

# Illinois

## UNIFORM APPLICATION

FY 2021 Mental Health Block Grant Report

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
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Center for Mental Health Services  
Division of State and Community Systems Development

## A. State Information

### State Information

#### State DUNS Number

Number 067919071  
Expiration Date 8/25/2021 12:00:00 AM

#### I. State Agency to be the Grantee for the Block Grant

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#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2019  
To 6/30/2020

#### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

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#### Footnotes:



## B. Implementation Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1  
**Priority Area:** Continue to develop and improve the array of clinical and support services available for adults and children  
**Priority Type:** MHS  
**Population(s):** SMI, SED

**Goal of the priority area:**

Address the statewide availability and comprehensiveness of community-based mental health services available for adults and youth in the public mental health service system.

**Strategies to attain the goal:**

- Through ongoing certification processes that include periodic review, monitoring, and certifications of Certified Community Specialty Providers and Certified Community Mental Health Centers, identify and evaluate service shortfalls.
- Design and implement a database to process the components and data of the evaluation.
- Analyze the resulting data to: (a) identify areas where access needs to be improved; (b) inform the publicly funded community service system; and (c) facilitate decision making and planning.

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** The State will utilize data to inform the development of and ongoing support for the publicly funded mental health system.  
**Baseline Measurement:** Baseline: FY19 No system in place to do comprehensive analysis  
**First-year target/outcome measurement:** FY2020 the State will develop a comprehensive data collection platform.  
**Second-year target/outcome measurement:** FY2021 the State will utilize the comprehensive data platform to identify potential gaps in the service areas

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Information provided by entities seeking certification.

**New Data Source(if needed):**

**Description of Data:**

Geographic area by zip code; Service types provided; Ages served.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

We must first develop the system to collect the data, which will be dependent on work with agencies outside the Division.

**New Data issues/caveats that affect outcome measures:**

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Although this priority continued to be addressed in FY2020, DMH was unsuccessful in finalizing the comprehensive data collection platform that would enable movement forward in identifying the strengths and gaps in the mental health service system. This step was dependent on data collection based on the certification requirements in the State's Medicaid Rule (132). However, the DHS Bureau of Accreditation, Licensure and Certification (BALC) was unable to fully undertake the certifying process in FY2020 owing, in part due to internal delays and the development of the appropriate mechanisms for the new certification processes required in Rule 132, and partly due to the Coronavirus Pandemic which placed providing agencies under significant stress and also resulted in a delay of the Department of Human Services moving ahead with implementation of certification requirements in the second half of the fiscal year..

The DHS Bureau of Accreditation, Licensure and Certification (BALC) is responsible for conducting certification reviews and certifying Medicaid Community Mental Health (MMH) programs in accordance with Rule 132. BALC's role is to assure that community agencies conform to established standards which indicate their appropriateness to be included as partners in achieving the mission of Department of Human Services. BALC has a responsibility to the recipients of service, whether known as clients, customers or consumers to ensure to the best of its ability that: (1) individuals are receiving services from community agencies that have been reviewed according to licensure or certification rules and determined to be meeting those standards; and, (2) that community agencies are meeting reasonable expectations of providing quality services.

We anticipate that BALC will move forward with Rule 132 Certification processes subsequent to the abatement of the pandemic.

**How first year target was achieved (optional):**

**Priority #:** 2

**Priority Area:** Continue work on accomplishing the integration of behavioral health and primary health treatment to expand and improve the array of health and support services available for adults and children within community settings.

**Priority Type:**

**Population(s):** SMI, SED, ESMI

**Goal of the priority area:**

Assure the integration of physical health care with behavioral health services to adults having a serious mental illness and children with serious emotional disturbance to promote wellness, encourage prevention and support early intervention to address the current disparities in health outcomes experienced by individuals with SMI and SED.

**Strategies to attain the goal:**

- Develop a partnership/full collaboration between three established community mental health centers and their respective Federally Qualified Health Centers to promote full integration and collaboration in clinical practice between primary and behavioral health care in three largely rural counties, each having at least one significant population center
- Support the improvement of integrated care treatment models for primary care and behavioral health care to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED);
- Promote and offer integrated care services that include screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.
- Use lessons learned throughout the five-year implementation project to support statewide planning and implementation of integrated health homes.
- By the end of five years (FY2024) identify experienced experts to provide support to all other Illinois providers who are interested in exploring and implementing PIPBHC-IL.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of clients receiving integrated treatment and support during the fiscal year.

**Baseline Measurement:** 70 clients in initial nine month period

**First-year target/outcome measurement:** 220 clients

**Second-year target/outcome measurement:** 295 clients (Aggregate total served to end of FY2021 = 515)

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Provider Quarterly Reports

**New Data Source(if needed):**

**Description of Data:**

Providers' reports of number served.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The FY2020 target for this indicator was successfully achieved and significantly exceeded! The Division of Mental Health's Promoting Integration of Primary and Behavioral Health Care (PIPBHC) providers have enrolled 535 participants (adult and children/youth) through the end of FFY2020. The target of 220 served in FY2020 was achieved by 243%!

