Williams v RAUNER

Case No. 05-C 4673 (N.D. Ill.)

Court Monitor FY2018 Compliance Assessment Annual Report to the Court

Gail P. Hutchings, MPA
Court Monitor

November 2, 2018

Table of Contents

Executive Summary……Page iii

Section I: Introduction……Page 1

Section II: Overview of FY2018 Compliance Assessment Findings……..Page 10

Section III: Diversion for Williams Class Members……Page 23

Section IV: Outreach to Williams Class Members……..Page 31

Section V: Evaluation of Class Members for Transition Appropriateness…….. Page 40

Section VI: Service Planning for Williams Class Members…… Page 47

Section VII: Transition Activities to Support Class Members…… Page 56

Section VIII: Community-Based Services and Housing Capacity Development……. Page 69

Section IX: Administrative Requirements…… Page 74

Section X: Implementation Planning…… Page 81

Conclusion……..Page 88

Executive Summary

This report is intended to provide Judge Joan Lefkow, Senior United States District Judge, Northern District of Illinois, and the Williams Consent Decree Parties with the Court Monitor's thorough assessment on the Defendants' (and others when relevant) fiscal year 2018 performance under *William v. Rauner* (Case No. 05 C 4673), specifically compliance with the obligations of the Williams Consent Decree. Within this report, the Court Monitor endeavors to provide the Court with a fair and neutral assessment of the Defendants' performance relative to 50 requirements in the Consent Decree, as well as the Court Monitor's performance relative to two additional requirements. This is the present Court Monitor's first report to the Court under *Williams v. Rauner.*

In June of 1999, the United States Supreme Court ruled in favor of two women who were unnecessarily confined to a Georgia psychiatric hospital and held in the groundbreaking *Olmstead v. L.C.,* 527 U.S. 581 (1999) that unnecessary segregation and confinement of people with disabilities violates the Americans with Disabilities Act, creating a legal pathway and recourse to challenge systems that inappropriately rely on institutional care and do not permit people to choose to live in the least restrictive setting appropriate to their needs.

Approximately six years later, in August of 2005, two people with mental illnesses residing in Institutes for Mental Diseases (IMDs)[1] filed a lawsuit 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. The lawsuit contended that the persons with mental illness were needlessly segregated in institutional settings and denied the opportunity to receive services in more integrated community-based settings. In September of 2010, the *Williams v. Quinn* Consent Decree was filed, which specified the State's obligations to afford Class Members the rights to live in the most integrated settings possible, through concerted efforts to divert individuals from inappropriate placement into, and transition eligible individuals out of, the 24 privately-owned Williams facilities across Illinois.

The Williams Consent Decree has 61 distinct requirements. Of those, 11 requirements are either duplicated requirements, are not relevant to the compliance period, or apply to the Court Monitor. The remaining 50 requirements relate to specific obligations for the Defendants only, focused on compliance across several interlocking domains, including diversion, outreach, evaluation, service planning, transitions, community services and housing development, administration, and implementation planning. Figure 1 summarizes the Court Monitor's compliance determinations relative to all Consent Decree requirements. Of the 50 distinct requirements applicable to FY2018, the Defendants are in compliance with 11 requirements (22%), in partial compliance with 10 requirements (20%), and out-of-compliance with 29 requirements (58%).

[1] The terms Institutes of Mental Diseases (IMDs) and Specialized Mental Health Rehabilitation Facilities (SMHRFs),

Figure 1. Defendants' Compliance with Williams Consent Decree Requirements (Total Requirements = 50)

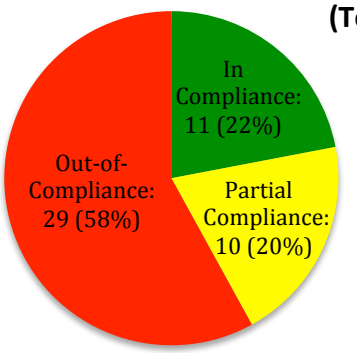


Figure 2 illustrates compliance determinations relative to each domain, aggregating to the total number of requirements falling within each compliance category. Within this report, there is a dedicated section for each of the compliance domains listed below, which includes the Court Monitor's rationale for each compliance assessment rating.

Figure 2. Synopsis of FY2018 Compliance Assessments for Williams Consent Decree Requirements

Total # and % by Domain - FY18 Requirements	Compliance Assessment Ratings by Domain		
	Diversion-Related Compliance Assessment Ratings		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
2 (100%)	0 (0%)	0 (0%)	2 (100%)
	Outreach-Related Compliance Assessment Ratings		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
3 (100%)	1 (33%)	2 (67%)	0 (0%)
	Evaluation-Related Compliance Assessment Ratings		
	In compliance	**Partial compliance**	**Out-of-compliance**
7 (100%)	2 (29%)	2 (28%)	3 (43%)
	Service Planning-Related Compliance Assessment Ratings		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
9 (100%)	0 (0%)	3 (33%)	6 (67%)
	Transition-Related Compliance Assessment Ratings		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
7 (100%)	1 (14%)	2 (29%)	4 (57%)
	Community-Based Services & Housing Compliance Assessment Ratings		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
2 (100%)	0 (0%)	0 (0%)	2 (100%)
	Administrative-Related Compliance Assessment Ratings		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
7 (100%)	6 (86%)	1 (14%)	0 (0%)
	Implementation Planning-Related Compliance Assessment Ratings		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
13 (100%)	1 (8%)	0 (0%)	12 (92%)

Despite substantial FY2018 under-performance, the Defendants have a history of near-compliance with transition requirements, achieving greater than 90% of transitions for five of seven years of Consent Decree implementation. Further, the Defendants have – over the past seven years – developed several processes/systems that have proven effective and durable. These include, but are not limited to, an outreach infrastructure, mechanisms to facilitate high percentages of Class Members transitioning into Permanent Supportive Housing (the Consent Decree-required housing option), evaluation efforts that reach a significant proportion of Class Members, and a specialized clinical team to review provider decisions to overturn or delay recommended transitions for clinical, medical, financial and other reasons.

It is also important to recognize that to-date, the Defendants have transitioned more than 2,300 Class Members, and quality of life data reveals that their lives have significantly improved. The Defendants conduct an evaluation of Class Members who have transitioned since the beginning of the Williams Consent Decree, surveying them at pre-transition, 6 months after transition, 12 months after transition, and 18 months after transition. The outcomes of this evaluation are unequivocal: on average, Class Members self-report better access to care, quality of care, satisfaction with their care, social connectedness, and treatment plan participation after they have transitioned out of Williams facilities. Of note, rates of Class Member satisfaction with treatment and services averaged 66.4% prior to transition, and jumped to 89.6% at 6 months post-transition, and 90.1% at 12 months post-transition.[2]

Behind these figures are real people, such as Debra,[3] one of the original Williams Class Members. Debra's story provides a salient example of how transitioning out of a Williams facility can drastically improve Class Members' quality of life, increase their participation in the community, and support the realization of their potential which benefits the broader community. In August of 2018, the Court Monitor learned that Debra remains living in the community. She is tackling a number of personal challenges, including switching to a new psychiatrist, managing her auditory hallucinations, and attempting to quit smoking. Debra attends weekly therapy, participates in a weekly art class, and regularly visits a local community center for peer support and socialization. Debra serves as an Ambassador in the Williams program, sharing her transition story to build connections, foster hope, and model to other Class Members considering transitioning that a successful transition and life in the community is, in fact, possible.

Unfortunately, a significant portion of Debra's cohort of *original* Class Members is not living in the community. Data regarding the disposition of the original 4,169 Class Members (as of June 30, 2018) reveals that nearly eight years after Consent Decree implementation, 1,613 (39%) remain in Williams facilities, 657 (16%) are deceased, and 763 (18%) are now residing in other nursing facilities. An additional 180 Class Members

[2] *Williams v Rauner Consent Decree.* Williams Semi-Annual Report 14. July 1, 2017 – June 30, 2018. Submitted September 13, 2018.

[3] This Class Member's name has been replaced with a pseudonym to preserve her anonymity and confidentiality.

are no longer in the Class as they are not on Medicaid. Eight years later, of the 4,169 original Class Members, only 602 (14.5%) have been transitioned to the community under the Williams program and an additional 354 (8.5%) have been transitioned through non-Williams programs.

Despite years of near-compliance with Williams transition requirements, a serious trend has begun that requires immediate attention and change. As displayed in Figure 3, in fiscal years 2012 to 2017, the Defendants averaged a performance outcome for Class Members transitions of 92.5%. For the assessment period covered by this report, FY2018, the Defendants' performance percentage decreased to 79%. As of the end of the first quarter of FY2019, the Defendants performance has significantly dropped even more with only 41 achieved transitions out of the 100[4] required. While the Defendants have the remainder of FY2019 to increase the number and rate of transitions, if the current rate remains constant for the rest of FY2019, one can expect a performance outcome of only 41%, an all-time low mark during the entirety of the Williams program with serious consequences for Class Members now and in the future.

Figure 3. Class Member Transitions: Fiscal Years 2012–2018

Fiscal Year (FY)	# Transitions Required by FY	# Transitions Achieved by FY[5]	Performance %[6]
2012	256	263[7][8]	103%[9]
2013	384	354	92%
2014	423	320	76%
2015	390	374	96%
2016	400	374	94%
2017	400	377	94%
2018	400	315	79%

The Defendants' major domains of non-compliance – described in more detail throughout this report - are related to barriers at the highest level of Williams functioning. These issues represent areas in which the Defendants possess inherent strengths, capital, and resources capable of reversing underperformance, and unless promptly addressed, will result in the program's continued decline. These issues include:

[4]A total of 400 transitions are required during FY2019; the 100 figure used here represents one-quarter of the fiscal year's required transitions to apply context to the number of transitions achieved during the first quarter.
[5]147 Class Members were duplicates who signed more than one lease in more than one fiscal year. This figure does not include those 147 Class Members (DMH data, August 15, 2018).
[6]Ibid.
[7]The Defendants reported 294 transitions, however, this number included 31 Class Members were transitioned outside of the Williams program; this figure does not include these transitions (DMH data from August 15, 2018).
[8]Data reported for FY12 included transitions through November of 2012, thus exceeding the fiscal year by 5 months. It is unclear if and how many of those transitions were also reported in FY13 transition data (DMH data from August 15, 2018).
[9]Data reported for FY12 included transitions through November of 2012, thus exceeding the fiscal year by 5 months. It is unclear if and how many of those transitions were also reported in FY13 transition data (DMH data from August 15, 2018).

- *Absent high-level leadership with authority and accountability.* A change in direction to reverse the downward trend of transitions and other areas of non-compliance will require stronger, proactive leadership, resulting in a clearly articulated vision to comply with and eventually exit the Decree, a sense of urgency, a commitment to systems-level change, and agile systems and provider development. Without this new force, the Defendants will likely remain in the inertia that has resulted in six consecutive years of non-compliance relative to transition requirements and other critical terms of the Decree.
- *Inadequate action regarding state- and system-wide diversion.* The Consent Decree obligates the Defendants to have redesigned its nursing facility screening process by June of 2016, resulting in a controlled front door to the system. Two years after this due date, diversion efforts remained limited to a small pilot and the nursing facility screening process remains materially broken, resulting in inappropriate admissions into Williams facilities and a growing Williams Class size.
- *Lack of data-driven decision making.* A great deal of Class Member-level data exists and is available to the Defendants for use in informing requisite provider and systems-level investments, needed process improvements, and other actions and decisions to support greater compliance and attainment of numeric transition requirements and to alleviate the on-going infringement of Class Members' rights. There exists no coherent Williams-wide use of such data and decision-making about programmatic planning and implementation.
- *Insufficient provider type, quantity, and capacity to address significant and recurring barriers.* The Defendants assert that the current Williams Class is more medically and psychiatrically complex, rendering them more difficult to transition. Regardless of this claim's veracity, the Defendants must develop new services and supports that match Class Member intensity of need. Various evidence-based and promising services and supports – such as benefits acquisition support for those with low or no incomes or enhanced Assertive Community Treatment teams that serve individuals with medical complexities – could help propel the Defendants into compliance. The Defendants show little serious consideration or attempts at implementing a host of best practices, to date, largely ignoring provider feedback, former and current Court Monitor and other expert recommendations, and other successful state and local government efforts to transition institutionalized populations.

In this report, the Court Monitor has provided contextual data to assist the Court and the Parties in understanding the full scope and detail of observed compliance issues. In addition, specific recommendations are offered for the Defendants' consideration to achieve or enhance compliance, and as such, advance the civil rights of people with psychiatric disabilities, while facilitating their full participation in, contribution to, and, in fact, enrichment of community life.

Gail P. Hutchings, MPA
Court Monitor *Williams v. Rauner*
November 2, 2018

Section I. Introduction — Background and Context

This report presents the Court Monitor's assessment ratings and relevant discussions of the Defendants' compliance under *Williams v. Rauner* (Case No. 05 C 4673; United States District Court for the Northern District of Illinois – Eastern Division) based on the assessment period of fiscal year 2018. The report's bases for assessment of compliance include the original Williams Consent Decree requirements.

The report is issued in fulfillment of the Consent Decree's requirement for the Court Monitor to, "Within 60 days after the end of each year of service, the Monitor will report to the Court and the Parties regarding noncompliance with the Decree. Such reports shall include the information necessary, in the Monitor's professional judgment, for the Court and the Plaintiffs to evaluate Defendants' compliance or non-compliance with the terms of the Decree. The Monitor may file additional reports as necessary. Reports of the Monitor shall be served on all Parties."[10] Judge Lefkow appointed Gail P. Hutchings, MPA, as Court Monitor for *Williams v. Rauner* on September 29, 2017[11]; this is her first Williams Consent Decree compliance assessment report to the Court.[12]

Compliance Assessment Period. The period of compliance assessment covered by this report is July 1, 2017 to June 30, 2018, otherwise referred to as fiscal year 2018 or FY2018. 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.

Case in Brief. The Williams Consent Decree was filed on September 29, 2010.[13] In 2005, 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) and Section 504 of the Rehabilitation Act by segregating and institutionalizing adults with mental illnesses in 24 Williams facilities, also Institutions for Mental Diseases (IMDs), located across Illinois and failing to provide opportunities for those individuals to live and receive services in the most integrated setting appropriate to their needs. The lawsuit named five Defendants in Illinois state government, including the Governor, Secretary of the Illinois Department of Human Services, the Director of the Division of Mental Health of the Illinois Department of Human Services, the Director of the Illinois Department of Healthcare and Family Services, and any of their successors.[14] The Defendants did not

[10] Williams v. Quinn, Case No. 05 C 4673, United States District Court for the Northern District of Illinois, Eastern Division. Filed September 29, 2010. Pg. 21.
[11] Judge Lefkow appointed Ms. Hutchings to also serve as Court Monitor for *Colbert v. Rauner* (Case No. 07 C 4737) on September 26, 2017.
[12] The work and contributions of Jake Bowling, MSW, to the compliance assessment report are gratefully acknowledged.
[13] Williams v. Rauner was transferred from Judge William T. Hart to Judge Joan Lefkow on September 8, 2017.
[14] Williams v. Blagojevich, Case No. 05 C 4673, United States District Court for the Northern District of Illinois, Eastern Division. Filed August 15, 2005. Pg. 7.

admit to violations and a Consent Decree was agreed upon by the Parties[15] and entered by the Court on September 10, 2010. The Division of Mental Health in the Department of Human Services was vested as the lead implementation agency for the Consent Decree since the onset of the program's implementation.

The Consent Decree defines Williams Class Members as, "All Illinois residents who are eighteen (18) years of age or older and who: (a) have a Mental Illness; (b) are institutionalized in a privately owned Institution for Mental Diseases;[16] and (c) with appropriate supports and services may be able to live in an integrated community setting.[17]

The Consent Decree enumerates specific requirements placed on the Defendants, some time-limited and others ongoing, pertaining to activities necessitated by the Consent Decree, which include diversion, outreach, evaluations, service plans, community-based service and housing capacity development, transitions, implementation planning, and administrative requirements. The Consent Decree identifies the process to hire a Court Monitor, specifies his or her duties, grants to him or 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 are to be involved in various processes and states that the Court will make final determinations on matters that the Parties cannot agree upon.

Various court orders filed before the end of the FY2018 compliance assessment period that have impacted requirements under the Consent Decree have been recorded and include, but are not limited to:

- Williams Consent Decree Order, entered on September 29, 2010;
- The initial Implementation Plan, approved on July 29, 2011;
- The Order by the Honorable William T. Hart appointing Dennis Jones, MSW, MBA, as Court Monitor, signed on November 1, 2010;
- The Order to substitute Bruce Rauner for Pat Quinn as named Defendant (Governor), signed on January 29, 2015;
- The case reassigned to the Honorable Joan H. Lefkow for all further proceedings, September 8, 2017; and,
- The Order by the Honorable Joan H. Lefkow appointing Gail Hutchings, MPA, as Court Monitor, signed on September 26, 2017.

---

[15] The original Parties to *Williams v. Quinn* include Class Counsel (Americans Civil Liberties Union of Illinois; Kirkland and Ellis, Equip for Equality, and Bazelon Center for Mental Health Law) and Defendants (Governor of the State of Illinois, the Secretary of the Illinois Department of Human Services, the Director of the Division of Mental Health of the Illinois Department of Human Services, the Director of the Illinois Department of Public Health, the Director of the Illinois Department of Healthcare and Family Services).

[16] The terms Institutes of Mental Diseases (IMDs) represents a Federal classification (pursuant to Medicaid regulations) assigned to hospitals, nursing facilities, or other institutions that each have more than 16 beds, serve adults, and where more than 50% of its residents have diagnoses of serious mental illness.

[17] Williams v. Quinn, Case 1:05-cv-04673; Docket #326, Filed 3/15/10; Page 2 of 23.

Conversion of Williams facilities from IMDs to SMHRFs. Of the 24 Williams facilities (see text box) named in the Consent Decree, as the result of legislation passed in 2013, 21 are now referred to as Specialized Mental Health Rehabilitation Facilities, or SMHRFs, two are seeking SMHRF status but still operate as long-term care facilities, and one recently announced its closure in Fall 2018.[18] All are still Institutes of Mental Disease (IMDs). The Court Monitor is unclear about the rationale for re-classifying these facilities as SMHRFs from nursing facilities. In her site visits to five randomly-selected Williams facilities (acknowledging that this represents a limited number/sample of Williams facilities), the Court Monitor was gravely concerned about the apparent lack of active treatment and other conditions within these facilities. (More detail regarding observed conditions within SMHRFs is provided in Section V).

> ***Defining Terms.*** The terms Institutes of Mental Diseases (IMDs) and Specialized Mental Health Rehabilitation Facilities (SMHRFs), while often used interchangeably, denote different things. An IMD is a Federal classification (pursuant to Medicaid regulations) assigned to hospitals, nursing facilities, or other institutions that each have more than 16 beds, serve adults, and where more than 50% of its residents have diagnoses of serious mental illness. Under the terms of the Specialized Mental Health Rehabilitation Act of 2013, a SMHRF is one of the 24 facilities previously categorized as long-term care facilities that were re-classified as Specialized Mental Health Rehabilitation Facilities. Many use these two terms interchangeably in Williams-related program documentation and discussions. For the purposes of this report, the terminology used to refer to these 24 facilities collectively is "Williams facilities."

The former Court Monitor also had concerns about the appropriateness and oversight of the SMHRFs to the extent that he requested the state to engage a qualified consulting firm to explore the merits of moving fiscal control of SMHRFs from the Department of Healthcare and Family Services (HFS) to the Department of Human Services' (DHS) Division of Mental Health (DMH) and whether such a transfer might enhance compliance under the Williams Consent Decree. In February of 2018, Baker Tilly submitted the Fiscal Responsibility Transfer Assessment,[19] informally referred to as the feasibility study. The consultants suggested that it would be too costly to transfer SMHRF fiscal oversight from HFS to DHS/DMH. While the transfer of fiscal control was not recommended, the firm offered several other important recommendations to strengthen fiscal and operational efficiency of SMHRFs and their oversight.

The recommendations addressed issues that continue to thwart Consent Decree compliance including: improving communication and coordination with Managed Care Organizations (MCOs) through stronger case management procedures, contracting with a non-DMH entity for utilization management to authorize care and payment within SMHRFs, and implementing a co-led oversight structure between DMH and HFS. Despite commitments from the Defendants to consider these recommendations and multiple requests from the Court Monitor to be apprised of such deliberations and their

[18] Monroe Pavilion submitted notice of closure to the Illinois Department of Public Health effective November 10, 2018, thus reducing the number of facilities covered under the Williams Consent Decree from 24 to 23.

[19] Fiscal Responsibility Transfer Assessment. Baker Tilly. Submitted February 2018.

outcome(s), no further information has been provided and the recommendations appear to have gone ignored with no commitments or discernable actions.

Size of Williams Class: FY2012–FY2018. Determination of the total size of the current Williams Member Class entails counting two subgroups: those residing in Williams facilities/IMDs and have not left pursuant to the Williams Consent Decree process and those who have been transitioned out of these facilities under the Consent Decree implementation into community-based housing and services settings.[20]

The first sub-group – those residing in Williams facilities - is referred to as the census.[21] Figure 4 provides data on the total census of the 24 Williams facilities per fiscal year-end between 2012 and 2018. For the compliance assessment period, Illinois Department of Healthcare and Family Services data indicates a facility status census total of 3,808 residents (reported as of the first day of FY2018),[22] a decrease of 282 residents or 6.9% since FY2012. The second sub-group of the current Class entails the number of Class Members transitioned into the community through the Williams program. Also indicated in Figure 4, as of the end of the FY2018 compliance assessment period and since the beginning of FY2012, the Defendants have transitioned a total of 2,238[23] Class Members.

Figure 4. Williams Class Size: FY2012 to FY2017 and Number and Percentage of Class Members Transitioned by Year

Fiscal Year[24]	24 Williams' Facilities Census	Year-to-Year % Change (Facility Census Only)	Number of Transitioned Class Members	% Of Transitioned Class Members based on Total Class Size (Facility Census Only)
2012	4090	*(Baseline)*	263[25,26]	6.4%
2013	4058	-0.8%	354	8.7%
2014	3852	-5.1%	321	8.3%
2015	3830	-0.6%	374	9.8%
2016	3776	-1.4%	374	9.9%
2017	3776	0.0%	377	10%
2018	3808	+0.8%	315	8.3%

[20] A third sub-group of Williams Class Members includes those who left Williams facilities (IMDs), but did not do so under the Williams program. These individuals are not considered to be part of the current Class size (Plaintiffs' response letter to Court Monitor Draft Report, October 16, 2018).
[21] HFS IMD census includes Medicaid-eligible residents for the time period.
[22] The Class Member census represents a point-in-time figure that varies over time; the census count increases throughout the year due to admissions and decreases due to transitions, deaths, and other discharges.
[23] 147 Class Members were duplicates who signed more than one lease in more than one fiscal year. This figure does not include those 147 Class Members (DMH data from August 15, 2018).
[24] The census is the total number of residents as of the first day of the fiscal year (e.g. FY2012 figure was based on census as of July 1, 2011).
[25] The Defendants reported 294 transitions, however, this number included 31 Class Members transitioned outside of the Williams program; this figure does not include these transitions (DMH data from August 15, 2018).
[26] Data reported for FY12 included transitions through Nov. 2012, exceeding the fiscal year by 5 months. It is unclear if and how many of those transitions were also reported in FY13 transition data (DMH data from August 15, 2018).

Of the original Class, 1,613 Class Members (39%) still remain in Williams facilities, 657 (16%) are deceased, and 763 (18%) are now residing in other nursing facilities. An additional 180 Class Members are no longer Class-eligible, as they are not on Medicaid. Further, of the 4,169[27] original Class Members, only 602 (14.5%) have been transitioned under the Williams program.

