

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

ETHEL WILLIAMS, et al.,)	
)	
Plaintiffs,)	No. 05 C 4673
)	
vs.)	Judge Lefkow
)	
BRUCE RAUNER, et. al.,)	
)	
Defendants.)	

FY18 Implementation Plan Abbreviated Amendment

The following Implementation Plan for FY 2018 represents an abbreviated amendment covering activities during FY18 in furtherance of the *Williams* Decree. The content of this amendment has not been fully agreed upon by the parties, but due to the timing of this amendment, the parties have agreed to submit this abbreviated amendment in order to focus efforts on the upcoming Amendment to the Implementation Plan for FY 2019. The following amendment was finalized on May 25, 2018, and Defendants were engaged in implementation activities described in the amendment before and after May 25. The delay in filing this amendment was not due to any delay in finalizing the amendment.

Dated: July 26, 2018

Respectfully Submitted,

By: /s/ Brent D. Stratton
One of the attorneys for Defendants

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Annual Implementation Plan (IP) Amendments have been submitted and filed by the State Defendants each fiscal year since entry of the *Williams vs. Rauner* Consent Decree. However, the parties were unable to reach consensus on the content of the draft IP Amendment and deliverables for FY17. Further complicating matters during this process, the original Court Monitor submitted notice of his impending retirement. As a result, the FY17 IP Amendment (which had an original due date of June 30, 2016) was neither finalized nor filed until June 5, 2017, eleven months after the initial due date and twenty-five days prior to the beginning of fiscal year 2018. Due to the delay in filing the FY17 IP Amendment and the resulting overlap with the onset of FY18, the Parties and original Court Monitor mutually agreed to table discussion of the FY18 IP Amendment until the new Court Monitor was in place.

In September 2017, Gail Hutchings was confirmed as the Williams Court Monitor, and her contract was finalized and executed in November 2017. The Parties and Monitor then engaged in a number of discussions regarding the FY18 IP Amendment. It was agreed in February 2018, that as the fiscal year was more than halfway over, it would be most efficient to file an 'abbreviated' FY18 IP Amendment to fulfill the Defendant's obligations for an annual amendment, and focus efforts on a full, comprehensive FY19 Implementation Plan Amendment.

This document serves as the abbreviated FY18 Implementation Plan Amendment which addresses updates to processes and activities since July 1, 2017 and new activities/deliverables to be accomplished by June 30, 2018.

Front Door Pilot

After the first five (5) years following the finalization of the Implementation Plan, no individual with Mental Illness whose Service Plan provides for placement in Community-Based Settings shall be housed or offered placement in an IMD at public expense unless, after being fully informed, he or she declines the opportunity to receive services in a Community-Based Setting. (Decree, p. 11)

From the onset of FY18, through the submission date of this Plan, numerous actions have taken place with respect to the Pilot Program's diversion of individuals from admission to Long Term Care. It is extremely important to reemphasize, for clarity purposes, that there is no 'unique' front door to SMHRFs/IMDs, but rather there is a single determination of criteria eligibility for Long Term Care in general. As such, this pilot is a diversion effort from admission to Long Term Care.

Most importantly, the activities of the Pilot have been extended twice from the original end date of August, 2017. While the analysis by UIC focuses on data from March 2017 to August 2017, the activities of this Front Door Pilot continues with full force through the end of FY18 (June 30, 2018). The Front Door Diversion Project will continue past June 30, 2018, details of which will be included in the FY19 Implementation Plan Amendment. However, at this time, the Defendants can confirm that there are funds available (currently set at \$1.6 million dollars) for FY19 activities and the program will be expanded during FY19. Expansion of the Front Door diversion in FY19 will be based on increasing the

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number of consumers to whom the services are available and will be strategically staged; starting in Regions 1 and 2. Roll-out to Region 3 is contingent on volume of need and the availability of resources.

