic area of preference if that preference is preventing transition. DMH will identify a staff person who will monitor the information provided and collaborate with CMHCs on potential solutions to identified roadblocks. In addition, a condensed, monthly report will be submitted to DMH on the status of all Class Members in the Pipeline who are not in any CAST or Hold category. Pipeline reports will be shared with the Parties and Monitor.

Transition Strategy 2: Pipeline Reporting and Analysis

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-3	Creation of Pipeline Reporting Tool for CMHCs with quarterly reporting	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	FY19	8/1/19	Ensure accurate and complete reporting of pending CM transition

						status for tracking
T-4	Identification of DMH staff for Pipeline analysis	26, 28, 30	DHS/DMH	7/1/19	8/1/19	Dedicated staff member for tracking pipeline data
T-5	Quarterly analysis of impediments and potential interventions	26, 28, 30	DHS/DMH Data Analyst (or other DMH staff depending on staffing)	7/1/19; 10/1/19; 1/1/20; 4/1/20	9/1/19; 12/1/19; 3/1/20; 6/1/20	Identification and analysis of Pipeline impediments; potential remedies

### Data Based Planning

During FY20, the transition of the *Colbert* Decree to DHS provides a unique opportunity to collaborate on expansion of the data collecting ability for both *Colbert* and *Williams*. A revised data tracking system will be developed, and will include a dedicated full-time data analyst for *Williams* to identify trends. Trends identified will be submitted to the *Williams* team for analysis and identification of potential remediation. The specific nature of the revised tracking system is uncertain, but may include expansion of the current *Williams* database or use of other available alternatives. The long-term goal will be to identify or create a system that can incorporate *Colbert* data and will include exploration of direct provider input into the system.

### Transition Strategy 3: Database Expansion

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-6	Analysis of potential avenues to expand <i>Williams</i> data tracking	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	7/1/19	9/30/19	Identification of potential data expansion to further CM transitions and future planning
T-7	Report on outcome of analysis	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	9/30/19	11/1/19	Identification of data analysis expansion

T-8	Addition of full-time Data Analyst	26, 28, 30	DHS/DMH	7/1/19	12/1/19*	Enhanced ability to expand, track and analyze data in furtherance of Decree's requirements over all domains
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\* Contingent on hiring process and availability of qualified candidates.

Expansion of SOAR Services (Commitment No. 4)

One of the most significant impediments identified in the Pipeline analysis was lack of income. A large percentage of Class Members who have not transitioned are either on CAST or Hold due to lack of income. Without a source of income, Class Members have difficulty maintaining tenure in a Community-Based Setting, even with housing Bridge Subsidies and services and supports provided via Williams CMHCs.

To address this population, SOAR services will be expanded for FY20. Rather than have NAMI's IHRS staff increase their SOAR services, *Williams* CMHCs will be provided funding for dedicated staff to work on Class Member applications and appeals. Funding will be based on the Agency's transition target and number of Class Members currently in the transition Pipeline due to lack of income. This staff member will be SOAR trained, and will work with Class Members on a maximum of two application cycles (initial application and appeal). The SOAR staff will focus, at least initially, primarily on Class Members with a high likelihood of SSI/SSDI approval. When not needed for SOAR services, the staff must work on other *Williams*-related activities, including Pipeline reporting and collaboration with DMH. CMHCs will be responsible for reporting to DMH on their SOAR activities on at least a quarterly basis.

SOAR activities, trainings, and practices will be developed and/or enhanced by adopting the SAMHSA SOAR Practitioner Training and other resources available through the SAMHSA SOAR TA Center and the SAMHSA Homeless and Housing Resource Network. DHS/DMH will also be gathering information on the two-to-four states that have the highest success rates on application approvals (this will also be included in the Learning Collaborative in the following section).

For any Class Member applications that have been unsuccessful through SOAR but for whom SOAR trained staff continue to disagree with the denial of benefits, a request may be made to DMH for a final appeal to be handled through an attorney referral. DMH will explore the

feasibility of (and, if feasible, implement) a referral program in which approved Class Members will have access to DHS-funded legal services for one additional appeal of benefits.

There will be funding for a total of 10 full-time staff primarily focused on SOAR in Williams provider agencies, totaling approximately \$800,000 for FY20. The current proposed staff breakdown is as follows:

Thresholds	2 staff
Trilogy	2 staff
HSC	1 staff
Heritage Behavioral Health	1 staff
HRDI	1 staff
Grand Prairie	1 staff
Association House	1 staff
C4	1 staff

These efforts are intended to reduce the number of Class Members on income-related CAST and other Holds. SOAR outcomes will be closely monitored to determine the effectiveness of this approach and to identify baselines and future outcome measures related to submitted and successful SSI/SSDI applications and appeals.

#### Transition Strategy 4: CMHC SOAR Funding

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-9	Determination of SOAR staffing for each CMHC	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	FY19	7/1/19	Preparation for contract revision to include SOAR staff
T-10	Inclusion of SOAR staff funding in FY20 contracts	26, 28, 30	DHS/DMH Contracts	FY19	7/1/19*	10% decrease in FY19 number (baseline) of Class Members on income-related CAST or other holds
T-11	Exploration of Feasibility of DHS-funded Attorney Referral Process	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	FY19	9/1/19	Explore possibility of provision of legal services to CM in certain

			DHS/DMH Contracts			SSDI/SSI appeals.
T-12	If feasible, establish DHS- funded Attorney Referral Process	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing  DHS/DMH Contracts	9/1/19	1/1/20*	Provision of legal services for CM with likelihood of successful appeal of SSDI/SSI application denial

\* Subject to procurement requirements

DMH will also create a learning collaborative with DRS, *Williams* and *Colbert* Agencies with SOAR Staff and NAMI to share learned experiences related to Class Member applications and appeals. Focus will be on feedback from entities with demonstrated success in SSI/SSDI applications. The goal of this collaborative will be to identify strategies and methods to improve both first time application approvals and success on appeal.