Williams' Facilities Resident Census Trends Analysis. While not a specific requirement under the Consent Decree, one can examine the Williams' facilities resident census data to determine trends within timeframes as an indication of progress related to the state's efforts toward overall long-term care systems rebalancing efforts that espouses moving away from institutional care to community care. Based on HFS data reported above, between FY2012 and FY2018, the total resident census of the Williams facilities declined by a total of 282 residents, representing a downward change of 6.9%. Averaged by year, this is an annual change of 1.2%. During the same timeframe, the number of Class Members transitioned annually to the community as a percentage of the portion of the Class size comprised by Class Members in Williams facilities ranged from 6.4% to 10%.

One potential cause for this slow downward trend in Williams facilities census is an uncontrolled system front door issue, specifically as it relates to the inappropriate admission of people with serious mental illness into Williams facilities/IMDs and other institutions. The Defendants obligation to institute the needed processes to avoid inappropriate IMD placements — through the redesign of nursing facility-screening processes, known as Pre-Admission Screening and Resident Review (PASRR) — is clear in the Consent Decree. More detail on this issue as it specifically relates to Illinois' apparently flawed screening process is contained in Section II of this report. Not only is the importance of effective diversion programs consistent with the best practices of high quality health/mental health systems, but it is also an integral strategy to assist the Defendants in complying with and exiting the Decree.

The Decree required the Defendants to institute a statewide diversion program to divert adults with serious mental illness from unnecessary Williams facilities admissions by June 2016. However, while they have implemented a diversion pilot program — and after pressure from the Court Monitor and Plaintiffs agreed to scale the program to 22 more hospitals in FY2019 — they have resisted implementation of a full statewide diversion program, one that the Consent Decree requires to result in, "no individual with Mental Illness whose Service Plan provides for placement in Community-Based Settings [being]… housed or offered placement in an IMD at public expense unless… he or she declines" the opportunity to transition.[28] In October of 2018, the Defendants revealed that the required statewide diversion program would not be expanded in FY2019, due to state contracting and procurement issues, further delaying compliance.

---

[27] The number differs slightly from the original census data reported in Figure 4 because HFS provided an updated number in October 18, 2018 to correct a previous formula error.
[28] Williams Consent Decree, Section VI.

Number of Transitions by Year: Required vs. Achieved. Figure 5 depicts the number of annual Court-required transitions of Class Members from Williams facilities to community-based settings versus those transitions achieved by year since the beginning of the Consent Decree's implementation.[29] Between FY2012 and FY2018, a total of 2,238 Class Members have been transitioned, with the Defendants only (potentially) exceeding transition requirements in one out of the seven years of Williams implementation. For this report's period of compliance assessment, FY2018, the Defendants transitioned a total of 315 Class Members out of the required 400, resulting in a performance rate of 79%, their second-worst performance period since the Decree's commencement and a steep decline from prior years' performance.

Figure 5. Class Member Transitions: Fiscal Years 2012–2018

Fiscal Year (FY)	# Transitions Required by FY	# Transitions Achieved by FY[30]	Performance Percentage[31]
2012	256	263[32][33]	103%[34]
2013	384	354	92%
2014	423	320	76%
2015	390	374	96%
2016	400	374	94%
2017	400	377	94%
2018	400	315	79%

Notably, while outside of the compliance assessment period for this report, data for FY2019 compliance with transition requirements is available for the first quarter of the fiscal year (July 1, 2018 to September 30, 2018). This data is relevant to this report as it demonstrates the continuing and concerning downward trend in transition performance. The Williams FY2019 Implementation Plan required 400 transitions and as of September 30, 2018 (25% into the fiscal year), and only 41 (or 10%) of the required transitions have been achieved. While the Defendants have the remainder of FY2019 to increase transition numbers and rates, if this current rate remains constant, only 40% of the required transitions will be met by fiscal year's end. Transition performance for five of the past seven years resulted in greater than 90% compliance; thus the dramatic decreases in FY2018 and to-date in FY2019 are troubling. These negative outcomes undoubtedly require a thorough reexamination and significant changes to the current resources and processes used to transition Williams Class Members.

[29] Data provided by Illinois Division of Mental Health, 8-15-18.
[30] 147 Class Members were duplicates who signed more than one lease in more than one fiscal year. This figure does not include those 147 Class Members (DMH data from August 15, 2018).
[31] Ibid.
[32] The Defendants reported 294 transitions, however, this number included 31 Class Members transitioned outside of the Williams program; this figure does not include these transitions (DMH data from August 15, 2018).
[33] Data reported for FY12 included transitions through November of 2012, thus exceeding the fiscal year by 5 months. It is unclear if and how many of those transitions were also reported in FY13 transition data (DMH data from August 15, 2018).
[34] Again, data reported for FY12 included transitions through November of 2012, thus exceeding the fiscal year by 5 months. It is unclear if and how many of those transitions were also reported in FY13 transition data (DMH data from August 15, 2018).

Class Member Demographics. The following offers a snapshot of Class Member demographics (i.e., race, gender, age), retrieved from registration data captured by the Mental Health Collaborative for Access and Choice, which serves as the Administrative Services Organization for the William program. This data reflects those Class Members approved for transition and assigned to transition entities and whose information is entered into a database as a part of their initial registration process.[35] Demographic characteristics of 4,136 Class Members include:

- **Race:** 1,914 (57.4%) are Black, 1,984 (48%) are White, 129 (3.1%) are classified as "race/ethnicity not available," 433 are Asian (1.6%), and the remaining 43 Class Members (1%) are American Indian/Alaska Native, report more than one race, or are Native Hawaiian or other Pacific Islander, respectively.[36]
- **Gender:** 2,708 (65.5%) are male and 1,428 (34.5%) are female;
- **Age:** 340 (8.2%) are age 65 and older, 2,242 (54.2%) are age 45-64, 1,452 (35.1%) are age 25-44, 97 (2.3%) are 21 to 24, and five (.1%) are age 18-20.
- **History of Mental Health Treatment:** 45.4% of Class Members have a history of continuous treatment for mental health problems, 63.3% have a history of continuous residential treatment due to mental illness, 60.3% have a history of living in multiple residential settings, and 74.3% have a history of receiving outpatient mental health services.[37]
- **Diagnoses:** Data[38] show that 66.8% have a primary diagnosis of schizophrenia and other psychotic disorders, 30.1% are diagnosed with bipolar and mood disorders, and the remainder of diagnoses include anxiety and stress disorders, disorders of childhood or adolescence, and other mental disorders.[39]

Williams Program Budgeted vs. Actual Expenditures. The Williams program is allocated a multimillion-dollar 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. It is important to note that this budget does not include costs for mainstream resources that — while available to and used by some Williams Class Members — are not exclusively developed or designated for them, such as some Medicaid spending, housing subsidies, community-based behavioral health services, healthcare, and housing services developed or paid for outside of Consent Decree implementation activities.

[35] This data reflects all Williams Class Members who were registered by transition agencies since Consent Decree inception in October 2011.
[36] The sum of these percentages exceeds 100% because some Class Members have self-reported more than one race/ethnicity category.
[37] These categories are not mutually exclusive.
[38] This data is reported as International Classification of Diseases (ICD) 10 diagnoses.
[39] The total number of ICD-10 frequencies equals 3,544. This is less than the overall number of Class Members in the database (4,136) because some individuals have ICD-9 scores instead.

In FY2018, the annual Williams program budget was close to $44.8 million.[40] In FY2018, approximately $37.8[41] was spent, constituting 84% budget expenditure versus allocation rate. In FY2017, only about $36.2 million was actually expended out of a budget of $42.4 million, representing 85% of the budget.[42] These fiscal years and associated spending rates are part of a multiyear pattern of under spending within the allocated Williams program budget. This fiscal data indicates that while the Defendants were unable to meet transition requirements in FY2017 and FY2018, 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 a number of areas, ranging from investing in the development of additional community-based provider and housing capacity to the design and implementation of a robust nursing facility diversion program.

Compliance Assessment Approach. The Court Monitor endeavored to use a straightforward and transparent approach to plan and carry out the compliance assessment approach under Williams for FY2018. During the Court Monitor's first Large Parties Meeting in December 2017 and in at least six subsequent meetings and written documents, the Parties were informed that compliance assessment would be conducted for each required element in the original Consent Decree as updated by any subsequent Court documents impacting those requirements (i.e., Implementation Plans). The stated expectation was that the Defendants 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.

The Court Monitor met with DHS, including DMH, staff in February 2018 to discuss feedback on Semi-Annual Compliance Report 13, which was submitted in December of 2017, and expectations for future reports. During both May and July 2018, the Court Monitor provided the Defendants, via the DHS/DMH project lead and DHS counsel, with a spreadsheet that listed each required Williams compliance element based on the original Consent Decree and subsequent documents that updated or otherwise amended compliance requirements. The Defendants agreed to use the Court Monitor-provided framework for the required Semi-Annual Compliance Reports.

In February and July, respectively, the Defendants submitted the required Semi-Annual Compliance reports; the first report covered the reporting period of July 1 to December 31, 2017, and the second covered January 1 to June 30, 2018. For each report, the Court Monitor conducted an analysis of required versus submitted information needed to assess compliance and provided the Defendants with two additional opportunities to submit the missing data and information. In some instances, the Defendants ultimately

[40] Exact amount budgeted for FY2018 was $44,792,900. DHS data provided October 5, 2018.
[41] As of October 5, 2018, DHS reported $37,757,912.30 was spent during FY2018 and noted that additional expenditures could still result before the fiscal year is closed out.
[42] The FY2017 Budget was $42,392,900 and $36,167,630 was spent (DHS data provided on October 5, 2018).

provided the required data and information and for others they did not. Relevant sections in this report reflect both circumstances.

Compliance Assessment Report Development Process. The Court Monitor and her staff relied upon a variety of information and data sources in developing the report, including information provided by the Parties during monthly Large Parties Meetings and other ad hoc meetings; Court Status Hearings; Semi-Annual Compliance Reports; Williams Implementation Plans and Amendments; various reports and documents issued by the state and its contractors; other data and information reported by the state; Illinois State statutes, policies, and administrative rules; information provided by the Plaintiffs and key informants (e.g., Class Members, outreach, service, and housing provider agency staff, Ombudsman); and observations and information derived from interviews, medical and other records reviews, and materials from the Court Monitor's site visits to a randomly selected sample of Williams facilities located across Illinois in June 2018. The Court Monitor has not audited or otherwise independently verified reported data provided by the state or other sources.

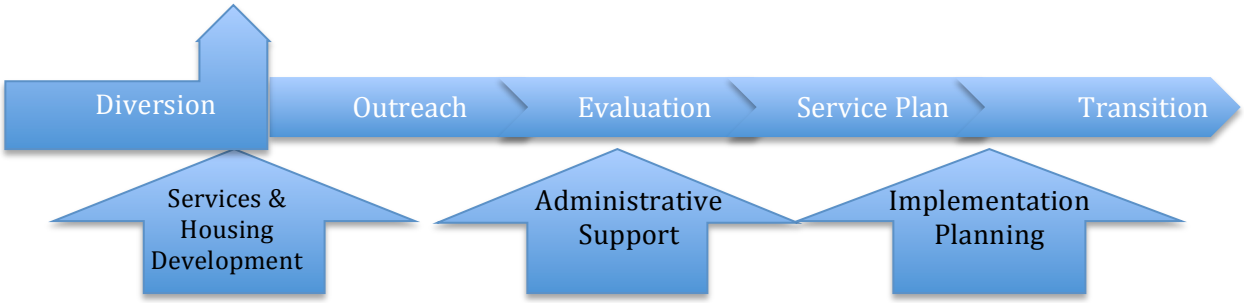
To ensure the report's data and other factual content accuracy, a draft version of the report was shared with the Defendants and the Plaintiffs (Parties) on October 8, 2018 and they were provided an opportunity to identify factual errors or omissions. The Defendants and the Plaintiffs provided separate written responses. The final report incorporates changes or comments to the extent that the Court Monitor agreed that corrections were justified and appropriate.

Section II. Overview of FY2018 Compliance Assessment Findings

The Williams Consent Decree contains 50 specific numeric-, process-, and quality-related requirements of the Defendants that are focused on designing, developing, and implementing a program that facilitates and operationalizes opportunities for eligible Class Members with serious mental illness to re-enter the community from unnecessary confinement in the 24 Williams facilities (Institutes of Mental Disease). These requirements span multiple domains of the Defendants' obligations pursuant to the Williams Consent Decree, including diversion, 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.

The following five sections of this report address the individual domains of diversion, outreach, evaluation, service planning, and transition support, respectively, and reflect the step-by-step sequence by which a Class Member might interface with Williams program processes (see Figure 6). Following these sections, three additional sections focus on the domains of expansion of community-based services and housing, implementation planning, and administration and reporting. Within each domain, the specific requirements relative to that domain as dictated by the Consent Decree are listed in sequential order 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 (i.e. Consent Decree). Finally, the Court Monitor sought to not assess and report compliance on duplicated requirements, which likely worked to benefit the Defendants.

Figure 6. Sequence of Basic Williams Processes by Domain



The individual compliance domains illustrated in Figure 6 include the subsequent elements in 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 FY2018 assessment period. Each compliance criterion correlates to the Consent Decree.

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 with achieving or strengthening compliance with requirements relevant to the domain.

For the report's purposes, one of three compliance assessment determinations (in compliance, partial compliance, out-of-compliance) was assigned to each Williams Consent Decree requirement that is applicable to the compliance assessment period of FY2018. 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 7 displays the compliance assessment determination categories used by the Court Monitor and their definition of use in the report.

Figure 7. Court Monitor Compliance Assessment Rating Categories and Definitions

Compliance Assessment Rating Category	Definition	Legend
In Compliance	The Defendants'[43] performance was substantially in accordance with the criterion, requirement, or obligation.	Green
Partial Compliance	The Defendants have met some aspects or parts and have not met some aspects or parts 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.	Red
Other Categories:		
Not Relevant to Reporting Period	The Defendants were not required to demonstrate compliance, as the requirement is applicable only before or after the FY2018 assessment period.	
Requirement of Court Monitor	Requirements reflect obligations of the Court Monitor.	
Repeated Language	Requirements have already been represented and rated (either separately or within other requirements) and double counting would skew the overall compliance determination.	

Some requirements under the Williams 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."[44] In both circumstances, data

[43] The majority of requirements apply to the Defendants. Compliance occasions that involve others among the Parties and/or the Court Monitor are identified as such.
[44] Williams Consent Decree, Section IX.

and information is provided, with source citation, to support or justify the Court Monitor's compliance assessment determinations. Figure 8 shows that, among the 50 distinct requirements applicable to the Defendants in FY2018, the Defendants were assessed as in compliance with 11 requirements (22%), in partial compliance with 10 requirements (20%) and out-of-compliance with 29 requirements (58%).

Figure 8. Defendants' Compliance with Williams Consent Decree Requirements (Total Requirements = 50)

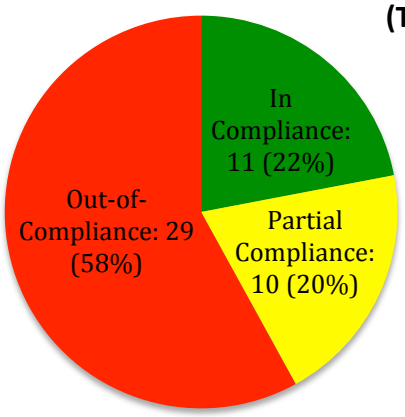


Figure 9 reflects the requirements from the Consent Decree, divided into the eight compliance domains listed above and provides the Court Monitor's FY2018 compliance assessment rating for each.

Figure 9. FY2018 Compliance Assessment Ratings for Williams Consent Decree Requirements

FY2018 Compliance Assessment Ratings for Diversion-Related Requirements			
Req. #	**Source/Citation**	**Williams Consent Decree Requirement Language**	**Compliance Rating**
1	**Williams Consent Decree VI(8)(A)**	Within one (1) year of finalization of the Implementation Plan, no individual with Mental Illness shall be admitted to an IMD without a prescreening having first been conducted through the PASRR Process and an initial Service Plan completed. Defendants will ensure that the PASRR Process: identifies and assesses individuals who may be appropriate for placement in a Community-Based setting; identifies Community-Based Services that would facilitate that placement; and ensures that approved admissions to IMDs are only for those IMDs that can provide treatment consistent with the individual's initial Service Plan and consistent with the goal of transition to a Community-Based Setting.	**Out-of-Compliance**

2	**Williams Consent Decree VI(8)(B)**	After the first five (5) years following the finalization of the Implementation Plan, no individual with Mental Illness whose Service Plan provides for placement in Community-Based settings shall be housed or offered placement in an IMD at public expense unless, after being fully informed, he or she declines the opportunity to receive services in a Community-Based Setting.	**Out-of-Compliance**
FY2018 Compliance Assessment Ratings for Outreach-Related Requirements			
3	**Williams Consent Decree VII(10)**	Defendants shall ensure that Class Members have the opportunity to receive complete and accurate information regarding their rights to live in Community-Based Settings and/or receive Community-Based Services, and the available options and opportunities for doing so.	***Repeated Language***
4	**Williams Consent Decree VI(6)(C)**	Defendants shall ensure, as provided in the Implementation Plan, that all Class Members shall be informed about Community-Based Settings, including Permanent Supportive Housing, and Community-Based Services available to assist individuals in these settings, and the financial support Class Members may receive in these settings.	**Partial Compliance**
5	**Williams Consent Decree VI(9)(C)**	Class Members shall not be subjected to any form of retaliation in response to any option selected nor shall they be pressured to refrain from exploring appropriate alternatives to IMDs.	**Partial Compliance**
6	**Williams Consent Decree VII(10)**	All costs for outreach shall be borne by Defendants.	**In Compliance**
FY2018 Compliance Assessment Ratings for Evaluation-Related Requirements			
7	**Williams Consent Decree VI(9)(C)**	Qualified Professionals shall inform Class Members of their options pursuant to subparagraphs 6(a), 6(d), and 7(b) of this Decree.	**In Compliance**
8	**Williams Consent Decree VI(6)(A)**	Within two (2) years of the finalization of the Implementation Plan described below, every Class Member will receive an independent, professionally appropriate and person-centered Evaluation of his or her preferences, strengths and needs in order to determine the Community-Based Services required for him or her to live in PSH or another appropriate Community-Based Setting.	***Not Relevant to Reporting Period***
9	**Williams Consent Decree VII(10)**	In addition to providing this information, Defendants shall ensure that the Qualified Professionals conducting the Evaluations engage residents who express concerns about leaving the IMD with appropriate frequency.	**Partial Compliance**
10	**Williams Consent Decree VI(6)(B)**	Any Class Member has the right to decline to take part in such Evaluation. Any Class Member who has declined to be evaluated has the right to receive an Evaluation any time thereafter on request.	**Out-of-Compliance**
11	**Williams Consent Decree VI(6)(C)**	Defendants shall ensure that Evaluations are conducted by Qualified Professionals as defined in this Decree.	**In Compliance**
12	**Williams Consent Decree VI(6)(D)**	After the second year following finalization of the Implementation Plan, the Evaluations described in Subsection 6(a) shall be conducted annually.	**Partial Compliance**

13	**Williams Consent Decree VI(6)(D)**	As part of each Class Member's annual Evaluation, the reasons for any Class Member's opposition to moving out of an IMD to a Community-Based Setting will be fully explored and appropriately addressed as described in Section VII.	**Out-of-Compliance**
14	**Williams Consent Decree VI(6)(D)**	Any Class Member who has received an Evaluation but has declined to move to a Community-Based Setting may request to be reassessed for transition to a Community-Based Setting any time thereafter.	**Out-of-Compliance**
FY2018 Compliance Assessment Ratings for Service Plan-Related Requirements			
15	**Williams Consent Decree VI(7)(C)**	The Service Plan shall be developed by a Qualified Professional in conjunction with the Class Member and his or her legal representative. The Qualified Professional also shall consult with other appropriate people of the Class Member's choosing.	**Partial Compliance**
16	**Williams Consent Decree VI(7)(D)**	Each Service Plan shall focus on the Class Member's personal vision, preferences, strengths and needs in home, community and work environments and shall reflect the value of supporting the individual with relationships, productive work, participation in community life, and personal decision-making.	**Out-of-Compliance**
17	**Williams Consent Decree VI(7)(A)**	Based on the results of the Evaluations described above, Defendants shall promptly develop Service Plans specific to each Class Member who is assessed as appropriate for transition to a Community-Based Setting.	**Out-of-Compliance**
18	**Williams Consent Decree VI(7)(F)**	The Service Plan shall be completed within sufficient time to provide appropriate and sufficient transitions for Class Members in accordance with the benchmarks set forth in the Decree.	**Out-of-Compliance**
19	**Williams Consent Decree VI(7)(B)**	For each Class Member who does not oppose moving to Community-Based Setting, the Service Plan shall, at a minimum, describe the Community-Based Services the Class Member requires in a Community-Based Setting, and a timetable for completing the transition.	**Out-of-Compliance**
20	**Williams Consent Decree VI(9)(A)**	Those Class Members not transitioning from IMDs to permanent supportive housing will have ongoing reassessments with treatment objectives to prepare them for subsequent transition to the most integrated setting appropriate, including PSH.	**Out-of-Compliance**
21	**Williams Consent Decree VI(7)(A)**	Each Service Plan shall be periodically updated 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 services where appropriate to assist in acquisition of basic instrumental activities of daily living skills and illness self-management. Acquisition of such skills shall not be a prerequisite for transitioning out of the IMD.	**Out-of-Compliance**

22	**Williams Consent Decree VI(7)(B)**	If there has been a determination that a Class Member is not currently appropriate for PSH, the Service Plan shall specify what services the Class Member needs that could not be provided in PSH 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.	**Partial Compliance**
23	**Williams Consent Decree VI(7)(E)**	The Service Plan shall not be limited by the current availability of Community-Based Services and Settings; provided, however, that nothing in this subparagraph obligates Defendants to provide any type of Community-Based Service beyond the types of Community-Based Services included in the State Plan and Rule 132.	**Partial Compliance**
FY2018 Compliance Assessment Ratings for Transition-Related Requirements			
24	**Williams Consent Decree VI(9)(A)**	PSH will be considered the most integrated setting appropriate for Class Members except that, (1) for any Class Members (i) who have 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 that they cannot effectively be served in PSH, (ii) who have medical needs requiring a high level of skilled nursing care that may not safely be provided in PSH, or (iii) who present an imminent danger to themselves or others, the evaluator will determine the most integrated setting appropriate, which may be PSH or another setting, and (2) nothing in this paragraph shall prevent Class Members who can and wish to live with family or friends or in other independent housing that is not connected with a service provider from doing so.	**Partial Compliance**
25	**Williams Consent Decree VI(9)(B)**	Class Members who move to a Community-Based Setting will have access to all appropriate Community-Based Services, including but not limited to reasonable measures to ensure that their housing remains available in the event that they are temporarily placed in a hospital or other treatment facility.	**Partial Compliance**
26	**Williams Consent Decree VI(8)(A)**	Within five (5) years of the finalization of the Implementation Plan, all Class Members who have been assessed as appropriate for living in a Community-Based Setting will be offered the opportunity to move to a Community-Based Setting.	**Out-of-Compliance**
27	**Williams Consent Decree VIII(15)**	In the event that any IMD seeks to discharge any Class Member before appropriate housing is available, including but not limited to circumstances in which an IMD decides to close, Defendants will ensure that those individuals are not left without appropriate housing options based on their preferences, strengths, and needs.	**Out-of-Compliance**

