

**WILLIAMS CONSENT DECREE
IMPLEMENTATION PLAN
FY 2023**

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I. Introduction

Pursuant to the requirements in the Williams Consent Decree, the following represents the Implementation Plan Amendments for Fiscal Year 2023. The Amendments contain the State's commitments, requirements, obligations, and processes in its efforts to achieve compliance with the Decree.

II. Front Door Diversion

Pursuant to the Williams Consent Decree, any individual “whose [PASRR-generated] Service Plan provides for placement in Community-Based Settings shall not 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.” In FY23, the focus for the Front Door Diversion Program (FDDP) will be continuing the FY22 FDDP program, but in conjunction with the new SMHRF Pre-Admission Assessment, which will generate referrals to the FDDP program for those individuals eligible for SMHRF admission who do not decline the referral. Defendants will continue to monitor data on FDDP offers of referral, actual referrals, refusals, assessments, the number of individuals engaged in the process, the number of “meaningful offers” made and accepted (as defined in the FY22 Implementation Plan), actual diversions to Community-Based Settings, and community tenure (including data on transition from initial housing to PSH and number of participants who reach 90 day tenure in the community post-diversion and are receiving services). Defendants will discuss reasons for FDDP diversion rejections by participants with FDDP providers. As reasons for refusal are varied and very individualized, updates on overall referral, acceptance, and rejection trends will be included in the Semi-Annual Compliance reports. Data on FDDP will continue to be included in the monthly data dashboards and Semi-Annual Compliance Reports.

The SMHRF preadmission assessment includes service and support recommendations for each individual based on their needs, strengths, and preferences. This information will be included in 100% of SMHRF Determination Reports, which are distributed to the individual and the referral source, as well as the following (if applicable for that person): the Front Door Diversion Program, admitting SMHRF, and legal guardian.

Defendants will track and report on the number of Class Members admitted to SMHRFs via FDDP referral and the new SMHRF preadmission assessment who are diverted to the community within 59 days of admission under the Rapid Reintegration program. Defendants will examine the reasons for each admission (e.g., systemic barriers/problems with FDDP, necessary for short-stay treatment and rehabilitation, etc.). The data dashboards will report the number of Class Members diverted under the Rapid Reintegration program and the semi-annual reports will also include that data and the results of the appropriateness assessment described above.

IP #	Decree #	Description	Implementation Plan Strategy	Metric	Outcome ¹
FD1	1 (Out of Compliance)	All individuals will receive an appropriate screening and have a Service Plan developed prior to SMHRF admission.	Via SMHRF Pre-Admission assessment redesign, all individuals who are evaluated and eligible for SMHRF admission, do not decline referral, and who are appropriate for Community-Based Services, will also be referred to FDDP.	# offered a referral to FDDP/ # eligible for SMHRF admission and appropriate for Community-Based Services # of SMHRF preadmission assessments completed within 48 hours of receipt of SMHRF referral/# of eligible SMHRF referrals # of SMHRF preadmission assessments reviewed and finalized by quality clinician within 48 hours/# of SMHRF preadmission assessments	95% of individuals who are determined eligible for SMHRF admission, do not decline referral, and appropriate for Community-Based Services are referred to FDDP. 100% of SMHRF preadmission assessments will be completed within 48 hours of receipt of SMHRF referral. 100% of SMHRF preadmission assessments will be reviewed and finalized by quality clinician during the 48-hour turnaround time. Quality review includes checks for internal consistency, ensuring the IM-CANs items are accurate based on clinical anchors in the IM-CANS manual, and resolving any issues requiring clarification or follow-up.
FD2	2 (Out of Compliance)	No individual shall be admitted to a SMHRF who is appropriate for Community-Based Services without first being offered such services.	All individuals who accept FDDP referral and remain engaged in the process for community placement, will be provided a meaningful offer ² of a community-based placement and services.	# of FDDP meaningful offers of community-based placement and services/# of FDDP participants engaged in process	85% of individuals engaged in FDDP process are provided a meaningful offer of community-based placement and services within 24 hours of referral to FDDP.