**Indicator #:** 2

**Indicator:** Number of staff persons trained and participating in the program each fiscal year.

**Baseline Measurement:** N/A

**First-year target/outcome measurement:** 40 staff

**Second-year target/outcome measurement:** TBD based on FY2020 data

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Quarterly report from each provider citing number of staff trained and carrying out PIPBHC-IL programming.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The target for this indicator was achieved and surpassed at 110%. The three providers reported a total of 44 staff members who provided program services and were trained or received refresher training in PIPBHC expectations on Wellness and Recovery Action Plan (WRAP), wellness self-management and principles and practices of wellness and recovery, including all agency-selected evidenced based practices that were used with PIPBHC clients during FY2020.

**Indicator #:** 3  
**Indicator:** Number of collaborative meetings convened by DMH to review and discuss progress and issues in service integration and delivery, program evaluation, and client impact.  
**Baseline Measurement:** 3  
**First-year target/outcome measurement:** 5 on-site meetings  
**Second-year target/outcome measurement:** 10 including fidelity reviews

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Records and minutes maintained by DMH Principal Investigators

**New Data Source(if needed):**

**Description of Data:**

See Above

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The target for this indicator was successfully achieved and exceeded. There have been 27 virtual learning collaboratives that included the three PIPBHC grantees, TriWest which is the evaluating agency, and DMH. These learning collaboratives facilitated the sharing process between the three providers, served to enhance the quality of the services delivered to participants, and supported the results described below.

The following list outlines notable six-month outcomes among adult enrollees who had elevated health indicators at baseline:

- Among people with elevated blood pressure at baseline, there was a statistically significant improvement in the average systolic and diastolic blood pressures of enrollees from baseline to reassessment. Forty-two percent of these enrollees achieved normal blood pressure measurements at reassessment for both systolic and diastolic blood pressure.
- On average, people with at-risk cholesterol levels at baseline had descriptive improvements at follow-up. Most notably, there was a statistically significant improvement in LDL ("bad") cholesterol. Even across indicators that did not have statistically significant improvements, some people achieved normal ranges at follow-up. The following tables summarize the number of people with at-risk health indicator measurements at baseline who achieved normal measurements at follow-up.
- Four (4) smokers (44%) achieved breath carbon monoxide levels equivalent to those of non-smokers by the six-month reassessment, and had a statistically significant decrease in the average carbon monoxide levels, from 20 to 12 ppm. .
- Three enrollees (17%) achieved normal A1c levels by six months. Although there was no statistically significant improvement among those at risk for diabetes, three people (15%) had normal levels at follow-up.

Program participants were asked a series of questions related to four domains of functioning and wellness in the 30 days prior to baseline and upon six-month reassessment. These were:

- Ability to manage daily life,
- Emotional distress,
- Quality of life, and
- Social connectedness.

Each composite domain score had statistically significant improvement from baseline to six-month reassessment, with the exception of the emotional distress composite score which also showed improvement, but this change was not statistically significant.

The SAMHSA benchmark for six-month reassessment rates is 80%. Overall, the providers are close to meeting this goal. The overall

reassessment rate was 73% for all enrollees.

**Indicator #:** 4

**Indicator:** An annual written report will identify the most successful practices, achievements, and lessons learned during each year.

**Baseline Measurement:** Not Applicable

**First-year target/outcome measurement:** FY2020 Annual Report completed, reviewed, submitted to SAMHSA, and filed.

**Second-year target/outcome measurement:** FY2021 Annual Report completed, reviewed, submitted to SAMHSA, and filed.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Providers' Quarterly Written reports submitted by the three partnering agencies and compiled into an Annual Report by DMH

**New Data Source(if needed):**

**Description of Data:**

See Above

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

**Priority #:** 3

**Priority Area:** Integrated Care- Work collaboratively with IL Dept. of HealthCare and Family Services (DHFS), the State Medicaid Agency, to develop policies, procedures and models for Integrated Health Homes to be sustained with Medicaid Funding.

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Develop models of care coordination utilizing the strengths of community mental health service agencies to ensure that persons with serious mental illness and their families can receive fully integrated and seamless services in their community.

**Strategies to attain the goal:**

Provide consultation and technical assistance to DHFS in the planning and the implementation of the Illinois Integrated Health Homes model.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of consultations provided to DHFS by DMH administrative staff.

**Baseline Measurement:** One meeting



**First-year target/outcome measurement:** 12 Meetings

**Second-year target/outcome measurement:** TBD based on FY2020 progress and outcome

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Agendas , Minutes and Notes collected and maintained by DMH administrative staff.

**New Data Source(if needed):**

**Description of Data:**

See Above.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

During SFY 2019 and SFY2020, planning for the implementation of Integrated Health Homes underwent extensive review and consideration by IDHFS. DMH provided expertise, consultation, and support in working with IDHFS towards a practical and effective plan for integrated health homes in Illinois. During February and March of 2020 DHFS made a series of Town Hall presentations announcing the organization and operational details of implementing IHHs and providing information to providers regarding contracts. Enrollment in IHHs by eligible Medicaid beneficiaries was set for May. The anticipated start date was to be July 1, 2020. Then the Covid19 Pandemic struck! Collaborative planning meetings came to an abrupt halt as attention turned to staying safe and meeting the shelter-in place requirements of the Governor's Executive Order. State offices closed and almost all State employees began working remotely from their homes. Although the discussion is currently continuing, the fiscal and manpower resources required to carry out the plans in FY2121 may not be available.

