Williams V. Rauner
Case No. 05-4673
(N.D. Ill.)

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Williams Court Monitor
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I. Scope of Report

This Interim Report to the Court details the State's level of compliance as of the end of year five (July 30, 2016) of the original five-year compliance schedule in the Williams Consent Decree. This Report will describe the State's current compliance status and discuss specific compliance efforts that have occurred over the past six months (January 1, 2016 – June 30, 2016). As in prior Reports, the Court Monitor will also review and discuss relevant systems issues that directly relate to overall compliance.

II. Assessment of Current Status and Compliance for Year Five

A. Outreach to IMD Class Members

The primary method of outreach to Class Members continues to be via the National Alliance for the Mentally Ill of Greater Chicago (NAMI-GC). NAMI-GC continues to: connect with all new IMD admissions; provide detailed information to any Class Member who is interested in a community alternative; follow up with Class Members who have previously declined to participate; and work to support Class Members who are in the process of transitioning. The outreach staff also continue to perform the initial IMD-based Quality of Life Survey (see II.F.3 for discussion of Quality of Life Surveys).

In terms of volume of activity, the most recent DMH semi-annual report indicates that during the recent 6-month period NAMI performed as follows:

- 368 introductory letters signed
- 358 private interviews to explain the "Moving On" program

- 39 contacts with guardians
- 3,027 contacts with Class Members to answer questions or deal with specific concerns

NAMI-GC continues to track the specific reasons why Class Members have not participated in a Resident Review. While it is clear that there is a continuing core of Class Members (or guardians) who refuse a Resident Review and transition, there are also over 40% of the responses that indicate some level of interest in pursuing a community alternative. The largest majority of those expressing interest are simply waiting on a Resident Review to occur.

Prior Reports have discussed the critical role of Outreach Ambassadors. Ambassadors are Class Members who have successfully transitioned. As such, they have the unique perspective of one who has personally travelled the journey from IMD to community living – with all of the joys and challenges inherent in that process. Ambassadors go through a specific training program regarding their roles and responsibilities. When visiting an IMD they wear an identifying shirt that clearly states they are Outreach Ambassadors.

One of the barriers to their effectiveness has been that some IMDs restrict their physical access to a confined conference room or the entry room. This precludes natural access in conversation areas such as the cafeteria, activity rooms or smoking rooms.

There have also been issues for some Ambassadors in terms of fulfilling their eight hours per month for an assigned IMD. This necessitates ongoing recruitment of new Ambassadors to ensure this vital program is carried out for all IMDs. There are currently 12 paid Ambassadors contracted by NAMI.

DMH continues to sponsor a monthly Recovery and Empowerment Statewide Call. This call includes outreach workers and Class Members and is intended to provide information and useful tools for achieving community-oriented recovery. This has been a useful forum for questions and suggestions to DMH on how to improve the Moving On program.

In summary, the Court Monitor continues to find State Defendants in general compliance as relates to Outreach. NAMI-GC continues to provide stable and continuous outreach to all of the IMD locations. The Ambassador program continues to be a vital part of the overall outreach effort. It needs to be strengthened through additional recruitment and by removing facility restrictions (by some IMDs) in terms of Ambassador access to potentially interested Class Members. The Court Monitor is aware that some Class Members require more intense levels of support and engagement in order to make an informed decision about community living (see Elizabeth Jones Report as attached to the Court Monitor's Report to the Court on July 1, 2105). It is critical that the Ambassador program receive full support to help achieve its full potential.

B. Resident Reviews

Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS) continue to conduct all of the Resident Reviews for Williams Class Members. As of May 24, 2016, the unduplicated and cumulative total of Class Members who have been approved for transition was 3,487; this includes 3,306 recommended by the Resident Review agencies and an additional 181 approved after the reviews by the Clinical Review Teams (CRT) or via the appeal process. Overall the unduplicated percentage of persons who are recommended for transition after the Resident Review (and CRT and appeals) is at 70%.This is a slight increase over prior reporting periods.

1. Disparity Analysis

   One of the ongoing concerns has been the significant disparity of positive recommendations between LSSI and MFS. That disparity continues. The Court Monitor reviewed the most recent six-month data (October 1, 2015 – March 31, 2016) for both agencies. The 20% disparity remains – with LSSI at 83% positive recommendations and MFS at 63%. Due to the larger number of reviews conducted by LSSI, however, the overall positive percentage was 76% for this six-month period.

   DMH continues to audit 10 reviews per month. An in-depth analysis is conducted on those audited – with an eye toward the requisite level of comprehensiveness and the clinical analysis of any perceived barriers to transition. According to DMH staff, earlier perceived barriers e.g. "poor insight" or "skill deficits" are very rare. DMH staff conduct weekly teleconference calls with Resident Review staff to discuss the findings of these audits. It should also be noted that supervisors at the local Resident Review agencies review and sign off on all reviews.