III. Outreach

Outreach services required under the Decree in FY23 will be delivered through the newly issued FY23 NOFO (Notice of Funding Opportunity) for the Comprehensive Program and the NAMI Peer Ambassador Program, in which Prime Agencies and NAMI Peer Ambassadors are responsible for all Williams Outreach activities in their assigned Specialized Mental Health Rehabilitation Facility (SMHRF). All Outreach efforts continue to be funded through the

¹ The percentage benchmarks reflected in the various components of this Implementation Plan have been negotiated by the Parties and Court Monitor for the purposes of this annual implementation plan only. Whether these percentages and these activities are required in order to be in substantial compliance with the Consent Decree (and how substantial compliance should be measured) remains an open question for the Parties and the Court Monitor and, presumably, for the Court. As part of the discussions during the preparation of this implementation plan and as detailed in Section VII (Implementation), below, the Parties have agreed to begin discussing the requirements for substantial compliance in FY23 and exit criteria under the Decree.

² Meaningful Offer is defined as an offer to an individual that includes available housing options in Community-Based Settings and specific Community-Based Services and supports consistent with the individual's preferences and clinical needs.

Comprehensive Program and Peer Ambassador grants and continue to be the responsibility of the Defendants.

One on one initial Outreach is to be conducted and appropriately documented within 60-70 days of admission to a SMHRF. Each Prime will be required to conduct meaningful quarterly Outreach events in each SMHRF to which they are assigned that are open to all Class Members in each facility. Primes will be coached on and expected to adequately market these events by providing Class Members and the facility advanced notice of the event (minimum of 1 week advanced notice), allow Class Members the opportunity to sign-up to attend, and conduct these quarterly Outreach events with opportunities like that of a Williams Drop-In Center (including education on Class Member rights and transition programming, Peer education/supports, Employment supports education, social engagement opportunities). Finally, Class Members will have access to Comprehensive Program staff who will maintain a presence in each facility (a minimum of weekly visits) and Class Members can seek information or request Outreach services at any time from any staff employed by Prime Agency. Primes will be instructed to be receptive and responsive to Class Member inquiry and to communicate the same to their staff. Further, for Class Members who request Outreach services, they will receive Outreach within 14 days of making the request.

Class Members who accept Outreach and indicate a willingness to be considered for community Transition proceed to the newly integrated assessment and Service Planning phase (see below).

Class Members who decline initial Outreach will receive a peer follow-up within 90 days of declining initial Outreach. Class Members who decline the 90-day peer follow-up Outreach will receive another peer follow-up within 135 days after the 90-day follow-up. DMH will work with NAMI Chicago to ensure that Peer Ambassadors receive additional and sufficient training to address Class Member concerns during these follow-up encounters.

Outreach related data will continue to be tracked and reported on timeliness of Initial, 90-day Follow-up, 135-day Follow-up (post 90-day), Annual and other types of Outreach (Class Member requested, etc.). For any Outreach referrals generated through a request to IDHS/DMH, data on Outreach attempts/completion will be tracked by DMH and included in the Semi-Annual Compliance Reports and Data Dashboards.

Outreach services for FY23 will also include a brief screening tool that will identify any Class Member who is experiencing such significant cognitive impairment/dementia or risk of harm to self or others that it can be identified by a non-clinician as requiring follow-up. By 10/1/22, IDHS will consult with behavioral health experts to determine appropriateness and effectiveness of the brief screening tool, specific to peer staff conducting risk assessment of harm to self or others and if a more clinically appropriate screening tool is available for use, use of a

revised/new brief screening tool will go into effect as soon as it can be procured and programmed into the WebApp. For Class Members who exhibit signs that they are a risk to themselves or others, a follow-up will be conducted within 45 days to determine if the Class Member is able to be referred for a full Assessment with Class Member consent. DMH will track referrals received directly via email or phone, pass them on to Prime Agencies for Outreach and Assessment, and report on completion of these referrals in semi-annual reports. All referrals and follow-ups will be tracked in the WebApp (Caspio) and data will be included in the Semi-Annual Compliance Reports.