The goal is that the SOAR staff achieve at least 50% approval on submitted applications (in comparison with the national average of 65%), and 30% of appeals (vs. the national average of 42%) during FY20, and approach or exceed national averages in subsequent years.

#### Transition Strategy 5: Application Learning Collaborative

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-13	Initial meeting with DRS, CMHC/ <i>Colbert</i> Agencies and SOAR staff for Learning Collaborative	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	9/1/19	10/1/19*	Improvement of SOAR outcomes
T-14	Determine appropriate schedule for continued Learning Collaborative meetings; schedule and conduct	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	10/1/19	11/1/19* and ongoing based on agreed upon schedule	10% decrease in FY19 number (baseline) of Class Members on income-related CAST or other holds for FY20

	additional meetings					
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\* Timing contingent on SOAR staff procurement requirements - see Strategy 5.

### Flexible Funding for Providers

To allow CMHCs to have additional flexibility in the use of funding to further Class Member transitions, during FY20, *Williams* provider agencies will have a flexible funding source included in their contracts. Flexible funding will be allocated at \$1,000 per each agency's targeted transition, for a maximum of \$400,000 for 400 total transitions in FY20. The funding will be prorated for each agency, in proportion to their transition targets for FY20. However, the funding itself will not be tied to a particular Class Member or an individual transition. The funding must be used on an approved expense, such as:

- Temporary housing assistance for those CMs whose SSI/SSDI funding has been approved but is not yet in place;
- Landlord mitigation funds;
- Temporary income supplements for CMs with approved SSI/SSDI funding;
- Costs for additional pre-transition needs (i.e. personal items, etc.); and/or
- Transportation or other Service-Plan related services otherwise not covered.

Use for expenses other than those specified will require prior approval from DMH. Flexible funding expenditures will be reported monthly to DMH for tracking and monitoring.

### Transition Strategy 6: Flexible Funding

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-15	Draft and Release NOFO for Flexible Funding	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing  DHS/DMH Contracts	FY19	9/1/19	Solicit providers for flexible funding
T-16	Inclusion of Flexible Funding in CMHC contracts	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing  DHS/DMH	12/1/19	1/1/20*	Enhance ability of <i>Williams</i> providers to conduct additional transition-

			Contracts			related activities
T-17	Monthly review of CMHC reporting on Flexible Funding utilization	26, 28, 30	DHS/DMH Data Analyst	1/1/20*	Ongoing Monthly	Ensure Flexible Funding is used in furtherance of transition; analyze effect on transition rates

\* Subject to procurement requirements

### Staff Bonus/Retention Funds

To assist in retaining and recruiting staff, *Williams* provider agencies will be provided with Staff Bonus and Retention funds. These funds may be used either to pay performance-based bonuses to existing staff, for outside recruitment, or for use as sign-on bonuses for open positions. The funds will be provided directly to the agencies. As a part of this initiative, providers will be required to report on how the funding was utilized (by title/position) and staffing data as follows for the six-months prior to the additional funding and six-months post funding:

1. Time for Positions to be Filled (by title)
2. Staff Retention/Turnover Data (by title)

The current estimates for hiring and retention funds are signing bonuses of up to \$1,500 for each open position (depending on the nature of position and difficulty filling position) and up to \$500 for annual performance-based bonuses for exemplary staff. Total staff bonus and retention funds during FY20 will be approximately \$372,000, depending on when such funding is approved and based on agency staffing needs. Guidelines and limitations on use of these funds, including applicable titles/positions, will be developed and distributed to *Williams* providers.

### Transition Strategy 7: Provider Staff Retention/Bonus Funding

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-18	Provide CMHCs with bonus/retention funding for defined positions	26, 28, 30	DHS/DMH Contracts	9/1/19	Ongoing through FY20*	Reduction of staffing issues for agencies, including turnover rates, and quicker vacancy

						filling; potential expansion of services; improved transition rates.
T-19	Analyze impact of funding	26, 28, 30	DHS/DMH Data Analyst	1/30/20	Ongoing	Determine effect of funding on staff retention, expansion of services and transitions.

\* Timing is subject to procurement requirements.

Medicaid Issues (Commitment 3)

The State recognizes there are significant challenges in the eligibility and re-determination process for Medicaid applicant and recipients. However, this is an issue much larger than *Williams* or *Colbert* and impacts other litigation as well. Therefore, while the State is actively working on implementing strategies to reduce the overall backlog of applications, streamline the process, and engage in other activities intended to afford relief to those awaiting a decision, a process has been developed to ensure that *Williams* Class Members are not adversely affected while the overall system is being addressed.