DMH and DHFS did have consultative meetings early in the calendar year, but those came to an abrupt halt due to COVID and the need to focus on the immediate needs of each respective department. Meetings have resumed on a monthly basis beginning in August, 2020.

### Background

For Illinois, an Integrated Health Home (IHH) is a new, fully-integrated form of care coordination for all members of Illinois Medicaid. The Integrated Health Home is expected to coordinate physical, behavioral, and social healthcare for its members, either as a single entity or through collaborative agreements with multiple entities. However, an IHH would not be responsible for provision of all services and treatment to members and is not a gatekeeper for services. It is required to seek prior approval for services when necessary.

The IHH may be funded through fee-for-service by DHFS or payment may be passed through the MCO to the IHH as a "directed payment." DHFS established five types of coordination services to be funded: Comprehensive Care Management; Care Coordination and Health Promotion; Transitional Care; Patient and Family Support, and Referral to Social Services.

Medicaid beneficiaries are eligible for IHH if they have: (1) Two or more chronic health conditions, (2) A chronic health condition and are at risk for a second. And, (3) if they have a serious and persistent mental health condition. The IHH would cover all three groups with projected emphasis on high costs, high risk, and high utilization.

The above information was excerpted from the 3/23/20 Integrated Health Home Town Hall Presentation on the IDHFS Website. For further information about integrated Health Homes in Illinois, please see the IDHFS Website at: [Illinois.gov/hfs/MedicalProviders/cc/Pages/IntegratedHealthHomes.aspx](https://illinois.gov/hfs/MedicalProviders/cc/Pages/IntegratedHealthHomes.aspx)

**How first year target was achieved (optional):**

**Priority #:** 4

**Priority Area:** FEP Set-Aside: Implementation of FIRST IL Specialized Programming and Evidence – Based Services for persons experiencing First

**Priority Type:** MHS

**Population(s):** SMI, SED, ESMI, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Sustain and expand the infrastructure for evidence-based clinical programs for persons with ESMI.

**Strategies to attain the goal:**

Provide education, training, and ongoing consultation to staff involved in FEP programs that includes:

- Strategies for Outreach and community-based education to attract and retain clients who have recently begun experiencing symptoms of psychosis or serious mental illness;
- Assessment and individualized treatment planning with these individuals in the most supportive and least intrusive manner;
- Psychiatric evaluation and medication management
- Individual Placement and Support (IPS) programs geared towards accessing employment, job retention, and smooth transitional experiences in work life that can increase self-esteem, confidence, and stability in persons experiencing early episodes of serious mental illness.
- Supportive education that helps the individual to initiate or continue in his/her educational process.
- Family and Individual Psychoeducation
- Case Management/Recovery Support Specialists
- Cognitive Behavioral Therapy for Psychosis
- Analyze needs of geographic areas to identify the best location of a new program
- Determine the potential for success and the capacity of the candidate provider based upon criteria for Providers Selection previously formulated by the DMH FEP Team

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** (a) Number of sites in the State with funded ESMI Programs. (b) The total FEP Set-Aside expenditures by the State for each site.

**Baseline Measurement:** 15 funded sites at the end of SFY2018.

**First-year target/outcome measurement:** 15 Funded sites

**Second-year target/outcome measurement:** 15 Funded sites

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The DMH contractual process for this initiative included specified goals, performance measures and performance standards for each participating provider. Data is collected from participating FIRST.IL sites on an ongoing basis by statewide coordinators of the program using the Enrollee Outcomes Form. Outcomes in terms of number of referrals and number of clients enrolled at each participating site are counted.

**New Data Source(if needed):**

**Description of Data:**

The Enrollee Outcome Form lists all active sites in the State. Records of contracts and funding awards for each agency are maintained by the DMH Fiscal Office. Quarterly Report Performance Forms track Training, Module Advancement, and Employment and IPS/Supported Ed Involvement. Quarterly Expenditure Reports are also completed by our FEP Set-Aside agencies and provided to DMH.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

The full potential of the First.IL Program may be affected by federal restrictions on eligible diagnosis.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

**Indicator #:** 2

**Indicator:** Number of training events held each year to increase clinical competence and expertise in the delivery of ESMI services in FIRST.IL sites.

**Baseline Measurement:** 12 key training events

**First-year target/outcome measurement:** 13

**Second-year target/outcome measurement:** 13

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Records of teleconference calls and attendance are maintained by statewide coordinators.

**New Data Source(if needed):**

**Description of Data:**

See Above

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

This objective was achieved and the target exceeded in FY2020. A total of 32 training events with follow-up technical assistance as needed were conducted during the year, including 1 CBT-p Advanced Training (a two day in-person training event) for FIRST.IL Providers and 18 select IRT Clinicians, 5 Family Psychoeducation training events were conducted; and 26 special training events to provide introduction and orientation to FIRST.IL treatment modalities for beginning clinical staff who provide IRT, CM, RSS and SEE services as well as existing staff who had not yet used the particular modality. Additionally, training on the use of the newly established Web-based Data System was provided.  
In FY2020, state coordinators also reported 360 TA contacts that included a once monthly conference call with all team leaders and CBT-p monthly follow-up consultation. BeST Center consultants provided 12 Advanced CBT-p calls and 30 Family Psychoeducation Consultation calls to Illinois staff in the course of the year. There was also one Training of Trainers Event for FEP Fidelity Preparation with Dr. Donald Addington, though DMH is continuing to assess the right Fidelity tool for FIRST.IL.