28	**Williams Consent Decree VI(8)(G)**	By the end of the fifth year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement to one hundred percent (100%) of all individuals who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the fourth year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since the finalization of the Implementation Plan.	**Out-of-Compliance**
29	**Williams Consent Decree VI(8)(G)**	For purposes of this Decree, PSH includes scattered-site housing as a well as apartments clustered in a single building, but no more than 25% of the units in one building with more than 4 units may be used to serve PSH clients known to have mental illness. For buildings with 2 to 4 units, no more than 50% of the units may be used to serve PSH clients known to have mental illness. However, during first 5 years after finalization of the IP, up to 75 class members may be placed in buildings where more than 25% of the units serve PSH clients known to have MI if those buildings were used to serve PSH clients prior to March 1, 2010. After first 5 years following the finalization of the IP, all class members served in PSH shall be offered the opportunity to reside in buildings that comply with 25% or 50% units limit set forth above in this subparagraph.	**In Compliance**
30	**Williams Consent Decree VI(8)(H)**	After the end of the fifth year following finalization of the Implementation Plan, Class Members who are assessed as appropriate for living in a Community-Based Setting, who do not oppose transition to a Community-Based Setting and whose Service Plans provide for placement in Community-Based Settings shall be offered the opportunity to move to those settings and shall receive appropriate services consistent with the Service Plan within one hundred and twenty (120) days of the date of the Service Plan.	**Out-of-Compliance**
31	**Williams Consent Decree VI(8)(C)**	By the end of the first year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement in a Community-Based Setting to a minimum of 256 Class Members who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed 256 PSH units for the benefit of Class Members.	***Not Relevant to Reporting Period***

32	**Williams Consent Decree VI(8)(D)**	By the end of the second year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement in a Community-Based Setting to a minimum of 640 Class Members (including the 256 referenced in subparagraph 8c above) who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed 640 PSH units for the benefit of Class Members.	***Not Relevant to Reporting Period***
33	**Williams Consent Decree VI(8)(E)**	By the end of the third year after the finalization of the Implementation Plan, Defendants will have (1) offered placement to at least forty percent (40%) of all individuals who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Settings; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the second year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since finalization of the Implementation Plan.	***Not Relevant to Reporting Period***
34	**Williams Consent Decree VI(8)(F)**	By the end of the fourth year after the finalization of the Implementation Plan, Defendants will have (1) offered placement to at least seventy percent (70%) of all individuals who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the third year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since finalization of the Implementation Plan.	***Not Relevant to Reporting Period***

35	**Williams Consent Decree X(21)**	Within sixty (60) days of Approval of the Decree, Defendants shall offer each of the Named Plaintiffs the opportunity to receive appropriate services in the most integrated setting appropriate to his or her needs and wishes, including PSH. Provision of services to the Named Plaintiffs pursuant to this paragraph shall not be used to determine any other individual's eligibility for services under the terms of the Decree.	***Not Relevant to Reporting Period***
FY2018 Compliance Assessment Ratings for Community-Based Services & Housing Requirements			
36	**Williams Consent Decree V(5)**	Defendants shall ensure the availability of services, supports, and other resources of sufficient quality, scope and variety to meet their obligations under the Decree and the Implementation Plan.	**Out-of-Compliance**
37	**Williams Consent Decree V(5)**	Defendants shall implement sufficient measures, consistent with the preferences, strengths, and needs of Class Members, to provide Community-Based Settings and Community-Based Services pursuant to the Decree.	**Out-of-Compliance**
FY2018 Compliance Assessment Ratings for Administrative-Related Requirements			
38	**Williams Consent Decree IX(16)**	The Court will appoint an independent and impartial Monitor who is knowledgeable concerning the management and oversight of programs serving individuals with Mental Illnesses. The Parties will 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 one person to serve as Monitor and the Court will select the Monitor. Within twenty-one (21) days of 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.	**In Compliance**
39	**Williams Consent Decree IX(18)**	The Monitor shall review and evaluate Defendants' compliance with the terms of the Decree. Not less than every six (6) months, Defendants shall provide the Monitor and Plaintiffs with a detailed report containing data and information sufficient to evaluate Defendants' compliance with the Decree and Defendants' progress toward achieving compliance, with the Parties and Monitor agreeing in advance of the first report of the data and information that must be included in such report.	**Partial Compliance**
40	**Williams Consent Decree IX(18)**	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 Defendants' compliance with the Decree, and Defendants will, upon reasonable notice, permit confidential interviews of Defendants' staff or consultants, except their attorneys.	**In Compliance**

41	**Williams Consent Decree IX(18)**	The Monitor will have access to all Class Members and their records and files, as well as to those service providers, facilities, building 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.	**In Compliance**
42	**Williams Consent Decree IX(18)**	The Defendants shall comply with Plaintiffs' requests for information that are reasonably related to Defendants' compliance with the Decree, including without limitation requests for records or other relevant documents pertinent to implementation of the Decree or to Class Members. Plaintiffs shall also be permitted to review the information provided to the Monitor. All information provided to the Monitor and/or Plaintiffs pursuant to the Decree shall be subject to the Protective Order.	**In Compliance**
43	**Williams Consent Decree IX(20)**	Defendants shall compensate the Monitor and his or her staff and consultants at their usual and customary rate subject to approval by the court. Defendants shall reimburse all reasonable expenses of the Monitor and the Monitor's staff, consistent with guidelines set forth in the "Governor's Travel Control Board Travel Guide for State Employees." Defendants may seek relief from the Court if Defendants believe that any of the Monitor's charges is inappropriate or unreasonable.	**In Compliance**
44	**Williams Consent Decree XII(24)**	The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants.	**In Compliance**
45	**Williams Consent Decree IX(17)**	The Monitor's duties include evaluating Defendants' compliance with the Decree, identifying actual and potential areas of non-compliance with the Decree, mediating disputes between the Parties, and bringing issues and recommendations for their resolution to the Court. Within 60 days after the end of each year of service, the Monitor will report to 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 Plaintiffs to evaluate the Defendants' compliance or non-compliance with the terms of the Decree. The Monitor may file additional reports as necessary. Reports of the Monitor shall be served on all Parties.	**Court Monitor Requirements — In Compliance**

46	**Williams Consent Decree IX(19)**	In the event that 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 Plaintiffs believe that Defendants are not complying with the terms of the Decree, Plaintiffs shall notify the Monitor and Defendants of Defendants' potential non-compliance. The Monitor then shall review the Plaintiffs' claims of actual or potential non-compliance 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, filed with the Court, 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 will not communicate with the Court without advance notice to the Parties.	**Court Monitor and Plaintiffs' Requirements — In Compliance**
47	**Williams Consent Decree XI(22)**	In full settlement of all attorneys' fees incurred to date in connection with the litigation, Defendants shall pay, subject to court review and approval, $1,990,000.00 to Class Counsel. In full settlement of all out-of-pocket costs and expenses (not to include attorneys' fees) incurred to date by Class Counsel, Defendants shall pay to Class Counsel such costs and expenses incurred by Class Counsel through and including the Approval of the Decree and any appeal thereof. Such amounts shall be distributed to Class Counsel in the manner set forth in written instructions provided by Class Counsel. Furthermore, such amounts hall be set forth in a Judgment Order to be entered by the Court. Defendants shall complete and submit all paperwork necessary for payment of such amounts, plus applicable statutory post-judgment interest, within five (5) business days after expiration of the time to appeal the fee award without the filing of a Notice to Appeal or after the issuance of the mandate by the highest reviewing court, whichever is later.	***Not Relevant to Reporting Period***
FY2018 Compliance Assessment Ratings for Implementation Plan-Related Requirements			
48	**Williams Consent Decree VII(10)**	The Implementation Plan shall describe methods by which such information will be disseminated, the process by which Class Members may request services, and the manner in which Defendants will maintain current records of these requests.	**Out-of-Compliance**

49	**Williams Consent Decree VII(10)**	The Implementation Plan shall describe methods for engaging residents, including where appropriate, providing reasonable opportunities for residents to visit and observe Community-Based Settings.	**Out-of-Compliance**
50	**Williams Consent Decree VIII(11)**	Defendants, with the input of the Monitor and Plaintiffs, shall create and implement an Implementation Plan to accomplish the obligations and objectives set forth in the Decree.	**Out-of-Compliance**
51	**Williams Consent Decree VIII(11)**	*The Implementation Plan must, at a minimum*: a) Establish specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure that Defendants fulfill the requirements of the Decree.	**Out-of-Compliance**
52	**Williams Consent Decree VIII(11)**	*The Implementation Plan must, at a minimum*: b) Describe the hiring, training and supervision of the personnel necessary to implement the Decree.	**Out-of-Compliance**
53	**Williams Consent Decree VIII(11)**	*The Implementation Plan must, at a minimum*: c) Describe the activities required to develop Community-Based Services and Community-Based Settings, including inter-agency agreements, requests for proposals and other actions necessary to implement the Decree.	**Out-of-Compliance**
54	**Williams Consent Decree VIII(11)**	*The Implementation Plan must, at a minimum*: d) 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 formulated pursuant to the Decree that are not currently available in the appropriate quantity, quality or geographic location.	**Out-of-Compliance**
55	**Williams Consent Decree VIII(11)**	*The Implementation Plan must, at a minimum:* e) Identify, based on information known at the time the Implementation Plan is finalized and updated on a regular basis, any services and supports which, based on demographic and other data, are expected to be required within one year to meet the obligations of the Decree.	**Out-of-Compliance**
56	**Williams Consent Decree VIII(11)**	*The Implementation Plan must, at a minimum*: f) Identify any necessary changes to regulations that govern IMDs in order to strengthen and clarify requirements for services to persons with Mental Illness and to provide for effective oversight and enforcement of all regulations and laws.	**Out-of-Compliance**
57	**Williams Consent Decree VIII(11)**	*The Implementation Plan must, at a minimum:* g) Describe the methods by which Defendants shall ensure compliance with their obligations under Paragraph 6 *(Evaluations)* of this Decree.	**Out-of-Compliance**
58	**Williams Consent Decree VIII(11)**	*The Implementation Plan must, at a minimum:* h) Describe the mechanisms by which Defendants shall ensure compliance with their obligations under Paragraph 10 *(Outreach)* of this Decree.	**Out-of-Compliance**

59	**Williams Consent Decree VIII(13)**	The Implementation Plan shall be updated and amended annually, or at such earlier intervals as Defendants deem necessary or appropriate. The Monitor and Plaintiffs may review and comment upon any such updates or amendments. In the event the Monitor or Plaintiffs disagree with the Defendants' proposed updates or amendments, the matter may be submitted to the Court for resolution.	**Out-of-Compliance**
60	**Williams Consent Decree VIII(14)**	The Implementation Plan, and all amendments or updates thereto, shall be incorporated into, and become enforceable as part of the Decree.	**In Compliance**
61	**Williams Consent Decree VIII(12)**	Within 135 days of Approval of the Decree, Defendants shall provide the Monitor and Plaintiffs with a draft Implementation Plan. The Monitor and Plaintiffs will participate in developing and finalizing the Implementation Plan, which shall be finalized within nine (9) months following Approval of the Decree. In the event the Monitor or Plaintiffs disagree with the Defendants' proposed Implementation Plan, the matter may be submitted to the Court for resolution.	***Not Relevant to Reporting Period***

Section III. Diversion of Williams Class Members

A great deal of attention in implementing Olmstead-related Consent Decrees and other like programs centers on downstream efforts to transition people with psychiatric and other disabilities out of institutions and into the community to comply with their rights to live in the least restrictive setting appropriate to their needs and to restore their ability to live dignified and full lives in their community of choice. However, a proportionate amount of attention must be afforded to upstream, diversion-focused efforts and activities, including the development of assessment procedures to identify those who are inappropriate for admission into institutions and how they can instead access adequate community-based services and housing resources thus providing alternatives to institutionalization. Moreover, effective diversion requires partnerships with entities that might otherwise refer to institutions to ensure their ability to promptly and efficiently identify and connect individuals to community-based services. On the systems-level, diversion efforts can create macro-level cost savings,[45] and provide a compliance and exit path from Consent Decrees. More importantly, on the individual level, appropriate diversion can prevent people from being trapped in restrictive systems and settings that violate their rights, erode personal freedoms, jeopardize quality of life, and undermine the true promise and potential of people with disabilities.

Within the Williams Consent Decree there are two distinct requirements related to diversion. The first requirement obligates the Defendants to design and implement a screening and service planning process that effectively diverts individuals with serious mental illness from Williams facilities and links them to service and housing alternatives in the community-based system. The federally mandated Pre-Admission Screening and Resident Review (PASRR) process is named as the mechanism to support these Consent Decree-required functions. PASRR is a federal requirement intended to ensure that individuals with disabilities are not inappropriately placed in nursing facilities for long-term care, and requiring the evaluation of nursing facility applicants with serious mental illness and/or intellectual disability for the most appropriate setting for their needs (i.e., in the community, a nursing facility, acute care setting).

Pursuant to the Williams Consent Decree, the Defendants are to use the PASRR process to identify those individuals who are inappropriate for admission to Williams facilities, support development of an initial service plan that outlines needed community-based services and housing, and identify and refer individuals who would otherwise become Williams Class Members to appropriate community-based services. Under this process, if a placement in a Williams facility is warranted, admissions should be approved only if that facility can provide treatment and services consistent with the previously referenced initial service plan and focused on facilitating eventual re-entry into the community.[46]

---

[45] Retrieved from: www.healthaffairs.org/doi/full/10.1377/hlthaff.2009.0877.
[46] Williams Consent Decree, Section VI.

The second diversion-related requirement in the Williams Consent Decree demands that five years after the initial Implementation Plan (created in June 2011) the Defendants have a system in place to prevent placement of any individual with mental illness into a Williams facility (i.e., IMD) at the public expense and offer placement in a community setting that is the most integrated setting appropriate, unless he or she refuses to receive services in that community-based setting. This means that, as of June 2016, the Consent Decree required the Defendants to have a working statewide diversion program to prevent inappropriate admissions into Williams facilities of people with serious mental illness who could and wish to live in a community setting, thus offering a system with a controlled front door.

From March to August 2017, the Defendants initiated a six-month pilot program in 14 hospitals focused on linking PASRR agents (who are often embedded in acute care hospitals and who refer patients in the hospital's psychiatric units directly to Williams facilities) with community mental health centers (CMHCs) to assess whether hospital patients who otherwise would be likely to be admitted to a Williams facility can and should be diverted to community based services. The pilot program set out to study how many adults with mental illness could be assessed and appropriately diverted from inappropriate admission to a Williams facility, the effectiveness of the processes being tested to promote and support diversion, and program costs for services and housing necessary to support successful diversion. During the pilot, the Defendants aimed to increase linkages to Medicaid-billable community-based services, decrease reliance on inpatient services, lessen the lengths of stay and re-admissions rates for inpatient services, formulate recommendations for specific community-based services needed for diverted individuals, and provide emergency funding resources to support retention in the community.

During the compliance assessment period of FY2018, 793 individuals were referred to CMHC reviewers through the Diversion Pilot Project and 88 (9%) were diverted into community-based settings. Of the 793 referrals, 236 individuals (36%) refused community-based services and 134 (17%) were deemed ineligible due to not having a Medicaid payer source or serious mental illness. While data indicates that only 9% of the overall number of patients referred was diverted, it is important to keep in mind that when subtracting those who were not interested or eligible, among those remaining, 21% were diverted. The disposition of 38% of the 793 individuals referred to CMHC reviewers is unclear due to missing/incomplete data from the Defendants in the Williams Semi-Annual Report 14. During this reporting period, the Defendants also stated that they executed FY2019 contract extensions with current CMHC contractors, explored expansion to other areas of the state, drafted (but did not release) a Request for Information to solicit potential contractors for geographic expansion, and explored restructuring of payment approaches to incorporate incentive-based payments.

Despite the promising outcomes of this Diversion Pilot Project, the Defendants were very reluctant to end the pilot phase and scale the project to the broader, statewide system, as required by the Consent Decree. The Court Monitor and Plaintiffs pressured the Defendants to conclude the pilot and expand the diversion program statewide. The Defendants — in their FY2019 Implementation Plan — committed to expanding the Diversion Project to 22 additional hospitals in phases between September 2018 and March 2019. While this would not represent a full statewide/system-wide diversion program, the Defendants stated that the expansion would address 87% of admissions to Williams facilities; thus, it signifies important forward movement and progress toward compliance with the diversion requirement. However, during the finalization of this report, upon inquiry regarding the status of the expansion, the Defendants notified the Plaintiffs and the Court Monitor that, due to contracting issues, they no longer expect to expand the diversion program during FY2019.

Diversion-Related Compliance Requirements: Compliance Assessments for FY2018

As displayed in Figure 10, the Defendants are found out-of-compliance for both diversion-related requirements in the Williams Consent Decree. This compliance assessment rating was assigned because the Defendants did not ensure that the PASRR process incorporated Consent Decree-required elements (see below for further detail on this point) and they did not ensure that any individual with mental illness was not needlessly confined to a Williams facility within the Consent Decree's directed timeframe. The end of FY2018 marked seven years into the Consent Decree's implementation and two years after the Consent Decree-mandated deadline of June 2016 for the statewide diversion program. Yet, the Defendants did not implement a comprehensive, system-wide effort to control the front door of the system to divert potential future Class Members from Williams facilities when appropriate. Figure 11 contains the text of each diversion-related requirement in the Williams Consent Decree, along with the Court Monitor's compliance rating.

Figure 10. Synopsis of FY2018 Compliance Assessments for Diversion-Related Williams Consent Decree Requirements

Total # Current Requirements in Domain	Compliance Assessment Rating		
	In Compliance	Partial Compliance	Out-of-Compliance
2 (100%)	0 (0%)	0 (0%)	2 (100%)

Figure 11. FY2018 Compliance Assessment Ratings for Diversion-Related Williams Consent Decree Requirements			
Req. #	**Source/Citation**	**Williams Consent Decree Requirement Language**	**Compliance Rating**
1	**Williams Consent Decree VI(8)(A)**	Within one (1) year of finalization of the Implementation Plan, no individual with Mental Illness shall be admitted to an IMD without a prescreening having first been conducted through the PASRR Process and an initial Service Plan completed. Defendants will ensure that the PASRR Process: identifies and assesses individuals who may be appropriate for placement in a Community-Based setting; identifies Community-Based Services that would facilitate that placement; and ensures that approved admissions to IMDs are only for those IMDs that can provide treatment consistent with the individual's initial Service Plan and consistent with the goal of transition to a Community-Based Setting.	**Out-of-Compliance**
2	**Williams Consent Decree VI(8)(B)**	After the first five (5) years following the finalization of the Implementation Plan, no individual with Mental Illness whose Service Plan provides for placement in Community-Based settings shall be housed or offered placement in an IMD at public expense unless, after being fully informed, he or she declines the opportunity to receive services in a Community-Based Setting.	**Out-of-Compliance**

Out-of-Compliance Ratings

Requirement 1: Instead of designing a multipart PASRR process that supports diversion through accurate assessment, service plan development, and prompt referral to community-based settings, the Defendants relied on Illinois' current, inadequate, and often broken PASRR process. In its current form, it appears that PASRR agencies merely screen applicants for appropriateness for Williams facilities and nursing facility placement, and do not have the responsibility or scope to conduct service planning or generate referrals to community-based organizations. While the Defendants argue that their PASRR process is adherent to federal law, a claim not yet accepted by the Court Monitor, it is clear that the PASRR process — even if compliant with federal rules — does not complete Consent Decree-required functions and is wrought with several issues, including:

- During the Court Monitor's site visits to five Williams facilities in June of 2018, facility directors and staff indicated that the PASRR system is broken, with hospitals often coordinating PASRR screenings as a technicality after referral decisions to Williams facilities had already been made, facility admissions proceeding without PASRR screens, and serious questions about accuracy of such screenings (including instances where the reviewer did not detect mental illness despite extensive history of mental illness in other medical records).

- The Department of Healthcare and Family Services (HFS) — in a June 2018 letter to the Court Monitor responding to PASRR-related concerns cited by the Court Monitor under the Colbert Consent Decree — acknowledged the need for "major [mental health] PASRR changes." They stated that Illinois needs a concerted effort, "to upgrade/update the design and the operation of MH PASRR processes, linkages, and data systems," and that the state receives technical assistance in "improving and redesigning its system." This redesign, they wrote, must result in the establishment of a, "feasible, sustainable, ongoing statewide system to ensure appropriate diversion, rapid community reintegration where possible and, transition after a more lengthy stay."[47]
- Outside of Diversion Pilot Project settings, the current PASRR process does not complete the initial service plan, but instead makes "service need recommendations for individuals"; this circumvents a critical function of a Consent Decree-compliant PASRR process: that Class Members receive an individualized plan at the time of screening. For those being diverted, this plan coordinates community-based supports and services designed to prevent institutionalization and facilitate retention in the community; for those approved for admission into a Williams facility, this plan aims to shorten lengths of stay and ultimately prepare the Class Member for community re-entry by indicating the types of services a facility can provide that best suits the Class Member's needs.

Requirement 2: The aforementioned issues compromised the Defendants' compliance for this requirement, focused on re-engineering a PASRR system that would prevent any person with a mental illness appropriate for community-based settings from entering a Williams facility unless he or she desired to live there. This was to be achieved "after the first five years" of the Initial Implementation Plan, which was filed in June 2011; thus the deadline was June 2016. It is important to note that while the Defendants are out-of-compliance with these two diversion-related requirements, the Diversion Pilot Project data outcomes demonstrates that if resources are properly applied and the PASRR process includes service planning and prompt connection to community-based services, individuals who otherwise may inappropriately become Williams Class Members can be diverted from Williams facilities.

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

The Defendants must come into full compliance by implementing a system-wide diversion program through applying concerted efforts to address an uncontrolled front door to the system that results in continued over-reliance on institutional settings (including Williams facilities), inability to bend cost curves, and a constant flow of inappropriately new Class Members thus adding to the Class size and thwarting the

[47] Illinois Department of Healthcare and Family Services Letter, Response to "Key Observations and Concerns Regarding Nursing Facility Preadmission Screening Processes (PASRR and OBRA) and Impact on Colbert Class Members." June 19, 2018.

spirit and intention of the Williams Consent Decree specifically and Olmstead-compliance overall. Broadly speaking, continued avoidance of decisive and system-wide action regarding diversion will likely result in an inability to exit the Consent Decree. The Court Monitor offers the following recommendations for the Defendants' consideration relative to this domain.

1. Immediately comply with the requirement for a system-wide diversion program.

The Williams Consent Decree clearly includes a requirement that five years following the beginning of implementation, a statewide program to divert inappropriate admissions of adults with serious mental illness to Williams facilities be in place and functioning. As such, the Defendants should utilize budget resources to immediately implement a system-wide diversion program that not only engages hospitals but also other types of settings from which avoidable admissions might occur such as community-based providers or settings, shelters, or family homes.

The Defendants commitment to significantly increase the diversion program's scope and capacity in FY2019 — moving it from a pilot activity to an ongoing program — holds great promise, not only toward fuller requirement compliance but also in offering a concerted effort to avoid the negative consequences on Class Members and the financial burden of avoidable admissions to Williams facilities and other institutions, such as the nursing facilities that fall under the Colbert Consent Decree. However, recent notice from the Defendants that the expansion commitment will not occur during FY2019 continues to hinder important, needed, and required diversion efforts. This will constitute yet another year of delay in the required statewide diversion requirement and jeopardizes compliance with a specific FY2019 compliance element. The Defendants are strongly encouraged to immediately dedicate the sufficient resources, oversight, and management, including the data collection and reporting necessary, for appropriate statewide diversions to succeed.

2. Create and implement a data-driven community-based services and housing capacity plan to support diversion statewide.

Section VIII describes the Williams Consent Decree requirements for the development of community-based services and housing, as well as the Defendants' performance relative to those requirements. One major weakness with the Williams program that impacts compliance is the lack of a clear link between data on Class Member services needs and housing and the development of a data-driven services and housing capacity expansion plan. To support diversion, the Defendants should both enhance their ability to utilize Class Member-level data to support development of services and housing for diverting Class Members and create a multi-year services and housing development plan. For diversion efforts to succeed, entities and individuals that refer Class Members to Williams facilities, including hospitals, group homes, and family members, must be aware of and have access to concrete community-based alternatives to Williams

facilities. This should include available permanent supportive housing units, crisis stabilization and peer respite resources, outpatient behavioral health services available on the same-day,[48] financial and benefits assistance, and other resources to facilitate and support community placement and tenure.

