Colbert v. Pritzker

Case No. 07-C4737 (N.D. Ill.)

Court Monitor FY2019 Compliance Assessment Annual Report to the Court

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Court Monitor

January 13, 2020

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Executive Summary

This report is intended to provide Judge Joan Lefkow, Senior United States District Judge, Northern District of Illinois, and the Colbert Consent Decree Parties with the Court Monitor's thorough assessment of the Defendants' (and others when relevant) fiscal year 2019 (FY2019) performance under *Colbert v. Pritzker* (Case No. 07-C737). Specifically the report assesses compliance with the obligations of the Colbert Consent Decree, Updated Cost Neutral Plan, and FY2019 Implementation Plan. Within this report, the Court Monitor endeavors to provide the Court with a fair and neutral assessment of the Defendants' performance relative to 236 requirements on the Defendants, as well as the Court Monitor's performance relative to two additional requirements. This is the present Court Monitor's third report to the Court under *Colbert v. Pritzker.*

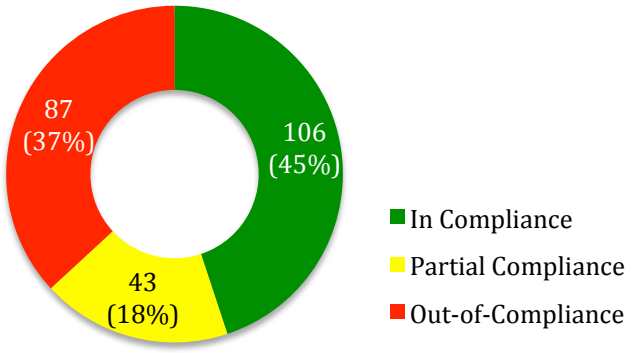
While this report is filed under *Colbert v. Pritzker*, the compliance ratings provided herein apply to two gubernatorial administrations. On November 6, 2018, J.B. Pritzker was elected to serve as the 43rd Governor of Illinois, unseating then-Governor Bruce Rauner. This change in Illinois bifurcated the FY2019 compliance period between two administrations: with the Rauner administration in place until Pritkzer's inauguration on January 14, 2019 and the Pritzker administration in place after inauguration through the remainder of the fiscal year (and to-date as of the writing of this report). Throughout the full report, the Court Monitor provides detail and analysis related to each administration's performance relative to specific Consent Decree requirements and an assessment of their overall leadership and execution relative to the Decree.

In 2007, a class of Medicaid-eligible adult residents with disabilities in Cook County, Illinois nursing homes, filed suit against the State of Illinois under *Colbert v. Blagojevich,* alleging that the State of Illinois was in violation of Title II of the American with Disabilities Act and Section 504 of the Rehabilitation Act and contending that adults with psychiatric and physical disabilities were being needlessly segregated in institutional settings and denied the opportunity to receive services in more integrated community-based settings. In 2011, the Colbert Consent Decree was approved, which specified the State's obligations to afford Class Members the rights to live in the most integrated settings possible, through concerted efforts to transition eligible individuals out of Cook County nursing facilities.

The Colbert Consent Decree and Updated Cost Neutral Plan, through 53 unique requirements, lays out the path for the State of Illinois to build a set of approaches to transition individuals out of nursing facilities. These requirements focus on compliance across several interconnected domains, including outreach, evaluation, service planning, transitions, community services and housing development, administration, and implementation planning. Further, there are 183 requirements applicable to FY2019 per their inclusion in the Defendants' FY2019 Implementation Plan, which is enforceable under the Decree.

Figure 1 summarizes the Court Monitor's compliance determinations relative to all Consent Decree requirements. Of the 236 distinct requirements applicable to FY2019 — 53 Consent Decree and Updated Cost Neutral Plan requirements and 183 Implementation Plan requirements — the Defendants are in compliance with 106 requirements (45%), in partial compliance with 43 requirements (18%), and out-of-compliance with 87 requirements (37%).

Figure 1. Defendants' FY19 Compliance with Colbert Consent Decree Requirements
Total Requirements = 236



For the 53 Consent Decree requirements applicable to FY2019 alone, the Defendants were found in compliance with 32%, in partial compliance with 15% and out-of-compliance with 40%. Figure 2 compares the distribution of compliance ratings for the previous compliance period — the first half of calendar year 2018 (CY2018) — and FY2019 for Colbert Consent requirements only, demonstrating modest improvement in performance in FY2019 compared to the previous compliance period.

There were no Implementation Plan requirements with which to compare FY2018 and FY2019 compliance ratings, because of the Defendants' late filing of their FY2018 Implementation Plan. A closer look at specific Consent Decree domains shows that when compared to the first half of CY2018 there were moderate improvements in FY2019 in the areas of transition and implementation planning, while declining performance in the domains of outreach, service planning, and evaluation.

Figure 2. Comparison of Compliance Assessment Ratings for Colbert Consent Decree Requirements Only: First-Half CY2018 and FY2019

Compliance Rating	*First-Half CY2018*	*FY2019*
In Compliance	15 (26%)	17 (32%)
Partial Compliance	14 (24%)	15 (28%)
Out-of-Compliance	29 (50%)	21 (40%)

Figure 3 illustrates the Court Monitor's FY2019 compliance determinations relative to each domain, aggregating to the total number of requirements falling within each compliance category. Within this report, there is a dedicated section for each of the compliance domains listed below, which includes the Court Monitor's rationale for each compliance assessment rating.

Figure 3. Synopsis of FY2019 Compliance Assessments for Colbert Consent Decree, Updated Cost Neutral Plan, and FY2019 Implementation Plan Requirements						
Outreach Requirements (30)	In Compliance➔	17	Partial Compliance➔	6	Out-of-Compliance➔	7
Evaluation Requirements (39)	In Compliance➔	19	Partial Compliance➔	7	Out-of-Compliance➔	13
Service Plan Requirements (40)	In Compliance➔	21	Partial Compliance➔	1	Out-of-Compliance➔	18
Transition Requirements (46)	In Compliance➔	26	Partial Compliance➔	6	Out-of-Compliance➔	14
Community-Based Services/Housing Capacity Development Requirements (24)	In Compliance➔	7	Partial Compliance➔	3	Out-of-Compliance➔	14
Administrative Requirements (46)	In Compliance➔	13	Partial Compliance➔	15	Out-of-Compliance➔	18
Implementation Plan Requirements (11)	In Compliance➔	3	Partial Compliance➔	5	Out-of-Compliance➔	3
Total Requirements (236)	In Compliance➔	106	Partial Compliance➔	43	Out-of-Compliance➔	87
FY2019 Performance Percentage	In Compliance➔	45%	Partial Compliance➔	18%	Out-of-Compliance➔	37%

In the Court Monitor's Compliance Assessment Report to the Court (Compliance Report: January 1, 2018 – June 30, 2018) — the most recent report filed under the *Colbert* case — major areas of non-compliance centered on four major themes:

- A paucity of committed and accountable high-level leadership,
- Plummeting performance in numeric transition requirements,
- Lack of a data-driven community-based services and housing capacity development strategy, and
- Unaddressed and serious process issues, including pipeline impediments that delay or prevent transitions among Class Members.

The Rauner administration made commitments in their FY2019 Implementation Plan to remedy many of these long-standing issues. These commitments included the development of a Guiding Coalition for Long-Term Care Reforms comprised of high-level staff from the Governor's Office and various state agencies that includes executives named as Defendants in the Colbert Consent Decree. The Guiding Coalition was espoused to dedicate the needed attention and energy to overall systems rebalancing and improvements and thus positively impact Consent Decree compliance.

Further, Defendants codified several other important commitments in their FY2019 Implementation Plan such as developing a partnership strategy with Cook County Federally Qualified Health Centers and a major local health system to leverage additional service capacity; conducting a gaps analysis to identify needed community-based services and housing capacity for Class Members; and developing approaches to assist Class Members needlessly confined to nursing facilities to acquire income or benefits. Unfortunately, the Rauner administration never meaningfully commenced action on any of these items. In fact, named Defendants and their senior staff deployed delaying tactics and even stonewalled and obfuscated in each of these areas, eroding trust between the Parties and closing out the Rauner administration's tenure with the worst transition performance since the Decree's inception up to that period (60%).

Figure 4. Class Member Transitions: 2013-2019

Year	# Transitions Required by CY/FY[1]	# Actual Transitions by CY/FY	Perform-ance %
CY2013	300	111	37%
CY2014	500	464	93%
CY2015	300	537	179%[2]
CY2016	504	384	76%
CY2017	550	428	78%
Jan-June 2018[3]	300	181	60%
FY2019	**850**	**312**	**37%**

For this report's assessment period (FY2019), which spanned the Rauner and Pritzker administrations, the Defendants only achieved 37% of their required transitions — their worst performance in the history of the Decree. Since the first year of Consent Decree implementation in CY2013, 2,417 Class Members have been transitioned from nursing facilities into community-based housing and services. As shown in Figure 4, since CY2013, the Defendants met their numeric transition requirement in one year only (CY2015)[4] and nearly met their transition requirement in a second year (CY2014). However, performance has steadily declined since CY2016, with the Defendants effectuating only 78% of their required transitions in CY2019, 60% from January to June 2018 (a six-month gap during which the Defendants shifted from a calendar to fiscal year compliance period), and 37% in FY2019.

[1] The number of required Class Member transitions has historically not been based upon entire calendar years, but instead on six-month allotments and other timeframes. Data on the number of transitions required has been segmented by calendar year.

[2] During this period, the Defendants significantly exceeded their numeric transition requirement by 237 Class Members; it is important to note, however, this number includes the 225 Class Members who were not transitioned in 2013 and 2014 (per transition requirements), plus the 300 Class Members required in 2015 (and an additional 14 Class Members beyond the requirement).

[3] Since its inception and until 2017, the Colbert Consent Decree compliance was assessed on a calendar year basis. At the end of calendar year 2017, the Defendants shifted their Consent Decree reporting from a calendar year basis to a State fiscal year basis. This created a six-month gap period between CY2017 and FY2019 (January to June 2018). As such, since her appointment in September of 2017, the Court Monitor produced the *Court Monitor CY2017 Compliance Assessment Annual Report to the Court,* a special six-month "gap" compliance report (*Court Monitor Compliance Assessment Report to the Court, Compliance Period: January 1, 2018 -- June 30, 2018),* and this report, covering the FY2019 compliance assessment period.

[4] Whether the Defendants actually met their numeric transition requirement in CY2015 is debated among the Parties given that the performance period was extended. See footnote 3.

As of the writing of this report, the Pritzker administration has technically been in place for approximately 12 months, with key officials responsible for Consent Decree oversight and implementation in place for approximately nine months. The Pritzker administration has conveyed renewed commitment to the Consent Decree, exhibiting consistent leadership and participation in Consent Decree-related meetings; demonstrating interest in implementing the Court Monitor's and others' recommendations for system and process improvements; and hiring knowledgeable staff in important positions. While after the compliance period covered by this report, their commitment is also evidenced by the October 2019 release of a new comprehensive funding opportunity to attract and fund contractors to provide the full array of Consent Decree services, the use of data to remedy long-standing bottlenecks that prevent or delay transitions, and the convening of providers to rebuild trust and elicit feedback on needed improvements and investments.

While these actions demonstrate commitment and promise, the troubling downward trend of achieved transitions has yet to reverse and performance remains unacceptably low. While also after the period of assessment covered by this report, the data on present-day compliance provides important information and context to the Court and the Parties. As of December 31, 2019 (50% into FY2020), only 144 (or 16%) of the required transitions were achieved. This may signal that important actions have not germinated to the point of a full impact on increasing the number of transitions, requiring the new administration's ongoing fastidiousness in their use of data, creative problem-solving approaches, and endeavors to ensure that their efforts very soon result in compliance with the number of required Class Member transitions.

As described in this report, there are still major areas wherein the Defendants need to apply concerted energy and attention, centered on the following areas:

- The design and implementation of a systems transformation initiative — engaging Illinois' state officials, systems' leaders, providers, and community members — to build a culture and systems that promote community integration for people with disabilities within Illinois.
- A detailed review of how other states have successfully exited *Olmstead* Consent Decrees and the application of these successful best practices and strategies to leverage real and lasting systems change that strengthen its community-based behavioral health and housing systems.
- Creation and full resourcing of a data-driven, community-based housing and services capacity development plan that identifies and invests in the needed types and quantities of services and housing to transition current and potential Class Members from long-term care, exploring best practices outside of the standard service types within Illinois, paying special attention to known service gaps such as substance use disorder services.

- Continued application of creative and effective remedies to address key pipeline issues that stall or fully prevent individuals from timely transition (e.g., housing searches/matches, document gathering issues, income/benefits acquisition issues).
- Development of capacity and/or recruitment of skilled and dedicated staff and consultants within the Department of Human Services and other named Defendant agencies necessary to execute the Defendants' Implementation Plan and other activities to bolster Consent Decree compliance.

The Pritzker administration has an important duty to Class Members. These individuals rely on these public servants to help them realize their right to full lives in the community. At its most rudimentary level, success relative to the Colbert Consent Decree traces back to one singular issue: leadership. Within the new administration, the appearance, tone, and conveyed commitment of leadership is clear. Now, that leadership must result in the system and process improvements necessary to achieve compliance and eventually succeed in exiting the Consent Decree. This report provides specific recommendations for the Defendants' consideration to achieve or enhance compliance and, as such, advance Class Members' civil rights by facilitating their full participation in, contribution to, and, in fact, enrichment of community life.

Gail P. Hutchings, MPA
Court Monitor, *Colbert v. Pritzker*
January 13, 2020

Section I. Introduction — Background and Context

This report contains the Court Monitor's assessment ratings and relevant discussions of the Defendants' compliance under *Colbert v. Pritzker* (Case No. 07 C 4737; United States District Court for the Northern District of Illinois – Eastern Division), based on the assessment period of state fiscal year 2019 (FY2019). The report's bases for compliance assessment include the original Colbert Consent Decree requirements and Colbert Updated Cost Neutral Plan requirements, as well as commitments made by the Defendants via the Colbert FY2019 Implementation Plan,[5] which are enforceable as requirements pursuant to the Colbert Consent Decree.

The report is issued in fulfillment of the Colbert Consent Decree's requirement for the Court Monitor to "file a written report at least annually with the Court and the Parties regarding compliance with the Decree."[6] The report is designed to, "include the information necessary, in the Monitor's professional judgment, for the Court and Class Counsel to evaluate the Defendants' compliance or non-compliance with the terms of the Decree."[7] Judge Lefkow appointed Gail P. Hutchings, MPA, as Court Monitor for *Colbert v. Rauner* on September 29, 2017[8]; this is her third[9] compliance assessment report to the Court under the Colbert case.[10]

Compliance Assessment Period. The period subject to compliance assessment in this report is July 1, 2018 to June 30, 2019, otherwise referred to as fiscal year 2019, or FY2019. Other significant developments that occurred prior to or subsequent to that timeframe are mentioned when deemed relevant to readers' understanding of context, trends, and the like.

Transition Between Governor Bruce Rauner to Governor J.B. Pritzker Administrations. An important contextual factor for this report was the gubernatorial election of J.B. Pritzker on November 6, 2018, unseating Governor Bruce Rauner. This change in Illinois gubernatorial administration bifurcated the FY2019 compliance period between two administrations, with the Rauner

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[5] Colbert FY2019 Implementation Plan. Filed August 7, 2018.

[6] Colbert v. Quinn. No. 07 C 4737, United States District Court for the Northern District of Illinois, Eastern Division. Order. Filed December 31, 2011. Pg. 24

[7] Colbert v. Quinn. No. 07 C 4737, United States District Court for the Northern District of Illinois, Eastern Division. Order. Filed December 31, 2011. Pg. 25

[8] Judge Lefkow appointed Ms. Hutchings to also serve as Court Monitor for *Williams v. Rauner* (Case No. 05 C 4673) on September 29, 2017.

[9] Since its inception and until 2017, the Colbert Consent Decree compliance was assessed on a calendar year basis. At the end of calendar year 2017, the Defendants shifted their Consent Decree reporting from a calendar year basis to a State fiscal year basis. This created a six-month gap period between calendar year 2017 (CY2017) and FY2019 (January to June 2018). As such, since her appointment in September of 2017, the Court Monitor has produced the *Court Monitor CY2017 Compliance Assessment Annual Report to the Court,* a special six-month "gap" compliance report (*Court Monitor Compliance Assessment Report to the Court, Compliance Period: January 1, 2018 - June 30, 2018),* and this report, covering the FY2019 compliance assessment period.

[10] The work and contributions of Jake Bowling, MSW, to the compliance assessment report are gratefully acknowledged.

administration in place until Pritzker's inauguration on January 14, 2019, and the Pritzker administration in place after inauguration through the remainder of the fiscal year (and to-date of the writing of this report).

During this transitional period, there were several months in which little Consent Decree work was completed, including November and December 2018 (after the November 6, 2019 election outcome and prior to Pritzker's inauguration), and January-March 2019 (after Pritzker's inauguration but before he appointed state agency leaders). While the factor of two different administrations complicates the compliance assessment process, the Court Monitor sought — through this report — to provide context to accurately represent the contributions and limitations of each administration relative to the assigned compliance ratings in addition to general performance overall.[11]

Although the Pritzker administration is only in its first year as of this report's writing, there are already discernible and significant differences between the two administrations. The current administration has already demonstrated a much higher level of commitment to Consent Decree compliance, including, importantly, consistent leadership and participation of high-level staff from the Governor's Office and the Department of Human Services (the newly assigned lead implementation agency); frequent and transparent communications; openness and willingness to consider the Court Monitor's and others' recommendations for systems and process improvements; hiring of knowledgeable and experienced staff in important positions; and using data to drive decision-making.

These are notable contrasts with the prior administration's behaviors, and they deserve recognition and respect. However, as this report will clearly demonstrate, compliance with most of the Consent Decree, Updated Cost Neutral Plan, and Implementation Plan requirements remains unacceptably low, with 130 (55%) of the 236 requirements rated by this Court Monitor as partially- or fully out-of-compliance for FY2019. As an illustration, out of the 850 required Class Member transitions required during FY2019, only 312 (37%) transitions were achieved.

The Defendants FY2019 transition performance represents the lowest transition outcome percentage in a 12-month compliance period since the first year of the Decree's implementation. In the three calendar years that preceded FY2019, the Colbert program yielded an annual average of 462 transitions, compared to 312 transitions in FY2019. While all four years were out-of-compliance, this significant decrease in the raw count of required transitions should create grave concern to everyone connected to the Consent Decree and must be turned around immediately.

[11] For instance, there are some activities that were scheduled for completion — per the FY2019 Implementation Plan — assigned out-of-compliance ratings because the Rauner administration failed to complete the activities before their departure. In some cases, the Pritzker administration — after agency officials were hired — completed those tasks, although past the original deadlines. In these instances, the Court Monitor assigned an out-of-compliance rating but credited the new administration for implementing the activity prior to the fiscal year's end.

This Court Monitor is cautiously optimistic that improved outcomes will be achieved under the new administration, but the path to getting there will remain difficult. The Defendants at Department of Human Services, lead implementation agency, strongly encouraged to further secure the active participation of other named Defendants to significantly impact compliance outcomes.

Case in Brief. In 2007, Plaintiffs brought suit in the United States District Court, Northern District of Illinois, alleging violations of Title II of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and the Social Security Act by segregating and institutionalizing people with physical and psychiatric disabilities in Cook County, Illinois nursing facilities and failing to provide opportunities for those individuals to live in integrated community settings. The lawsuit named five Defendants in Illinois State government, including the Governor, Secretary of the Illinois Department of Human Services, Director of the Illinois Department of Public Health, Director of the Illinois Department of Aging, and Director of the Illinois Department of Healthcare and Family Services, including any head or any successor to the departments listed herein. The Defendants did not admit to violations and a Consent Decree was agreed upon by the Parties[12] and entered by the Court on December 21, 2011. The lead implementation agency for the Colbert Consent Decree was vested with the Department of Healthcare and Family Services (HFS), beginning in November 2012 and transferred to the Illinois Department on Aging (IDoA) in January 2014.

The Consent Decree defines Colbert Class Members as, "all Medicaid-eligible adults with disabilities, who are being, or may in the future be, unnecessarily confined to Nursing Facilities located in Cook County, Illinois, and who with appropriate supports and services may be able to live in a Community-Based Setting."[13] It enumerates specific requirements placed on the Defendants, some time-limited and other ongoing, pertaining to activities necessitated by the Consent Decree, which range from outreach, evaluations, service plans, and transitions, as well as reporting and other implementation obligations. The Consent Decree also identifies the process to hire a Court Monitor, specifies his/her duties, grants to him/her specific powers, and states obligations for compliance to requests that are relevant to the fulfillment of the Court Monitor's duties. The Consent Decree also names specific instances in which the Plaintiffs and the Court Monitor must be involved in processes and states that the Court will make final determinations on matters that the Parties cannot agree upon.

[12] The original Parties to *Colbert v. Rauner* include Class Counsel (SNR Denton US LLP, Access Living of Metropolitan Chicago, Equip for Equality, Roger Baldwin Foundation of ACLU, Inc., and Law Offices of Stephen Gold); Class Representatives; Court Monitor; and Defendants (Governor, Secretary of the Illinois Department of Human Services, and Directors from the Illinois Department of Public Health, Illinois Department on Aging, and Illinois Department of Healthcare Family Services).

[13] Colbert v. Quinn. No. 07 C 4737, United States District Court for the Northern District of Illinois, Eastern Division. Order. Filed December 31, 2011. Pg. 2

Various court orders filed before the end of the FY2019 compliance assessment period that have impacted requirements under the Colbert Consent Decree have been recorded and include (but are not limited to):

- Colbert Consent Decree Order signed by the Honorable Joan H. Lefkow on December 21, 2011;
- Joint motion to appoint Dennis Jones as Court Monitor filed on February 16, 2012;
- Initial Implementation Plan submitted by Defendants on November 8, 2012;
- Order signed by Honorable Joan H. Lefkow to amend the Colbert Consent Decree on July 24, 2014;
- Order to substitute Bruce Rauner for Pat Quinn as a named Defendant (Governor) on July 6, 2015;
- Order signed by the Honorable Joan H. Lefkow to amend the Colbert Consent Decree on December 1, 2015;
- Order approving the Cost Neutral Plan on November 16, 2016;
- Order signed by the Honorable Joan H. Lefkow approving Gail Hutchings as Court Monitor on September 26, 2017;
- Order approving the Updated Cost Neutral Plan on March 5, 2018; and
- Order to substitute J.B. Pritzker for Bruce Rauner as a named Defendant (Governor), signed on April 10, 2019.

Colbert Class Size: 2011-2019. Determination of the current Colbert Member Class's total size often entails counting two subgroups: those residing in nursing facilities and those who have been transitioned out of these facilities under Consent Decree implementation into community-based housing and services. As of the end of the FY2019 compliance assessment period — and since the Colbert Consent Decree's inception — the State transitioned a total of 2,417 Class Members.[14]

Figure 4 provides data on the total census of Cook County nursing facilities by year from 2012[15] to 2019. For this compliance assessment period, HFS data indicated a Cook County nursing facility status census of 20,278 residents who receive Medicaid benefits. The Parties have agreed to use the nursing facility resident census as the proxy figure representing the Colbert Class size.

As indicated in footnote 5, the Colbert Consent Decree compliance was assessed on a calendar year basis between its inception in 2012 to CY2017; to that end, years 2012 to 2017 refer to calendar years in Figure 5. Year 2018 in Figure 5 refers to the six-month gap period (January to June 2018) that was created as the State shifted Consent Decree reporting from a calendar year to a fiscal year basis. Finally, in Figure 4 refers to FY2019, this report's compliance assessment period.

[14] Data provided by IDoA.
[15] According to HFS, while Consent Decree implementation began in 2011; 2013 is the earliest period that census data is available. This reflects data provided by HFS in January of 2019.

Figure 5. Colbert Class Size: CY2013-FY2019 Cook County Nursing Facility Census & Number and Percentage of Class Members Transitioned by Year					
Year[16]	**Cook County Nursing Facility (NF) Census**	**Year-to-Year Change % (NF Census Only)**	**Cumulative Average Change % 2013-2019 (NF Census Only)**	**Annual # of Transitioned Class Members**	**% of Transitioned Class Members based on Total Class Size (NF Census Only)**
CY2012	*Data not available*				
CY2013	21,355	*(baseline)*		114	0.5%
CY2014	20,846	-2.4	-2.4	464	2.2%
CY2015	20,220	-3.0	-5.4	537	2.7%
CY2016	20,761	+2.6	-2.8	383	1.8%
CY2017	20,691	-0.3	-3.1	428	2.0%
CY2018[17]	20,366	-1.7	-4.8	181	0.9%
FY2019	20,278	-0.4	-5.2	312	1.5%

Cook County Nursing Facility Resident Census Trends Analysis. One can examine the census data on Cook County nursing facility residents on Medicaid to determine trend rates within set timeframes as an indication of the State's progress toward overall long-term care systems rebalancing that espouses moving away from institutional care toward community-based care. Based on HFS' reported data in Figure 5, between 2012 and 2019, the total resident census of Cook County nursing facilities declined by 1,077 residents, representing a decrease of 5.2%. During the same timeframe, the annual number of Class Members transitioned to community living as a percentage of the portion of the Class size comprised by Class Members in nursing facilities ranged from .5% to 2.7%.

One potential cause for this slow downward trend in the Cook County nursing facility census is an uncontrolled front door issue, specifically as it relates to the inappropriate admission of people with serious mental illness into nursing facilities. Because the Colbert Class is defined in the Consent Decree as "Medicaid eligible adults with disabilities who are being, *or may in the future be* [emphasis added], unnecessarily confined to nursing facilities located in Cook County, Illinois, and who with appropriate supports and services may be able to live in a Community Based Setting," it is the Defendants' responsibility to institute the needed processes to avoid inappropriate nursing home placements.

While diversion specifically is not a compliance mandate under the Colbert Consent Decree, it is difficult to envision compliance with and exit from the Colbert Consent Decree without a set of effective long-term care diversion strategies, bringing Illinois up to par with the best practices of health/behavioral

[16] The census total is calculated the day before the period begins (e.g. 2017 figure was calculated on 12/31/2016). Years 2012 to 2017 operated on a calendar year basis while 2019 operated on a fiscal year basis.
[17] This period reflects the 6-month "gap" period between CY2017 and FY2019, as the Defendants transitioned their compliance assessment period from a calendar year to a fiscal year basis.

health systems across the nation. This includes renewed attention and action related to fixing the State's long broken Pre-Admission Screening and Resident Review (PASRR) system, stronger long-term care diversion efforts in psychiatric units and emergency departments within acute care hospitals, much stricter involvement of Medicaid Managed Care Organizations (MCOs) in preauthorization decisions about hospital discharge setting placements, and aligned financial incentives and disincentives.[18]

Number of Transitions by Year: Required vs. Achieved. Figure 6 depicts the number of Court-required transitions of Class Members from Cook County nursing facilities to community-based settings versus the transitions achieved each year since the Consent Decree's implementation's beginning.[21] Between CY2013 and FY2019, 2,419 Class Members were transitioned, with the Defendants meeting or exceeding revised transition requirements in only one year (CY2015) out of the six full years of Colbert implementation for which data was supplied. For this report's compliance assessment period, FY2019, the Defendants transitioned only 312 Class Members out of the required 850, resulting in a performance rate of only 37%.

Figure 6. Class Member Transitions: 2013-2019

Year	# Transitions Required by CY/FY[19]	# Actual Transitions by CY/FY	Perform-ance %
CY2013	300	114	38%
CY2014	500	464	93%
CY2015	300	537	179%[20]
CY2016	504	383	76%
CY2017	550	428	78%
Jan-June 2018	300	181	60%
FY2019	**850**	**312**	**37%**

Notably, while outside of this report's compliance assessment period, data on achieved transitions is available for the first quarter of fiscal year 2020 (July 1, 2019 to September 30, 2019). This data is relevant to this report as it demonstrates the continuing and concerning downward trend in transition performance. The Colbert FY2020 Implementation Plan required 900 transitions during FY2020, as of December 31, 2019 (50% into the fiscal year) only 144 (or 16%) of the required transitions were achieved. While the Defendants have the remainder of FY2020 to increase transition numbers and rates, if the current rate holds, only 32% of the required transitions will be met by fiscal year's end.[22]

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[18] More detail on the rationale and implementation of these diversion-related strategies can be found in the *Williams v. Pritzker Court Monitor FY2019 Compliance Assessment Annual Report to the Court.*

[19] The number of required Class Member transitions has historically not been based upon entire calendar years, but instead on six-month allotments and other timeframes. Data on the number of transitions required has been segmented by calendar year.

[20] During this period, the Defendants significantly exceeded the revised numeric transition requirement by 237 Class Members; it is important to note, however, this number includes the 225 Class Members who were not transitioned in 2013 and 2014 (per revised transition requirements), plus the 300 Class Members required in 2015 (and an additional 14 Class Members beyond the requirement).

[21] Data provided by Illinois Department of Aging (IDoA).

[22] In response to a draft version of this report, the Defendants asserted that basing a FY2020 transition performance projection on the number of achieved transitions in the first half of the fiscal year is inappropriate given the anticipated impact of the new Comprehensive Pilot program (slated for implementation in February 2020). This program aims to increase the number of achieved transitions

While the number of transitions the Defendants are required to achieve have escalated significantly during the past two years, this increase in Court-required transitions is not a significant contributor for plummeting transition performance. As shown in Figure 4, in the three years preceding FY2019, the Colbert program achieved an average of 462 transitions per year, compared to 312 transitions in FY2019 and a projected 288 in FY2020. The transitions achieved to-date in FY2019 and FY2020 continue to be significantly unacceptable. The Defendants' multiyear out-of-compliance status with the required number of achieved Class Member transitions and the annually increasing gaps between transition requirements and outcomes in FY2019 is cause for serious concern and prompt action by the Defendants.

Class Member Demographics. The University of Illinois at Chicago College of Nursing (UIC-CON) collects and analyzes demographic data for Colbert Class Members who were recommended to transition – after an evaluation – from 2014 to 2019.[23] While this data does not reflect the full Class, it does provide useful information on the demographic characteristics of those Class Members who were approved for transition.

Demographic characteristics of these **3,084 Class Members** include:

- **Race:** 1,679 (54%) are Black, 1,078 (35%) are White, 226 (7%) are Hispanic, and the remaining 101 (3%) either fall under the did not answer/unknown category (37), are Asian (25), are Native American (10), or are Hawaiian Native/Native/Another Pacific Islander (1);
- **Gender:** 2,011 (65%) are male and 1,070 (35%) are female; and
- **Age:** 2,012 (65%) are age 45-64, 610 (20%) are 65 and over, and 447 (14%) are 25-44.

Colbert Program Budgeted vs. Actual Expenditures. The Colbert program is allocated a budget to cover staff costs, contractors (e.g., organizations that provide outreach, evaluation, and transition services), evaluation and quality improvement support, and other key program activities. This budget does not include costs for mainstream resources that — while available to and used by some Colbert Class Members — are not exclusively developed or designated for them (e.g., Medicaid spending, housing subsidies, community-based behavioral health services, healthcare, housing services) as they were developed outside of Consent Decree implementation activities.

In FY2018 and FY2019, the annual Colbert program budget was $34.3 million. In FY2018, $22.2 million was spent, constituting a 64% expenditure versus budget allocation rate. In FY2019, $30.5 million was spent, representing an 89%

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through utilizing single provider organizations or coordinated provider networks for all services along the outreach to transition continuum. However, the Court Monitor stands by this projection for its intended purpose of informing the Court and the Parties of current transition trends and anticipated annual performance if patterns hold.

[23] It is unclear whether this data includes the full number of Class Members who have had evaluation dispositions of "recommended to transition."

expenditure versus budget allocation rate. In fall 2019, the Plaintiffs raised an important question concerning whether the State's contribution to Consent Decree implementation is even further reduced by the millions that are reimbursed to the State through the Federal Medicaid payments for Class Member services. As referenced above, it is unclear how much was provided in FY2019, but the State received $6.5 million in federal dollars in FY2018.

While a higher proportion of the FY2019 allocated budget was spent, a multiyear pattern of significant under-spending within the allocated Colbert program budget continues. This fiscal data indicated that while the Defendants are consistently unable to meet transition requirements in all but one year of Consent Decree implementation, in addition to facing a large number of out-of-compliance assessments and related issues as reflected in this report, they are inexplicably leaving significant resources unspent that could support compliance in numerous areas, ranging from investing in the development of additional community-based provider and housing capacity to the hiring of new State staff to assist with implementation and oversee and provide quality assurance support to Consent Decree programming.

The Defendants argue that money is not the issue thwarting compliance across so many Consent Decree requirements. However, the Court Monitor has identified multiple instances of investments that, if made, would have very likely resulted in increased compliance and overall performance improvement (e.g. increased evaluations, additional State staff, and enhanced capacity for mental health services and housing).

In addition to the high levels of under-spending amid low compliance, it continues perplex the Court Monitor why the State refuses to fully rebalance the behavioral health system to achieve additional significant cost savings as Class Members – and other individuals with serious mental illness and physical disabilities – are served in community-based settings versus in institutional levels of care. These savings are estimated at approximately $10,000 per year (for each year) when the Defendants appropriately transition and serve Class Members in community-based settings as opposed to nursing facilities.[24] .

Compliance Assessment Approach. The Court Monitor endeavored to use a straightforward and transparent approach to plan and carry out the compliance assessment under Colbert for FY2019. Consistent with the Court Monitor's approach in prior years, the Parties were informed that compliance assessment would be conducted for each required element in the original Consent Decree and Updated Cost Neutral Plan, as well as requirements pursuant to the Colbert FY2019 Implementation Plan. The stated expectation was that the Defendants

[24] Berkeley Research Group, *Updated Expert Report of Michael Neupert,* prepared in the Matter of Lenil Colbert, Constance Gray, Ernest Reeves, Kenya Lyles, and Dwight Scott, for themselves and all others similarly situated (Plaintiffs) v. Bruce Rauner, in his official capacity as Governor of the State of Illinois et. al (Defendants). October 2016.

would demonstrate compliance under each contemporary requirement with data (in all possible circumstances) and relevant information that provides needed context for a fair and neutral compliance assessment.

In February and August, respectively, the Defendants submitted required draft Semiannual Compliance Reports. The first report covered the July 1 to December 31, 2018 period; the second covered January 1 to June 30, 2019. For each report, the Court Monitor analyzed the required versus submitted information needed to assess compliance, as well as provided the Defendants with additional opportunities to submit missing data and information. After significant content issues with the Defendants' semiannual report covering the January 1 to June 20, 2019 compliance period, a final complete report was submitted on October 21, 2019, which significantly delayed this report's development.

Compliance Assessment Report Development Process. The Court Monitor and her staff relied upon a variety of information and data sources to develop this report, including information provided by the Parties during monthly Large Parties Meetings and other ad hoc meetings; Court Status Hearings; semiannual Compliance Reports; Colbert Implementation Plans and Amendments; various reports and documents issued by the State and its contractors; other data and information reported by the State; and Illinois State statutes, policies, and administrative rules. The Court Monitor has not audited or otherwise independently verified reported data provided by the State or other sources. To ensure the report's data and other factual content accuracy, a draft version of the report was shared with the Defendants and the Plaintiffs on January 6, 2020 and they were provided an opportunity to identify factual errors or omissions.

Both Parties provided written feedback. The Plaintiffs either corrected or augmented some factual circumstances. While they updated factual details (e.g. dates) and offered additional nuance to various discussions, they did not disagree with any of the compliance assessment findings. The Court Monitor accepted several but not all of their requested changes.

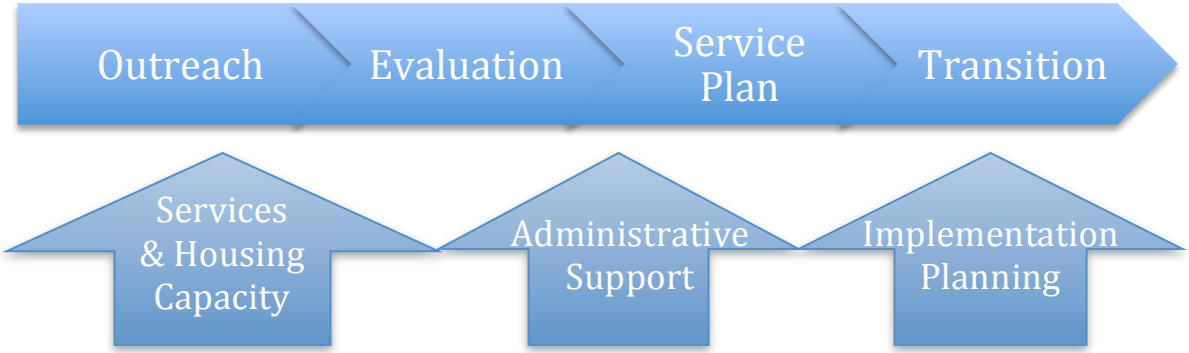
Similarly, Defendants provided a response including offering many of the evidence of compliance documents requested by the Court Monitor to support in compliance or partial compliance ratings. They disagreed with three issues regarding nursing facility census reduction by avoiding inappropriate admissions, PASRR-related requirements pursuant to the FY2019 Implementation Plan, and details regarding the Colbert Request for Information process. In all three instances, the Court Monitor modified language to provide more context, but none of the original ratings were changed. Specific changes made due to Defendants' feedback are indicated as such within the text of the report.

Section II. Overview of FY2019 Compliance Assessment Findings

The Colbert Consent Decree, Updated Cost Neutral Plan, and FY2019 Implementation Plan contain 236 specific numeric-, process-, and quality-related requirements of the Defendants that focus on implementing a program that facilitates and operationalizes opportunities for eligible Class Members to re-enter the community from unnecessary confinement in Cook County nursing facilities. These requirements span seven domains of the Defendants' obligations pursuant to the Colbert Consent Decree, including outreach, evaluation, service planning, transition support, expansion or development of community-based housing and services, implementation planning, and administrative support. Two additional Consent Decree requirements focus on the Court Monitor's duties and the Parties and Court Monitor's involvement in various planning and reporting aspects.

This report's following four sections address the individual domains of outreach, evaluation, service planning, and transition support, respectively, and reflect the step-by-step sequence by which a Class Member might interface with Colbert program processes (Figure 7). Following these four, three subsequent report sections focus on the domains regarding expansion of community-based services and housing, implementation planning, and administration and reporting.

Figure 7. Sequence of Basic Colbert Processes by Domain



Within each domain, the requirements specific to that domain as dictated by the Consent Decree and FY2019 Implementation Plan are listed sequentially as they align with the process itself; thus, they may not reflect the order of the compliance requirement(s) as they appeared in source documents (e.g., Consent Decree). Finally, the Court Monitor did not seek to assess and report compliance on duplicated requirements, which likely worked to benefit the Defendants. The individual compliance domains illustrated in Figure 6 include the subsequent elements of their dedicated sections:

1. A description of how the domain relates to overall Consent Decree compliance.
2. A compliance assessment ratings grid that depicts the Court Monitor's assessment of whether the Defendants (or others, when relevant) achieved compliance with specific requirements associated with that domain during the FY2019 assessment period. Each compliance criterion correlates to the Consent Decree or Implementation Plan. Compliance criterion and compliance assessment ratings are also included to demonstrate similarities or changes in performance from the previous compliance period (January 1 to June 30, 2018).
3. Relevant data and information used by the Court Monitor to reach the compliance determination and assessment rating, with additional narrative and analysis.
4. Recommendations offered by the Court Monitor for consideration on actions and/or activities intended to assist the Defendants achieve or strengthen compliance with requirements relevant to the domain.

For this report's purposes, one of three compliance assessment determinations (i.e., in compliance, partial compliance, out-of-compliance) was assigned to each requirement applicable to the FY2019 compliance assessment period. Consent Decree language or provisions that do not apply to the reporting period, reflect Court Monitor or Class Counsel obligations or represent repeat language are coded as such. Figure 8 displays the compliance assessment determination categories used by the Court Monitor and their definition of use.

Figure 8. Court Monitor Compliance Assessment Rating Categories and Definitions

Compliance Assessment Rating Category	Definition	Legend
In Compliance	The Defendants' performance[43] was substantially in accordance with the criterion, requirement, or obligation.	**Green**
Partial Compliance	The Defendants met some aspects and have not met some other aspects of the criterion, requirement, or obligation. For numeric requirements, the Court Monitor generally assigned this rating in instances where the Defendants achieved more than 50% compliance balanced with whether the Defendants had a system or process in place relative to the specific requirement.	**Yellow**
Out-of-Compliance	The Defendants either failed to comply with the requirement or failed to demonstrate compliance with the standard. In instances in which the Defendants have been on notice for multiple years of partial compliance and have taken no or too few steps to come into compliance, those ratings may have shifted to out-of-compliance.	**Red**
Other Categories		
N/A	The Defendants were not required to demonstrate compliance, as the requirement is applicable only before or after the FY2019 assessment period.	
Court Monitor Requirement	Requirements reflect the Court Monitor's obligations.	
Duplicate Requirement	Requirements have already been represented and rated (either separately or with other requirements) and double counting would skew the overall compliance determination; in some cases, these requirements represent the overall purpose of a section of the Consent Decree.	