To address concerns with Medicaid spend-downs required of certain Class Members, DMH will continue its grant to cover spend-downs for CM in community or who have pending transitions where the CM would otherwise not be able to transition. This grant covers up to \$500 over the Medicaid threshold for each Class Member. To ensure proper utilization of grant funding, DMH will issue an Informational Bulletin to providers reemphasizing the Defendants’ commitment to continuing to ensure such CMs are able to both transition and remain in the community through its spend-down efforts. In addition, a written policy will be developed and distributed to all DHS Local Offices on the proper protocol for handling Class Member spend-downs, and a Local Office staff person will be identified as a point-person for providers to contact if an issue arises.

While the larger Medicaid application and redetermination issues are addressed, *Williams* provider agencies will have a designated contact person at DMH to contact directly for any Class Member eligibility/spend-down/redetermination issues. This staff will coordinate with one of three designated DHS Local offices, whose staff will be able to review the Class Member’s Medicaid status and identify issues and take steps to remedy any impediments within the limitations of the program. Second, DHS is collecting information on all *Williams* Class Member applications to identify and expedite processing. Finally, with respect to re-

determinations, *Williams* CMHCs assist Class Members in submitting re-determination paperwork (and bill for casework services). A list of *Williams* Class Members with their redetermination dates has been created and the State will work on ways to utilize this information to prevent redetermination issues from arising. For those Class Members currently in a SMHRF, the SMHRF administrators will be provided the DMH contact information to address individual Medicaid issues. Information will be collected on *Williams* redeterminations and spend-downs for analysis once the application data is completed.

## Transition Strategy 8: Medicaid Issues

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-20	Creation and distribution of Informational Bulletin regarding spend-down grant	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	7/1/19	9/1/19	Enhanced understanding and handling of spend-down grants
T-21	Creation and distribution of Spend-Down Guidance to Local Offices	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	7/1/19	9/1/19	Enhanced understanding and handling of spend-down grants; reduction in Class Members being ineligible for benefits due to spend-down issues
T-22	Identification of DMH/FCRC Staff to expedite <i>Williams</i> Class Member issues	26, 28, 30	DHS/DMH Deputy Director of Systems Rebalancing	7/1/19	Ongoing	Ability to quickly address and resolve individual CM Medicaid issues
T-23	Updates to Parties/Monitor on <i>Williams</i> application/redetermination data	26, 28, 30	DHS Deputy Director of Systems Rebalancing	7/1/19	Ongoing monthly after 7/1/19	N/A

Additional Data Reporting

In the course of preparing the semi-annual data reports, it has come to the attention of DMH that there are certain data points that are currently not reported. As such, for FY20, CMHCs will be required to include the following in their data reports to DMH (and in turn, DMH/DHS will include in their semi-annual compliance reports):

1. To the extent available (either from SMHRFs or other sources), the number of Class Members who are involuntarily discharged prior to transition and provision of appropriate housing until transition activities completed, and
2. The time from service plan development to transition.

In addition, Bridge Subsidy administrator agencies (Catholic Charities) will be required to report on PSH building limitations, specifically whether CM transitions into PSH exceed 25% (for buildings with over 4 units) or 50% (for buildings with 2-4 units). In the event the building limitations are exceeded due to CM waiver (where a Class Member elects to live in a setting that does not conform to the 25% or 50% limits), the waiver and reasons for the waiver shall be documented and reported to DMH. CM housing (Bridge-Subsidy based) is retained for up to three months in the event the CM is hospitalized, incarcerated or otherwise not living in their residence. Data will also be added to document and report those instances of housing retention.

With respect to Section 811 units, all such units are compliant with the percentage limitations as the program itself limits development to no more than 25% of units being allocated to individuals with disabilities. Additionally, IHDA can make payments for up to 60 days in the event of vacancy to retain the unit. IHDA currently polls the property managers of SRN and Section 811 units monthly. IHDA will add a question to determine if any residents are “at risk of losing housing.” IHDA and the wait list manager will know the unit number. The wait list manager or statewide housing coordinator would contact the service provider and will track and report these events to DMH for inclusion in the semi-annual compliance report.

Transition Strategy 9: Additional Data

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
T-24	Develop and implement additional data reporting items from CMHC and housing agencies	25, 27	DHS/DMH Deputy Director of Systems Rebalancing	9/1/19	Ongoing	Ensure compliance with Decree requirements

			DHS/DMH Data Analyst			
T-25	Convene internal meetings to identify tracking possibilities for involuntary discharge	25, 27	DHS/DMH Deputy Director of Systems Rebalancing  Other agencies as identified	7/1/19	9/1/19	Tracking and reporting on involuntary discharges if such tracking methods are identified.
T-26	Review and analysis of data for compliance	25, 27	DHS Data Analyst	10/1/19	Ongoing monthly after 10/1/19	Ensure compliance with Decree requirements

### Other Compliance Requirements<sup>3</sup>

The Monitor has identified 12 Compliance Requirements for Outreach (Requirement Nos. 24-35). Requirement 29 was found to be in compliance, and Requirement Nos. 31, 32, 33, 34, and 35 are not relevant for FY20. Those six Requirements are therefore not referenced in this Plan.

With respect to Requirement 24, which requires PSH to be the most integrated setting appropriate for Class Members who do not fall within three exclusionary criteria, a rating of partial compliance has been indicated in the past. To address this requirement DHS/DMH will need to develop additional options that will bring us into compliance, especially in assisting individuals with fragile medical conditions that require a significant amount of self-management to live as independently as possible. While Supervised Residential may not be the least restrictive setting, is an alternative that allows for transition of a Class Member for whom PSH is not yet a safe option. ACT teams are able to bring on nurses, in Supervised Residential settings, that can assist with medical management and the teaching of skills so that the CM learns how to self-manage, for instance safe insulin administration – or the potential to determine if newer medication delivery methods and/or devices would be appropriate that would allow for a future transition into PSH. It is also anticipated that with the increased collaboration between DHS/DMH and IHDA, additional housing options for PSH will be identified as well as other alternative for Class Members.