An important component of a data-driven community-based housing and services plan should include community-based crisis response services to address the acknowledged inadequate crisis system in Illinois. Community-based crisis services – such as peer-run respite, mobile crisis teams, and crisis step-down services – can help community members avoid unnecessary interface with emergency departments and hospital psychiatric departments, which increase risk for Williams facilities' placement.

3. Align incentives and disincentives to promote greater use of community-based services and housing.

The fact remains that, currently, it is easier and faster to get a person with serious mental illness admitted into a Williams facility than it is to get him or her into a community-based setting, admission appropriateness notwithstanding. As such, in addition to expanding community-based resources, the Defendants should consider the implementation of financial and other incentives and disincentives designed to encourage appropriate referrals to community-based settings and discourage institutionalization. Alignment of incentives and disincentives might include:

- A rigorous second-level review system that uses managed care principles to ensure the appropriateness of referral to Williams facilities;
- Training and expectation setting for hospital discharge planners to make sure they are aware of their responsibility to avoid inappropriate referrals to Williams facilities and are aware of community-based alternatives such as diversion programs;
- Designing financial bonuses and penalties associated with admissions;
- Collection and analysis of admissions-related performance measures with a set of regularly reviewed and remediation actions; and,
- Risk- and value-based arrangements with payers, including Medicaid Managed Care Organizations (MCOs) and providers centered on avoiding and/or reducing unnecessary hospitalization and institutionalization.

4. Redesign the PASRR process to include Consent Decree-required initial service planning component.

The Williams Consent Decree is clear: PASRR must not singularly focus on the eligibility screening function. Instead, PASRR must include a service planning function that either determines the appropriate frequency and amounts of community-based services for those deemed inappropriate for admission to Williams facilities or recommends services

[48] Ten Years In: Same Day Access is Now the Expectation. MTM Services. National Council Conference 2014.

to a facility that can reduce length of stay and prepare an individual for rapid community re-entry. In its current form, PASRR does neither, and within the Diversion Pilot Project, where service planning did occur in partnership with CMHCs, outcomes for people were significant at 21% of hospital patients who were both interested and eligible for diversion being diverted. Compliance with the terms of the Decree will require a redesigned and effective PASRR system that fully comports with Federal law and the Consent Decree.[49]

5. Engage Managed Care Organizations to support diversion activities.

The state-funded Medicaid Managed Care Organizations (MCOs) in the Illinois system are notably absent from diversion efforts for Class Members, as well as from other significant Williams processes. Class Members are Medicaid beneficiaries and, traditionally, Medicaid MCOs provide a broad oversight and accountability role and often also a direct service delivery role to ensure that their beneficiaries are provided preventative care and medical and behavioral health treatments and supports to avoid the onset or exacerbation of illnesses and to ensure that enrollees are not unnecessarily engaged in expensive services for which the MCO assumes financial risk. The Fiscal Responsibility Transfer Assessment (feasibility study), submitted in February of 2018, contains several recommendations on how the Defendants can realize and optimize the role of MCOs relative to admission into Williams facilities/SMHRFs.[50] The Defendants are encouraged to give due consideration to these recommendations.

To better understand the Defendants' position regarding the MCOs' roles and responsibilities as related directly to Class Members, the Court Monitor met with senior HFS officials in September 2018. A separate meeting between the Court Monitor and MCO executives will be arranged for in FY2019. Likewise, the Defendants are strongly encouraged to develop a deeper understanding about how MCOs might — through their staff, resources, and protocols such as utilization review processes — significantly contribute to diversion efforts. While this recommendation specifically addresses how MCOs might support diversion efforts, MCO engagement across all domains of Consent Decree compliance is warranted and strongly recommended.

[49] "PASRR Redesign" is included in the Defendants' FY2019 Implementation Plan, but as of the submission of this report, no report of significant progress has been made in support of such redesign.
[50] Fiscal Responsibility Transfer Assessment. Baker Tilly. Submitted February 2018.

Section IV. Outreach to Williams Class Members

As required by the Williams Consent Decree, the Defendants must design and implement an outreach program that identifies Class Members, informs them of their rights under the Consent Decree, and provides complete and accurate information on the types of services, supports, and housing that can help them transition to and live successfully in the community.[51] An effective outreach and engagement program is the foundation of all the subsequent Williams processes as it represents the first interface between staff and Class Members. It is the initial — and perhaps most important — opportunity to explain the program, build relationships and connections with Class Members, and address Class Members' fears and concerns about community life.

The Williams program designed and branded an outreach initiative, Moving On, which utilizes outreach staff from the National Alliance for Mental Illness (NAMI). The goal of outreach activities is to provide information to Class Member about their rights and responsibilities pursuant to the Williams Consent Decree, promote the availability of community-based supports and services, and connect interested Class Members with evaluations to assess their readiness and appropriateness for community life. The following outreach efforts comprise the Moving On program:

- *Outreach from NAMI.* NAMI outreach staff engages in several core outreach and educational functions that set the stage for transition. These include: distributing promotional materials about the program; conducting private interviews with Class Members who express interest in transitioning to the community; convening quarterly group meetings to provide information on Class Member rights and responsibilities; facilitating calls between transitioned Class Members and institutionalized Class Members to generate hope and interest in transition; responding to Class Members who wish to undergo evaluations and obtaining consents for specialized testing, if needed (e.g., neuropsychological or occupational therapy); troubleshooting issues between Class Members, transition agencies, Williams facilities, and DMH; and supporting decision appeals related to Class Members' transition appropriateness.
- *Outreach from NAMI Ambassadors*. Fourteen NAMI Ambassadors — hired individuals who have diagnoses of serious mental illness, similar to Class Members, and successfully transitioned from institutional living (e.g., in nursing or Williams facilities) to the community — regularly visit Williams facilities to build connections with Class Members and share their own experiences regarding transition to the community post-institutionalization.

The Defendants submitted data on the activities and outcomes of both Williams outreach entities, but data on the NAMI Ambassador program covered only the second half of the fiscal year. Thus, it is difficult to ascertain whether the Defendants reached

[51] Williams Consent Decree, Section VII.

each Class Member, the extent of overlap between outreach entities regarding the number of engaged Class Members, and their compliance relative to a number of other outreach-related requirements. FY2018 data on outreach-related activities include:

- The Williams program uses the HFS census count of all Williams facilities' residents as of July 1, 2017 (first day of FY2018) as the proxy number for the a segment of the total Class size (not including Class Members who were transitioned); this number was 3,808 individuals.
- During FY2018, NAMI outreach workers engaged 828 Class Members (22% of the Class). Of those, 597 Class Members (72%) engaged in a follow-up meeting with an outreach worker, and the remaining 28% (231 Class Members) refused to engage or entertain outreach attempts. The Defendants assert that many other outreach encounters occur at the individual and group Class Member-levels but do not track or collect data associated with these outreach efforts.[52]
- NAMI Ambassadors interfaced with 1,105 Class Members in the second half of FY2018,[53] with approximately half of those interactions conducted through community meetings and the other half conducted through individual interviews with Class Members about the Moving On program.
- The Defendants indicated that Class Members refused engagement for a variety of reasons, including: their level of comfort within their Williams facility setting, no desire to leave, perception that they are too ill to leave, and concerns with the Williams process.
- During the reporting period, there were 6,311 repeated contacts between outreach workers and Class Members, but because this data does not identify unduplicated counts, the number of individual Class Members contacted is unknown.

Outreach-Related Compliance Requirements: Compliance Assessments for FY2018

Reaching Class Members residing in Williams facilities during the initial outreach phase, and doing so effectively, is foundational to the Defendants' successful compliance, and not only within the outreach domain. Outreach outcomes directly impact compliance with the Consent Decree's requirements for the numbers of transitioned Class Members because the outreach phase most often determines the individuals' eligibility and desire for further program participation (i.e., transition process evaluations and recommendations).

There are four specific requirements in the Williams Consent Decree related to outreach efforts, with two requirements overlapping. While there is no specific numeric requirement for the number of Class Members who should receive outreach, the Consent Decree sets forth a vision that all Class Members receive regular and frequent

[52] Defendants' letter in response to the Court Monitor's draft report: October 19, 2018.
[53] Contact data for the NAMI Ambassador Program was not provided for the first half of FY2018 in the Defendants' Semi-Annual Compliance Report 13.

outreach, and, as previously stated, the Williams facilities' census is used as the proxy indicator for that portion of the total Class size.

Additionally, the Consent Decree requires the completeness and accuracy of information shared during the outreach process and outlines the information to be shared during Class Member outreach (e.g., available community supports and services, transition cost assistance, home accessibility assistance). Finally, the Consent Decree requires the Defendants cover all outreach-related costs and put into place measures to protect Class Members from any retaliation.

Figure 12. Synopsis of FY2018 Compliance Assessments for Outreach-Related Requirements

Total # of Current Requirements	Compliance Assessment Rating		
	In Compliance	Partial Compliance	Out-of-Compliance
3 (100%)	1 (33%)	2 (67%)	0 (0%)

Overall, as shown in Figures 12 and 13, the Court Monitor's FY2018 compliance assessment finds the Defendants in compliance with one of the three outreach-related requirements and in partial compliance with the remaining two requirements.

Figure 13. FY2018 Compliance Assessment Ratings for Outreach-Related Williams Consent Decree Requirements

Req. #	Source/Citation	Williams Consent Decree Requirement Language	Compliance Rating
3	Williams Consent Decree VII(10)	Defendants shall ensure that Class Members have the opportunity to receive complete and accurate information regarding their rights to live in Community-Based Settings and/or receive Community-Based Services, and the available options and opportunities for doing so.	*Repeated Language*
4	Williams Consent Decree VI(6)(C)	Defendants shall ensure, as provided in the Implementation Plan, that all Class Members shall be informed about Community-Based Settings, including Permanent Supportive Housing, and Community-Based Services available to assist individuals in these settings, and the financial support Class Members may receive in these settings.	Partial Compliance
5	Williams Consent Decree VI(9)(C)	Class Members shall not be subjected to any form of retaliation in response to any option selected nor shall they be pressured to refrain from exploring appropriate alternatives to IMDs.	Partial Compliance
6	Williams Consent Decree VII(10)	All costs for outreach shall be borne by Defendants.	In Compliance

In Compliance Ratings

Requirement 6: The Court Monitor finds the Defendants in compliance with the requirement to bear all costs for outreach services since Illinois state government has incurred all initial and ongoing costs associated with the Williams outreach program.

Partial Compliance Ratings

The Court Monitor finds the Defendants only partially compliant in each of the remaining two requirements within the outreach domain, per the following:

Requirement 4: NAMI outreach workers conducted outreach to 828 (22%) of the eligible Class) and NAMI Ambassadors had contact with 1,105 (29%) of eligible Class Members. While the two figures aggregate to 51% of all Class Members in Williams facilities, it is difficult to fully assess compliance for the following reasons:

- It is problematic to calculate the actual number of Class Members who received outreach because some Class Members may have been double or triple-counted (counted by each outreach entity).
- It is also challenging to assess compliance relative to this requirement without NAMI Ambassador data for the first half of the fiscal year (data was provided only for the second half of the fiscal year and thus their reach over the entire fiscal year was presumably broader).
- The Consent Decree lacks specificity necessary to fully assess compliance with this requirement as there is no frequency requirement for outreach (e.g. monthly, quarterly, or annually).

For FY2018, the Court Monitor is utilizing the proxy indicator of Class size (3,808) as the baseline for the number of Class Members requiring outreach. Even if as many as 25% of the Class is deducted from this denominator to reflect those who are in the process of evaluation or transition, the collective efforts of NAMI outreach and Ambassadors would only have reached 68% of those remaining 2,856 Class Members. For these reasons, the Court Monitor assigned a compliance rating of partial compliance.

The Defendants state they have several measures in place to ensure that information conveyed to Class Members is complete and accurate, including extensive training, program materials (e.g., fliers, brochures, videos), and ongoing administrative meetings between outreach entities and the Division of Mental Health (DMH). While these demonstrate the Defendants' intent to convey accurate information, originally the Defendants did not provide any data or information to demonstrate actual Class Members' receipt of complete and accurate information (e.g., number and percentage of Class Members who signed an informed consent document). In a recent letter sent to

the Court Monitor by the Defendants,[54] they then indicated that 828 Class Members signed "letters of consent/verification/interest" in FY2018. Given that these informed consent procedures only reached a small percentage of Class Members (22%), the Court Monitor gave a rating of partial compliance for this requirement.

Requirement 5: While Defendants indicated in their Semi-Annual Compliance Reports that they communicated to Williams facility directors and staff the consequences of retaliation against Class Members, they did not provide any data to document the number of allegations of retaliations toward Class Members and the outcomes of the claims (e.g., substantiated, unsubstantiated). They also did not indicate: (1) how and when these communications occurred; (2) how often they are repeated to ensure that new staff are made aware; and (3) any direct-to-Class Member efforts to inform them of their rights and recourse if they experience retaliation. Therefore, the Court Monitor gave the Defendants a rating of partial compliance for this requirement.

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

Beyond the explicit requirements of the Consent Decree, the Court Monitor has concerns about the effectiveness and comprehensiveness of the Williams outreach program. The Defendants' performance data reveals a low rate of Class Member engagement in outreach, which likely undermines and contributes to the Defendants' non-compliance with their requirements for the numbers of Class Members to be transitioned. The Court Monitor offers the following recommendations to help the Defendants improve outreach efforts and results and to bring them into full compliance with all outreach-related requirements.

1. **Establish, implement, and monitor a new policy focused on the timing and frequency of outreach and re-engagement activities.**

Class Members living in Williams facilities may have concerns and fears about living in the community. This is understandable; individuals who have been institutionalized often experience an erosion of previously mastered skills, low self-efficacy and confidence, a lack of financial resources, and other barriers that might compromise their confidence in community re-entry. As such, it is important that when a Class Member says "no," outreach workers view this as an opportunity to build rapport/trust, provide additional education, and utilize motivational interviewing principles to enhance willingness to transition and address fears and concerns. This iterative process might require multiple engagements from the same outreach individual or team. As such, the Defendants should consider an outreach protocol centered on assertive engagement and re-engagement principles and comprised of the following components:

[54] Defendants' written response to draft report: October 19, 2018.

- A clear expectation that the outreach role is not merely focused on identifying those who are ready for transition, but supporting Class Members in the often slow readiness process to increase their efficacy expectation;
- Clear guidelines for how often an outreach worker or evaluator should re-engage a Class Member (e.g., monthly, semimonthly, quarterly) to optimally support Class Members through this process;
- Data collection requirements to support reporting and accountability for assertive engagement and re-engagement; and
- Coordination with Williams facility staff and other evaluation- and transition-related entities to support team-based approaches to enhancing readiness through skill building, habilitation, connection to benefits/financial assistance, and occupational therapy.

2. Develop (or enhance) an informed consent process that ensures Class Member understanding and provides clear recourse for retaliation.

The Defendants state that they have an extensive training program and set of promotional materials/resources to convey complete and accurate information to Class Members. However, it is critical that they ensure that Class Member receipt of information meets the standards of the Consent Decree. Namely, do the tools and strategies utilized by the Defendants result in Class Members' fully understanding their rights and responsibilities under the Consent Decree? To ensure this, the Defendants might consider an informed consent protocol, similar to those used in research studies, where the outreach worker uses a simple, written document to explain key components of the Williams program, providing an opportunity for the Class Member to reflect back the key components of the program. Defendants are recommended to review their current "letter of consent/verification/interest" and determine if revisions are needed to achieve this objective. Similar to the approach used by the Defendants to track both attempted and completed evaluations, informed consent letters can become a tool to help track outreach attempts and signify Class Member understanding.

This informed consent process should include clear guidance for what a Class Member should do if he or she feels that Williams facilities' staff, transition staff, guardians, family members, or other stakeholders are retaliating against him or her for considering transition. Existing resources, including the Williams Warm Line, could be promoted as a mechanism to report and request assistance if any Williams facility employee, guardian, family member, or other stakeholder perpetrates threats, intimidation, or retaliation during a Class Member's interface with the Williams program. While the contractor responsible for the Warm Line is no longer taking live calls, Class Members and others who call the hotline are now redirected to contact DMH directly. In FY2018, calls were received from Class Members requesting transition and appeal status updates, lodging complaints against agencies, and requesting evaluations. Finally, the Williams program should develop a policy statement regarding retaliation and its consequences that is

regularly shared with facility administrators and all staff who come into contact with Class Members.

3. Streamline outreach efforts to minimize duplication of effort, promote team-based approaches, establish clear workflows, and hold contractors accountable to established performance metrics.

The Defendants have a multipronged outreach strategy, which includes NAMI outreach workers and NAMI Ambassadors. Since many players engage in outreach efforts, it is recommended that the Defendants:

- Organize outreach activities to ensure that every Class Member is engaged — sometimes through multiple outreach attempts. Ideally, Class Members receive frequent contact from the same team or individual, to support rapport and trust building;
- Develop universal outreach-related performance measures and regularly analyze entity-specific and aggregated data (across all entities) to demonstrate performance relative to Consent Decree requirements;
- Design or redesign workflows to ensure that they are clear and reduce Class Member and nursing facility staff confusion and frustration due to duplication of effort, lack of role clarity, and awkward transitions between outreach and evaluation;
- Provide opportunities for outreach entities to discuss bottlenecks, strengthen collaboration/coordination, and other Williams facility-specific issues; and
- Create communication and coordination workflows to ensure information sharing between various entities.

4. Train outreach staff in active engagement best practices, including motivational interviewing, warm hand-offs, and others, and require their use.

There is a substantial evidence base of proven outreach and engagement strategies shown to reduce refusal or attrition rates and increase service participation among vulnerable populations. The Defendants are encouraged to explore the use or broader use of such strategies. This could be completed in partnership with the multidisciplinary team of nine Williams Quality Monitors who "maintain responsibility for monitoring the quality of care, quality of life, community integration and quality of services provided to Class Members."[55] Strategies include:

- ***Motivational Interviewing.*** The evidence-based practice of motivational interviewing is a patient-centered method for enhancing intrinsic motivation to change health behavior by exploring and resolving ambivalence. Under a

[55] *Williams v Rauner Consent Decree.* Williams Semi-Annual Report 14. July 1, 2017 – June 30, 2018. Submitted September 13, 2018.

motivational interviewing framework, an initial decline or "no" might be seen as an opportunity to explore a Class Members' ambivalence, fear, resistance, or lack of understanding, and then unearth or enhance intrinsic motivation. One recommendation is to require ongoing training of all Williams outreach and evaluation staff on applying motivational interviewing. In addition, the staff should be regularly evaluated, through an established quality assessment program, for fidelity to the practice and for any needed skills improvement. Additionally, it is recommended that Williams outreach processes be assessed to ensure that multiple outreach and engagement opportunities are provided to Class Members who indicate possible interest, but express concerns about transitioning — before recording them as declining outreach or evaluation. Class Members who are fully educated about their transition rights, opportunities, and the resources that will be made available to them but make informed decisions to decline participation in the transition consideration process, should have those decisions respected. Class Members under legal guardianship status and those with family connections may present instances where guardians and family members would also benefit from Williams outreach and engagement, including motivational interviewing.

- ***Warm Hand-Offs and Pre-Discharge Community Visits.*** A term coined in the integrated primary and behavioral healthcare arena, a warm hand-off refers to a referral practice wherein the medical provider introduces the patient to the behavioral health consultant in real-time to ultimately support a team-based and integrated approach to address often-interrelated medical and behavioral health conditions. Applied in the context of the Williams outreach program, outreach staff could facilitate an in-person introduction between the Class Member and the transition evaluator, reinforcing previous conversations/interests and assisting in rapport development between the Class Member and evaluator. Similarly, for Class Members recommended for transition and in which yet another professional would be introduced into the process, the warm hand-off process would be repeated to create a more seamless experience. Additionally, peer support staff can help Class Member transition through use of pre-discharge community visits designed to increase the Class Member's comfort-level in entering the community and allow them low-pressure opportunities to visit housing units, view service provider facilities, interact with staff, explore neighborhoods, and incrementally gain familiarity with their communities of choice. Some of these are done under the Williams program, but not uniformly or comprehensively.
- ***Active Engagement, Including Guardian and Family Engagement****.* Active engagement is a set of strategies between a provider and a client that include maintaining frequent contact, ensuring prompt initial responses to clients, quick follow-up, and additional follow-ups if no response is received. Active engagement also focuses on building relationships with families and guardians, using communication methods to build hope and trust (e.g., verbal encouragement, meeting people where they are, being supportive and non-punitive or judgmental), and offering material and concrete support.

- ***Linguistic and Cultural Competence.*** It is critical that outreach staff receive training in linguistic and cultural competence to appropriately engage diverse Class Members. In addition to ensuring that outreach workers who speak the same language(s) or interpreters are available for Class Members, training should include how to effectively outreach to individuals with disabilities who may have communication challenges (e.g., staff skilled in communication methods such as American Sign Language).

Section V. Evaluation of Class Members for Transition Appropriateness

Every Class Member has the legal right to live in the least restrictive setting appropriate to his or her needs and, where possible, to participate fully in community life. It is critical that the Defendants create and implement an evaluation process that accurately assesses a Class Member's medical and psychiatric circumstances and his or her ability to perform activities of daily living (ADLs) to determine whether the person is appropriate for transition into the community. ADLs typically include key life tasks that individuals must manage to be safe and independent such as eating, bathing, grooming, dressing, toileting, and transferring.

Per the Williams Consent Decree, a qualified professional is to conduct a person-centered evaluation for every Class Member who agrees to such and the evaluations are to identify their preferences, strengths, and needs and result in a determination of the appropriateness of recommending transition to community living or not. If transition is recommended, the types of community-based services and housing, with a default preference of permanent supported housing (unless specific circumstances exist)[56] necessary to support successful community tenure are to be included in the service plan, which is the end result of the evaluation process.

Under the Williams Consent Decree, Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS) provide evaluations, with each employing seven full-time qualified professionals during FY2018. The Williams Consent Decree includes specific requirements for the provision of evaluations, including:

- Evaluations must be conducted by qualified professionals;
- Class Members must have the right to decline evaluations and, after declining, can request and receive an evaluation at a later time;
- Evaluations must be conducted annually, providing those Class Members who were not recommended for transition or who elected not to move post-evaluation future re-evaluation opportunities;
- During the annual evaluation process, qualified professionals must explore and address any Class Member opposition to moving out of a Williams facility; and
- Class Members who decline to move after an evaluation can request a re-evaluation.

[56] Permanent supportive housing will be considered the most integrated setting appropriate for Class Members except that, (1) for any Class Members (i) who have 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 that they cannot effectively be served in permanent supportive housing, (ii) who have medical needs requiring a high level of skilled nursing care that may not safely be provided in permanent supportive housing, or (iii) who present an imminent danger to themselves or others (Williams Consent Decree, Section VI)

Figure 14 delineates the number of Class Members who were eligible for and ultimately participated in evaluation-related processes during FY2018, including those offered evaluations and who received evaluations and annual re-evaluations. DMH reported that qualified professionals offered evaluations to 99% of all Class Members in the Williams facilities, resulting in 34% of Class Members receiving completed evaluations. Of those who were eligible for annual re-evaluations (having already received an evaluation in the previous fiscal year), 82.5% received the re-evaluation and 49% received the re-evaluation within 60 days of the due date of their re-evaluation.

Figure 14. FY2018 Data on Evaluation-Related Requirements and Outcomes

Evaluation Activity	Number of Eligible Class Members (Unduplicated Count)	Number of Class Members Who Impacted By Evaluation Activity (Unduplicated Count)	Percentage of Actual Class Members (Eligible vs. Received)
Offered an Evaluation	3,808	3,785[57]	99%
Completed an Evaluation	3,808	1,283	34%
Completed an Annual (Re-)Evaluation[58]	3,113	2,571	82.5%
Timely Completion of Annual (Re-)Evaluation[59]	3,113	1,526[60]	49%

Evaluation-Related Compliance Requirements: Compliance Assessment for FY2018

As presented in Figures 15 and 16, the Williams Consent Decree contains a total of seven compliance requirements relative to Class Member evaluations (relevant to this reporting period), which include process-oriented requirements (e.g., frequency and timeliness of evaluations and re-evaluations); content-related requirements (e.g., evaluations to explore Class Member opposition to moving into the community); and numeric requirements regarding completed evaluations. Figure 15 provides a synopsis of the compliance assessment ratings for FY2018 under the evaluation-related domain of requirements and shows that the Defendants are assessed to be in compliance with two of the seven requirements, are in partial compliance with two requirements, and are out-of-compliance with the remaining three requirements.