Some requirements under the Colbert Consent Decree are clearly numeric/ quantitative in nature (e.g., number of required Class Member transitions), while others require the Court Monitor's evaluation and compliance determination based on the best available data and the Court Monitor's professional judgment. In both circumstances, data and information is provided, with source citation, to support or justify the Court Monitor's compliance assessment determinations.

Figure 9. Defendants' FY19 Compliance with Colbert Consent Decree Requirements
Total Requirements = 236

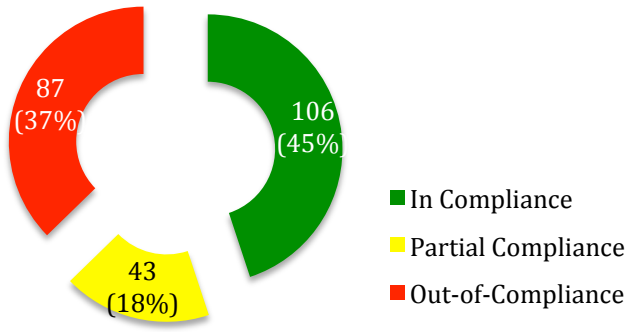


Figure 9 shows that, among the 236 distinct requirements applicable to the Defendants in FY2019, they were assessed as in compliance with 106 requirements (45%), in partial compliance with 43 requirements (18%), and out-of-compliance with 87 requirements (37%).

Figure 10 includes a snapshot from the full set of requirements from the Consent Decree, Updated Cost Neutral Plan, and FY2019 Implementation Plan, the entirety of which is found in Appendix A. The appendix provides the Court Monitor's FY2019 compliance assessment rating for each compliance requirement, compared with the compliance ratings from the previous compliance period. The requirements, compliance assessment ratings, and relevant discussions for each domain are found in the sections to follow.

Figure 10. Compliance Assessment Ratings for All Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan (IP) Requirements

Req #	Source/ Citation	Colbert Consent Decree, Updated Cost Neutral Plan, or IP Requirement Language	Court Monitor Compliance Assessment Ratings	
			First-Half CY2018	FY2019
Compliance Domain: Outreach-Related Requirements				
1	Consent Decree Section VII	Defendants shall ensure that Class Members receive complete and accurate information regarding rights to live in Community-Based Settings and/or receive Community-Based Services, Transition Costs, Home Accessibility Adaptation Costs and/or Housing Assistance, and the available options/opportunities for doing so.	**Partial Compliance**	**Partial Compliance**
2a	*Cost Neutral Plan (2016) Section A*	*By November 10, 2016, Defendants shall create a list of all Class Members living in Nursing Facilities as of September 30, 2016, and shall update that list at least annually during the life of the Decree during the time period the Consent Decree, as amended and supplemented, and the Cost Neutral Plan is in effect.*	**N/A**	**N/A**
2b	Updated Cost Neutral Plan (2018) Section A	By April 15, 2018, Defendants shall create a list of all Class Members living in Nursing Facilities as of December 31, 2017, and shall update that list at least annually during the life of the Decree during the time period the Consent Decree, as amended and supplemented, and the Cost Neutral Plan is in effect.	**In Compliance**	**In Compliance**

Section III. Outreach to Colbert Class Members

Pursuant to the Colbert Consent Decree, the Defendants are required to design and implement an outreach program that reaches each Class Member in all Cook County nursing facilities. The Colbert outreach policy aims to reach every Class Member at least once per year. The objectives of the outreach program envisioned in the Decree are to inform Class Members of their rights to be evaluated for transition into the community; identify the types of services, supports, and housing that can help them transition and live successfully in the community; and facilitate connection to an evaluator, if Class Members express interest in the program. In FY2019, the Colbert outreach program includes nine outreach organizations with 20 staff assigned to specific nursing facilities.

Outreach is a critical phase in the Colbert continuum as it introduces Class Members — a population that often has deep concerns about their self-efficacy and ability to live independently — to the Colbert program and raises their consciousness of their rights to live in the least restrictive setting appropriate to their needs, including, for many, the community. A proficient outreach process provides individuals with low-pressure opportunities to receive information regarding the program; deploys structured and frequent contacts to share information, build trust, and unearth motivation; uses evidence-based assertive engagement and motivational interviewing principles to explore or build readiness among those who may have ambivalence or fear; and always respects Class Member choice and boundaries.

Overview of FY2019 Outreach-Related Requirements

There are four Colbert Consent Decree and Updated Cost Neutral Plan outreach requirements that apply to FY2019. These requirements obligate the Defendants to ensure that Class Members receive comprehensive information about their rights to live in the community, as well as to provide detailed information on the types of community-based services and housing that will be made available to them if they elect to transition. Further, the Defendants are required to create a list of Class Members who are in Cook County nursing facilities and eligible for outreach on an annual basis. They must also design an outreach program sufficient to achieve the number of required transitions and bear the full cost of such a program.

In addition to these four Consent Decree and Updated Cost Neutral Plan requirements, the Defendants committed to 26 outreach-related requirements in their FY2019 Implementation Plan. These requirements entail the development of an outreach workgroup, enhancements to the outreach worker training program, strengthening outreach quality assurance mechanisms, expansion of the peer mentor program, and coordination with other entities that interface with Class Members to strengthen referrals to the Colbert program.

Outreach-Related Requirements: FY2019 Compliance Assessments
As displayed in Figure 11, the Defendants were found in compliance with 17 outreach requirements, in partial compliance with six requirements, and out-of-compliance with seven requirements.

Figure 11. Synopsis of FY2019 Compliance Assessments for Outreach Related to Colbert Consent Decree, Updated Cost Neutral Plan (UCNP), and Implementation Plan Requirements						
Consent Decree and UCNP Requirements (4)	In Compliance➔	2	Partial Compliance➔	2	Out-of-Compliance➔	0
Implementation Plan Requirements (26)	In Compliance➔	15	Partial Compliance➔	4	Out-of-Compliance➔	7
Total Requirements (30)	In Compliance➔	17	Partial Compliance➔	6	Out-of-Compliance➔	7

Figure 12 contains the language for each outreach-related requirement in the Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan, along with the Court Monitor's compliance ratings. Figure 12 also contains ratings for the first half of CY2018 to demonstrate whether compliance improved or worsened since the last compliance period for the four requirements that apply to both periods. The Defendants' outreach-related performance has remained stable since the last compliance period.

Figure 12. Compliance Assessment Ratings for Outreach Related to Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan (IP) Requirements				
Req #	Source/ Citation	Colbert Consent Decree, Updated Cost Neutral Plan, or IP Requirement Language	Court Monitor Compliance Assessment Ratings	
			First-Half CY2018	FY2019
Compliance Domain: Outreach-Related Requirements				
1	Consent Decree Section VII	Defendants shall ensure that Class Members receive complete and accurate information regarding rights to live in Community-Based Settings and/or receive Community-Based Services, Transition Costs, Home Accessibility Adaptation Costs and/or Housing Assistance, and the available options/opportunities for doing so.	**Partial Compliance**	**Partial Compliance**
2a	*Cost Neutral Plan (2016) Section A*	*By November 10, 2016, Defendants shall create a list of all Class Members living in Nursing Facilities as of September 30, 2016, and shall update that list at least annually during the life of the Decree during the time period the Consent Decree, as amended and supplemented, and the Cost Neutral Plan is in effect.*	**N/A**	**N/A**

2b	Updated Cost Neutral Plan (2018) Section A	By April 15, 2018, Defendants shall create a list of all Class Members living in Nursing Facilities as of December 31, 2017, and shall update that list at least annually during the life of the Decree during the time period the Consent Decree, as amended and supplemented, and the Cost Neutral Plan is in effect.	**In Compliance**	**In Compliance**
3a	*Cost Neutral Plan (2016) Section B*	*Defendants shall create and perform the outreach activities required to comply with the requirements of this Plan and the Consent Decree to achieve the transitions required. Defendants will inform all Class Members of their rights under the Consent Decree and this Plan. Details of the Defendants' specific outreach activities shall be contained in the Implementation Plan to be developed and outlined in paragraph H.*	**N/A**	**N/A**
3b	Updated Cost Neutral Plan (2018) Section B	Defendants shall create and perform the outreach activities required to comply with the requirements of this Plan and the Consent Decree to achieve the transitions required.	**Partial Compliance**	**Partial Compliance**
4	Consent Decree Section VII	All costs for outreach shall be borne by Defendants.	**In Compliance**	**In Compliance**
IP1	FY2019 Implementation Plan	By 7/31/18, establish outreach workgroup.	**N/A**	**In Compliance**
IP2	FY2019 Implementation Plan	By 9/30/18, identify outreach gaps/barriers and potential solutions and consult with Court Monitor.	**N/A**	**Partial Compliance**
IP3	FY2019 Implementation Plan	By 9/30/18, implement processes for providing interpreter services or use communication aides and tools to assist outreach workers to educate Class Members with language or communication gaps/barriers.	**N/A**	**Out-of-Compliance**
IP4	FY2019 Implementation Plan	By 12/31/18, address outreach goals with providers including need for providers to increase the number of outreach workers.	**N/A**	**In Compliance**
IP5	FY2019 Implementation Plan	Quarterly, beginning on 2/28/19, provide training updates for outreach workers, including motivational interviewing.	**N/A**	**Partial Compliance**
IP6	FY2019 Implementation Plan	On a monthly basis, monitor outreach performance indicators and recommend action steps.	**N/A**	**In Compliance**
IP7	FY2019 Implementation Plan	By 7/31/18, review the peer-mentoring program.	**N/A**	**In Compliance**
IP8	FY2019 Implementation Plan	By 8/31/18, talk to Peer Mentors to identify effective [outreach] strategies.	**N/A**	**Partial Compliance**

IP9	FY2019 Implementation Plan	By 6/30/19, add up to five (5) Peer Mentors.	**N/A**	**In Compliance**
IP10	FY2019 Implementation Plan	On an ongoing basis, review current outreach materials and make updates and develop additional materials and resources as necessary and appropriate.	**N/A**	**In Compliance**
IP11	FY2019 Implementation Plan	On a monthly basis, monitor number of Choices for Care referrals on referral source report.	**N/A**	**In Compliance**
IP12	FY2019 Implementation Plan	By 8/31/18, meet with CCU Care Coordinators conducting Choices for Care screens for feedback.	**N/A**	**In Compliance**
IP13	FY2019 Implementation Plan	By 8/31/18, meet with nursing facilities resident councils to discuss sharing information.	**N/A**	**Out-of-Compliance**
IP14	FY2019 Implementation Plan	By 9/30/18, develop process for CCU to provide name of interested potential Class Member to appropriate outreach provider.	**N/A**	**In Compliance**
IP15	FY2019 Implementation Plan	By 12/31/18, provide a briefing regarding Choices for Care and its applicability to the Consent Decree compliance at a Large Parties Meeting.	**N/A**	**Out-of-Compliance**
IP16	FY2019 Implementation Plan	On a quarterly basis, collect and analyze Choices for Care referral results.	**N/A**	**Out-of-Compliance**
IP17	FY2019 Implementation Plan	On a monthly basis, collect and analyze Ombudsman referral results.	**N/A**	**Partial Compliance**
IP18	FY2019 Implementation Plan	On a monthly basis, collect and analyze technology-based IDoA resources results.	**N/A**	**In Compliance**
IP19	FY2019 Implementation Plan	By 9/30/19, conduct internal review of feasibility and effectiveness of Class Member Liaison hand-offs.	**N/A**	**In Compliance**
IP20	FY2019 Implementation Plan	By 10/31/18, identify possible scope and responsibilities of a Class Member Liaison position.	**N/A**	**In Compliance**
IP21	FY2019 Implementation Plan	By 12/20/19, engage stakeholders to discuss feasibility and reasonableness of such a position.	**N/A**	**In Compliance**
IP22	FY2019 Implementation Plan	By 1/31/19, engage Court Monitor in discussions of practicalities of such a position (regarding Class Member Liaison role).	**N/A**	**In Compliance**
IP23	FY2019 Implementation Plan	By 1/31/19, convene annual training with long-term care ombudsman.	**N/A**	**Out-of-Compliance**
IP24	FY2019 Implementation Plan	By 12/31/18, convene two to three meetings with ombudsman lead to develop written mechanisms for sharing information.	**N/A**	**Out-of-Compliance**

IP25	FY2019 Implementation Plan	By 9/30/18, work with state long-term care ombudsman regarding use of Home Care Ombudsman.	**N/A**	**Out-of-Compliance**
IP26	FY2019 Implementation Plan	On a semi-annual basis, convene semi-annual meetings with Ombudsman Lead to share data about complaints, appeals, and dispositions.	**N/A**	**In Compliance**

The Colbert outreach program utilized nine outreach provider organizations comprised of approximately 20 full-time staff, a team of peer mentors (starting the fiscal year with seven peer mentors and ending with 17 staff), and three Consent Decree-funded drop-in centers. In FY2019, the Defendants reported 27,300 outreach attempts to Class Members. For FY2019 (wherein 26,489 of those attempts with 22,944 completed outreach engagements occurred), 18,180 engagements (79%) resulted in Class Members not agreeing to participate in the Colbert program and 4,764 (21%) resulted in Class Members' agreement to evaluations. This percentage of Class Members who agreed to evaluations in FY2019 was much lower than previous periods and needs thorough investigation as to why.

In Compliance Assessment

Requirement 2, Class Member outreach list. In FY2019, the Defendants continued to comply with the requirement to develop a list of Class Members in nursing facilities to guide targeted outreach efforts. They exceeded this requirement by generating a quarterly list of all Class Members eligible for outreach, which they then used to develop nursing facility-specific lists of Class Members to guide targeted outreach.

Requirement 4, Bearing outreach costs. The Defendants also continued to bear all outreach-related costs, earning an in compliance rating.

IP1, Establishment of outreach workgroup. The Defendants reported that the outreach workgroup — comprised of outreach providers and State staff — was formed by the July 2018 deadline and quarterly meetings were convened to cover issues such as revisions to reporting processes, motivational interviewing training for outreach workers, and improvements to the Colbert Tracking System (CTS). As such, the Defendants are assigned an in compliance rating for this requirement.

IP4 and IP6, Review outreach goals and monitor outreach performance with outreach providers. The Defendants held weekly provider meetings and regular teleconferences within which they reviewed outreach performance indicators and addressed outreach-related goals and issues. For these activities, they are found in compliance with both requirements.

IP7, Review peer mentor program. The Defendants reported and provided documentary evidence that they internally reviewed the Peer Mentor program in July 2018 and, as such, are found in compliance with this requirement.

IP9, Expand peer mentor program by five peer mentors. The Defendants met and exceeded this requirement by adding 10 peer mentors in FY2019. Peer mentors conducted 239 visits to nursing facilities within FY2019. They are found in compliance with this requirement, but are encouraged to continue to identify strategies to strengthen the program and expand the use of peer mentors.

IP10, Update outreach materials. The Defendants created a new trifold outreach brochure in English and Spanish, distributing to outreach staff in December of 2018. While the Court Monitor encourages the Defendants to conduct a deeper review of outreach materials, including garnering Class Member and peer mentor feedback on their design and content, to identify opportunities for enhancements, the Defendants FY2019 actions qualify them for an in compliance rating for this requirement.

IP11, Monitor choices for care referrals. The Defendants reported that their current monthly review of Colbert Tracking System (CTS) data includes monitoring referrals that originate from Choices for Care, a program requiring that all persons age 60 and older who seek admission to a long-term care facility be informed of all care options prior to admission, regardless of the individual's income, assets, or funding source. Two hundred and twenty two such referrals were entered into CTS as a result of the Choices for Care process. They are found in compliance with this requirement.

IP12, Meet with Community Care Unit (CCU) Care Coordinators for feedback on a referral process. In August of 2018, the Defendants instructed CCUs – via dissemination of a written policy - to send referrals to IDoA and announced a mandatory meeting to take place on 9-21-18. As such, this requirement is assigned an in compliance rating.

IP14, Develop process for CCU [Care Coordination Units] referrals. Illinois has a specialized program that links care coordinators to older adults and caregivers to determine what their specific needs are and what available services can meet those needs. The care coordinator can provide information and referrals to community-based services that are funded by State and federal government, as well as services that they can purchase on their own. Care coordinators are based in local agencies referred to as Care Coordination Units. The Defendants reported and provided documentary evidence that they developed and promulgated a policy to assign Class Members identified by CCUs to a Colbert outreach entity on September 21, 2018, and as such are found in compliance.

IP18, Collect and analyze technology-based IDoA referral results. During weekly check-ins, IDoA aggregated referrals from CCUs as well as the running log of referrals received from the IDOA Senior Helpline and the Ombudsman. Data was collected and reviewed by the IDoA Data Analyst and shared during weekly staff meetings. The Defendants indicated that this data was reviewed on a weekly basis, and are thus found in compliance.

IP19, 20, 21, 22, Class Member liaison role. The Defendants reported that this role was discussed internally and with external services and housing providers who determined the role would be duplicative in nature. They provided an agenda for a 9-27-18 meeting wherein the Class Member liaison role and other issues related to warm hand-offs were discussed. As such, the Defendants are found in compliance with all four requirements.

IP26, Meetings with Ombudsman Lead on complaints and appeals. The Defendants provided evidence of a meeting between IDoA Colbert staff and the Ombudsman program representatives, with one meeting taking place on 4-5-19. As such, they are found in compliance.

Partial Compliance Ratings

Requirement 1, Delivery of complete and accurate information during outreach. The Defendants should be credited in FY2019 for making some improvements to their outreach program, including enhancing outreach training to include motivational interviewing, as well as increasing the percentage of Class Members who provide informed consent by signing informed consent forms. Both measures strengthen the likelihood that Class Members received complete and accurate information regarding the Colbert program, the transition process, and the availability of community services and supports.

However, it is difficult to assign the Defendants an in compliance rating for this requirement, given the number of people not engaged by the Colbert outreach program because they do not speak English or have communications-related deficits. In the second half of FY2019, the Defendants reported that 334 Class Members were excluded from outreach due to “language barriers” (e.g., Class Members whose spoken language was Korean, Polish, Spanish, or “other”), with an additional 846 disqualified because of communications deficits. Collectively, this represents 1,180 Class Members disqualified from outreach in a six-month period, or nine percent of those who received outreach during that period.

By September 2018, three months into the compliance period/fiscal year, the Defendants were required to implement new processes for interpreter services and communications aides and tools, which the Defendants indicated was “partially completed” after convening a training for outreach workers on interpretation and communication resources. These trainings did not go far enough to prevent the exclusion of certain Class Members from the Colbert outreach program. As such, the Court Monitor cannot assign an in compliance rating relative to this requirement, and instead renders a partial compliance rating. It is unacceptable to disqualify any Class Member from transitioning because of his/her cultural and linguistic characteristics and preferences, especially as the Defendants leave resources on the table that could be utilized for translation and other services.

Requirement 3, Outreach program sufficient to achieve transitions. The Defendants' outreach policy is to conduct outreach to every Class Member at least once a year. In FY2019, there were approximately 20,500 Class Members across all Colbert nursing facilities and the Defendants reported 27,300 outreach attempts to those Class Members through nine outreach entities. This data indicates that the Defendants designed a program that — at least regarding outreach penetration — reached all Class Members within a given year. Further, Peer Mentors — another outreach-related resource — conducted 239 visits to nursing facilities in FY2019, representing an expansion from previous compliance periods. However, among the 17 peer mentors added in FY2019, there was an average of only 14 visits per year per peer mentor.[25]

The Defendants had very low engagement rates in their outreach program during FY2019. Among the 27,300 Class Members to whom outreach was attempted — after subtracting the 3,651 Class Members who were already discharged at the time of outreach, 1,040 Class Members were deceased, and 1,462 were already in the midst of their transition process – there were 18,686 Class Members from the original pool that were truly outreach ineligible. Of those Class Members, 7,224 (39%) were deemed "unable to engage" due to communication-related issues, including linguistic barriers and cognitive issues. After negating Class Members ineligible for transition or unable to engage, only 11,462 Class Members (or 46% of the original pool) remained eligible for evaluation; and of those, only 4,950 Class Members (or 19% of the those for whom outreach was attempted) agreed to evaluation.

The fact that 7,224 Class Members were deemed "unable to engage" in FY2019 is troubling. In addition to the exclusion of Class Members with communications deficits and non-English speaking Class Members, the Defendants also disqualified 3,369 Class Members in the second half of FY2019 from outreach because of the Class Members' real or perceived Dementia diagnosis. The Court Monitor is concerned that there is no independent physician — unaffiliated with nursing facilities — to confirm or refute diagnoses of severe Dementia diagnoses that may permanently disqualify Class Members from evaluation and, if appropriate, transition. For these reasons, the Defendants are found in partial compliance with this requirement.

IP2, Identification of outreach barriers. The Defendants reported that they issued Colbert Transition Achievement Plans (TAPs) to several providers, identifying areas for provider performance improvement along the outreach to transition continuum. As such, despite the name, TAPs are not limited to Colbert transition providers, but also extend to outreach entities. In FY2019, two outreach entities received TAPs. Colbert staff also shadowed one outreach team whose staff conveyed inaccurate and problematic information about the ability of people with physical disabilities to transition into the community during a Parties meeting. As such, the Defendants are found in compliance with this requirement.

[25] This average is based on the 17 peer mentors in place at the end of FY2019.

IP5, Provide quarterly outreach trainings. The Defendants convened a motivational interviewing training in January 2019. During monthly provider calls, the Defendants reported that they provided additional trainings. However, these provider calls neither focus solely on outreach nor are they venues for the type of outreach trainings needed to improve the Colbert outreach program. As such, the Defendants are found in partial compliance.

IP8, Interview peer mentors to identify effective peer mentoring strategies. The Defendants reported that they convened a meeting with peer mentors on September 11, 2018 to discuss program enhancements. In reviewing the meeting notes, it does appear that the Defendants convened a meeting with "Peer Advisors" (it is unclear whether these individuals are also peer mentors). At this meeting, there was not a discussion to garner peer mentor input on effective peer mentoring strategies reflected in the notes; instead, the discussion seemed limited to a report-out from State staff regarding two organizations' lack of interest in hiring peer mentors. As such, the Defendants are found in partial compliance for this requirement.

IP17, Collect and analyze Ombudsman referral results. Federal law mandates Illinois to have a long-term care ombudsman program to advocate, empower, provide information, and investigate complaints deriving from long-term care residents, their family and friends, and other community members. The Defendants provided one correspondence reflecting an Ombudsman staff's submission of the number of Ombudman referrals to outreach. While this could have resulted in an out-of-compliance finding, the Court Monitor acknowledges that there was at least one conveyance of data regarding the tracking of this information. There was no evidence of any analysis of the data, however. As such, they are assigned a partial compliance rating, although compliance in this area must improve next year.

<u>Out-of-Compliance Ratings</u>

IP3, Implementation of interpretation services and communication aids. While the Defendants — through the University of Illinois at Chicago Assistive Technology Unit — did develop and train outreach providers on a communication guide, the requirement is assigned an out-of-compliance rating because no processes were formalized to address language barriers. In the second half of the fiscal year alone, approximately 350 Class Members were deemed "unable to engage" due to language barriers (i.e., Korean, Polish, Spanish, and other), despite the requirement to develop new processes to remedy this barrier by September 2018. Another 846 Class Members were deemed "unable to engage" due to their communications deficits.

IP13, Meet with nursing facility resident councils. The Defendants indicated that outreach workers were permitted to attend resident council meetings and that they were asked to report on their attendance. It is unknown whether outreach workers attended these meetings and the Defendants' lack of direction and innovation — missing opportunities to partner with the resident councils to enhance Consent Decree programming — results in an out-of-compliance rating.

IP15, Brief Large Parties on CCU partnership. The Defendants reported that information was "summarized and presented in the Status Tracking document" shared in Large Parties meeting materials. This does not qualify as a briefing as it did not provide opportunity for discussion among the Parties; instead, it was embedded in dozens of pages of documents shared at the meeting. As such, the Defendants are found out-of-compliance.

IP16, Collect and analyze Care Coordination Unit referral data. Upon comment on the draft, the Defendants provide CCU referral data, but it appears that data was collected in FY2017. No quarterly from FY2019 was shared. As such, the Defendants are found out-of-compliance.

IP20, Annual Ombudsman training. The requirement is assigned an out-of-compliance rating because the training had not yet occurred at the time of this report's production.

IP24, Written procedure for Ombudsman information sharing. The requirement is assigned an out-of-compliance rating because written mechanisms for sharing this information has not been developed as of the writing of this report.

IP25, Exploration of Home Care Ombudsman partnership. The Defendants are assigned an out-of-compliance rating relative to this requirement because, while they did commence discussions on the matter, no conclusion has been reached as of the writing of this report.

Court Monitor Recommendations for Achieving or Enhancing Compliance with Outreach-Related Requirements

In Figure 13, the Court Monitor prioritizes five recommendations for the Defendants' consideration pertaining to outreach. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance in the outreach domain. These carry forward and build upon recommendations provided in the *Colbert v. Rauner Court Monitor CY2017 Compliance Assessment Annual Report to the Court.*

Figure 13. FY2019 Outreach-Related Priority Recommendations	
Recommendation	**Description**
1) Examine why so many Class Members decline to participate in the Colbert program and are not considered for transition during the outreach phase.[26]	The number of Class Members who consent to outreach and later consent to evaluation seems to be declining dramatically. This is a concerning trend that impacts the pipeline of Class Members who can ultimately transition. Thus, the Court Monitor reiterates her position that the outreach process should be enhanced through training on motivational interviewing, active engagement best practices, and other evidence-based practices designed to help individuals build trust and rapport, as well as process and resolve any ambivalence regarding their desire to transition.
2) Fully leverage the peer role in outreach efforts, beyond the current use of Peer Mentors.[27]	In several states, peer staff — or persons with direct experience of serious mental illness, substance use disorders, or other disabilities — play an instrumental role in outreach and engagement efforts within institutional and long-term care settings. While the Colbert outreach program does utilize Peer Mentors, full-time Peer Workers with specialized training in motivational interviewing, active engagement, and other key competencies will likely prove effective, if research from other states apply to Illinois. Peer staff are uniquely positioned to build trusting relationships with Class Members, imbuing hope and self-efficacy, as well as complementing other providers' work. As such, Illinois should consult with other relevant states to design an evidence-based peer in-reach model and otherwise leverage the roles of peers across all Consent Decree programming.
3) Come into compliance by securing independent physicians to confirm or refute severe Dementia diagnoses.	Outreach resources are currently being utilized to conduct repeated outreach to individuals with Dementia, many of whom may not be appropriate for transition. This reinforces that the Defendants should finally invest sufficient resources in identifying an independent physician (or group of physicians) that can verify or refute Class Member's severe Dementia diagnosis, thus allowing the outreach program to target its resources toward those Class Members appropriate for transition.
4) Increase the frequency of outreach, moving from annual outreach to semiannually or quarterly outreach for Class Members.	A proficient outreach program actively, assertively, and regularly engages Class Members to build rapport, establish trust, share resources, and assess shifting perspectives on their ability and interest in transition. An annual outreach attempt is insufficient to support that dynamic process. For this reason, the Court Monitor recommends that the Colbert program change its policy from annual outreach to quarterly outreach, at least semiannually.
5) Promptly address issues related to Class Members deemed "unable to engage."	While the Defendants assert that some efforts took place in FY2019 to help outreach workers engage non-English speakers and individuals with "communications deficits," there remain hundreds of Class Members excluded from the outreach process due to the lack of outreach capacity to effectively engage them. This must be resolved imminently through dedicated training and other resources.

[26] This recommendation was previously provided via the *Colbert v. Rauner* Court Monitor FY2017 Compliance Assessment Annual Report to the Court (p. 36).
[27] This recommendation was previously provided via the *Colbert v. Rauner* Court Monitor FY2017 Compliance Assessment Annual Report to the Court (p. 48).

Section IV. Evaluation of Class Members

The evaluation process should occur immediately or at least as soon as practicable after a Class Member affirms his/her interest in being considered for the Colbert transition process. The Defendants are required to design and implement an evaluation process to identify a Class Member's medical and psychiatric conditions, along with his/her ability to perform daily living activities, to determine whether the person is appropriate for transition. Per the Consent Decree, the State must ensure that qualified professionals conduct person-centered evaluations for every Class Member who agrees to such, culminating in a prompt indication as to whether person is or is not recommended for transition.

Class Members who decline an evaluation or those who meet specific categorical or clinical criteria such as those with Dementia diagnoses or clinically significant and progressive cognitive disorders are excluded from further consideration under the transition process, including evaluation activities. (Those who decline an evaluation can request and have the right to receive an evaluation or re-evaluation.) If recommended for transition during the evaluation process, a Class Member must receive a service plan (see Section V) that delineates the services and supports needed to facilitate community transition and tenure. If not recommended for transition, the Class Member must receive a service plan designed to identify supports and services needed to address barriers to transitioning and prepare him or her for future transition.

The Colbert Consent Decree contains the following requirements for the provision of evaluations, including:

- A sufficient number of evaluations must be completed to reach Court-established or -approved transition requirements (Requirement 5);
- Evaluations must be conducted annually (Requirement 6), including for those who remain in nursing facilities for a year after their transition approval (Requirement 13);
- Qualified evaluation professionals must inform Class Members of their rights and opportunity to transition and specifying the types of services and supports available to support transition (Requirement 7);
- Qualified evaluation professionals are required to engage Class Members at an "appropriate frequency" to address their concerns about leaving nursing facilities (Requirement 8), fully exploring and addressing reasons for opposition (Requirement 11);
- Evaluations must be completed on a timely basis, as well as the subsequent service plans (Requirements 9);
- Class Members can appeal the decisions made by evaluators and must be availed of informal and formal opportunities to appeal (Requirement 10); and
- Class Members approved for community placement who then decide to remain in the nursing facilities — and those who reject evaluations altogether — can re-request an evaluation and must have opportunity to complete the evaluations within 120 days (Requirements 12 and 14).

The Colbert FY2019 Implementation Plan contained 29 additional evaluation-related requirements in areas, including (but not limited to): tracking key evaluation performance indicators, completing 350 evaluations per month, aggregating Class Member assignments into four quadrants that indicate levels of behavioral and physical health needs; and ensuring appeals are addressed in a timely manner.

Evaluation-Related Requirements: FY2019 Compliance Assessments
As displayed in Figure 14, the Defendants were found in compliance for 19 evaluation requirements, in partial compliance for seven requirements, and out-of-compliance for 13 requirements.

Figure 14. Synopsis of FY2019 Compliance Assessments for Evaluation-Related Colbert Consent Decree, Updated Cost Neutral Plan (UCNP), and Implementation Plan Requirements						
Consent Decree and UCNP Requirements (10)	In Compliance➔	4	Partial Compliance➔	4	Out-of-Compliance➔	2
Implementation Plan Requirements (29)	In Compliance➔	15	Partial Compliance➔	3	Out-of-Compliance➔	11
Total Requirements (39)	In Compliance➔	19	Partial Compliance➔	7	Out-of-Compliance➔	13

Figure 15 contains the language of each evaluation-related requirement along with the Court Monitor's compliance ratings from both the first half of FY2018 and the new FY2019 ratings to demonstrate whether compliance improved or worsened since the last compliance period. For the 10 requirements that apply to both periods, the Defendants' evaluation-related performance improved relative to four requirements. Three requirements moved from partial compliance to in compliance and one requirement moved from out-of-compliance to in compliance. The other six requirements remained unchanged.

Figure 15. Compliance Assessment Ratings for Evaluation-Related Colbert Consent Decree, Cost Neutral Plan, and Implementation Plan (IP) Requirements				
Req #	Source/ Citation	Colbert Consent Decree, Cost Neutral Plan, or IP Requirement Language	Court Monitor Compliance Assessment Ratings	
			First-Half CY2018	FY2019
Compliance Domain: Evaluation-Related Requirements				
5a	*Consent Decree Section VI(A)(1)*	*Each Class Member is eligible for an Evaluation to determine what Community-Based Services are required for the Class Member to transition to a Community-Based Setting. Within 180 days following the finalization of the Implementation Plan, at least 500 Class Members then residing in a Nursing Facility shall receive an Evaluation by a Qualified Professional. (Referred to as Req. 16 in CY2017 Report.)*	N/A	N/A

5b	*Consent Decree Section VI(A)(2)*	*Within 18 months following the finalization of the Implementation Plan, a total of at least 2,000 Class Members then residing in a Nursing Facility shall have received an Evaluation by a Qualified Professional. (Referred to as Req. 17 in CY2017 Report.)*	**N/A**	**N/A**
5c	*Cost Neutral Plan (2016) Section D*	*Defendants shall complete at least 1,000 Evaluations of Class Members on the Schedule by June 30, 2017, and thereafter continue to complete a sufficient number of Evaluations in a timely manner in order to achieve the transitions required under Paragraph F.*	**N/A**	**N/A**
5d	Updated Cost Neutral Plan (2018) Section D	Defendants shall complete at least 1,000 Evaluations of Class Members on the Schedule by between March 1 and June 30, 2017, and thereafter continue to complete a sufficient number of Evaluations in a timely manner in order to achieve the transitions required under Paragraph F.	**Partial Compliance**	**Partial Compliance**
6a	*Consent Decree Section VI(A)(3)*	*Subject to approval of and consistent with the Cost Neutral Plan, every Class Member then residing in a Nursing Facility shall receive an Evaluation by a Qualified Professional within the time period determined as part of the development of the Cost Neutral Plan. (Referred to as Req. 18 in CY2017 Report.)*	**N/A**	**N/A**
6b	Consent Decree Section VI(A)(7)	Subject to approval of and consistent with the Cost Neutral Plan, beginning four years following the Approval Date, the evaluations for every Class Member then residing in a Nursing Facility shall be conducted at least annually, except for Class Members who decline to receive evaluations and for Class Members who have been determined by a medical doctor to have a condition such as severe dementia or other clinically significant and progressive cognitive disorders and are unlikely to improve.	**Out-of-Compliance**	**Out-of-Compliance**
7	Consent Decree Section VII	The Qualified Professionals shall inform each Class Member during the evaluations about the existence, nature, and availability of Community-Based Services, and shall describe the Community-Based Settings, transition costs, and/or housing assistance available to Class Members in those settings.	**Partial Compliance**	**In Compliance**

8a	*Consent Decree Section VII*	*Defendants shall also ensure that the Qualified Professionals conducting evaluations provide outreach with appropriate frequency to Class Members who express concern about leaving Nursing Facilities. (Referred to as Req. 15 in CY2017 Report.)*	**N/A**	**N/A**
8b	*Cost Neutral Plan (2016) Section B*	*Defendants shall also ensure that the Qualified Professionals conducting the evaluations provide outreach with the appropriate frequency to Class Members who express concerns about leaving Nursing Facilities, and that, as has previously been recommended by the Monitor, the Peer Mentor program receives appropriate support.*	**N/A**	**N/A**
8c	Updated Cost Neutral Plan (2018) Section B	Defendants shall also ensure that the Qualified Professionals conducting the evaluations provide outreach with the appropriate frequency to Class Members who express concerns about leaving Nursing Facilities, and that, as has previously been recommended by the Monitor, the Peer Mentor program receives appropriate support.	**Partial Compliance**	**Partial Compliance**
9	Consent Decree Section VI(A)(5)	Evaluations shall be done in a timely manner and so as not to delay, where applicable, the development of the Class Member's Service Plan.	**Partial Compliance**	**Partial Compliance**
10	Consent Decree Section VI(A)(6)	Any Class Member who disputes a decision regarding eligibility for, or approval of, Community-Based Services, transition costs, and/or housing assistance or placement in a Community-Based Settings shall, pursuant to governing law, have a right to appeal through administrative review of such decisions through Defendants' existing Fair Hearings process (as set forth in 89III.Adm.Code Parts 102 and 104) or as otherwise provided law. Class Members also may avail themselves of any informal review or appeal process that currently exists.	**Partial Compliance**	**In Compliance**
11	Consent Decree Section VI(A)(7)	For those Class Members who have been offered a Community-Based Setting but have opposed moving from a nursing facility to a Community-Based Setting, the reasons for the Class Member's opposition shall be fully explored and appropriately addressed as a part of the Class Member's annual evaluation and as described in Section VII herein.	**Partial Compliance**	**Partial Compliance**

12	Consent Decree Section VI(A)(7)	Any Class Member who has received an Evaluation but has declined to move to a Community-Based Setting may thereafter request to be re-Evaluated for transition to a Community-Based Setting. Any such re-Evaluation must be conducted within 120 days of the request.	**Out-of-Compliance**	**In Compliance**
13	Cost Neutral Plan (2016) Section D	For any Class Member who remains on the Schedule a year after their Evaluation, Defendants shall update the Evaluation at least annually, except as provided in Section VI.A.7 and VI.A.8 of the Decree. These updates shall not be included in calculating the 1000 minimum required above.	**Out-of-Compliance**	**Out-of-Compliance**
14	Consent Decree Section VI(A)(8)	With respect to Evaluations and re-Evaluations described in this Section VI.A, any Class Member has the right to decline to take part in an Evaluation or re-Evaluation. A Class Member declining an Evaluation or re-Evaluation shall have the right to receive an Evaluation or re-Evaluation within 120 days of making a new request.	**Partial Compliance**	**In Compliance**
IP27	FY2019 Implementation Plan	On an ongoing basis, convene meeting of stakeholders (including outreach and evaluator providers) to discuss modification of assessment process, make refinements if necessary, and determine if process can be finalized.	**N/A**	**In Compliance**
IP28	FY2019 Implementation Plan	By 10/31/18, potentially contract with provider(s) to conduct Referral screenings.	**N/A**	**Out-of-Compliance**
IP29	FY2019 Implementation Plan	By 1/15/19, develop training curriculum and train the provider(s) on screening processes, if any.	**N/A**	**Out-of-Compliance**
IP30	FY2019 Implementation Plan	By 1/15/19, implement procedures for Class Members without SMI to be referred to Colbert MCOs for completion of the Brief and the Comprehensive Assessment and care coordination.	**N/A**	**In Compliance**
IP31	FY2019 Implementation Plan	By 1/15/19, implement procedures for Class Members with SMI to be referred to CMHCs, for completion of the Brief and the Comprehensive Assessment and care coordination.	**N/A**	**In Compliance**
IP32	FY2019 Implementation Plan	By 9/30/18, update training curriculum and train new outreach workers and Evaluators.	**N/A**	**In Compliance**
IP33	FY2019 Implementation Plan	By 9/30/18, design and implement competency-based appraisals for Evaluators.	**N/A**	**Out-of-Compliance**

IP34	FY2019 Implementation Plan	On an ongoing basis, convene bi-monthly meetings of the Assessment Workgroup.	**N/A**	**In Compliance**
IP35	FY2019 Implementation Plan	On an ongoing basis, prepare monthly assessment outcome reports for review and feedback.	**N/A**	**In Compliance**
IP36	FY2019 Implementation Plan	On an ongoing basis, document key decisions and actions implemented as a result of Assessment Workgroup meetings.	**N/A**	**In Compliance**
IP37	FY2019 Implementation Plan	On an ongoing basis, review and revise Assessment Tool or process as agreed upon with the Assessment Workgroup.	**N/A**	**In Compliance**
IP38	FY2019 Implementation Plan	By 10/31/18, IDoA will set a target of 350 Evaluations to be completed monthly, thereby generating on average 160 (48%) CMs per month who should be recommended for transition.	**N/A**	**Partial Compliance**
IP39	FY2019 Implementation Plan	By 12/31/18, determine a process for arranging verification of medical or psychiatric diagnoses for CMs who have been identified as not currently appropriate for transition by physician(s) not affiliated with Nursing Facilities.	**N/A**	**Out-of-Compliance**
IP40	FY2019 Implementation Plan	By 1/31/19, update Assessment Tool to identify the physician is not affiliated with Nursing Facilities and timeframes.	**N/A**	**Out-of-Compliance**
IP41	FY2019 Implementation Plan	Bu 8/31/18, revise method and structure of data reports to be congruent with changes in the Assessment Tool.	**N/A**	**Out-of-Compliance**
IP42	FY2019 Implementation Plan	By 9/30/18, create categories of reasons Class Members decline to be evaluated.	**N/A**	**In Compliance**
IP43	FY2019 Implementation Plan	On a semi-annual basis, conduct analysis and prepare a written report regarding why CMs declined Evaluations.	**N/A**	**In Compliance**
IP44	FY2019 Implementation Plan	On a semi-annual basis, as a result of the analysis, identify and consider recommendations to modify the applicable processes, and implement where needed.	**N/A**	**In Compliance**
IP45	FY2019 Implementation Plan	On a monthly basis, conduct quality reviews and submit reports within 45 business days after the month in which Evaluations were completed.	**N/A**	**In Compliance**
IP46	FY2019 Implementation Plan	On a semi-annual basis, share aggregate reports with the Assessment Workgroup and Colbert Parties.	**N/A**	**Out-of-Compliance**
IP47	FY2019 Implementation Plan	On a monthly basis, review and affirm Evaluator assignments for a sample of assessed CMs to one of the four Quadrants.	**N/A**	**In Compliance**

IP48	FY2019 Implementation Plan	On a quarterly basis, document the stratification of the CM population and provide reports for each Quadrant by due dates.	**N/A**	**In Compliance**
IP49	FY2019 Implementation Plan	On a quarterly basis, aggregate and report distinct and cumulative data on the categorization of CMs in each of the Four Quadrants quarterly.	**N/A**	**In Compliance**
IP50	FY2019 Implementation Plan	By 7/31/18, review and revise appeals policy and Rights to Appeal documents, if needed.	**N/A**	**Out-of-Compliance**
IP51	FY2019 Implementation Plan	By 8/31/18, release updated Complaints and Appeal documents to Outreach workers, Evaluators, Quality Administrators and Ombudsman to share with CMs or his/her guardian.	**N/A**	**Out-of-Compliance**
IP52	FY2019 Implementation Plan	On an ongoing basis, monitor and track compliance with follow up on appeal requests.	**N/A**	**Partial Compliance**
IP53	FY2019 Implementation Plan	On an ongoing basis, respond to and resolve appeal requests within 30 days after receipt.	**N/A**	**Partial Compliance**
IP54	FY2019 Implementation Plan	On a monthly basis, provide appeals information, including reasons and outcomes of appeals monthly to Colbert Parties.	**N/A**	**Out-of-Compliance**
IP55	FY2019 Implementation Plan	On a semi-annual basis, prepare and share a semi-annual written summary of appeals data with the Colbert Quality Assurance Committee.	**N/A**	**Out-of-Compliance**

In FY2019, there were 4,488 evaluations attempted, with 2,371 (53%) completed. One key shift in the FY2019 evaluation protocol — compared to previous compliance periods — was the shortening of the evaluation process in May 2019 from a two-part evaluation (including a brief and comprehensive evaluation) to a merged, shortened evaluation.