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<sup>3</sup>Compliance Requirement No. 24 was a partial compliance finding, based in part on the transition of Class Members who did not meet the exclusionary criteria to settings other than PSH. This requirement may require further analysis to ensure transitions are appropriate.

## Transition Strategy 10: Analysis and Identification of Barriers to PSH

Task	Task Description	Prior OOC/PC Compliance Finding	Agency/ Key Staff	Begin Date	Completion Date	Outputs/ Outcome
T-27	Analysis of and identification barriers to PSH for Class Members and development of options to resolve; continued reporting on findings to Parties and Monitor	25, 27	DHS/DMH Deputy Director of Systems Rebalancing  DHS/DMH Data Analyst	9/1/19	Ongoing; 6/30/20	Ensure compliance with Decree requirements

**F. Community-Based Services and Housing Development**Provider Summits (Commitment No. 6)

To better address the various concerns from *Williams* (and *Colbert*) providers and to better serve Class Members and facilitate tenure in the community, a series of Quarterly Provider Summits will be held. Summits will include *Williams* and *Colbert* Provider Agencies, MCOs and State Staff. During the first Summit, targeted to take place in August 2019, the following will be on the agenda:

1. Presentation by Class Members Living in Community Settings
  - a. Discussion of Impediments to Transition and Tenure
  - b. Personal Outcomes/Recommendations
2. Capacity Issues
3. Class Member Needs
  - a. Services and Supports Needed to Transition
  - b. Pipeline results
  - c. Alternative settings needed
4. Transition Barriers (Pipeline Discussion)
5. Training on housing/PAIR module (by IHDA)
6. Transparency re: performance and outcomes accountability

The second Summit will take place in late November/early December 2019. Prior to that, *Williams* (and *Colbert*) staff will undertake a detailed review of provider contracts to determine what modifications may be made to specify deliverables, incentivize community tenure of

transitioned Class Members and other modifications to further the purposes of the Decrees. The Agenda for the second Summit will include:

1. Continued Discussion of Capacity Issues/Class Member Needs
2. Current Observations Regarding Class Member Characteristics/Challenges
3. Service Needs
4. Transition Barriers/Pipeline Issues
5. Contract Modifications

The information obtained through the Summits will further serve to inform potential specific rates for targeted review by HFS. Provider concerns will also be addressed during internal State meetings and will be presented to and discussed with the Parties and Monitor. Additional Summits will be held during the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of FY20.

Medicaid Service Reimbursement Rate Review (Commitment No. 8)

In response to concerns raised by *Williams* and *Colbert* providers, HFS, as the single state Medicaid agency, will be conducting a review of targeted Medicaid Reimbursement Rates and Services. This review will be limited in scope, focusing on specific rate issues identified by DHS and IDoA, based on input obtained via the Provider Summits. Defendants will collect feedback from providers, including via the August, 2019 Provider Summit, and will provide to HFS for consideration as part of, and for incorporation into the FY21 budget process.

Development of a Service and Housing Provider Capacity Development Plan

The Provider Summits, Rate Review, Pipeline analysis and other available data and feedback (including service plans) will be utilized to develop a Service and Housing Provider Capacity Development Plan. This plan will outline the State’s vision and the concrete numeric investments needed to bring online the quality/type and quantity of services that will be expanded throughout the fiscal year responsive to need (including new provider types) and needed housing investments.

Service and Housing Development Strategy 1: Provider Capacity Plan, Summits, and Rate Review

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
S-1	Schedule and hold first Provider Summit	36, 37	DHS/DMH Deputy	7/1/19	No later than 8/30/19	Increase awareness of provider

			Director of Systems Rebalancing  HFS IDoA\ IHDA IDPH			concerns/CM perspective
S-2	Create initial service and housing provider capacity development plan based on Provider Summit feedback and other data/information	36, 37	All Named Defendants & IHDA	7/1/19	1/1/20 with ongoing modifications	Identify quantity and type of needed housing and services and plan to adequately supply resources
S-3	Provider contract review and analysis-Identify modifications to further transitions and community tenure	25, 27	DHS/DMH Contracts	7/1/19	11/1/19	Identify contract modifications to increase transitions/ community tenure
S-4	Schedule and hold second Provider Summit	25, 27	DHS/DMH Deputy Director of Systems Rebalancing  HFS IDoA IDPH IHDA	8/30/19	No later than 12/15/19	Identify and discuss provider concerns to help alleviate transition impediments
S-5	Prepare summary of outcomes/ recommendations/ Provider contract modifications	25, 27	DHS/DMH Deputy Director of Systems Rebalancing  DHS/DMH Contracts	11/1/19	12/30/19	Identify ways in which to use contracts to increase Provider participation and accountability
S-6	Identify recommended modifications for	25, 27	DHS/DMH Contracts	12/30/19	1/15/20	Implement contractual provisions to

