

# **Williams v. Pritzker**

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

## **Court Monitor FY2019 Compliance Assessment Annual Report to the Court**

**Gail P. Hutchings, MPA  
Court Monitor**

**November 15, 2019**

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## Executive Summary

This report provides Judge Joan Lefkow, Senior United States District Judge, Northern District of Illinois, and the Williams Consent Decree Parties with the Court Monitor's detailed assessment of the Defendants' fiscal year 2019 (FY2019) compliance performance under *William v. Pritzker* (Case No. 05 C 4673). Within this report, the Court Monitor endeavors to provide the Court and others with a fair and neutral assessment of the Defendants' performance relative to 98 compliance requirements contained in the Williams Consent Decree and the FY2019 Implementation Plan, as well as the Court Monitor's performance relative to two additional requirements. This is the current Court Monitor's second report to the Court under the *Williams* Consent Decree.

In August 2005, two people with mental illnesses residing in Institutes for Mental Diseases (IMDs) — called Specialized Mental Health Rehabilitation Facilities (SMHRFs) — 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 and contending that individuals with mental illness were needlessly segregated in institutional settings and denied the opportunity to receive care and services in more integrated community-based settings. In September 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 people from inappropriate placement into, and transition eligible individuals out of, Illinois' 24 privately-owned Williams facilities.

Through 46 original requirements, the Williams Consent Decree lays the path for Illinois to build a system of approaches to successfully divert individuals with mental illness from, or transition individuals out, of SMHRFs. These requirements focus on compliance across several interconnected domains that include diversion, outreach, evaluation, service planning, transitions, community services and housing development, administration, and implementation planning. Further, 52 requirements apply to FY2019 per their inclusion in the Defendants' FY2019 Implementation Plan, which is enforceable under the Decree.

While this report is filed under *Williams v. Pritzker*, the compliance ratings provided herein span two gubernatorial administrations. On November 6, 2018, J.B. Pritzker was elected to serve as the 43rd Governor of Illinois, unseating then-Governor Bruce Rauner. This change in Illinois governance bifurcated the FY2019 compliance period between two administrations, with the Rauner administration in place until Governor Pritzker's inauguration on January 14, 2019 when the Pritzker administration assumed governance for the remainder of the fiscal year (and to-date).

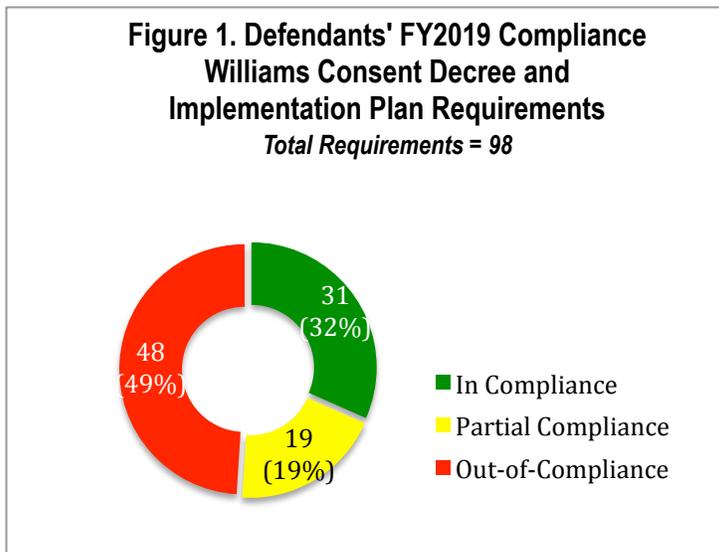


Figure 1 summarizes the Court Monitor’s compliance determinations relative to all Consent Decree requirements, including those of the FY2019 Implementation Plan. Of the 98 distinct requirements applicable to FY2019 (i.e., 46 Consent Decree requirements and 52 Implementation Plan requirements) the Defendants are in compliance with 31 requirements (32%), in

partial compliance with 19 (19%), and out-of-compliance 48 (49%).

Throughout this report, the Court Monitor provided compliance assessment ratings for both FY2018 and FY2019 to allow readers to compare, make judgments, and assess trends relative to two years of compliance data. However, before comparisons can be made, it is important to note that the Defendants failed to submit an FY2018 Implementation Plan before the fiscal year’s end. Therefore, comparisons are solely limited to Consent Decree-only requirements, not Implementation Plan requirements.

For the 46 Consent Decree-only requirements applicable to FY2019, the Defendants were found in compliance with 26%, in partial compliance for 20% and out-of-compliance for 54%. The distribution of FY2018’s compliance ratings was 22% in compliance, 10% in partial compliance, and 58% out-of-compliance. This showed little change in overall compliance performance across both years. For the 52 Implementation Plan requirements applicable to FY2019, 37% were found in compliance, 19% in partial compliance, and 44% out-of-compliance. A closer look at specific Consent Decree domains showed that there were moderate improvements in FY2019 in transition and implementation planning, while compliance performance declined in the areas of in outreach, service plan, and evaluation, compared to FY2018.