2. Specialized Assessments

   DHS/DMH continues to have two contracts with UIC to conduct specialized assessments for an identified group of Class Members.

   The Department of Psychiatry is contracted to perform neuropsychological assessments for persons who have severe cognitive impairments or dementia. In addition to the assessment, the contract calls for recommendations

regarding community transition. There have been 59 referrals since the inception of this contract – 24 of those in the most current reporting period. The status of these 24 is as follows:

- 10 – recommended for a nursing level of care
- 3 – recommended for a community supervised setting
- 1 – refusal to consent
- 8 – discharged from IMD before contact via NAMI
- 2 – Pending

The second contract is with the UIC Department of Occupational Therapy and Disability and Human Development. There have been a cumulative total of 88 Class Members referred for specialized OT assessments. Of these, 29 have been recommended for community transition and either have been (or soon will be) assigned to a community provider based on Class Member preference. As of this date, none of these 29 have actually transitioned.

3. Re-Approach Efforts

In October 2015, DMH began a process of re-approaching Class Members who have here-to-fore refused to participate in the Resident Review process. These Class Members names are provided to NAMI on a monthly basis. Since October 2015, LSSI has re-approached 96 Class Members, of whom 56 (58%) completed the Resident Review process and 40 of whom are in various stages of transition. This effort underscores the importance of re-approaching in a patient but persistent manner. As noted in the outreach discussion, Class Members – many of whom have been in IMDs for years – need an ongoing process of engagement and information.

Overall, the Court Monitor finds that the State Defendants continue to make progress toward general compliance as relates to Resident Reviews. There is now a credible level of consistency and oversight of the Resident Review process – even though the 20% disparity between the two review agencies persists. The most recent combined 76% approval rate for transition is the highest it has been and speaks to strong leadership at the provider level and at the DMH level. The Court Monitor intends to do an independent review of a sample from the 24% found not recommended for community placement. The re-approach initiative is seen as very important and is clearly providing a critical opportunity for those Class Members who are uncertain to gain new information and encouragement to consider community alternatives. It will be important to analyze the outcome of this re-approach effort as well as the transition outcome of those referred via specialized assessments.

C. Transition Coordination and Community-Based Services

DMH/DHS is currently contracting with nineteen (19) community mental health agencies – ten (10) of which provide the full array of mental health services and nine (9) that provide transition services only. In May 2016, the New Foundation Center and Thresholds formally merged. This merger should allow the New Foundation Center (as part of Thresholds) to provide more comprehensive and intensive services in north suburban Cook County and Lake County. It will also strengthen the quality monitoring system for the New Foundation Center.

1. Placement Targets

As of May 24, 2016, 3,487 Class Members have been approved for transition – of which 1,612 have been offered

placement – which means a Class Member has moved or has a signed lease. The gap between those approved (3,487) and those offered placement (1,612) is 1,875. There are a variety of reasons for this gap; the major ones include: 1) Persons who declined after initially wanting to move (504); 2) persons that the designated provider says they are "unable to serve" (280) – (discussed below); 3) persons who are on "hold" – due to time-limited medical, psychiatric or behavioral issues (140); and 5) persons who are in the transition queue but not yet with a signed lease or assigned provider (477). The ongoing (and growing) concern is the length of time between initial review and ultimate transition. With nearly 900 Class Members who are in the transition pipeline at any given time, there is inevitably a discouragement factor by many Class Members as to whether the end goal is real.

Year five (5) of the Consent Decree ended on June 30, 2016. The original timeline of the Williams Decree called for all willing and recommended Class Members to be moved by the end of year five (5). This, obviously, has not occurred. In July 2015, the State had estimated a remaining number of 556 Class Members to be transitioned; however, the State believed that it could realistically only transition 400 persons during this fiscal year. As of June 30, 2016, 366 persons have been offered placement during year five (5). 34 persons less than the 400 target.

The major reason for this discrepancy is that several providers underperformed on their transition commitments. The Court Monitor visited all of the major providers during the past two months. The major barriers faced by several providers included: high staff turnover, housing access, and financial instability (in large measure due to the State's overall budget crisis). Despite the State's shortfall in

meeting its target, it should be noted that this was not for lack of DHS/DMH oversight, support and concerted effort.

2. Unable to Serve

One of the major ongoing issues in the 2015 Implementation Plan (I.P.) is how the parties interpret the Consent Decree requirements for the groups of individuals that the state has labeled "Unable to Serve." Operationally, this population (currently at 282) includes Class Members who want to move out of IMDs and have been assessed as appropriate for the community, but community providers have concluded that the services available are not adequate to meet the needs of these Class Members.