**Indicator #:** 3

**Indicator:** Number of clients meeting criteria for FIRST.IL enrolled in team services statewide.

**Baseline Measurement:** 251

**First-year target/outcome measurement:** 300

**Second-year target/outcome measurement:** 350

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Enrollment data from each participating site aggregated by statewide coordinator retrieved from Enrollee Outcome Form at Baseline and every 6 months.

**New Data Source(if needed):**

**Description of Data:**

Number of persons meeting eligibility criteria for FEP program enrolled at each site.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

The full potential of the FIRST.IL Program may be affected by the federal restrictions on eligible diagnosis.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

**Priority #:** 5

**Priority Area:** Promote Provision of Evidence Based and Evidence-Informed Practices -Individual Placement Services/Supported Employment

**Priority Type:**

**Population(s):** SMI, SED

**Goal of the priority area:**

Promote Evidence Based Practices for individuals served in DMH funded agencies and advance the implementation of evidence-informed practices in the child and adolescent service system.

**Strategies to attain the goal:**

(1) During FY2020 and FY2021, continue the development of the state infrastructure required to support implementation and sustainability of IPS Evidence Based Supported Employment. (2) During FY2020 and FY2021, continue to develop the integration of physical and behavioral health with employment supports and peer support statewide. (3) By the end of FY 2021, through the provision of additional funding resources, continue the implementation of IPS Evidence Based Supportive Employment which targets an additional 350 consumers acquiring competitive employment in their local communities.

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	Number of consumers receiving supported employment in FY2020 and FY2021. (National Outcome Measure)
<b>Baseline Measurement:</b>	3,413 individuals were served in SFY2018.
<b>First-year target/outcome measurement:</b>	3,354
<b>Second-year target/outcome measurement:</b>	3,514
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	

Data for this indicator are generated through a special web-based database created specifically for the DMH SE initiative. Fidelity and outcomes data are submitted to the DMH SE coordinator.

**New Data Source(if needed):**

**Description of Data:**

As always, DMH has developed specifications for reporting that DMH funded providers must use when submitting data.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

DMH only reports data for teams that have been found to exhibit fidelity to the evidenced based practice model. DMH is working to promote fidelity in all IPS agencies and thereby expand the database.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Supported Employment has continued to be substantively addressed in FY2020 in spite of the impact of the Covid 19 pandemic which is documented below. The numerical target for FY2020 was 96.2% attained! The program served 2 less people in FY2020 than in FY2019 [a 0.01% decrease from the total number served in FY2019]. 3,226 individuals received and benefitted from IPS services in FY2020. We were not successful in achieving the numerical target of 3354 to serve in IPS for FY2020. We believe COVID-19 had a major impact on not achieving our FY2020 goal for several reasons:

1. Per Governor’s orders to stop the spread of COVID-19, many employers and businesses during the outbreak of COVID-19 had to close and reduce their workforce for several weeks. During this time, no hiring occurred, so IPS Programs did not job develop during this period and had no new referrals for IPS services during this period.
2. Clients who may have been interested in IPS services did not feel safe going into the community during this period in fear of catching COVID-19. So again, IPS Programs had no new referrals for IPS services during this period.
3. Many IPS Providers themselves had a reduction in clinical and employment staff, which resulted in the reminding employment staff to assume other responsibilities and duties in addition to their IPS roles. This slowed down the IPS process of assisting clients with employment.
4. With social distancing efforts in effect which resulted in IPS staff working from home, new processes for delivering and implementing IPS services during COVID-19 had to be created -- which slowed the volume of clients entering and receiving IPS services. Using virtual platforms also slowed IPS activities such as engaging IPS caseloads and employers, job developing, and employers interviewing for job seekers.
5. COVID-19 shifted the job market. Job titles that were in demand before COVID-19 became obsolete during COVID-19, therefore jobseekers had to shift their job preferences as well – which changed job development and job search plans. This made the job search longer for clients, which kept clients on IPS caseloads longer.

In FY2020, a total of 41 IPS sites with fidelity to the model served 3,226 unduplicated consumers. An additional 11 sites that were working toward fidelity but had not yet met fidelity standards served 219 consumers. In all, 3,226 consumers received supported employment services. Given the difficult service environment in the second half of the fiscal year, the program’s accomplishments that were directed to sustaining and improving the quality and delivery of services may be regarded as significant achievements.

Despite not achieving our FY2020 target of 3354, we are very pleased that we did not have any significant reduction of the number of clients who received IPS services in FY2020 from FY2019 when 3,228 clients were served [only 2 clients less- a 0.01% decrease]. While staff turnover has historically been a problem issue for IPS providers, it appeared not to be a major issue in FY2020. Many IPS provider agencies did not have much turn-over with employment specialists and almost no turn-over with IPS team leader staff. With fully staffed and tenured IPS teams to serve clients, we believe this allowed IPS Providers to endure the barriers COVID-19 caused, allowing IPS programs and caseloads to be maintained. DMH IPS Trainers provided technical assistance to tenured IPS Provider Staff in developing and implementing new ways to engage and serve caseloads while still maintaining social distancing health standards.