The Defendants' first-half FY2019 evaluation dispositions reflect, of the 1,257 completed evaluations, 557 (44%) Class Members were recommended for transition while 700 (56%) were not recommended. Their second-half evaluation dispositions reflect 309 Class Members recommended for transition and 386 Class Members not recommended up to April 30, 2019; 196 Class Members were recommended for transition and 187 were not recommended in the months of May and June of 2019. In summary, the Defendants' data indicates that 1,062 Class Members were recommended to transition in FY2019, while 1,273 were not recommended. The Defendants report that 1,417 (60%) of the 2,371 evaluations were completed within 30 days.

Among those not recommended for transition, the primary reasons were — as identified by evaluators for the second half of the fiscal year — lack of insight/self-management skills, "poorly controlled systems," memory impairments, needed assistance for daily living activities, and cognitive deficits. Given how

broad and non-specific these categories, It is not clear whether any or all of these reasons could and should have been addressed by nursing facility staff, thereby allowing at least some of these Class Members to be recommended for transition.

In Compliance Ratings

Requirement 7, Qualified professionals making Class Members aware of supports/services. One strategy to ensure that Class Members are aware of their rights and opportunities under the Colbert Consent Decree is to implement an informed consent process whereby Class Members attest to their understanding and acceptance of key information provided during the evaluation process. In FY2019, 95% of all Class Members who consented to evaluations signed a Colbert informed consent form that identified their rights and responsibilities under the Decree, a significant increase in performance from the previous compliance period. For this reason, they Defendants are assigned an in compliance rating for this requirement.

Requirement 10, Processes for Class Members to appeal evaluation determinations. The Defendants reported that in FY2019 there were 11 appeals of Class Member evaluation dispositions. Five of those appeals resulted in the overturning of the initial determination. Given that provision of this data and the fact that Class Members' rights to appeal are described in the informed consent document, the Defendants have satisfied this requirement and are found in compliance.

Requirements 12 and 14, Class Members requests for re-evaluations. Class Members approved for community placement who then decide to remain in the nursing facilities — and those who reject evaluations altogether — can re-request evaluations. In these circumstances, they must receive the evaluation within 120 days. In FY2019, 52 (or 95%) of 55 Class Members Class Members in these two circumstances received re-evaluations within the 120-day timeframe. While the Defendants should attain 100% on these requirements, for FY2019 they are found in compliance.

IP27, Stakeholder convening on changes to evaluation process. The Defendants are found in compliance with the requirement to engage stakeholders in making changes to the evaluation process to improve Consent Decree operations and compliance, as they collected and used feedback from the Assessment Work Group meetings (collected on July 12, 2018 and August 9, 2018) to modify the evaluation tool. The revised tool was implemented in April 2019.

IP30, Referral to managed care organizations (MCOs) for Class Members without serious mental illness. Procedures to refer Class Members without serious mental illness to MCOs for evaluation were implemented within FY2019. As such, the Defendants are found in compliance with this requirement.

IP31, Referral to Community Mental Health Centers (CMHCs) for Class Members with serious mental illness. The Defendants reported that during the first quarter of FY2019 the Colbert referral process was modified to ensure that CMHCs serve as the evaluation and transition agencies for those Class Members identified as having serious mental illness. As such, they are found in compliance with this requirement.

IP32, Evaluation of training curriculum updates. The Colbert Quality Liaison updated the outreach and evaluator training program to include motivational interviewing. While a more robust set of changes may be needed to improve evaluation-related outcomes, the Defendants are found in compliance with this requirement, as they modified and improved the curriculum.

IP34, Bi-monthly Assessment workgroup meetings. The Defendants reported that bimonthly Assessment Workgroup meetings did occur in FY2019, resulting in an in compliance rating.

IP35, Monthly assessment outcome reports. The Defendants indicated that the University of Illinois at Chicago College of Nursing (the Defendants' contracted entity responsible for quality assurance) prepared monthly assessment outcome reports and, as such, are found in compliance.

IP36 and 37, Review and revise evaluation processes, documenting key decision/actions from Assessment Workgroup meetings. The Defendants are found in compliance with this requirement, as key decisions were made and documented in the Assessment Workgroup meetings. They included revisions to the evaluation tool, a decision relative to the Class Member liaison role, and the decision to maintain separation of the evaluation and service plan documents.

IP42 and 43, Establishing categories for and reporting on Class Member evaluation refusals. The Defendants created a list of categories to collect reasons for Class Member evaluation refusals and subsequently collected and aggregated this information in their semiannual report (for the second half of FY2019). As such, they are found in compliance with both requirements.

IP44, Recommendations to address reasons for evaluation refusals. The Defendants collaborated with University of Illinois at Chicago College of Nursing (UIC-CON) to compile data on common reasons for evaluation refusals. UIC-CON, in a June 2019 report, identified the common reasons for refusals, summarized findings, and provided recommendations to address these reasons for refusals. They are found in compliance for this requirement.

IP45, Quality review of evaluations. University of Illinois at Chicago College of Nursing generates monthly reports, which are then used by the Defendants to initiate quality improvement plans and actions with individual evaluation providers. As such, they are found in compliance for this requirement.

IP47, 48, 49, Review and report on four quadrant assignments of Class Members. The Defendants' evaluation process includes the assignment of Class Members into four quadrants, stratifying them into these categories based on their behavioral and physical health needs. The Defendants are then required to review and affirm those results and generate reports to aggregate this data. The Defendants provided documentary evidence that the University of Illinois at Chicago College of Nursing developed these reports and are thus found in compliance.

Partial Compliance Ratings

Requirement 5 and IP38, Sufficient number of evaluations to achieve transition requirements. In FY2019, the Defendants attempted 4,488 evaluations, with 2,371 (53%) completed — 1,257 in the first half of the fiscal year and 1,114 in the second half. In their FY2019 Implementation Plan, the Defendants determined that they should achieve approximately 350 evaluations per month to meet their FY2019 transition requirements. In FY2019, evaluators completed, on average, 211 evaluations per month, falling significantly below this requirement (at 60%). The Defendants reported that turnover and vacant positions created this gap.

One reason that a high number of evaluations is needed to achieve annual transition requirements is because of the numerous pipeline-related issues that emerge after Class Members are evaluated and recommended for transition. The pipeline refers to the multiple steps necessary to prepare Class Members for and effectuate their transition such as linkages to community-based treatment and services, housing search, landlord application, apartment inspections, credit checks, documentation gathering, acquisition of funds for furniture and other moving expenses.

For instance, if the 1,062 Class Members who were recommended to transition in FY2019 actually transition in FY2020, the Defendants will exceed their numeric transition requirement of 900 for FY2020. However, it is clear that either more evaluations need to be completed or serious issues exist in the pipeline that prevent Class Members approved for transition from ultimately transitioning. These issues must be corrected to create an evaluation process that is sufficient to meet numeric transition requirements. For this reason, the Defendants are found in partial compliance.

Requirement 8, Qualified professionals and appropriate frequency. The Defendants indicated in their semiannual report, which covered the second half of the fiscal year, that they could only confirm that 1,281 of their 2,027 completed evaluations were conducted by qualified professionals (63%), and there is no data to demonstrate outreach on behalf of evaluators at an "appropriate frequency." While appropriate frequency is not defined by the Consent Decree, the Defendants did not describe any measures or share any data that demonstrates the frequency of engagements with Class Members who may have concerns about the evaluation process. The Court Monitor finds the Defendants

in partial compliance with this requirement, given that only 63% of evaluations were conducted by qualified professionals and no data was shared regarding appropriate frequency.

Requirement 9, Timely completion of evaluations. The Defendants reported that of the 2,371 completed evaluations in FY2019, 1,417 (60%) were completed within 30-days of an outreach worker's referral. As such, they are found in partial compliance with this requirement.

Requirement 11, Fully exploring and addressing Class Member opposition to transition. In FY2019, the Defendants tracked the reasons Class Members decline evaluations. Most of the reasons for declining the evaluation process fell under two vague categories: "not interested/refuses Colbert services" and "preference to remain in facility/declines evaluation." While tracking reasons to oppose transition represents a positive step, there is no evidence that Class Member opposition transitions have been "appropriately addressed." It is not surprising that many Class Members might initially oppose transition given the often-occurring negative perception of their ability to live in the community and erosion of self-efficacy driven by years of life in institutions. For this reason, evaluators must treat "no" as an opportunity to learn more about a Class Member's fears and concerns and provide options to allay those concerns before fully shutting the door to evaluation. Obviously, Class Members can still elect to remain in facilities, but qualified professionals must have protocols to deepen engagement and unearth and address motivation and confidence and to insure that Class members are aware that in most circumstances their needs can be met in community-based settings.

The Court Monitor assigns a rating of partial compliance given that the Defendants, for the first time, collected and reported on the reasons for Class Member opposition to transition. However, no such protocols or any other policy or data to support that the Defendants "fully explore and address Class Member opposition to transition" appear to exist. The Defendants must build on FY2019 progress in this area in order to maintain a partial compliance rating or attain in compliance rating.

IP52 and 53, Ensure follow-ups to appeals. The Defendants are found in partial compliance with these requirements. Data submitted to the Court Monitor on the timeliness of follow-ups to Class Member appeals shows that more than half of Class Members who appealed their evaluation disposition received follow-ups from a provider within the 30-day timeframe.

<u>Out-of-Compliance Ratings</u>

Requirements 6 and 13, Annual evaluation updates. For Class Members who remain on the transition schedule a year after their evaluation, as well as those who remain in nursing facilities because they were not recommended to transition, the Consent Decree and Updated Cost Neutral Plan requires an

annual evaluation update. In CY2017, the Defendants indicated that they would institute a process in FY2019 to track and account for the requirement to implement and report on the completion rates and outcomes of the annual service plan updates. However, there was no data provided in FY2019 semiannual reports to demonstrate compliance with these requirements. The Defendants are assessed as out-of-compliance with these requirements.

IP28 and IP29, Potential contracting with additional providers to conduct evaluations and onboarding of such providers. The Defendants indicated that they explored contracting with additional evaluation providers in FY2019 because they ultimately released a one-sentence Request for Information (RFI) in December 2018 they said was intended to identify new services and providers from across the Colbert continuum. The Defendants originally shared a six-page draft of the RFI with the Plaintiffs proving them with one day to comment. Plaintiffs response indicated their dissatisfaction with the draft RFI stating, "with the vast amount of information and materials you already have… we are uncertain as to what information you are seeking in the couple of open ended questions posed in thee RFI.... we don't see how this RFI advances that goal and the requirements of the Court Orders."[28] The Defendants chose not only to ignore Plaintiff's feedback, but surprised the Court Monitor and the Plaintiffs by ultimately issuing only a one-question RFI inviting respondents to provide information on industry standards for serving the Colbert population yet soliciting no information about evaluation providers specifically (per the IP requirement), or anything else that might lead to identifying new providers.

It is the Court Monitor's professional assessment that the RFI did not represent a good faith effort to enhance the Colbert base of provider contractors, either specific to conducting evaluations or otherwise. This is evidenced by a lack of meaningful outcome(s) from the process, misleading information and communications provided to the Plaintiffs and the Court Monitor about what the content of the RFI would include, the insufficiency of the final RFI including its poor quality and limited scope. The failure of the effort is further evidenced by the fact that while several provider organizations did submit a response to the RFI, there is no indication that the Defendants considered their submission, and, perhaps most importantly, no new providers were engaged as a result of the RFI.

In their review of a draft version of this report, the Defendants disagreed with the Court Monitor's characterization of RFI process. They assert that the RFI submitted to the State's procurement officer was originally seven pages, but was pared down to one single question. They also indicate that the changeover in Administrations was the reason that no notices of funding opportunity (NOFOs) were ultimately released subsequent to the providers' RFI responses. Finally, they indicate that a new program concept – the Care Navigator Approach – was borne out of this RFI effort, rendering it somewhat useful.

[28] Email from S. Libowsky on Oct 30, 2018.

While the Court Monitor gave deep consideration to the Defendants argument, she maintains her stance that the RFI process was booth deeply flawed and thus ineffective, and any mention of the RFI as evidence of satisfactory performance on these FY2019 Implementation Plan requirements must be responded to with out-of-compliance ratings. The Defendants were responsible for ensuring that a valid attempt was made to explore "potential contracting with additional providers to conduct evaluations" (IP28); that simply and unfortunately did not occur. There defense that a state procurement officer pared down the questions in the draft RFI to one remaining yet not useful question was the responsibility of the Defendants to address, rectify, and communicate to the Plaintiffs and the Court Monitor. Finally, the changeover in Administration did not absolve the Defendants requirements to honor their FY2019 Implementation Plan commitments.

IP33, Competency-based Evaluator appraisals. One way to improve the quality of evaluations is to develop a process whereby an external entity appraises evaluators for skill in evaluating Class Members. The Defendants reported that, “discussions continue with UIC-CON [University of Illinois at Chicago College of Nursing] around the plan developed for competency-based appraisal of evaluators.” The competency-based appraisal process was to be designed and implemented by September 30, 2018, yet there is no indication as of the writing of this report that this was implemented. Thus, the Defendants are found out-of-compliance.

IP39, Independent confirmation or refutation of Dementia diagnoses. While some process steps related to this requirement — such as meeting with Illinois Department of Public Health to ensure an independent physician could access the facility and writing a job description — were completed, the requirement was not met, as there is still no independent physician in place to verify or refute severe Dementia diagnoses. This continues to represent one of the Court Monitor’s priority compliance issues that she has raised for the past two years and must be addressed immediately. People with serious mental illnesses can sometimes be incorrectly diagnosed as having Dementia or another cognitive impairment. These occurrences can have important and negative consequences for Class Members as diagnoses of severe Dementia or other clinically significant and progressive cognitive impairment, whether made correctly or incorrectly, disqualifies Class Members from further consideration for and participation in community transition under the Colbert program. Yet, despite the requirement in the Consent Decree, the Defendants have never complied. Failure to adhere to using independent physicians to review severe Dementia and related diagnoses during the compliance assessment period places the Defendants out-of-compliance with this requirement.

IP40 and 41, Updated evaluation tool and aligned data reports to identify physicians not affiliated with nursing facilities to confirm Dementia diagnoses. When a Class Member is identified as having severe Dementia, the Defendants are required to coordinate with a physician — not affiliated with the nursing

facility — to confirm or refute that diagnosis. This requirement obligated the Defendants to add a field to the evaluation tool so that if a Class Member received a confirmation of severe Dementia from the independent physician then the name of that physician would be included in that Class Member's evaluation. This activity was not completed, rendering an out-of-compliance rating.

IP47, Share quality review reports with Assessment Workgroup and Parties. The Defendants are found out-of-compliance with this requirement, as the reports that aggregate data and information relative to the quality of evaluations was not shared with the Parties, only the Assessment Work Group.

IP50 and IP51, Revise and promulgate appeals policies and related documents. In response to a draft version of this report, the Defendants provided a revised appeals policy, but it was dated from July 2016 (before this compliance period). As such, they have an out-of-compliance rating for these requirements.

IP54 and IP55, Provide appeals information to Parties and the Quality Assurance Committee. The Defendants indicated that reporting to the Colbert Parties and Quality Assurance Committees in this area was not consistent due to staff shortages. They are therefore found out-of-compliance.

Court Monitor Recommendations for Achieving or Enhancing Compliance with Evaluation-Related Requirements

In Figure 16, the Court Monitor offers four priority recommendations for the Defendants' consideration pertaining to evaluation. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to the evaluation domain.

Figure 16. FY2019 Evaluation-Related Priority Recommendations

Recommendation	Description
1) Come into compliance by correcting issues related to Class Members' annual evaluations.[29]	Defendants need to ensure that the requirement to provide annual evaluations is met. They should explore regular, perhaps monthly, use of a data system by quality assurance staff to review whether contractors comport with re-evaluation requirements and take corrective actions directly with contractors, if necessary.
2) Revisit the entire evaluation process to ensure that the evaluation protocol is based on national best practices and limited in subjectivity.	There is no field-wide consensus on how to objectively predict a person's ability to live successfully in the community following institutionalization. However, the State needs a process whereby they attempt to gather relevant information to determine a person's transition appropriateness. As such, the Defendants should review evaluation models from other states currently subject to or that have successfully exited Consent Decrees. These models may prove more efficient, accurate, or complete, and may offer dimensions that are relevant specifically to populations who have been institutionalized. It is important, in this process that Defendants rely on only Consent Decree-authorized considerations and not stray into subjective considerations that may hinder Class Members' ability to transition.

[29] This recommendation was previously provided via the *Colbert v. Rauner* Court Monitor FY2017 Compliance Assessment Annual Report to the Court (p. 48).

3) Come into compliance with engaging non-nursing facility affiliated physicians to confirm or refute Dementia diagnoses.[30]	It is long past the time for Defendants to engage a physician or team of physicians to confirm or refute severe Dementia and other diagnoses of clinically significant and progressive cognitive issues of Class Members prior to disqualifying them from the evaluation process. The physicians should collaborate with Colbert outreach and evaluation staff, as well as with nursing facility staff, to directly access Class Members and their medical records. They should also follow the warm hand-off recommendation outlined in the outreach section above. The physicians should be knowledgeable and experienced in the diagnosis and treatment of both progressive cognitive disorders and behavioral health disorders and should have no financial or other actual or perceived conflicts of interest with Cook County nursing facilities, the Plaintiffs, or the Defendants.
4) Improve timeliness of evaluations.[31]	Only 58% of evaluations conducted during FY2019 were completed within the required 30-day timeframe. This is one of the many protracted delays present across the Colbert continuum that results in Class Members losing interest and hope in the transition process. As such, the Defendants must explore the reasons for delays, remedy those issues, and increase their performance percentage relative to evaluation timeliness.

[30] This recommendation was previously provided via the *Colbert v. Rauner* Court Monitor FY2017 Compliance Assessment Annual Report to the Court (p. 48).
[31] This recommendation was previously provided via the *Colbert v. Rauner* Court Monitor FY2017 Compliance Assessment Annual Report to the Court (p. 48).

Section V. Service Planning

After Class Members are evaluated to determine their transition readiness, the evaluations result in one of two outcomes: the Class Member is either not recommended for transition or is recommended. Both groups participate in a person-centered service planning process designed to identify Class Member's needs, vision, and goals. For those not recommended for transition, the evaluator develops the service plan that determines the supports and services needed to prepare Class Members remaining in nursing facilities for potential future transition. For those who are recommended to transition, staff from agencies contracted to effectuate transitions (e.g., community mental health centers, housing locators) complete the service plans that identify the necessary support and services to facilitate entry and successful tenure in the community.

Per the Colbert Consent Decree, service plans must also meet several quality/content, timeliness, and other procedural requirements, including:

- All service plans must be completed within three months of the Class Members' evaluation (Requirement 15);
- Service plans must be provided to those who are approved for transition through the evaluation process (Requirement 16);
- Service plans must identify the needed community-based services and a transition timetable (Requirement 17);
- Service plans should be periodically updated (every 180 days), reflective of Class Members' changing needs and preferences, and inclusive of services that support the acquisition of independent living and illness self-management skills (Requirement 18);
- For Class Members transitioned into non-permanent supportive housing settings, the service plan must justify such placement and include community-based services that can support the most integrated setting possible and appropriate (Requirement 19);
- Service plans must be person-centered and reflect what a Class Member needs at home, work, and in the community to fully participate in community life; Class Members with independently-verified Dementia are excluded from future evaluations, while those who decline (who do not have Dementia) must receive an annual evaluation update (Requirement 20);
- For Class Members without independently-confirmed Dementia diagnoses who were transitioned to non-permanent supportive housing settings, they should participate in treatment planning that prepares them to transition to the most integrated setting appropriate to their needs (Requirement 21);
- Service plans must be completed by qualified professionals and include legal representatives, if requested (Requirement 22); and
- Service plans must focus on the Class Member's "vision, preferences, strengths and needs in home, community, and work environments" (Requirement 23).

The Defendants were also obligated to 31 additional service plan-related requirements in the FY2019 Implementation Plan. These requirements focus on developing and implementing a new audit process for service plans to ensure content, quality, and timeliness standards are met; ongoing adaptations and improvements to service plan tools and processes; and strengthening Class Members' connection to employment supports and services.

The Defendants contract with the University of Illinois at Chicago College of Nursing to review and evaluate service plans, determining whether service plans meet the Consent Decree's specific criteria. During this compliance period, CHMCs asserted that the Colbert service planning document was duplicative of another state-level evaluation and service planning tool required for Medicaid behavioral health services and, as such, they neither completed nor submitted Colbert service plans. The Court Monitor identified this as a significant issue and requested the Defendants to review this matter; the issue was finally resolved in December 2019.

Service Plan-Related Requirements: FY2019 Compliance Assessments
As displayed in Figure 17, for the service plan domain, the Defendants are assessed as in compliance with 21 requirements, in partial compliance with one requirement, and out-of-compliance for 18 requirements.

Figure 17. Synopsis of FY2019 Compliance Assessments for Service Plan-Related Colbert Consent Decree, Updated Cost Neutral Plan (UCNP) and Implementation Plan Requirements

Consent Decree and UCNP Requirements (9)	In Compliance→	1	Partial Compliance→	0	Out-of-Compliance→	8
Implementation Plan Requirements (31)	In Compliance→	20	Partial Compliance→	1	Out-of-Compliance→	10
Total Requirements (40)	In Compliance→	21	Partial Compliance→	1	Out-of-Compliance→	18

Figure 18 contains the language of each service plan-related requirement and the Court Monitor's compliance ratings from both the first half of FY2018 (prior report to the Court) and the new FY2019 ratings for this report's assessment period. The two ratings are provided side-by-side to demonstrate whether compliance improved or worsened since the last compliance period. For the nine requirements that apply to both periods, the Defendants' performance improved on one requirement, worsened on two requirements, and did not change for the others.

Figure 18. Compliance Assessment Ratings for Service Plan-Related Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan (IP) Requirements				
Req #	**Source/ Citation**	**Colbert Consent Decree, Cost Neutral Plan, or IP Requirement Language**	**Court Monitor Compliance Assessment Ratings**	
			First-Half CY2018	**FY2019**
Compliance Domain: Service Plan-Related Requirements				
15a	*Consent Decree Section VI(B)(1)*	*Pursuant to the Evaluations and with Class Member's input, Defendants shall develop, within 90 days after each evaluation, Service Plans specific to each Class Member. (Referred to as Req. 19 in CY2017 Report.)*	**N/A**	**N/A**
15b	Updated Cost Neutral Plan (2018) Section E	These Service Plans shall be completed within three months of the Class Member's Evaluations.	**Partial Compliance**	**Out-of-Compliance**
16a	Cost Neutral Plan (2016) Section E	*Qualified Professionals shall develop Service Plans, as provided in the Consent Decree, for Class Members with Evaluations indicating they are able to move to Community-Based Settings. These Service Plans shall be completed within three months of Class Members' Evaluations. (Referred to as Req. 20 in CY2017 Report.)*	**N/A**	**N/A**
16b	Updated Cost Neutral Plan (2018) Section E	Qualified Professionals shall develop Service Plans, as provided in the Consent Decree, for Class Members with Evaluations indicating they are able to move to Community-Based Setting.	**Partial Compliance**	**Out-of-Compliance**
17	Consent Decree Section VI(B)(1)	For those Class Members whose Service Plans include transitioning into a Community-Based setting, each Service Plan shall set forth with specificity the Community-Based Services, transition costs, home accessibility adaptation costs and/or housing assistance the Class Member needs in a Community-Based setting, including a projected timetable to complete the transition. *(Referred to as Req. 21 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
18	Consent Decree Section VI(B)(1)	Each Service Plan shall be updated at least every 180 days to reflect any changes in needs and preferences of the Class Member, including his or her desire to move to a Community-Based Setting after declining to do so, and shall incorporate, where appropriate, services to assist in acquisition of basic activities of daily living skills and illness self-management.	**Out-of-Compliance**	**Out-of-Compliance**

19	Consent Decree Section VI(B)(3)	If there has been a determination that a Class Member will not be transitioning to PSH or Private Residence (except for those Class Members who have declined transitions), the Service Plan shall specify what services the Class Member needs that could not be provided in PSH or a Private Residence and shall describe the Community-Based Services the Class Member needs to live in another Community-Based Setting that is the most integrated setting appropriate to that Class Member's needs and preferences or shall specify what services the Class Member needs and preferences or shall specify what the Class Member needs that cannot be provided in any Community-Based setting.	**Out-of-Compliance**	**Out-of-Compliance**
20	Colbert Consent Decree Amendment	Service Plan means a Person-Centered plan with the goal of moving a Class Members to a Community-Based Setting, strategies to employed to achieve that goal and a description of all Community-Based Services, transition needs, home accessibility adaptation needs, and/or housing assistance necessary to support that goal; provided, however, that a Service Plan for a Class Member declining to be evaluated for transition shall simply state "declined to be evaluated" and shall be updated at least annually; and a Service Plan for a Class Member determined by a physician not affiliated with a Nursing Facility to have a condition such as severe dementia or other severe cognitive impairments requiring such as high level of staffing to assist with activities of daily living or self-care management that they cannot effectively be served in PSH or a Private residence or who have an irreversible medical condition requiring such medical care that they cannot effectively be served in PSH or a Private residence shall simply state "severe dementia or other severe cognitive impairments or irreversible medical condition" and need not be regularly updated as provided herein. *(Referred to as Req. 24 in the CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**

21	Consent Decree Section VI(D)(3)	Those Class Members not transitioning from Nursing Facilities into PSH or Private Residence shall have periodic re-evaluations with treatment objectives to prepare them for subsequent transition to the most integrated setting appropriate, including PSH or a Private Residence, except for Class Members who have chosen other living arrangements or have been determined by a physician not affiliated with a Nursing Facility to have a condition such as severe dementia or other clinically significant progressive cognitive disorders and are unlikely to improve. *(Referred to as Req. 25 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
22	Consent Decree Section VI(B)(4)	The Service Plan must be developed by a Qualified Professional in conjunction with Class Member and/or his or her legal representative, if any. *(Referred to as Req. 26 in CY2017 Report.)*	**Partial Compliance**	**In Compliance**
23	Consent Decree Section VI(B)(5)	Each Service Plan shall focus on Class Member's personal vision, preferences, strengths and needs in home, community, and work environments. *(Referred to as Req. 27 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
IP56	FY2019 Implementation Plan	By 7/31/18 and ongoing, review and revise Service Plan of Care policy and tools, as needed.	**N/A**	**In Compliance**
IP57	FY2019 Implementation Plan	By 9/30/18, take all actions necessary and reasonable to retain an expert on transitioning individuals with co-morbidities.	**N/A**	**Out-of-Compliance**
IP58	FY2019 Implementation Plan	By 8/31/18, provide training including expectations to timely involvement of Nursing Facility staff in development and follow up of goals identified in Service Plans of Care and implement revised Service Plan of Care tools created in the last quarter of FY2018.	**N/A**	**In Compliance**
IP59	FY2019 Implementation Plan	On a quarterly basis after 9/30/18, identify and capture the services that could not be provided to a Class Members and identify and capture the reasons why the service could not be provided.	**N/A**	**In Compliance**
IP60	FY2019 Implementation Plan	On a quarterly basis after 9/30/18, analyze and evaluate the data and make adjustments in the processes, as appropriate.	**N/A**	**In Compliance**
IP61	FY2019 Implementation Plan	On an ongoing basis, convene at least quarterly meetings of the Service Plan Workgroup and invite appropriate providers to review data from Service Plan of Care quality initiatives; meet more often if needed.	**N/A**	**Partial Compliance**

IP62	FY2019 Implementation Plan	By 12/31/18, provide training on Service Plan of Care development for new Care Coordinators hired during the first quarter of FY2019.	**N/A**	**In Compliance**
IP63	FY2019 Implementation Plan	On a quarterly basis, ensure Class Member's personal vision, preferences are captured in the Service Plan of Care.	**N/A**	**In Compliance**
IP64	FY2019 Implementation Plan	On a quarterly basis, capture and evaluate timeframes of updated Service Plans of Care.	**N/A**	**Out-of-Compliance**
IP65	FY2019 Implementation Plan	On a quarterly basis, analyze Service Plan of Care updates and timeliness and prepare a written report.	**N/A**	**In Compliance**
IP66	FY2019 Implementation Plan	On a quarterly basis, share the results of the report with the Service Plan of Care Workgroup.	**N/A**	**In Compliance**
IP67	FY2019 Implementation Plan	On an ongoing basis, schedule and facilitate Case Review calls for Class Members who are recommended for transition and are high risk.	**N/A**	**In Compliance**
IP68	FY2019 Implementation Plan	On an ongoing basis, provide feedback on Service Plans of Care and other relevant clinical documentation during the calls.	**N/A**	**In Compliance**
IP69	FY2019 Implementation Plan	On an ongoing basis, document Service Plan of Care recommendations and send to IDoA and Colbert providers.	**N/A**	**In Compliance**
IP70	FY2019 Implementation Plan	By 8/31/18, through discussion with the UIC-CON and IDoA, determine the feasibility of collecting and reporting data on the number of Class Members assessed to be high risk, their tenure in the community and recidivism.	**N/A**	**Out-of-Compliance**
IP71	FY2019 Implementation Plan	By 7/15/18 and then monthly, [ensure] service plan data [is] reported to IDoA (to track timeliness).	**N/A**	**In Compliance**
IP72	FY2019 Implementation Plan	By 7/31/18, re-structure CTS to enter dates and types of Service Plans completed.	**N/A**	**In Compliance**
IP73	FY2019 Implementation Plan	By 12/31/18, revise [service plan] audit tool.	**N/A**	**In Compliance**
IP74	FY2019 Implementation Plan	By 12/31/18, develop [service plan] audit schedule.	**N/A**	**In Compliance**
IP75	FY2019 Implementation Plan	By 12/31/18, consult with UIC-CON to implement a representative sampling method.	**N/A**	**In Compliance**
IP76	FY2019 Implementation Plan	On a monthly basis, beginning in February of 2019, conduct at least one audit per Colbert Provider.	**N/A**	**In Compliance**

IP77	FY2019 Implementation Plan	On a monthly basis, beginning in May of 2019, provide audit reports to providers within 30 days after audit.	**N/A**	**In Compliance**
IP78	FY2019 Implementation Plan	On a quarterly basis, provide written summaries of audit findings to Service Plan Workgroup as appropriate.	**N/A**	**In Compliance**
IP79	FY2019 Implementation Plan	On an annual basis, provide summary of audits to the Colbert Quality Assurance Committee.	**N/A**	**In Compliance**
IP80	FY2019 Implementation Plan	By 1/31/19, engage Quality Monitors (to audit Service Plan implementation).	**N/A**	**Out-of-Compliance**
IP81	FY2019 Implementation Plan	By 1/31/19, develop a field audit tool (for Service Plan implementation).	**N/A**	**Out-of-Compliance**
IP82	FY2019 Implementation Plan	By 2/28/19, provide orientation and training to Quality Monitors (for audit of SP implementation).	**N/A**	**Out-of-Compliance**
IP83	FY2019 Implementation Plan	On a quarterly basis, summarize and report data (on SP implementation audit) to Colbert Quality Assurance Committee.	**N/A**	**Out-of-Compliance**
IP84	FY2019 Implementation Plan	By 12/31/18, [ensure] the IPS Coordinator will work with IDoA to develop a streamlined process for referring Class Members who express interest in employment during the evaluation process.	**N/A**	**Out-of-Compliance**
IP85	FY2019 Implementation Plan	On an ongoing basis, [ensure] work with DHS/DRS, DCEO, IDES to promote employment opportunities for Class Members.	**N/A**	**Out-of-Compliance**
IP86	FY2019 Implementation Plan	On a semi-annual basis, [ensure that the] IDoA and IPS coordinator will review data and processes for making referrals to the state agency focused on vocational rehabilitation and will make recommendations and take actions to increase these.	**N/A**	**Out-of-Compliance**

Within their semiannual reports, the Defendants indicate that the University of Illinois at Chicago College of Nursing (UIC-CON) conducted a review process of Colbert service plans to ensure that they met specific quality-related standards that comport with Consent Decree service plan requirements. However, there are several reporting issues that undermine a comprehensive and accurate assessment of the Defendants' compliance with service plan-related timeliness, quality, and content compliance criteria.

One challenge regarding service plans is that there are different types of service plans, including an initial transition service plan (for Class Members recommended to transition to be completed within 90 days of their evaluation disposition), a second transition service plan (for Class Members nearing transition), and service plans completed one Class Members are living in the

community. Further, for those Class Members not recommended to transition, they have service plan goals developed after they receive a "not recommended" evaluation disposition, which are updated every 180 days.

A snapshot of key service plan data includes:

- Data analyzed from the second half of the fiscal year shows that UIC-CON received 327 initial service plans for review (representing 51% of all transition service plans), finding that 98% of plans in the sample were completed within 90 days of Class Members' evaluations.
- Only 9% of the initial service plan sample reflected service plans completed CMHCs, and about 20% of the CMHC-generated plans did not meet timeliness requirements.
- Of the 327 initial transition service plans received by UIC-CON, they conducted an in-depth review of 177 of those plans. Ninety percent of the plans subject to in-depth review identified transition timelines and 92% had a projected move date.
- UIC-CON also rated these 177 plans across multiple elements, assessing the extent to which the plans contained Class Member strengths, personal vision, goals, interventions, housing needs, skill development needs, and other areas. The average quality score across the sample of service plans was 58% for the second-half of FY2019.
- For the 150 Class Members who transitioned in the second-half of the fiscal year, UIC-CON was able to identify 56 transition-specific service plans, at a rate of 37%.
- Of the 550 evaluations reviewed by UIC-CON representing those not recommended for transition for the second half of FY2019, 544 (or 99%) had service plan goals.
- Of the 477 Class Members who were not recommended in the first half of the fiscal year, only 193 (40%) received their 180-day service plan goal updates.

<u>In Compliance Ratings</u>

Requirement 22, Legal representatives in service planning process. The Consent Decree requires that Class Members have the right to include a legal representative in their service planning process. Information regarding this right is included in the Colbert Informed Consent document, which was signed by 95% of Class Members who agreed to evaluations in FY2019. This demonstrates that the Defendants have apprised the vast majority of Class Members who agreed to an evaluation of their rights to include a legal representative in the service planning process, leading to an in-compliance rating.

IP56, 60, 69, Review and revise service plan policy and process and document such changes. The Defendants revised the service plan tool and released guidance to providers on using the new tool, with changes effective January 1, 2019. Thus, they are found in compliance for this requirement.

IP58, Provide training on collaboration with nursing facility staff. The Defendants report that UIC-CON facilitated training on strategies to collaborate with nursing facility staff and care coordinators from managed care organizations. The Defendants, however, did not provide any evidence that this training occurred. As such, the Defendants are found out-of-compliance.

IP59, Identify services not available for Class Members in Permanent Supportive Housing (PSH). The Consent Decree requires that the Defendants identify the services that cannot be furnished in PSH when a Class Member is placed in a non-PSH setting such as a congregate residential setting. During this compliance period, the Defendants modified the Colbert evaluation tool to capture the types of supports needed for Class Members referred to non-PSH settings rather than to PSH. The most common reasons for placement in residential facilities included: need for medication management support, need for in-house mental health services, need for daily wellness checks, and need for meal/nutrition support. While the Court Monitor has broader concerns regarding the Defendants' placement of Class Members in non-PSH settings, the Defendants' completion of this procedural step results in an in compliance rating.

IP62, Provide service plan training to care coordinators. The Defendants indicated that they provided service plan training — including two small group trainings on January 30, 2019 and May 14, 2019, respectively — to provider groups that include care coordinators. These care coordinators work for organizations across Illinois that coordinate and provide linkage for older adults to various services to address social, health, and residential needs. They are found in compliance for this requirement.

IP63, Develop process to ensure that Class Member vision and preferences are captured in service plans. The University of Illinois at Chicago College of Nursing reviewed a sample of service plans to ensure that they capture Class Members' vision and preferences (and comply with other requirements) and shares their findings via several reports and Colbert team discussions. Notwithstanding issues with collecting service plans from community mental health centers, the Defendants are found in compliance with this requirement since they have established a process to assess Class Members' service plans to ensure they are person-centered in nature.

IP 65, 66, and 71, Report on timeframes of service plans. The University of Illinois at Chicago College of Nursing develops monthly reports on service plan timeliness, partially satisfying the three requirements in the Implementation Plan that pertain to the collection, analysis, and reporting on service plan timeliness data — earning them an in compliance rating.

IP67 and 68, Case review conference calls for "high risk" Class Members. The Defendants — in partnership with the University of Illinois at Chicago College of Nursing — established criteria for "high risk" Class Members and implemented a case review process, whereby University, Colbert State, and Colbert provider staff discussed Class Members identified for transition who had complex clinical and social needs, and identified strategies for optimal support. The Defendants provided an agenda from 8/8/18 that included a series of discussion questions to explore the needs of these Class Members. They are assigned an in compliance rating for these requirements.

IP72, Re-structure Colbert Tracking System (CTS) to track dates and types of service plans completed. Biweekly calls were held with the Illinois Department of Innovation and Technology to generally review database performance and implement improvements. The Defendants submitted evidence that the Colbert Tracking System was restructured to collect service plan completion dates, with this feature going live on 4-10-19. As such, the Defendants are found in compliance.

IP73, 74, 75, 76, 77, 78, and 79, Develop and implement an auditing process for service plans and report on findings. The Defendants developed a service plan auditing process, utilizing the University of Illinois at Chicago College of Nursing (UIC-CON) to review and score service plans for quality. Of the 327 initial transition service plans received by UIC-CON, they conducted an in-depth review of 177 of those plans. They found that 90% of the plans subject to the in-depth review identified transition timelines and 92% had a projected move date. UIC-CON also rated the plans across multiple elements, assessing the extent to which the plans contained Class Member strengths, personal vision, goals, interventions, housing needs, skill development needs, and other areas. The average quality score across the sample of service plans was 58% for the second-half of FY2019. While there are issues regarding whether the sample accurate reflects the characteristics of the broader collection of service plans, the design of the auditing process and reporting process is rated as in compliance.

<u>Partial Compliance Findings</u>
IP61, Convene quarterly Service Plan Workgroup. The Defendants convened the service plan workgroup for the first half of the fiscal year and then incorporated service plan-related issues into the agendas for the quarterly Quality Management meetings. Given that the service plans domain has historically been an area of deep non-compliance, a dedicated service plan-specific workgroup was likely needed. As such, the Defendants are found in partial compliance for this requirement.

<u>Out-of-Compliance</u>
Requirement 15 and IP64, Timeliness of service plans. During this reporting period, approximately 1,100 Class Members were recommended for transition and all were required to receive service plans within 90 days of their evaluations.

Data analyzed from the fiscal year shows that for initial transition service plans, UIC-CON received 474 service plans for review (roughly half of all initial transition service plans), 98% of plans in the sample were completed within 90 days of Class Members' evaluations. The issue with this data, however, is that it is not representative, given that only 9% of those plans received from CMHCs. Of the limited data on CMHC-generated service plans, approximately 20% of those plans did not meet timeliness requirements. While the data from the sample is promising, it leaves too many factors and holes that could potentially negative impact too many Class Members, and must be found out-of-compliance.