Despite the fundamental differences between the Parties on how to interpret the Consent Decree, the I.P. Agreement for year five (5) called for several action steps for this population:

- Independent Consultants

  DMH contracted with two (2) independent consultants who worked over a four-month period to directly interview 35 Class Members on the Unable to Serve list and also worked with a DMH-constituted nine-member Permanency Board to do a paper review of 31 additional Class Members. The final Report by the consultants was submitted on May 20, 2016. Included among the major findings and recommendations from the consultant's Report are: 1) With minor exceptions, all of the reviewed Class Members should be able to be served in a community setting; 2) There is a need to expand capacity for services to high-need individuals e.g. Cluster

Housing, ACT teams, Permanent Support Housing (Housing First Model) and small supervised settings; 3) Develop standardized and mandatory annual provider training as part of the provider contract; 4) Incentivize providers to transition class members more quickly; 5) Revise the provider payment methodology to shift from fee-for-service to more of a capitated and outcome-based model; and 6) Create state-level accountability and connectivity between DHS/DMH services and the IMDs.

The Court Monitor urges the state quickly to implement the key recommendations of the independent consultants. The consultants' expert opinions should be used as a template for action to meet the state's responsibilities with respect to the Unable to Serve population.

- Pilot Projects

DMH has contracted for two separate pilot projects targeted toward the Unable to Serve population. The first pilot is with Thresholds and is intended to serve ten (10) Class Members through additional nursing and peer support staff. At this point, Thresholds has identified seven (7) Class Members for transition – with two (2) persons ready to move and five (5) searching for an apartment.

The second pilot is with Trilogy and is focused on providing skills development and supports for (5) five Class Members still at Albany Care. The intent is to actually transition these five (5) Class Members within the next thirty (30) days.

The overall purpose of these distinct pilots is to evaluate success – with an eye toward replicating one or both models in the future.

- Supervised Residential

  DMH has converted four Transition Living Centers into Supervised Residential Settings – for a total of 35 beds. All of these beds are designated for persons on the Unable to Serve list. Twenty-nine (29) of these beds are currently occupied, with the remainder to be filled by June 30, 2016.

  DMH is also negotiating with Habilitation Systems, Inc. (HSI) toward the renovation and occupancy of an additional 8-bed supervised setting. The building is being renovated by HUD, so the exact date for occupancy is not yet known.

- Commitment to Move 75 Unable to Serve

  DHS/DMH – as part of the 2016 I.P. – has committed to move a minimum of 75 Class Members off the Unable to Serve list by June 30, 2016. 42 Class Members have actually been "offered" placement, primarily through some combination of the initiatives described above.

Overall, the compliance regarding transition of Class Members continues to be mixed. Specific year five (5) targets for total numbers to be transitioned (400) was not met; since year two of the Williams implementation, this was the first year that DMH has not achieved its transition benchmarks. The State also did not achieve its specific target of 75 transitions from the Unable to Serve list – falling short by 33. Both of these missed targets were not for lack

of definitive structures, plans and supports by DMH; rather these reflect the ongoing challenges in terms of provider capacity to meet agreed targets and timelines. It also reflects the need for more intensive services for some Class Members. Nevertheless, the state is out of compliance for year 5 transition coordination.

As part of the State's overall response to the Unable to Serve project, the Court Monitor strongly believes that to comply with the Decree's requirement that Class Members be afforded the most integrated setting appropriate, the State should develop community alternatives other than Supervised Residential. Cluster models, for example, can provide the same level of 24 hour oversight while still allowing Class Members to live in their own apartments. Enhanced ACT models are also a way of providing more intensive individualized services without all of the trappings of a group setting. Admittedly, the housing alternatives are complex and rely on certain criteria, some of which are outside of the State's control. For example, cluster models require (1) a landlord/property owner with enough units for lease to make the model cost effective for 24 hour peer/staff presence, (2) a landlord/property owner willing to work with a housing first model; and (3) that the units are located in a geographic area preferred by Class Members in need of such housing. All of this calls for increased attention to landlord development as part of the overall housing strategy.

The Parties and Court Monitor will soon begin negotiating the specific language for the FY 2017 Implementation Plan (I.P.). Among the critical issues still to be resolved are FY 2017 transition targets, Unable to Serve commitments and the State's Plan for managing its "Front Door" obligations (see II.F. for discussion). The Consultant's report and recommendations regarding the Unable to Serve will be an important part of this negotiation. Clearly, the State has not met the original year five (5) obligations of the Decree. The open question is how much longer it will take to do so.