**Priority #:** 6

**Priority Area:** Promote Provision of Evidence Based and Evidence-Informed Practices-Assertive Community Treatment (ACT)

**Priority Type:** MHS

Population(s): SMI

**Goal of the priority area:**

Promote Evidence Based Practices for individuals served in DMH funded agencies and advance the implementation of evidence-informed practices in the child and adolescent service system.

**Strategies to attain the goal:**

Reach full capacity by reducing the 25% current vacancy rate by serving individuals transitioning to the community from long-term care under Williams/Colbert consent decree

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of persons with SMI receiving Assertive Community Treatment in FY2020 and FY2021 (National Outcome Measure).  
**Baseline Measurement:** 1,532  
**First-year target/outcome measurement:** 1,764  
**Second-year target/outcome measurement:** 1,996

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH funded providers by contract must submit demographic, clinical information and claims data for all individuals receiving services funded using DMH dollars. The DMH provides data specifications to assure consistency of reporting.

**New Data Source(if needed):**

**Description of Data:**

Providers of ACT services submit monthly reports of team capacity to DMH, which is monitored for system sufficiency. This information is used as a basis for developing reports, analytic purposes, and is the basis for reporting the data used to populate the URS tables.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Most ACT Teams currently operate within areas where individuals are served through Managed Care Contracts. The claims data related to MCO funded care is currently not available to the State Mental Health Authority, and thus individual outcomes from ACT cannot be accurately measured at this time. Through the State's work on the HHS transformation, plans are underway to improve the interoperability of the data systems and it is believed that DMH will in the future be able to track outcomes of individuals.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

In FY2020, DMH successfully maintained the FY2019 level of services of 33 ACT teams statewide. The statewide capacity of available and active ACT service slots as of 7/01/20 was 2,008 with a 23% (464) vacancy rate exceeding the FY2020 target of 1,764 active service slots at the end of the fiscal year by 244 (12%). The baseline vacancy rate of 25% has been reduced to 23% over the past two years. A continuing gradual decrease is anticipated after the Covid19 pandemic abates, allowing the number of referral sources to increase.

DMH had introduced three new ACT teams and successfully maintained 33 ACT teams in FY2019. The statewide capacity of available and active ACT service slots as of 6/24/19 was 1,989 with a 23% vacancy rate.

**Background:**

Since FY2017 Medicaid Managed Care has grown and expanded rapidly in Illinois. Most ACT Teams currently operate within areas where services to individuals are reimbursed through Managed Care Contracts. The claims data related to MCO funded care has not been

available to the State Mental Health Authority, and thus individual outcomes from ACT cannot be accurately measured at this time. Limited and indirect access to MCO data has prevented thorough analysis of service data and outcomes. To be able to more accurately measure the number of persons in Illinois receiving ACT services, the State mental health authority was required to rely on service access capacity. In the FY2018-2019 plan the language of the indicator shifted from number of persons served to number of active service slots filled in the State for persons with SMI to receive Assertive Community Treatment in FY2018 and FY2019 (National Outcome Measure). Providers of ACT services submit monthly reports of team capacity to DMH, which are monitored for system sufficiency. This information is used as a basis for developing reports, analytic purposes, and is the basis for reporting the data used to populate the URS tables. In SFY 2017, the SMHA Data Reporting System reported only 735 persons served in ACT. This number is not reflective of the full number of individuals served, as it does not include the individuals who receive ACT which is covered through Managed Care Medicaid. The SMHA is able to track the number of active service slots in the State, which in 2017 totaled 1,321, and is a more accurate representation of individuals served through ACT. The number of active ACT service slots in the State has steadily increased. Planning to improve the interoperability of data systems is continuing and DMH is looking forward to being able to track outcomes with greater accuracy.

**Priority #:** 7

**Priority Area:** Expansion of the scope of consumer and family participation through advancement of the recovery vision and family driven care.

**Priority Type:** MHS

**Population(s):** SMI, SED, ESMI, Other (Adolescents w/SA and/or MH, Students in College, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders)

**Goal of the priority area:**

Establish and enhance the public mental health system of care based upon principles of Recovery and Resilience in which consumers and families are knowledgeable and empowered to participate and provide direction at all levels of the system and peer-run programs are increasingly utilized.

**Strategies to attain the goal:**

Strategy #1: Support the role of Certified Recovery Support Specialists and their deployment statewide by hosting training for consumers and providers to help increase agencies' understanding of the role, value, function, and advantages of hiring CRSS professionals and by providing competency training events for individuals interested in the CRSS credential.

Strategy #2: Enhance competency and encourage WRAP trained and certified facilitators to provide an increasing number of WRAP® classes in the State.

Strategy #3: Conduct a series of statewide teleconferences designed to disseminate important information to adult consumers and families across the State.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of training events held each year to increase stakeholder understanding of the CRSS credential and to increase competency in CRSS domains.