Figure 2 illustrates the FY2019 compliance determinations relative to each domain, aggregated to the number of requirements falling within each compliance category. This report contains a dedicated section for each of the compliance domains listed below and includes the Court Monitor’s rationale for each compliance assessment rating.

Requirement Category	In Compliance →	Count	Partial Compliance →	Count	Out-of-Compliance →	Count
Diversion Requirements (20)	In Compliance →	2	Partial Compliance →	2	Out-of-Compliance →	16
Outreach Requirements (8)	In Compliance →	5	Partial Compliance →	2	Out-of-Compliance →	1
Evaluation Requirements (6)	In Compliance →	1	Partial Compliance →	0	Out-of-Compliance →	5
Service Plan Requirements (14)	In Compliance →	5	Partial Compliance →	0	Out-of-Compliance →	9
Transition Requirements (9)	In Compliance →	4	Partial Compliance →	3	Out-of-Compliance →	2
Community-Based Services/Housing Development Requirements (17)	In Compliance →	4	Partial Compliance →	2	Out-of-Compliance →	11
Administrative Requirements (11)	In Compliance →	7	Partial Compliance →	4	Out-of-Compliance →	0
Implementation Plan Requirements (13)	In Compliance →	3	Partial Compliance →	6	Out-of-Compliance →	4
<b>Total Requirements (98)</b>	<b>In Compliance →</b>	<b>31</b>	<b>Partial Compliance →</b>	<b>19</b>	<b>Out-of-Compliance →</b>	<b>48</b>
<b>FY2019 Performance</b>	<b>In Compliance →</b>	<b>32%</b>	<b>Partial Compliance →</b>	<b>19%</b>	<b>Out-of-Compliance →</b>	<b>49%</b>

The Court Monitor’s FY2018 Compliance Assessment Annual Report to the Court (i.e., the last fiscal year report) identified four major contributors of Defendant’s significant non-compliance: a paucity of committed and accountable high-level leadership, inadequate action to divert Class Members from SMHRFs, lack of data review and analysis to drive programmatic and policy decisions, and an inadequate community-based service and housing provider base to address transition pipeline issues and support the overall rebalancing of the State’s mental health system away from over-reliance on institutional care.

Much of the Defendants’ poor performance was a direct result of unfulfilled commitments during FY2019. For example, the Rauner administration committed in its FY2019 Implementation Plan to remedy many of these long-standing issues by developing a “Guiding Coalition for Long-Term Care Reforms” comprised of high-level gubernatorial staff and state agencies leaders, including several named as Williams Consent Decree Defendants, intended to dedicate the needed attention and energy to overall systems rebalancing and, as a byproduct, to Consent Decree compliance. Further, Defendants committed to several other important reforms in their FY2019 Implementation Plan that, if acted upon successfully, would bring them into compliance with a number of requirements that range from the seven-year overdue launch of a statewide diversion program, reform of the long-term care screening and admissions process, examination of the adequacy of service rates, and the transition of 400 Class Members.

However, Rauner administration officials failed to execute these endeavors meaningfully. In fact, named Defendants and their senior staff deployed delaying tactics and even stonewalled and obfuscated, eroding trust between Parties and closing out the administration's tenure with the worst transition performance since the 2012 Consent Decree programming's inception. Other continuing detriments involved the State's glaring and troubling inaction on diversion, its refusal to properly consider issued Court Monitor recommendations, and its allowance of protracted vacancies in key positions, including the Illinois Statewide Housing and Employment First Coordinator.

<b>Fiscal Year (FY)</b>	<b># Transitions Required by FY</b>	<b># Transitions Achieved by FY</b>	<b>Performance %</b>
2012	256	263	103%
2013	384	354	92%
2014	423	320	76%
2015	390	374	96%
2016	400	374	94%
2017	400	377	94%
2018	400	315	79%
2019	400	256	64%

For the FY2019 compliance assessment period covered by this report, the Defendants achieved only 64% of the required Class Member transitions, representing the worst performance in the history of the Decree — and by a significant degree. Unlike the State's performance regarding the diversion requirements, Illinois has had some historical success achieving Class Members transitions. Since Consent

Decree implementation in FY2012, 2,476 Class Members were transitioned from SMHRFs to community-based housing and services. As shown in Figure 3, in the first six years of implementation, the Defendants nearly met (and in one year may have exceeded<sup>1</sup>) — their annual numeric Class Member transition requirements, averaging a performance outcome of 92.5% over those six fiscal years. However, transitions plummeted during the past two fiscal years, with the Defendants effectuating 79% of the required 400 transitions in FY2018 and 64% in FY2019.

To reiterate, this compliance assessment period was split with approximately six months under the Rauner administration and six months under Pritzker's. While (then) Governor-elect Pritzker was inaugurated in January 2019, many key officials responsible for Consent Decree implementation, including named Defendants, were not formally in place until March-April 2019. Thus far, the Pritzker administration has signaled commitment to compliance, exhibiting consistent leadership and participation in Consent Decree-related meetings, as well as shown interest in implementation of the Court Monitor's and others' recommendations for system and process improvements; developing an Office of Olmstead Compliance and hiring a Director and other knowledgeable staff in essential positions; using data to better understand and remedy long-standing bottlenecks that prevent or delay transitions; and convening services, housing, and other providers to rebuild trust and elicit input on necessary improvements and investments.