Action Steps	Lead	Due Date
1. Continue review of data sets sent to UIC - staging for report completion.	Michael Pelletier	12/31/2017
2. Revise report timelines to allow for Cost Study to precede larger report as full data is available.	Michael Pelletier	12/31/2017
3. Receive UIC Financial report completion review.	Michael Pelletier	01/31/2018
4. Accept final revisions to the Financial Report - DMH review for action planning.	Michael Pelletier	02/02/2018
5. Convene internal DMH review for development of cost strategy scenarios - produce cost models for payments of program's continuation.	Michael Pelletier	03/16/2018
6. Assemble historical PAS data for projection of need in expansion areas - determine scope of need within other geographic areas prompting referrals to Long Term Care.	Michael Pelletier	03/16/2018
7. Review proposed FY19 cost models with FD team leaders - input for finalization of cost strategy.	Michael Pelletier	03/23/2018
8. Develop FY19 contract exhibits – with state's project requirements.	Michael Pelletier	03/27/2018
9. Final review of methodology, financing structures, projected FY19 funding levels -	Michael Pelletier	04/02/2018
10. Convene meeting to discuss how to use projected dollars, if available, and strategies on proposed utilization.	Michael Pelletier	04/02/2018
11. Roll out new proposal to original providers in original project - determine service providers for FY19.	Michael Pelletier	05/01/2018
12. Roll out new proposals to expanded geographic area's providers - determine service providers for FY19.	Michael Pelletier	05/01/18

Multi-Year Growth Plan

In May 2017, the original Court Monitor submitted a Special Report under the Colbert Consent Decree, in which he recommended development of a Multi-Year Growth Plan. This Plan was to be based on information from community mental health provider centers (CMHC) to outline processes that could potentially lead to increased transitions of Colbert Class Members to Community-Based Settings. This

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Plan would include identified system barriers/gaps with suggestions for resolution strategies that could improve transition efforts, as well as agencies' change approaches and ideas that could potentially lead to increased transition activities.

In August 2017, the Court Monitor, accompanied by DHS and IDoA Consent Decrees' project leads, met with three Williams/Colbert CMHCs' Executive Directors and key leadership staff to reflect on the past years of implementation of both Williams and Colbert, to discuss current trends and observations, and to explore exactly where CMHCs are now as a foundation for accomplishing future transitions and ultimately the sunset of both Consent Decrees. A major focus of the discussion was on developing a Multi-Year Growth Plan.

The three CMHCs agreed that a Multi-Year Growth Plan would be a beneficial pursuit. However, they recommended that a collective effort, across Colbert/Williams CMHCs, would potentially offer the most beneficial and realistic information.

DoA and DHS/DMH convened a joint meeting with all Williams and Colbert CMHCs in October 2017. The intent of this meeting was (1) to explain the purpose and scope of the Multi-Year Growth Plan document, (2) to discuss the expected deliverable and desired document product, (3) to identify chair persons to convene a short-term group process, and (4) to identify the due date for submission of the draft.

A draft Multi-Year Growth Plan document was submitted to the Colbert and Williams Decrees' project leads in early February 2018. A follow-up meeting was convened with the chair-persons and designated staff to review the document, by points: (1) to identify priorities, (2) to obtain further clarification, when needed, (3) to elevate an item(s) for Policy Decisions, and (4) to request items for removal when the reach was not realistic or outside the boundaries of State government. The final document was submitted on February 22, 2018.

Action Steps	Lead	Due Date
1. Multi-Year Growth Plan distributed to DHS and IDoA for administrative review	Colbert and Williams Project coordinators	March 7, 2018
2. IDoA and DHS meeting/discussions scheduled to: (1) review and discuss the Growth Plan document, (2) identify realistic areas for prioritization, (3) identify short-term achievable tasks (accomplishable in next three months), and (4) status determination of other recommendations	DHS/IDoA	April 27, 2018 Schedule follow up meetings as necessary
3. Develop schedule of achievable actions identified in the plan that can be accomplished by June 30, 2018 and due dates.	DHS/IDoA	May 15, 2018
4. Feedback teleconference meeting to be convened with CMHCs' full	DHS/IDoA	May 30, 2018

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discussion/planning work group, on agreed actions that the State will pursue by June 30, 2018.		
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Transition Target for FY18

As the complexities of Williams Class Members increase, both medically and psychiatrically, the pace in which transitions occur becomes more compromised. This is in direct comparison with transitions achieved in years 1, 2 and 3, where those Class Members with less intense needs, increased independent living skills, and those who were emotionally interested and invested to transition, moved from Long Term Care. Assignments of Class Member Resident Review assessments to Williams CMHCs continue at the same pace as in prior years, and in fact, the number of assignments to CMHCs for FY18 (through 3/13/18) currently exceeds the full year of FY14. One can reasonably conclude that the flow of assignments is not the issue leading to declining transition rates. **Appendix A** shows all assignments to Williams’ agencies from Fiscal Years 2014 – 2018, as of the above given date. Using the document - (Thresholds represents the column ‘assigned’) - it is clear that assignments to the CMHCs have been occurring with similar consistency for the years reflected.