[57] Data provided in phone communication with DMH on November 1, 2018.

[58] This figure represents those who are eligible for an annual evaluation (sometimes referred to as "re-evaluations" or "evaluation updates") during FY2018. This represents Class Members who received an evaluation and were not recommended or they received an evaluation, were recommended, and elected to stay in the Williams facility.

[59] The Defendants define timely completion as 60 days after the anniversary of the past year's evaluation.

[60] The Defendants assert that this figure may be higher than reported because of a data entry lag. The Defendants were offered two additional opportunities through September 13, 2018 to submit updated data but did not do so.

Figure 15. Synopsis of FY2018 Compliance Assessments for Evaluation-Related Requirements			
Total # Current Requirements	**Compliance Assessment Rating**		
	In compliance	**Partial compliance**	**Out-of-compliance**
7 (100%)	2 (29%)	2 (28%)	3 (43%)

Figure 16. FY2018 Compliance Assessment Ratings for Evaluation-Related Williams Consent Decree Requirements			
Req. #	**Source/Citation**	**Williams Consent Decree Requirement Language**	**Compliance Rating**
7	**Williams Consent Decree VI(9)(C)**	Qualified Professionals shall inform Class Members of their options pursuant to subparagraphs 6(a), 6(d), and 7(b) of this Decree.	**In Compliance**
8	**Williams Consent Decree VI(6)(A)**	Within two (2) years of the finalization of the Implementation Plan described below, every Class Member will receive an independent, professionally appropriate and person-centered Evaluation of his or her preferences, strengths and needs in order to determine the Community-Based Services required for him or her to live in PSH or another appropriate Community-Based Setting.	***Not Relevant to Reporting Period***
9	**Williams Consent Decree VII(10)**	In addition to providing this information, Defendants shall ensure that the Qualified Professionals conducting the Evaluations engage residents who express concerns about leaving the IMD with appropriate frequency.	**Partial Compliance**
10	**Williams Consent Decree VI(6)(B)**	Any Class Member has the right to decline to take part in such Evaluation. Any Class Member who has declined to be evaluated has the right to receive an Evaluation any time thereafter on request.	**Out-of-Compliance**
11	**Williams Consent Decree VI(6)(C)**	Defendants shall ensure that Evaluations are conducted by Qualified Professionals as defined in this Decree.	**In Compliance**
12	**Williams Consent Decree VI(6)(D)**	After the second year following finalization of the Implementation Plan, the Evaluations described in Subsection 6(a) shall be conducted annually.	**Partial Compliance**
13	**Williams Consent Decree VI(6)(D)**	As part of each Class Member's annual Evaluation, the reasons for any Class Member's opposition to moving out of an IMD to a Community-Based Setting will be fully explored and appropriately addressed as described in Section VII.	**Out-of-Compliance**
14	**Williams Consent Decree VI(6)(D)**	Any Class Member who has received an Evaluation but has declined to move to a Community-Based Setting may request to be reassessed for transition to a Community-Based Setting any time thereafter.	**Out-of-Compliance**

In Compliance Ratings

Requirement 7: The Defendants are required to inform Class Members of their rights to an evaluation, and – according to data submitted by the Defendants in an October 2018 letter[61] - were successful in reaching 3,785 unduplicated Class Members, comprising 99% of the Williams facilities' census of 3,808.

Requirement 11: Further, the Defendants have attested that qualified professionals conduct all evaluations. Qualified professionals are defined in the Consent Decree as "persons who are appropriately licensed, credentialed, trained and employed by a PASRR Agency."[62] While only one of the two evaluation agencies is also a PASRR Agency, the Defendants attest to the clinical licensure and functional appropriateness of the current evaluators. The Court Monitor, in her professional judgment, finds that this definitional issue does not rise to the level of an out-of-compliance rating and thus assigned an in compliance rating.

Partial Compliance Ratings

Requirement 9: Defendants are required to ensure that qualified professionals engage Class Members who may fear moving into the community or have concerns about program processes overall at an "appropriate frequency." When provided an opportunity to review this report in draft form, the Defendants' response was emphatic about a separation of duties between outreach staff and evaluation staff, asserting that these functions are mutually exclusive and data relative to these functions should not be synthesized to reach or inform compliance determinations.

However, for this requirement that relates directly to evaluators' responsibilities to engage Class Members who express concerns about transitioning, the Defendants share data on the contacts between outreach staff, Ambassadors, and evaluators to make the case that collectively, their outreach and evaluation programs make repeated contacts to Class Members, during which Class Members could raise concerns about transition and have those concerns addressed or engaged. While there appears to be no current protocol to capture the number of Class Members who express fears or concerns about transitioning and there does not appear to be any policy in place that defines "appropriate frequency" or outlines an associated process requirement regarding the frequency of Class Member engagement if they express concerns regarding transitions, it is reasonable to assume that the constellation of Williams contractors (including outreach, evaluation, and transition agencies) supported Class Members who expressed concerns about transitioning. Given this, the Court Monitor assigned a rating of partial compliance relative to this requirement.

[61] Defendants' written response to draft report: October 19, 2018.
[62] Williams Consent Decree, Section VI.

Requirement 12: The Defendants data indicated that during FY2018, 3,113 Class Members were eligible for re-evaluations, representing those Class Members who received an evaluation in FY2017 but were not approved for transition. Of those, 2,571 received re-evaluations (constituting 82.5% of those who were required to receive re-evaluations) and 1,526 received timely re-evaluations. Given this outcome, the Defendants are found in partial compliance with this requirement for FY2018.

Out-of-Compliance Ratings

There are three requirements under the evaluation domain in which the Defendants are assessed to be out-of-compliance during the FY2018 compliance period, including:

Requirement 13: The Defendants are required to *fully* explore and *appropriately* address reasons that Class Members oppose transitioning [emphases added]. The Defendants collect data regarding reasons for Class Member opposition to transitioning, ranging from a Class Members' contentment with residence in the facility, to family/guardian concerns, to a perception that his or her medical concerns are too serious to live successfully in the community. However, the Defendants did not provide any data or other information to indicate that issues such as these — once raised by Class Members — are subsequently "appropriately addressed." This might be demonstrated through data such as the number of Class Members who raised such concerns, how many of those were responded to, and the outcome as to if the response resulted in the Class Member agreeing to participate in the evaluation process or not. Lacking demonstrable data or process information attesting to compliance with this requirement, the Defendants are assessed as out-of-compliance for FY2018.

Requirements 10 and 14: The Defendants were unable to provide data to demonstrate that those Class Members who request a re-evaluation (either after initially declining an evaluation offer or after undergoing the evaluation process and being recommended to transition but deciding not to) actually receive re-evaluations thereafter. Despite a request for this data, the Defendants instead provided data to indicate that 66% of Class Members who consistently refused evaluations prior to FY2018 were re-approached for an annual evaluation. While this demonstrates that the Defendants re-engaged Class Members who initially refused evaluations to offer them re-evaluations, it does not provide the number of those who requested re-evaluations (after an initial refusal or a decision to not transition) and whether those Class Members actually received the re-evaluation. Defendants are assessed as out-of-compliance on this requirement for FY2018.

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

The Court Monitor offers the following recommendations, designed to correct issues related to frequency of evaluations and re-evaluations and add to more robust efforts to address Class Member reluctance or opposition to participating in the evaluation process as it is necessary to be considered for transition to the community.

1. Correct issues related to the frequency of evaluations.

Compliance issues related to the evaluation domain are primarily process-oriented in nature and can be resolved by developing and implementing clear performance standards for contractors who are responsible for conducting evaluations (e.g., Resident Reviewers), using metrics and other data reporting and analyses to monitor compliance with these process and outcome requirements among contractors.

First, the Defendants should consider creating a clear protocol that addresses the timeliness and frequency requirements for evaluation and re-evaluation efforts, share these requirements with the evaluation contractors, and make them part of the contractual requirements. Elements covered in the protocol should include the numbers and percentages of required versus accomplished evaluations, including: annual evaluation updates, outreach to Class Members within an appropriate frequency, timely completion of evaluations and re-evaluations, and timely completion of service plans. In addition to specified contract language, this may be conveyed and monitored using graphics such as a process map that indicates the sequence, timing, and frequency of particular activities and a data dashboard that indicates requirements versus outcomes.

Second, the Defendants should explore regular, perhaps weekly, use of a data system by quality assurance staff to review whether contractors comport with the evaluation requirements and take corrective actions directly with contractors, if necessary. This may require implementation of a related recommendation: building a data infrastructure in which contractors collect and input real-time data so the Defendants can immediately identify and act upon issues.

Finally, if not already developed, the Defendants should consider an outcome-based or pay-for-performance payment structure to incentivize contractor agency compliance with process-related Consent Decree requirements. This should apply to timely completion of evaluations, re-evaluations, and service plans.

2. Strengthen ability to identify and report on Class Member opposition to evaluations and other reasons for incomplete evaluations.

The number of Class Members for whom evaluations were attempted but not completed is high (66%). The universe of data and reasons for this has not been provided; however, it is reasonable to assume that at least some of this is due to Class Member opposition. Understanding and exploring why they decline to participate is a linchpin step in the transition process. Class Members may initially decline participation in the evaluation process for several reasons, including medical or psychiatric health issues or concerns; acceptance of current living situation in the Williams facility; self-efficacy; strained family relationships or lack of family/guardian support (or approval when legally required); lack of trust or rapport with outreach staff or evaluators; fears or misconceptions about the program's goals; and misunderstandings or apprehensions about what services, supports, and housing will be provided after community transition. As such, the Defendants should consider implementing mechanisms to better understand reasons for opposition to evaluation and report on these reasons.

3. Implement Class Member and systems-level interventions to address reasons for Class Member opposition to outreach, evaluation, and transition.

The Consent Decree mandates that the Defendants not only understand reasons for Class Member opposition to evaluation participation, but also address these reasons appropriately. The Defendants can create and implement both systems-level and Class Member-level solutions to common barriers to engaging Class Members in various Williams processes such as:

- Using occupational therapists to improve Class Members skills with Activities of Daily Living (ADLs) such as laundry and cooking;
- Educating Class Members about the availability of wrap-around medical services such as that provided by nurses who are part of Assertive Community Treatment teams and can address medical needs in the community for those Class Members who believes they are "too ill" to live in the community;
- Implementing a guardian engagement program to discuss and address concerns about life in the community for Class Members;
- Strengthening the use of motivational interviewing to address fears and resolve ambivalence; and
- Using benefits specialists to allay fears about lack of income, including availability of financial assistance, health insurance coverage, employment opportunities, and specialized benefits programs for people with disabilities such as Trial Work Period or Ticket to Work programs through the Social Security Administration.

Section VI. Service Planning for Williams Class Members

Service planning is the process by which Williams program staff partner with Class Members to develop a person-centered service plan. Service plans are required to contain the vision, preferences, community support and service needs, and goals of the Class Member focused on attaining (and maintaining) successful transition to the community. Their completion is required for both Class Members who have been recommended for transition — focused on the services and supports that will facilitate transition and community life — and those who are not recommended for transition — centered on goals and services designed to prepare them for transition at a later time.

The Defendants' FY2018 Semi-Annual Compliance Reports outlined elements of the Williams program's service planning approach, which requires that objectives and service interventions are based upon the Class Member's needs, vision, and goals, and outlines their rights to develop the service plan with his or her legal representative. In addition, the following Consent Decree requirements apply to service plans:

- Service plans must be completed by qualified professionals and include, if desired, a legal representative or other person of the Class Member's choosing;
- For Class Members assessed as appropriate for transition, the service plans must include the community-based services needed by the Class Members, as well as a timetable for completing transition;
- For Class Members transitioned into non-permanent supportive housing settings, the service plan must justify non-permanent supportive housing placement, and include community-based services that can support the most integrated setting possible and appropriate;
- For Class Members not approved for transition, service plans must include treatment objectives to prepare Class Members for subsequent transition to permanent supportive housing or other community-based options and should be periodically updated, reflective of the changing needs and preferences of an institutionalized Class Member and inclusive of services that support the acquisition of living skills and illness self-management;
- All service plans must be completed promptly and in sufficient time to support transitions; and
- Service plans cannot be limited to what the service and housing system currently has available; service plans should include any service that is currently provided under the State Medicaid Plan and Rule 132.

Service Plan-Related Compliance Requirements: Compliance Assessment for FY2018

Similar to other Williams Consent Decree domains, compliance requirements for service plans include process-related factors (e.g., timeliness and frequency of service plan completion) and content-related factors (e.g., whether a service plan reflects a Class

Member's vision, preferences, and needs). To assess compliance in this area, the Court Monitor reviewed data provided in the Defendants' FY2018 Semi-Annual Compliance Reports.

Figure 17. Synopsis of FY2018 Compliance Assessments for Service Plan-Related Requirements			
Total # Current Requirements	**Compliance Assessment Rating**		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
9 (100%)	(0%)	3 (33%)	6 (67%)

As displayed in Figures 17 and 18, the Williams Consent Decree contains nine requirements pertaining to service plans. The Court Monitor assessed the Defendants as partially compliant for three requirements and out-of-compliance for the other six requirements. The major deficiency resulting in non-compliance for the entire service plan domain is that the Defendants, despite seven years of program implementation, have not developed and implemented a methodology to track and report on the content- and process-related compliance requirements related to service planning or to monitor the quality and implementation of service plan components. Absent the necessary activity, and outcome data and reporting, the Defendants could not and did not demonstrate full compliance in any of this domain's areas.

Figure 18. FY2018 Compliance Assessment Ratings for Service Plan-Related Williams Consent Decree			
Req. #	**Source/ Citation**	**Williams Consent Decree Requirement Language**	**Court Monitor FY2018 Compliance Assessment Rating**
15	**Williams Consent Decree VI(7)(C)**	The Service Plan shall be developed by a Qualified Professional in conjunction with the Class Member and his or her legal representative. The Qualified Professional also shall consult with other appropriate people of the Class Member's choosing.	**Partial Compliance**
16	**Williams Consent Decree VI(7)(D)**	Each Service Plan shall focus on the Class Member's personal vision, preferences, strengths and needs in home, community and work environments and shall reflect the value of supporting the individual with relationships, productive work, participation in community life, and personal decision-making.	**Out-of-Compliance**
17	**Williams Consent Decree VI(7)(A)**	Based on the results of the Evaluations described above, Defendants shall promptly develop Service Plans specific to each Class Member who is assessed as appropriate for transition to a Community-Based Setting.	**Out-of-Compliance**
18	**Williams Consent Decree VI(7)(F)**	The Service Plan shall be completed within sufficient time to provide appropriate and sufficient transitions for Class Members in accordance with the benchmarks set forth in the Decree.	**Out-of-Compliance**

19	**Williams Consent Decree VI(7)(B)**	For each Class Member who does not oppose moving to Community-Based Setting, the Service Plan shall, at a minimum, describe the Community-Based Services the Class Member requires in a Community-Based Setting, and a timetable for completing the transition.	**Out-of-Compliance**
20	**Williams Consent Decree VI(9)(A)**	Those Class Members not transitioning from IMDs to Permanent Supportive Housing will have ongoing reassessments with treatment objectives to prepare them for subsequent transition to the most integrated setting appropriate, including PSH.	**Out-of-Compliance**
21	**Williams Consent Decree VI(7)(A)**	Each Service Plan shall be periodically updated 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 services where appropriate to assist in acquisition of basic instrumental activities of daily living skills and illness self-management. Acquisition of such skills shall not be a prerequisite for transitioning out of the IMD.	**Out-of-Compliance**
22	**Williams Consent Decree VI(7)(B)**	If there has been a determination that a Class Member is not currently appropriate for PSH, the Service Plan shall specify what services the Class Member needs that could not be provided in PSH 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.	**Partial Compliance**
23	**Williams Consent Decree VI(7)(E)**	The Service Plan shall not be limited by the current availability of Community-Based Services and Settings; provided, however, that nothing in this subparagraph obligates Defendants to provide any type of Community-Based Service beyond the types of Community-Based Services included in the State Plan and Rule 132.	**Partial Compliance**

Partial Compliance Ratings

The Defendants are found in partial compliance during FY2018 for three of the service plan-related requirements:

- *Requirement 22:* The Defendants were to indicate — through the service planning process — which services could not be provided in concert with permanent supportive housing but can be provided with residency in another appropriate setting that is less integrated (e.g. Supported Residential Setting). Of the 194 Class Members who were transitioned during the second half of FY2018, 21 (11%) went to a supervised residential setting (non-permanent supportive housing). While service planning staff did capture services needed by these Class Members, many of these services — such as Assertive Community Treatment, nursing services, and outpatient substance use services — can and are provided to Class Members residing in permanent supportive housing and thus are not appropriate reasoning or justifications for a non-permanent supportive housing referral. The Defendants were

found in partial compliance because the services they list in the service plans for those Class Members transitioned to non-permanent supportive housing settings are services commonly provided in concert with those provided in permanent supportive housing.

- *Requirement 23:* The Defendants indicated that there were 25 Class Members who were unable to transition due to the lack of a service in their chosen geographical area during FY2018. Of those 25, three Class Members identified a second geographic preference. While this data is useful, particularly as it identifies Class Members whose transition did not occur because of service unavailability in his or her community of choice, it does not indicate how many Class Members eventually transitioned during FY2018 but were forced to locate in a community not of their first preference on account of lacking services or housing. The lack of data and analysis under this requirement further exemplifies the Defendants' resistance to identifying, quantifying, and supplying needed services and housing as required by the Consent Decree and could be substantially enhanced by examining service plans. The Defendants were found in partial compliance for this requirement. The Defendants did state that additional data on outcomes for individuals unable to obtain services would be gathered during FY2019 for future reports.
- *Requirement 15:* While the Defendants indicate that they would honor a Class Member's preference to include a legal representative or other individual in the service planning process and would refer a Class Member who appeared to be cognitively compromised for a specialized assessment, there is neither evidence of the existence of a process or concerted effort to educate Class Members regarding their right to include other individuals in his or her service planning process nor data or other information provided by the Defendants to report the extent to which Class Members included other representatives in the service planning process during FY2018. Because the initial part of this same requirement requires the Defendants to have service plans developed by qualified professionals, and the Defendants stated that occurred during FY2018, the assessment rating for the entire requirement is partial compliance.

Out-of-Compliance Ratings

For the six remaining requirements under the service-planning domain, the Defendants are found out-of-compliance, based on the following data and reasoning:

Requirement 16: The Defendants indicated that a team of Quality Monitors reviewed 315 service plans and requested revisions if there were "deficiencies"; they did not, however, track and report the number of requested revisions or the extent to which service planning staff are compliant with the specific requirements for each service plan. The lack of data and reporting undermines compliance evidence and assessment and leads to the FY2018 rating of out-of-compliance. While the state's contracted Administrative Service Organization (Mental Health Collaborative for Access and Choice) collects information about service plans completed by CMHCs, the Defendants did not

present the findings of that data via their two FY2018 semi-annual reports. The Court Monitor requested (twice) specific data to demonstrate that service plans contained the required elements of "personal vision, preferences, strengths and needs in home, community and work environments and shall reflect the value of supporting the individual with relationships, productive work, participation in community life, and personal decision-making."[63]

This requirement also reflects the Williams Consent Decree's focus on the importance of work environments and productive employment in a Class Member's journey toward full participation in community life. Employment not only provides financial resources to the Class Member (to support acquisition and retention of housing and other basic needs), but can also deeply enrich a Class Member's life and catalyze personal empowerment through skill-building, social connections, meaning/purpose, and structure.

Despite the critical importance of employment, activities and outcomes in this area – through the Williams program – are extremely weak. Only 507 Class Members have enrolled in Individualized Placement and Support (IPS) employment programs since the outset of the Decree's implementation more than seven years ago. Among the 381 IPS participants who have been discharged from the employment program, 281 (or 74%) have never worked, and only 69 Class Members – or 18% - have worked more than 90 days. Of those currently in the IPS program (143 Class Members), 93 have not worked (65%), and 50 are currently working (35%). To put this into perspective, 2,251 Class Members have transitioned into the community since the beginning of the Williams Consent Decree, yet only 150 Class Members – or 6.7% - have worked as a result of the Williams employment programs and only 105 (4.7%) of them worked for more than 90 days.[64] Similarly, under the state's employment assistance program administered by Division of Rehabilitation Services, data indicates that only five referrals have been made of Class Members in the past seven years, and zero Class Members have been placed in employment.

Requirements 17 and 18: Regarding the promptness of developing service plans, the Defendants assert that the timeliness of service planning is "no longer viewed as a potential issue impeding a Class Member's transition" and that contractor agencies are empowered to determine the best timing for service plan creation.[65] This is not in accordance with the Consent Decree's clear terms of prompt and timely service plan

[63] Williams Consent Decree, Section VI.

[64] These figures only capture Class Members who receive IPS Supported Employment services through specific Williams-contracted CMHCs. As such, additional Williams Class Members may receive employment support from other CMHCs or may be working outside of these particular programs. Further, after a Class Member is stably employed, working activities are no longer tracked in this IPS data system.

[65] *Williams v Rauner Consent Decree.* Williams Semi-Annual Report 14. July 1, 2017 – June 30, 2018. Submitted September 13, 2018.

development. Failure to demonstrate compliance via data or other information leads to an assessment of out-of-compliance in FY2018 for both of these requirements.

Requirements 19 and 20: Once again the Defendants reported that they do not collect data regarding whether service plans include the required elements of needed community-based services and a timetable for transition completions. The Defendants also did not submit data to support compliance with the requirement that service plans identified treatment objectives to prepare individuals who are transitioned to non-permanent supportive housing settings (e.g., supervised living facilities) for permanent supportive housing later.

Requirement 21: The Defendants indicated that they have no database to collect data regarding periodic service plan updates for those who are referred to CMHCs or who are not recommended for transition. Absent any data or other evidence of compliance with this requirement, the Defendants are assessed as out-of-compliance for FY2018.

Requirement 21 obligates the Defendants to, "incorporate services where appropriate to assist in acquisition of basic instrumental activities of daily living skills and illness self-management."[66] In the Court Monitor's visits to a random selection of five Williams facilities in June of 2018, one dynamic was clear: she saw no evidence of active treatment during her hours-long visits to each of the five Williams facilities. During these site visits, the Court Monitor observed that most Williams facilities residents were either in their beds (even though visits occurred during the day) and not engaged in any individual or group activity or treatment (e.g. occupational therapy, individual counseling, case management, groups for skill-building, anger management, substance use recovery, illness self-management, etc.) or smoking tobacco in designated smoking areas. While 22 out of 24 of these residences are now classified as Specialized Mental Health Rehabilitation Facilities, it seems that very little treatment or rehabilitation is occurring in these facilities, or at least not in those facilities she visited. The Court Monitor fears that residence in these facilities may hinder recovery and cause some Class Members to lose concrete living skills and confidence as opposed to gain living skills and confidence, in preparation to transition back into the community. Additionally, the Court Monitor was compelled to report two of the five Williams facilities she visited to the Illinois Department of Public Health (DPH) for concerns related to the cleanliness of residents and premises and lack of active treatment. DPH, after investigation, stated they had no findings to corroborate the Court Monitor's observations.

[66] Williams Consent Decree, Section VI.