	FY21 Provider contracts					further transitions and accountability
S-7	Schedule and hold 3 <sup>rd</sup> and 4 <sup>th</sup> Quarter Provider Summits	25, 27	DHS/DMH Deputy Director of Systems Rebalancing  HFS IDoA IDPH IHDA	12/15/20 3/30/20	No later than 3/30/20 and 6/30/20	Identify and discuss provider concerns to help alleviate transition impediments
S-8	Identify potential specific rates for review	25, 27	DMH Deputy Director of Systems Rebalancing  HFS	7/1/19	9/1/19	Identify potential rates (Medicaid and/or other) for which modifications would positively impact providers and potentially increase transitions
S-9	Provide report to Plaintiffs and Monitor on which rates will be subject to review	25, 27	HFS	10/1/19	11/1/19	Identify feasibility of rate modifications
S-10	Conduct review of identified rates	25, 27	HFS	10/1/19	11/15/19	
S-11	Provide rate recommendations to Governor's Office of Management and Budget in conjunction with FY20 budget	25, 27	HFS	11/15/19	12/31/19	
S-12	Provide report to Parties and Monitor on final rate changes as	25, 27	HFS	Whenever cleared by GO to release	2/20/20 or when proposed	

	reflected in FY20 Governor's budget				budget is announced	
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Implementation of Recommendations for Serving Class Members with Co-Occurring Mental Health and Substance Use Disorders

During FY19, Defendants obtained Technical Assistance and training from nationally recognized experts, Zia Partners, to identify ways in which service delivery could be integrated and improved for Class Members with co-occurring SMI and substance abuse diagnoses. Zia Partners has conducted an analysis of best practices and ways in which those can be applied to Williams Class Members and will conduct a training in June 2019 to include a discussion of real CM situations, regulatory impediments and other ways in which to increase the Defendants' ability to successfully transition CM with co-occurring SMI and Substance Abuse disorders to community-based settings. A summary of the findings and recommendations from the June training will be provided to the Parties and Monitor, and the Defendants will commit to implementing those recommendations that are feasible. A discussion and analysis of those recommendations will include the Parties and Monitor.

In addition, for FY20, Lutheran Social Services (LSSI) has obtained SUPR licenses in five (5) SMHRFs, which will enable them to provide a variety of services including Early Intervention, Level 1, and Level 2 services. Provider staff will be able to work to ensure that transition planning occurs as part of the discharge process and that a "hard referral" is made to link transitioning Class Members to LSSI or another Community-Based provider that will be close to the area where the Class Member is relocating. For Class Members in need of MAT (Medication Assisted Treatment), LSSI will work with FQHCs nearby for the provision of such treatment. Finally, in the event the Class Member requires transportation to attend substance use treatment, SUPR will be able to assist in obtaining tokens/transportation cards for public transportation. Data on Class Member utilization of these services and resources will be included in the Semi-Annual Compliance Report.

Service and Housing Development Strategy 2: Enhancing Substance Use Disorder Services

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
S-13	Summary of Recommendations distributed to Parties/Monitor	36, 37	DHS/ DMH	7/1/19	Distribute prior to July Parties Meeting	Enhance and modify current approach and mechanisms to serving CM with co-

						occurring SMI and Substance Abuse disorders
S-14	Discussion of Recommendations	36, 37	State Agencies Parties Monitor	8/15/19	To Discuss at August Meeting	Enhance and modify current approach and mechanisms to serving CM with co-occurring SMI and Substance Abuse disorders
S-15	Identify and Implement Feasible Recommendations	36, 37	DHS/ DMH SUPR  Others as Identified	9/1/19	12/1/19*	Enhance and modify current approach and mechanisms to serving CM with co-occurring SMI and Substance Abuse disorders

\*Completion date is subject to procurement requirements

### Pipeline Analysis and Remedies

DMH will conduct both an initial and ongoing analysis of transition Pipeline reports from *Williams* Providers as described in Section E. This analysis will be included in the monthly reports distributed to the Parties and Monitor. Impediments to transition and potential solutions will be identified and remediated as appropriate. Specifically, the Pipeline data will be used to identify services and supports that are either not available or of insufficient quantity to support Class Members in the Community, and will be discussed with other Agencies such as HFS where Medicaid services may be at issue. Pipeline reporting will include housing preferences and needs and locations to further appropriate housing development and identification of resources.

## Service and Housing Development Strategy 3: Pipeline Analysis and Reporting

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
S-16	Quarterly analysis of impediments and potential interventions	26, 28, 30, 36, 37	DHS/DMH Data Analyst  DHS/DMH Deputy Director of Systems Rebalancing	7/1/19; 10/1/19; 1/1/20; 4/1/20	9/1/19; 12/1/19; 3/1/20; 6/1/20	Identification and analysis of Pipeline impediments; potential remedies

Provider Expansion

To attempt to further expand provider capacity to serve additional Class Members and effectuate transitions, DHS/DMH will issue a Notice of Funding Opportunity for additional, Full-Service CMHCs to serve Williams Class Members. Any CMHC with appropriate licenses and credentials will be able to apply. Contingent on the outcome of the NOFO, additional Providers will be added to provide services to Williams Class Members. This will be in addition to existing CMHCs receiving additional funding to expand and/or add to CST/ACT teams, as needed.