Nevertheless, the reasons for the lower number of transitions that have occurred in FY18 in comparison to prior years remain puzzling. Historically, the pace of transitions consistently increases during the months of April, May and June. These are traditionally move months for the metropolitan area, which also means that rental units open up for leasing. Thus, there has been and will likely continue to be more transitions during these months.

Additionally, 20 new HUD 811 apartments will come on line in a building that is located in one of the high preference areas for Williams Class Members. Sixteen applications have already been received through the Pre-Screening Assessment Intake and Referral (PAIR) process. While this is a small number in contrast with the target, it is movement in the right direction. Also, two Supervised Residential sites, located in Peoria and Chicago, are opening a total of 13 additional beds, which will address the transition needs of identified Class Members who have been clinically and functionally assessed to need a greater level of on-site staff support as a step toward independent living. This will result in a combined total of 33 additional transition options for Williams Class Members over the remainder of FY18, in addition to the existing housing available to Class Members.

As of March 27, 2017, two hundred (200) Williams Class Members have signed leases or transitioned to Community-Based Settings. By June 30, 2018, 200 additional transitions are needed to reach the transition goal of 400 for FY18. This averages 17 transitions per week, for the next 3 months (as of April 3, 2018). The Defendants therefore propose the following action steps, largely focusing on underperforming CMHCs, to increase the rate of Class Member transitions for the remainder of FY18.

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Action Steps	Lead	Due Date
1. Obtain Plans of Action from CMHCs not meeting at least a 60% target transition number, outlining strategies to meet target.	Brenda Hampton	March 19, 2018
2. Meetings scheduled or to be held with CMHCs, Executive Directors and key staff, which are not meeting 60% of transitions, compared with the stated target.	Brenda Hampton	03/20/18 04/02/18 04/05/18 ongoing
3. FY19 NOFO scheduled to be re-released for two Cluster Housing models (Chicago) and one Supervised Residential expansion.	DMH fiscal	05/2018
4. Cooperative agreement with the 24 SMHRFs to provide weekly list of residents who do not meet medical necessity - list to be submitted to Resident Reviewers. RR will prioritize for assessment.	Brenda Hampton	March 28, 2018
5. Discussion with MADO – Douglas Park - (which operates a SMHRF Transitional Unit) to identify if any of the 16 residents from this unit can be referred for immediate transition.	Brenda Hampton	April 15, 2018
6. Increase contract amounts for LSSI and MFS to enable additional assessment ultimately resulting in more positive referrals.	Brenda Hampton	In process for Roundtable signoff

CAST Incentive Payment Pilot

Incentive Payment Pilot for Class Members identified on the Complexities that Affect Seamless Transition (“CAST”) list: (See FY17 IP, p. 10, No. 7)

CMHCs have repeatedly raised serious concerns about the difficulties encountered in transitioning Class Members with complex needs. The CMHCs must balance the difficulties these complex issues cause in community living, while at the same time attempting to ensure the reasonable physical, environmental and medical safety of the Class Member and the surrounding community. As a result, CMHCs have been unable to serve many of these Class Members in community settings. These Class Members have been identified as having Complexities that Affect Seamless Transition (CAST) (formerly known as the “unable to serve” list), and a process has been created to attempt to identify ways in which transition can be successfully accomplished, or confirm the Class Member’s needs are too complex for transition. These efforts have been described in detail in the June 1, 2017 Six Month Data Reports (p. 15).