Requirement 16, Qualified professionals. The Defendants are required to utilize qualified professionals to develop service plans. In the University of Illinois at Chicago College of Nursing service plan audit during this reporting period, they could not verify qualified professionals for 434 total service plans (46% of the audit sample) for the second half of the fiscal year. Their review of a smaller sample of service plans during the first half of the fiscal year revealed that qualified professionals could not be verified for seven percent of the sample. Given issues regarding the non-representative and non-exhaustive nature of the samples subject to quality review, the Court Monitor issues a rating of non-compliance.

Requirements 17, 18, 19, 20, 21, and 23, Service plan content, quality, and timeliness requirements. The Defendants remain out-of-compliance with six of the nine Consent Decree requirements under the service plan domain. During this reporting period, the University of Illinois at Chicago College of Nursing utilized a quality assurance tool to assess whether elements required by the Consent Decree were included in Class Members' service plans. There are two managed care organizations (MCOs) that develop service plans and both were included in the quality review process conducted by the University. For the first-half of FY2019, the MCOs had service plan quality scores of 27% and 41%, and the average performance in the second-half of fiscal year 2019 was 58%. Due to issues such as not having Class Member signatures or projected move dates or other transition-related timetables, the Defendants are found out-of-compliance for these requirements. It is important to note that data from the second-half of FY2019 reflected significant improvements across several areas, including Class Member signatures and inclusion of transition timeframes and move-in dates.

IP57, Retain expert on transitioning individuals with comorbidities. The transition process for some Class Members is complicated by other health conditions, including but not limited to chronic health conditions and substance use disorders. As such, the Defendants were required in FY2019 to retain an expert to guide the State and providers on strategies to transition Class Members with these comorbidities. The Defendants are found out-of-compliance because this position was not posted and the expert was not retained during FY2019. The Defendants did, however, complete a job description approximately 3.5 months after the due date for this deliverable.

IP70, Identify feasibility of reporting on high-risk Class Member community tenure and recidivism. The Defendants are obligated to determine the feasibility of collecting recidivism and community tenure information on Class Members deemed "high risk." The Court Monitor notes that in their response to a draft version of this report, the Defendants contended that they developed a report and discussed it with the Court Monitor (although not the Plaintiffs and other Defendants), yet did not produce the report or any other supporting documents. As such, they are found out-of-compliance.

IP80, 81, 82, 83, Engage Quality Monitors to audit service plans and report on key findings. The Defendants did not engage Quality Monitors to audit service plans, rendering all four of these dependent requirements out-of-compliance.

IP84, Streamline access to Individual Placement and Support (IPS).[32] The Defendants reported that the Division of Rehabilitation Services established a process to streamline access to Individual Placement and Support services (i.e., employment support services) to Class Members. The Defendants also provided developed an Employment Program Engagement Tracker to assess engagement in employment-related services at Drop-In Centers, but it is unclear whether the tracker was developed in FY2019. Given low engagement into Individual Placement and Support and other employment services, it is unclear whether access has been enhanced or has improved. During the second-half of FY2019, only 44 Class Members were referred to IPS. The Defendants are therefore found out-of-compliance.

IP85, Promote employment opportunities. It appears that there was no cross-agency effort in FY2019 to enhance employment-related supports and services for Class Members, beyond promotion of some resources at drop-in centers and within the Division of Rehabilitation Services. The IPS employment service referenced above has only been used in Illinois for people with serious mental illness; a parallel employment strategy must be developed for Class Members with physical disabilities. As such, the Defendants are found out-of-compliance for this requirement. Poor performance relative to this requirement and other requirements associated with employment is concerning, as there are very low rates of Class Member engagement in employment supports, undermining Class Member ability to transition (due to low or no incomes) and their full participation in community life/community integration.

[32] Individual Placement and Support is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported employment helps people living with serious mental illnesses work at regular jobs of their choosing and is viewed as the gold standard and evidence-based approach of supporting employment for individuals with serious mental illness.

IP86, Increase referrals to vocational rehabilitation. There appear to be no new processes or increased effort for current activities designed to increase vocational rehabilitation referrals beyond educating transition providers on the availability of such services. For this reason, the Defendants are found out-of-compliance.

Court Monitor Recommendations for Achieving or Enhancing Compliance with Service Plan-Related Requirements

In Figure 19, the Court Monitor offers three priority recommendations for the Defendants' consideration pertaining to service plans. While these recommendations are not exhaustive, they represent critical actions that can enhance Consent Decree compliance relative to the service planning domain.

Figure 19. FY2019 Service Plan-Related Priority Recommendations

Recommendation	Description
1) Develop clear standards for all service plans in a Class Member's pathway, from the nursing facility admission to post-discharge.	The crucial step of assigning responsibility to who should develop service plans along the admission to transition continuum, as well as who should ensure that the various clinical treatments and skills development documented in service plans are actually implemented, appears to be lacking. Establishing clear standards — including content, quality, and timeliness standard — along with processes for monitoring provider performance relative to those standards that link to clear lines of responsibility and accountability will ensure that Class Members receive focused, person-centered service plans at appropriate intervals to support specific phases of their transition process.
2) Implement a strategy to comply with each service plan requirement, including a methodology to fully collect and report data necessary to demonstrate compliance regarding service plan timeliness, frequency, completeness, and quality.[33]	The Consent Decree includes a clear obligation for the Defendants to monitor and demonstrate compliance with service planning aspects. Their failure to do so has not only led to out-of-compliance ratings for most of this domain's requirements, but also precluded program managers and assessors from the benefit of information and insights such data could have provided to the service planning process and outcomes. Through the University of Illinois at Chicago College of Nursing, the Defendants developed a quality review process, but it has been limited due to issues with CMHCs' submission of service plans for review. While sampling might be appropriate for some requirements, others — such as the service plan timeliness requirement — the Defendants should track all service plans. They must ensure there is a process to collect, analyze, and report data assessing the inclusion of required content and the timeliness of completing service plans across all Colbert providers.
3) Improve linkage to employment supports and services, including Individualized Placement and Support and a program for employing people with physical disabilities.	There has historically been very low uptake of employment-related supports and services among Class Members. The Defendants should develop a broader strategy — in partnership with the Division of Rehabilitation Services and other relevant state agencies and stakeholders — to facilitate greater access to these supports by Class Members with psychiatric and/or physical disabilities. Further, given concerns among many individuals with disabilities about their ability to both work and retain needed benefits (e.g., Supplemental Security Income), these supports should include benefits planners and specialists who can educate Class Members on how to balance their needs for financial stability and health insurance with their employment pursuits.

[33] This recommendation was previously provided via the *Colbert v. Rauner* Court Monitor FY2017 Compliance Assessment Annual Report to the Court (p. 54).

Section VI. Transitions

The Colbert Consent Decree's central purpose is to transition appropriate Class Members — who choose to — into the community, creating a pathway for them to rejoin and fully participate in society. As such, the Updated Cost Neutral Plan includes a numeric requirement of 850 Class Member transitions during FY2019.[34] This requirement is often viewed as one of the most important, or at least the most visible, indicator of compliance. Success or failure to achieve the required number of transitions signals the Defendants' ability to effectively reach and identify appropriate Class Members, prepare for and effectuate their transitions, and, at the systems-level, move toward rebalancing the mental health and other disability services systems away from institutional-based and restrictive care settings to community-based services, supports, and housing.

Transitions are effectuated by nine contractor agencies which are each assigned numeric targets for expected transitions that, when totaled, add up to the overall FY2019 transition requirement. Requirements in this domain include:

- Offer all Class Members timely transition/placement into the community (Requirement 26);
- Transition 850 Class Members within FY2019 (Requirement 27);
- Utilize permanent supportive housing for all Class Members, except for those who have Dementia or other cognitive impairments, require skilled nursing care, or are a danger to themselves or others (Requirement 28);
- Utilize buildings where fewer than 25% of all tenants have a mental illness (Requirement 29);
- Hold housing units available by paying rent for Class Members who are temporarily hospitalized (Requirement 30);
- Ensure Class Members amid transition receive added support and are not left without options when nursing facilities close or if they are discharged during the transition process (Requirement 31); and
- Take measures to prevent, protect, and provide recourse in instances of retaliation by nursing facility staff as Class Members consider or elect nursing home alternatives (Requirement 32).

The Defendants also have 38 additional requirements related to transitions, per their inclusion in the FY2019 Implementation Plan. These requirements fall under areas such as the development and distribution of data dashboards to track provider transition performance; the establishment and regular convening of a Circumstances Affecting Seamless Transition (CAST) process; review and analysis of community-based critical incidents and mortalities; the development of resources to help Class Members access benefits and other income to support community transition; and the implementation of new features within the housing match system (i.e., Statewide Referral Network) to link Class Members with accessible units.

[34] For the first half of FY2019, 400 transitions were required, with another 450 transitions required during the second half of the fiscal year, for a total of 850.

While assessing performance across all transition-related requirements is relevant, it is important to report that during FY2019, the Defendants failed to transition the 850 Class Members required by the Court in the Updated Cost Neutral Plan. However, the Defendants achieved only 312 transitions, representing a 37% performance outcome. This outcome reflects the Defendants' worst transition performance since CY2013, the first year of full Colbert Consent Decree implementation.

Transition-Related Requirements: FY2019 Compliance Assessments
As displayed in Figure 20, the Defendants are in compliance with 26 of the transition-related requirements, in partial compliance with six requirements, and out-of-compliance for 14 requirements.

Figure 20. Synopsis of FY2019 Compliance Assessments for Transition-Related Colbert Consent Decree, Updated Cost Neutral Plan (UCNP), and Implementation Plan Requirements

Consent Decree and UCNP Requirements (8)	In Compliance➔	2	Partial Compliance➔	2	Out-of-Compliance➔	4
Implementation Plan Requirements (38)	In Compliance➔	24	Partial Compliance➔	4	Out-of-Compliance➔	10
Total Requirements (46)	In Compliance➔	26	Partial Compliance➔	6	Out-of-Compliance➔	14

Figure 21 contains the language of each transition-related requirement in the Colbert Consent Decree, Cost Neutral Plans (original and updated), and FY2019 Implementation Plan, along with the Court Monitor's compliance ratings. Figure 21 also contains rating for the first half of FY2018 to demonstrate whether compliance improved or worsened since the last compliance period. For the eight requirements that apply to both periods, the Defendants' performance has decreased, with compliance worsening on three requirements and improving on another.

Figure 21. Compliance Assessment Ratings for Transition-Related Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan (IP) Requirements				
Req #	Source/ Citation	Colbert Consent Decree, Cost Neutral Plan, or IP Requirement Language	Court Monitor Compliance Assessment Ratings	
			First-Half CY2018	FY2019
Compliance Domain: Transition-Related Requirements				
24a	*Consent Decree Section VI(C)(6)*	*Subject to the approval of and consistent with the Cost Neutral Plan described above, by the end of the third year following the finalization of the Implementation Plan, Defendants shall have created a Community Transition Schedule that lists all Class Members living in Nursing Facilities as of that date who do not oppose moving to a Community-Based Setting. (Referred to as Req. 42 in CY2017 Report.)*	**N/A**	**N/A**
24b	*Cost Neutral Plan (2016) Section F*	*By December 30, 2016, Defendants shall create a Transition Activity Schedule (Schedule), including Class Members from the November 10, 2016, list that includes Class Members who do not oppose moving to a Community-Based Setting. The initial Schedule shall include at least 150 Class Members (excluding Class Members not yet transitioned but who are in the housing queue on December 30, 2016). (Referred to as Req. 28 in CY2017 Report.)*	**N/A**	**N/A**
24c	Cost Neutral Plan (2018) Section C	By April 22, 2018, Defendants shall create a Transition Activity Schedule (Schedule), including Class Members on the April 15, 2018 Master Class Member List, that includes Class Members who do not oppose moving to a Community-Based Setting.	**In Compliance**	**N/A**
25a	*Cost Neutral Plan (2016) Section C*	*At least every six months following the creation of the Schedule, Defendants, through the outreach efforts described in Paragraph B and in the Implementation Plan set forth in Paragraph H, shall identify and add to the Schedule at least 1,000 Class Members who do not oppose moving to a Community-Based Setting. (Referred to as Req. 29 in CY2017 Report.)*	**N/A**	**In Compliance**
25b	Updated Cost Neutral Plan (2018) Section C	The initial Schedule shall include at least 300 Class Members (excluding Class Members not yet transitioned but who are in the housing queue on March 1, 2018).	**In Compliance**	**N/A**

26a	*Consent Decree Section VI(C)(6)*	*Defendants shall ensure that Class Members listed on the Community Transition Schedule will move to appropriate Community-Based Settings at a reasonable pace, with selection prioritized by the Class Member's urgency of need for Community- Based Services or placement in a Community-Based Settings, the length of time that has passed since the Class Member was placed on the Community Transition Schedule, geographical considerations and other appropriate factors. (Referred to as Req. 37 in CY2017 Report.)*	**N/A**	**N/A**
26b	*Cost Neutral Plan (2016) Section C*	*Defendants shall ensure that Class Members on the Schedule will be moved to appropriate Community- Based settings according to the time frames detailed in Paragraph F herein. Placements will be prioritized based on their urgency of need for Community-Based Services or placement in a Community-Based Setting, the length of time that the Class Member has resided in a Nursing Facility, geographical considerations, and other appropriate factors. (Referred to as Req. 30 in CY2017 Report.)*	**N/A**	**N/A**
26c	Updated Cost Neutral Plan (2018) Section C	Defendants shall ensure that Class Members on the Schedule will be moved to appropriate Community- Based Settings according to the timeframes detailed in Paragraph F herein. Placements will be prioritized based on their urgency of need for Community-Based Services or placement in a Community-Based Setting, the length of time that the Class Member has resided in a Nursing Facility, geographical considerations, and other appropriate factors.	**Out-of-Compliance**	**Out-of-Compliance**
27a	*Consent Decree Section VI(C)(1)*	*By the end of the first year following the finalization of the Implementation Plan, Defendants will have moved to Community-Based Setting 300 Class Members who desire to live in Community-Based Settings and who have received an Evaluation and a Service Plan. (Referred to as Req. 38 in CY2017 Report.)*	**N/A**	**N/A**

27b	*Consent Decree Section VI(C)(2)*	*By the end of the second year following the finalization of the Implementation Plan, Defendants will have moved to a Community-Based Setting 800 Class Members who desire to live in Community- Based Settings and who have received an Evaluation and a Service Plan. (Referred to as Req. 39 in CY2017 Report.)*	**N/A**	**N/A**
27c	*Consent Decree Section VI(C)(3)*	*By the end of the thirtieth month following the finalization of the Implementation Plan, Defendants will have moved to a Community-Based Setting 1,100 Class Members who desire to live in Community-Based Settings and who have received an Evaluation and a Service Plan. (Referred to as Req. 40 in CY2017 Report.)*	**N/A**	**N/A**
27d	*Cost Neutral Plan (2016) Section F*	*Defendants will transition 250 additional Class Members to appropriate Community-Based Settings by June 30, 2017, and 300 additional Class Members by December 31, 2017. During the second quarter of 2017, the Parties and the Monitor shall discuss the proposals made by the consultant pursuant to his/her review outlined in paragraph I. (Referred to as Req. 31 in CY2017 Report.)*	**N/A**	**N/A**
27e	Updated Cost Neutral Plan (2018) Section F	Defendants will transition an additional 300 Class Members to appropriate Community-Based Settings between January 1 and June 30, 2018 (second half of FY2018), 400 additional Class Members by December 31, 2018 (first half of FY2019), an additional 450 Class Members by June 30, 2019 (second half of FY2019), and an additional 450 Class Members by December 31, 2019 (first half of FY2020). Until June 30, 2018, Defendants will continue to operate under the current Implementation Plan and will transition a sufficient number of Class Members to Community-Based Settings to comply with the Order Granting Agreed Motion to Amend Consent Decree dated December 1, 2015, Paragraph C.3.	**Out-of-Compliance**	**Out-of-Compliance**

28	Consent Decree Section VI(D)(3)	For Class Members with Mental Illness, PSH or Private Residence chosen by the Class Member shall be considered most integrated Community- Based Setting appropriate for Class Members except that for any Class Members with Mental Illness (i) who have been determined by a physician not affiliated with a Nursing Facility to have a condition such as severe dementia or other severe cognitive impairments requiring such a high level of staffing to assist with activities of daily living or self- care management and that they cannot effectively be served in PSH or Private Residence, (ii) who have medical needs requiring such a high level of skilled nursing care that they cannot effectively be served in PSH or a Private Residence, or (iii) who present an imminent danger to themselves or others, the Qualified Professional will determine, through the Evaluation process, the most integrated setting appropriate. *(Referred to as Req. 32 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
29	Consent Decree Section VI(B)(2)	If there has been a determination that a Class Member will be transitioning to PSH, PSH options must include one or more appropriate buildings in which fewer than 25 percent of the building's units are occupied by persons known by the Defendants to have disabilities. *(Referred to as Req. 33 in CY2017 Report.)*	**In Compliance**	**Partial Compliance**
30	Consent Decree Section VI(D)(1)	And shall take appropriate measures to keep their housing available in the event they are placed in a hospital, Nursing Facility, or other treatment facility up to 60 days. *(Referred to as Req. 34 in CY2017 Report.)*	**In Compliance**	**Partial Compliance**

31	Consent Decree Section VIII(E)	In the event that any Nursing Facility seeks to discharge any Class Member before a Community- Based Settings is available, including but not limited to, circumstances in which a Nursing Facility owner decides to close the Nursing Facility, Defendants shall take appropriate and necessary actions to ensure that such Class Members are not left without appropriate housing options based on their preferences, strengths and needs. *(Referred to as Req. 35 in CY2017 Report.)*	**In Compliance**	**Out-of-Compliance**
32	Consent Decree Section VI(D)(2)	Defendants shall take all necessary and reasonable measures to protect Class Members from being pressured not to consider appropriate alternatives to Nursing Facilities or from being subjected to retaliation in any form by Nursing Facilities for seeking alternatives to Nursing Facilities. *(Referred to as Req. 36 in CY2017 Report.)*	**Partial Compliance**	**In Compliance**
33a	Updated Cost Neutral Plan (2018) Section F	*Prior to December 31, 2018, the Parties and the Monitor shall agree upon a reasonable pace for moving all Class Members determined appropriate for transition to Community-Based Settings beginning in January 2019, and such pace shall be presented in an addendum to this Plan to be filed with the Court. If the Parties cannot agree about what constitutes a reasonable pace, the issue will be presented for the Court for resolution. (Referred to as Req. 45 in CY2017 Report.)*	**N/A**	**N/A**
33b	*Cost Neutral Plan (2016) Section F*	*Prior to December 31, 2020, the Parties and the Monitor shall agree upon a reasonable pace for moving all Class Members determined appropriate for transition to Community-Based Settings beginning January 2021, and such pace shall be presented in an addendum to this Plan to be filed with the Court. If the Parties cannot agree about what constitutes a reasonable pace, the issue will be presented to the Court for resolution.*	**N/A**	**N/A**

34a	*Cost Neutral Plan (2016) Section F*	*Benchmarks for transitions in calendar 2018 and 2019 shall be determined by the Parties in conjunction with the Monitor or the Court if the Parties are unable to agree based on the Monitor's findings and systemic enhancements made as a result thereof. (Referred to as Req. 44 in CY2017 Report.)*	**N/A**	**N/A**
34b	*Updated Cost Neutral Plan (2018) Section F*	*Benchmarks for transitions for the remainder of FY2020 and FY2021 shall be determined by the Parties in conjunction with the Monitor or the Court if the Parties are unable to agree based on the Monitor's findings and systemic enhancements made as a result thereof.*	**N/A**	**N/A**
35	*Consent Decree Section VI(C)(5)*	*If the Defendants, Monitor and Counsel for Class Plaintiffs are unable, for any reason, to agree on a Cost Neutral Plan as described above at the 30th month after finalization of the Implementation Plan, Defendants and Counsel for Class Plaintiffs shall each file a proposed Cost Neutral Plan with the Court not later than 31 months after finalization of the Implementation Plan. The Court will set appropriate schedules and proceedings to determine the Cost Neutral Plan to be effected. (Referred to as Req. 46 in CY2017 Report.)*	**N/A**	**N/A**
36	*Updated Cost Neutral Plan (2018) Section F*	*During the fourth quarter of calendar year 2018, the Parties and the Monitor shall discuss the proposals made by the consultant and the Monitor pursuant to paragraph I.*	**N/A**	**N/A**
IP87	FY2019 Implementation Plan	On an ongoing basis, work with providers to evaluate expanding resources and emphasize the expectation regarding timely reporting [on transitions].	**N/A**	**Partial Compliance**
IP88	FY2019 Implementation Plan	On an ongoing basis, review provider progress toward meeting transition goals during weekly teleconferences.	**N/A**	**In Compliance**
IP89	FY2019 Implementation Plan	On a monthly basis, distribute integrated performance dashboards to all Colbert providers for transparency.	**N/A**	**In Compliance**
IP90	FY2019 Implementation Plan	On a quarterly basis, meet with Colbert provider executives to review individual agency projections and performance.	**N/A**	**Out-of-Compliance**
IP91	FY2019 Implementation Plan	By 9/30/19, prepare a list of commitments to take additional steps in response to the discussions with the providers so as to assist the providers in meeting their transition requirements.	**N/A**	**Out-of-Compliance**

IP92	FY2019 Implementation Plan	On a quarterly basis, identify and track timeframes associated with transitioning Class Members into the community.	**N/A**	**In Compliance**
IP93	FY2019 Implementation Plan	By 8/30/18, review current transportation reimbursement methods to determine how to best realign and draft policy.	**N/A**	**In Compliance**
IP94	FY2019 Implementation Plan	By 9/30/18, meet to ascertain how to best align practices for repeat transitions and allocation of transition funds (if feasible), and to develop accompanying policy.	**N/A**	**In Compliance**
IP95	FY2019 Implementation Plan	On an ongoing basis, track and evaluate data regarding the three criteria for not using PSH to determine any trending activity.	**N/A**	**Out-of-Compliance**
IP96	FY2019 Implementation Plan	By 9/30/18, develop protocols for review of CAST Class Members who are unlikely to transition for the reasons specified in Section VI.A.7 or Section VI.D.3 of the Consent Decree.	**N/A**	**In Compliance**
IP97	FY2019 Implementation Plan	By 9/30/18, develop protocols to remove a Class Members from the CAST list because the Class refused reassessment, declined recommended housing options, was unable to be located or discharged from the Nursing Facility, reassigned to another agency based upon the CMs needs, request or geographical preferences or a reassessment does not recommend transition.	**N/A**	**In Compliance**
IP98	FY2019 Implementation Plan	By 9/30/18, draft policy addressing Class Members' present inability to secure income.	**N/A**	**Out-of-Compliance**
IP99	FY2019 Implementation Plan	By 9/30/18, establish a format for Colbert providers to present rationale for CAST determination.	**N/A**	**In Compliance**
IP100	FY2019 Implementation Plan	By 9/30/18, establish format for the outcomes of the [CAST] review.	**N/A**	**In Compliance**
IP101	FY2019 Implementation Plan	By 9/30/18, identify CAST Class Members from FY2015 through 8/30/18 and request documentation from Colbert providers.	**N/A**	**In Compliance**
IP102	FY2019 Implementation Plan	By 10/30/18, implement policy addressing Class Members' present inability to secure income.	**N/A**	**Out-of-Compliance**
IP103	FY2019 Implementation Plan	By 10/30/18, implement new formats for CAST determination rationale and the outcomes of the review.	**N/A**	**In Compliance**
IP104	FY2019 Implementation Plan	By 12/1/18, engage APN and other CAST clinical review team members.	**N/A**	**In Compliance**

IP105	FY2019 Implementation Plan	By 12/31/18 and ongoing, conduct CAST reviews.	N/A	In Compliance
IP106	FY2019 Implementation Plan	By 1/1/19, implement review meetings for CAST Class Members.	N/A	In Compliance
IP107	FY2019 Implementation Plan	On a weekly basis, schedule and facilitate Incident Report Review calls.	N/A	In Compliance
IP108	FY2019 Implementation Plan	On a weekly basis, provide feedback on the incident and recommendations for Service Plans of Care during call.	N/A	In Compliance
IP109	FY2019 Implementation Plan	On a weekly basis, complete and submit summaries of the call to the Colbert providers and IDoA.	N/A	In Compliance
IP110	FY2019 Implementation Plan	On a monthly basis, provide reports to IDoA on incident report data, including numbers of reports per Class Members in the community, types of incidents and number of review calls conducted.	N/A	In Compliance
IP111	FY2019 Implementation Plan	On 9/30/18 and 3/31/19, submit semi-annual summary of incidents for review of trends and patterns by IDoA and Colbert Quality Assurance Committee.	N/A	In Compliance
IP112	FY2019 Implementation Plan	On an ongoing basis, implement policy change and training [related to incident data] as needed based upon results of the summary reports.	N/A	Out-of-Compliance
IP113	FY2019 Implementation Plan	On an ongoing basis, conduct root cause analysis of the death, which include interviews with Colbert Provider staff, and reviews of assessments, case notes, Service Plans of Care, other clinical documentation, Medicaid claims, and available autopsy reports.	N/A	In Compliance
IP114	FY2019 Implementation Plan	On an ongoing basis, prepare and submit written reports of mortality review findings to IDoA and the relevant Colbert Providers.	N/A	In Compliance
IP115	FY2019 Implementation Plan	On a monthly basis, facilitate monthly Mortality Review calls with IDoA and the Colbert Provider staff.	N/A	In Compliance
IP116	FY2019 Implementation Plan	On an annual basis, provide an annual summary of mortalities to identify trends and patterns and inform policy development and training.	N/A	In Compliance
IP117	FY2019 Implementation Plan	On an ongoing basis, implement policy change and training [related to mortality data] as needed based upon results of summary reports.	N/A	Out-of-Compliance
IP118	FY2019 Implementation Plan	By 7/31/18, communicate with DHS/DMH regarding SOAR training under the Williams Consent Decree.	N/A	Partial Compliance

IP119	FY2019 Implementation Plan	By 8/31/18, engage with Executive Director of NAMI with the goal of entering into a contract similar to DMH's contract with NAMI for SOAR training.	**N/A**	**Partial Compliance**
IP120	FY2019 Implementation Plan	By 9/30/18, engage with Housing Locators to determine if it is feasible to move forward with SOAR training.	**N/A**	**Partial Compliance**
IP121	FY2019 Implementation Plan	On an ongoing basis, review of all steps in the housing process, including required inspections, to assure that delays are addressed and responsibilities for each step are clearly acknowledged.	**N/A**	**Out-of-Compliance**
IP122	FY2019 Implementation Plan	By 6/30/19, connect 50 Class Members with appropriate accessibility features to available SRN and 811 accessible units.		**Out-of-Compliance**
IP123	FY2019 Implementation Plan	By 7/1/18, roll out new features with [SRN] training.		**In Compliance**
IP124	FY2019 Implementation Plan	On a quarterly basis, provide training to Colbert Providers seeking housing for individuals needing reasonable accommodations.		**Out-of-Compliance**

<u>In Compliance Ratings</u>

Requirement 25, Transition activity schedule. The Defendants remained in compliance with the development of a transition activity schedule, placing 2,702 Class Members on the required schedule when only 2,000 were required. As such, they are found in compliance with this requirement.

Requirement 32, Addressing nursing facility staff retaliation. The Defendants have demonstrated — via their informed consent process that reached 95% of those Class Members who agreed to evaluation — that Class Members were informed of their rights and recourses if they felt that they were pressured or subject to retaliation on the part of nursing home staff or others. The Defendants reported that during FY2019 there was only one instance of retaliation reported, which was later deemed unfounded. The Defendants are found in compliance.

IP88 and 89, Meetings with providers, including monthly distribution of performance dashboards. The Defendants demonstrated that they regularly reviewed performance and shared integrated performance dashboards with providers on a monthly basis. They are assessed as in compliance for this requirement.

IP92, Track transition timeframes. The Defendants indicated that they tracked and analyzed various data points pertaining to transition, including timeframes between recommendation for transition to ultimate transition. They provide this data in their semi-annual reports, which demonstrates their semi-annual tracking and analysis of this information; therefore, it is logical to assume that they likely track this data on a quarterly basis. As such, they are found in compliance.

IP93, Review transportation reimbursement methods. The Defendants designed and implemented an incentive payment model for transition providers, which provide incentive payments for specific transition milestones. The Defendants contend that these payments are adequate and flexible enough to cover Class Member transportation costs. The Court Monitor does recall being informed by the Defendants and several providers that transportation-related funding issues had been resolved. As such, they are found in compliance with this requirement.

IP94, Develop policy for Class Members with repeat transitions. For Class Members who transition more than once because they returned to a nursing facility after a previous transition, the Colbert program adopted the Williams policy that transition funds. As such, they are found in compliance.

IP96, Develop protocols for reviews of Class Members on Circumstance Affecting Seamless Transition (CAST) list with specific conditions rendering them unlikely to transition and Class Member removal from Class list. After a Class Member is approved for transition and referred to a transition provider, those providers can identify Class Members who – in their view – have social, medical, or psychiatric complexities that should prevent or delay their transition process. Then, an independent review panel can either uphold or refute the transition provider's recommendation. The Defendants indicated that they created these policies in late 2018 and early 2019, respectively. They are found in compliance with these requirements.

IP99, 100, 101, and 103, Establish and implement new processes relative to CAST. The Defendants implemented a new CAST process in January 2019, identifying and reviewing Class Members who, according to transition providers, had social, medical, or psychiatric complexities that should prevent or delay their transition process. As such, they are assessed as in compliance.

IP104, 105, 106, Engage CAST review committee members, conduct reviews, and implement review meetings. A new CAST process began on January 1, 2019. They are found in compliance.

IP107, 108, 109, Hold weekly incident review calls, provide feedback and recommendations, and submit summaries. Critical incident reports reflect any actual or alleged events or situations that create significant risk for substantial or serious harm to the physical or mental health, safety, or wellbeing of Class Members.[35] On a monthly basis, the Defendants collect the count of specific types of critical incidents reported by community providers, including suicide attempts and completions; deaths; incidents of abuse, neglect, and/or maltreatment; and other critical incident types.[36] The Defendants indicated that

[35] Critical Incident Reporting Policy, North Dakota Department of Human Services, found at https://www.nd.gov/dhs/info/pubs/mfp/docs/critical-incidents-reporting-policy.pdf.
[36] A summary of FY2019 critical incident data can be found in Section X within this report.

during FY2019, incident review calls occurred twice a week, wherein feedback was provided to Colbert providers regarding corrective action steps to remedy or prevent future incidents. The University of Illinois at Chicago College of Nursing Attendees provided summaries after each call. As such, the Defendants are found in compliance with these requirements.

IP110 and 111, Produce monthly summary report and semi-annual trends analysis report relative to critical incidents. The University of Illinois at Chicago College of Nursing completed a monthly summary report of critical incidents, which included trends analysis, satisfying both requirements. The Defendants are found in compliance with this requirement.

IP113, 114, 115, Root cause analysis, monthly mortality review reports and calls. Through the University of Illinois at Chicago College of Nursing, the Defendants implemented a mortality review process that included a root cause analysis of Class Member mortalities (limited to those Class Members who died within the first 12-months post-transition). They also hosted calls with providers to discuss findings and developed reports.[37]

IP116, Mortality review trends analysis report. The University of Illinois at Chicago College of Nursing compiled a trends analysis report to synthesize and summarize key themes across Colbert mortality data and information. As such, the Defendants are assigned an in compliance rating for this requirement.

IP122 and 123, Connect 50 Class Members via the Statewide Referral Network (SRN) to accessible housing and roll out new accessibility features. Accessible housing refers to the construction or modification of housing to enable independent living for persons with disabilities. It is often achieved through architectural design, but also by integrating accessibility features such as modified furniture, shelves and cupboards, or even electronic devices in the home. The Defendants provided evidence that they linked 52 Class Members to accessible housing units through the State Referral Network[38] and trained housing locators and other staff on new features. As such, they are found in compliance.

Partial Compliance Ratings

Requirement 29, Disability segregation rule. The Defendants have historically demonstrated compliance in their use of Permanent Supportive Housing (PSH) buildings that follow the rule that no more than 25% of residents are known to have disabilities. While the Defendants cannot collect information on the disability status of every resident in scattered-site buildings that house Colbert Class

[37] A summary of FY2019 Class Member mortality data can be found in Section X within this report.

[38] The Statewide Referral Network (SRN) is an online system that identifies units available for certain vulnerable populations, prioritizing Class Members. It is designed for households earning at or below 30% of the Area Median Income with a head of household who has a disability or illness, including but not limited to, a physical, developmental or mental limitation, substance abuse disorder, HIV/AIDS, or is homeless or at risk of homelessness.

Members together with other individuals, they did collect information on the number of Class Members residing in each building and demonstrated compliance. However, in the second-half of FY2019, the Defendants indicated that, due to staffing issues, they did not collect data on this requirement. For the first half of the fiscal year, of the 19 buildings that Class Members reside in, none exceeded the 25% thresholds. Since they were only able to provide data for half of the fiscal year in this area, they are assigned a partial compliance rating.

Requirement 30, Retention of PSH units during hospitalization. The Defendants are required to retain continued residence for Class Members in PSH units who experienced short-term hospitalizations. They provided rental support to 67 Class Members in this situation in FY2019, even extending support beyond the required 60 days to 90 days. The Defendants, however, indicated that – due to a staff departure – the data was likely incomplete, reporting only two circumstances of a Class Member needing his or her unit held in the second-half of the fiscal year. Given these data issues, the Defendants are assigned partial compliance.

IP87, Weekly transition teleconferences with transition providers. The Defendants held weekly calls with providers to discuss several areas of Consent Decree performance, including transitions. The Defendants reported that these calls began in the third quarter of FY2019 and are found in partial compliance.

IP118, 119, and 120, Take steps to expand SSI/SSDI Outreach, Access, and Recovery (SOAR).[39] While the Defendants did meet with DHS/DMH, NAMI, and the housing locators to discuss SOAR, the Court Monitor can only assign a partial compliance rating. Even though the SOAR's need is undeniable, the Defendants reported that, "the Colbert SOAR needs were not aligned with NAMI goals" and that no additional efforts to address the needs of Class Members who needed additional income in order to transition.

Out-of-Compliance Ratings

Requirement 26, Timeliness of transitions. The Defendants report that the duration of time between a Class Members' agreement to evaluation and ultimate transition was 260 days for the first-half of the fiscal year and 325 days in the second-half of the fiscal year. Further, the duration of time between a Class Members' completed evaluation and transition was 180 days for the first-half of the fiscal year and 292 days in the second-half of the fiscal year. While there is no specific duration of time identified in the Consent Decree for transition, these figures represent protracted delays between evaluation and transition, with a significant drop between the two six-month periods within FY2019. Given these protracted delays within the transition process, the Defendants are found out-of-compliance.

[39] SAMHSA's SOAR program increases access to Social Security disability benefits – often expediting the process for eligible children and adults who have a serious mental illness, medical impairment, and/or co-occurring substance use disorder.

Requirement 27, Numeric transition requirement. The Defendants failed to transition the 850 Class Members required by the Court in the Updated Cost Neutral Plan by a wide margin, effectuating only 312 transitions (37%).[40] This period reflects the Defendants' worst transition performance since CY2013, the first year of full Colbert Consent Decree implementation. As such, they are found out-of-compliance.

Requirements 28 and IP95, Ensuring and tracking exclusionary criteria is met prior to making non-permanent supportive housing (PSH) referrals. The Consent Decree requires that Class Members be referred to PSH, with exceptions granted only under three conditions: Dementia or other cognitive impairments, need for skilled nursing care, or danger to self or others. While 235 of the 312 transition Class Members (or 75%) were transitioned to PSH during this reporting period, which shows a significant reliance on PSH in accordance with the Consent Decree, the Defendants cannot provide data that categorizes Class Members placed in non-PSH settings based on these three exceptions.

The justifications provided to transition Class Members to non-PSH settings are outside of the three exceptions criteria in the Consent Decree, including meal support, medications compliance support, social support, daily wellness checks, and in-house mental health services. This area was indicated as a compliance issue in the Court Monitor's annual compliance report that applied to calendar year 2017. As such, they are found out-of-compliance.

Requirement 31, Transition support upon nursing facility closure or discharge. While the Defendants report that 195 Class Members were involuntarily discharged from nursing facilities in the second half of FY2019, it is unclear whether they were the transition process and whether the Defendants had processes in place to provide transition support despite their unexpected discharge. As such, they are found out-of-compliance for this requirement.

IP90, Quarterly meetings with Colbert provider executives on transition performance. The Defendants indicated that they met with provider executives during each quarter of FY2019 to review individual agency projections and performance, determine barriers to achieving performance goals, and discuss remediation of barriers. However, they were unable to provide supporting documents, upon request, to the Court Monitor to substantiate that these meetings took place. They are assigned an out-of-compliance rating.

IP91, Prepare list of commitments to assist in transitions. The Defendants reported that they developed lists of commitments for providers that help remedy barriers and gaps that undermine their transition performance, and that they shared these lists with the providers. However, they were unable to provide any supporting materials to demonstrate that these lists were developed or

[40] The Defendants report that there were 334 referrals made to transition providers in the second half of FY2019 alone, with 619 deemed "active" during that period.

disseminated to providers. They only provided a list of barriers identified by providers, not the potential solutions, investments, and strategies that the State committed to providers to address those issues. For this reason, they are assigned an out-of-compliance rating.

IP98 and 102, Policy to assist Class Members in securing income. Significant numbers of Class Members remain in nursing facilities solely because they do not have any income to support them if they transitioned to the community, despite being assessed as clinically and otherwise appropriate for transition. During FY2019, 228 Colbert Class Members transitions experienced holds due to his/her no income status. However, some — if not many of these Class Members — are suspected to be eligible for Social Security Insurance (SSI) or Social Security Disability Insurance (SSDI), thus reiterating the importance of the SOAR program, discussed earlier in this report. Despite this, the Defendants indicated that there remains no policy to address when Class Members do not have income, including referrals to SOAR. As such, they are found out-of-compliance.

IP112, Policy and training enhancements based on critical incident information. The Defendants indicated that the University of Illinois at Chicago College of Nursing facilitated trainings on complex conditions, substance use, medical conditions, and other areas related to critical incidents. However, they were unable to provide any documentary evidence that trainings were specifically linked to critical incident information. For this reason, they are assessed as out-of-compliance.

IP117, Policy and training enhancements based on mortality review information. The Defendants indicated in their semiannual reports that they intend to enhance trainings in FY2020, but provided no evidence of policy or training enhancements made in FY2019 that respond to key data and trends regarding Class Member mortality reviews. As such, they are found out-of-compliance.

IP121, Identify and remedy barriers in the housing process. The Defendants indicated that they addressed one barrier in the housing process: timely provision of transition funds to transition agencies. However, this remained an issue moving into FY2020 and the issue was not remedied. Further, despite their efforts regarding transition funds, what is needed — and required — is a comprehensive effort to study the numerous steps in the housing process, identify key barriers, and devise programmatic and policy solutions. As of the first day of FY2020, 430 Colbert Class Members were on housing-related holds for various reasons beyond the timely provision of transition funds. For example, in the second half of FY2019, only 107 of the 507 Class Members recommended for transition (21%) were referred to housing locators within 30 days of their transition approval disposition. As such, the Defendants are found out-of-compliance.

IP124, Quarterly reasonable accommodation trainings. The Defendants indicated that these trainings did not occur due to changes in the gubernatorial administration. This is an unacceptable justification, as key State staff remained during the transition, as did providers who could benefit from this training. The Defendants are assessed as out-of-compliance rating.

Court Monitor Recommendations for Achieving Compliance with Transition-Related Requirements

In Figure 22, the Court Monitor offers four priority recommendations for the Defendants' consideration pertaining to transitions. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to the transition domain.