Outreach activities will be performed in-person subject to any COVID-related restrictions. The Parties and the Court Monitor will receive timely and priority notice of any anticipated or in place COVID-driven changes to in-person Outreach in SMHRFs.

IP #	Decree #	Description	Implementation Plan Strategy	Metric	Outcome
O1	W4 (Partial Compliance)	Inform CMs about Community-Based Settings, including Permanent Supportive Housing, and services and financial supports.	Use data management system to provide and track Outreach.	# of CMs who receive initial Outreach/# of CMs required for initial Outreach in reporting period	80% of newly admitted CM receive Initial Outreach within 70 days of admission.
				# of CMs who receive annual Outreach/# of CMs due for annual Outreach in reporting period	85% of CM not currently engaged in Transition services receive Outreach annually by a Prime agency (at a minimum).
O2			Provide peer ambassador follow-up to CM who refuse initial/annual Outreach by a Prime and follow-up Outreach by a Peer Ambassador within 90 days of refusal (90-day follow-up + 135-day follow-up), resulting in three Outreaches per year for refusing CMs, one by the Prime and two by a Peer Ambassador.	# of CM who receive timely Peer Ambassador follow-up Outreach/# of CM who refuse Prime Outreach	85% of CM who refuse Prime Outreach receive Peer Ambassador follow-up Outreach within 90 days of Prime Outreach refusal.
				# of CM who receive timely second Peer Ambassador follow-up Outreach/# of CM who refuse Peer Ambassador 90-day follow-up	85% of CM who refuse Peer Ambassador follow-up after refusing Prime Outreach receive another Peer Ambassador follow-up within 135 days of Peer Ambassador 90-day Outreach refusal.
O3			Continue to require Comprehensive Program staff to explore CM reasons for resistance to Transition, require documentation of reasons and responses in letter declining services.	# of CMs who are hesitant/decline have concerns addressed by Outreach staff /# of CMs who decline programming (will be tracked for future comparison as well to	85% of Class Members hesitant about Transitioning to the community will have their concerns addressed by Outreach staff by providing additional information and education, with Class Member concerns and staff responses documented in the declination confirmation letter.

				identify rate of decline)	
O4			During the first or second mandated quarterly site visit in FY23 to all SMHRFs, Regional Ombudsmen will inquire with Resident Council President to encourage them to allow a presentation on the Long-Term Care Ombudsman Program at a future meeting. If the President agrees, a presentation will be made at the next regularly scheduled meeting. The presentation will occur before the end of FY 2023.	# of Ombudsman presentations/# of SMHRF Ombudsman invitations # of Ombudsman presentation offers /# of SMHRFs	100% SMHRFs in State are provided with an invitation for presentation. Before the end of FY 2023, the Ombudsman will make a facility presentation to all facilities that allow it. The Ombudsman will provide residents with contact cards and informational materials summarizing residents' rights, the role of Ombudsman, and how to contact their Ombudsman for assistance.
O5	W5 (Out of Compliance)	CMs will not be subject to retaliation in response to any option selected, nor shall they be pressured to refrain from exploring appropriate alternatives.	IDPH will track, investigate, and report data on CM retaliation by SMHRF or staff and enforce and track/report on recourse imposed by IDPH on facilities.	# of CMs with claims of retaliation investigated/# of CMs reporting retaliation	100% of reports by or on behalf of CMs alleging facility retaliation will have their claims investigated, provided those claims are reported to IDPH directly. All such investigations and outcomes will be reported in semi-annual compliance reports.
O6	W49 (Partial Compliance)	The Implementation Plan shall describe methods for engaging residents, including where appropriate, providing reasonable opportunities for residents to visit and observe community-based settings	Continue programming for, when appropriate, introducing community-based settings to CMs appropriate for such visits.	# of CM offered a Community visit/# of CM who request Community visit and who are appropriate for a Community visit	85% of CM who request a Community visit and are appropriate for such a visit, are offered such a visit.