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

1. **Implement a strategy to comply with each service plan requirement, including a methodology to collect and report data necessary to demonstrate compliance regarding service plan timeliness, frequency, completeness, and quality.**

The Defendants identified several areas relating to the timeliness, frequency, and quality of service plans where data is not currently collected and thus could not be reported. 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. Improving this process will help identify strengths and weaknesses, address quality deviations among the contractors who develop service plans, and address barriers to timeliness and the impact this has on Class Member transitions. As such, the Defendants should consider developing a methodology to collect, analyze, and report data assessing the inclusion of required content and the timeliness of completing service plans. This could be executed in several ways, including:

- Requiring monthly reports on a number of key performance indicators from Williams contract agencies that develop service plans;
- Requiring the direct input of data into a tracking system (e.g., enhancement to the tracking systems used to generate performance and outcome reports);
- Enhancing the University of Illinois in Chicago College of Nursing's quality assurance role to provide deeper and wider assessment inquiries and make recommendations for improvements across the service planning compliance domain; and
- Enhancing the role of the state's contracted Administrative Service Organization to collect compliance-related information.

Tracking process measures requires project and data management sophistication, which includes the development of performance measures/indicators; database development and use; data collection, entry, cleansing, and analysis protocols; training for providers on process measures and data submission requirements; data analysis and reporting; and a quality assessment and improvement process. Ideally, such needed improvements would take place globally across the Williams program. The Defendants are encouraged to re-examine and give meaningful consideration to the recommendations provided in the April 2017 Consultants Report issued under *Colbert vs. Rauner*[67] as endorsed by the prior Court Monitor in his *Special Report to the Court* submitted in May 2017.[68] The

[67] *Colbert Consent Decree*, Report to the Court Monitor: Recommendations for System and Process Improvements. Retrieved from: www.aclu-il.org/sites/default/files/field_documents/court_monitors_special_report.pdf.
[68] *Colbert v. Rauner,* Special Report to the Court. May 12, 2017. Retrieved from: www.aclu-il.org/sites/default/files/field_documents/court_monitors_special_report.pdf

former Court Monitor encouraged Williams program staff to also consider the recommendations provided to support stronger performance under the Colbert program, yet there is no evidence that this has occurred as of the writing of this report. One recommendation in the Consultants' reports, endorsed by the prior Court Monitor, was to develop a robust data enterprise program that captures performance relative to the numeric-, process-, and quality-oriented indicators across required activity and reporting domains.

2. Ensure clear lines of responsibility for service plan completion and treatment and skills development interventions and activities therein.

The crucial step of assigning responsibility for who should ensure that the various clinical treatments and skills development documented in service plans are actually implemented appears to be lacking. During the Court Monitors visits to various Williams facilities in June of 2018 most of the administrators and staff interviewed did not know who was responsible for keeping the service plans, where they could be found, whether they were implemented and/or revised periodically, and so on. This identifies a notable gap in the transition process that should be addressed immediately.

3. Address provider-related issues pertaining to service plan development.

As the lead agency for Williams implementation, it is important that DMH address contractor agency-related issues that may lead to non-compliance with service planning requirements. These areas include:

- Williams contractor agencies' potential unwillingness to provide projected transition timelines because of concern that they will be held accountable for timeframes;
- Potential overlap between development and content of community mental health center treatment plans and Williams service plans, and related provider frustration with inefficiencies and duplication of effort;
- CMHCs requests to discontinue referrals and assignment for Class Members with no incomes for transition services and DMH policy states cannot be transitioned without income;
- Provider agency capacity issues related to conducting service plan updates every 180 days for those Class Members previously not recommended for transition; and
- Lack of justification for placement in non-permanent supportive housing settings and potential lack of understanding about the array of services that can be provided to Class Members in permanent supportive housing to promote housing retention and community tenure.

These overall needs to improve compliance with service plan requirements should be addressed in the next required Implementation Plan and the activities that ensue to achieve compliance in this domain should take the recommendations offered above into deep consideration.

4. Utilize service-planning implementation as an opportunity to enhance instrumental living skills and prepare Class Members for successful community living in permanent supportive housing.

The Williams Consent Decree language is consistent with the research: most people with serious mental illness can and do thrive in permanent supportive housing settings, if they so choose. While other types of housing settings may be appropriate for Class Members in limited circumstances and duration, the Consent Decree includes a clear preference for permanent supportive housing by including only three specific situations that can be used to place Class Members in non-permanent supportive housing. Even further attesting to the permanent supportive housing preference, the Consent Decree requires service plans to include goals, strategies, and services for individuals referred to non-permanent supportive housing settings that focus on preparing them for eventual permanent supportive housing placement.

Clinically, preparing people for permanent supportive housing requires programs to focus on habilitation[69], rehabilitation, and skill building, in addition to the provision of clinical and medical supports. That means that whether a Class Member is not recommended for transition and remains in a Williams facility or is recommended for transition but referred to a non-permanent supportive housing setting, the focus of that person's service plan should be the acquisition of the skills necessary to eventually live in permanent supportive housing, and then services should ensue.

Full adherence under Williams to the permanent supportive housing requirement, unless one or more of the stated caveats exist, might represent a philosophical shift for some state agency staff and providers, as well as operational and clinical shifts for service providers (e.g., Williams facilities and transitional housing providers). It is understandable, yet not acceptable, that because Illinois lacks the range and supply of community-based services needed for Class Members to successfully transition and remain in the community (i.e., crisis services, assertive community treatment teams available 24/7; substance use treatment, independent housing units with onsite access to 24/7 medical staff, primary care services, transportation) some program managers and providers avoid transitioning Class Members. However, the appropriate response to this dilemma is not to continue to inappropriately institutionalize Class Members in Williams and other facilities, it is, as required by the Consent Decree, to build and sustain the types of services, supports and housing needed by Class Members who, with them, can successfully live in the community.

[69] Habilitation includes cognitive, social, fine motor, gross motor, or other skills that contribute to mobility, communication, and performance of activities of daily living and enhance quality of life.

Section VII. Transition Activities to Support Class Members

This report's preceding sections that focus on diversion, outreach, evaluation, and service planning entail activities designed to determine Class Member eligibility and appropriateness for community transition and then, when indicated, prepare Class Members for transition from Williams facilities into the community. Successful transition of appropriate Class Members is the central intent of the Consent Decree.

The Defendants' ability to meet the specific numeric transition requirements under the Consent Decree is often viewed as one of the most important, or at least the most visible, indicator of compliance. Success or failure to achieve the number of required transitions signals the Defendant's ability to effectively reach and identify appropriate Class Members, prepare for and effectuate transitions, and, at the systems-level, move in the direction of rebalancing the mental health services system away from institution-based and restrictive care settings toward community-based services, supports, and housing.

During FY2018, to support transition and community-based supports and services, the Defendants contracted with eight "full array service Community Mental Health Centers (CMHCs)," to offer a full array of Medicaid billable services (including Assertive Community Treatment and Community Support Team services) along with other non-billable mental health services. The Defendants also contracted with eight other organizations, called "transition-only CMHCs," that provide services within their certifications but do not offer Assertive Community Treatment or Community Support Team services. In FY2018, the Defendants assigned transition targets to the eight full array service CMHCs; these targets totaled the number of required transitions for FY2018 — 400 Class Members. Data highlights provided by the Defendants in their FY2018 Semi-Annual Reports (13 and 14)[70] include:

- In FY2018, the Defendants effectuated 315 transitions, representing 79% of their total transition requirement of 400;
- 177 of the 315 FY2018 transitions represent Class Members approved for transition during that same fiscal year, and the remaining 138 transitions represent Class Member approved for transition in the previous fiscal year (FY2017);
- In FY2018, there were 1,038 Class Members who were approved for transition through the evaluation process;
- Of the 1,038 Class Members who were approved for transition through the evaluation process in FY2018, 177 (17%) were transitioned.
- The remaining 861 Class Members were not transitioned because they were placed on holds for legal, financial, medical, or psychiatric reasons (212, or 25%), were in

[70] *Williams v Rauner Consent Decree.* Williams Semi-Annual Report 13. Submitted December 2017.
Williams v Rauner Consent Decree. Williams Semi-Annual Report 14. Submitted September 13, 2018.

the housing search process (30, or 3%), being reviewed by the Clinical Case Review Panel (38, or 4%), were unable to be located (111, or 13%); declined to transition (134 or 15%); or were in the pipeline for future transition (336 or 39%);

- In the second half of FY2018, 89% of all Class Members who transitioned entered their own lease-held apartments (permanent supported housing);[71] and
- The average length of time (in days) from Class Member assessment to transition is 164 days (5.5 months) and the average length of time (in days) from assignment to a CMHC to transition is 94 days (3.1 months).

Transition-Related Compliance Requirements: Compliance Assessment for FY2018

The Williams Consent Decree contains 12 compliance standards pertaining to the transition domain. Five of the 12 requirements represent historical requirements and are not relevant to this reporting period, which leaves seven requirements that are relevant to the FY2018 performance period. Under this domain, the Defendants are required to provide any Class Member approved through the evaluation process an opportunity to transition to community-based services and permanent supportive housing; support Class Members who are discharged from Williams facilities prior to their agreed-upon transition date to ensure that they do not lose access to services and housing due to early discharge; provide permanent supportive housing to all transitioning Class Members who do not meet specific exclusionary criteria; and implement measures to protect Class Members from eviction during hospitalization.

Figure 19. Synopsis of FY2018 Compliance Assessments for Transition-Related Requirements

Total # Current Requirements	Compliance Assessment Rating		
	In Compliance	Partial Compliance	Out-of-Compliance
7 (100%)	1 (14%)	2 (29%)	4 (57%)

As indicated by Figures 19 and 20, for the current requirements under the transition domain for FY2018, the Defendants are assessed as in compliance with one requirement, in partial compliance with two requirements, and out-of-compliance with four requirements.

[71] The Defendants did not submit data on housing setting by type for Class Members who transitioned during the first half of FY2018.

Figure 20. FY2018 Compliance Assessment Ratings for Transition-Related Williams Consent Decree Requirements			
Req. #	**Source/ Citation**	**Williams Consent Decree Requirement Language**	**Court Monitor FY2018 Compliance Assessment Rating**
24	**Williams Consent Decree VI(9)(A)**	PSH will be considered the most integrated setting appropriate for Class Members except that, (1) for any Class Members (i) who have 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 that they cannot effectively be served in PSH, (ii) who have medical needs requiring a high level of skilled nursing care that may not safely be provided in PSH, or (iii) who present an danger to themselves or others, the evaluator will determine the most integrated setting appropriate, which may be PSH or another setting, and (2) nothing in this paragraph shall prevent Class Members who can and wish to live with family or friends or in other independent housing that is not connected with a service provider from doing so.	**Partial Compliance**
25	**Williams Consent Decree VI(9)(B)**	Class Members who move to a Community-Based Setting will have access to all appropriate Community-Based Services, including but not limited to reasonable measures to ensure that their housing remains available in the event that they are temporarily placed in a hospital or other treatment facility.	**Partial Compliance**
26	**Williams Consent Decree VI(8)(A)**	Within five (5) years of the finalization of the Implementation Plan, all Class Members who have been assessed as appropriate for living in a Community-Based Setting will be offered the opportunity to move to a Community-Based Setting.	**Out-of-Compliance**
27	**Williams Consent Decree VIII(15)**	In the event that any IMD seeks to discharge any Class Member before appropriate housing is available, including but not limited to circumstances in which an IMD decides to close, Defendants will ensure that those individuals are not left without appropriate housing options based on their preferences, strengths, and needs.	**Out-of-Compliance**
28	**Williams Consent Decree VI(8)(G)**	By the end of the fifth year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement to one hundred percent (100%) of all individuals who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the fourth year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since the finalization of the Implementation Plan.	**Out-of-Compliance**

29	**Williams Consent Decree VI(8)(G)**	For purposes of this Decree, PSH includes scattered-site housing as a well as apartments clustered in a single building, but no more than 25% of the units in one building with more than 4 units may be used to serve PSH clients known to have mental illness. For buildings with 2 to 4 units, no more than 50% of the units may be used to serve PSH clients known to have mental illness. However, during first 5 years after finalization of the IP, up to 75 class members may be placed in buildings where more than 25% of the units serve PSH clients known to have MI if those buildings were used to serve PSH clients prior to March 1, 2010. After first 5 years following the finalization of the IP, all class members served in PSH shall be offered the opportunity to reside in buildings that comply with 25% or 50% units limit set forth above in this subparagraph.	**In Compliance**
30	**Williams Consent Decree VI(8)(H)**	After the end of the fifth year following finalization of the Implementation Plan, Class Members who are assessed as appropriate for living in a Community-Based Setting, who do not oppose transition to a Community-Based Setting and whose Service Plans provide for placement in Community-Based Settings shall be offered the opportunity to move to those settings and shall receive appropriate services consistent with the Service Plan within one hundred and twenty (120) days of the date of the Service Plan.	**Out-of-Compliance**
31	**Williams Consent Decree VI(8)(C)**	By the end of the first year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement in a Community-Based Setting to a minimum of 256 Class Members who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed 256 PSH units for the benefit of Class Members.	***Not Relevant to Reporting Period***
32	**Williams Consent Decree VI(8)(D)**	By the end of the second year after the finalization of the Implementation Plan, Defendants will have: (1) offered placement in a Community-Based Setting to a minimum of 640 Class Members (including the 256 referenced in subparagraph 8c above) who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed 640 PSH units for the benefit of Class Members.	***Not Relevant to Reporting Period***
33	**Williams Consent Decree VI(8)(E).**	By the end of the third year after the finalization of the Implementation Plan, Defendants will have (1) offered placement to at least forty percent (40%) of all individuals who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Settings; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the second year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since finalization of the Implementation Plan.	***Not Relevant to Reporting Period***

34	**Williams Consent Decree VI(8)(F)**	By the end of the fourth year after the finalization of the Implementation Plan, Defendants will have (1) offered placement to at least seventy percent (70%) of all individuals who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting; and (2) developed the corresponding number of PSH units or other Community-Based Settings sufficient for these individuals. For purposes of this subparagraph, these individuals include the total of (1) all Class Members as of the end of the third year after the finalization of the Implementation Plan who are assessed as appropriate for living in a Community-Based Setting and who do not oppose moving to a Community-Based Setting, and (2) all former Class Members who have already transitioned from the IMD to a Community-Based Setting or to another community setting since finalization of the Implementation Plan.	***Not Relevant to Reporting Period***
35	**Williams Consent Decree X(21)**	Within sixty (60) days of Approval of the Decree, Defendants shall offer each of the Named Plaintiffs the opportunity to receive appropriate services in the most integrated setting appropriate to his or her needs and wishes, including PSH. Provision of services to the Named Plaintiffs pursuant to this paragraph shall not be used to determine any other individual's eligibility for services under the terms of the Decree.	***Not Relevant to Reporting Period***

In Compliance Rating

Requirement 29: The Defendants are found in compliance with ensuring that Class Members reside in permanent supportive housing settings where less than a quarter of the residents constitute people with disabilities. Because private landlords cannot reveal the disability status of residents, another method must be used to ascertain compliance. The Defendants have stated that they monitor the number of Class Members with leases to reside under a common roof to ensure that the 25% limit is followed, a reasonable proxy indicator for compliance. DMH data for FY2018 of Class Members residing in lease-held units indicated that 76% of the buildings had with only one Class Member in residence and less than 6% had more than five Class Members in residence.[72] It appears, based on the data, that the 25% rule was adhered to and thus the rating of in compliance was given.

Partial Compliance Ratings

Requirement 24: Data from the second half of FY2018[73] signals that the Defendants largely and appropriately rely on permanent supportive housing as the housing type for transitioned Class Members. The Williams Consent Decree establishes three scenarios where the Defendants can refer a Class Member to a setting other than permanent supportive housing. These include a Class Member with a diagnosis of Dementia or other progressive cognitive disorders, at risk for harm to self or others, or with medical

[72] *Williams v Rauner* Consent Decree. Williams Semi-Annual Report 14. Submitted September 13, 2018.
[73] The Defendants provided data only for the second half of the fiscal year.

needs requiring 24-hour care. Additionally, a Class Member can choose to live in a non-permanent supportive housing setting. The Defendants are assigned a partial compliance rating pursuant to this requirement because they referred 11% of transitioned Class Members (during the second half of FY2018) to Supervised Residential Settings — non-permanent supportive housing settings — while these Class Members did not meet the specific permanent supportive housing exclusionary criteria enshrined in the Decree. Moreover, the Defendants attest that there is no current methodology in place to ensure that those referred to non-permanent supportive housing settings meets those specific criteria.

Requirement 25: The Defendants are found in partial compliance with the two-part requirement of ensuring that transitioning Class Members have access to community-based settings and are able to remain in their housing if they are temporarily placed in a hospital or other treatment facility. Relative to the first part of the requirement — obligating the Defendants to develop appropriate community-based services for Class Members transitioning into the community — the Court Monitor assigned the rating of partial compliance because of the Defendants' admission that there remain gaps in services, and the Defendants' inaction related to Multiyear Provider Growth Plan.

Williams and Colbert providers submitted to the Defendants a Multiyear Provider Growth Plan on February 28, 2018, expressing the desire for an "environment of feedback in which provider voice is heard" and noting that CMHCs would not meet "numbers demanded by the consent decree (sic) unless significant reinvestment into community mental health is provided."[74] By the end of FY2018, all activities associated with the Multiyear Provider Growth Plan were process-oriented in nature, and in their FY2019 Implementation Plan, the Defendants planned actions were also only process-oriented, including semi-annual meetings with Williams CMHCs regarding the Multiyear Growth Plan recommendations and implementation status; the intention to continue "executive level discussions" to "explore feasibilities with other areas identified in this Plan"; and the convening of discussions with CMHCs regarding several issues included in the plan, such as transportation reimbursement, alignment of documentation requirements, and neuropsychological assessments.[75] Within FY2018 and even to-date, the Defendants have reported no concrete actions based on the Multiyear Growth Plan that have resulted in the expansion of provider capacity.

Additionally, in January of 2017, the Illinois Housing Task Force released a report outlining activities and recommendations necessary to address unmet housing needs, including those necessary to comply with Olmstead-related initiatives in Illinois, including the Williams (and Colbert) Consent Decrees.[76] The report provided information on the, "current inventory and unmet need, compar[ing] [permanent supportive housing] versus institutional costs, identify[ing] potential resources to create PSH, and

[74] Multi-Year Growth Plan, Executive Summary, February 2018.
[75] FY19 Williams Implementation Plan, DHS Final Draft (June 27, 2018).
[76] 2017 Supportive Housing Working Group, Illinois Housing Task Force. January 2017.

propos[ing] production goals as well as strategies to improve PSH." The Task Force estimated number of PSH units needed for Williams Class Members was 1,647 units per year. It is difficult for the Court Monitor to ascertain the extent to which a sufficient number of housing units has been developed specifically for Williams Class Members since much of the housing-related data and information presented at Large Parties and other meetings spans overall efforts to expand affordable housing.

The second part of this requirement regards the ability for the Defendants to help Class Members maintain their housing and avoid eviction if they find themselves temporarily placed in other settings, such as inpatient psychiatric or substance use treatment. In FY2018, the Defendants report that 65 Class Members left their housing units for medical or psychiatric treatment and, of those, all 65 were able to maintain their units because of the Defendants' policy of paying for three months of rent for Class Members in those circumstances.

The primary area of non-compliance in the transition domain is the numeric requirement of 400 Class Member transitions during FY2018. While the numeric transition requirement for FY2018 is not codified in the Consent Decree itself, each year, the Parties identify a transition requirement during the implementation planning process. As indicated in Figure 21, the Defendants were not compliant with their transition requirement of 400 Class Member transitions in FY2018, effectuating only 315 (79%) transitions.

Figure 21. FY2018 Transition Compliance Requirement vs. Outcome: Williams Class Member Transitions

Transitions	
# Required	# Achieved
400	**315 (79%)**

As stated previously, the Defendants relied on eight CMHC contractors to provide "full service" transition services and another eight CMHCs to provide limited transition services. The first eight CMHCs were assigned to achieve the total number of transitions required for FY2018, while the others were viewed as providing supplemental transitions. In fact, data submitted by the Defendants in Semi-Annual Report 14 revealed that of the 315 transitions achieved during FY2018, 97% were accomplished by the eight full service CMHCs, with 3% completed by the others. Importantly, within the eight full service CMHCs, the Defendants relied on two of them to produce 230 (57.5%) of the required 400 transitions. One of these agencies met its requirement exactly, transitioning 70 Class Members. The second agency, however, only achieved 83 of its 160 transitions (or 52%). While five of the eight full service CMHCs met or exceeded their assigned number of transitions required for FY2018, because this single provider was assigned such a large percentage of needed transitions (40%) and did not meet the target, that difference alone impacted Defendants compliance negatively.

This indicates that the Defendants' inability to reach transition requirements may relate to planning misjudgments and miscalculations regarding expected provider capacity and performance and over-reliance and assignment of a large proportion of transition

responsibilities to a single provider organization.[77] While outside of the timeframe of the report's assessment, FY2019 data thus far indicates a similar pattern of the Defendants over-reliance on one or two CMHC providers; this coupled with underperformance and other factors is having similar consequences for the Defendant's transition outcomes being far below targets thus far in the current fiscal year.

Out-of-Compliance Ratings

Requirements 26 and 28: The Defendants, by the fifth year of the initial Implementation Plan (produced in June of 2011), were required to transition 100% of Class Members approved through the evaluation process, having developed a sufficient number of community-based services and permanent supportive housing units. In short, the Defendants are nowhere near meeting this requirement. Out of the 1,038 Class Members approved for transition through the evaluation process, only 315 transitions occurred during FY2018, and 138 of those 315 Class Members represent Class Members who were approved for transition in the previous fiscal year. Lags and carryover numbers have and will be expected to repeat in future years yet the fundamental issue remains that a significantly lower number of Class Members who were recommended to transition actually transitioned.

For those Class Members who are initially recommended to transition through the evaluation process but subsequently are not transitioned, there are multiple reasons. This includes the "Complexities Affecting Seamless Transition" designation and process – also known as the CAST list. This designation occurs when Class Members are initially recommended for transition through the evaluation process, but during either the pre-referral process (between evaluation and referral to the CMHC transition agencies) or post-referral to transition entities (after a transition entity is working with a Class Member), the Class Member is placed on a "hold" for reasons such as no income; excess income resulting in spend-down obligations; services not available in a desired location; CMHC capacity issues at in the desired location; Medicaid pending status; inability to gather identification documents; and medical and/or psychiatric complexities (or urgent needs/risks in these areas).

Under the CAST list/process that Defendants have been using, if the transition agency (CMHC) believes that a Class Member, originally recommended for transition by the Resident Review (evaluation) process, has become unable to transition, they can provide clinical documentation and other information to the DMH Clinical Case Review Panel (CCRP). On a regular basis, the CCRP reviews this information and then determines to either support or overturn the provider's decision about a Class Member's transition appropriateness. In FY2018, 250 Class Members (or 29% of remaining Class Members who were initially recommended through the evaluation process and not transitioned to

[77]The Court Monitor has not yet fully investigated reasons for this instance of major underperformance. As such, this observation is not designed to criticize or attribute blame to providers regarding performance toward transition targets.

the community) were placed on the CAST list, were in the CCRP review process, or placed on another type of hold.[78] Reasons for placement on the CAST include issues related to mental health, medication management needs, medical/diabetes-related complications, general medical needs, financial needs, and housing-related issues. According to data from DMH, nearly 90% of the 141 Class Members on CAST were there because no income, 8% were placed on CAST due to housing-related issues, and the remaining due to mental health issues.[79] Another 109 Class Members were also placed on non-CAST holds, with data indicating that the most common reasons for these holds were mental health, housing, and funding.[80, 81]

Placing Defendants on the CAST list — or on any other type of hold — should be reserved for those in very specific circumstances such as a psychiatric crisis or medical concern. Otherwise, CAST undermines compliance to requirements 26 and 28 and likely prevents the Defendants from meeting transition requirements. Several other CAST-related issues must be addressed, which include:

- All Class Members on the CAST list were at one time approved for transition through the evaluation process. It is unclear whether discrepancies between the determination made during the evaluation process lie in transition providers' disagreements with assessment of Class Members' readiness to transition and/or other shortcomings with the evaluation process; their inability or unwillingness to serve vulnerable individuals with complex and myriad psychiatric and medical needs; a lack of adequate community-based services, supports, and housing; inadequate payment or reimbursement rates to build and sustain community-based capacity for transitioning Class Members; or a confluence of these factors. Some transition providers have noted that they would like to conduct outreach and evaluation functions themselves, instead of relying on the state-contracted Resident Review Agencies, stating that they can more appropriately identify transition suitable Class Members and more accurately assess their transition readiness. However, the Court Monitor and Defendants have concerns about the merits of having the same entity conduct outreach, evaluation, and transition functions, as this may present conflicts of interest.
- Many of the circumstances that may justify a Class Member's placement on the CAST list are common challenges among Class Members (and, in general, Medicaid-eligible individuals with physical and/or psychiatric disabilities) such as low incomes, medical or psychiatric complexities, and uninsured status. After years of charge with implementing the Decree, the Defendants can and should be expected to utilize a cogent approach based on data about Class Members' needs and success factors to identify, plan, fund, and otherwise ensure that adequate community-based services,

[78] Data provided by DMH as of July 9, 2018.
[79] Ibid.
[80] Ibid.
[81] It is unclear how these holds differ from CAST-related holds, as there are similar/same categories in both (e.g. mental health, medical, housing).

supports, and housing exist. This has been in the past and remains a fundamental deficit of the Williams program and directly impedes the Defendants compliance with a number of requirements, including — most notably — failure to achieve the number of required Class Member transitions.