D. Housing

The State has continued its strong cross-agency partnerships toward developing and accessing needed housing resources for Williams Class Members. The critical partners continue to be the Statewide Housing Coordinator (DHS), the Illinois Housing Development Authority (IHDA), DMH staff, the Corporation for Supportive Housing (CSH) and local mental health providers. Progress on multiple fronts over the past six (6) months includes:

- HUD Section 811 – This HUD-funded initiative continues with a priority for Olmstead Consent Decrees including Williams. IHDA is currently funding several building and renovation projects across the State that will (when finished) provide housing resources for Williams Class Members. There are currently 17 Williams Class Members on the waiting list. IHDA is working on expanding housing options using Section 811 Project Based Rental Assistance.

  Once a Low Income Housing Tax project is 65% complete, the referral process opens up. IHDA and the Statewide Housing Coordinator continue to conduct trainings for Williams staff on how to access housing resources – including 811.

  The question remains as to how many housing units will ultimately be accessed by Williams Class Members via 811.

- Public Housing Authorities – One of the major tasks by State Housing leaders continues to be the transition of eligible Class Members from totally State-funded Bridge Subsidies to Federally-funded Housing Choice Vouchers (HCVs).

As of June 14, 2016, 99 Williams Class Members have converted via the Chicago Housing Authority (CHA) and an additional 32 via the Housing Authority of Cook County (HACC). There are an additional 50 persons whose CHA Housing Choice Vouchers were initially "lost" due to length of time to complete the process. These Class Members are in the process of reapplying for HCV from the CHA.

The collaboration also continues with the housing authorities of Lake, Decatur and Rockford. The major thrust is for these PHAs to take advantage of the HUD option for local PHAs to give housing choice preference to Olmstead populations. The Lake County Housing Authority has now secured HUD approval. Decatur has submitted its formal application to HUD and Rockford is still completing all of the required documents for HUD approval.

- Medicaid Innovation Accelerator Program (IAP) – Illinois has been awarded (as one of eight states) technical assistance supports from the federal government. The State has put together a cross-agency team – headed by Healthcare and Family Services (HFS). The goal – over the next six (6) months – is to develop a strategy that will use existing or new federal options, e.g. federal waiver programs, to provide more housing tenancy supports and services in the community. This is another opportunity for the State to enhance its service array with Federal Financial Participation (FFP).

- Corporation for Supportive Housing (CSH)

  DHS/DMH continues to contract with CSH to assist with a variety of policy and training-related strategies – all designed to facilitate access to safe and affordable housing. Some of the specific CSH tasks have included:

- Actively participating with other Chicago and Cook County agencies in the creation of an action plan to better integrate housing and healthcare.
- Actively participating in several statewide planning efforts to assess and advocate for more supportive housing e.g. the Interagency Council on Homelessness and the IHDA Supportive Housing Workgroup.
- Assisting with the transition of Class Members from Bridge subsidies to Housing Choice Vouchers (HCVs) by tracking status and assisting providers on specific cases.
- Providing a variety of specific training opportunities for Williams providers –both via webinar and in person.
- Conducting its annual Supportive Housing Academy – targeting a confluence of developers, advocates, managed care staff and mental health providers.
- Targeting training for landlord associations on Williams issues e.g. Bridge subsidies.
- Conducting the third Consumer Satisfaction Survey regarding the Bridge Subsidy Program – to be completed by June 30, 2016.

Overall, the Court Monitor continues to find the State in compliance as relates to housing. The continued efforts to transition eligible Class Members to federally-supported housing vouchers is having tangible impact in terms of leveraging scarce State resources. The Statewide Housing Coordinator now has an additional staff position to help manage the HUD 811 wait list process. The new IHDA director has brought fresh leadership and energy to the ongoing challenge to find and access affordable housing. One of the big challenges is to find new landlords who are willing to partner on critical expansion needs e.g. cluster housing units.

E. Service Enhancements

DHS/DMH has continued its efforts to improve the service array. The following are prime examples:

1. Supported Employment – In collaboration with the Department on Aging (Colbert Decree), DMH has continued its special initiative to inform and engage Williams Class Members to pursue jobs. The initiative included hiring a project manager (the manager started October 2015) and focusing particularly on Class Members at Drop-In Centers and has been very active in meeting with Drop-In Center staff, developing information materials for Class Members and meeting with mental health providers on how to better integrate employment into the overall clinical plan.

   It is too early to know the impact of this effort. Detailed data collection began in March 2016. However, it is noteworthy that the overall number of Class Members enrolled in the Individual Placement and Support (IPS) program is now at 117 – a growth of 44 over the starting base of 73. By the time of the next Report to the Court, additional data should be available regarding this critical initiative.