Figure 22. FY2019 Transition-Related Priority Recommendations

Recommendation	Description
1) Engage Medicaid managed care organizations across the continuum.	Other than the managed care organizations (MCOs) contracted to provide transition support, Medicaid MCOs are largely and inexplicably absent from the facilitation of transition support and delivery of services for Class Members. This is despite the high percentage of Class Members participating in a Medicaid MCO plan within Illinois. MCOs have a tremendous role to play in long-term care systems rebalancing and incentivizing community-based supports and services, as well MCO care coordination functions to help people enter and navigate appropriate levels of care.
2) Investigate and remedy pipeline issues/remove barriers through dedicated resource development to strengthen timeliness from service plan to achieved transitions.[41]	While transitioning Class Members certainly entails a complex, multistep process, the Defendants' average an extremely lengthy timeline of more than nine months between evaluation and transition. They must develop strategies to increase transition timeliness by finalizing a thorough pipeline analysis and developing resources to address the issues identified in the analysis. In their FY2020 Implementation Plans, the Defendants committed to utilizing pipeline data and have begun to address numerous causes for bottlenecks, including transition delays due to housing search issues, low- or no-incomes, and attainment of durable medical equipment. These efforts should couple with mechanisms for greater provider accountability to understand and abide by acceptable timeframes for particular process steps in the transition pipeline.
3) Develop tracking mechanism to ensure that Class Members not referred to PSH meet Consent Decree PSH exception criteria.	The Defendants should develop a methodology to indicate whether those Class Members not referred to PSH or private residences meet the three conditions allowing exclusion or have chosen to live in a different type of residential setting. They should outline steps to develop the methodology, track this data, and ultimately demonstrate compliance.
4) Develop a policy and programming to address Class Member income issues.	Significant numbers of Class Members remain in nursing facilities solely because they do not have any income to support them if they transitioned to the community, despite being assessed as clinically and otherwise appropriate for transition. This is despite known and effective resources and approaches, like the SOAR program, benefits planner programs, and employment supports and services that can remedy Class Member income issues. The Defendants should fully consider these options and, in turn, develop a comprehensive plan.

[41] This recommendation was previously provided via the *Colbert v. Rauner* Court Monitor FY2017 Compliance Assessment Annual Report to the Court (p. 65).

Section VII. Community-Based Services and Housing Capacity Development

The Colbert Consent Decree issues a clear imperative that the Defendants must ensure the array and quantity of community-based services and housing needed to successfully transition appropriate Class Members from nursing facilities to community living. From the onset of Consent Decree implementation, the Parties, the Court Monitor, and other stakeholders have agreed that the current types and quantities of available services and housing in the community are insufficient to adequately support the number of required Class Member transitions. Yet, despite the Consent Decree requirement to develop a plan for developing housing and services capacity sufficient to meet the requirements of the Consent Decree, the Defendants continued to abrogate their responsibilities in this area during the entirety of FY2019. Little has been done over the years to devise and use a data-driven approach to systematically assess the adequacy of the current system, determine gaps, create a corresponding plan and budget to close these gaps, and implement the new plan.

Beyond the development of services and housing that specifically serve Class Members, the Colbert Consent Decree also provides an opportunity for Illinois to rebalance its behavioral health and physical disability services system by moving away from an over-reliance on more costly institutional care toward more use of lesser restrictive and less costly settings comprised of community-based, recovery-oriented, and person-centered services and housing.

The Consent Decree has four requirements within the community-based housing and services domain, centered on the identification and creation of needed services and housing and Class Member linkage to community-based services that address needs specified in their service plans. Further, there were 20 additional requirements contained in the FY2019 Implementation Plan centered on expanding housing resources, engaging Medicaid managed care organizations (MCOs) in expanding services, partnering with Federally Qualified Health Centers and hospital to strategize development, identifying national best practice service delivery models, and developing and implementing a services and housing capacity development plan. This domain also contains two historical requirements on the Court Monitor that are not applicable to the FY2019 compliance period.

Community Services and Housing Development-Related Compliance Requirements: FY2019 Compliance Assessment

As displayed in Figure 23, the Defendants were found in compliance with seven requirements, in partial compliance for three requirements, and out-of-compliance for 14 requirements in this domain.

Figure 23. Synopsis of FY2019 Compliance Assessments for Community-Based Services and Housing Capacity-Related Requirements						
Consent Decree Requirements (4)	In Compliance➔	0	Partial Compliance➔	0	Out-of-Compliance➔	4
Implementation Plan Requirements (20)	In Compliance➔	7	Partial Compliance➔	3	Out-of-Compliance➔	10
Total Requirements (24)	In Compliance➔	7	Partial Compliance➔	3	Out-of-Compliance➔	14

Figure 24 contains the language of each of this domain's requirements in the Colbert Consent Decree and Implementation Plan, along with the Court Monitor's compliance ratings. Figure 24 also contains FY2018 ratings to demonstrate whether compliance improved or worsened since the last compliance period. For the four requirements that apply to both periods, the Defendants' performance remained the same, with all requirements still out-of-compliance.

Figure 24. Compliance Assessment Ratings for Community-Based Services and Housing Capacity Development-Related Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plans (IP) Requirements				
Req #	Source/ Citation	Colbert Consent Decree, Cost Neutral Plan, or IP Requirement Language	Court Monitor Compliance Assessment Ratings	
			First-Half CY2018	FY2019
37	Cost Neutral Plan (2016) Section I	*The Defendants, within 30 days of the entry of this Cost Neutral Plan, shall take any and all necessary steps to amend the contract of the Monitor to allow him to hire, retain, and pay the consultant. (Referred to as Req. 47 in CY2017 Report.)*	N/A	N/A
38	Cost Neutral Plan (2016) Section I	*The Parties and the Monitor shall discuss the consultant's findings and incorporate the Monitor's recommendations based on those findings into or as an Amendment to the updated Implementation Plan. (Referred to as Req. 48 in CY2017 Report.)*	N/A	N/A
39	Cost Neutral Plan (2016) Section F	*During the second quarter of calendar year 2017, the Parties and the Monitor shall discuss the proposals made by the consultant pursuant to his/her review outlined in paragraph I. (Referred to as Req. 52 in CY2017 Report.)*	N/A	N/A

40a	*Cost Neutral Plan (2016) Section G*	*The Defendants' responsibility to continue development of an increasing community capacity necessary and appropriate to comply with the Consent Decree and this Plan shall continue under this Plan and shall incorporate and respond to findings by the Monitor and the consultant pursuant to Paragraph I herein. (Referred to as Req. 53 in CY2017 Report.)*	**N/A**	**N/A**
40b	Updated Cost Neutral Plan (2018) Section G	The Defendants' responsibility to continue development of an increasing Community Capacity necessary and appropriate to comply with the Consent Decree and this Plan shall continue under this Plan and shall incorporate and respond to findings by the Monitor and the consultant pursuant to paragraph I herein.	**Out-of-Compliance**	**Out-of-Compliance**
41	Consent Decree Section V	Defendants shall develop and implement necessary and sufficient measures, services, supports, and other resources, such as having service providers available for and able to locate affordable housing, to arrange for transition into Community-Based Settings, and to assist Class Members with accessing Community-Based Services, consistent with the choices of Class Members, to ensure that the Defendants will meet their obligations under the Decree and the Implementation Plan. Nothing in this Consent Decree shall reduce, impair or infringe on any rights or entitlements of any Class Members in any State program or in any Medicaid program. *(Referred to as Req. 54 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
42a	*Consent Decree Section VI(C)(6)*	*The Defendants shall identify or develop sufficient numbers of appropriate Community-Based Settings so that Class Members placed on the Community Transition Schedule will be able to move to appropriate Community-Based Settings as quickly as possible consistent with the Cost Neutral Plan. (Referred to as Req. 56 in CY2017 Report.)*	**N/A**	**N/A**

42b	*Cost Neutral Plan (2016) Section C*	*The Defendants shall identify or develop sufficient and appropriate Community-Based Settings and services so that Class Members placed on the Schedule will be able to move to appropriate Community-Based Settings in the time frames stated in this plan, or at a reasonable pace to be determined as set forth in Paragraph E below. (Referred to as Req. 55 in CY2017 Report.)*	**N/A**	**N/A**
42c	*Updated Cost Neutral Plan (2018) Section C*	The Defendants shall identify or develop appropriate Community-Based Settings and services so that Class Members placed on the Schedule will be able to move to appropriate Community-Based Settings in the time frames stated in this plan, or at a reasonable pace to be determined as set forth in paragraph F below.	**Out-of-Compliance**	**Out-of-Compliance**
43	Consent Decree Section VI(D)(1)	Defendants shall ensure that Class Members who move to a Community-Based Setting have access to all appropriate Community-Based Services, Transition Costs, Home Accessibility Adaptation Costs and/or Housing Assistance specified in their Service Plan. *(Referred to as Req. 57 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
IP125	FY2019 Implementation Plan	By Fall 2019, award CY2018 Low-Income Housing Tax Credit to successful applicants.	**N/A**	**In Compliance**
IP126	FY2019 Implementation Plan	By 3/31/19, process applications for the next Low-Income Housing Tax Credit funding round (CY2019).	**N/A**	**In Compliance**
IP127	FY2019 Implementation Plan	By 12/31/18, add 230 Section 811 rental subsidies.	**N/A**	**Partial Compliance**
IP128	FY2019 Implementation Plan	By 6/30/19, add 50 Section 811 rental subsidies.	**N/A**	**In Compliance**
IP129	FY2019 Implementation Plan	By 8/1/18, outreach to key contacts within the Medicaid MCO Health Plans to educate them about Consent Decree.	**N/A**	**In Compliance**
IP130	FY2019 Implementation Plan	Ongoing after 10/31/18, monitor and provide timely feedback for quality improvement or corrective action planning to providers regarding collaboration between Medicaid MCO Health Plans and Colbert MCOs, CMHCs and DRS Network, if necessary.	**N/A**	**In Compliance**

IP131	FY2019 Implementation Plan	On an as needed basis, provide periodic training of Medicaid MCO Health Plan providers of Medicaid updates and their role.	N/A	In Compliance
IP132	FY2019 Implementation Plan	By 12/15/18, identify gaps/barriers in services/resources and prioritize appropriate responses for possible solutions.	N/A	Out-of-Compliance
IP133	FY2019 Implementation Plan	By 1/15/19, develop service deliverables and negotiate with appropriate individuals/ providers.	N/A	Out-of-Compliance
IP134	FY2019 Implementation Plan	On an ongoing basis, reallocate monies for targeted capacity development, if possible.	N/A	Out-of-Compliance
IP135	FY2019 Implementation Plan	On a quarterly basis starting on 4/15/19, provide updates to the Court Monitor and Parties.	N/A	Out-of-Compliance
IP136	FY2019 Implementation Plan	On an ongoing basis, develop multi-year growth plan for Defendants.	N/A	Out-of-Compliance
IP137	FY2019 Implementation Plan	By 9/30/18, conclude meetings with Cook County FQHCs.	N/A	Out-of-Compliance
IP138	FY2019 Implementation Plan	By 10/15/18, report findings regarding meetings with FQHCs and develop strategy for next steps.	N/A	Out-of-Compliance
IP139	FY2019 Implementation Plan	By 8/31/18, conclude meetings with Cook County Health and Hospital Systems (CCHHS).	N/A	In Compliance
IP140	FY2019 Implementation Plan	By 9/30/18, report findings regarding meetings with CCHHS and develop strategy for next steps.	N/A	Out-of-Compliance
IP141	FY2019 Implementation Plan	By 7/31/18, identify and approach national health and behavioral health organization(s) for information regarding members and their service arrays.	N/A	Out-of-Compliance
IP142	FY2019 Implementation Plan	By 12/31/18, examine providers from other states and their processes for transitions.	N/A	Partial Compliance
IP143	FY2019 Implementation Plan	By 7/31/18, schedule a call with Mathematica – a research entity responsible for evaluation of the federal Money Follows the Person Program/Pathways to Community Living.	N/A	Partial Compliance
IP144	FY2019 Implementation Plan	On an ongoing basis, identify and request to attend conferences regarding Integrated Health Homes, Home and Community-Based Services and other topics relevant to the transitioning of individuals from institutions to Community-Based Settings.	N/A	Out-of-Compliance

Court Monitor Requirements				
CM1	Cost Neutral Plan (2016) Section I	*The Monitor, at the State's expense, with the input of the Defendants and Class Counsel, will retain an appropriate independent consultant (who will be solely chosen by, directly supervised by, report to, be directed by and solely responsible to the Monitor) to advise the Monitor on how the Defendants can develop Community Capacity sufficient to transition the required number of Class Members under the Consent Decree and the Cost Neutral Plan. The consultant will determine the current barriers to the Defendants' development of Community Capacity required to achieve compliance with the Consent Decree and the Cost Neutral Plan and to transition greater numbers of Class Members to Community-Based Settings in the future. (Referred to as Reqs. 49 and 50 in CY2017 Report.)*	**N/A**	**N/A**
CM2	Cost Neutral Plan (2016) Section I	*Within six months of the Court's approval of this Cost Neutral Plan Order, the Monitor will submit a proposal to the Defendants and Class Counsel which includes recommendations for addressing barriers to the development of Community Capacity and recommendations for substantially expanding Community Capacity in order to transition Class Members as required by the Consent Decree and the Cost Neutral Plan. (Referred to as Req. 51 in CY2017 Report.)*	**N/A**	**N/A**

The Defendants poor performance relative to many of this domain's interlocking requirements — centered on developing sufficient service and housing capacity to support transitions — all stem from one clear and consistent deficiency: their sustained refusal to produce a data-driven provider and housing capacity development plan. While some service capacity was added, small-scale, reactive, and uncoordinated efforts do not satisfy the requirements within the Consent Decree and Cost Neutral Plans to thoughtfully and deliberately ensure that the appropriate quality and quantity of community-based services are available. The Defendants did, however, create a geo-map to overlay nursing facility locations, service provider locations (e.g. Assertive Community Treatment and Community Support Teams), and known Class Member location preferences. After development of this geo-map, there was no meaningful use of the significant data available to drive capacity development efforts, including data from evaluations and service plans, Class Member demographics, service delivery, other states' best practices, Class Members awaiting transition, and provider capacity in specific geographic regions. It is critical that the Defendants follow through and complete these types of efforts.

Instead of developing and implementing a comprehensive and coordinated plan that uses Class Member needs and preferences data to inform targeted expansion of the appropriate types, mix, and quantity of community-based services and housing for current and future years, the Defendants limited their expansion to unsystematic and only partial additions to Assertive Community Treatment[42] (ACT) and Community Support Team[43] (CST) capacity, based on provider requests, and to annual investment in housing stock for multiple disability or at-risk populations — not targeted specifically to Class Members. These additions were untethered to a real needs assessment (e.g., the number of Class Members already in the community who need these services, the number of Class Members in the transition pipeline, the number of Class Members required to transition in that fiscal year, and the already known number of Class Members required to transition in the subsequent fiscal year). Further, the Defendants made no attempts to expand the availability of non-ACT or CST services that prove instrumental in transitioning Class Members — ranging from substance use disorder services, to occupational therapy, to community-based peer services.

And, even with these limited efforts, service and housing providers continue to report during FY2019 that ACT and CST services, as well as accessible housing needed for Class Members who were long ago recommended for transition, are in inadequate supply and thus prevent transitions. This is a clear and continued violation of the Consent Decree.

This piecemeal approach to capacity expansion comes at great cost to Class Members. For instance, as of the first day of FY2020 on July 1, 2019, the Statewide Referral Network (SRN) and Section 811 databases — the system used to match Class Members and other priority populations to housing units — had only 39 housing units available in Chicago. On that same date, 243 Class Members were in the Colbert housing queue.[44]

Notably, in late FY2019, after the change in administration, Pritzker administration leaders have taken steps to understand key pipeline issues, strengthen data analysis, and target/invest key resources to remedy pipeline issues. They also included the development of a housing and services capacity development plan in their FY2020 Implementation Plan, and as of the writing of this report, the plan has been submitted to the Court Monitor and the Parties.

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[42] Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness.

[43] Community Support Teams (CSTs) may serve as a step down for individuals transitioning from more intensive or restrictive levels of care, or for those with psychiatric hospitalizations/repeated detoxification incidence in the past 18 months who are at risk of out-of-home placement. It is provided to recipients to decrease hospitalizations and crisis episodes and increase community tenure/independent functioning; increase time working, in school, or with social contacts; and personal satisfaction and autonomy.

[44] Some Class Members transition into non-811 or SRN units, so the count of 811 and SRN units is not the sole indicator of housing availability in the Colbert program.

Further, while occurring after the FY2019 compliance period, the new administration also released a Request for Applications to encourage service providers to design a comprehensive, multi-phased approach to service delivery under the Consent Decree — designing a robust program that spans from outreach to Class Members in all Cook County nursing facilities to providing community-based services after Class Members are transitioned. This represents a major step forward not only with the Defendants acknowledging their responsibility to ensure that adequate community-based services are available in the community for Class Members, but to actually fund and oversee an expanded and more coordinated service and housing delivery program.

In Compliance Ratings

IP125 and 126, Low-Income Housing Tax Credit (LIHTC) housing development. The Defendants — through the Illinois Housing Development Authority[45] — issued awards for the CY2018 Low-Income Housing Tax Credit program in May of 2018 and received CY2019 applications in February of 2019. In this round of tax credits, 1,305 units were approved for development or rehab, with 417 in Chicago and 203 slated for inclusion in the Statewide Referral Network or Section 811 programs. As of 1/8/20, 145 of these units are actually available, with the others still in the development process; it is unclear how many of the 145 units are on the Statewide Referral Network or 811 programs and thus are prioritized to Class Members. The Defendants are found in compliance.

IP128, Section 811 subsidies for FY2020. The Defendants indicated that they made available an additional 50 Section 811 rental subsidies on May 17, 2019. In FY2019, 59 units were put online, while eight Class Members were housed in Section 811 units in FY2019. They are found in compliance with this requirement.

IP129, 130, 131, Medicaid Managed Care Organization (MCO) engagement. The Defendants increased their MCO engagement in FY2019, holding four webinars for Medicaid MCOs and hosting a joint Colbert provider and MCO meeting in 2019. While there remain significant questions and issues regarding the unclear role of MCOs in the Colbert transition and service delivery process, these engagement steps merit in compliance ratings for these three requirements.

IP139, Meeting with Cook County Health and Hospital Systems (CCHHS). The Cook County Health and Hospital Systems serves more than 500,000 individuals throughout Cook County, providing primary care and specialty services to those with complex medical conditions. The Defendants were required to meet with their leadership to determine the extent to which this highly regarded health system could support the delivery of services to Class Members. This meeting occurred on September 24, 2018 and thus the Defendants are found in compliance.

[45] The Illinois Housing Development Authority is not a named Defendant under the Colbert Consent Decree, but as the agency responsible for housing development, plays a vital role in the development of housing for Class Members.

Partial Compliance Ratings

IP142 and 143, Review of transition models from other states and their providers, and call with Mathematica. The Defendants are assigned a partial compliance rating because they reported that they reviewed models used in New York and Oregon to transition people with disabilities from institutional to community-based settings and examined research on community integration from Temple University. However, there was no indication (via a presentation, report, or discussion with the Court Monitor or the Parties) that this information was adequately explored and considered for application in Illinois (Cook County) context. Further, the Defendants were required to hold a call with a national research firm, Mathematica, to discuss national trends and themes related to the federal Money Follows the Person program for their application to augment Consent Decree compliance in Illinois under Colbert (and Williams). They are also found in partial compliance with this requirement because, while they technically began implementation of the requirement, the Defendants could not produce evidence of any real outputs or actions, not even any reporting or discussions, that occurred as a result.

IP127, Section 811 subsidies for mid-FY2019. The Defendants were required to add 230 Section 811 rental subsidies for housing units by December 31, 2018 in order for Class Members to benefit from accessing the housing via subsidy during the remainder of FY2019. While they added 282 Section 811 rental subsidies more than eight months past the deadline (added by August 16, 2019), increasing housing stock available for Class Members is an important accomplishment. As a fair balance between recognizing and valuing the progress balanced against accountability for significant lateness, Defendants are assigned a partial compliance rating here.

Out-of-Compliance Ratings

Requirements 40, 41, 42, and 43, Development of adequate community-based housing and services. For these four requirements in the domain the Defendants remain out-of-compliance. This is due to persistent issues that were raised in the previous Court Monitor reports and in several memoranda to the Defendants that addressed the lack of data-driven, cogent community-based housing and services plans; the continued neglect of serious consideration and implementation of hundreds of recommendations made by the previous and current Court Monitor, as well as consultants; and the placement of Class Members on various types of holds. Development and implementation of the required services and housing capacity plan could help remedy the situations of the hundreds of Class Members either placed on holds or stuck in the transition pipeline due to the inadequacy or insufficiency of needed services and housing.

IP132, 133, 134, Identify service gaps, expand services, and reallocate funding. In FY2019, there was no comprehensive process used by the Defendants to identify service gaps, make targeted investments in the requisite quantity and type of services, and make budget revisions to ensure optimal use of resources

to enhance the availability of services. While some piecemeal capacity expansion requests were honored (e.g., the addition of ACT and CST for three providers), this does not satisfy these requirements. In fact, the Court Monitor confronted the Defendants during several Large Parties meetings and other forums about the critical need for the gaps analysis and services and housing capacity plan and their continued outright refusal to take any meaningful steps toward compliance with these important requirements. The Defendants are found out-of-compliance with these requirements.

IP135, Quarterly updates to Court Monitor. Beyond the Large Parties' Meetings, there was no effort to update the Court Monitor on the development of community-based housing and services. In fact, questions regarding action to comply with the community-based service and housing expansion requirements were often redirected. While the Defendants indicated that the completion of the Colbert Request for Information process would allow the State to expand service capacity, months were wasted with what ended up being a purposely-meaningless process marked by a lack of transparency and obfuscations during communications with the Court Monitor and the Plaintiffs. The efforts resulted in no planned or actual additional service capacity for Colbert Class Members. As such, the Defendants are assigned an out-of-compliance rating.

IP136, Multi-year growth plan. The Defendants indicated that an ongoing multiyear growth plan discussion occurred during meetings between Department of Human Services and IDoA on synergies between the two (Colbert and Williams) Consent Decrees. However, the requirement was to develop a multiyear growth plan for the State that would identify needed resources for providers to come into compliance with the Consent Decree. The Defendants are found out-of-compliance with this requirement.

IP137, Meeting with federally qualified health centers (FQHCs). Increasing, Federally Qualified Health Centers (FQHCs) — often called community health centers — are moving beyond the provision of primary care to also provide forms of specialty care, including mental health and substance use disorder services. As such, in the context of identifying and developing additional service delivery partners for Class Members, the Defendants were required to meet with FQHCs to identify areas of potential partnership. The Defendants met with two FQHCs in FY2019 and attempted to schedule meetings with two others. However, given that there are dozens of FQHCs within Chicago alone, this does not constitute an adequate effort to determine how FQHCs can play a role in service provision to Class Members. As such, they are found out-of-compliance.

IP138, Federally qualified health center (FQHC) partnership strategy. As noted above, it appears that the Defendants only successfully engaged two FQHCs, but subsequently provided no evidence that a partnership strategy emerged or any other relevant progress was made. Thus, they are assigned an out-of-compliance rating.

IP140, Cook County Health and Hospital System (CCHHS) partnership strategy. The Defendants did not report any findings or identify any strategies based on the Cook County Health and Hospital System meetings, and their semiannual report indicated that further discussions were "put on hold." They are found out-of-compliance for this requirement.

IP141, Collaboration with national behavioral health organizations. There are many national behavioral health organizations that possess resources vis-à-vis Class Member service delivery, relevant research, policy guidance, best practices in other states, and other germane topics to Consent Decree planning and operations. Beyond a single call with Mathematica, there was no concerted effort to connect with and learn from national behavioral health organizations regarding Consent Decree planning, operations, service delivery, and compliance. They are found out-of-compliance.

IP144, Conference attendance. There have been many reports issued by the Court Monitors (both past and present), consultants, and others over the years that have pointed to significant training needs spanning motivational interviewing, ACT, best practices in serving people with co-occurring substance use challenges and physical health conditions, integrated care models, housing first models, using data to drive programmatic and policy decision-making, and other key areas. Despite this clear need — and this requirement in the FY2019 Implementation Plan — no Colbert staff attended any conferences beyond internal State trainings; as such, the Defendants are found out-of-compliance.

Court Monitor Recommendations for Achieving Compliance with Community-Based Services and Housing Development-Related Requirements

In Figure 25, the Court Monitor offers three priority recommendations for the Defendants' consideration pertaining to the development of community-based housing and services. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to this domain.

Figure 25. FY2019 Community-Based Services and Housing Development-Related Priority Recommendations	
Recommendation	**Description**
1) Develop a data-driven community provider and housing capacity plan.[46]	Several sets of Class Member-level data exist that can help identify and project the areas and quantities needed to expand community service provider and housing capacity. Despite the Defendants' access to existing datasets, their semiannual compliance reports, Implementation Plans, relevant information from Colbert evaluators and service and housing providers, or discussions with the Court Monitor reveal little evidence that the Defendants utilize Class Member-, program-, and system-level data to determine the specific types and numbers of services, supports, and housing investment(s) needed to support and sustain required Class Member transitions.
2) Connect with other states regarding their strategies to augment services and housing capacity to satisfy and exit Decrees.	There are several states that presently or in the past have been subject to mental health and disability-related Consent Decrees. These states possess resources vis-à-vis Class Member service delivery, relevant research, policy guidance, best practices, payment levers, and other germane topics to Consent Decree planning and operations. As such, the Defendants should confer with other state agency leadership to apprise themselves of these key and applicable lessons.
3) Identify housing need and take steps to facilitate greater housing availability, in partnership with the Illinois Housing Development Authority.	There is a known gap between existing housing units and what is needed to support Class Member transitions and tenure in the community. The State should identify the housing need, and subsequently actively fund and close the gap by making targeted investments and securing Class Member priority status for units.

[46] This recommendation was previously provided via the *Colbert v. Rauner* Court Monitor FY2017 Compliance Assessment Annual Report to the Court (p. 77).

Section VIII. Administrative Requirements

The Colbert Consent Decree also has requisites in several administrative areas, including reporting requirements for the Defendants and Court Monitor; procedures to provide the Court Monitor with unfettered access to Class Member, staff, and contractor data and information; and the Defendants' obligations to pay the Court Monitor, allow her to retain staff, and permit her to conduct unaccompanied interviews with Colbert staff and contractors.

In addition to the seven requirements on Consent Decree administration from the original Consent Decree, there were 39 requirements pursuant to the FY2019 Implementation Plan. These requirements center on the Defendants' obligations to convene a Guiding Coalition to oversee and advise on institutional care rebalancing work, including the Consent Decrees; commence Pre-Admission Screening and Resident Review (PASRR) reform activities; replicate a cost study; and operationally align the Colbert and Williams Consent Decree processes, among other important tasks.

Administrative Compliance Requirements: FY2019 Assessment
As displayed in Figure 26, the Defendants were found in compliance for 13 of the administrative-related requirements, in partial compliance for 15 requirements, and out-of-compliance for 18 requirements.

Figure 26. Synopsis of FY2019 Compliance Assessments for Administration-Related Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan Requirements

Consent Decree Requirements (7)	In Compliance➔	5	Partial Compliance➔	2	Out-of-Compliance➔	0
Implementation Plan Requirements (39)	In Compliance➔	8	Partial Compliance➔	13	Out-of-Compliance➔	18
Total Requirements (46)	In Compliance➔	13	Partial Compliance➔	15	Out-of-Compliance➔	18

Figure 27 contains the language of each administration-related requirement in the Colbert Consent Decree and Implementation Plan, along with the Court Monitor's compliance rating. Figure 27 also contains ratings for the first half of FY2018 to demonstrate whether compliance improved or worsened since the last compliance period. For the seven requirements that apply to both periods, the Defendants' performance worsened, with two requirements moving from in compliance ratings to partial compliance ratings, and the rest remaining stable.

Figure 27. Compliance Assessment Ratings for Administration-Related Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan (IP) Requirements				
Req #	**Source/ Citation**	**Colbert Consent Decree, Cost Neutral Plan, or IP Requirement Language**	**Court Monitor Compliance Assessment Ratings**	
			First-Half CY2018	**FY2019**
Compliance Domain: Administration-Related Requirements				
44	Consent Decree Section IX(C)	Defendants will not refuse any request by the Monitor for documents or other information that are reasonably related to the Monitor's review and evaluation of Defendant's compliance with the Decree, and Defendants will, upon reasonable notice, permit confidential interviews of Defendant's staff or consultants, except their *attorneys. (Referred to as Req. 58 in CY2017 Report.)*	**In Compliance**	**Partial Compliance**
45	Consent Decree Section IX(A)	*The Court will appoint an independent and impartial Monitor who is knowledgeable concerning the management and oversight of programs, including waiver programs that serve Individuals with Mental Illness and Physical Disabilities of all ages. The Parties shall attempt to agree on the selection of a Monitor to propose to the Court. If the Parties are unable to reach agreement, each party will nominate at least one person to serve as Monitor, and the Court will select the Monitor. Within 21 days of the Approval of the Decree, the Parties shall submit their joint recommendation or separate nominations for a Monitor to the Court. In the event the Monitor resigns or otherwise becomes unavailable, the process described above will be used to select a replacement. (Referred to as Req. 59 in CY2017 Report.)*	**N/A**	**N/A**

46	Consent Decree Section IX(C)	The Monitor shall review and evaluate the Defendants' compliance with the terms of the Decree. Not less than every six months, starting no later than three months after finalization of the Implementation Plan, Defendants shall provide the Monitor and Plaintiffs with detailed report containing data and information sufficient to evaluate Defendants' compliance with the Decree and progress toward achieving compliance, with Parties and Monitor agreeing in advance of the first report of the data and information that must be included in such report. *(Referred to as Req. 60 in CY2017 Report.)*	**In Compliance**	**In Compliance**
47	Consent Decree Section IX(C)	The Defendants shall comply with the Class Counsel's requests for information that are reasonably related to Defendants' compliance with Decree, including without limitation requests for records and other relevant documents pertinent to the implementation of the Decree or to Class Members. Class Counsel also shall be permitted to review the information provided to the Monitor. All information provided to the Monitor and/or Class Counsel pursuant to the Decree shall be provided subject to the Protective Order and any applicable HIPAA requirements. *(Referred to as Req. 61 in CY2017 Report.)*	**In Compliance**	**In Compliance**
48	Consent Decree Section IX(E)	The Monitor may hire staff as necessary to fulfill his or her duties under the Decree. Defendants shall compensate Monitor and his/her staff and consultants at their usual and customary rate; reimburse all reasonable expenses to the Monitor and the Monitor's staff; consistent with guidelines set forth in "Governor's Travel Control Board Travel Guide for State Employees." After negotiation, comment and a good faith attempt to resolve all differences, Defendants may seek relief from the Court if Defendants believe that any of the Monitor's charges is inappropriate or unreasonable. *(Referred to as Req. 62 in CY2017 Report.)*	**In Compliance**	**In Compliance**

49a	*Cost Neutral Plan (2016) Section J*	*All provisions of the Consent Decree and the current Implementation Plan not specifically changed or modified by this Cost Neutral Plan or the updated Implementation Plan described in paragraph H, shall remain in full force and effect. The Parties and the Monitor, after filing their reports, shall meet with the Court at least annually to discuss and report on their progress. (Referred to as Req. 64 in CY2017 Report.)*	**N/A**	**N/A**
49b	Updated Cost Neutral Plan (2018) Section J	All provisions of the Consent Decree and the current Implementation Plan not specifically changed or modified by this Updated Cost Neutral Plan shall remain in full force and effective. The Parties and the Court Monitor shall meet with the Court at least annually to discuss and report on their progress.	**In Compliance**	**In Compliance**
50	Consent Decree Section IX(C)	The Monitor will have access to all Class Members and their records and files, as well as to those service providers, facilities, buildings, and premises that serve, or are otherwise pertinent to, Class Members, where such access is reasonably related to the Monitor's review and evaluation of Defendants' compliance with the Decree. *(Referred to as Req. 66 in CY2017 Report.)*	**In Compliance**	**Partial Compliance**
51	Consent Decree Section XII(B)	The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants. *(Referred to as Req. 63 in CY2017 Report.)*	**In Compliance**	**In Compliance**
52	Consent Decree Section IX(C)	*Within 60 days of Approval of the Decree, Defendants shall offer each of the Class Representatives the opportunity to receive appropriate services in the most integrated setting appropriate to his or her needs. Provision of services to the Class Representatives pursuant to this paragraph shall not be used to determine any other individual's eligibility for services under the terms of this Decree. (Referred to as Req. 69 in CY2017 Report.)*	**N/A**	**N/A**

52	*Consent Decree Section X*	*Within 60 days of Approval of the Decree, Defendants shall offer each of the Class Representatives the opportunity to receive appropriate services in the most integrated setting appropriate to his or her needs. Provision of services to the Class Representatives pursuant to this paragraph shall not be used to determine any other individual's eligibility for services under the terms of this Decree. (Referred to as Req. 69 in CY2017 Report.)*	**N/A**	**N/A**
53	*Consent Decree Section XI(A)*	*In full settlement of all attorney fees and costs incurred in connection with the litigation, Defendants shall pay $1,200,000 to Class Counsel in three equal payments. Defendants shall make the first payment in State Fiscal Year 2012 (which begins in July 1, 2011), the second payment in State Fiscal Year 2013 (which begins July 1, 2012), and the third payment in State Fiscal Year 2014 (which begins July 1, 2013). All of the payments shall be distributed to Class Counsel in the manner set forth in written instructions provided by Class Counsel. Furthermore, such amounts shall be set forth in one or more Judgment Orders to be entered by the Court within 14 days after Approval of the Decree. Defendants shall complete and submit all paperwork necessary for the first payment, plus applicable statutory post-judgment interest within (a) five business days after expiration of the time to appeal the Decree without the filing of a Notice of Appeal, or after the issuance of the mandate by the highest reviewing court, whichever is later, or (b) April 1, 2012, whichever is later. Defendants shall complete and submit all paperwork necessary for the second payment no later than July 1, 2012 and the paperwork necessary for the third payment, no later than July 1, 2013. (Referred to as Req. 70 in CY2017 Report.)*	**N/A**	**N/A**

54	*Cost Neutral Plan (2016) Section K*	*Until the Consent Decree is terminated, the Court shall retain exclusive jurisdiction to fully oversee, supervise, modify and enforce the terms of the Consent Decree, the current and updated Implementation Plan and this Cost Neutral Plan. (Referred to as Req. 71 in CY2017 Report.)*	**N/A**	**N/A**
55	*Cost Neutral Plan (2016) Section K*	*Pursuant to Section XIII of the Consent Decree, the Parties, jointly or separately, may request termination of the monitoring process described in Section XIII of the Consent Decree, the Consent Decree, the updated Implementation Plan and this Cost Neutral Plan at any time after December 31, 2019, if the Monitor agrees that Defendants have substantially complied with the terms of the Consent Decree, the Implementation Plan and this Cost Neutral Plan. (Referred to as Req. 72 in CY2017 Report.)*	**N/A**	**N/A**
56	*Cost Neutral Plan (2016) Section K*	*Defendants shall notify Class Counsel in writing if they intend to seek termination of the Consent Decree. (Referred to as Req. 73 in CY2017 Report.)*	**N/A**	**N/A**
57	*Cost Neutral Plan (2016) Section K*	*Class Counsel shall have 120 days from receipt of the Termination Request to conduct reasonable discovery concerning issues relevant to the determination of compliance. If Class Counsel oppose the Termination Request, Class Counsel may file a response within 120 days from the date of receipt of all information reasonably requested from defendants in the conduct of discovery. (Referred to as Req. 74 in CY2017 Report.)*	**N/A**	**N/A**
58	*Cost Neutral Plan (2016) Section K*	*The Court may grant Defendants' Termination request if the Court finds that Defendants have substantially complied with the terms of the Consent Decree, and the Court determines that Defendants have implemented and are maintaining a system that complies with the Consent Decree, the Implementation Plan and this Cost Neutral Plan. (Referred to as Req. 75 in CY2017 Report.)*	**N/A**	**N/A**

59	*Cost Neutral Plan (2016) Section K*	*The Consent Decree, the Implementation Plan and this Cost Neutral Plan shall remain in effect, and the Court shall retain its jurisdiction over the Consent Decree, the Implementation Plan and this Cost Neutral Plan, until a final order is entered granting a Termination and all appellate rights have been exhausted. (Referred to as Req. 76 in CY2017 Report.)*	**N/A**	**N/A**
60	*Consent Decree Section XII(A)*	*Approval of this Decree shall be deemed to occur on the date of the Court enters the Decree. (Referred to as Req. 77 in CY2017 Report.)*	**N/A**	**N/A**
61	*Consent Decree Section XII(C)*	*Each undersigned representative of a Defendant to this litigation and the Attorney General for the State of Illinois certifies that he or she is authorized to enter into the terms and conditions of the Decree and to execute and bind legally such Defendant to this document. Each undersigned representative of Plaintiffs certifies that he or she is authorized to enter into the terms and conditions of the Decree and to execute and bind legally the Plaintiffs to his document. (Referred to as Req. 78 in CY2017 Report.)*	**N/A**	**N/A**
62	*Consent Decree Section XII(D)*	*Unless otherwise ordered by the Court, this Decree shall terminate at the earliest to the following: (1) as specified in the Parties' joint motion to terminate the Decree, as provided in Section VI.C.4, or (2) as specified in the Cost Neutral Plan approved by the Court. (Referred to as Req. 79 in CY2017 Report.)*	**N/A**	**N/A**
IP145	FY2019 Implementation Plan	Conduct mobilization and analysis of activities for Guiding Coalition.	**N/A**	**Out-of-Compliance**
IP146	FY2019 Implementation Plan	Form applicable workgroups.	**N/A**	**Out-of-Compliance**
IP147	FY2019 Implementation Plan	Commence stakeholder engagement.	**N/A**	**Out-of-Compliance**
IP148	FY2019 Implementation Plan	Provide periodic reports to Parties and Court Monitor.	**N/A**	**Out-of-Compliance**

IP149	FY2019 Implementation Plan	By 7/31/18, train designated program staff to read financial reports.	**N/A**	**In Compliance**
IP150	FY2019 Implementation Plan	On a monthly basis, collect and analyze [financial] data.	**N/A**	**Partial Compliance**
IP151	FY2019 Implementation Plan	Monthly beginning 8/1/18, track budgeted line item expenses.	**N/A**	**Partial Compliance**
IP152	FY2019 Implementation Plan	Quarterly beginning 8/1/18, review and analyze line item expenditures.	**N/A**	**Partial Compliance**
IP153	FY2019 Implementation Plan	By 10/31/18, implement new mechanisms for reporting referral, outreach, and assessment data on the Colbert dashboard.	**N/A**	**In Compliance**
IP154	FY2019 Implementation Plan	By 8/31/18, explore potential for more effective use of Medicaid claims data with HFS and UIC-CON.	**N/A**	**In Compliance**
IP155	FY2019 Implementation Plan	On an ongoing basis, revise monthly statistical report and assess CTS.	**N/A**	**Partial Compliance**
IP156	FY2019 Implementation Plan	By 10/31/18, formalize the use of data methodology to predict projections for all phases of implementation.	**N/A**	**Partial Compliance**
IP157	FY2019 Implementation Plan	By 10/31/18, make recommendations to enhance CTS and capture key performance indicators.	**N/A**	**Partial Compliance**
IP158	FY2019 Implementation Plan	By 11/30/18, formalize data review processes.	**N/A**	**Partial Compliance**
IP159	FY2019 Implementation Plan	By 2/18/19, review data entry requirements and provider procedures.	**N/A**	**In Compliance**
IP160	FY2019 Implementation Plan	On an ongoing basis, engage additional staffing resources as noted in IP (data analyst, transition manager, housing specialist and QA/monitoring nurse).	**N/A**	**Partial Compliance**
IP161	FY2019 Implementation Plan	DHS/DMH and IDoA will schedule a series of internal meetings to dissect existing practices of both Consent Decrees and explore where alignments can best be achieved.	**N/A**	**In Compliance**
IP162	FY2019 Implementation Plan	DHS/DMH and IDoA will collect reporting documents from CMHCs to review and compare where there are differences or similarities.	**N/A**	**In Compliance**
IP163	FY2019 Implementation Plan	DHS/DMH and IDoA will schedule meetings with CMHCs to obtain stakeholder input on the realignment of documentation.	**N/A**	**In Compliance**

IP164	FY2019 Implementation Plan	DHS/DMH and IDoA to convene first semi-annual CMHC stakeholders' meetings.	**N/A**	**In Compliance**
IP165	FY2019 Implementation Plan	By 10/31/18, retool Colbert Reporting System and Colbert Tracking System.	**N/A**	**Partial Compliance**
IP166	FY2019 Implementation Plan	By August 2018 Parties Meeting, [report on] overview of [PASRR] redesign issues, strategies, and processes.	**N/A**	**Out-of-Compliance**
IP167	FY2019 Implementation Plan	By September 2018 Parties Meeting, [report on] OBRA 1 and Level 1 [PASRR]: process, tools, reporting, and tracking/follow-up.	**N/A**	**Out-of-Compliance**
IP168	FY2019 Implementation Plan	By October 2018 Parties Meeting, [report on] Level II [PASRR]: process, tools, LOC determination, setting and service recommendations, and reporting and Pre-Admission Specialized Reviews – Supportive Living Programs.	**N/A**	**Out-of-Compliance**
IP169	FY2019 Implementation Plan	[Report on] where… the four SMHRF levels fit in the continuum; how do they fit in the continuum, defining the populations, needed rule changes, [and] strategies for change.	**N/A**	**Out-of-Compliance**
IP170	FY2019 Implementation Plan	By November/December Parties Meeting, [report on] resident review triggers, process, tools, and reporting and specialized services, definitions and service provisions, and new options.	**N/A**	**Out-of-Compliance**
IP171	FY2019 Implementation Plan	By January of 2019, secure Governor's Office, DHS, HFS leadership high-level sign off and authorization to proceed [with PASRR reform].	**N/A**	**Out-of-Compliance**
IP172	FY2019 Implementation Plan	Contingent upon date of administrative approval, [design] process enhancements in partnership with MCOs.	**N/A**	**Out-of-Compliance**
IP173	FY2019 Implementation Plan	Contingent upon date of administrative approval, develop the general specifications for the PASRR data system.	**N/A**	**Out-of-Compliance**
IP174	FY2019 Implementation Plan	Contingent upon date of administrative approval, initiate procurement for PASRR data system.	**N/A**	**Out-of-Compliance**
IP175	FY2019 Implementation Plan	Contingent upon date of administrative approval, initiate procurement for MH PASRR assessment entities.	**N/A**	**Out-of-Compliance**
IP176	FY2019 Implementation Plan	Contingent upon date of administrative approval, develop MH PASRR system implementation timelines.	**N/A**	**Out-of-Compliance**

IP177	FY2019 Implementation Plan	As of 10/1/18, negotiate agreement with BRG to analyze FY2018 costs.	**N/A**	**Partial Compliance**
IP178	FY2019 Implementation Plan	As of 1/31/19, provide necessary cost information to BRG.	**N/A**	**Partial Compliance**
IP179	FY2019 Implementation Plan	As of 3/31/19, provide cost analysis to Court Monitor and Parties.	**N/A**	**Partial Compliance**
IP180	FY2019 Implementation Plan	As of 4/30/19, discuss cost analysis with Court Monitor and Parties.	**N/A**	**Partial Compliance**
IP181	FY2019 Implementation Plan	As of 9/30/18, identify members of Provider Compensation Workgroup.	**N/A**	**Out-of-Compliance**
IP182	FY2019 Implementation Plan	On a quarterly basis, hold Provider Compensation Workgroup Meetings.	**N/A**	**Out-of-Compliance**
IP183	FY2019 Implementation Plan	By 4/30/19, develop recommendations to be included in FY20 IP.	**N/A**	**Out-of-Compliance**

Court Monitor Requirements				
CM3	Consent Decree Section IX(D)	In the event the Monitor finds Defendants not in compliance with the Decree, the Monitor shall promptly meet and confer with the Parties in an effort to agree on steps necessary to achieve compliance. In the event that Class Counsel believe that Defendants are not complying with the terms of the Decree, Class Counsel shall notify the Monitor and Defendants of Defendants' potential non-compliance. The Monitor then shall review Plaintiff's claims of actual or potential noncompliance and, as the Monitor deems appropriate in his or her professional judgment, meet and confer with Defendants and Plaintiffs in an effort to agree on steps necessary to achieve compliance with the Decree. If the Monitor and Parties agree, such steps shall be memorialized in writing and incorporated into, and become enforceable as part of, the Decree. In the event that the Monitor is unable to reach agreement with Defendants and Plaintiffs, the Monitor or either Party may seek appropriate relief from the Court. In the event that Plaintiffs believe that Defendants are not in compliance with the Decree and that the Monitor has not requested appropriate relief from the Court, Plaintiffs may seek relief from the Court. The Monitor shall not communicate with the Court without advance notice to the Parties. (Referred to as Req. 68 in CY2017 Report.)	**In Compliance**	**In Compliance**
CM4	Consent Decree Section IX(B)	The Monitor's duties include evaluating Defendants' compliance with the Decree, identifying actual and potential areas of noncompliance with the Decree, mediating disputes between the Parties, and bringing issues and recommendations for their resolution to the Court. The Monitor will file a written report at least annually with the Court and the Parties regarding compliance with the Decree. Such reports shall include the information necessary, in the Monitor's professional judgment, for the Court and Class Counsel to evaluate Defendants' compliance with the terms of the Decree. Reports of the Monitor shall be filed with the Court and served on all Parties. The Monitor may redact any portions of the Report necessary to make certain confidential matters and information is not disclosed. (Referred to as Req. 65 in CY2017 Report.)	**In Compliance**	**In Compliance**

Consent Decree administration and operations reflects a major deficit for Consent Decree compliance. The poor performance can be traced directly to the Rauner administration's paucity of high-level leadership and commitment to identifying and resolving Consent Decree implementation barriers. Beyond the weakness of their Consent Decree management approaches, named Defendants and their senior staff repeatedly employed delay tactics and even stonewalled and obfuscated transparency, meaningful communications, collaboration toward problem solving and compliance.