IV. Assessment

Under the revised Comprehensive Program, Assessments in FY23 will be completed by Care Managers. Care Managers are Qualified Professionals who will be responsible for the entire Transition process for each Class Member. They will conduct the Assessment, prepare the Service Plan and work with the Class Member through Transition to the community.

Assessments will be completed in conjunction with the Service Plan to emphasize continuity of care and reduce “pipeline” and other Transition delays. While Housing Locator services may be separately provided, the Care Manager will assist in coordinating and overseeing the housing search for Class Members.

Assessments will be completed in accordance with Comprehensive Program grant requirements that require initiation of Assessment within 14 days after a positive Outreach outcome. Assessments must be completed by the same deadline applicable for completing the Class Member’s Service Plan. Reasonable timing flexibility is necessary and will be permitted in order to maximize staff resources and Class Member outcomes. Assessments will no longer have a “not recommended” to Transition outcome. Rather, the Care Manager will complete a comprehensive Service Plan for all Class Members interested in Transition. Class Members who are unable to Transition will be referred to the Complexities Affecting Seamless Transition (CAST) clinical review process. CAST reviews occur within 30 days of the UIC-CON review team receiving all the required clinical documentation. If a Class Member directly requests an Assessment outside the Outreach process, Prime agencies will be required to initiate Assessment within 14 days and a Service Plan within 59 days of the Class Member request. Class Member requests for an Assessment made outside of a normal Outreach referral or annual re-Assessment are tracked in the WebApp. Assessment data and timelines will be included in Data Dashboards and semi-annual reports.

Quality reviews of Assessments and Service Plans will be done at the same time, due to the change to the Care Manager model. Any deficiencies identified by UIC-CON in either the Assessment or Service Plan will result in both documents being returned to the Prime Agency for review and revision, which must be completed within 10 days. All revised Assessments/Service Plans will then undergo a second review to ensure that the revisions addressed the noted deficiencies.

Assessment will be in-person subject to any COVID-related restrictions.

IP #	Decree #	Description	Implementation Plan Strategy	Metric	Outcome
A1	W9, 10, 11, 12, 13, 14 (Partial, Out of Compliance and In Compliance)	Assessments must be completed by Qualified Professionals and CMs approached with appropriate frequency; any CM who declines an Assessment or who has declined to move after a recommended Assessment, may request another Assessment at any time; Assessments shall be completed annually; reasons for a CM	Enforce Assessment performance metrics with Prime Agencies, in line with policy and procedures, including minimum standards for Qualified Professionals, with an emphasis on positive outcomes, engagement of CM, timeliness of Assessments.	# of CMs with an Assessment by QP/# of CMs who require Assessment # of CMs who request Assessment and have an Assessment initiated within 14 days/# of CMs who request Assessment # of CMs with Annual Assessment/# CM with Annual Assessment due	All CMs who consent to an Assessment are Assessed for Transition by a Qualified Professional, annually. 80% of Class Members receive Assessments in compliance with Comprehensive Program timeliness requirements (annual assessments within one year of prior Assessment, Initial Assessment initiated within 14 days of positive Outreach outcome; other Assessments requested by CM initiated within 14 days; Assessment must be completed by the date the CM Service Plan is due).

		opposition to leaving must be explored and addressed. ³			
A2	W (IP Only)	Assessments shall be timely and not delay the development of a CM's Service Plan	Assessments will be done in conjunction with Service Plans and completed by the same Care Manager to avoid handoffs and delays.	# of consenting CMs with Assessments initiated within 14 days of positive Outreach outcome and completed within 59 days after positive Outreach outcome/# of CMs who require Assessment	85% of CM who consent have an Assessment initiated within 14 days and completed within 59 days of positive Outreach outcome or other request.