The Defendants are also out-of-compliance for FY2018 with the remaining two requirements under this domain, including:

- *Requirement 27:* The Consent Decree includes a term to ensure that those Class Members who are discharged from Williams facilities amidst their transition process receive targeted assistance to continue their transition despite early discharge. In FY2018, 74 Class Members received a Notice of Involuntary Transfer or Discharge from one of the 24 Williams facilities. Reasons for the involuntary discharge include physical safety of others (62%), medical reasons (24%), late/non-payment (9%), reason not provided (3%), or physical safety (1%). While it is informative to know the number of Class Members subjected to unplanned discharge during FY2018 and the reasons for such, the Defendants did not provide any data to demonstrate who among these Class Members were already in the transition process and/or whether there was any intervention to provide community-based housing or services to them, despite their unplanned discharge from the Williams facility. Because of this, the Defendants are out-of-compliance for this requirement.
- *Requirement 30:* The Consent Decree obligates the Defendants to complete transitions within 120 days of service plan development. For the second half of the fiscal year,[82] more than half of all Class Members who were transitioned (99 of 194) were not transitioned until greater than 120 days from assignment to a CMHC (the proxy date for service plan development). The Defendants note that transition delays are consequent to Class Member issues such as poor credit history, eviction history, criminal background, medical complexities, and other issues.

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

To achieve the required number of Class Member transitions, the Defendants are encouraged to refer to the recommendations offered in each of the other sections of this report, particularly Section VIII. Additional recommendations that the Defendants might explore to enhance performance and increase compliance in future years are offered below.

[82] The Defendants did not provide data relative to this requirement for the first half of FY2018.

1. Identify and address barriers to timely and successful transitions.

While transition certainly entails a complex, multistep process — and there are neither national nor other established benchmarks for these timeframes — at face value, the Defendants' average of more than five months (164 days) between a recommendation and transition appears lengthy. The Defendants are encouraged to develop strategies to increase transition timeliness, perhaps replicating best practices in rapid housing and service linkages such as Housing First and Rapid Re-Housing providers. Areas for inquiry and examination include:

- What were the barriers to timely transitions of Class Members? Which barriers created a significant gap between Class Members recommended for transition and those who transitioned?
- For Class Members referred to transition agency contractors but not ultimately transitioned, what services and supports are necessarily to facilitate transition and life in the community?
- What steps are currently missing that should be put into place to better prepare and position a Class Member for transition (e.g., occupational therapy, earlier inquiries into criminal justice involvement and credit history)?

2. Resolve discrepancies between evaluation results and subsequent CAST listings and determinations.

The Defendants' FY2018 Semi-Annual Reports made no efforts to describe the discrepancies between evaluation results and subsequent CAST determinations. This includes whether and how the evaluation process can be improved to better and more accurately assess a Class Member's appropriateness and readiness for transition. The Court Monitor believes that commitment, leadership, funding, and implementation of appropriate community-based services and supports can resolve at least some barriers that result in Class Members being placed on the CAST list. The Defendants should utilize the data from the CAST list and discussions with Williams evaluators and transition agency/community-provider contractors to understand whether discrepancies can be attributed to evaluation process flaws and, if so, to devise ways to successfully address them.

3. Address CAST barriers through data-driven development of community supports, services, and housing.

In the mental health field, people who need and use treatment and services often experience multiple barriers to recovery and full participation in community life, including no income, medical and psychiatric complexities, substance use disorders, lack of health insurance coverage, and stigma, among others. This creates an imperative for systems to design services and housing to address these barriers and to promote the social welfare, stability, and life in the community for individuals with psychiatric

disabilities. Using data from the "CAST" list, the Defendants are recommended to consider the following:

- Addressing the circumstances of Class Members with no income by thoroughly exploring their eligibility for entitlement programs such as the federal SSI/SSDI Outreach, Access, and Recovery (SOAR) that features staff trained and skilled at expediting and increasing the likelihood of successful SSI/SSDI initial applications and appeals; benefits specialists programs; and increased employment services;[83,84]
- Resolving Class Members' Medicaid pending status through use of benefits specialists, insurance navigators, and thorough exploration and potential adoption of a presumptive eligibility program for childless adults, which are currently in place in Indiana, Montana, New Hampshire, New Jersey, and Ohio[85]; and
- Attending to the lack of access to services and housing, as well as the treatment of psychiatric and medical complexities, through data-driven expansion of community-based services and housing (see Section VIII for detail).

4. Address Specific Out-of-Compliance Areas

In the three areas referenced above (Requirements 24, 27, and 30), it is suggested that the Defendants explore the following recommendations to come into compliance:

- *Increase Timeliness of Transitions.* The Defendants indicate that transitions are not currently completed in a timely manner, with nearly half exceeding the Consent Decree-established timeframe of 120 days. As such, they should consider strategies to address transitions timeliness, including designing policies and procedures that proactively assess and address barriers known to create lags in transition (e.g., housing location, benefits acquisition, Medicaid determinations or reauthorizations).
- *Only Exclude Class Members from Permanent Supportive Housing Based on Choice or Consent Decree-Approved Conditions.* Pursuant to Requirement 24, the Defendants should consider investing time and attention to developing a methodology to indicate whether those Class Members not referred to permanent supportive housing or private residences meet the three conditions listed above 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. If the Defendants do not currently have a methodology to demonstrate whether Class Members who are not referred to permanent supportive housing or private residences receive periodic re-evaluations with treatment objectives focused on permanent supportive housing readiness (other than those with confirmed

[83] The Defendants commit in the FY2019 Implementation Plan to devote $14,000 to a SOAR contractor to expedite SSI/SSDI benefits applications for Class Members. The Court Monitor acknowledges that a limited number of Class Members may not be eligible for SSI or SSDI because they do not have a qualifying disability (including those who have a primary diagnosis of substance use disorder).
[84] In the Defendants' written response to the Court Monitor's draft report (October 19, 2018), the Defendants indicate that 131 were assigned to CAST financial holds from the beginning of FY18 to date.
[85] Kaiser Family Foundation, Presumptive Eligibility in Medicaid and CHIP as of January 1, 2018.

diagnoses of Dementia or other progressive cognitive disorders or those who have chosen a different living arrangement), they should consider developing the methodology, tracking the data, and ultimately demonstrating compliance. Finally, if Defendants find an overreliance on non-permanent supportive housing settings due to evaluation errors or lack of community capacity, Section VIII provides recommendations to support broader development of permanent supportive housing.

- *Develop Mechanisms to Support Involuntarily Discharged Class Members.* As referenced above, the Defendants — in their semi-annual reports — did not indicate any efforts to support Class Members who were discharged from Williams facilities prior to a planned transition date. As such, the Defendants should create a collaborative process to ensure Williams facilities actively engage and involve Williams provider agencies when an unplanned discharge occurs, and coordinate efforts to work with the Class Member's new residence (whether another IMD, nursing facility, hospital, or other residential option) to continue their transition.[86]

At the very minimum, the Defendants should provide these Class Members with a written statement detailing the transition services and linkages to community-based housing and services available to them, as well as contact information for appropriate providers designated to assist the Class Member post-discharge. The Class Member should sign the document and as evidence of attempted compliance with the requirement, the Defendants should report the number of Class Members who were provided with this information, the number provided with transition assistance before or after discharge, where they were discharged to, and if they ultimately transitioned to the community.

[86] Williams Consent Decree, Section VIII.

Section VIII. Community-Based Services and Housing Capacity Development

The consequences of behavioral health and disability systems' lack of sufficient community-based supports, services, and housing for people with disabilities are often the predicate of Olmstead cases. Lack of community-based service provider and housing capacity creates dependency on institutional levels of care for people with disabilities and their families. The Williams Defendants are no exception to this dynamic, with a historical lack of strategic investment in community-based services and housing providers and state budget impediments that have destabilized the community-based mental health system.

The Williams Consent Decree provides a clear imperative and path to expand community-based services and housing that are necessary to successfully transition appropriate Class Members from Williams facilities to community living. It requires that Defendants develop and implement services and supports in the appropriate quantity and quality to create a system that fully supports diversion and transition.[87]

Of note, under the Colbert Consent Decree, the previous Court Monitor, Dennis Jones, MBA, MSW, authorized an independent consultant to develop a set of recommendations to support the development of community capacity and to, "determine the current barriers to the Defendants' development of Community Capacity required to achieve compliance with the Consent Decree and the CNP [Cost Neutral Plan] and to transition greater numbers of Class Members to Community-Based Settings in the future."[88] The Consultants delivered their report[89] to the former Court Monitor in April 2017.[90] While this activity took place under the Colbert Consent Decree, Mr. Jones — in his May 2017 Special Report to the Court[91] on the topic — noted that the findings and recommendations from the Consultant's report, "represent a thoughtful and comprehensive framework for not only Colbert but also related efforts for the Williams Consent Decree."[92]

---

[87] Williams Consent Decree, Section V.
[88] Colbert Cost Neutral Plan, Page 6.
[89] *Colbert Consent Decree*, Report to the Court Monitor: Recommendations for System and Process Improvements. Retrieved from: www.aclu-il.org/sites/default/files/field_documents/court_monitors_special_report.pdf.
[90] Disclosure: The Consulting team was led by Gail P. Hutchings, MPA, President and CEO of the Behavioral Health Policy Collaborative, and current Court Monitor under both *Williams v. Rauner* and *Colbert v. Rauner.*
[91] Special Report to the Court, Dennis R. Jones, MSW, MBA, May 12, 2017.
[92] Ibid.

Community Services and Housing Development-Related Compliance Requirements: Compliance Assessment for FY2018

The Williams Consent Decree has two distinct requirements for the development of community-based services and housing capacity, which closely relate to the transition domain requirements. These include furnishing services and housing of the appropriate scope, variety, and quality to meet terms of the Decree and implementing sufficient measures to develop community-based supports and services aligned with Class Member preferences, needs, and strengths.

Figure 22. Synopsis of FY2018 Compliance Assessments for Community-Based Services and Housing Capacity-Related Requirements			
Total # Current Requirements	**Compliance Assessment Rating**		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
2 (100%)	0 (0%)	0 (0%)	2 (100%)

As displayed in Figures 22 and 23, assessment ratings of out-of-compliance were determined for both requirements in this domain.

Figure 23. FY2018 Compliance Assessment Ratings for Community-Based Services and Housing Capacity-Related Williams Consent Decree Requirements			
Req. #	**Source/ Citation**	**Williams Consent Decree Requirement Language**	**Court Monitor FY2018 Compliance Assessment Rating**
36	**Williams Consent Decree V(5)**	Defendants shall ensure the availability of services, supports, and other resources of sufficient quality, scope and variety to meet their obligations under the Decree and the Implementation Plan.	**Out-of-Compliance**
37	**Williams Consent Decree V(5)**	Defendants shall implement sufficient measures, consistent with the preferences, strengths, and needs of Class Members, to provide Community-Based Settings and Community-Based Services pursuant to the Decree.	**Out-of-Compliance**

Out-of-Compliance Ratings

Requirements 36 and 37: These interlocking requirements — both centered on developing sufficient service provider and housing capacity to support Class Member transitions — all stem from one clear and consistent deficiency: the absence of a data-driven provider and housing capacity development plan. This issue traces back to the FY2018 Abbreviated Implementation Plan, which does not comply with the requirement to, "describe the activities required to develop Community-Based Services, transition costs, home accessibility adaptation costs/housing assistance, including inter-agency agreements, requests for proposals, mechanisms for housing assistance, and other

actions necessary to implement the Decree," or to, "identify, based on information known at the time the IP [Implementation Plan] is finalized and updated on a regular basis, any services or supports anticipated or required in Service Plans formulated pursuant to the Decree that are not currently available in the appropriate quantity, quality, or geographic location."[93] There is no indication in the Defendants' FY2018 Semi-Annual Reports or from the Court Monitor's direct inquiry to the Defendants that they utilize data from service plans or any other source to inform and act upon development of community-based services and housing.

The Defendants have access to robust datasets (e.g., services/housing needs indicated in Class Members' service plans; data and data trends about barriers to transition for those Class Members on the CAST list; Medicaid claims data identifying service billing; performance data of current Williams outreach, evaluation, transition, services, housing contractors; and many others). Despite this, no evidence remains that the Defendants utilize Class Member-, program-, or system-level data to determine what specific, numeric investment(s) are needed to support the required number of transitions.

Additionally, the Defendants continued to maintain a CAST list and indicated that they were unable to transition Class Members due to lack of sufficient community-based services (including services that can support acquisition of financial benefits for Class Members) and/or needed housing; this relates to the provision of needed services in the Class Members' desired locations. The realities of insufficient community-based services, supports, and housing have resulted in delayed or denied transitions. The onus lies with the Defendants to quickly identify, address, and resolve these issues to ensure adequate capacity exists to transition and sustain Class Members in the community. Informed and genuine efforts to identify and quantify missing or inadequate services or supports within the state's Medicaid-eligible service package, per the Consent Decree, are necessary to drive the Defendant's planning and action, and full compliance.

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

The Defendants need to quickly and decidedly move into compliance with each of the requirements under this domain of the Williams Consent Decree. The Defendants are strongly recommended to develop a comprehensive, multi-year community provider and housing capacity assessment and development plan that uses data to inform, specify and quantify the types and numbers of services, supports, housing units that are needed to effectively transition and maintain Class Members in the community and the financial/monetary commitments that are associated with meeting these capacity fulfillment or enhancement needs. The following specific recommendations are offered to assist the Defendants in attaining compliance in this important domain.

[93] Williams Consent Decree, Page 22.

1. Develop a data-driven community provider and housing capacity plan.

Several sets of Class Member-level data exist that can help identify and project areas and amounts of needed development of community service provider and housing capacity. Despite the Defendants' access to existing datasets, the Defendants' semi-annual compliance reports, Implementation Plans, and relevant information of Williams evaluators and service and housing providers, as well as discussions with the Defendants, 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.

As required in the Consent Decree, the Defendants should utilize data about the services "anticipated or required" in service plans to formulate the appropriate "quantity, quality, or geographic location" for service and housing expansions.[94] Further, the Defendant should use the CAST list to enhance a community service provider base skilled at transitioning and otherwise serving Class Members with complex needs. Finally, as previously noted, the set of recommendations to support the development of community capacity under the Colbert Consent Decree, which the former Court Monitor indicated could also serve as a roadmap for community-based housing and service capacity development under the Williams Consent Decree, can be utilized to support services and housing expansion.

The Defendants might also consider (re)examining and implementing the many recommendations made by providers in the Multi-Year Provider Growth Plan they submitted to the Defendants.[95] Additionally, the Defendants should convene providers, including clinical leaders and executives, and evaluators regularly to identify systems and process barriers, propose solutions, share state responses and action steps, track results, and identify and widen application of successful solutions.

2. Expand evidence-based and supplemental services to support transition and successful community life.

As offered in the former Court Monitor's Special Report to the Court on May 2017 (submitted under the Colbert Consent Decree but stated as germane to the Williams Consent Decree), there remain several actions that the Defendants can immediately implement to build community housing and provider capacity, including:

- Clearly articulating and implementing a strategy to optimize the Medicaid managed care program, the (then pending and now approved) Medicaid 1115 waiver

[94] Williams Consent Decree, Section VII.
[95] Provider Multi-Year Growth Plan was submitted on February 28, 2018 to DMH and IDoA.

program,[96] and other behavioral health transformation plans to expand and finance service provider capacity in needed areas;

- Providing supportive employment, supportive education, and income generation support, which are important services to support recovery and community life;
- Analyzing the number of Assertive Community Treatment and Community Support Teams needed to support Class Members and promptly releasing funding bid opportunities for qualified community service providers;
- Forging and expanding partnerships with city and county health, behavioral health, housing and other agencies, as Class Members are or may become residents of those jurisdictions and should be afforded the same services and resources as other residents who live in these communities;
- Implementing crisis services, such as crisis centers, peer-run respites, crisis apartments, and mobile crisis teams; and
- Building a peer support/recovery network, including recovery centers, mobile peer support teams, whole health peers (trained to address chronic health conditions), peer warm line and crisis hotlines, and other paraprofessional best practices.

3. Create new services to match Class Member intensity of need.

The Defendants and some transition providers repeatedly assert that many of the Class Members who have not yet been transitioned are more psychiatrically and medically complex than those in previous years and cannot be safely or adequately served in the community given the currently available type and quality of services, contributing to a steep decline in transition performance. While the Court Monitor and Plaintiffs have requested and await data to support this assertion, if true, the Defendants must end their policy of allowing initial or continuing unneeded institutionalization and instead develop new, enhanced community-based services that match Class Members' intensity of need, if 24-hour care is not needed.

There are programs across the country that have succeeded in moving institutionalized populations – including the most clinically complex - into the community. For instance, Philadelphia implemented highly effective Housing First and Assertive Community Treatment (ACT) programs, including enhanced-ACT programs that address the needs of specialized sub-populations of people with mental illness (e.g. veterans, co-occurring substance use disorders) and a program that coordinates directly with home health aides to assist individuals with complex medical and psychiatric needs. Identifying and investigating model programs from other states and communities can be a meaningful activity to assist the Defendants with replicating and applying best practices.

[96] Effective July 1, 2018, the Better Care Illinois Waiver, a new 1115 waiver granted under the federal Medicaid program, enables Illinois to pilot or demonstrate a set of high-priority benefits including, but not limited to, supportive housing services, supported employment, transition services for justice-involved individuals, substance use disorder case management, withdrawal management, and recovery coaching.

Section IX. Administrative Requirements

A large scale, multi-agency initiative such as the Williams Consent Decree implementation program requires strategic, operational, and business practice sophistication to effectively manage both the activities that support compliance and the surrounding activities that underpin compliance. Under the Consent Decree, there are 10 compliance standards that relate to either one-time or ongoing administrative functions. These administrative requirements focus on the timely and responsive submission of reports, data, and information requested by the Plaintiffs and the Court Monitor, as well as the selection and payment of a Court Monitor. Eight of the 10 requirements apply to the Defendants only (with one not relevant to this reporting period) and of the two remaining requirements, one applies to a Court Monitor obligation and the other to a joint obligation of the Court Monitor and the Plaintiffs.

Administrative Compliance Requirements: Compliance Assessment for FY2018

As indicated in Figures 24 and 25, for the FY2018 compliance period, the Defendants are assessed as in compliance with six of the seven current requirements under the administrative domain and in partial compliance with the one remaining requirement. The other two requirements pertaining only to the Court Monitor and the Court Monitor and the Plaintiffs, respectively, were in compliance for FY2018, but were not included in the tally of Defendants' compliance ratings.

Figure 24. Synopsis of FY2018 Compliance Assessments for Administrative-Related Requirements

Total # Current Requirements	Compliance Assessment Rating		
	In Compliance	Partial Compliance	Out-of-Compliance
7 (100%)	6 (86%)	1 (14%)	0 (0%)

Figure 25. FY2018 Compliance Assessment Ratings for Administrative-Related Williams Consent Decree Requirements			
Req. #	**Source/ Citation**	**Williams Consent Decree Requirement Language**	**Court Monitor FY2018 Compliance Assessment Rating**
38	**Williams Consent Decree IX(16)**	The Court will appoint an independent and impartial Monitor who is knowledgeable concerning the management and oversight of programs serving individuals with Mental Illnesses. The Parties will 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 one person to serve as Monitor and the Court will select the Monitor. Within twenty-one (21) days of 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.	**In Compliance**
39	**Williams Consent Decree IX(18)**	The Monitor shall review and evaluate Defendants' compliance with the terms of the Decree. Not less than every six (6) months, Defendants shall provide the Monitor and Plaintiffs with a detailed report containing data and information sufficient to evaluate Defendants' compliance with the Decree and Defendants' progress toward achieving compliance, with the Parties and Monitor agreeing in advance of the first report of the data and information that must be included in such report.	**Partial Compliance**
40	**Williams Consent Decree IX(18)**	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 Defendants' compliance with the Decree, and Defendants will, upon reasonable notice, permit confidential interviews of Defendants' staff or consultants, except their attorneys.	**In Compliance**
41	**Williams Consent Decree IX(18)**	The Monitor will have access to all Class Members and their records and files, as well as to those service providers, facilities, building 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.	**In Compliance**
42	**Williams Consent Decree IX(18)**	The Defendants shall comply with Plaintiffs' requests for information that are reasonably related to Defendants' compliance with the Decree, including without limitation requests for records or other relevant documents pertinent to implementation of the Decree or to Class Members. Plaintiffs shall also be permitted to review the information provided to the Monitor. All information provided to the Monitor and/or Plaintiffs pursuant to the Decree shall be subject to the Protective Order.	**In Compliance**

43	**Williams Consent Decree IX(20)**	Defendants shall compensate the Monitor and his or her staff and consultants at their usual and customary rate subject to approval by the court. Defendants shall reimburse all reasonable expenses of the Monitor and the Monitor's staff, consistent with guidelines set forth in the "Governor's Travel Control Board Travel Guide for State Employees." Defendants may seek relief from the Court if Defendants believe that any of the Monitor's charges is inappropriate or unreasonable.	**In Compliance**
44	**Williams Consent Decree XII(24)**	The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants.	**In Compliance**
45	**Williams Consent Decree IX(17)**	The Monitor's duties include evaluating Defendants' compliance with the Decree, identifying actual and potential areas of non-compliance with the Decree, mediating disputes between the Parties, and bringing issues and recommendations for their resolution to the Court. Within 60 days after the end of each year of service, the Monitor will report to 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 Plaintiffs to evaluate the Defendants' compliance or non-compliance with the terms of the Decree. The Monitor may file additional reports as necessary. Reports of the Monitor shall be served on all Parties.	**Court Monitor Requirement — In Compliance**
46	**Williams Consent Decree IX(19)**	In the event that 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 Plaintiffs believe that Defendants are not complying with the terms of the Decree, Plaintiffs shall notify the Monitor and Defendants of Defendants' potential non-compliance. The Monitor then shall review the Plaintiffs' claims of actual or potential non-compliance 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, filed with the Court, 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 will not communicate with the Court without advance notice to the Parties.	**Court Monitor and Plaintiffs' Requirements — In Compliance**

47	**Williams Consent Decree XI(22)**	In full settlement of all attorneys' fees incurred to date in connection with the litigation, Defendants shall pay, subject to court review and approval, $1,990,000.00 to Class Counsel. In full settlement of all out-of-pocket costs and expenses (not to include attorneys' fees) incurred to date by Class Counsel, Defendants shall pay to Class Counsel such costs and expenses incurred by Class Counsel through and including the Approval of the Decree and any appeal thereof. Such amounts shall be distributed to Class Counsel in the manner set forth in written instructions provided by Class Counsel. Furthermore, such amounts hall be set forth in a Judgment Order to be entered by the Court. Defendants shall complete and submit all paperwork necessary for payment of such amounts, plus applicable statutory post-judgment interest, within five (5) business days after expiration of the time to appeal the fee award without the filing of a Notice to Appeal or after the issuance of the mandate by the highest reviewing court, whichever is later.	***Not Relevant to Reporting Period***

In Compliance Ratings

- *Requirement 38:* The Consent Decree outlines the process by which the Parties and Court shall select a Court Monitor. During the FY2018 reporting period, former Court Monitor Dennis Jones, MBA, MSW, who had served since the Decree's inception, announced his retirement. The Parties followed the process outlined in the Williams Consent Decree and attempted to agree on a recommendation to the Court for a new Court Monitor and resulted in the Parties' filing separate motions nominating different candidates. Judge Lefkow chose Gail P. Hutchings, MPA, and appointed her as the Williams (and Colbert) Court Monitor on September 26, 2017. The Defendants were in compliance with the FY2018 requirement.
- *Requirement 43:* This two-part requirement obligates the Defendants to pay the Court Monitor and his or her staff their customary rates. After the Defendants refused to adhere to the requirement regarding paying the Court Monitor her customary rate, the Judge's intervention was sought and she issued a ruling on the Monitor's compensation rate. The Judge's decision on this matter enabled the Defendants to be assessed as in compliance with the first part of Requirement 44.[97] Regarding staffing, in FY2018, the Court Monitor requested guidance from the Defendants, DHS and DMH specifically, as the Court Monitor's contract is issued under those entities, about the use of subcontractors to assist with performance of the Court Monitor's duties under the Williams Consent Decree and to be retained and paid within the original FY2018 budget in the Court Monitor's contract. This request went virtually unanswered along with refusals to provide the Court Monitor with the name(s) of appropriate contract staff to which to speak. After raising this concern with the Deputy Attorney General, he reported that the Defendants finally agreed to pay for the Court Monitor's use of subcontractors. The matter is now considered resolved with the ending result of payments being issued for Court

[97] Judge Lefkow issued decision to pay the Court Monitor's rate on November 8, 2017.