This opaque management approach was accented during the Court Monitor's inquiry regarding Medicaid re-determination issues among Class Members. The Court Monitor notified the Parties in October 2018 via email, a November in-person meeting in Chicago, and in a letter sent to the Department of Human Services later in November that there were several provider allegations regarding significant numbers of prolonged DHS backlogs with processing annual Medicaid eligibility redeterminations and Medicaid spend-down forms that were detrimentally impacting a group of Williams and Colbert Class Members. Maintaining Medicaid coverage that pays for medical care, including medications, is crucial for Class Members, particularly those who have been transitioned and, without it, their community living is jeopardized.

In November 2018 the Court Monitor submitted a written request for information and data directly to the DHS Secretary. DHS responses were delayed, inaccurate, and incomplete. The Court Monitor found the matter so significant that she advised the Court of the issue during the December Status Hearing. The Defendants' ongoing delays and refusals to fully and accurately respond to the Court Monitor's requests for data and information on such an important matter places them as out-of-compliance with the Consent Decrees' requirements to cooperate with such Court Monitor requests. There were also instances whereby unilateral decisions were made to abandon Implementation Plan requirements without any discussion with the Court Monitor or Plaintiffs, in addition to providing required responses to information requests significantly late/past deadlines. Defendants were reminded during and after each occurrence of compliance their obligations, with little to no effect.

The new Pritzker administration, however, acted quickly to not only identify and implement statewide solutions, but cooperate with the Court Monitor's request that they put in place specific processes to identify impacted Class Members and expedite resolutions to avoid loss of Medicaid coverage. While a solutions oriented approach was begun in FY2019, it continued into FY2020. Notably, the new Administration remains cooperative with providing monthly data on the number of impacted Class Members and the issue has been virtually eliminated.

The Defendants have also improved their semi-annual reporting processes and content significantly during this compliance period, providing more complete, accurate, and transparent information regarding their performance relative to

Consent Decree and Implementation Plan requirements. The reports still need structural and content improvements in some areas, but significant progress is acknowledged.

In Compliance Ratings

Requirement 46, Semi-annual reports. During each fiscal year, the Defendants are required to submit a detailed report to the Court Monitor and the Parties every six months. The reports must contain data and information sufficient to evaluate their compliance with the Decree. The Defendants submitted drafts of both semiannual reports in FY2019, which contained much of the data and information needed for the Court Monitor to assess their performance relative to the Consent Decree. There was, however, significant back-and-forth needed to bring the reports to completion, with finalization approximately two months after the first drafts' submission. The process resulted in a new and improved reporting template that will simplify and streamline future semiannual reports. While there were factors of timeliness and completeness that might tip this finding toward partial instead of full compliance, the Court Monitor assigns an in compliance rating and urges the Defendants to continue improving the clarity, timeliness, and responsiveness of the reports, especially related to identified Implementation Plan reporting issues.

Requirement 47, Ensuring Plaintiffs' access to information. Per the Consent Decree, the Defendants must provide any information and data requested by the Plaintiffs that is reasonably related to the Decree. After querying the Plaintiff's Counsel regarding their experience with Defendants' compliance with this requirement during FY2019, they responded that there were no issues to report. As such, the Defendants are found in compliance with this requirement.

Requirement 48, Payment of Court Monitor and staff. This requirement obligates the Defendants to pay the Court Monitor and her staff their customary rates. In FY2019, the Defendants paid the Court Monitor and her staff in accordance with the requirements and are found in compliance.

Requirement 49, Annual Court status hearings. There were five Court status hearings, presiding over by Judge Lefkow, that occurred in FY2019. Hearings were suspended during the changeover in gubernatorial administrations, leading to few developments to report. The Defendants, Plaintiffs, and Court Monitor participated in these status hearings in FY2019. As such, they are found in compliance with this requirement.

Requirement 51, Defendants' cover Consent Decree-related costs. The Defendants are in compliance with the requirement that all costs for the Consent Decree are borne by them. It is important to note, however, that the Defendants have — for another year — significantly underspent the Colbert implementation budget despite serious levels of under-performance and thus non-compliance, as described in Section 1. In FY2019, $30.5 million was spent of the $34.3 million

annual budget, representing an 89% expenditure versus budget allocation rate. In addition to this state budget appropriation, the Colbert program draws down federal matching funds for Medicaid-reimbursable services. While the FY2019 figure of the federal Medicaid match dollars received by the State for the delivery of Medicaid-reimbursable services to Colbert Class Members has not yet been reported, an additional $6.5 million was received in FY2018. While a higher proportion of the allocated budget was spent in FY2019 compared to previous years, there continues to be a multiyear pattern of significant under-spending within the allocated Colbert program budget.

IP149, Staff training on reading financial reports. The Defendants have a multiyear record of not fully expending Consent Decree funds despite a clear need for investments vis-à-vis added staff, adequately paying providers for the actual costs of services, expanded capacity for community-based housing and services, more data infrastructure and support, and other areas. For this reason, the Defendants committed via their FY2019 Implementation Plan to train staff to monitor financial reports to ensure that resources left on the table each month could be swiftly reinvested to support greater Consent Decree compliance and performance. On June 27, 2018, Colbert staff were trained to read financial reports and an accountant was approved to support fiscal management of the program. For this reason, the Defendants are found in compliance with this requirement, but as noted below, did not fully implement a financial monitoring program to achieve the aims set forth in the FY2019 Implementation Plan.

IP153, Data reporting. In response to Court Monitor requests and an Implementation Plan obligation, the Defendants rolled out new data dashboards in October 2018 via the Large Parties meetings. While these data dashboards required an overhaul that was implemented in fall 2019 (after this compliance period), the Defendants are assessed as in compliance for generating and distributing regular data reports at each monthly Large Parties meeting in FY2019.

IP154, Medicaid claims data use. The Defendants indicated that CMHCs were provided Medicaid claims data — by way of the University of Illinois at Chicago College of Nursing (UIC-CON) — to inform their service planning processes, beginning in February 2019. Total claims obtained from the State and sent to agencies by UIC-CON in FY2019 was 743. They are found in compliance with this requirement.

IP159, Review provider data entry requirements and procedures. The Defendants reviewed and revised provider requirements for data entry into Colbert Tracking System (CTS) requiring data to be entered by contractors working on Class Member outreach, evaluations and transitions into CTS by close of business each Friday. As such they are found in compliance.

IP161, Internal meetings to align Consent Decrees. The Defendants held weekly meetings during FY2019 to discuss alignment of documentation and other key processes between the Colbert and Williams Consent Decrees. Further, in late FY2019, the Court Monitor's recommendation to combine the operations of the Williams and Colbert Consent Decrees under DHS authority commenced, thus shifting lead responsibility for Colbert program implementation and compliance from IDoA to DHS. This important change is expected to support stronger alignment and synergies in planning and administration of the two decrees, resulting in improved compliance and performance. For this requirement, the Court Monitor assigns an in compliance rating.

IP162 and 163, Alignment of documentation. The Defendants reported that they held "Synergies Meetings" in August 2018 with the majority of provider personnel to garner feedback on strategies to align documentation between the two Consent Decrees. As such, they are found in compliance.

IP164, Semi-annual community mental health center (CMHC) stakeholder meetings. The Defendants reported meeting with CMHC stakeholders in August 2018 and receiving feedback in several key areas: Medicaid MCO alignment, use of a new secure email system, and access/use of the Department of Healthcare and Family Services' Medicaid claims data. They are found in compliance with this requirement.

Partial Compliance Ratings

Requirements 44 and 50, Ensuring Court Monitor's access to documents, data and information, staff, Class Members, and their records. The Defendants are required to respond to reasonable requests for information and data from the Court Monitor, as well as provide the Court Monitor access to Class Members, Class Member records, and Consent Decree-related staff. As referenced above, the Defendants' repeated delays and obfuscation regarding the serious Medicaid annual redetermination processing delays and backlog, the Guiding Coalition, and the Request for Information for Consent Decree services and its impact on Class Members results in a partial compliance rating. The Court Monitor notes that significant improvements in Defendants' cooperation and compliance with these requirements began with the Pritzker administration leadership and staff that have continued as of this writing.

IP150, 151, and 152, Collection and monthly analysis of financial data. The Defendants tracked budget expenditures but due to staffing limitations, monthly analysis was not conducted and budget line items were not revised regularly to ensure real-time optimization of Consent Decree funds and needed investments. The need for these requirements emerged as a result of the years of significant under-spending coupled with underperformance with Class Member transitions and other requirements. The expectation was the more contemporary and regular reporting on budgeted versus expended resources would provide the Defendants, as well as the Plaintiffs and the Court Monitor, with opportunities to

suggest and effectuate alternative priority uses of budgeted resources to help improve compliance. In part, due to Defendants admitted limitations and other factors, FY2019 ended with 11% of the Colbert implementation budget unspent (not including the monies reimbursed for Medicaid services provided to Class Members). They are found in only partial compliance for these requirements.

IP155, 156, 157, 158, and 165, Strengthen the Colbert Tracking System (CTS). Several FY2019 Implementation Plan requirements pertain to strengthening CTS, the data system used to track various Consent Decree-related process data. The Defendants, throughout this compliance period, made updates to capture new data elements within CTS, citing 14 dates of implementation for various improvements. However, the ability for CTS to generate useful reporting, track performance against key performance indicators, and create projections was not realized, as required by the FY2019 Implementation Plan. As such, the Defendants are found in partial compliance for these requirements.

IP160, Hiring needed staffing resources. The Defendants reported that five staff members left the Colbert team during FY2019, and several positions were posted in the second half of FY2019. However, two key positions identified in the FY2019 Implementation Plan — a data analyst/scientist and a housing specialist — went unfilled for more than a year and were not hired until FY2020. The Court Monitor has commented before that the entire staffing plan for the Colbert program must be reevaluated. As pointed out in the consultant's report on the Colbert program commissioned by the former Court Monitor,[47] there continues to be an insufficient number of state staff supporting the Colbert program and a majority of the positions are deemed for contractors (versus state employees), which do not provide benefits. This has resulted in ongoing difficulties with staff recruitment and retention and undoubtedly has contributed to the Defendants under-performance with many compliance requirements. The Defendants are found in partial compliance with the requirement.

IP177, 178, 179, 180, Berkeley Research Group study replication. In October 2016, the Berkeley Research Group (BRG) completed a study on costs associated with serving Class Members in the community versus institutions. Among their chief findings was that Class Members could be served, on average, for 35% less cost in the community during the first year, with more expected savings in future years. While the reasoning for wanting the study replicated remains unknown to the Court Monitor and the Plaintiffs, the Defendants included in the FY2019 Implementation Plan a committed to update the BRG study. Not until submission of the Defendant's second semiannual report in FY2019 did they indicated that after the contract was executed, attempts to contact BRG and obtain the new report's development status were unsuccessful. This was not verified with the vendor nor (after a specific request from the Court Monitor) did the Defendants provide any supporting documents to confirm BRG's lack of

[47] Colbert Consent Decree, Report to the Court Monitor: Recommendations for System and Process Improvements. April 10, 2017.

responsiveness. The Defendants are credited for contracting with BRG to conduct the study but since it was not completed, no discussion to come into compliance despite issues with BRG, and no evidence of seeking another vendor to complete such a study was provided, they receive a partial compliance rating. Of note, the Defendants in the beginning of FY2020 canceled the study.

Out-of-Compliance Ratings

IP145 and 146, Convening Guiding Coalition and developing workgroups. The Defendants were asked by the Court Monitor to provide documentary support – in the form of agendas, meeting dates, and lists of attendees for both the Guiding Coalition and workgroups. They were only able to provide the date of the Guiding Coalition and the name of the workgroup (the consumer journey workgroup), but no documents. They are assigned out-of-compliance ratings for these requirements.

IP147, and 148, Guiding Coalition on Long-Term Care Reform. The Defendants actively resisted and argued against the Court Monitor's repeated recommendation for the formation of a unified group of the Defendant agencies and other relevant state agencies to meet regularly to identify and come up with solutions to cross-systems barriers that thwart compliance and to foster needed cross-agency partnerships and collaboration. The Defendants stated that the cross-agency workgroup would be a waste of time and detract from time spent managing the Consent Decree implementation for both Colbert and Williams Decrees.

During the May 22, 2018 Status Hearing, after the Court Monitor's presentation of data and information on the Defendants declining performance to include new lows of transition performance, and at Class Plaintiffs' counsel request, the Court issued an order stating, "responsible parties should be prepared to testify…" to explain the current situation and why Consent Decree compliance is not occurring.[48] Immediately following, the Defendants' made a sudden commitment to initiate a Guiding Coalition for Long-Term Care Reform. In the FY2019 Implementation Plan, the Defendants committed to developing a "Guiding Coalition," comprised of high-level staff from the Governor's Office and various state agencies that are named as Defendants in the Colbert Consent Decree and others. Although the Parties and the Court Monitor were informed by the Defendants that the Deputy Governor was the chair of the Guiding Coalition, when it came to the meetings with the Court Monitor, as required by the Implementation Plan, the leadership was inexplicably changed to the Secretary of DHS..

While DHS reported during Large Parties meetings that the Guiding Coalition was conducting meetings and formed workgroups, it took the Defendants months to respond to the Court Monitor's repeated requests for the specific objectives of the Guiding Coalition. They would not provide agendas for its meetings and they

[48] Minute Order dated May 23, 2018.

did not comply with the requirement that the head of the Coalition meet twice with the Court Monitor during the fiscal year (one brief meeting was held on 11-2-18). Similarly, no recommendations or action steps were ever reported to the Court Monitor. In fall 2018, the Guiding Coalition was apparently abandoned. As such, the Defendants are found out-of-compliance with these requirements.

IP166, 167, 168, 169, 170, Pre-Admission Screening and Resident Review (PASRR) Briefings. PASRR is a federal requirement designed to ensure that individuals with serious mental illnesses are not inappropriately placed in nursing homes for long-term care when they could be served successfully outside the nursing home setting. The Court Monitor's review of dozens of Class Members' pre-admission screening documents revealed many instances of questionable institutional admissions; the May 2018 memorandum about such to the Defendants led to their admission that "major [PASRR pre-admission screening] changes" are merited regarding the need "to upgrade/update the design and operation of the [mental health] PASRR processes, linkages, and data systems" to result in a "feasible, sustainable, ongoing statewide system to ensure appropriate diversion, rapid community integration where possible and, transition after a more lengthy stay."[49] In the Implementation Plan, the Defendants committed to a phased process to further educate the Court Monitor and Parties on Illinois' PASRR process between August and December 2018. The first briefing occurred in August,[50] but the Defendants postponed subsequent briefings and never rescheduled. They are assigned out-of-compliance ratings for these requirements.

IP171, 172, 173, 174, 175, and 176, PASRR redesign. The Defendants are found out-of-compliance regarding the design and implementation of a reformed statewide PASRR process via process enhancements, compliance with Federal PASRR requirements, a new data system, procurement for new assessment entities, and other key actions. While the administration transition played a role in these requirements not being met, it is important to note that prior to Pritzker's administration, the Defendants demonstrated no commitment or action related to PASRR briefing or reform efforts from August 2018 until their departure in January 2019, beyond the initial briefing in August 2018. While the new Administration has stated a commitment to systems rebalancing and codified commitments to PASRR reform and other key actions in the FY2020 Implementation Plan, PASRR redesign commitments are significantly past due and further delays have continued.

IP181, 182, 183, Provider compensation workgroup. The Defendants were required to develop a provider compensation workgroup, convene workgroup meetings, and incorporate feedback from that workgroup into the FY2020 Implementation Plan. While the Defendants reported that they convened an

[49] Department of Healthcare and Family Service's Response to Court Monitor Memo, June 16, 2018.
[50] While this briefing occurred, it was limited and rushed, not fully covering the required elements specified in the Implementation Plan, including an, "overview of [PASRR] redesign issues, strategies, and processes."

internal workgroup and reported on findings from that workgroup at the Multiyear Growth Plan meeting with providers, their documentary evidence for this meeting revealed that this meeting was focused on evaluation and did not address provider compensation at all. Further, the Defendants did convene a Rates and Service Authorization Roundtable, but it does not appear that any lessons learned or decisions emerging from this event impacted the FY2020 Implementation Plan. For this reason, they are found out-of-compliance for these requirements.

Requirements on the Court Monitor

Requirements CM3 and CM4. The Court Monitor is required to address with the Parties issues of non-compliance and submit annual reports to the Court. Both the previous and current Court Monitors convened and chaired regular Large Parties Meetings to identify and attempt to resolve issues of disagreement or non-compliance. Under the current Court Monitor, monthly Large Parties Meetings and ad hoc meetings held during FY2019 included ongoing focus on those areas judged as high risk for out-of-compliance determinations. As required, the Court Monitor will also request a meeting with the Parties within 30 days of issuance of this report to discuss areas of partial and non-compliance and the Defendants' plans to remedy these during the remainder of FY2020.

Court Monitor Recommendations for Achieving Compliance with Administration-Related Requirements

In Figure 28, Court Monitor offers three priority recommendations for the Defendants' consideration pertaining to administration. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to this domain.

Figure 28. FY2019 Administration-Related Priority Recommendations

Recommendation	Description
1) Through DHS and DMH leadership, build a recovery-oriented system of care that espouses the philosophy that people with serious mental illness can and do recover and can live full lives in the community.	The State of Illinois needs a fresh vision for a recovery-oriented system of care and services. This could include developing recovery-oriented tenets for the behavioral health system; creating practice guidelines for providers; developing a robust training, communications, and professional development initiative; elevating the role of peer staff in the service system; and developing systems and provider key performance indicators aligned with recovery outcomes and buttressed with performance accountability.
2) Continue to improve semiannual report structure and content, developing an approach to reporting on Implementation Plan requirements that shares outputs and outcomes.	While the semiannual report process improved in FY2019, the Defendants should identify the data and information needed to demonstrate their compliance, ensure there is a methodology in place to collect and analyze that data and information, and clearly articulate the data via their semiannual reports. The Court Monitor lends her support to discuss the data and information that would satisfy specific compliance mandates.

3) Develop a process to collect, report on, and analyze critical incident data from nursing facilities to inform comparative analysis.	In October of 2019, the Court Monitor was informed that the Illinois Department of Public Health (IDPH) was unable to provide data on critical incidents that occur within nursing facilities. This data would lend itself to a comparative analysis between the rates of certain types of incidents – such as psychiatric hospital admissions, suicides, allegations of harassment, fires, and emergency department utilization – in the nursing facility versus in the community. In partnership with IDPH, the Department of Human Services should develop a framework to collect and report on this data.

Section IX. Implementation Planning

The Defendants are required to develop an annual Implementation Plan in consultation with the Court Monitor and Plaintiffs, an integral deliverable that identifies a work plan to guide actions for the coming fiscal year and includes desired performance indicators and outcome measures, key tasks and action steps, stakeholder/responsible parties, and timeframes/due dates. The Colbert Consent Decree contains a requirement that Defendants "shall create and implement an Implementation Plan" that outlines how they intend to operationalize concrete strategies to satisfy their Consent Decree obligations. The Implementation Plan is filed with the Court and the commitments contained therein become enforceable under the Decree. As such, on an annual basis, the Court Monitor conducts and reports on her compliance assessment and rating of each Implementation Plan item as well as Consent Decree and original and updated Cost Neutral Plan requirements relevant during the assessment period. The results of those assessments are codified in this annual report to the Court.

The Colbert Consent Decree contains several requirements that dictate the required components of the Implementation Plan, obligate its development and timely filing, and sanction its enforceability under the Decree. The requirements cover different phases ranging from Implementation Plan development to filing with the Court; these start during one fiscal yet conclude in the following fiscal year. The Court Monitor has determined that some Consent Decree requirements (Requirements 64-71) apply to the FY2019 Implementation Plan and thus will be reported on in this report. Other Implementation Plan-related requirements (Requirements 63, 72, and 73), however, apply to the FY2020 Implementation Plan and thus will be assessed in next year's report. The Court Monitor has assessed following requirements of this domain for this FY2019 report:

- The Implementation Plan's delineation of specific tasks, timetables, goals, and plans to assure the Defendants' fulfillment of Decree (Requirement 64), as well as methods overall to ensure compliance with the Decree (Requirement 69);
- The FY2019 Implementation Plan's inclusion of hiring, training, and supervision sufficient to implement the obligations of the Decree and operate the Consent Decree overall (Requirement 65);
- The FY2019 Implementation Plan's description of activities required to develop community-based services and housing in sufficient measure (Requirement 66);
- The FY2019 Implementation Plan's description of a data-driven process that utilizes Class Member service plan data to inform the development of community-based services and housing (Requirement 67);
- The FY2019 Implementation Plan's inclusion of methods for conducting outreach and engaging Class Members in nursing facilities (Requirement 70), as well as making Class Members aware of their rights (Requirement 71);
- The FY2019 Implementation Plan's inclusion of key changes to regulations governing nursing facilities that will facilitate stronger Consent Decree

compliance (Requirement 68); and

- Whether the FY2020 Implementation Plan was developed (Requirement 63), disagreements were resolved (Requirement 72), and the plan was filed with the Court (Requirement 73) during the FY2019 compliance period.

Implementation Plan Compliance Requirements: Assessment for FY2019
As displayed in Figure 29, the Defendants were found in compliance with three of the 11 implementation plan-related requirements, in partial compliance with five requirements, and out-of-compliance for three requirements.

Figure 29. Synopsis of FY2019 Compliance Assessments for Implementation Plan-Related Colbert Consent Decree, Updated Cost Neutral Plan (UCNP) and Implementation Plan Requirements						
Consent Decree and UCNP Requirements (11)	In Compliance➔	3	Partial Compliance➔	5	Out-of-Compliance➔	3
Implementation Plan Requirements (0)	In Compliance➔	N/A	Partial Compliance➔	N/A	Out-of-Compliance➔	N/A
Total Requirements (11)	In Compliance➔	3	Partial Compliance➔	5	Out-of-Compliance➔	3

Figure 30 contains the language of each FY2019 Implementation Plan-related requirement in the Colbert Consent Decree and Implementation Plan, along with the Court Monitor's compliance rating. Figure 30 also contains first-half FY2018 ratings to demonstrate whether compliance has improved or worsened since the last compliance period. The Defendants' performance improved on eight requirements, with four other requirements no longer applying to the FY2019 compliance period, representing their most substantial compliance increase in any domain.

Figure 30. Compliance Assessment Ratings for Implementation Planning-Related Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan (IP) Requirements				
Req #	Source/ Citation	Colbert Consent Decree, Cost Neutral Plan, or IP Requirement Language	Court Monitor Compliance Assessment Ratings	
			First-Half CY2018	FY2019
63	Consent Decree Section VIII(A)	Defendants, with input of Monitor and Plaintiffs, shall create and implement an Implementation Plan to accomplish the obligations and objectives set forth in the Decree. The Implementation Plan must, at a minimum: *(Referred to as Req. 81 in CY2017 Report.)*	Out-of-Compliance	In Compliance
64	Consent Decree Section VIII(A)(1)	Establish specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure the Defendants fulfill the requirements of the Decree. *(Referred to as Req. 82 in CY2017 Report.)*	Out-of-Compliance	Partial Compliance

65	Consent Decree Section VIII(A)(2)	Describe hiring, training, and supervision of the personnel necessary to implement the Decree. *(Referred to as Req. 83 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**
66	Consent Decree Section VIII(A)(3)	Describe the activities required to develop Community-Based Services, Transition Costs, Home Accessibility Adaptation Costs and/or Housing Assistance and Community-Based Settings, including inter-agency agreements, requests for proposals, mechanisms for housing assistance, and other actions necessary to implement the Decree. *(Referred to as Req. 85 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
67	Consent Decree Section VIII(A)(4)	Identify, based on information known at the time the Implementation Plan is finalized and updated on a regular basis, any services or supports anticipated or required in Service Plans developed pursuant to the Decree that are not currently available in the appropriate quantity, quality, or geographic location, and might be required to meet the obligations of the Decree. *(Referred to as Req. 86 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
68	Consent Decree Section VIII(A)(5)	Identify any necessary changes to regulations that govern Nursing Facilities in order to strengthen and clarify requirements for services to Nursing Facility residents and to provide for effective oversight and enforcement of all regulations and laws. *(Referred to as Req. 87 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
69	Consent Decree Section VIII(A)(6)	Describe the methods by which Defendants shall ensure compliance with their obligations of the Decree. *(Referred to as Req. 88 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**
70	Consent Decree Section VII	The Implementation Plan shall describe methods for providing outreach to Class Members. *(Referred to as Req. 84 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**
71	Consent Decree Section VII	The Implementation Plan shall describe the method by which such information will be disseminated, the process by which Class Members may request services, and the manner in which Defendants will maintain records of these requests. The Implementation Plan shall describe methods for providing outreach to Class Members. *(Referred to as Req. 90 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**

72	Consent Decree Section VIII(C)	The Implementation Plan shall be updated and amended at least annually. The Monitor and Counsel for Class Plaintiffs shall review and comment upon any proposed updates or amendments at least 60 days before the effective date of any updates or amendments. In the event the Monitor or Counsel for Class Plaintiffs disagree with the Defendants' proposed updates or amendments, the Monitor or Counsel for Class Plaintiffs shall state all objections in writing at least 30 days before the effective date of any updates or amendments. In the event that Defendants, the Monitor, and Counsel for Class Plaintiffs do not agree on updates and amendments, the Court shall resolve any and all disputes before any updates or amendments become effective. *(Referred to as Req. 91 in CY2017 Report.)*	**Out-of-Compliance**	**In Compliance**
73	Consent Decree Section VIII(D)	The Implementation Plan, and all amendments or updates thereto, shall be filed with the Court and shall be incorporated into and become enforceable as part of the Decree. *(Referred to as Req. 92 in CY2017 Report.)*	**Out-of-Compliance**	**In Compliance**
74a	*Cost Neutral Plan (2016) Section H*	*The updated Implementation Plan will detail Defendants' plan to increase the pace of transitions from benchmarks required by the Consent Decree to those in the Cost Neutral Plan. Detailed plans will be set out to achieve the requirement to reach all Class Members. Specific targets for the pace of Evaluations, development of Service Plans, development of additional Community-Based Services and Settings, and all other actions and activities necessary to comply with this Cost Neutral Plan will be detailed in the updated Implementation Plan. (Referred to as Req. 89 in CY2017 Report.)*	**N/A**	**N/A**
74b	Updated Cost Neutral Plan (2018) Section H	The Phase 4 Implementation Plan will detail Defendants' plan to increase the pace of transitions from the benchmarks required by the Consent Decree to those in this Cost Neutral Plan. Detailed plans will be set out to achieve the requirement to reach all Class Members. Specific targets for the pace of Evaluations, development of Service Plans, development of additional Community-Based Services and Settings, and all other actions and activities necessary to comply with this Cost Neutral Plan and the Consent Decree will be detailed in the Phase 4 Implementation Plan.	**Out-of-Compliance**	**N/A**

75a	*Consent Decree Section VIII(B)*	*Within 180 days of Approval of the Decree, Defendants shall provide the Monitor and Counsel for Class Plaintiffs with a draft Implementation Plan. The Monitor and Counsel for Class Plaintiffs shall participate in developing and finalizing the Implementation Plan, which shall be finalized not later than nine months following the Approval Date. If, after negotiation and comment, the Monitor or Counsel for Class Plaintiffs disagrees with the Defendants' proposed Implementation Plan, the Court shall resolve all disputes and finalize the Implementation Plan. (Referred to as Req. 93 in CY2017 Report.)*	**N/A**	**N/A**
75b	*Cost Neutral Plan (2016) Section H*	*By November 2016, Defendants shall send to Class Counsel and the Court Monitor a proposed, updated Implementation Plan that will include detailed plans and programs to achieve compliance with this Cost Neutral Plan and the Consent Decree. (Referred to as Req. 94 in CY2017 Report.)*	**N/A**	**N/A**
75c	Updated Cost Neutral Plan (2018) Section H	By April 30, 2018, Defendants shall send Class Counsel and the Monitor a proposed, updated Phase 4 Implementation Plan that will include detailed plans and programs to achieve compliance with this Cost Neutral Plan and the Consent Decree.	**In Compliance**	**N/A**
76a	*Cost Neutral Plan (2016) Section H*	*The provisions of the Consent Decree regarding review and approval of the proposed Implementation Plan updates remain in effect. This updated Implementation Plan shall be finalized by the Parties and the Monitor and filed with the Court by December 30, 2016. (Referred to as Req. 95 in CY2017 Report.)*	**N/A**	**N/A**
76b	Updated Cost Neutral Plan (2018) Section H	The provisions of the Consent Decree regarding review and approval of proposed Implementation Plan updates remain in effect. The Phase 4 Implementation Plan shall be finalized by the Parties and the Monitor and filed with the Court by June 30, 2018, or, if the Parties are unable to agree on an Implementation Plan, the Parties shall submit their proposed Implementation Plans to the Court no later than July 13, 2018.	**Out-of-Compliance**	**N/A**

77	Updated Cost Neutral Plan (2018) Section I	In respectful reliance on the reports issued by the consultant in April 2017 and the Court Monitor in May 2017, the Phase 4 Implementation Plan shall include detailed and precise steps and plans to address barriers to development of Community Capacity and to expand substantially Community Capacity in order to transition Class Members as required by the Consent Decree and this Updated Cost Neutral Plan.	**Out-of-Compliance**	**N/A**

The compliance assessments provided below refer to whether the Implementation Plan (the FY2019 plan, in most cases) included Consent Decree-required elements. It is important to note that while many elements were partially addressed, most of the commitments made in the FY2019 Implementation Plan were not actually implemented, as reflected throughout this report. Further, many Implementation Plan commitments were delayed until the Pritzker administration was in place or unilaterally abandoned altogether by the Defendants without notice or discussion with the Court Monitor or the Plaintiffs (e.g., Guiding Coalition).

<u>In Compliance Ratings</u>
Requirements 63, 72, and 73, Development and filing of FY2020 IP. This requirement pertains to whether the Defendants developed and filed with the Court the FY2020 Implementation Plan before the end of FY2019. They did so, as the Implementation Plan was filed on June 28, 2019. As such, they are found in compliance with these requirements.

<u>Partial Compliance Ratings</u>
Requirements 64 and 69, Identifying specific plans and tasks to operate Decree programming and comply with Decree. The Implementation Plan is required to include detailed tasks with associated timeframes that crosswalk directly with Consent Decree requirements and best practices. Defendants did offer some plans for complying with all the Decree's requirements and meeting its objectives, including goals, timelines, responsible parties, strategies, and approaches. However, the final FY2019 Implementation Plan lacked sufficient content and commitments relative to the development of additional community-based services and settings, a critical aspect to Consent Decree compliance. Given the absence of a strong plan to development community-based housing and services, the Court Monitor assigned a rating of partial compliance. The failure to offer a comprehensive plan, despite how essential, has been actively avoided by the Defendants and has thwarted Consent Decree compliance and progress for years.

Requirement 65, Hiring, training, and supervision plans. The Implementation Plan must identify key staff responsible for Consent Decree operations, as well as plans to provide them with the appropriate training, professional development support, and supervision to perform their duties. Defendants identified some training and newly hired staff associated with the Decree, including a data

analyst, housing specialist, and quality assurance/monitoring staff. However, the Defendants did not provide detailed information about the full range of hiring, training, and supervision — including of State officials — necessary to support activities and actions necessary to comply with the Consent Decree. Hence, they are found in partial compliance.

Requirement 70 and 71, Outreach strategies. The Defendants included some outreach strategies in their Implementation Plan, including a commitment to expand the Peer Mentors program as ordered by the Court in the Updated Cost Neutral Plan, the development of communication aides and interpretation resources for Class Members, and the exploration of processes to receive referrals from other state programs. The Court Monitor has assigned a partial compliance rating, given that these efforts were included but very limited.

Out-of-Compliance Ratings

Requirement 66, Plans to develop community-based services and housing capacity. The Implementation Plan requires Defendants to use the previous years' data to inform deliberate and data-driven investments in community-based services and housing. In the FY2019 Implementation Plan, the Defendants committed to a limited number of process-related activities associated with the development of community-based services and housing that included the release of an Assertive Community Treatment Community Support Team notice of funding opportunity and the expansion of employment services and permanent supportive housing (PSH). These activities were untethered to any plan that relied on data on Class Member needs and preferences and did not include the full range of community-based services and housing needed to meet Class Members' needs. Also, these activities neither occurred nor were implemented as committed. The assessment rating is out-of-compliance.

Requirements 67, Service plan data to inform development of community-based services and housing. The FY2019 Implementation Plan is required to identify services "anticipated or required" in Class Member service plans that are not currently available in appropriate quantity, quality, or geographic location, as well as use Class Member demographic data to ensure that real data informs service plans. The FY2019 Implementation Plan makes no clear link between Class Member demographics and service needs data or efforts and activities outlined in the plan. This data can and should be used to understand resource gaps and subsequently support rapid expansion of community service and housing provider capacity. As such, they are found out-of-compliance.

Requirement 68, Regulatory changes. The Defendants did not offer any changes regarding regulations or rules that govern nursing facilities in their FY2019 Implementation Plan that could strengthen, clarify, or buttress the Colbert program. Further, there appears to have been no process to engage stakeholders or otherwise to identify potentially needed regulatory changes. As such, they are found out-of-compliance. The Illinois Department of Public Health

— a named Defendant — is the entity responsible for developing and enforcing new rules, and the Court Monitor has made recommendations regarding potential rule changes ranging from requiring stronger co-occurring clinicians to involving peer supports, which have gone ignored.

Court Monitor Recommendations for Achieving Compliance with Implementation Plan-Related Requirements

In Figure 31, Court Monitor offers four priority recommendations for the Defendants' consideration pertaining to administration. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to this domain.

Figure 31. FY2019 Implementation Plan-Related Priority Recommendations

Recommendation	Description
1) Include in future implementation plans how service plan data will be used to inform development of community-based housing and services.	The Defendants can improve Colbert compliance by developing and applying a methodology for regularly reviewing individual and aggregate data from Class Member service plans, as well as demographic data. The regular review of service plans and demographic data creates an infrastructure to assess, identify, and understand any gaps or shortages in services, supports, and housing on an ongoing basis and can be used to identify immediate actions and resources needed to address known and understood system gaps (e.g., ACT teams, occupational therapy, medication management services) and to expand needed services based on this data. Using this approach, it is envisioned that at the time of the Implementation Plan's development, the Defendants would have already fully analyzed this data and developed a plan to ensure that the appropriate type, quantity, and locations of services are available to meet Class Member needs.
2) Identify regulations that need to be improved or added that govern nursing facilities and could improve quality of care and compliance with the Consent Decree.	Illinois Department of Public Health — the regulatory oversight agency for nursing facilities — contends that they are limited in their statutory and regulatory authority to influence nursing facility operations and clinical quality. The Consent Decree requires that the Implementation Plan include regulatory changes necessary to achieve the goals of the Consent Decree, but to-date, no discernible regulatory proposals or action that could improve nursing facilities' clinical quality, mandate their participation in *Olmstead* and other rebalancing efforts, or design a clear admission criteria has been taken, which undermines Consent Decree compliance. This regular process should allow for multi-stakeholder input, including the Parties and Court Monitor, and invite other state agency staff to propose recommended regulatory changes for nursing facilities.
3) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.	Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for the service plan domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants' plans to correct the identified issues to achieve compliance.

Section X. Quality Assurance - Class Member Safety and Mortality

Class Members, as individuals with diagnoses of serious mental illness and/or physical disabilities, often co- occurring with substance use disorders, medical co-morbidities and histories of poverty, represent some of the most vulnerable members of society. Ensuring that they are provided with quality services and supports in safe environments, whether in community-based settings or in nursing facilities, is a fundamental responsibility of the Defendants. Use of quality assurance mechanisms and tools buttressed by a commitment to examining process and outcome data to inform decision-making and program implementation is key to successfully meeting this responsibility.

Several data sources enable us to take a deeper look into Class Member quality of life and safety. These include pre- and post-transition quality of life survey data provided and analyzed by IDoA, post-transition reportable incident data provided by IDoA and annual mortality data collected and analyzed by the University of Illinois in Chicago (UIC).

Reportable Incident Data. Reportable incidents, whether occurring in community-based settings or in nursing facilities, reflect actual or alleged events or situations that create significant risk for substantial or serious harm to the physical or mental health, safety, or wellbeing of Class Members. The Defendants collect the reportable incident categories for Class Members for the first 12-months following their transition into the community. After each reportable incident, conference calls are held between the Colbert team, representatives from UIC-CON, and applicable agencies to review the incident and develop an action plan to mitigate identified risks.