V. Service Planning

As a new process for FY23, qualified professional Care Managers will complete Service Plans in conjunction with the Class Member’s Assessment. While the Assessment need not be completed within 14 days of positive Outreach, sufficient progress must be made to enable the Care Manager to initiate Service Planning with adequate time to develop the Service Plan within the 59-day period from positive Outreach outcome. IDHS will continue to encourage Prime Agencies to do skill-building activities in natural settings after Transition as much as possible, while still ensuring that Service Plans clearly enumerate Class Member risks and identify necessary services and supports. Service Plans will undergo a quality review by UIC-CON within 28 days of receiving the completed plan as discussed in the Assessment section of this Implementation Plan.

As part of the development of the Service Plan, employment opportunities and supports are to be discussed with the Class Member. IDHS’s Division of Rehabilitation Services will be a key participant and leader in these processes and in evaluating current and determining new approaches based on the analysis of Class Member declinations.

Providers will be required to complete Transition Service Plans for all Class Members Transitioning to a Community-Based setting prior to their move from the SMHRF; however, the Class Member’s Transition will not be delayed if the Transition Service Plan is not in place.

IP #	Decree #	Description	Implementation Plan Strategy	Metric	Outcome
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³ Reasons for CM opposition to Assessment is now also included in Outreach and documented in the Class Member decline letter. However, a Class Member’s reasons for opposing Transition will be explored with the Care Manager at any stage of the process.

SP1	W 15, 16, 17, 20, 21, 22, 23 (Out of Compliance)	Service Plans must be person-centered, include CM and others, be promptly developed, and contain services, supports, objectives, and goals.	IDHS' partner, UIC-CON will review Service Plans to ensure the meet requirements for content/person-centered planning and timeliness.	# of SP meet quality standards/# SP completed # of SP timely completed /# of SP required # of timely Transition Service Plans completed prior to CM Transition/# CM Transitions	90% of Service Plans meet Comprehensive Program quality standards. 85% of initial Service Plans are completed within 59 days of positive Outreach outcome. 90% of CM who Transition have a Transition Service Plan in place at least within 14 days prior to move.
SP2			Enforce referrals to Employment Services where included in Service Plan	# of CM referral to Employment Services/# of CM Service Plans recommending Employment Services	100% of CM whose Service Plan includes Employment Services are referred to Employment Services. Reporting regarding Employment will be included in the Data Dashboards and will encompass both referral data and employment outcomes for all individuals referred to Employment Services.
SP3			Benefits analysis software will be available by 9/30/22.	N/A	Class Members and providers will use benefits analysis software to learn about the impact of employment on benefit eligibility, which will help alleviate the misconceptions regarding employment, and clarify how employment would impact the amount and availability of SSI/SSDI and other benefits.
SP4			Defendants will assess the reasons Class Members decline to participate in supported employment/training and will report to the parties and Monitor on the findings by 3/1/23.	N/A	Defendants will use information learned from the assessment of employment outcomes to develop strategies to improve employment supports engagement. DRS will lead the efforts in developing new strategies and members of the Class Member Advisory Council will be consulted.

VI. Transition

Defendants will continue to emphasize successfully Transitioning Class Members into Community-Based Settings. Providers will continue to be offered incentive payments for exceeding contractual Transition targets. The Transition pipeline will continue to be reflected in the data dashboards and will continue to be under continuous review to identify delays and potential solutions.

In addition, Homecare Ombudsmen information will be provided to Transitioning Class Members, as well as to any Class Member who is subject to involuntary discharge. Defendants will evaluate whether documentation of the provision of Ombudsmen information can be added to the WebApp for tracking.

In addition, Prime Agencies will be responsible for providing information on Community-Based Services and housing options to Class Members who are unexpectedly discharged. This information will be required to be provided within 60 days of the unexpected discharge.

Prime Agencies will continue to be managed on a day-to-day basis by UIC-CON. A representative from UIC-CON will attend the Parties’ meetings quarterly to provide updates on Primes performance.