2. Return to IMD Study

   The UIC College of Social Work completed its study on the underlying reasons for the 172 Class Members who returned to an IMD. While the overall percentage of returns is low, it is nevertheless critical to understand the reasons and work to improve the process.

   DMH staff have responded by looking critically at how to respond to the variety of issues that were raised in the UIC

report. Among the themes and recommendations are the following:

- Provide more intensive training/retraining of staff
- Explore the use of teams of peers for support during the early months of transition. Note: This recommendation is consistent with the Elizabeth Jones Consultation Report.
- Ensure agency staff who are relatively new have adequate training and supervision
- Ongoing awareness of the lack of IMD willingness and ability to provide basic skill development
- Inadequate upfront time and ability to build trust relationships with Class Members
- Need for awareness and services for co-occurring mental health/substance abuse programs

DMH has been working on a contract with UIC to provide specific state-of-the-art training that is responsive to this Report. At the time of this Report, no contract has yet been negotiated but discussions are underway which will hopefully soon be consummated.

The Court Monitor is encouraged with this response and totally agrees that an ongoing training initiative between DMH and providers is essential. It is noted that the Unable to Serve consultant's response also identified training as a critical need. This would be true in any environment – but especially one with high turnover plus the ongoing challenge of training on new and successful methods for serving more complex individuals in community settings.

F. Front Door – Choice and Community Alternatives

The State, under the leadership of DHS, has put together two strands of effort regarding the need to offer community alternatives prior to any IMD admission.

The first is an ongoing effort to target two hospitals in Chicago with high volumes of psychiatric admissions and referrals to long-term care. The intent was to have these pilot efforts in place by early calendar year 2016 and assign a DMH Transition Coordinator to work aggressively with hospital staff to preclude unnecessary IMD admissions. Delays in negotiations have resulted in these pilots not yet being implemented; however, good faith efforts by DMH continue.

The second component is the creation of a more comprehensive plan and implementation strategy regarding the overall mandate to offer community choices prior to IMD admission. The State – under the leadership of DHS – has put together a work group to develop this plan. At the time of filing this Report to the Court, DHS continues to work on this plan. The Court Monitor has had numerous discussions regarding the planning efforts – which have emphasized the following key points:

- The State, despite the current budgetary impasse, is committed to moving forward on this mandate. Of necessity, however, this will have to be done on a phased basis.
- The State will look to redirect resources to fund a number of community-based crisis efforts as part of the initial phase.
- The State is looking to integrate the currently disparate pre-admission processes via the PASRR mental health pre-admission screening, the SMHRF rules regarding prior admission and MCO pre-admission protocols. Hopefully, this will end up in a single pre-admission process.

- The State is exploring what crisis capacity should be permitted under the Crisis Services Unit (CSU) component of the SMHRF Act. This issue is part of the broader discussion of the necessary down-sizing and specialization of IMDs/SMHRFs.
- The Court Monitor has encouraged the State to put together a draft plan regarding all of this to share with the Court Monitor and Plaintiffs for discussion by no later than the end of July 2016.

G. Quality Assurance

As with prior periods, the State has continued to use multiple methods to track and evaluate the overall quality of care for Williams Class Members who have transitioned to community living.

1. Reportable Incidents

Exhibit 1 (attached to the Report) shows all of the 597 incidents that occurred during the most recent 6-month period of October 1, 2015 – March 31, 2016. It should be noted that the three tiers of incident severity continues:

> Level 1 – Urgent/Critical Incidents: Situations or outcomes that result in adverse occurrences impacting life, wellness and safety.
>
> Level II – Serious Reportable Incidents: Situations or outcomes that could have implications affecting physical, emotional or environmental health, well-being and community stability.

> Level III – Significant Reportable Incidents: Situations or occurrences that could possibly disrupt community tenure.

The Court Monitor has reviewed and discussed this 6-month Report with DMH staff and also reviewed related quality reports. The following observations are made:

a.) As compared to prior periods, the relative percentage of incidents has: increased somewhat for Level 1 (56 – 9.7% percent of total incidents); remained consistent for Level 2 (480 – 82.9% of total); and declined somewhat for Level III (43 – 7.4% of total).

b.) Total incidents for this 6-month period were 579 – a total increase of 83 from the prior period. As a percentage of persons who have transitioned (1,562 on average for most recent 6 months vs. 1,326 for prior 6 months), the overall percentage of incidents in relation to total transitions is unchanged.

c.) For this period, 81.6% of Class Members were without any incident; conversely the 303 Class Members who had one or more incidents were 19.4% of the total. This is very consistent over time.

d.) 67% of all Reportable Incidents were due to emergency room visits and/or hospital admissions. DMH quality staff continue to track and staff these incidents with providers.

e.) There were eleven (11) deaths of transitional Class Members during this period. Of these, nine (9) were apparently of natural/medical causes. One death was from an apparent accidental overdose of alcohol/cocaine.