There are several issues that undermine the usefulness of Colbert reportable incident data. First, the Defendants have provided reportable incident data only for the second-half of FY2019 via a semi-annual report, and none at all for incidents occurring in nursing facilities. Further, unlike the Williams Consent Decree program, the Defendants do not provide comparative data from nursing facilities to compare the types and rates of reportable incidents that occur in the community with those that occur within nursing facilities among Class Members; and the data that is reported is limited to incidents that occur among Class Members within 12 months of their transition date.

The reportable incidents that occurred among Class Members from January to June of 2019 in the community can be summarized as follows:

- Of the 199 reportable incidents, 77% relate to events involving unexpected healthcare utilization, such as medical hospital admissions, emergency department visits, and psychiatric hospital admissions;
- The largest reported incident categories are medical hospital admissions (one-third of all incidents) and emergency department visits (one-third of all incidents);

- Falls, psychiatric hospital admissions, and nursing facility placements constitute another 22% of reportable incidents;
- Physical assaults, property damage, criminal activity, behavioral incidents, physical altercations and assaults, fraud, burn injuries, and suspected abuse, neglect, and exploitation collectively account for the remaining less than 10% of all incidents; and,
- The 199 incidents are linked to 95 unduplicated Class Members (of the 306 Class Members who had been in the community for a year or less), with 77 Class Members responsible for 1 to 2 incidents and 18 responsible for 3 or more.

Again, without comparable data provided regarding reportable incidents in nursing facilities, no comparisons are possible. IDPH needs to disaggregate existing data provided for federal reporting purposes to provide this essential data.

Mortality Data. Data that is reported regarding Class Member mortalities is too limited in that it only tracks transitioned Class Members within 12-months of their transition date. Given this, mortalities for Class Members who transitioned during FY2019 will not be fully known until June 2020. Acknowledging this limitation, the Defendants report that there were nine Class Member mortalities for those who transitioned in FY2019, representing a three percent mortality rate when compared to the 312 effectuated transitions during that period. From the onset of program implementation through FY2018, the overall mortality rate for the Colbert Class Members was six percent, reflecting one death for every 18 transitions.

In FY2019, the nine decedents represented an average age of 61; used an average of 15.1 medications; and were predominantly male (eight out of nine decedents). Four of the decedents had experienced reportable incidents, largely centered on medical utilization. In UIC-CON's detailed review of the seven deaths that happened in the second half of FY2019, they found that four of these deaths were attributed to cardiovascular disease, one to kidney disease, one to cancer, and one to substance use. They also cited the additional factors of substance use (in two cases), diabetes (in two cases), cardiovascular disease (in one case), and a fall (in one case), and secondary reasons for or contributors to the mortalities. Once again, whether mortality rates and circumstances are similar or different from those in nursing facilities is unknown, and caution should be used in extrapolating from the mortality circumstances of such a small cohort.

The Court Monitor realizes the importance of examining data to assess Class Member satisfaction, safety, and overall experience and outcomes. She will devote more attention to this during FY2020.

Conclusion

This report is submitted to the Court in fulfillment of the Court Monitor's duty to assess compliance with the Colbert Consent Decree requirements at least annually; it represents the effort to conduct a fair and impartial assessment. The compliance assessment period covered is fiscal year 2019 (FY2019). Based on FY2019 performance data and outcomes, the Defendants have been found to be in compliance with 45% of requirements, in partial compliance with 18%, and out-of-compliance with 37%.

A constellation of interlocking factors led Illinois to this point. These include a multiyear divestment in community-based behavioral health services, an affordable housing shortage, a subjective long-term care admission process, an under-developed mental health crisis stabilization system, and many other systems, policy, and practice issues. The collective impact of these defects is that thousands of adults with physical and/or psychiatric disabilities — who are capable and deserving of life in the community — are funneled into Cook County's behemoth long-term care system. In addition to a clear infringement on their civil rights, data from the Colbert program consistently shows that, when compared to life in the community, individuals' lives in these long-term care settings are marked by diminished health, comfort, and happiness. Data also demonstrates the significant cost savings that exist by serving adults in the community versus institutional settings, as appropriate.

Now more than eight years since the Colbert Consent Decree's filing, the Pritzker administration has shown early signs of committed, focused leadership that can bring about needed systems change. Dynamic and sustainable change requires the acknowledgment and thorough consideration of necessary new approaches and solutions offered to them by the former and current Court Monitors and other national experts, including those who succeed at this work both inside and outside the State Illinois. If the Defendants continue to commit dedicated leadership and utilize expert guidance, they can ensure that their future plans, dedicated resources, and implemented actions not only improve compliance, but demonstrably respect individuals' rights to live in the least restrictive setting appropriate for their needs.

No Class Member should be deprived of appropriate and timely transition to community living where they can choose to participate in society. Further, no Class Member should be needlessly confined in a long-term care setting when he or she desires to live in the community and can successfully and safely live there. Both represent systems failures with enormous human costs. Further, it negates the opportunity to achieve significant cost savings that have been demonstrated to accompany community-based versus institutional-based care.

Compliance under the Colbert Consent Decree is attainable. Defendants' actions must culminate into the design and implementation of new, innovative approaches to philosophically and actually shift to a community-based and recovery-oriented system of care, avoid individuals' inappropriate admission into nursing facilities, address transition pipeline issues, develop needed services and housing, and rebalance the system overall away from its heavy reliance on unnecessary institutional care. These key actions — buttressed by the needed high-level leadership commitment — can forge a new path for the State of Illinois and the Colbert Class. The Court Monitor is eager to support this path forward.

Appendix A.
Compliance Assessment Ratings for All Colbert Consent Decree, Updated Cost Neutral Plan, and FY2019 Implementation Plan Requirements

Compliance Assessment Ratings for All Colbert Consent Decree, Updated Cost Neutral Plan, and Implementation Plan (IP) Requirements				
Req #	**Source/ Citation**	**Colbert Consent Decree, Updated Cost Neutral Plan, or IP Requirement Language**	**Court Monitor Compliance Assessment Ratings**	
			First-Half CY2018	**FY2019**
Compliance Domain: Outreach-Related Requirements				
1	Consent Decree Section VII	Defendants shall ensure that Class Members receive complete and accurate information regarding rights to live in Community-Based Settings and/or receive Community-Based Services, Transition Costs, Home Accessibility Adaptation Costs and/or Housing Assistance, and the available options/opportunities for doing so.	**Partial Compliance**	**Partial Compliance**
2a	*Cost Neutral Plan (2016) Section A*	*By November 10, 2016, Defendants shall create a list of all Class Members living in Nursing Facilities as of September 30, 2016, and shall update that list at least annually during the life of the Decree during the time period the Consent Decree, as amended and supplemented, and the Cost Neutral Plan is in effect.*	**N/A**	**N/A**
2b	Updated Cost Neutral Plan (2018) Section A	By April 15, 2018, Defendants shall create a list of all Class Members living in Nursing Facilities as of December 31, 2017, and shall update that list at least annually during the life of the Decree during the time period the Consent Decree, as amended and supplemented, and the Cost Neutral Plan is in effect.	**In Compliance**	**In Compliance**
3a	*Cost Neutral Plan (2016) Section B*	*Defendants shall create and perform the outreach activities required to comply with the requirements of this Plan and the Consent Decree to achieve the transitions required. Defendants will inform all Class Members of their rights under the Consent Decree and this Plan. Details of the Defendants' specific outreach activities shall be contained in the Implementation Plan to be developed and outlined in paragraph H.*	**N/A**	**N/A**

3b	Updated Cost Neutral Plan (2018) Section B	Defendants shall create and perform the outreach activities required to comply with the requirements of this Plan and the Consent Decree to achieve the transitions required.	**Partial Compliance**	**Partial Compliance**
4	Consent Decree Section VII	All costs for outreach shall be borne by Defendants.	**In Compliance**	**In Compliance**
IP1	FY2019 Implementation Plan	By 7/31/18, establish outreach workgroup.	**N/A**	**In Compliance**
IP2	FY2019 Implementation Plan	By 9/30/18, identify outreach gaps/barriers and potential solutions and consult with Court Monitor.	**N/A**	**Partial Compliance**
IP3	FY2019 Implementation Plan	By 9/30/18, implement processes for providing interpreter services or use communication aides and tools to assist outreach workers to educate Class Members with language or communication gaps/barriers.	**N/A**	**Out-of-Compliance**
IP4	FY2019 Implementation Plan	By 12/31/18, address outreach goals with providers including need for providers to increase the number of outreach workers.	**N/A**	**In Compliance**
IP5	FY2019 Implementation Plan	Quarterly, beginning on 2/28/19, provide training updates for outreach workers, including motivational interviewing.	**N/A**	**Partial Compliance**
IP6	FY2019 Implementation Plan	On a monthly basis, monitor outreach performance indicators and recommend action steps.	**N/A**	**In Compliance**
IP7	FY2019 Implementation Plan	By 7/31/18, review the peer-mentoring program.	**N/A**	**In Compliance**
IP8	FY2019 Implementation Plan	By 8/31/18, talk to Peer Mentors to identify effective [outreach] strategies.	**N/A**	**Partial Compliance**
IP9	FY2019 Implementation Plan	By 6/30/19, add up to five (5) Peer Mentors.	**N/A**	**In Compliance**
IP10	FY2019 Implementation Plan	On an ongoing basis, review current outreach materials and make updates and develop additional materials and resources as necessary and appropriate.	**N/A**	**In Compliance**
IP11	FY2019 Implementation Plan	On a monthly basis, monitor number of Choices for Care referrals on referral source report.	**N/A**	**In Compliance**
IP12	FY2019 Implementation Plan	By 8/31/18, meet with CCU Care Coordinators conducting Choices for Care screens for feedback.	**N/A**	**In Compliance**

IP13	FY2019 Implementation Plan	By 8/31/18, meet with nursing facilities resident councils to discuss sharing information.	**N/A**	**Out-of-Compliance**
IP14	FY2019 Implementation Plan	By 9/30/18, develop process for CCU to provide name of interested potential Class Member to appropriate outreach provider.	**N/A**	**In Compliance**
IP15	FY2019 Implementation Plan	By 12/31/18, provide a briefing regarding Choices for Care and its applicability to the Consent Decree compliance at a Large Parties Meeting.	**N/A**	**Out-of-Compliance**
IP16	FY2019 Implementation Plan	On a quarterly basis, collect and analyze Choices for Care referral results.	**N/A**	**Out-of-Compliance**
IP17	FY2019 Implementation Plan	On a monthly basis, collect and analyze Ombudsman referral results.	**N/A**	**Partial Compliance**
IP18	FY2019 Implementation Plan	On a monthly basis, collect and analyze technology-based IDoA resources results.	**N/A**	**In Compliance**
IP19	FY2019 Implementation Plan	By 9/30/19, conduct internal review of feasibility and effectiveness of Class Member Liaison hand-offs.	**N/A**	**In Compliance**
IP20	FY2019 Implementation Plan	By 10/31/18, identify possible scope and responsibilities of a Class Member Liaison position.	**N/A**	**In Compliance**
IP21	FY2019 Implementation Plan	By 12/20/19, engage stakeholders to discuss feasibility and reasonableness of such a position.	**N/A**	**In Compliance**
IP22	FY2019 Implementation Plan	By 1/31/19, engage Court Monitor in discussions of practicalities of such a position (regarding Class Member Liaison role).	**N/A**	**In Compliance**
IP23	FY2019 Implementation Plan	By 1/31/19, convene annual training with long-term care ombudsman.	**N/A**	**Out-of-Compliance**
IP24	FY2019 Implementation Plan	By 12/31/18, convene two to three meetings with ombudsman lead to develop written mechanisms for sharing information.	**N/A**	**Out-of-Compliance**
IP25	FY2019 Implementation Plan	By 9/30/18, work with state long-term care ombudsman regarding use of Home Care Ombudsman.	**N/A**	**Out-of-Compliance**
IP26	FY2019 Implementation Plan	On a semi-annual basis, convene semi-annual meetings with Ombudsman Lead to share data about complaints, appeals, and dispositions.	**N/A**	**In Compliance**

Compliance Domain: Evaluation-Related Requirements				
5a	*Consent Decree Section VI(A)(1)*	*Each Class Member is eligible for an Evaluation to determine what Community-Based Services are required for the Class Member to transition to a Community-Based Setting. Within 180 days following the finalization of the Implementation Plan, at least 500 Class Members then residing in a Nursing Facility shall receive an Evaluation by a Qualified Professional. (Referred to as Req. 16 in CY2017 Report.)*	**N/A**	**N/A**
5b	*Consent Decree Section VI(A)(2)*	*Within 18 months following the finalization of the Implementation Plan, a total of at least 2,000 Class Members then residing in a Nursing Facility shall have received an Evaluation by a Qualified Professional. (Referred to as Req. 17 in CY2017 Report.)*	**N/A**	**N/A**
5c	*Cost Neutral Plan (2016) Section D*	*Defendants shall complete at least 1,000 Evaluations of Class Members on the Schedule by June 30, 2017, and thereafter continue to complete a sufficient number of Evaluations in a timely manner in order to achieve the transitions required under Paragraph F.*	**N/A**	**N/A**
5d	Updated Cost Neutral Plan (2018) Section D	Defendants shall complete at least 1,000 Evaluations of Class Members on the Schedule by between March 1 and June 30, 2017, and thereafter continue to complete a sufficient number of Evaluations in a timely manner in order to achieve the transitions required under Paragraph F.	**Partial Compliance**	**Partial Compliance**
6a	*Consent Decree Section VI(A)(3)*	*Subject to approval of and consistent with the Cost Neutral Plan, every Class Member then residing in a Nursing Facility shall receive an Evaluation by a Qualified Professional within the time period determined as part of the development of the Cost Neutral Plan. (Referred to as Req. 18 in CY2017 Report.)*	**N/A**	**N/A**
6b	Consent Decree Section VI(A)(7)	Subject to approval of and consistent with the Cost Neutral Plan, beginning four years following the Approval Date, the evaluations for every Class Member then residing in a Nursing Facility shall be conducted at least annually, except for Class Members who decline to receive evaluations and for Class Members who have been determined by a medical doctor to have a condition such as severe dementia or other clinically significant and progressive cognitive disorders and are unlikely to improve.	**Out-of-Compliance**	**Out-of-Compliance**

7	Consent Decree Section VII	The Qualified Professionals shall inform each Class Member during the evaluations about the existence, nature, and availability of Community-Based Services, and shall describe the Community-Based Settings, transition costs, and/or housing assistance available to Class Members in those settings.	**Partial Compliance**	**In Compliance**
8a	*Consent Decree Section VII*	*Defendants shall also ensure that the Qualified Professionals conducting evaluations provide outreach with appropriate frequency to Class Members who express concern about leaving Nursing Facilities. (Referred to as Req. 15 in CY2017 Report.)*	**N/A**	**N/A**
8b	*Cost Neutral Plan (2016) Section B*	*Defendants shall also ensure that the Qualified Professionals conducting the evaluations provide outreach with the appropriate frequency to Class Members who express concerns about leaving Nursing Facilities, and that, as has previously been recommended by the Monitor, the Peer Mentor program receives appropriate support.*	**N/A**	**N/A**
8c	Updated Cost Neutral Plan (2018) Section B	Defendants shall also ensure that the Qualified Professionals conducting the evaluations provide outreach with the appropriate frequency to Class Members who express concerns about leaving Nursing Facilities, and that, as has previously been recommended by the Monitor, the Peer Mentor program receives appropriate support.	**Partial Compliance**	**Partial Compliance**
9	Consent Decree Section VI(A)(5)	Evaluations shall be done in a timely manner and so as not to delay, where applicable, the development of the Class Member's Service Plan.	**Partial Compliance**	**Partial Compliance**
10	Consent Decree Section VI(A)(6)	Any Class Member who disputes a decision regarding eligibility for, or approval of, Community-Based Services, transition costs, and/or housing assistance or placement in a Community-Based Settings shall, pursuant to governing law, have a right to appeal through administrative review of such decisions through Defendants' existing Fair Hearings process (as set forth in 89III.Adm.Code Parts 102 and 104) or as otherwise provided law. Class Members also may avail themselves of any informal review or appeal process that currently exists.	**Partial Compliance**	**In Compliance**

11	Consent Decree Section VI(A)(7)	For those Class Members who have been offered a Community-Based Setting but have opposed moving from a nursing facility to a Community-Based Setting, the reasons for the Class Member's opposition shall be fully explored and appropriately addressed as a part of the Class Member's annual evaluation and as described in Section VII herein.	**Partial Compliance**	**Partial Compliance**
12	Consent Decree Section VI(A)(7)	Any Class Member who has received an Evaluation but has declined to move to a Community-Based Setting may thereafter request to be re-Evaluated for transition to a Community-Based Setting. Any such re-Evaluation must be conducted within 120 days of the request.	**Out-of-Compliance**	**In Compliance**
13	Cost Neutral Plan (2016) Section D	For any Class Member who remains on the Schedule a year after their Evaluation, Defendants shall update the Evaluation at least annually, except as provided in Section VI.A.7 and VI.A.8 of the Decree. These updates shall not be included in calculating the 1000 minimum required above.	**Out-of-Compliance**	**Out-of-Compliance**
14	Consent Decree Section VI(A)(8)	With respect to Evaluations and re-Evaluations described in this Section VI.A, any Class Member has the right to decline to take part in an Evaluation or re-Evaluation. A Class Member declining an Evaluation or re-Evaluation shall have the right to receive an Evaluation or re-Evaluation within 120 days of making a new request.	**Partial Compliance**	**In Compliance**
IP27	FY2019 Implementation Plan	On an ongoing basis, convene meeting of stakeholders (including outreach and evaluator providers) to discuss modification of assessment process, make refinements if necessary, and determine if process can be finalized.	**N/A**	**In Compliance**
IP28	FY2019 Implementation Plan	By 10/31/18, potentially contract with provider(s) to conduct Referral screenings.	**N/A**	**Out-of-Compliance**
IP29	FY2019 Implementation Plan	By 1/15/19, develop training curriculum and train the provider(s) on screening processes, if any.	**N/A**	**Out-of-Compliance**
IP30	FY2019 Implementation Plan	By 1/15/19, implement procedures for Class Members without SMI to be referred to Colbert MCOs for completion of the Brief and the Comprehensive Assessment and care coordination.	**N/A**	**In Compliance**

IP31	FY2019 Implementation Plan	By 1/15/19, implement procedures for Class Members with SMI to be referred to CMHCs, for completion of the Brief and the Comprehensive Assessment and care coordination.	**N/A**	**In Compliance**
IP32	FY2019 Implementation Plan	By 9/30/18, update training curriculum and train new outreach workers and Evaluators.	**N/A**	**In Compliance**
IP33	FY2019 Implementation Plan	By 9/30/18, design and implement competency-based appraisals for Evaluators.	**N/A**	**Out-of-Compliance**
IP34	FY2019 Implementation Plan	On an ongoing basis, convene bi-monthly meetings of the Assessment Workgroup.	**N/A**	**In Compliance**
IP35	FY2019 Implementation Plan	On an ongoing basis, prepare monthly assessment outcome reports for review and feedback.	**N/A**	**In Compliance**
IP36	FY2019 Implementation Plan	On an ongoing basis, document key decisions and actions implemented as a result of Assessment Workgroup meetings.	**N/A**	**In Compliance**
IP37	FY2019 Implementation Plan	On an ongoing basis, review and revise Assessment Tool or process as agreed upon with the Assessment Workgroup.	**N/A**	**In Compliance**
IP38	FY2019 Implementation Plan	By 10/31/18, IDoA will set a target of 350 Evaluations to be completed monthly, thereby generating on average 160 (48%) CMs per month who should be recommended for transition.	**N/A**	**Partial Compliance**
IP39	FY2019 Implementation Plan	By 12/31/18, determine a process for arranging verification of medical or psychiatric diagnoses for CMs who have been identified as not currently appropriate for transition by physician(s) not affiliated with Nursing Facilities.	**N/A**	**Out-of-Compliance**
IP40	FY2019 Implementation Plan	By 1/31/19, update Assessment Tool to identify the physician is not affiliated with Nursing Facilities and timeframes.	**N/A**	**Out-of-Compliance**
IP41	FY2019 Implementation Plan	Bu 8/31/18, revise method and structure of data reports to be congruent with changes in the Assessment Tool.	**N/A**	**Out-of-Compliance**
IP42	FY2019 Implementation Plan	By 9/30/18, create categories of reasons Class Members decline to be evaluated.	**N/A**	**In Compliance**
IP43	FY2019 Implementation Plan	On a semi-annual basis, conduct analysis and prepare a written report regarding why CMs declined Evaluations.	**N/A**	**In Compliance**
IP44	FY2019 Implementation Plan	On a semi-annual basis, as a result of the analysis, identify and consider recommendations to modify the applicable processes, and implement where needed.	**N/A**	**In Compliance**

IP45	FY2019 Implementation Plan	On a monthly basis, conduct quality reviews and submit reports within 45 business days after the month in which Evaluations were completed.	**N/A**	**In Compliance**
IP46	FY2019 Implementation Plan	On a semi-annual basis, share aggregate reports with the Assessment Workgroup and Colbert Parties.	**N/A**	**Out-of-Compliance**
IP47	FY2019 Implementation Plan	On a monthly basis, review and affirm Evaluator assignments for a sample of assessed CMs to one of the four Quadrants.	**N/A**	**In Compliance**
IP48	FY2019 Implementation Plan	On a quarterly basis, document the stratification of the CM population and provide reports for each Quadrant by due dates.	**N/A**	**In Compliance**
IP49	FY2019 Implementation Plan	On a quarterly basis, aggregate and report distinct and cumulative data on the categorization of CMs in each of the Four Quadrants quarterly.	**N/A**	**In Compliance**
IP50	FY2019 Implementation Plan	By 7/31/18, review and revise appeals policy and Rights to Appeal documents, if needed.	**N/A**	**Out-of-Compliance**
IP51	FY2019 Implementation Plan	By 8/31/18, release updated Complaints and Appeal documents to Outreach workers, Evaluators, Quality Administrators and Ombudsman to share with CMs or his/her guardian.	**N/A**	**Out-of-Compliance**
IP52	FY2019 Implementation Plan	On an ongoing basis, monitor and track compliance with follow up on appeal requests.	**N/A**	**Partial Compliance**
IP53	FY2019 Implementation Plan	On an ongoing basis, respond to and resolve appeal requests within 30 days after receipt.	**N/A**	**Partial Compliance**
IP54	FY2019 Implementation Plan	On a monthly basis, provide appeals information, including reasons and outcomes of appeals monthly to Colbert Parties.	**N/A**	**Out-of-Compliance**
IP55	FY2019 Implementation Plan	On a semi-annual basis, prepare and share a semi-annual written summary of appeals data with the Colbert Quality Assurance Committee.	**N/A**	**Out-of-Compliance**
Compliance Domain: Service Plan-Related Requirements				
15a	*Consent Decree Section VI(B)(1)*	*Pursuant to the Evaluations and with Class Member's input, Defendants shall develop, within 90 days after each evaluation, Service Plans specific to each Class Member. (Referred to as Req. 19 in CY2017 Report.)*	**N/A**	**N/A**
15b	Updated Cost Neutral Plan (2018) Section E	These Service Plans shall be completed within three months of the Class Member's Evaluations.	**Partial Compliance**	**Out-of-Compliance**

16a	Cost Neutral Plan (2016) Section E	*Qualified Professionals shall develop Service Plans, as provided in the Consent Decree, for Class Members with Evaluations indicating they are able to move to Community-Based Settings. These Service Plans shall be completed within three months of Class Members' Evaluations. (Referred to as Req. 20 in CY2017 Report.)*	**N/A**	**N/A**
16b	Updated Cost Neutral Plan (2018) Section E	Qualified Professionals shall develop Service Plans, as provided in the Consent Decree, for Class Members with Evaluations indicating they are able to move to Community-Based Setting.	**Partial Compliance**	**Out-of-Compliance**
17	Consent Decree Section VI(B)(1)	For those Class Members whose Service Plans include transitioning into a Community-Based setting, each Service Plan shall set forth with specificity the Community-Based Services, transition costs, home accessibility adaptation costs and/or housing assistance the Class Member needs in a Community-Based setting, including a projected timetable to complete the transition. *(Referred to as Req. 21 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
18	Consent Decree Section VI(B)(1)	Each Service Plan shall be updated at least every 180 days to reflect any changes in needs and preferences of the Class Member, including his or her desire to move to a Community-Based Setting after declining to do so, and shall incorporate, where appropriate, services to assist in acquisition of basic activities of daily living skills and illness self-management.	**Out-of-Compliance**	**Out-of-Compliance**
19	Consent Decree Section VI(B)(3)	If there has been a determination that a Class Member will not be transitioning to PSH or Private Residence (except for those Class Members who have declined transitions), the Service Plan shall specify what services the Class Member needs that could not be provided in PSH or a Private Residence and shall describe the Community-Based Services the Class Member needs to live in another Community-Based Setting that is the most integrated setting appropriate to that Class Member's needs and preferences or shall specify what services the Class Member needs and preferences or shall specify what the Class Member needs that cannot be provided in any Community-Based setting.	**Out-of-Compliance**	**Out-of-Compliance**

20	Colbert Consent Decree Amendment	Service Plan means a Person-Centered plan with the goal of moving a Class Members to a Community-Based Setting, strategies to employed to achieve that goal and a description of all Community-Based Services, transition needs, home accessibility adaptation needs, and/or housing assistance necessary to support that goal; provided, however, that a Service Plan for a Class Member declining to be evaluated for transition shall simply state "declined to be evaluated" and shall be updated at least annually; and a Service Plan for a Class Member determined by a physician not affiliated with a Nursing Facility to have a condition such as severe dementia or other severe cognitive impairments requiring such as high level of staffing to assist with activities of daily living or self-care management that they cannot effectively be served in PSH or a Private residence or who have an irreversible medical condition requiring such medical care that they cannot effectively be served in PSH or a Private residence shall simply state "severe dementia or other severe cognitive impairments or irreversible medical condition" and need not be regularly updated as provided herein. *(Referred to as Req. 24 in the CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
21	Consent Decree Section VI(D)(3)	Those Class Members not transitioning from Nursing Facilities into PSH or Private Residence shall have periodic re-evaluations with treatment objectives to prepare them for subsequent transition to the most integrated setting appropriate, including PSH or a Private Residence, except for Class Members who have chosen other living arrangements or have been determined by a physician not affiliated with a Nursing Facility to have a condition such as severe dementia or other clinically significant progressive cognitive disorders and are unlikely to improve. *(Referred to as Req. 25 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
22	Consent Decree Section VI(B)(4)	The Service Plan must be developed by a Qualified Professional in conjunction with Class Member and/or his or her legal representative, if any. *(Referred to as Req. 26 in CY2017 Report.)*	**Partial Compliance**	**In Compliance**

23	Consent Decree Section VI(B)(5)	Each Service Plan shall focus on Class Member's personal vision, preferences, strengths and needs in home, community, and work environments. *(Referred to as Req. 27 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
IP56	FY2019 Implementation Plan	By 7/31/18 and ongoing, review and revise Service Plan of Care policy and tools, as needed.	**N/A**	**In Compliance**
IP57	FY2019 Implementation Plan	By 9/30/18, take all actions necessary and reasonable to retain an expert on transitioning individuals with co-morbidities.	**N/A**	**Out-of-Compliance**
IP58	FY2019 Implementation Plan	By 8/31/18, provide training including expectations to timely involvement of Nursing Facility staff in development and follow up of goals identified in Service Plans of Care and implement revised Service Plan of Care tools created in the last quarter of FY2018.	**N/A**	**In Compliance**
IP59	FY2019 Implementation Plan	On a quarterly basis after 9/30/18, identify and capture the services that could not be provided to a Class Members and identify and capture the reasons why the service could not be provided.	**N/A**	**In Compliance**
IP60	FY2019 Implementation Plan	On a quarterly basis after 9/30/18, analyze and evaluate the data and make adjustments in the processes, as appropriate.	**N/A**	**In Compliance**
IP61	FY2019 Implementation Plan	On an ongoing basis, convene at least quarterly meetings of the Service Plan Workgroup and invite appropriate providers to review data from Service Plan of Care quality initiatives; meet more often if needed.	**N/A**	**Partial Compliance**
IP62	FY2019 Implementation Plan	By 12/31/18, provide training on Service Plan of Care development for new Care Coordinators hired during the first quarter of FY2019.	**N/A**	**In Compliance**
IP63	FY2019 Implementation Plan	On a quarterly basis, ensure Class Member's personal vision, preferences are captured in the Service Plan of Care.	**N/A**	**In Compliance**
IP64	FY2019 Implementation Plan	On a quarterly basis, capture and evaluate timeframes of updated Service Plans of Care.	**N/A**	**Out-of-Compliance**
IP65	FY2019 Implementation Plan	On a quarterly basis, analyze Service Plan of Care updates and timeliness and prepare a written report.	**N/A**	**In Compliance**
IP66	FY2019 Implementation Plan	On a quarterly basis, share the results of the report with the Service Plan of Care Workgroup.	**N/A**	**In Compliance**
IP67	FY2019 Implementation Plan	On an ongoing basis, schedule and facilitate Case Review calls for Class Members who are recommended for transition and are high risk.	**N/A**	**In Compliance**

IP68	FY2019 Implementation Plan	On an ongoing basis, provide feedback on Service Plans of Care and other relevant clinical documentation during the calls.	**N/A**	**In Compliance**
IP69	FY2019 Implementation Plan	On an ongoing basis, document Service Plan of Care recommendations and send to IDoA and Colbert providers.	**N/A**	**In Compliance**
IP70	FY2019 Implementation Plan	By 8/31/18, through discussion with the UIC-CON and IDoA, determine the feasibility of collecting and reporting data on the number of Class Members assessed to be high risk, their tenure in the community and recidivism.	**N/A**	**Out-of-Compliance**
IP71	FY2019 Implementation Plan	By 7/15/18 and then monthly, [ensure] service plan data [is] reported to IDoA (to track timeliness).	**N/A**	**In Compliance**
IP72	FY2019 Implementation Plan	By 7/31/18, re-structure CTS to enter dates and types of Service Plans completed.	**N/A**	**In Compliance**
IP73	FY2019 Implementation Plan	By 12/31/18, revise [service plan] audit tool.	**N/A**	**In Compliance**
IP74	FY2019 Implementation Plan	By 12/31/18, develop [service plan] audit schedule.	**N/A**	**In Compliance**
IP75	FY2019 Implementation Plan	By 12/31/18, consult with UIC-CON to implement a representative sampling method.	**N/A**	**In Compliance**
IP76	FY2019 Implementation Plan	On a monthly basis, beginning in February of 2019, conduct at least one audit per Colbert Provider.	**N/A**	**In Compliance**
IP77	FY2019 Implementation Plan	On a monthly basis, beginning in May of 2019, provide audit reports to providers within 30 days after audit.	**N/A**	**In Compliance**
IP78	FY2019 Implementation Plan	On a quarterly basis, provide written summaries of audit findings to Service Plan Workgroup as appropriate.	**N/A**	**In Compliance**
IP79	FY2019 Implementation Plan	On an annual basis, provide summary of audits to the Colbert Quality Assurance Committee.	**N/A**	**In Compliance**
IP80	FY2019 Implementation Plan	By 1/31/19, engage Quality Monitors (to audit Service Plan implementation).	**N/A**	**Out-of-Compliance**
IP81	FY2019 Implementation Plan	By 1/31/19, develop a field audit tool (for Service Plan implementation).	**N/A**	**Out-of-Compliance**
IP82	FY2019 Implementation Plan	By 2/28/19, provide orientation and training to Quality Monitors (for audit of SP implementation).	**N/A**	**Out-of-Compliance**

IP83	FY2019 Implementation Plan	On a quarterly basis, summarize and report data (on SP implementation audit) to Colbert Quality Assurance Committee.	**N/A**	**Out-of-Compliance**
IP84	FY2019 Implementation Plan	By 12/31/18, [ensure] the IPS Coordinator will work with IDoA to develop a streamlined process for referring Class Members who express interest in employment during the evaluation process.	**N/A**	**Out-of-Compliance**
IP85	FY2019 Implementation Plan	On an ongoing basis, [ensure] work with DHS/DRS, DCEO, IDES to promote employment opportunities for Class Members.	**N/A**	**Out-of-Compliance**
IP86	FY2019 Implementation Plan	On a semi-annual basis, [ensure that the] IDoA and IPS coordinator will review data and processes for making referrals to the state agency focused on vocational rehabilitation and will make recommendations and take actions to increase these.	**N/A**	**Out-of-Compliance**
Compliance Domain: Transition-Related Requirements				
24a	*Consent Decree Section VI(C)(6)*	*Subject to the approval of and consistent with the Cost Neutral Plan described above, by the end of the third year following the finalization of the Implementation Plan, Defendants shall have created a Community Transition Schedule that lists all Class Members living in Nursing Facilities as of that date who do not oppose moving to a Community-Based Setting. (Referred to as Req. 42 in CY2017 Report.)*	**N/A**	**N/A**
24b	*Cost Neutral Plan (2016) Section F*	*By December 30, 2016, Defendants shall create a Transition Activity Schedule (Schedule), including Class Members from the November 10, 2016, list that includes Class Members who do not oppose moving to a Community-Based Setting. The initial Schedule shall include at least 150 Class Members (excluding Class Members not yet transitioned but who are in the housing queue on December 30, 2016). (Referred to as Req. 28 in CY2017 Report.)*	**N/A**	**N/A**
24c	Cost Neutral Plan (2018) Section C	By April 22, 2018, Defendants shall create a Transition Activity Schedule (Schedule), including Class Members on the April 15, 2018 Master Class Member List, that includes Class Members who do not oppose moving to a Community-Based Setting.	**In Compliance**	**N/A**

25a	*Cost Neutral Plan (2016) Section C*	*At least every six months following the creation of the Schedule, Defendants, through the outreach efforts described in Paragraph B and in the Implementation Plan set forth in Paragraph H, shall identify and add to the Schedule at least 1,000 Class Members who do not oppose moving to a Community-Based Setting. (Referred to as Req. 29 in CY2017 Report.)*	**N/A**	**In Compliance**
25b	Updated Cost Neutral Plan (2018) Section C	The initial Schedule shall include at least 300 Class Members (excluding Class Members not yet transitioned but who are in the housing queue on March 1, 2018).	**In Compliance**	**N/A**
26a	*Consent Decree Section VI(C)(6)*	*Defendants shall ensure that Class Members listed on the Community Transition Schedule will move to appropriate Community-Based Settings at a reasonable pace, with selection prioritized by the Class Member's urgency of need for Community- Based Services or placement in a Community-Based Settings, the length of time that has passed since the Class Member was placed on the Community Transition Schedule, geographical considerations and other appropriate factors. (Referred to as Req. 37 in CY2017 Report.)*	**N/A**	**N/A**
26b	*Cost Neutral Plan (2016) Section C*	*Defendants shall ensure that Class Members on the Schedule will be moved to appropriate Community- Based settings according to the time frames detailed in Paragraph F herein. Placements will be prioritized based on their urgency of need for Community-Based Services or placement in a Community-Based Setting, the length of time that the Class Member has resided in a Nursing Facility, geographical considerations, and other appropriate factors.*	**N/A**	**N/A**
26c	Updated Cost Neutral Plan (2018) Section C	Defendants shall ensure that Class Members on the Schedule will be moved to appropriate Community- Based Settings according to the timeframes detailed in Paragraph F herein. Placements will be prioritized based on their urgency of need for Community-Based Services or placement in a Community-Based Setting, the length of time that the Class Member has resided in a Nursing Facility, geographical considerations, and other appropriate factors.	**Out-of-Compliance**	**Out-of-Compliance**

27a	*Consent Decree Section VI(C)(1)*	*By the end of the first year following the finalization of the Implementation Plan, Defendants will have moved to Community-Based Setting 300 Class Members who desire to live in Community-Based Settings and who have received an Evaluation and a Service Plan. (Referred to as Req. 38 in CY2017 Report.)*	**N/A**	**N/A**
27b	*Consent Decree Section VI(C)(2)*	*By the end of the second year following the finalization of the Implementation Plan, Defendants will have moved to a Community-Based Setting 800 Class Members who desire to live in Community-Based Settings and who have received an Evaluation and a Service Plan. (Referred to as Req. 39 in CY2017 Report.)*	**N/A**	**N/A**
27c	*Consent Decree Section VI(C)(3)*	*By the end of the thirtieth month following the finalization of the Implementation Plan, Defendants will have moved to a Community-Based Setting 1,100 Class Members who desire to live in Community-Based Settings and who have received an Evaluation and a Service Plan. (Referred to as Req. 40 in CY2017 Report.)*	**N/A**	**N/A**
27d	*Cost Neutral Plan (2016) Section F*	*Defendants will transition 250 additional Class Members to appropriate Community-Based Settings by June 30, 2017, and 300 additional Class Members by December 31, 2017. During the second quarter of 2017, the Parties and the Monitor shall discuss the proposals made by the consultant pursuant to his/her review outlined in paragraph I. (Referred to as Req. 31 in CY2017 Report.)*	**N/A**	**N/A**

27e	Updated Cost Neutral Plan (2018) Section F	Defendants will transition an additional 300 Class Members to appropriate Community-Based Settings between January 1 and June 30, 2018 (second half of FY2018), 400 additional Class Members by December 31, 2018 (first half of FY2019), an additional 450 Class Members by June 30, 2019 (second half of FY2019), and an additional 450 Class Members by December 31, 2019 (first half of FY2020). Until June 30, 2018, Defendants will continue to operate under the current Implementation Plan and will transition a sufficient number of Class Members to Community-Based Settings to comply with the Order Granting Agreed Motion to Amend Consent Decree dated December 1, 2015, Paragraph C.3.	**Out-of-Compliance**	**Out-of-Compliance**
28	Consent Decree Section VI(D)(3)	For Class Members with Mental Illness, PSH or Private Residence chosen by the Class Member shall be considered most integrated Community- Based Setting appropriate for Class Members except that for any Class Members with Mental Illness (i) who have been determined by a physician not affiliated with a Nursing Facility to have a condition such as severe dementia or other severe cognitive impairments requiring such a high level of staffing to assist with activities of daily living or self- care management and that they cannot effectively be served in PSH or Private Residence, (ii) who have medical needs requiring such a high level of skilled nursing care that they cannot effectively be served in PSH or a Private Residence, or (iii) who present an imminent danger to themselves or others, the Qualified Professional will determine, through the Evaluation process, the most integrated setting appropriate.	**Out-of-Compliance**	**Out-of-Compliance**
29	Consent Decree Section VI(B)(2)	If there has been a determination that a Class Member will be transitioning to PSH, PSH options must include one or more appropriate buildings in which fewer than 25 percent of the building's units are occupied by persons known by the Defendants to have disabilities. *(Referred to as Req. 33 in CY2017 Report.)*	**In Compliance**	**Partial Compliance**

30	Consent Decree Section VI(D)(1)	And shall take appropriate measures to keep their housing available in the event they are placed in a hospital, Nursing Facility, or other treatment facility up to 60 days. *(Referred to as Req. 34 in CY2017 Report.)*	**In Compliance**	**Partial Compliance**
31	Consent Decree Section VIII(E)	In the event that any Nursing Facility seeks to discharge any Class Member before a Community- Based Settings is available, including but not limited to, circumstances in which a Nursing Facility owner decides to close the Nursing Facility, Defendants shall take appropriate and necessary actions to ensure that such Class Members are not left without appropriate housing options based on their preferences, strengths and needs. *(Referred to as Req. 35 in CY2017 Report.)*	**In Compliance**	**Out-of-Compliance**
32	Consent Decree Section VI(D)(2)	Defendants shall take all necessary and reasonable measures to protect Class Members from being pressured not to consider appropriate alternatives to Nursing Facilities or from being subjected to retaliation in any form by Nursing Facilities for seeking alternatives to Nursing Facilities. *(Referred to as Req. 36 in CY2017 Report.)*	**Partial Compliance**	**In Compliance**
33a	Updated Cost Neutral Plan (2018) Section F	*Prior to December 31, 2018, the Parties and the Monitor shall agree upon a reasonable pace for moving all Class Members determined appropriate for transition to Community-Based Settings beginning in January 2019, and such pace shall be presented in an addendum to this Plan to be filed with the Court. If the Parties cannot agree about what constitutes a reasonable pace, the issue will be presented for the Court for resolution. (Referred to as Req. 45 in CY2017 Report.)*	**N/A**	**N/A**