Defendants will finalize assessing the feasibility of conducting a pilot utilizing IDoA’s Community Care Program (CCP) Care Coordinators to Transition eligible individuals over the age of 60 and present outcomes of feasibility assessment to the Parties and Monitor by 9/1/22. If assessed as feasible, that pilot will begin implementation by 11/1/22 with an end date to be determined and agreed upon by the Parties and Monitor. Updates will be provided to the Parties and Monitor during the process with a report including a process assessment, outcomes summary, and next steps, if any, provided no later than 60 days after the pilot end date.

IP #	Decree #	Description	Implementation Plan Strategy	Metric	Outcome
T1	W 25, 28, 24, 27 (In Compliance/Partial/Out of Compliance)	CM shall be offered the opportunity for placement in Community-Based Services within 120 days of the date of their Service Plan; CM shall be Transitioned into Permanent Supportive Housing (PSH) unless they meet one of the three exclusionary criteria; CM concentration in buildings shall not exceed 25% (for over 4 units) or 50% (for 4 units or less); housing will remain available post-Transition in the event if inpatient treatment.	Defendants will manage the Williams providers system to conduct quality transitions of Class Members from the SMHRF to the community. Defendants will focus some of providers’ transition efforts on Class Members who have been waiting 120+ days since date of Service Plan as of 6/30/22.	# of CM transitioned/# of required transitions # of Prime providers who met contractual transition target/# of Prime providers # of CM waiting 120+ days past Service Plan as of 6/30/2022/ # of CM who Transition # of CMs Transitioned within 120 days of Service Plan/# of CMs transitioned	425 Williams CMs transitioned by 6/30/23. Should the Parties and the Court Monitor agree to count Rapid Reintegration diversions as Transitions, the Transition number for Williams will be renegotiated. 35% of CMs who transition are CMs waiting 120+ days since date of Service Plan as of 6/30/2022. 50% of Transitions will occur within 120 days of Service Plan.
T2			In FY23, additional data points will be collected in the Service Plans to track non-PSH Transitions. All non-PSH Transitions will be reviewed to ensure they meet Decree requirements.	# of CMs Transitioned to PSH/#of CMs Transitioned # of CM Assessments/SPs recommended for non-PSH setting meeting exclusionary	90% of CM recommended to transition to a non-PSH setting meet exclusionary criteria or are documented as based on CM choice. 85% of CMs who preferred PSH and Transition, will Transition to PSH.

				criteria or CM choice/# of CM Assessments/SPs recommended for non-PSH setting	
T3			CTI Transition requirements for the second half of FY22 and for the first half of FY23 (1/1/22-6/30/22 and 7/1/22-12/31/22) have been set at 23 Williams CMs.	# of CMs Transitioned by the Community Transition Initiative (CTI) in FY23	CY22 CTI Transitions of 23 Williams Class Members have been set; the MCO contracts are by CY and not FY but in December 2022, HFS will be setting 6-month targets for CTI Transitions starting January 1, 2023.
T4	W26 (Out of Compliance)	In the event a SMHRF/NF seeks to discharge a CM prior to housing being obtained, the CM will not be left without appropriate housing options.	Continue to use IDPH's ITD process for reviewing involuntary discharges before Administrative Law judges in accordance with the rules. A script is included in the Notice of Hearing for ITDs and read by Administrative Law Judges at the start of an ITD hearing for SMHRFs and Long-Term Care Facilities in Cook County to provide service and housing referral information for potential CMs.	# of involuntary discharges of CM handled via ITD process/# of CM involuntary discharges	90% of CMs subject to involuntary discharge are provided resources for Community-Based services and supports and housing.
T5	W 25, 28, 24, 27 (In Compliance/Partial/Out of Compliance)	CM shall be offered the opportunity for placement in Community-Based Services within 120 days of the date of their Service Plan; CM shall be Transitioned into Permanent Supportive Housing (PSH) unless they meet one of the three exclusionary criteria; CM concentration in buildings shall not exceed 25% (for over 4 units) or 50% (for 4 units or less); housing will remain available post-Transition in the event if inpatient treatment.	For any CM who Transitioned to a non-PSH setting, the Prime Agency will evaluate CM interest and appropriateness to move to PSH at the time of their SP update at 180 days post Transition SP. If evaluation reveals the Class Member desires PSH but is not ready or appropriate, a plan with goals to prepare Class Member for PSH will be developed within 30 days.	N/A	85% of CMs in non-PSH settings are offered the option to move to PSH in the future. 85% of CMs wanting to move to PSH but not ready, receive plan with goals within 30 days of PSH evaluation. 85% of CMs who engage in a secondary Transition plan to move to PSH and who are deemed appropriate, receive an offer to move to PSH within 60 days of their SP update.
T6			Enhance coordination and accountability between MCO Health Plans and Prime Agencies in supporting CM Transitions, via quarterly meetings coordinated by HFS/DHS with MCO Health Plan CTI lead staff and Prime Agency Comprehensive Transition Program lead staff.	# quarterly meetings held during reporting periods # of CTI/Prime Agency lead staff in attendance/# of meetings	Quarterly meetings held. Representatives from 100% of MCO CTI lead staff and 100% of Prime Agency lead staff in attendance.
T7			Increase collaboration, information sharing, identification of training needs and prompt resolution of any issues to further CTI/Prime Agency coordination. Data will be collected by HFS/DHS for six months (July-December 2022) to gather information on responsiveness of MCO Health Plans and Prime	Data analysis completed by 12/31/22.	Data analysis to identify strengths and opportunities for improvement in MCO/Prime Agency Coordination.