The other unnatural death was the police shooting of Class Member Charles Hollstein in Lake County on

January 6, 2016. The Court Monitor has reviewed both provider agency and police review accounts of this tragic incident. The following facts are relevant:

- This 38 year old Class Member had been living successfully in the community since 2012. He was actively engaged with his provider and was by all accounts doing well.
- He had a diagnosis of schizophrenia but was stable on medication and engaged with the Assertive Community Treatment (ACT) team.
- He was living with a roommate and enjoyed sewing and taking pictures – both of which he did regularly. He also liked to dress in officer-like garb – apparently directly related to his aspirations toward being a police officer.
- On the morning of January 6, 2016, a 911 call prompted a two-car police run regarding Mr. Hollstein – who was carrying a soft BB gun and taking pictures of a school.
- The officer (and subsequently a second officer) attempted to arrest Mr. Hollstein – who ran and was reportedly tasered without success in subduing him.
- Officers in question reported Mr. Hollstein was physically resistant and stated that he was reaching for one of the officers' weapon.
- Mr. Hollstein was subsequently shot three times in the back and died shortly thereafter.
- Following a Lake County Major Crimes Task Force review, the Lake County prosecutor (on April 29, 2016) determined that the shooting officer was justified given the belief that he and his fellow officer were in danger.

f.) DMH continues to contract with the UIC School of Nursing to do mortality reviews on Williams Class Members except for those who die following a clear terminal illness. UIC does individual mortality reviews and discusses findings with DMH and provider staff. UIC will complete an aggregate mortality review in July 2016.

g.) The aggregate and cumulative number of deaths for Williams (as of June 6, 2016) is 39. This represents a cumulative mortality rate of 2.5% - which continues to compare very favorably to the Illinois Money Follows the Person Mortality (MFP) rate of 4.6% and the national MFP rate of 6%.

h.) DMH has not filled its second quality oversight position due to budgetary/position constraints. There continues to be an expressed need (even part time) for R.N. support. Quality staff are evaluating the priorities for conference call staffings with providers – believing there may be some Level I and Level II cases that do not warrant staffings.

i.) The State is in the process of converting IMDs to SMHRFs for at least one of the original four SMHRF functions. It is not yet clear how soon this process will be completed and rules will be in place. The Court Monitor's original intent to have comparable data on key incidents – including deaths – remains.

2. Quality Monitoring

DMH continues to employ ten (10) Quality Monitors who perform periodic on-site reviews of how Class Members are doing post-transition; these monitors conducted 298 home visits during this current reporting period. The original intent was to do 12-18 months of

follow-up checks – with visits after that only on a select basis.

DMH is conducting a "well-being" project for Class Members beyond the 21-month post discharge stage to determine their status and level of support. The impact of this review may influence future policy regarding the duration of Quality Monitoring.

3. Quality of Life Surveys (QOL)

DMH continues to do Quality of Life Surveys pre-discharge from the IMD and at 6 month intervals (up to 18 months) post-discharge. As with prior analysis, there was improvement from pre-discharge to post-discharge on this self-reporting assessment across all seven (7) of the evaluation domains; the seven domains are: Access, Quality, Outcome, Satisfaction, Social Connectedness, Functioning, and Treatment Plan Participation. The most significant changes in positive response were in Quality at 78.99% (pre) and 93.3% (18 months post) and also in overall Satisfaction at 66.3% (pre) and 90.3% (18 months post).

4. Quality Improvement Committee

The Quality Improvement Committee (QIC) typically meets on a quarterly basis and is intended to both share information e.g. quality indicator data and elicit thoughts/concerns regarding DMH programs/services. The QIC is regularly attended by a composite of consumers, family members, provider staff, NAMI-GC, State staff and IMD representatives. Meetings have been described as lively and interactive – with multiple questions about the impact of not having a State budget.

5. Community Tenure

As of April 30, 2016, 51.65% of transitioned Class Members have lived in the community for over 690 days (23 months). Another 21% are between the one year and 1.9 year mark. There is now an impressive and growing number of Class Members who are thriving in community settings.