For FY18, to further the efforts to encourage CMHCs to consider pursuing transition activities for these Class Members, DMH has created an Incentive Payment Pilot. This pilot is intended to ascertain the feasibility of applying a monetary incentive and whether or not this payment would lead to a transition and successful community tenure for Class Members placed in the CAST category. The total amount of

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funding for this Pilot is \$250,000. Each CMHC will receive incentive payments for the identified CAST Class Members based on the length of the Class Member's tenure in the community-based setting. The distribution of Incentive Payment is as follows, and payments are cumulative:

i.	1-month post transition	\$2,000
ii.	6 months post transition	\$1,500 (for a total of \$3,500)
iii.	12 months post transition	\$1,500 (for a total of \$5,000)

140 CAST Class Members were identified for this Incentive Pilot when the original CAST list was created in late October 2017. Since that time the CAST list has changed substantially, thus another list of names will need to be prepared. However, using the base number of 140 Class Members, the following represents the assumed rate of transition (**see Appendix B**):

Assumptions: 140 Class Members identified for the pilot. Estimated transitions:

- ✚ 5 Class Members per month expected to transition – spread evenly over time, beginning April 1, 2018 and running through June 30, 2019;
 - 3 of the Class Members transitioned are expected remain in the community for at least 30 days;
 - 2 of the Class Members transitioned are expected to remain in the community for at least 6 months;
 - 1 Class Member transitioned is expected to remain in the community for at least 12 months transition.

Action Steps	Lead	Due Date
1. DMH fiscal completed a cost analysis of resources needed to execute the pilot (Appendix B)	Brock Dunlap	10/6/2017
2. Provider teleconference held to discuss the Incentive Payment Pilot's design and to elicit feedback.	Brenda Hampton Brock Dunlap	11/15/17
3. DMH completes all necessary paperwork to execute the pilot	Brenda Hampton Shanna Frank	02/2018
4. DMH presents pilot for approval at DHS Roundtable	Shanna Frank	03/13/18
5. Award amounts prorated based on the full array agencies' distribution	Shanna Frank	02/26/18
6. Multi Year contracts released to the agencies	Shanna Frank	03/23/18
7. The Incentive Payment Pilot begins	Brenda Hampton	04/01/2018

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Study of IMD/SMHRF Class Members (CAST) who have not transitioned

Plaintiffs' attorneys expressed interest in understanding the effects on Class Members who were initially approved for transition, but whom the CMHCs had determined they would be unable to serve in a Community-Based Setting, and who therefore remained in the IMD. As a result, based on the request of Plaintiffs' counsel, DMH agreed to conduct a study on the effects of the failure to transition on the Class Member's quality of life. The previous Implementation Plan Amendment called for UIC to study a sample of Class Members who remain in the IMDs/SMHRFs after being deemed "Unable to Serve" and to determine if there has been any adverse impact or effect on the Class Members' emotional/mental, behavioral and physical health. (See FY17 IP, p. 11)

The following represents the status and targeted work on this project for FY18. Note: DMH executed one contract with UIC/CoSW to conduct studies under the Williams Consent Decree. It was agreed by the Parties and Monitor at the onset of the Front Door Pilot, that the Front Door Pilot analysis would have preference under the contract, and as a result, the study of IMD/SMHRF Class Members was deferred for a period of time. The following represents the activity that has both taken place and is scheduled for the IMD/SMURF study during FY18:

Action Steps	Lead	Due Date
1. DMH met with UIC/CoSW to restart the study.	Brenda Hampton	08/2017
2. DMH compiled random sample of 90 Class Members from the former "Unable to Serve" list who had not transitioned, to send to UIC. <i>Note: to minimize travel expenses, Class Members from the two facilities in Decatur and Peoria were excluded.</i>	Brenda Hampton	08/2017
3. DMH provided corresponding Resident Reviews, neuropsych or OT assessments (if applicable) for each CM identified to UIC.	Brenda Hampton	Transmittal dates: 08/2017 09/2017
4. UIC finalized study protocol and interview questions for Class Members,	Dr. Terry Solomon (UIC)	12/01/2018
5. UIC finalized interview questions for SMHRF staff.	Dr. Terry Solomon	02/05/2018
6. UIC began interviews with Class Members.	Dr. Terry Solomon	02/2018
7. UIC requested more names for the study due to 31 Class Members who no longer reside in SMHRFs – could not be located.	Dr. Terry Solomon	03/02/2018
8. Discussion held with UIC Dean and researcher to execute the study in two phases and to increase number of interviewees. First draft report due.	Brenda Hampton	04/30/2018
9. Final Report due	Brenda Hampton	06/30/2018