			Agencies in areas of Transition planning participation, service requests, etc.		
T8			Prime Agencies will be required to complete a survey (which will be shared with the Parties/Monitor prior to distribution) regarding the most common barriers to achieving transitions and recommendations will be conducted, and a report on the barriers and potential remedies (including those proposed by Primes) will be submitted to the Parties and Monitor by 11/30/22.	N/A	Identification of barriers to develop and implement strategies to address and improve Transition process for Class Members.

VII. Capacity and Housing Development

For FY23, the Defendants will continue to monitor provider service capacity and housing capacity in order to meet the Transition requirements. Should there be identified limitations in capacity necessary to meet Class Members’ long-term needs and preferences as to housing type and location, Defendants will update the Capacity Development plans accordingly and take steps to increase capacity.

For Class Members without income, for FY23, Prime Agencies will be responsible for providing SOAR services. Due to the unique SSA timing and process for Illinois’ region, goals for SOAR applications and outcomes will be based on Illinois metrics which are 49% approval for initial applications in 178 days. In addition, any Class Member who is without income will continue to be eligible for a Bridge Subsidy as long as the Class Member agrees to participate in SOAR, explore employment opportunities, or have other income sources identified.

IP #	Decree #	Description	Implementation Plan Strategy	Metric	Outcome
CD1	W 36, 37 (Out of Compliance)	Ensure availability of services and supports of sufficient quantity and quality to meet Decree requirements. Provide sufficient measures, consistent with the preferences, strengths, and needs of CM to provide	IDHS and UIC will continue service needs-based study, in consultation with the Parties and Monitor, to verify adequate services and supports are available for Transitioning CMs, including FY23 Comprehensive Program capacity. Study will be completed and shared with the Parties and Monitor by 1/31/23. Plans to address any identified gaps will be developed and shared with the Parties and Monitor by 3/31/23.	N/A	CMs who Transition have access to adequate services and supports to meet their needs and preferences in the community.