Overall the Court Monitor finds that DHS/DMH continues to have a reasonably comprehensive and time-responsive Quality Assurance system. The tragic shooting death of a Class Member calls for mental health outreach to Lake County officials to develop ongoing police training for dealing with persons with mental illness – with an eye to preventing future tragedies. Such training is now being done with great success across the country. The Court Monitor looks forward to the UIC aggregate report on mortalities. It is important that DMH, despite budget issues, explore ways to utilize nursing expertise as needed in the Incident Report review and oversight with providers.

H. Budget Support

The original FY 2016 Governor's Introduced Budget was $57.0 million in General Revenue. This was revised to $46.9 in January 2016 due to projected underutilization. The majority of this underutilization was due to lower than anticipated Medicaid costs (due to MCO expansion) and lower Bridge Subsidy costs due to conversions to HUD-supported Housing Choice Vouchers. The anticipated end of year Williams expense for FY 2016 is approximately $30.1 million. The balance of the appropriation will go to other DMH expenses – specifically Medicaid.

The Governor's current Introduced Budget for FY 2017 is $42.4 million in General Revenue. This includes the assumption of 400 new Class Members who would move out of IMDs in FY 2017.

At the provider level, the budget impasse makes any planning for expansion very tenuous at best. The court mandate (in early July 2015) to require continued State payment at no less than 2015 levels has provided a floor of predictable support. However, providers are quick to point out that while Williams support is vital, the rest of their State support is also critical in order to maintain any semblance of fiscal health. By any measure, the budget impasse seriously threatens the State's ability to comply with the Williams Decree.

I. Overall Williams Compliance

State Defendants have achieved general compliance as relates to Outreach, Housing, and overall Quality Assurance. Progress continues toward general compliance on Resident Reviews. However, the State is not in compliance as relates to transition and the required mandate to allow persons a community alternative by July 1, 2016. It is unclear if the State can achieve full compliance with transition requirements by the end of year six (6). The new I.P. will need to speak to overall transition targets as well as major progress on the "Unable to Serve" population. The State's commitment to plan for the Front Door is a first step, but should be viewed as just that – a first step as opposed to a full solution to the Decree's mandate. It is highly concerning that this mandate is just now being addressed by the State – despite years of strongly recommended action by the Court Monitor. FY 2017 will require extensive and continuous work on all fronts. The lack of a budget makes all of this even more difficult at both the State and provider levels.

III. Assessment of Major Organizational Issues Relative to Williams Compliance

As in prior Reports, the Court Monitor makes the following assessments on organizational and systemic issues.

A. Development of State Policy/Practice to Offer Alternatives to Current Admissions to IMDs

As noted in II.F., this is no longer a theoretical suggestion; it is a Consent Decree mandate. The DHS workgroup has begun work on a plan that should be recognized as a critical first step. Many of the service-related issues (on the community side) are consistent with what was once in place via the comparable services initiative. Unfortunately all of those services were de-funded and closed in the spring of 2015 due to lack of funding. This new effort will require a level of consistency (and confidence) to providers who may be justifiably gun-shy.

In any event, the State needs to move aggressively to implement not only the initial phase of the plan but also subsequent phases to meet the Decree's mandate that all persons are offered a viable community alternative prior to admission to an IMD.

B. State Management, Funding and Oversight of IMDs

The State has moved to implement pieces of the original SMHRF. It is clear that all IMDs will need to apply for and be certified as SMHRFs as relates to the rehabilitative function. There is also discussion regarding moving forward with the transition role and potentially some crisis capacity.

The Court Monitor continues to believe that the State needs a centralized team to help develop policy and provide oversight and management of IMDs. This team should be the point of consistent

communication with the IMD industry and should have sufficient authority to collaborate all relevant State agencies. The Court Monitor continues to believe this team would be most appropriately placed at DHS.

As issues of Front Door management and the development of community alternatives move forward, it will be critical to envision this as a coherent system as opposed to disparate roles and authorities. The evolving Plan for the Front Door has highlighted the fact that diversion from IMDs must also include diversion from Skilled Nursing Facilities (SNFs). A holistic and sustainable remedy will require the State to operationalize its commitment in terms of State structure, integrated Olmstead compliance and the flexibility to move funds from institutions to communities.

C. Assessment of Cross-Agency Planning

The new Administration has identified the management of Long Term Services and Supports (LTSS) as one of its high priority areas. While the details of this overall strategy remain to be seen, it seems clear that there is the potential for a high degree of confluence between Olmstead compliance and the policy direction of this Administration. As discussed in III.B., the task is to put the necessary pieces together to make it happen.

D. Assessment of Leadership/Management Capacity in the Context of Overall Rebalancing

The Court Monitor continues to applaud the willingness of the DHS Secretary to evaluate options carefully and make necessary changes as information dictates.