## Service and Housing Development Strategy 4: NOFO for Additional Providers

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
S-17	Draft and Issue NOFO for additional full-service providers	36, 37	DHS/DMH Deputy Director of Systems Rebalancing  DHS/DMH Contracts	7/1/19	9/1/19	Issue NOFO seeking additional full-service providers.
S-18	Review NOFO results	36, 37	DHS/DMH Deputy Director of Systems Rebalancing  DHS/DMH	9/1/19	11/1/19	Determine if responses can result in additional providers

			Contracts			
S-19	Draft and enter into contract(s) with additional provider(s)*	36, 37	DHS/DMH Deputy Director of Systems Rebalancing  DHS/DMH Contracts	11/1/19*	12/31/19*	Addition of full-service Williams providers to serve and transition Class Members

\* Contingent on response to NOFO and availability of appropriately licensed and credentialed applicants.

IHDA Housing Activities

The Illinois Housing Development Authority’s (IHDA) has two primary ways housing can be made available to Class Members, through (i) investing in buildings and (ii) providing rental assistance.

Bricks and Sticks/Investment in Buildings

IHDA provides lending products and equity allocations to developers to build and rehabilitate affordable rental housing throughout Illinois. Within the annual Low-Income Housing Tax Credit awards, IHDA rewards points to developers to set aside a minimum 10% of apartment units in each development for individuals/families referred to the Statewide Referral Network (SRN) waitlist, an incentive spelled out in the Qualified Allocation Plan. Not all persons on the SRN waitlist are Class Members, however, Class Members are given preference for all of those units through the PAIR module. This is a valuable source of Permanent Supportive Housing (PSH), but it takes some time to place the units in service, typically two years to develop the property and have individuals move in.

IHDA also plans to hold a specific annual funding round to promote the new construction and rehabilitation of new PSH units. These buildings have 25 units or less and are scattered throughout Illinois in areas of Class Members’ geographic preference. In these rounds, 125 PSH units are typically created each year. However, it must be noted that as no more than 25% of the units in any building can be for Class Members, the units for Class Member preference in a typical funding round will be approximately 31 units.

Rental Assistance

IHDA continues to increase the SRN and 811-unit inventory that will benefit Class Members. Section 811 units are continuously being added throughout the year to new developments and

when projects come into refinance. As mentioned above, SRN units are added to most new Low-Income Housing Tax Credit (LIHTC) developments at IHDA and may have a rental subsidy, in addition to being rent restricted for households at or below 30% of the area median income. Both PSH programs provide direct benefits to Class Members through affordable rents.

Barriers

The 25% of units in any single building for Class Members limits IHDA’s ability to make a larger impact on Class Member housing.

The Section 811 regulations regarding environmental reviews, the need to use a HUD computer system for landlords to be paid rent, and the requirement for a 30-year use restriction with only a 20-year funding agreement (for properties without LIHTCs or other federal funding) limits participation from the private market. Timing is a barrier, as there is often limited time to connect Class Members ready to leave an institution to a vacant unit. IHDA also has a pipeline of new SRN/811 units that will be added to the PSH stock but the time it takes to build/rehab a building is significant (1-2 years).

Best Practices

Please note that IHDA promotes permanent supportive housing and supports the Housing First Model. We ensure all PSH apartment units contain their own kitchens and bathrooms. All units must have 12-month leases and individuals must be able to come and go as they wish.

Individuals

<b>Type of housing/unit (PSH and other)</b>	<b>Eligibility</b>	<b>Location</b>	<b># of Units Projected to be Offered to Class Members</b>
Statewide Referral Network (SRN) units – PSH	Persons living in an institution (Colbert, Williams, Ligas), at risk of institutionalization, or experiencing or at risk of homelessness.	Statewide	250 annually, depending on awarded LIHTC projects*
Section 811 PBV – PSH	Class Members in Williams, Colbert, Ligas, persons at risk of institutionalization, persons living in an SODC.	Statewide	IHDA anticipates 88 units will become available on PAIR during FY20*

PSH development through Annual Funding Round	Persons with disabilities that need support services to remain housed in the community.	Statewide	IHDA anticipates 31 PSH units will be developed through the Annual Funding Round (included in the 250 SRN Units)
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\* All units are first offered to Class Members (*Colbert, Williams* or *Ligas*). However, if the timing does not work after 90 days for new units or 30 days for turnover units, the unit may be rented to another extremely low-income household.

IHDA, on behalf of its state partners, continues to improve the waiting list process and communications about available units for service providers so they can easily submit applications for SRN and 811 units and update clients’ applications.

Some recent improvements include adding flexible accessible filters, to increase matches to units with a range of accessibility options; improving reporting capabilities for wait list managers and IHDA staff to better Class Members being referred for individual developments; and, beginning more purposeful communication with interagency partners on current unit availability in specific individual developments. In FY20, additional enhanced training will be provided to service providers on how to enroll Class Members on the wait list and service providers’ responsibility when notified of an available unit.

In addition, DHS/DMH and IHDA will work with the Public Housing Authorities to move class members off of Bridge Subsidy to SRN units, Housing Choice Vouchers or Section 811 match units, and to identify additional rental assistance resources.