CD2	Community-Based Services and Settings.	IDHS and IHDA will implement data quality process improvements when appropriate and needed, as well as increase marketing of SRN/811 to CMs to increase CM SRN/811 utilization.	# of CM Transition to SRN/# of SRN units offered to CM	15 Williams CM offered SRN/811 units will Transition into SRN/811 units.
CD3		Defendants will be implementing the FY22 Capacity Development Plan and the FY22 Housing Choice Voucher Strategic Plan ⁴ . Updates on implementation of both of these plans will be provided to the Parties and Court Monitor on a quarterly basis.	N/A	The Plans' strategies will address service access barriers that may be causing delays in Transition for some CMs.
CD4		IDHS is working with our supportive housing vendor, CSH, to develop marketing and educational materials. IDHS is also launching a "housing helpline" that will connect tenants and landlords directly to DMH Housing Coordinators who can answer questions and provide support. These materials will be completed by October 31, 2022 and shared with Class Counsel and Monitor before they are finalized.	N/A	Educational materials will be distributed by 10/31/22 to help private market landlords to better understand the Bridge Subsidy. The helpline will be implemented by 10/31/22 and will connect tenants and landlords directly to DMH Housing Coordinators who can answer questions and provide support.
CD5		A SOAR progress report will be prepared at the end of the first half of the Fiscal Year. The report will be shared with the Parties and Monitor by 1/15/23.	N/A	Defendants will have determined status and necessary outcome goals to meet Illinois' SOAR standards.
CD6		IDHS will examine other SOAR service provider alternatives, including but not limited to issuing a Request For Information (RFI) by 11/1/22 and/or seeking a short-term Notice of Funding Opportunity deviation from GOMB to bring on alternative providers.	N/A	Defendants will determine if there are alternate providers to deliver higher volumes of SOAR services and achieve improved outcomes for Class Members.
CD7		IDHS will issue a Request for Information (RFI) to assess and invite in- and out-of-state provider interest, capacity, and innovative approaches to address capacity gaps by 1/31/23.	N/A	Defendants will gauge in- and out-of state provider interest in entering the Williams provider network in FY24 or FY25.

⁴ Capacity Development Plan and Housing Choice Voucher Strategic Plan was shared with Class Counsel and the Court Monitor on 3/1/22; updates were provided on 5/31/22 and 6/30/22. These plans and updates detail the specific strategies Defendants are taking to increase service (ACT/CST, Peer Supports, Employment Supports) and housing capacity for CMs.

VIII. Administration

As in prior years, the administrative activities associated with implementation of the Williams Consent Decree remain Defendants' ultimate responsibility and will include the following:

- Preparation and submission of semi-annual compliance reports, which will include updates on SMHRF accreditation status and critical incident reporting;
- Holding regular meetings with the Parties and Monitor on an agreed-upon schedule;
- Providing monthly (unless otherwise agreed to time frames for certain categories of data) data dashboards with reliable performance and trend data as agreed upon with the Court Monitor and the Parties;
- Providing information and/or documentation based on requests of the Plaintiffs or Court Monitor that are "reasonably related to... Defendants' compliance with the Decree.";
- Supplying quarterly budget briefings, including updates on expenditure of funds and potential lapses;
- Convening internal IDHS and State-Only meetings to discuss issues, strategies, and policies related to implementation and compliance and as part of each Parties meeting, Defendants will provide a synopsis regarding topics/issues discussed and proposed/intended solutions, if applicable;
- Participating in regular communications between the IDHS Olmstead Compliance Officer (and/or her staff or designee) and Class Counsel and Court Monitor;
- Holding biannual meetings with individually named Defendants (not including the Governor) at two points during FY23: 1) In August/September 2022 at or around initiation of the FY23 Implementation Plan and 2) at the required meeting (Winter 2022-23) to discuss Defendants' plans to come into compliance with Court Monitor rated partial- and out-of-compliance findings from FY22 implementation;
- Maintaining Consent Decree-related staffing (as reported in the 12/31/21 Staffing Report) and replacing/training new hires as necessary. Defendants will provide updates to Class Counsel and Monitor on staffing as necessary;
- Defendants will hold a meeting in the third quarter of FY23 with Class Counsel and Monitor to discuss what constitutes substantial compliance with the requirements of the Consent Decree;
- Defendants will hold a meeting by 12/31/22 with Class Counsel and Monitor to begin discussing making any potential revisions to the data dashboards and distribution frequency.

IX. Implementation Planning

Defendants will develop an Implementation Plan (IP) for FY24 to be filed with the Court by June 30, 2023. The IP development process will include preparation of an initial draft for review and comment by the Class Counsel and Court Monitor, revised draft(s) for comments, and filing the final IP with the Court.