Monitor invoices that include costs for subcontractor services. The Defendants were ultimately determined to be in compliance during the assessment period.

- *Requirements 40 and 41:* The Court Monitor's duty is to request relevant data and information needed to monitor and assess compliance and develop a comprehensive and detailed understanding of Illinois' mental health and housing systems and the Williams program. The Defendants are required to respond to reasonable requests for information and data from the Court Monitor, and allow the Court Monitor access to Class Members, Class Member records, and Williams facilities. The Court Monitor found the Defendants in compliance with the requirement to responsively supply information and data that reasonably related to the Consent Decree. While the Defendants substantially supplied requested information in FY2018 (during the Court Monitor's nine-month period of service during FY2018), it would not be unreasonable to assign a partial compliance determination to this requirement due to the Defendants' refusal to provide all requested information in their Semi-Annual Report 13. More information on this occurrence is contained under Requirement 40 below. Despite this, the Court Monitor assigned a determination of compliant under this requirement and hopes that future reports contain all requested information.
- *Requirement 42:* Per the Consent Decree, the Defendants must also provide any information and data to the Plaintiffs, upon request, that is reasonably related to the Decree. The current Court Monitor queried Plaintiff's Counsel regarding their experience with Defendants' compliance with this requirement during FY2018.[98] They responded that the Defendants ultimately complied with all information and data requests, although at times not upon first request or in a timely manner. That established, the Defendants were assessed as in compliance with this requirement during FY2018.
- *Requirement 44:* The Defendants are in compliance with the requirement that all costs for the Consent Decree must be borne by the Defendants.
- *Requirements 45 and 46:* The Court Monitor must address with the Parties issues of non-compliance and submit annual reports to the Court. Both the previous and current Court Monitor convened and chaired regular Large Parties Meetings to identify and attempt to resolve issues of disagreement or non-compliance. During the transition briefings between the former and current Court Monitors, it was indicated that the former Court Monitor convened meetings and discussions regarding areas of non-compliance. Under the current Court Monitor, monthly Large Parties Meetings and ad hoc meetings include 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 non-compliance and remedies.

[98] The Court Monitor corresponded with Benjamin Wolf, JD, lead Plaintiff Counsel, on September 5, 2018, requesting data and information relative to this requirement.

The Plaintiffs indicated to the Court Monitor that they requested that the Defendants collect and analyze information about issues that, in their view, require investigation such as a repeated request to project Class Member service needs or to analyze reasons that Class Members were placed on the CAST list. The Plaintiffs elected to resolve these concerns as part of broader discussions in the Parties' regular meetings with the Court Monitor rather than formally assert that they constitute violations of Requirement 46 of the Decree. Per Requirement 45, the previous Court Monitor submitted an annual report on June 30, 2017 to share his assessment of the Defendants' compliance relative to the second half of FY2017; the current Court Monitor submits this report assessing the Defendants' performance and compliance for FY2018. Both Court Monitors were in compliance with this requirement during their respective tenures in FY2018.

Partial Compliance Ratings

- *Requirement 39:* During each fiscal year, the Defendants are required to submit a detailed report every six months containing data and information sufficient to evaluate compliance with the Decree. The Defendants submitted both semi-annual reports in FY2018, which contained data and information on their performance relative to the Consent Decree. The Defendants are found as partially compliant as they did not, as required, meet with the Court Monitor to discuss the "data and information that must be included in [semi-annual reports]," specifically Semi-Annual Report 13, which covered the first half of FY2018. Additionally, after the Court Monitor received the Semi-Annual Report 13, she identified and requested additional data needed for compliance assessment. The Defendants, via DHS Deputy General Counsel of Litigation, refused to supply the requested information, stating, "the report has already been submitted to the legislature… [and they] cannot make substantive revisions at this point." Finally, Semi-Annual Report 13 was submitted in early December, prior to the end of the period that its data and information was to cover (through December 31, 2017).

  In Semi-Annual Report 14, covering the second half of FY2018, the Defendants provided a substantially improved semi-annual report with more complete data, including some, but not all, instances where data was needed and provided for all of FY2018. Even so, that report still required three iterations to either supply all of the necessary data for the Court Monitor to fully assess compliance or to state that such data was not collected during FY2018 and therefore not available.

Court Monitor Recommendations for Achieving or Enhancing Compliance with Administrative Requirements

1. **Develop methodology and process to track and report on each compliance requirement.**

The Court, Parties, Class Members, and the public are entitled to complete, specific, and accurate information regarding the performance and outcomes of Consent Decree compliance and implementation by the Defendants. The Court Monitor's expressed duty and commitment is to transparently and neutrally monitor and assess compliance based on the explicit requirements of the Williams Consent Decree and any other Court documents that impact those requirements. As such, the Court Monitor developed and provided Williams staff with a spreadsheet listing each past and current compliance requirement, similar to the compliance element tables that appear in each section of this report. The purpose of supplying this table and the ensuing meetings with the Williams program director and assigned DHS counsel to discuss it, was to forthrightly provide early-on and transparent notice to the Defendants of each compliance element on which the Court Monitor would measure, assess, and report compliance.

The Court Monitor has, on multiple occasions, provided the Defendants with written analyses that identify compliance related processes, data collection, and/or reporting obligations that remain unfulfilled or insufficient, several of which have also been identified herein. The Defendants are encouraged to utilize and build upon these tools and analyses to develop and implement the activities and reporting necessary to achieve and demonstrate full compliance with all of the requirements in the Consent Decree. It is in the Defendants' best interest to invest in, ensure clear achievement of, and demonstrate compliance with the Decree's requirements to result in other benefits, such as reduced need for ancillary information and data requests, requests for supplemental data, and repeated communications and meetings due to missing, partial, or unclear compliance activity and reporting.

2. **Educate all Williams-relevant state agency staff on Consent Decree requirements.**

It is important that all state staff affiliated with the Williams program, including named Defendants, attorneys, and program-level staff with Defendant and other relevant state agencies, are educated on the Consent Decree and understand that they are bound to comply with its administrative and other requirements and are not to create administrative or other barriers to accessing information, refuse to supply information, or refuse to permit access to state staff, including for private interviews. This could be achieved through an orientation (or re-orientation) on the responsibilities of state staff associated with the Williams program and, then, the provision of resulting policies and procedures.

Section X. Implementation Planning

With initiatives that require coordination and communication across multiple systems such as the Williams program, implementation planning is an integral activity and should be used to identify desired performance indicators and outcome measures, key tasks and action steps, stakeholder/responsible parties, and timeframes/due dates. The Williams Consent Decree lays out a requirement that Defendants "shall create and implement an Implementation Plan"[99] that outlines how they plan to operationalize concrete strategies to satisfy their Consent Decree obligations.

Per the Consent Decree, this plan — to be updated and filed with the Court at least annually — must include a number of specific components and provide a roadmap for the subsequent year's activities. Required elements include "specific tasks, timetables, goals, programs, plans, strategies, and protocols;" a description of "hiring, training and supervision;" activities to develop community-based settings and housing; services and supports "anticipated or required in Service Plans" and informed by "demographic or other data;" needed regulatory changes or shifts; and methods to ensure compliance with outreach and evaluation requirements.[100]

Implementation Planning-Related Compliance Requirements: Compliance Assessment for FY2018

The Consent Decree requires the Defendants to submit an annual Implementation Plan designed to delineate, "specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure that Defendants fulfill the requirements of the Decree."[101] A project as important and large as the Williams Consent Decree necessitates a clear, cogent plan that outlines key activities in sequential order, links activities to expected, measurable outcomes, and identifies responsible parties, needed resources, timeframes, and critical dependencies. These components — across the many domains of the Williams program — are integral to a well-organized and multipronged effort. Within the Consent Decree, there are 13 distinct requirements under the implementation-planning domain, as displayed in Figure 26. The Defendants have been found in compliance with one requirement and out-of-compliance with the remaining 12 requirements.

[99] Williams Consent Decree, Section VIII.
[100] Ibid.
[101] Ibid.

Figure 26. Synopsis of FY2018 Compliance Assessments for Implementation Planning-Related Requirements			
Total # Current Requirements	**Compliance Assessment Rating**		
	In Compliance	**Partial Compliance**	**Out-of-Compliance**
13 (100%)	1 (8%)	0 (0%)	12 (92%)

Figure 27 displays the requirements pertaining to implementation planning, primarily found in Section VIII of the Consent Decree. Requirement 61 is not relevant to this reporting period, as it relates to the initial Implementation Plan. As indicated below this is an area of deep non-compliance by the Defendants during FY2018.

Figure 27. FY2018 Compliance Assessment Ratings for Implementation Planning-Related Williams Consent Decree			
Req. #	**Source/ Citation**	**Williams Consent Decree Requirement Language**	**Court Monitor FY2018 Compliance Assessment Rating**
48	**Williams Consent Decree VII(10)**	The Implementation Plan shall describe methods by which such information will be disseminated, the process by which Class Members may request services, and the manner in which Defendants will maintain current records of these requests.	**Out-of-Compliance**
49	**Williams Consent Decree VII(10)**	The Implementation Plan shall describe methods for engaging residents, including where appropriate, providing reasonable opportunities for residents to visit and observe Community-Based Settings.	**Out-of-Compliance**
50	**Williams Consent Decree VII(11)**	Defendants, with the input of the Monitor and Plaintiffs, shall create and implement an Implementation Plan to accomplish the obligations and objectives set forth in the Decree.	**Out-of-Compliance**
51	**Williams Consent Decree VII(11)**	*The Implementation Plan must, at a minimum*: a) Establish specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure that Defendants fulfill the requirements of the Decree.	**Out-of-Compliance**
52	**Williams Consent Decree VII(11)**	*The Implementation Plan must, at a minimum*: b) Describe the hiring, training and supervision of the personnel necessary to implement the Decree.	**Out-of-Compliance**
53	**Williams Consent Decree VII(11)**	*The Implementation Plan must, at a minimum*: c) Describe the activities required to develop Community-Based Services and Community-Based Settings, including inter-agency agreements, requests for proposals and other actions necessary to implement the Decree.	**Out-of-Compliance**
54	**Williams Consent Decree VII(11)**	*The Implementation Plan must, at a minimum*: d) 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 formulated pursuant to the Decree that are not currently available in the appropriate quantity, quality or geographic location.	**Out-of-Compliance**

55	**Williams Consent Decree VII(11).e.**	*The Implementation Plan must, at a minimum:* e) Identify, based on information known at the time the Implementation Plan is finalized and updated on a regular basis, any services and supports which, based on demographic and other data, are expected to be required within one year to meet the obligations of the Decree.	**Out-of-Compliance**
56	**Williams Consent Decree VII(11)**	*The Implementation Plan must, at a minimum*: f) Identify any necessary changes to regulations that govern IMDs in order to strengthen and clarify requirements for services to persons with Mental Illness and to provide for effective oversight and enforcement of all regulations and laws.	**Out-of-Compliance**
57	**Williams Consent Decree VII(11)**	*The Implementation Plan must, at a minimum:* g) Describe the methods by which Defendants shall ensure compliance with their obligations under Paragraph 6 *(Evaluations)* of this Decree.	**Out-of-Compliance**
58	**Williams Consent Decree VII(11)**	*The Implementation Plan must, at a minimum:* h) Describe the mechanisms by which Defendants shall ensure compliance with their obligations under Paragraph 10 *(Outreach)* of this Decree.	**Out-of-Compliance**
59	**Williams Consent Decree VIII.13.**	The Implementation Plan shall be updated and amended annually, or at such earlier intervals as Defendants deem necessary or appropriate. The Monitor and Plaintiffs may review and comment upon any such updates or amendments. In the event the Monitor or Plaintiffs disagree with the Defendants' proposed updates or amendments, the matter may be submitted to the Court for resolution.	**Out-of-Compliance**
60	**Williams Consent Decree VIII(14)**	The Implementation Plan, and all amendments or updates thereto, shall be incorporated into, and become enforceable as part of the Decree.	**In Compliance**
61	**Williams Consent Decree VIII(14)**	Within 135 days of Approval of the Decree, Defendants shall provide the Monitor and Plaintiffs with a draft Implementation Plan. The Monitor and Plaintiffs will participate in developing and finalizing the Implementation Plan, which shall be finalized within nine (9) months following Approval of the Decree. In the event the Monitor or Plaintiffs disagree with the Defendants' proposed Implementation Plan, the matter may be submitted to the Court for resolution.	*Not Relevant to Reporting Period*

To guide a thoughtful and deliberate set of actions and activities designed to reach compliance, annual Implementation Plan updates must be submitted prior to the fiscal year that they intend to impact. However, there has been a concerning pattern of submitting Implementation Plans near the very end or even after the conclusion of the fiscal year of focus. While outside the timeframe for this report, discussion of the very late filing in FY2017 is germane for at least two reasons: (1) timely filing of the FY2017 plan should have had a direct impact on implementation activities that occurred during the timeframe covered by this compliance assessment report; and (2) it represents a pattern of late implementation plan development and filing. The FY2017 Implementation Plan should have been finalized by June 30, 2016 but was not filed until June 15, 2017, two weeks before the end of the fiscal year. Thus, this plan had no real, practical value for program planning or implementation.

The Defendants did not submit the FY2018 Implementation Plan until after the fiscal year ended, on July 26, 2018, when it should have been submitted at least 13 months earlier, by June 30, 2017. Additionally, the FY2018 Implementation Plan was "abbreviated," with the Defendants restricting the content because it was filed so late. The Plaintiffs did agree to the late and abbreviated filing citing their mutual desire to not waste time on discussing a plan that had virtually expired before it was submitted; they did not fully endorse the plan's content. The Court Monitor abstained from the decision stating that she would be compelled to find the Defendants out-of-compliance if the plan was not submitted in a timely manner. Similar to the FY2017 plan, because of such late filing, the FY2018 plan also had no practical value for program planning or implementation. The Defendants cite the former Court Monitor's (Mr. Dennis Jones) retirement and an inability to reach consensus among the Parties as the reasons for the late submission and abbreviated content of the FY2018 Implementation Plan. The Defendants indicated that this decision was not memorialized in writing.[102] This justification is problematic for several reasons:

- The Consent Decree sets forth a process to address the Parties' inability to reach consensus regarding Implementation Plan content. As such, this cannot be used an excuse for not submitting a plan. In this instance, the Defendants can submit an Implementation Plan and the Plaintiffs and the Court Monitor are permitted to submit additional information to the Court to raise any issues they have with the Plan or to propose language or content that the plan should include.
- The previous Court Monitor announced his retirement near the beginning of FY2018, at which time the FY2018 Implementation Plan should have already been completed and filed. The new Court Monitor was appointed in September 2017 and repeatedly requested the Plan after she commenced her meetings with Defendants in December 2017.
- Consent Decree requirements such as this one do not become void if the Court Monitor does not directly request action relative to a specific requirement. The onus for compliance is on the Defendants to comply with each Consent Decree-required activity or action to satisfy Consent Decree requirements, regardless of whether the Court Monitor specifically and directly requested that activity or action.

It is important to acknowledge and forecast that the Defendants' compliance in this area of implementation planning has improved significantly in FY2019. The FY2019 Implementation Plan — developed during the second half of FY2018 — was more comprehensive, compliant, and timely than prior plans and included many of the required components of implementation plans outlined in the Consent Decree — and was filed at the very beginning of the FY2019 fiscal year, on July 2, 2018.

[102] *Williams v Rauner Consent Decree.* Williams Semi-Annual Report 13. Submitted December of 2017.

In Compliance Rating

- *Requirement 60:* The Defendants have acknowledged during Large Parties Meetings that the FY2019 Implementation Plan is part of the Consent Decree and therefore enforceable. The Court Monitor assigned an in compliance rating for this requirement.

Out-of-Compliance Ratings

There are several requirements in the Williams Consent Decree that obligate the Defendants to provide dedicated content germane to effective planning and effectuation of implementation activities under the Williams program. These include, but are not limited to, outreach methods, staffing, development of services and housing informed by Class Member Service Plan data, and regulatory changes necessary to implement the program. The compliance determination of out-of-compliance were assigned to all nine requirements due to the following performance data and information:

- *Requirements 48 and 57:* The Defendants did not outline their approaches to evaluating Class Members or their processes and record-keeping procedures associated with Class Members' requests for services.
- *Requirements 49 and 58:* In the FY2018 Implementation Plan, the Defendants did not delineate strategies for Class Members outreach and engagement such as providing opportunities for them to visit and observe community-based settings.
- *Requirements 50 and 51:* The Defendants did not offer a detailed plan focused on complying with all the Decree's requirements and meeting its objectives, including goals, timelines, responsible parties, strategies, and approaches. Of special note, the 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.
- *Requirement 52:* The Defendants did not identify the training, staffing, and supervision necessary to support activities and actions necessary to comply with the Consent Decree.
- *Requirement 53:* The Defendants described a few process-related activities associated with the development of community-based services and housing (e.g., review of the Multiyear Provider Growth Plan and planning for expansion of the diversion pilot into a program) but did not sufficiently describe efforts or commitments to identify or expand needed community-based services and housing to meet Class Members' needs.
- *Requirement 56:* The Defendants did not offer any regulatory changes that could strengthen, clarify, or buttress the Williams program — or any process to engage stakeholders or otherwise identify potential needed regulatory changes.

- *Requirement 59:* The Defendants did not file the Implementation Plan on time, and thus are found out-of-compliance with the annual update and amendment requirement for Implementation Plans.
- *Requirements 54 and 55:* Broadly speaking, the FY2018 Implementation Plan — beyond missing required elements — makes no clear link between Class Member demographics and service needs data and efforts and activities outlined in the plan. Per Requirement 54, the Defendants must, "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."[103] In addition, the Defendants must use demographic data to inform the development of community-based services and housing (Requirement 55). This data can and should be used to understand resource gaps and subsequently support rapid expansion of community service and housing provider capacity. Instead of offering the needed provider capacity expansion strategy with firm commitments, the Defendants' Implementation Plan centered on abstract and process-oriented activities such as having discussions and exploring recommendations.

Court Monitor Recommendations for Achieving or Enhancing Compliance with Implementation Planning Requirements

1. **Include in future implementation plans how service plan and demographic data will be used to inform development of community-based housing and services.**

The Defendants can improve Williams' 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., Assertive Community Treatment 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.

[103] Williams Consent Decree, Section VIII.

2. Use data to drive implementation planning.

The Defendants have several relevant datasets that can be used to analyze Williams implementation operations, gaps, barriers, and facilitators to past compliance outcomes, program weaknesses or shortcomings, and other areas that can strengthen program implementation. Instead, Williams Implementation Plans read as currently-utilized/planned activities with little detail about how program data suggests that certain activities and investments will support process improvements, increased transitions, diversion, and other Decree obligations. Given the Defendant's pattern of consistent underperformance and non-compliance during FY2018, past years, and to-date in FY2019, future Implementation Plans offer an important opportunity to provide information and data that can be used to identify issues and forecast how proposed solutions may remedy those issues, thus improving compliance.

3. Increase implementation planning process efficiency.

The Defendants would benefit by considering strategies to use expert and experienced health systems planning professionals in a large role to significantly contribute to the development of future Implementation Plans. Additionally, the Implementation Plan should speak with one clear voice on behalf of all the Defendants, collectively, including increasing the now limited contributions from all agencies named as Defendants. The Defendants would benefit from representing themselves and their commitments as an organized consortium in which Implementation Plans include the noticeable involvement, commitments, resources, and coordinated strategies relative to all involved agencies.

Conclusion

This report is submitted to the Court in fulfillment of the Court Monitor's duty to assess compliance with the Williams 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 2018. Of the 61 total Consent Decree requirements, the Defendants are responsible for compliance with 50 requirements for the FY2018 assessment period. Based on FY2018 performance data and outcomes, the Defendants have been found to be in compliance with 22% of requirements, in partial compliance with 20%, and out-of-compliance with 58%.

Now more than eight years since the Williams Consent Decree's filing, the Defendants, must break through the inertia of non-compliance and seize the opportunity presented by the Consent Decree to demonstrate committed, focused leadership that can bring about needed systems changes. This will prevent the inappropriate admission of adults with serious mental illness into Williams facilities and other institutions and transition those who are currently institutionalized, as appropriate, into the communities of their choice. Dynamic and sustainable change such as this 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 of Illinois. If the Defendants espouse the above leadership role and some of the provided expert guidance, they can ensure that their future plans, dedicated resources, and implemented actions not only achieve compliance, but demonstrably respect individuals' rights to live in the least restrictive setting appropriate for their needs.

Without significant improvements, the Defendants risk a continuation of poor outcomes and underperformance and, thus, negative compliance assessments, expected calls from the Plaintiffs and the Court for increased performance and accountability, and prolonged years of remaining under the Consent Decree versus successfully exiting it. This path also carries a human toll on individuals with psychiatric disabilities who are needlessly institutionalized in Williams facilities or deprived of appropriate and timely transition to community living where they can choose to participate in society. Further, it negates the opportunity to achieve significant cost savings that have been demonstrated to accompany community-based versus institutional-based care.

It is important to convey that compliance under the Williams Consent Decree is attainable. The Defendants have demonstrated in the past that they have the ability and the resources to transition significantly higher numbers of Williams Class Members than occurred during FY2018 or thus far in FY2019. Today, the Defendants must re-dedicate their abilities and resources to address critical defects within the Williams program. Using the robust dataset to devise and implement a cogent community service and housing capacity development strategy, lessons learned regarding effective diversion approaches, and past commitments and resources that supported near compliance with

transition requirements in early years of the Decree, the Defendants can determine their success in future years. These existing resources — coupled with the needed high-level leadership commitment and action - can forge a new path for the State of Illinois and the Williams Class. The Court Monitor is eager to support this path forward.