33b	*Cost Neutral Plan (2016) Section F*	*Prior to December 31, 2020, the Parties and the Monitor shall agree upon a reasonable pace for moving all Class Members determined appropriate for transition to Community-Based Settings beginning January 2021, and such pace shall be presented in an addendum to this Plan to be filed with the Court. If the Parties cannot agree about what constitutes a reasonable pace, the issue will be presented to the Court for resolution.*	**N/A**	**N/A**
34a	*Cost Neutral Plan (2016) Section F*	*Benchmarks for transitions in calendar 2018 and 2019 shall be determined by the Parties in conjunction with the Monitor or the Court if the Parties are unable to agree based on the Monitor's findings and systemic enhancements made as a result thereof. (Referred to as Req. 44 in CY2017 Report.)*	**N/A**	**N/A**
34b	*Updated Cost Neutral Plan (2018) Section F*	*Benchmarks for transitions for the remainder of FY2020 and FY2021 shall be determined by the Parties in conjunction with the Monitor or the Court if the Parties are unable to agree based on the Monitor's findings and systemic enhancements made as a result thereof.*	**N/A**	**N/A**
35	*Consent Decree Section VI(C)(5)*	*If the Defendants, Monitor and Counsel for Class Plaintiffs are unable, for any reason, to agree on a Cost Neutral Plan as described above at the 30th month after finalization of the Implementation Plan, Defendants and Counsel for Class Plaintiffs shall each file a proposed Cost Neutral Plan with the Court not later than 31 months after finalization of the Implementation Plan. The Court will set appropriate schedules and proceedings to determine the Cost Neutral Plan to be effected. (Referred to as Req. 46 in CY2017 Report.)*	**N/A**	**N/A**
36	*Updated Cost Neutral Plan (2018) Section F*	*During the fourth quarter of calendar year 2018, the Parties and the Monitor shall discuss the proposals made by the consultant and the Monitor pursuant to paragraph I.*	**N/A**	**N/A**
IP87	FY2019 Implementation Plan	On an ongoing basis, work with providers to evaluate expanding resources and emphasize the expectation regarding timely reporting [on transitions].	**N/A**	**Partial Compliance**
IP88	FY2019 Implementation Plan	On an ongoing basis, review provider progress toward meeting transition goals during weekly teleconferences.	**N/A**	**In Compliance**

IP89	FY2019 Implementation Plan	On a monthly basis, distribute integrated performance dashboards to all Colbert providers for transparency.	**N/A**	**In Compliance**
IP90	FY2019 Implementation Plan	On a quarterly basis, meet with Colbert provider executives to review individual agency projections and performance.	**N/A**	**Out-of-Compliance**
IP91	FY2019 Implementation Plan	By 9/30/19, prepare a list of commitments to take additional steps in response to the discussions with the providers so as to assist the providers in meeting their transition requirements.	**N/A**	**Out-of-Compliance**
IP92	FY2019 Implementation Plan	On a quarterly basis, identify and track timeframes associated with transitioning Class Members into the community.	**N/A**	**In Compliance**
IP93	FY2019 Implementation Plan	By 8/30/18, review current transportation reimbursement methods to determine how to best realign and draft policy.	**N/A**	**In Compliance**
IP94	FY2019 Implementation Plan	By 9/30/18, meet to ascertain how to best align practices for repeat transitions and allocation of transition funds (if feasible), and to develop accompanying policy.	**N/A**	**In Compliance**
IP95	FY2019 Implementation Plan	On an ongoing basis, track and evaluate data regarding the three criteria for not using PSH to determine any trending activity.	**N/A**	**Out-of-Compliance**
IP96	FY2019 Implementation Plan	By 9/30/18, develop protocols for review of CAST Class Members who are unlikely to transition for the reasons specified in Section VI.A.7 or Section VI.D.3 of the Consent Decree.	**N/A**	**In Compliance**
IP97	FY2019 Implementation Plan	By 9/30/18, develop protocols to remove a Class Members from the CAST list because the Class refused reassessment, declined recommended housing options, was unable to be located or discharged from the Nursing Facility, reassigned to another agency based upon the CMs needs, request or geographical preferences or a reassessment does not recommend transition.	**N/A**	**In Compliance**
IP98	FY2019 Implementation Plan	By 9/30/18, draft policy addressing Class Members' present inability to secure income.	**N/A**	**Out-of-Compliance**
IP99	FY2019 Implementation Plan	By 9/30/18, establish a format for Colbert providers to present rationale for CAST determination.	**N/A**	**In Compliance**
IP100	FY2019 Implementation Plan	By 9/30/18, establish format for the outcomes of the [CAST] review.	**N/A**	**In Compliance**
IP101	FY2019 Implementation Plan	By 9/30/18, identify CAST Class Members from FY2015 through 8/30/18 and request documentation from Colbert providers.	**N/A**	**In Compliance**

IP102	FY2019 Implementation Plan	By 10/30/18, implement policy addressing Class Members' present inability to secure income.	N/A	Out-of-Compliance
IP103	FY2019 Implementation Plan	By 10/30/18, implement new formats for CAST determination rationale and the outcomes of the review.	N/A	In Compliance
IP104	FY2019 Implementation Plan	By 12/1/18, engage APN and other CAST clinical review team members.	N/A	In Compliance
IP105	FY2019 Implementation Plan	By 12/31/18 and ongoing, conduct CAST reviews.	N/A	In Compliance
IP106	FY2019 Implementation Plan	By 1/1/19, implement review meetings for CAST Class Members.	N/A	In Compliance
IP107	FY2019 Implementation Plan	On a weekly basis, schedule and facilitate Incident Report Review calls.	N/A	In Compliance
IP108	FY2019 Implementation Plan	On a weekly basis, provide feedback on the incident and recommendations for Service Plans of Care during call.	N/A	In Compliance
IP109	FY2019 Implementation Plan	On a weekly basis, complete and submit summaries of the call to the Colbert providers and IDoA.	N/A	In Compliance
IP110	FY2019 Implementation Plan	On a monthly basis, provide reports to IDoA on incident report data, including numbers of reports per Class Members in the community, types of incidents and number of review calls conducted.	N/A	In Compliance
IP111	FY2019 Implementation Plan	On 9/30/18 and 3/31/19, submit semi-annual summary of incidents for review of trends and patterns by IDoA and Colbert Quality Assurance Committee.	N/A	In Compliance
IP112	FY2019 Implementation Plan	On an ongoing basis, implement policy change and training [related to incident data] as needed based upon results of the summary reports.	N/A	Out-of-Compliance
IP113	FY2019 Implementation Plan	On an ongoing basis, conduct root cause analysis of the death, which include interviews with Colbert Provider staff, and reviews of assessments, case notes, Service Plans of Care, other clinical documentation, Medicaid claims, and available autopsy reports.	N/A	In Compliance
IP114	FY2019 Implementation Plan	On an ongoing basis, prepare and submit written reports of mortality review findings to IDoA and the relevant Colbert Providers.	N/A	In Compliance
IP115	FY2019 Implementation Plan	On a monthly basis, facilitate monthly Mortality Review calls with IDoA and the Colbert Provider staff.	N/A	In Compliance

IP116	FY2019 Implementation Plan	On an annual basis, provide an annual summary of mortalities to identify trends and patterns and inform policy development and training.	**N/A**	**In Compliance**
IP117	FY2019 Implementation Plan	On an ongoing basis, implement policy change and training [related to mortality data] as needed based upon results of summary reports.	**N/A**	**Out-of-Compliance**
IP118	FY2019 Implementation Plan	By 7/31/18, communicate with DHS/DMH regarding SOAR training under the Williams Consent Decree.	**N/A**	**Partial Compliance**
IP119	FY2019 Implementation Plan	By 8/31/18, engage with Executive Director of NAMI with the goal of entering into a contract similar to DMH's contract with NAMI for SOAR training.	**N/A**	**Partial Compliance**
IP120	FY2019 Implementation Plan	By 9/30/18, engage with Housing Locators to determine if it is feasible to move forward with SOAR training.	**N/A**	**Partial Compliance**
IP121	FY2019 Implementation Plan	On an ongoing basis, review of all steps in the housing process, including required inspections, to assure that delays are addressed and responsibilities for each step are clearly acknowledged.	**N/A**	**Out-of-Compliance**
IP122	FY2019 Implementation Plan	By 6/30/19, connect 50 Class Members with appropriate accessibility features to available SRN and 811 accessible units.		**Out-of-Compliance**
IP123	FY2019 Implementation Plan	By 7/1/18, roll out new features with [SRN] training.		**In Compliance**
IP124	FY2019 Implementation Plan	On a quarterly basis, provide training to Colbert Providers seeking housing for individuals needing reasonable accommodations.		**Out-of-Compliance**
Compliance Domain: Community-Based Services and Housing Development-Related Requirements				
37	Cost Neutral Plan (2016) Section I	*The Defendants, within 30 days of the entry of this Cost Neutral Plan, shall take any and all necessary steps to amend the contract of the Monitor to allow him to hire, retain, and pay the consultant. (Referred to as Req. 47 in CY2017 Report.)*	**N/A**	**N/A**
38	Cost Neutral Plan (2016) Section I	*The Parties and the Monitor shall discuss the consultant's findings and incorporate the Monitor's recommendations based on those findings into or as an Amendment to the updated Implementation Plan. (Referred to as Req. 48 in CY2017 Report.)*	**N/A**	**N/A**

39	Cost Neutral Plan (2016) Section F	*During the second quarter of calendar year 2017, the Parties and the Monitor shall discuss the proposals made by the consultant pursuant to his/her review outlined in paragraph I. (Referred to as Req. 52 in CY2017 Report.)*	**N/A**	**N/A**
40a	*Cost Neutral Plan (2016) Section G*	*The Defendants' responsibility to continue development of an increasing community capacity necessary and appropriate to comply with the Consent Decree and this Plan shall continue under this Plan and shall incorporate and respond to findings by the Monitor and the consultant pursuant to Paragraph I herein. (Referred to as Req. 53 in CY2017 Report.)*	**N/A**	**N/A**
40b	Updated Cost Neutral Plan (2018) Section G	The Defendants' responsibility to continue development of an increasing Community Capacity necessary and appropriate to comply with the Consent Decree and this Plan shall continue under this Plan and shall incorporate and respond to findings by the Monitor and the consultant pursuant to paragraph I herein.	**Out-of-Compliance**	**Out-of-Compliance**
41	Consent Decree Section V	Defendants shall develop and implement necessary and sufficient measures, services, supports, and other resources, such as having service providers available for and able to locate affordable housing, to arrange for transition into Community-Based Settings, and to assist Class Members with accessing Community-Based Services, consistent with the choices of Class Members, to ensure that the Defendants will meet their obligations under the Decree and the Implementation Plan. Nothing in this Consent Decree shall reduce, impair or infringe on any rights or entitlements of any Class Members in any State program or in any Medicaid program. *(Referred to as Req. 54 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**

42a	*Consent Decree Section VI(C)(6)*	*The Defendants shall identify or develop sufficient numbers of appropriate Community-Based Settings so that Class Members placed on the Community Transition Schedule will be able to move to appropriate Community-Based Settings as quickly as possible consistent with the Cost Neutral Plan. (Referred to as Req. 56 in CY2017 Report.)*	**N/A**	**N/A**
42b	*Cost Neutral Plan (2016) Section C*	*The Defendants shall identify or develop sufficient and appropriate Community-Based Settings and services so that Class Members placed on the Schedule will be able to move to appropriate Community-Based Settings in the time frames stated in this plan, or at a reasonable pace to be determined as set forth in Paragraph E below. (Referred to as Req. 55 in CY2017 Report.)*	**N/A**	**N/A**
42c	*Updated Cost Neutral Plan (2018) Section C*	The Defendants shall identify or develop appropriate Community-Based Settings and services so that Class Members placed on the Schedule will be able to move to appropriate Community-Based Settings in the time frames stated in this plan, or at a reasonable pace to be determined as set forth in paragraph F below.	**Out-of-Compliance**	**Out-of-Compliance**
43	Consent Decree Section VI(D)(1)	Defendants shall ensure that Class Members who move to a Community-Based Setting have access to all appropriate Community-Based Services, Transition Costs, Home Accessibility Adaptation Costs and/or Housing Assistance specified in their Service Plan. *(Referred to as Req. 57 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
IP125	FY2019 Implementation Plan	By Fall 2019, award CY2018 Low-Income Housing Tax Credit to successful applicants.	**N/A**	**In Compliance**
IP126	FY2019 Implementation Plan	By 3/31/19, process applications for the next Low-Income Housing Tax Credit funding round (CY2019).	**N/A**	**In Compliance**
IP127	FY2019 Implementation Plan	By 12/31/18, add 230 Section 811 rental subsidies.	**N/A**	**Partial Compliance**

IP128	FY2019 Implementation Plan	By 6/30/19, add 50 Section 811 rental subsidies.	**N/A**	**In Compliance**
IP129	FY2019 Implementation Plan	By 8/1/18, outreach to key contacts within the Medicaid MCO Health Plans to educate them about Consent Decree.	**N/A**	**In Compliance**
IP130	FY2019 Implementation Plan	Ongoing after 10/31/18, monitor and provide timely feedback for quality improvement or corrective action planning to providers regarding collaboration between Medicaid MCO Health Plans and Colbert MCOs, CMHCs and DRS Network, if necessary.	**N/A**	**In Compliance**
IP131	FY2019 Implementation Plan	On an as needed basis, provide periodic training of Medicaid MCO Health Plan providers of Medicaid updates and their role.	**N/A**	**In Compliance**
IP132	FY2019 Implementation Plan	By 12/15/18, identify gaps/barriers in services/resources and prioritize appropriate responses for possible solutions.	**N/A**	**Out-of-Compliance**
IP133	FY2019 Implementation Plan	By 1/15/19, develop service deliverables and negotiate with appropriate individuals/ providers.	**N/A**	**Out-of-Compliance**
IP134	FY2019 Implementation Plan	On an ongoing basis, reallocate monies for targeted capacity development, if possible.	**N/A**	**Out-of-Compliance**
IP135	FY2019 Implementation Plan	On a quarterly basis starting on 4/15/19, provide updates to the Court Monitor and Parties.	**N/A**	**Out-of-Compliance**
IP136	FY2019 Implementation Plan	On an ongoing basis, develop multi-year growth plan for Defendants.	**N/A**	**Out-of-Compliance**
IP137	FY2019 Implementation Plan	By 9/30/18, conclude meetings with Cook County FQHCs.	**N/A**	**Out-of-Compliance**
IP138	FY2019 Implementation Plan	By 10/15/18, report findings regarding meetings with FQHCs and develop strategy for next steps.	**N/A**	**Out-of-Compliance**
IP139	FY2019 Implementation Plan	By 8/31/18, conclude meetings with Cook County Health and Hospital Systems (CCHHS).	**N/A**	**In Compliance**
IP140	FY2019 Implementation Plan	By 9/30/18, report findings regarding meetings with CCHHS and develop strategy for next steps.	**N/A**	**Out-of-Compliance**
IP141	FY2019 Implementation Plan	By 7/31/18, identify and approach national health and behavioral health organization(s) for information regarding members and their service arrays.	**N/A**	**Out-of-Compliance**
IP142	FY2019 Implementation Plan	By 12/31/18, examine providers from other states and their processes for transitions.	**N/A**	**Partial Compliance**

IP143	FY2019 Implementation Plan	By 7/31/18, schedule a call with Mathematica – a research entity responsible for evaluation of the federal Money Follows the Person Program/Pathways to Community Living.	**N/A**	**Partial Compliance**
IP144	FY2019 Implementation Plan	On an ongoing basis, identify and request to attend conferences regarding Integrated Health Homes, Home and Community-Based Services and other topics relevant to the transitioning of individuals from institutions to Community-Based Settings.	**N/A**	**Out-of-Compliance**
Court Monitor Requirements				
CM1	Cost Neutral Plan (2016) Section I	*The Monitor, at the State's expense, with the input of the Defendants and Class Counsel, will retain an appropriate independent consultant (who will be solely chosen by, directly supervised by, report to, be directed by and solely responsible to the Monitor) to advise the Monitor on how the Defendants can develop Community Capacity sufficient to transition the required number of Class Members under the Consent Decree and the Cost Neutral Plan. The consultant will determine the current barriers to the Defendants' development of Community Capacity required to achieve compliance with the Consent Decree and the Cost Neutral Plan and to transition greater numbers of Class Members to Community-Based Settings in the future. (Referred to as Reqs. 49 and 50 in CY2017 Report.)*	**N/A**	**N/A**
CM2	Cost Neutral Plan (2016) Section I	*Within six months of the Court's approval of this Cost Neutral Plan Order, the Monitor will submit a proposal to the Defendants and Class Counsel which includes recommendations for addressing barriers to the development of Community Capacity and recommendations for substantially expanding Community Capacity in order to transition Class Members as required by the Consent Decree and the Cost Neutral Plan. (Referred to as Req. 51 in CY2017 Report.)*	**N/A**	**N/A**

Compliance Domain: Administration-Related Requirements				
44	Consent Decree Section IX(C)	Defendants will not refuse any request by the Monitor for documents or other information that are reasonably related to the Monitor's review and evaluation of Defendant's compliance with the Decree, and Defendants will, upon reasonable notice, permit confidential interviews of Defendant's staff or consultants, except their *attorneys. (Referred to as Req. 58 in CY2017 Report.)*	**In Compliance**	**Partial Compliance**
45	Consent Decree Section IX(A)	*The Court will appoint an independent and impartial Monitor who is knowledgeable concerning the management and oversight of programs, including waiver programs that serve Individuals with Mental Illness and Physical Disabilities of all ages. The Parties shall attempt to agree on the selection of a Monitor to propose to the Court. If the Parties are unable to reach agreement, each party will nominate at least one person to serve as Monitor, and the Court will select the Monitor. Within 21 days of the Approval of the Decree, the Parties shall submit their joint recommendation or separate nominations for a Monitor to the Court. In the event the Monitor resigns or otherwise becomes unavailable, the process described above will be used to select a replacement. (Referred to as Req. 59 in CY2017 Report.)*	**N/A**	**N/A**
46	Consent Decree Section IX(C)	The Monitor shall review and evaluate the Defendants' compliance with the terms of the Decree. Not less than every six months, starting no later than three months after finalization of the Implementation Plan, Defendants shall provide the Monitor and Plaintiffs with detailed report containing data and information sufficient to evaluate Defendants' compliance with the Decree and progress toward achieving compliance, with Parties and Monitor agreeing in advance of the first report of the data and information that must be included in such report. *(Referred to as Req. 60 in CY2017 Report.)*	**In Compliance**	**In Compliance**

47	Consent Decree Section IX(C)	The Defendants shall comply with the Class Counsel's requests for information that are reasonably related to Defendants' compliance with Decree, including without limitation requests for records and other relevant documents pertinent to the implementation of the Decree or to Class Members. Class Counsel also shall be permitted to review the information provided to the Monitor. All information provided to the Monitor and/or Class Counsel pursuant to the Decree shall be provided subject to the Protective Order and any applicable HIPAA requirements. *(Referred to as Req. 61 in CY2017 Report.)*	**In Compliance**	**In Compliance**
48	Consent Decree Section IX(E)	The Monitor may hire staff as necessary to fulfill his or her duties under the Decree. Defendants shall compensate Monitor and his/her staff and consultants at their usual and customary rate; reimburse all reasonable expenses to the Monitor and the Monitor's staff; consistent with guidelines set forth in "Governor's Travel Control Board Travel Guide for State Employees." After negotiation, comment and a good faith attempt to resolve all differences, Defendants may seek relief from the Court if Defendants believe that any of the Monitor's charges is inappropriate or unreasonable. *(Referred to as Req. 62 in CY2017 Report.)*	**In Compliance**	**In Compliance**
49a	*Cost Neutral Plan (2016) Section J*	*All provisions of the Consent Decree and the current Implementation Plan not specifically changed or modified by this Cost Neutral Plan or the updated Implementation Plan described in paragraph H, shall remain in full force and effect. The Parties and the Monitor, after filing their reports, shall meet with the Court at least annually to discuss and report on their progress. (Referred to as Req. 64 in CY2017 Report.)*	**N/A**	**N/A**

49b	Updated Cost Neutral Plan (2018) Section J	All provisions of the Consent Decree and the current Implementation Plan not specifically changed or modified by this Updated Cost Neutral Plan shall remain in full force and effective. The Parties and the Court Monitor shall meet with the Court at least annually to discuss and report on their progress.	**In Compliance**	**In Compliance**
50	Consent Decree Section IX(C)	The Monitor will have access to all Class Members and their records and files, as well as to those service providers, facilities, buildings, and premises that serve, or are otherwise pertinent to, Class Members, where such access is reasonably related to the Monitor's review and evaluation of Defendants' compliance with the Decree. *(Referred to as Req. 66 in CY2017 Report.)*	**In Compliance**	**Partial Compliance**
51	Consent Decree Section XII(B)	The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants. *(Referred to as Req. 63 in CY2017 Report.)*	**In Compliance**	**In Compliance**
52	Consent Decree Section IX(C)	*Within 60 days of Approval of the Decree, Defendants shall offer each of the Class Representatives the opportunity to receive appropriate services in the most integrated setting appropriate to his or her needs. Provision of services to the Class Representatives pursuant to this paragraph shall not be used to determine any other individual's eligibility for services under the terms of this Decree. (Referred to as Req. 69 in CY2017 Report.)*	**N/A**	**N/A**
52	*Consent Decree Section X*	*Within 60 days of Approval of the Decree, Defendants shall offer each of the Class Representatives the opportunity to receive appropriate services in the most integrated setting appropriate to his or her needs. Provision of services to the Class Representatives pursuant to this paragraph shall not be used to determine any other individual's eligibility for services under the terms of this Decree. (Referred to as Req. 69 in CY2017 Report.)*	**N/A**	**N/A**

53	*Consent Decree Section XI(A)*	*In full settlement of all attorney fees and costs incurred in connection with the litigation, Defendants shall pay $1,200,000 to Class Counsel in three equal payments. Defendants shall make the first payment in State Fiscal Year 2012 (which begins in July 1, 2011), the second payment in State Fiscal Year 2013 (which begins July 1, 2012), and the third payment in State Fiscal Year 2014 (which begins July 1, 2013). All of the payments shall be distributed to Class Counsel in the manner set forth in written instructions provided by Class Counsel. Furthermore, such amounts shall be set forth in one or more Judgment Orders to be entered by the Court within 14 days after Approval of the Decree. Defendants shall complete and submit all paperwork necessary for the first payment, plus applicable statutory post-judgment interest within (a) five business days after expiration of the time to appeal the Decree without the filing of a Notice of Appeal, or after the issuance of the mandate by the highest reviewing court, whichever is later, or (b) April 1, 2012, whichever is later. Defendants shall complete and submit all paperwork necessary for the second payment no later than July 1, 2012 and the paperwork necessary for the third payment, no later than July 1, 2013. (Referred to as Req. 70 in CY2017 Report.)*	**N/A**	**N/A**
54	*Cost Neutral Plan (2016) Section K*	*Until the Consent Decree is terminated, the Court shall retain exclusive jurisdiction to fully oversee, supervise, modify and enforce the terms of the Consent Decree, the current and updated Implementation Plan and this Cost Neutral Plan. (Referred to as Req. 71 in CY2017 Report.)*	**N/A**	**N/A**

55	*Cost Neutral Plan (2016) Section K*	*Pursuant to Section XIII of the Consent Decree, the Parties, jointly or separately, may request termination of the monitoring process described in Section XIII of the Consent Decree, the Consent Decree, the updated Implementation Plan and this Cost Neutral Plan at any time after December 31, 2019, if the Monitor agrees that Defendants have substantially complied with the terms of the Consent Decree, the Implementation Plan and this Cost Neutral Plan. (Referred to as Req. 72 in CY2017 Report.)*	**N/A**	**N/A**
56	*Cost Neutral Plan (2016) Section K*	*Defendants shall notify Class Counsel in writing if they intend to seek termination of the Consent Decree. (Referred to as Req. 73 in CY2017 Report.)*	**N/A**	**N/A**
57	*Cost Neutral Plan (2016) Section K*	*Class Counsel shall have 120 days from receipt of the Termination Request to conduct reasonable discovery concerning issues relevant to the determination of compliance. If Class Counsel oppose the Termination Request, Class Counsel may file a response within 120 days from the date of receipt of all information reasonably requested from defendants in the conduct of discovery. (Referred to as Req. 74 in CY2017 Report.)*	**N/A**	**N/A**
58	*Cost Neutral Plan (2016) Section K*	*The Court may grant Defendants' Termination request if the Court finds that Defendants have substantially complied with the terms of the Consent Decree, and the Court determines that Defendants have implemented and are maintaining a system that complies with the Consent Decree, the Implementation Plan and this Cost Neutral Plan. (Referred to as Req. 75 in CY2017 Report.)*	**N/A**	**N/A**
59	*Cost Neutral Plan (2016) Section K*	*The Consent Decree, the Implementation Plan and this Cost Neutral Plan shall remain in effect, and the Court shall retain its jurisdiction over the Consent Decree, the Implementation Plan and this Cost Neutral Plan, until a final order is entered granting a Termination and all appellate rights have been exhausted. (Referred to as Req. 76 in CY2017 Report.)*	**N/A**	**N/A**

60	*Consent Decree Section XII(A)*	*Approval of this Decree shall be deemed to occur on the date of the Court enters the Decree. (Referred to as Req. 77 in CY2017 Report.)*	**N/A**	**N/A**
61	*Consent Decree Section XII(C)*	*Each undersigned representative of a Defendant to this litigation and the Attorney General for the State of Illinois certifies that he or she is authorized to enter into the terms and conditions of the Decree and to execute and bind legally such Defendant to this document. Each undersigned representative of Plaintiffs certifies that he or she is authorized to enter into the terms and conditions of the Decree and to execute and bind legally the Plaintiffs to his document. (Referred to as Req. 78 in CY2017 Report.)*	**N/A**	**N/A**
62	*Consent Decree Section XII(D)*	*Unless otherwise ordered by the Court, this Decree shall terminate at the earliest to the following: (1) as specified in the Parties' joint motion to terminate the Decree, as provided in Section VI.C.4, or (2) as specified in the Cost Neutral Plan approved by the Court. (Referred to as Req. 79 in CY2017 Report.)*	**N/A**	**N/A**
IP145	FY2019 Implementation Plan	Conduct mobilization and analysis of activities for Guiding Coalition.	**N/A**	**Out-of-Compliance**
IP146	FY2019 Implementation Plan	Form applicable workgroups.	**N/A**	**Out-of-Compliance**
IP147	FY2019 Implementation Plan	Commence stakeholder engagement.	**N/A**	**Out-of-Compliance**
IP148	FY2019 Implementation Plan	Provide periodic reports to Parties and Court Monitor.	**N/A**	**Out-of-Compliance**
IP149	FY2019 Implementation Plan	By 7/31/18, train designated program staff to read financial reports.	**N/A**	**In Compliance**
IP150	FY2019 Implementation Plan	On a monthly basis, collect and analyze [financial] data.	**N/A**	**Partial Compliance**
IP151	FY2019 Implementation Plan	Monthly beginning 8/1/18, track budgeted line item expenses.	**N/A**	**Partial Compliance**
IP152	FY2019 Implementation Plan	Quarterly beginning 8/1/18, review and analyze line item expenditures.	**N/A**	**Partial Compliance**

IP153	FY2019 Implementation Plan	By 10/31/18, implement new mechanisms for reporting referral, outreach, and assessment data on the Colbert dashboard.	**N/A**	**In Compliance**
IP154	FY2019 Implementation Plan	By 8/31/18, explore potential for more effective use of Medicaid claims data with HFS and UIC-CON.	**N/A**	**In Compliance**
IP155	FY2019 Implementation Plan	On an ongoing basis, revise monthly statistical report and assess CTS.	**N/A**	**Partial Compliance**
IP156	FY2019 Implementation Plan	By 10/31/18, formalize the use of data methodology to predict projections for all phases of implementation.	**N/A**	**Partial Compliance**
IP157	FY2019 Implementation Plan	By 10/31/18, make recommendations to enhance CTS and capture key performance indicators.	**N/A**	**Partial Compliance**
IP158	FY2019 Implementation Plan	By 11/30/18, formalize data review processes.	**N/A**	**Partial Compliance**
IP159	FY2019 Implementation Plan	By 2/18/19, review data entry requirements and provider procedures.	**N/A**	**In Compliance**
IP160	FY2019 Implementation Plan	On an ongoing basis, engage additional staffing resources as noted in IP (data analyst, transition manager, housing specialist and QA/monitoring nurse).	**N/A**	**Partial Compliance**
IP161	FY2019 Implementation Plan	DHS/DMH and IDoA will schedule a series of internal meetings to dissect existing practices of both Consent Decrees and explore where alignments can best be achieved.	**N/A**	**In Compliance**
IP162	FY2019 Implementation Plan	DHS/DMH and IDoA will collect reporting documents from CMHCs to review and compare where there are differences or similarities.	**N/A**	**In Compliance**
IP163	FY2019 Implementation Plan	DHS/DMH and IDoA will schedule meetings with CMHCs to obtain stakeholder input on the realignment of documentation.	**N/A**	**In Compliance**
IP164	FY2019 Implementation Plan	DHS/DMH and IDoA to convene first semi-annual CMHC stakeholders' meetings.	**N/A**	**In Compliance**
IP165	FY2019 Implementation Plan	By 10/31/18, retool Colbert Reporting System and Colbert Tracking System.	**N/A**	**Partial Compliance**
IP166	FY2019 Implementation Plan	By August 2018 Parties Meeting, [report on] overview of [PASRR] redesign issues, strategies, and processes.	**N/A**	**Out-of-Compliance**
IP167	FY2019 Implementation Plan	By September 2018 Parties Meeting, [report on] OBRA 1 and Level 1 [PASRR]: process, tools, reporting, and tracking/follow-up.	**N/A**	**Out-of-Compliance**

IP168	FY2019 Implementation Plan	By October 2018 Parties Meeting, [report on] Level II [PASRR]: process, tools, LOC determination, setting and service recommendations, and reporting and Pre-Admission Specialized Reviews – Supportive Living Programs.	**N/A**	**Out-of-Compliance**
IP169	FY2019 Implementation Plan	[Report on] where… the four SMHRF levels fit in the continuum; how do they fit in the continuum, defining the populations, needed rule changes, [and] strategies for change.	**N/A**	**Out-of-Compliance**
IP170	FY2019 Implementation Plan	By November/December Parties Meeting, [report on] resident review triggers, process, tools, and reporting and specialized services, definitions and service provisions, and new options.	**N/A**	**Out-of-Compliance**
IP171	FY2019 Implementation Plan	By January of 2019, secure Governor's Office, DHS, HFS leadership high-level sign off and authorization to proceed [with PASRR reform].	**N/A**	**Out-of-Compliance**
IP172	FY2019 Implementation Plan	Contingent upon date of administrative approval, [design] process enhancements in partnership with MCOs.	**N/A**	**Out-of-Compliance**
IP173	FY2019 Implementation Plan	Contingent upon date of administrative approval, develop the general specifications for the PASRR data system.	**N/A**	**Out-of-Compliance**
IP174	FY2019 Implementation Plan	Contingent upon date of administrative approval, initiate procurement for PASRR data system.	**N/A**	**Out-of-Compliance**
IP175	FY2019 Implementation Plan	Contingent upon date of administrative approval, initiate procurement for MH PASRR assessment entities.	**N/A**	**Out-of-Compliance**
IP176	FY2019 Implementation Plan	Contingent upon date of administrative approval, develop MH PASRR system implementation timelines.	**N/A**	**Out-of-Compliance**
IP177	FY2019 Implementation Plan	As of 10/1/18, negotiate agreement with BRG to analyze FY2018 costs.	**N/A**	**Partial Compliance**
IP178	FY2019 Implementation Plan	As of 1/31/19, provide necessary cost information to BRG.	**N/A**	**Partial Compliance**
IP179	FY2019 Implementation Plan	As of 3/31/19, provide cost analysis to Court Monitor and Parties.	**N/A**	**Partial Compliance**
IP180	FY2019 Implementation Plan	As of 4/30/19, discuss cost analysis with Court Monitor and Parties.	**N/A**	**Partial Compliance**
IP181	FY2019 Implementation Plan	As of 9/30/18, identify members of Provider Compensation Workgroup.	**N/A**	**Out-of-Compliance**

IP182	FY2019 Implementation Plan	On a quarterly basis, hold Provider Compensation Workgroup Meetings.	**N/A**	**Out-of-Compliance**
IP183	FY2019 Implementation Plan	By 4/30/19, develop recommendations to be included in FY20 IP.	**N/A**	**Out-of-Compliance**
Court Monitor Requirements				
CM3	Consent Decree Section IX(D)	In the event the Monitor finds Defendants not in compliance with the Decree, the Monitor shall promptly meet and confer with the Parties in an effort to agree on steps necessary to achieve compliance. In the event that Class Counsel believe that Defendants are not complying with the terms of the Decree, Class Counsel shall notify the Monitor and Defendants of Defendants' potential non-compliance. The Monitor then shall review Plaintiff's claims of actual or potential noncompliance and, as the Monitor deems appropriate in his or her professional judgment, meet and confer with Defendants and Plaintiffs in an effort to agree on steps necessary to achieve compliance with the Decree. If the Monitor and Parties agree, such steps shall be memorialized in writing and incorporated into, and become enforceable as part of, the Decree. In the event that the Monitor is unable to reach agreement with Defendants and Plaintiffs, the Monitor or either Party may seek appropriate relief from the Court. In the event that Plaintiffs believe that Defendants are not in compliance with the Decree and that the Monitor has not requested appropriate relief from the Court, Plaintiffs may seek relief from the Court. The Monitor shall not communicate with the Court without advance notice to the Parties. (Referred to as Req. 68 in CY2017 Report.)	**In Compliance**	**In Compliance**

CM4	Consent Decree Section IX(B)	The Monitor's duties include evaluating Defendants' compliance with the Decree, identifying actual and potential areas of noncompliance with the Decree, mediating disputes between the Parties, and bringing issues and recommendations for their resolution to the Court. The Monitor will file a written report at least annually with the Court and the Parties regarding compliance with the Decree. Such reports shall include the information necessary, in the Monitor's professional judgment, for the Court and Class Counsel to evaluate Defendants' compliance with the terms of the Decree. Reports of the Monitor shall be filed with the Court and served on all Parties. The Monitor may redact any portions of the Report necessary to make certain confidential matters and information is not disclosed. (Referred to as Req. 65 in CY2017 Report.)	**In Compliance**	**In Compliance**
Compliance Domain: Implementation Plan-Related Requirements				
63	Consent Decree Section VIII(A)	Defendants, with input of Monitor and Plaintiffs, shall create and implement an Implementation Plan to accomplish the obligations and objectives set forth in the Decree. The Implementation Plan must, at a minimum: *(Referred to as Req. 81 in CY2017 Report.)*	**Out-of-Compliance**	**In Compliance**
64	Consent Decree Section VIII(A)(1)	Establish specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure the Defendants fulfill the requirements of the Decree. *(Referred to as Req. 82 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**
65	Consent Decree Section VIII(A)(2)	Describe hiring, training, and supervision of the personnel necessary to implement the Decree. *(Referred to as Req. 83 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**
66	Consent Decree Section VIII(A)(3)	Describe the activities required to develop Community-Based Services, Transition Costs, Home Accessibility Adaptation Costs and/or Housing Assistance and Community-Based Settings, including inter-agency agreements, requests for proposals, mechanisms for housing assistance, and other actions necessary to implement the Decree. *(Referred to as Req. 85 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**

67	Consent Decree Section VIII(A)(4)	Identify, based on information known at the time the Implementation Plan is finalized and updated on a regular basis, any services or supports anticipated or required in Service Plans developed pursuant to the Decree that are not currently available in the appropriate quantity, quality, or geographic location, and might be required to meet the obligations of the Decree. *(Referred to as Req. 86 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
68	Consent Decree Section VIII(A)(5)	Identify any necessary changes to regulations that govern Nursing Facilities in order to strengthen and clarify requirements for services to Nursing Facility residents and to provide for effective oversight and enforcement of all regulations and laws. *(Referred to as Req. 87 in CY2017 Report.)*	**Out-of-Compliance**	**Out-of-Compliance**
69	Consent Decree Section VIII(A)(6)	Describe the methods by which Defendants shall ensure compliance with their obligations of the Decree. *(Referred to as Req. 88 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**
70	Consent Decree Section VII	The Implementation Plan shall describe methods for providing outreach to Class Members. *(Referred to as Req. 84 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**
71	Consent Decree Section VII	The Implementation Plan shall describe the method by which such information will be disseminated, the process by which Class Members may request services, and the manner in which Defendants will maintain records of these requests. The Implementation Plan shall describe methods for providing outreach to Class Members. *(Referred to as Req. 90 in CY2017 Report.)*	**Out-of-Compliance**	**Partial Compliance**

72	Consent Decree Section VIII(C)	The Implementation Plan shall be updated and amended at least annually. The Monitor and Counsel for Class Plaintiffs shall review and comment upon any proposed updates or amendments at least 60 days before the effective date of any updates or amendments. In the event the Monitor or Counsel for Class Plaintiffs disagree with the Defendants' proposed updates or amendments, the Monitor or Counsel for Class Plaintiffs shall state all objections in writing at least 30 days before the effective date of any updates or amendments. In the event that Defendants, the Monitor, and Counsel for Class Plaintiffs do not agree on updates and amendments, the Court shall resolve any and all disputes before any updates or amendments become effective. *(Referred to as Req. 91 in CY2017 Report.)*	**Out-of-Compliance**	**In Compliance**
73	Consent Decree Section VIII(D)	The Implementation Plan, and all amendments or updates thereto, shall be filed with the Court and shall be incorporated into and become enforceable as part of the Decree. *(Referred to as Req. 92 in CY2017 Report.)*	**Out-of-Compliance**	**In Compliance**
74a	*Cost Neutral Plan (2016) Section H*	*The updated Implementation Plan will detail Defendants' plan to increase the pace of transitions from benchmarks required by the Consent Decree to those in the Cost Neutral Plan. Detailed plans will be set out to achieve the requirement to reach all Class Members. Specific targets for the pace of Evaluations, development of Service Plans, development of additional Community-Based Services and Settings, and all other actions and activities necessary to comply with this Cost Neutral Plan will be detailed in the updated Implementation Plan. (Referred to as Req. 89 in CY2017 Report.)*	**N/A**	**N/A**

74b	Updated Cost Neutral Plan (2018) Section H	The Phase 4 Implementation Plan will detail Defendants' plan to increase the pace of transitions from the benchmarks required by the Consent Decree to those in this Cost Neutral Plan. Detailed plans will be set out to achieve the requirement to reach all Class Members. Specific targets for the pace of Evaluations, development of Service Plans, development of additional Community-Based Services and Settings, and all other actions and activities necessary to comply with this Cost Neutral Plan and the Consent Decree will be detailed in the Phase 4 Implementation Plan.	**Out-of-Compliance**	**N/A**
75a	*Consent Decree Section VIII(B)*	*Within 180 days of Approval of the Decree, Defendants shall provide the Monitor and Counsel for Class Plaintiffs with a draft Implementation Plan. The Monitor and Counsel for Class Plaintiffs shall participate in developing and finalizing the Implementation Plan, which shall be finalized not later than nine months following the Approval Date. If, after negotiation and comment, the Monitor or Counsel for Class Plaintiffs disagrees with the Defendants' proposed Implementation Plan, the Court shall resolve all disputes and finalize the Implementation Plan. (Referred to as Req. 93 in CY2017 Report.)*	**N/A**	**N/A**
75b	*Cost Neutral Plan (2016) Section H*	*By November 2016, Defendants shall send to Class Counsel and the Court Monitor a proposed, updated Implementation Plan that will include detailed plans and programs to achieve compliance with this Cost Neutral Plan and the Consent Decree. (Referred to as Req. 94 in CY2017 Report.)*	**N/A**	**N/A**
75c	Updated Cost Neutral Plan (2018) Section H	By April 30, 2018, Defendants shall send Class Counsel and the Monitor a proposed, updated Phase 4 Implementation Plan that will include detailed plans and programs to achieve compliance with this Cost Neutral Plan and the Consent Decree.	**In Compliance**	**N/A**

76a	*Cost Neutral Plan (2016) Section H*	*The provisions of the Consent Decree regarding review and approval of the proposed Implementation Plan updates remain in effect. This updated Implementation Plan shall be finalized by the Parties and the Monitor and filed with the Court by December 30, 2016. (Referred to as Req. 95 in CY2017 Report.)*	**N/A**	**N/A**
76b	Updated Cost Neutral Plan (2018) Section H	The provisions of the Consent Decree regarding review and approval of proposed Implementation Plan updates remain in effect. The Phase 4 Implementation Plan shall be finalized by the Parties and the Monitor and filed with the Court by June 30, 2018, or, if the Parties are unable to agree on an Implementation Plan, the Parties shall submit their proposed Implementation Plans to the Court no later than July 13, 2018.	**Out-of-Compliance**	**N/A**
77	Updated Cost Neutral Plan (2018) Section I	In respectful reliance on the reports issued by the consultant in April 2017 and the Court Monitor in May 2017, the Phase 4 Implementation Plan shall include detailed and precise steps and plans to address barriers to development of Community Capacity and to expand substantially Community Capacity in order to transition Class Members as required by the Consent Decree and this Updated Cost Neutral Plan.	**Out-of-Compliance**	**N/A**