**Baseline Measurement:** Nine training events in FY2018; Nine targeted in FY2019. 12 actually completed

**First-year target/outcome measurement:** 12

**Second-year target/outcome measurement:** 12

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Document each training event and aggregate by year for comparison across years.

**New Data Source(if needed):**

**Description of Data:**

Training agenda and attendance sheets documenting participation for each training event held.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The continuing expansion of the Certified Recovery Support Specialist (CRSS) certification was effectively addressed in FY2020 with a total of 32 virtual training events. Due to the Pandemic, the IDHS/DMH Bureau of Wellness & Recovery Services completed its 2020 CRSS Competency Training Series this year in a virtual format. The advanced training series was comprised of six virtual sessions, each of which were duplicated multiple times to allow for increased access and participation. In all, 30 virtual training sessions were provided that were available statewide. Additionally, two virtual training sessions were planned in late FY2020 and provided for CRSS supervisors in July and October. A total of two hundred (200) participants attended virtually. A total of 474 individuals participated in the set of six sessions, during the months of July, August, September, and ending on October 1.

**Indicator #:** 2

**Indicator:** (a) Number of WRAP Refresher trainings offered statewide each year. (b) Number of WRAP participants each year

**Baseline Measurement:** 20

**First-year target/outcome measurement:** 20

**Second-year target/outcome measurement:** 20

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Document each training event and aggregate by year for comparison across years.

**New Data Source(if needed):**

**Description of Data:**

Training agenda and attendance sheets documenting participation for each training event held.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

**Indicator #:** 3

**Indicator:** Number of statewide teleconferences held each year. Number of participants per teleconference.

**Baseline Measurement:** Ten (10) statewide teleconferences in SFY2018 and 10 targeted for FY2019.

**First-year target/outcome measurement:** 10

**Second-year target/outcome measurement:** 10



**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Document each teleconference event and aggregate by year for comparison across years.

**New Data Source(if needed):**

**Description of Data:**

Teleconference agendas

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

**Priority #:** 8

**Priority Area:** Use of Data for Planning-Consumer Satisfaction Survey

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Use Quantitative and qualitative data to assess access to care and perception of treatment outcomes to provide data for decision support.

**Strategies to attain the goal:**

(a) Conduct an annual consumer satisfaction survey that includes national outcome measures (NOMs) and report results. (b) Assess access to care through the Consumer Satisfaction Survey. (c) Establish and maintain a functional data sharing system that will include mental health service data for persons funded through Medicaid Managed Care system (MCOs).

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Percent of Adult Consumers and Parents/Caregivers surveyed who report positively about the services they received in response to the MHSIP Adult Consumer and MHSIP Youth Services Survey for Families perception of care surveys.

**Baseline Measurement:** FY2018 Surveys: Adult Survey 83% reported positively about their satisfaction with services and on the Youth survey-68% of parents -caregivers reported positively on their overall satisfaction with services.es and on the Youth survey-68% of parents -caregivers reported positively on their overall satisfaction with services.

**First-year target/outcome measurement:** Adults = 85% Youth = 70%

**Second-year target/outcome measurement:** Adults =85% Youth= 75%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Survey responses to Satisfaction questions on the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey and

the MHSIP Youth Services Survey for Families.

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The FY2020 MHSIP Surveys have not yet been conducted. As of mid-March 2020 all DMH offices were closed and Central Office employees have been working remotely from home. The survey has been completed annually by using a stratified random sample of all consumers and caregivers who had received services during the month of June. The mail survey has been completely produced, conducted and processed by DMH Central Office staff, which can only be done on site in the physical offices.. In FY2019, surveys were mailed to approximately 4,500 individuals and over 450 responses were received. In FY2020 DMH staff have not been available to conduct the on-site activities required to produce, distribute and analyze the survey. The survey is considered a priority for immediate action upon staff returning to office. The process takes approximately 90 days so results should be available shortly after a return to almost normal conditions. The unfortunate resurgence of Covid19 in Illinois and the current implementation of the Tier 3 Mitigations to contain the pandemic poses a serious setback and new delays on many fronts.

DMH is currently exploring electronic and web-based approaches and methods to conducting the surveys and considering ways to streamline the survey process, make it less dependent on printing, mailing, fastidious data entry, and other clerical processes and still be able to obtain accurate results quickly.

**How first year target was achieved (optional):**

**Priority #:** 9  
**Priority Area:** Maintain effective systems to serve the forensic needs of justice-involved consumers of services.  
**Priority Type:** MHS  
**Population(s):** SMI, SED, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Maintain a system of care to address the mental health needs of consumers with criminal justice involvement.

**Strategies to attain the goal:**

Maintain the Mental Health Juvenile Justice Initiative

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of youth served by the MHJJ Program statewide.  
**Baseline Measurement:** In FY2019 789 youth were referred to the program and 618 were linked to agencies for ongoing service  
**First-year target/outcome measurement:** 500  
**Second-year target/outcome measurement:** 500  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

MHJJ Program Data Base maintained internally by DMH oversight staff.