Service and Housing Development Strategy 5: Housing Activities

Task	Task Description	Prior OOC/PC Compliance Finding	Agency/ Key Staff	Begin Date	Completion Date	Outputs/ Outcome
S-20	Reconvene housing workgroup/ taskforce	36, 37	IHDA, DHS	7/1/19	Ongoing	Housing development plan; access to types and quantity of housing needed by Class Members

S-21	Research and Apply for HUD for Mainstream Voucher Program (dedicated housing resources for SMI)*	36, 37	IHDA	7/1/19	HUD application deadline*	Increased dedicated housing resources for Class Members
S-22	Increase 811/SRN units for Class Members; apply for additional HUD Section 811 funding	36, 37	IHDA	7/1/19	Ongoing◇	Continue expanding unit inventory for Section 811 housing for Class Members
S-23	Work to move Class Members from Bridge Subsidies to Housing Choice vouchers, Section 811 or other rental assistance	36, 37	DHS/DMH Donna O'Connor	7/1/19	Ongoing	Work to move Class Members from Bridge Subsidized units to Section 811/Housing Choice voucher units; opening Bridge Subsidies for new CM transitions
S-24	Track and report on granted waivers to landlords	36, 37	IHDA	7/1/19	Ongoing	Decreased number of lost units by 25% from baseline
S-25	Continue improvements for reporting up-to-date SRN/811 waiting list data/information to track housing availability and need	36, 37	IHDA  Statewide Housing Coordinator	7/1/19	Ongoing	Accurate and close to real-time data on housing need

\* Application submission will be dependent on eligibility for program.

◇ Applications will be submitted if available and approved by IHDA Board.

Obtain Housing Analysis and Technical Assistance

DMH will coordinate with IHDA and/or other contractual housing specialists on preparation of an analysis of funding and policy considerations for Housing First and Permanent Supportive Housing. The report will include identification and exploration of options and strategies that may not currently utilized in Illinois, including but not limited to the following: mechanisms for funding housing and support services, policies that underlie successful programs, helping providers of mental health and substance abuse services improve their practices, and addressing housing instability. The analysts will have access to all pertinent housing information, Class Member demographics, geo-mapping results and other materials that would assist in their analysis. A report on the findings and recommendations will be submitted to the Parties and Monitor for discussion.

Training will also be provided on the Housing First Model to assist Resident Reviewers, providers and others on Housing First principles in an effort to achieve more efficient and successful transitions of Class Members from SMHRFs into Community-Based Settings.

In the event it is determined that outside assistance is required for this analysis, an RFP will be issued.

## Service and Housing Development Strategy 6: Housing Analysis and Technical Assistance

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
S-26	Issue RFP to Identify Housing Experts (as needed)	36, 37	DHS/DMH IHDA	7/1/19*	9/1/19*	First step toward obtaining additional guidance on potential housing strategies for Williams and Colbert
S-27	Contract with Housing Experts based on RFP (as needed)	36, 37	DHS/DMH IHDA	12/1/19*	1/1/20*	Second step toward obtaining additional guidance on potential housing

						strategies for Williams and Colbert
S-28	Issue Report	36, 37	DHS/DMH Contracted Experts  IHDA	1/1/20*	4/15/20*	Identification of Housing Strategies or modifications to current system that can be applied to Williams and Colbert
S-29	Issue State Plan and Recommended Actions	36, 37	DHS/DMH IHDA Other agencies as needed	4/15/20*	6/1/20*	Identification of strategies or modification to current system; incorporation into FY21 Implementation Plan

\*Dates for this strategy are dependent on the agency/entity identified to conduct the analysis/training. To the extent a state agency or already contracted entity is able to conduct the analysis and/or training, the completion dates may be sooner than anticipated.

#### Geo-Mapping of Class Member Locations, Resources and Housing

Geo-Mapping will be used to develop projections for service and housing needs and help determine gaps in the same. This will map Class Member current and-preferred locations/housing<sup>4</sup>, provider service areas/locations (both *Williams* and other certified providers) and SUPR provider locations. Resources will be allocated to address and expand service and housing needs identified through this process and others discussed throughout this Plan (including information obtained via Provider Summits, Pipeline analysis, etc.) as determined feasible and effective by the Defendants. Financial implications are currently unknown, but Defendants will ensure that *Williams* funding is flexible in order to reallocate to areas of need within the FY20 budget as feasible and necessary to achieve the requirements of the Decree and Implementation Plan.

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<sup>4</sup> Contingent on availability of housing data

## Service and Housing Development Strategy 7: Geo-Mapping Activities

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
S-30	Create Geo-Map of Class Members and providers to identify preferred locations and potential providers	36, 37	DHS/DMH	7/1/19	11/1/19; ongoing updates	Enhance ability identify to service and housing areas of need or expansion
S-31	Analyze submissions and report to Parties/Monitor	36, 37	DHS/DMH	11/1/19; ongoing	1/1/20; ongoing	Identify specific geographic areas for service and housing development

**G. Administrative Requirements**Office of Olmstead Compliance

In FY2020, the State will establish and staff the Office of Olmstead Compliance within the Office of the Secretary of the Department of Human Services. This office will provide strong, centralized, integrated oversight of all aspects of the *Colbert* and *Williams* Consent Decrees, including quality assurance, performance monitoring, data analysis and reporting, contract management, staffing, and budgeting.

The Office of Olmstead Compliance will be directed by the Olmstead Compliance Officer, a newly created position reporting directly to the Secretary of DHS. The Olmstead Compliance Officer will possess a background suited to providing both programmatic and operational leadership to the Olmstead Consent Decrees. This individual will serve as primary liaison to leadership at all provider organizations supporting Olmstead Decree activities, ensuring streamlined, integrated resolution to various issues affecting performance and outcomes. Importantly, the Olmstead Compliance Officer will be empowered by the Secretary of DHS to work across all DHS divisions and with sister agencies to remove bureaucratic barriers to successful implementation and compliance.