DHS is clearly the agency responsible for multiple populations of persons with disabilities. These same disability groups are the ones

who have been inappropriately placed in Illinois institutions. The challenge is for this Administration to change necessary policies, structures and practices to turn around this long-standing problem. In so doing, the State can not only provide highly improved services for persons with disabilities, but can also do it with significantly less State cost per person served.

Reportable incidents level and categories reported by agencies

Reporting period from 10/1/2015 thru 3/31/2016

Agency	Level I - Critical										Level II - Serious							Level III - Significant									
	A	B	C	D	E	F	G	H	Total	%	I	J	K	L	M	Total	%	N	O	P	Q	R	S	T	U	Total	%
Alexian Center For Mental Health	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0.0
Association For Individual Dev.	0	0	0	0	0	0	0	0	0	0.0	0	0	0	1	0	1	0.2	0	0	0	0	0	0	0	0	0	0.0
Association House of Chicago	0	0	1	0	0	1	0	0	2	3.6	14	2	0	0	0	16	3.3	1	1	0	0	0	0	0	0	2	4.7
Comm Counseling Ctr of Chicago	1	0	0	0	0	1	0	0	2	3.6	28	2	0	2	0	32	6.7	0	0	1	0	0	0	0	0	1	2.3
Cornerstone Services	0	0	0	0	0	0	1	0	1	1.8	3	1	0	0	0	4	0.8	0	0	0	0	0	0	0	0	0	0.0
Dupage County Health Department	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0.0
Ecker Center	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0.0
Grand Prairie Services	0	0	0	0	0	0	0	0	0	0.0	5	0	0	1	0	6	1.3	0	0	0	0	0	0	0	0	0	0.0
Heartland Health Outreach Inc.	1	0	0	0	0	0	3	0	4	7.1	6	0	0	0	0	6	1.3	0	0	0	0	0	0	0	1	1	2.3
Heritage Behavioral Health Center	0	0	0	0	0	0	0	0	0	0.0	11	2	0	2	0	15	3.1	0	0	0	0	0	0	0	0	0	0.0
Human Resources Dev Inst. Inc.	0	0	0	0	0	0	1	0	1	1.8	3	1	0	12	0	16	3.3	0	0	1	0	0	0	0	1	2	4.7
Human Service Center	0	0	0	0	0	0	0	0	0	0.0	34	4	0	0	0	38	7.9	0	0	0	0	0	0	0	1	1	2.3
Iroquois County Mental Health Center	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0.0
Kenneth Young Center	1	0	0	0	0	1	0	0	2	3.6	5	0	0	0	0	5	1.0	0	0	0	0	0	0	0	0	0	0.0
Lake County Health Dept. MH	2	0	0	1	0	0	1	0	4	7.1	17	4	0	1	0	22	4.6	0	0	0	0	0	0	0	2	2	4.7
New Foundation Center	0	1	0	0	0	0	0	0	1	1.8	4	2	0	0	0	6	1.3	0	0	0	0	0	0	0	1	1	2.3
Presence Health	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0.0
The Thresholds	3	0	2	5	2	4	4	2	22	39.3	149	28	6	1	1	185	38.5	8	0	5	1	0	0	0	4	18	41.9
Trilogy Inc.	3	2	0	7	1	1	3	0	17	30.4	110	11	0	7	0	128	26.7	8	1	0	2	0	0	1	3	15	34.9
Trinity Health	0	0	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0.0
	11	3	3	13	3	8	13	2	56		389	57	6	27	1	480		17	2	7	3	0	0	1	13	43	

Unduplicated count of CMs caused reportable incidents: 303

Total reportable incidents (Level I + Level II + Level III) 579

Level I: 56 (9.7 %)

Level II: 480 (82.9 %)

Level III 43 (7.4 %)

Legends

Level I - Critical

A - Death
B - Suicide Attempt
C - Sexual Attempt
D - Physical Assault
E - Fire
F - Criminal Activity
G - Missing Person
H - Suspected Mistreatment (Abuse, Neglect)

Level II - Serious

I - Unexpected Hospital Visit/Admission
J - Nursing Facility/SMHRF (IMD) Placement
K - Fire
L - Behavioral Incident
M - Suspected Mistreatment(Exploitation)

Level III - Significant

N - Property damage/destruction
O - Vehicle accident not requiring emergency department visit
P - Eviction for non-criminal reasons
Q - Suspected mistreatment
R - Alleged Fraud/Misuse of funds
S - Eviction for alleged criminal activity
T - Missing person
U - Criminal Activity

Unduplicated Class Members: Unduplicated # of Class Members who caused total incidents. These Class Members may or may have not been transitioned during reporting period.

Total reporable incidents Total # of reportable incidents occured during reporting period.

5/26/2016