**New Data Source(if needed):**

**Description of Data:**

Aggregate the number of youth receiving services from the Mental Health Juvenile Justice program across the year that will be compared to data from subsequent years.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

This strategy was very successfully accomplished in FY2020. The target of 500 youth to be linked to services was extensively exceeded (by 32.4%). By the end of the fiscal year 662 youth were linked to services. The program was successful in meeting and exceeding its targets for the number of referrals, youth found eligible and those linked to services either directly or via an integrative health home. Some of the smaller provider agencies continued to struggle with obtaining referrals for youth, particularly as the COVID pandemic evolved. Other larger agencies leveraged some of their other child and adolescent programs as well as collaborations with the juvenile justice system to increase referrals. It is noteworthy that several MHJJ provider agencies have been able to utilize telehealth as a means to connect with youth as the COVID pandemic has evolved. During FY2019 and through FY2020 there were 20 agencies operating the MHJJ program, up from the 14 agencies that had provided services earlier in FY2017.

**Priority #:** 10

**Priority Area:** Advancement of Community Integration

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Complete the successful transition of residents of long-term nursing homes with diagnosed SMI from this level of care to the less restrictive settings, ideally, independent living in the communities with appropriate and necessary support services.

**Strategies to attain the goal:**

Through FY2020, and perhaps beyond, through the provision of open market units rent subsidies, implement the transition of residents (Williams and Colbert Class Members) from 23 designated Nursing Facilities (NF) (statewide) categorized as Institutes for Mental Disease (IMD) to permanent supportive housing or other housing alternatives that are safe, affordable housing and provide support services in communities of preference in a manner consistent with the national standards for this evidence based supportive housing practice.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of consumers who transition from long term institutional settings who access appropriate permanent supportive housing or other housing options. (National Outcome

Measure)

**Baseline Measurement:** 315 Class Members were transitioned by the end of SFY2018. 400 Class members were projected by the end of FY2019.

**First-year target/outcome measurement:** 400

**Second-year target/outcome measurement:** To Be Determined- (The Williams vs. Pritzker Consent Decree was originally slated to sunset in 2016. The activities of this Consent Decree continued through FY2019. Continuation after the FY2020 fiscal year will be dependent on negotiations between parties and the court decision.)

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Individuals who receive a permanent supportive housing/bridge subsidy are not required to be registered, enrolled or engaged in mental health treatment services. Therefore, it was necessary to create a special database to track access to and receipt of permanent supportive housing bridge subsidy.

**New Data Source(if needed):**

**Description of Data:**

The data for this indicator will be generated from permanent supportive housing applications of individuals in longer term institutional settings which are stored in the special database, as well as a special PSH outcomes database.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Continuation after the FY2020 fiscal year will be dependent on negotiations between parties and the court decision.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Although the numerical target, which was established in the Court Order and has been standard for the past several years for this objective, was not achieved, it is nonetheless remarkable that the level of effort was maintained and still proved to be fruitful during this very difficult and complicated year for this program.

During FY2020 167 individuals were successfully transitioned to independent living in the community supported by clinical services. 113 of these transitions occurred during the first six months of FY2020, between July 1, 2019 and December 31, 2019. Transitions during the second six months of FY2020 were significantly and negatively impacted by COVID-19, which coincided with IDHS' transformation of the Williams Class Member service delivery model.

In February of 2020, the Williams Consent Decree service delivery model was completed, restructured, and put into operation. The new model, called the Comprehensive Class Member Transition Program (CCMTP), minimizes handoffs between providers and mandates one provider work with a Class Member along the entire continuum of services, from outreach through post-transition. The new CCMTP model also increased provider capacity by providing expenditure-based funding coupled with outcome-based incentive payments. During February 2020, contracts with 13 provider agencies were signed, the provider agencies began to hire and onboard new staff, and IDHS held orientations and trainings for the new service delivery model. Just as the CCMTP pilot was getting off the ground, the COVID-19 pandemic struck. Due to the State's decision to ensure the safety of residents and restrict access to Long Term Care Facilities (LTCF's) around March 9th, 2020, the CCMTP came to a complete halt as providers were unable to continue to engage Class Members in the LTCF's. With rare exceptions, Prime Agencies were unable to transition any Class Members during the first few months of the pandemic, due to the complexities of staging a "no-contact" transition and concern for the safety of Class Members in the new environment created by COVID-19.

The CCMTP has adapted by moving all of its services to telehealth. This pivot continues to evolve, as it is highly dependent on the time and commitment of LTCF staff to assist coordinating the virtual engagement between the Class Members and Prime Agency. There are a limited number of Class Members who have access to virtual equipment (smart phones, tablets, computers, etc.). IDHS shifted some funding previously targeted for transitions to allow provider agencies to purchase equipment to aid with telehealth and teleservices delivery. Class Member transitions continue, but at a slower pace when compared to pre-pandemic times. IDHS remains committed to

researching and exploring ways of working towards compliance with the Williams Consent Decree, despite the COVID-19 pandemic – including new and progressive ways of enhancing the telehealth service delivery approach.

Even during “normal” times, successfully transitioning 400 individuals to the community is dependent on several factors. Class members can decline participation by disregarding outreach efforts or refusing to be evaluated. A Class Member may be evaluated and found to not be clinically appropriate or ready for independent or supported community residence. To be transitioned, an individual must have a stable source of income, such as employment or social security benefits. Housing resources to meet the specific needs of transitioning individuals in the desired neighborhood of the individuals may be limited, at least temporarily.