The Williams Administrator (also referred to as the Deputy Director of Systems Rebalancing), the Colbert Administrator, and all other dedicated Consent Decree functions (e.g. housing, employment) will report directly to the Olmstead Compliance Officer. This dedicated leadership and centralized oversight of all Consent Decree functions is expected to reduce redundancy and significantly expand the State's capacity to quickly identify, analyze, and resolve barriers to the successful implementation of this plan.

Administrative Strategy 1: Creation of Office of Olmstead Compliance

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
A-1	Hire Olmstead Compliance Officer to oversee Olmstead Consent Decrees	39	DHS Grace Hou	FY19	7/1/19*	Olmstead Compliance Officer hired by 7/1/19*
A-2	Hire Williams Administrator/ Deputy Director of Systems Rebalancing	39	DMH Diana Knaebe	FY19	7/1/19*	New Administrator hired by 7/1/19*
A-3	Complete comprehensive analysis of staffing needs and resources, including identification of staff to support Class Member employment initiative	39	DHS and DMH executive, program, and legal staff, including Olmstead Compliance Officer	7/1/19	9/30/19	Identify staffing needs and resources
A-4	Reassign and fill additional positions as identified	39	DHS and DMH executive, program and legal staff, including Olmstead Compliance Officer	10/1/19	12/31/19	New staff in place by 12/31/19*

\* Timing contingent, as applicable, on establishment of new position, hiring process, and availability of qualified candidates.

Integrate Efforts Between Agencies and Governor's Office

As part of the Commitments identified at the outset of this Plan, there is a renewed commitment on behalf of the Defendant Agencies and Governor's Office to integrate efforts related to both *Williams* and *Colbert* compliance activities. It should be noted that while many of these efforts may focus directly on the Decree requirements, they are a part of a much larger cooperative effort to effect change in larger service delivery systems, housing and other broad policy areas.

As a part of this integration, representatives from the Governor's Office will be directly involved and in continued communication with the Defendant Agencies through participation in internal State planning meetings, large parties' meetings and other policy and program developments. This will ensure collaboration and partnership to further the goals of both *Williams* and *Colbert*.

Regular Consent Decree Meetings

To support Consent Decree planning, strategy, and operations, the State will continue to host the following meetings in FY20:

- Monthly Large Parties Meetings
- Monthly Meetings between DHS/DMH and Court Monitor
- Monthly Meetings between State agency executives and staff
- Regular Meetings between Court Monitor and Olmstead Compliance Officer, Williams Administrator, and other staff (as needed/appropriate)

Administrative Strategy 2: Convene Consent Decree Meetings

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
A-5	Convene monthly Large Parties Meetings	N/A	DHS/DMH	FY19	Ongoing	N/A
A-6	Convene monthly State-Only Meetings	N/A	DHS/DMH, Named Defendants, IHDA	FY19	Ongoing	Support Consent Decree Planning, Strategy and Operations
A-7	Convene monthly DHS and Court Monitor Meetings	N/A	DHS/DMH	FY19	Ongoing	Support Consent Decree Planning, Strategy and Operations
A-8	Convene meetings	N/A	DHS/DMH	FY19	Ongoing	Support Consent Decree

	between Olmstead Compliance Officer and her staff and Court Monitor					Planning, Strategy and Operations
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### Semi-Annual Reports

Defendants are to submit semi-annual (6-Month) reports to provide data and information on compliance and progress towards compliance with the Decree. Substantial revisions have been undertaken with respect to the first report for FY19 in consultation with the Monitor. Those modifications and others will continue for future reports to ensure compliance with this reporting requirement. One already identified need is to add data regarding the licensure status (by type and date), and accreditation status (by type, accrediting body, and survey standards) of SMHRF facilities.

### Administrative Strategy 3: Modification to Semi-Annual Reports

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
A-9	Revision and submission of semi-annual reports in consultation with Monitor	39	DHS/DMH Director  DHS Deputy Director of Systems Rebalancing  DHS Legal	FY19	8/15/19, 2/15/20	Report timely submitted; containing information and data sufficient to determine achievement of compliance measures
A-10	Submit SMHRF licensure and accreditation status in Williams semi-annual reports	39, 40	IDPH	7-1-19	8/15/19, 2/15/20	Updates and information re: SMHRF licensure and accreditation

### Implementation Plan

The initial draft for the FY20 Implementation Plan has been submitted to the Parties and Monitor as of May 1, 2019. The Parties and Monitor have agreed to a flexible review schedule to ensure that comments and revisions are able to be considered as expeditiously as possible. The final

FY20 IP will be filed no later than June 30, 2019. The specific requirements of the IP (Requirements 48-60, Decree VIII, Par. 10-11, 13-14) and compliance with those requirements will be identified in the Six-Month Report for the second half of FY19.

Administrative Strategy 4: Preparation and Filing of Implementation Plan

<b>Task</b>	<b>Task Description</b>	<b>Prior OOC/PC Compliance Finding</b>	<b>Agency/ Key Staff</b>	<b>Begin Date</b>	<b>Completion Date</b>	<b>Outputs/ Outcome</b>
A-11	Preparation of and submission of initial FY21 Implementation Plan draft to the Parties and Monitor	48-59	DHS  Defendant Agencies	3/1/20	5/1/20	May 1, 2020 submission of initial draft of Implementation Plan for Review and comment
A-12	Filing of final FY21 Implementation Plan in compliance with compliance requirements	48-59	DHS  Defendant Agencies	5/1/20	6/30/20	June 30, 2020 filing of Implementation Plan that complies with compliance requirements or separate filings by Parties.