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The result of this study is for information purposes only, as requested by the Plaintiffs' attorneys. Class Members in the study will continue to have an annual Resident Review assessment or may be re-assessed quarterly, if requested as follows:

- If the study identifies a Class Member who appears to be a suitable candidate for transition, DMH will schedule an immediate Resident Review. The determination for reassignment to a CMHC will be based on the outcome and recommendation of the Resident Review assessment.
- If the study identifies that there is an adverse effect to the health and/or wellness of a Class Member, DMH will share this information with the IMD administrator and with IDPH for follow-up.

Creation of and Publication of a Provider's Notice to Accommodate Meetings with Class Members

Williams Outreach Workers, Williams Ambassadors and Resident Review agencies raised concerns about the availability of a consistent, appropriate meeting space in the facilities to hold private discussions with Class Members. Defendants were to develop and release a mutually agreed Providers' Notice informing IMD/SMHRFs to ensure private meeting space accommodations for Outreach Workers, Ambassadors, Resident Reviewers and Class Members. (See FY17 IP, p. 12)

Action Steps	Lead	Due Date
1. IDPH agreed to draft a Providers' Notice to address concerns that were raised related to the adequacy and appropriateness of meeting space and privacy protection for discussions.	Debra Bryars	n/a
2. Draft Notice released by DPH for review and comment. [Appendix C]	Debra Bryars	12/15/2017
3. Final Provider Notice released and posted on HFS' website. https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx	Kelly Cunningham	02/22/2018

Feasibility Study Regarding IMD/SMHRF Oversight Transfer

Pursuant to the FY17 Implementation Plan, Defendants agreed to engage an outside contractor to conduct a study to determine the feasibility of transferring oversight of IMD/SMHRF operations to DHS. The following represents the activities for this study during FY18 (See FY17 IP, p. 12):

Action Steps	Lead	Due Date
1. Baker Tilly submitted the final Feasibility Study report with recommendations to DHS liaison.	Jamie Ewing	01/2018
2. DHS distributed the Feasibility Report to DHS and HFS lead staff for comments.	CoreyAnne Gulkewicz	03/01/2018
3. Build on current collaborative efforts between the responsible agencies.	Jamie Ewing	ongoing

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Action Steps	Lead	Due Date
4. Explore the possibility of a more formal collaboration approach and if such is necessary.	Jamie Ewing	June 1, 2018

FY 19 Implementation Plan Work Plan Developments

The Williams Consent Decree co-defendants are committed to develop a robust FY19 Implementation Plan Amendment consistent with the intent and goals of the Consent Decree. This section documents some of the activities that are occurring to establish a foundation for submission of the FY19 Plan.

Action Steps	Lead	Due Date
1. Convene weekly DHS meetings to discuss system resources and infrastructure development needs.	Jamie Ewing	ongoing
2. Develop strategies and approaches for a Front Door sequential expansion/roll out, including interface and discussions with geographically relevant hospitals and CMHCs	Michael Pelletier, et al	ongoing
3. Replace current grant funding structure by implementing a pay for performance incentive payment model.	Michael Pelletier Brock Dunlap	May 15, 2018
4. Negotiate (and contract adjustment) with NAMI to expand scope of IHRS for inclusion of SOAR efforts, targeting and prioritizing a finite number of Class Members - CAST financial.	Brenda Hampton	May 15, 2018
5. Develop policies that will cover both Williams and Colbert implementation efforts related to housing access and better transition efficiencies as identified in the Multi-Growth Plan.	DHS IDoA	May 15, 2018
6. Expand WRAP training to 1000 residents of Long Term Care (including SMHRFs) through an EBP whole health wellness grant.	Nanette Larson	TBA¹
7. Continue work efforts with IHDA to expand the availability of timely access to 811 units and continue pursuits of new property development.	Lore Baker	TBA
8. Write content for submission and review of the FY19 Implementation Plan.	Co-defendants	April 20, 2018

¹ TBA – To Be Addressed in FY19 IP document