**How first year target was achieved (optional):**

**Priority #:** 11

**Priority Area:** Coordination and facilitation of mental health services for Illinois Servicemembers, Veterans, and their Families (SMVF).

**Priority Type:** MHS

**Population(s):** Other (Military Families)

**Goal of the priority area:**

Collaborate with military and state agency partners to improve access to home and community-based mental health services for service members, veterans, and their families

**Strategies to attain the goal:**

Develop and maintain partnerships with the Department of Veterans Administration, the Illinois Departments of Veterans’ Affairs (IDVA), and Military Affairs (IDMA), and other agencies and organizations meeting regularly to develop, establish and maintain a coordinated system of care. Develop an inventory of existing behavioral health system providers and services to provide a referral system.. Provide DMH expertise in the promotion and provision of education and training for community mental health providers in military and veteran clinical and cultural competence.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** The number of collaborative meetings attended by DMH staff representatives that have agendas aimed at identifying and accomplishing strategies for coordination of services.

**Baseline Measurement:** 12 collaborative meetings in FY2019.

**First-year target/outcome measurement:** 12

**Second-year target/outcome measurement:** 12

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Meeting Minutes and records of DMH staff members assigned to this collaborative task.

**New Data Source(if needed):**

**Description of Data:**

See Above

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

This objective was achieved and the numerical target largely surpassed. By the end of FY2020, twenty (20) collaborative meetings had been attended by the DMH representative that had agendas aimed at the coordination of services and expanding the inventory of behavioral health services available to service members and their families.

During FY2020 DMH has continued to participate in collaborative meetings that had agendas aimed at maintaining partnerships with the Department of Veterans Administration, the Illinois Departments of Veterans' Affairs (IDVA), and Military Affairs (IDMA), and other agencies and organizations; work toward completing the behavioral health inventory of existing providers; monitoring the ongoing coordination of services; and facilitating a coordinated system of care. Emphasis was placed upon coordination of a crisis intervention system with a focus on suicide prevention. There is an ever-growing network of community providers in a collaborative system of care.

The DMH is currently participating in the VA/SAMHSA Governors Challenge to End Suicide Among Veterans, that initiative has allowed DMH to collaborate with key stakeholders and service provider throughout Illinois and the country in an effort to end veteran suicide. This group has met nearly every week since March 2020, and as of this writing the meetings are scheduled to continue at least until the end of the year. As part of the Illinois Governors Challenge there are many things in the making. This will be an ongoing process, that has the potential to positively impact the lives of the SMVF population for many years to come.

**Indicator #:** 2

**Indicator:** The provision of Military and Veteran 101 Clinical Cultural Competency Workshops. the number completed during the fiscal year, and the number of participants each year.

**Baseline Measurement:** Not Applicable-New Objective in FY2020

**First-year target/outcome measurement:** Four (4) Workshops

**Second-year target/outcome measurement:** Four (4) Workshops

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Calendar dates of these events and attendance records of each.

**New Data Source(if needed):**

**Description of Data:**

See Above

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Although the numerical target could not be achieved for this objective, the provision of Military and Veteran 101 Clinical Cultural Competency Workshops was substantively addressed during FY2020. Two workshops were completed during the fiscal year with a total of 80 participants. Smart Policy Works and a host committee of Thresholds, Illinois Joining Forces, and the Illinois Department of Veteran Affairs on (IDVA) brought the She Served Conference into Springfield, IL on September 17, 2019. The theme of the Conference was: Reducing Barriers to Women Veterans' Health Care and it included free registration to panels with information regarding healthcare for Women veterans, a keynote panel, and continuing education credits. The event was attended by more than 50 people. A Veterans Benefits and Services Informational was held on December 3, 2019 as part of a Region I Central Provider Network Meeting.

The advent of COVID-19 made everything go virtual as it relates to meetings and gatherings and it has been no different for the SMVF population. Many events were cancelled in a time when the service needs were increased. Despite moving to an online platform, no additional MIL101 workshops were scheduled in the later months of FY2020 because everyone's focus had shifted to managing and coping with COVID. We are currently in talks to resume the trainings as a part of the Governor's Challenge Training initiative.

**How first year target was achieved (*optional*):**

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## C. State Agency Expenditure Reports

### MHBG Table 3 - Set-aside for Children's Mental Health Services

Reporting Period Start Date: 7/1/2019    Reporting Period End Date: 6/30/2020

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2019	Estimated/Actual SFY 2020	Expense Type
\$24,236,971	\$66,590,990	\$79,802,205	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**



## C. State Agency Expenditure Reports

### MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Reporting Period Start Date: 07/01/2019 Reporting Period End Date: 06/30/2020

Period (A)	Expenditures (B)	<u>B1(2018) + B2(2019)</u> 2 (C)
SFY 2018 (1)	\$465,963,370	
SFY 2019 (2)	\$446,928,472	\$456,445,921
SFY 2020 (3)	\$578,549,277	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2018	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
SFY 2019	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
SFY 2020	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

3/31/2021

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**