<sup>1</sup> The fiscal year 2012 transition figure may have double-counted transitions that actually occurred in fiscal year 2013, due to data reporting issues.

Another important activity occurred after the assessment period that also notably signals the new administration's commitment to fresh approaches to improve compliance. In October 2019, the Illinois Department of Human Services released a new funding opportunity for the Williams (and Colbert<sup>2</sup>) program designed to attract and fund contractors to provide the complete array of Consent Decree services and minimize the ineffective and inefficient hand-offs that occur throughout the transition process. The Court Monitor will discuss the results of the new funding and service delivery approach with the Court during the FY2020 Status Hearings and more fully in next year's compliance assessment report.

While the Pritzker administration's actions demonstrate commitment and promise, the troubling performance with achieving the required number of transitions that marked the end of FY2019 continues its significant decline and has yet to reverse in FY2020. As of September 30, 2019 (25% into FY2020), the Defendants achieved only 46 (or 11.5%) of the 400 required Class Member transitions. While this may signal that important actions have not germinated to the point of a full turnaround vis-à-vis transitions, it also requires the new administration to remain fastidious in their use of data and creative problem-solving approaches to ensure that their efforts very soon result in full compliance with the required number of transitions. Ultimately, these commitments and new activities must result in outcomes that demonstrate compliance.

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

- The design and implementation of a systems transformation initiative — engaging Illinois state officials, system leaders, providers, and community members — to build a culture of community integration for people with mental illnesses within Illinois.
- Strategies to address the vital but neglected requirement of statewide diversion, including implementation of an effective long-term care screening and admissions reform effort, engagement of acute care hospital psychiatric units in an effective diversion program, design and accountability for Medicaid managed care organizations in SMHRF diversions and Class Member transitions, and alignment of financial incentives and disincentives with long-term care rebalancing aims.
- Development and full resourcing of a data-driven, community-based housing and services plan that identifies and invests in the types and quantities of services and housing needed to appropriately divert and transition prospective and actual Class Members from long-term care, exploring best practices in service delivery (e.g., peer services, crisis respite) within Illinois with special attention to known service gaps such as substance use disorder services.

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<sup>2</sup> Colbert v. Pritzker Consent Decree (Case 1:01-cv-04737, Document 210), filed 12/21/11).

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

The Pritzker administration has an important duty to Class Members. Class Members rely on these public servants to design and administer systems that support their choice and ability to live in the community. At its most rudimentary level, success relative to the Williams Consent Decree traces back to a singular issue: leadership. Within the new administration, the appearance, tone, and conveyed commitment of leadership has been made clear. Now, that leadership must result in improved and reimagined systems that bring about the appropriate long-term care diversion and transitions for Class Members. This report provides specific recommendations for the Defendants' consideration to achieve or enhance compliance, and as such, advance Class Members' civil rights, while facilitating their full participation in, contribution to, and, in fact, enrichment of community life.

Gail P. Hutchings, MPA  
Court Monitor, *Williams v. Pritzker*  
November 15, 2019

## 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. Pritzker* (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 (FY) 2019. The report's bases for compliance assessment include the original Williams Consent Decree requirements and commitments made by the Defendants via the Williams FY2019 Implementation Plan,<sup>3</sup> which are enforceable as requirements pursuant to the Williams Consent Decree.

This 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...report to the Court and the Parties regarding noncompliance with the Decree." Per the Consent 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."<sup>4</sup> This represents the second compliance assessment report to the Court from Gail P. Hutchings, MPA, appointed as Court Monitor by Judge Lefkow on September 29, 2017.<sup>5</sup>

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

**Transition Between Governor Bruce Rauner to Governor-Elect J.B. Pritzker Administrations.** An important contextual factor for this report is the gubernatorial election of J.B. Pritzker on November 6, 2018, unseating Governor Bruce Rauner. This change in Illinois gubernatorial administration bifurcated the FY2019 compliance period between two administrations; with the Rauner administration in place until Pritzker's inauguration on January 14, 2019 and the Pritzker administration in place after inauguration through the remainder of the fiscal year (and to-date of the writing of this report).

During this transitional period, there were several months in which very little Consent Decree work was completed, including November and December 2018 (after the November 6 election outcome and prior to Pritzker's inauguration), and January to March 2019 (after Pritzker's inauguration but before his state agency appointees were appointed). While the factor of two different administrations complicates the compliance assessment process, the Court Monitor sought —

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<sup>3</sup> Williams FY2019 Implementation Plan. Filed July 2, 2018.

<sup>4</sup> 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.

<sup>5</sup> Judge Lefkow appointed Ms. Hutchings to also serve as Court Monitor for *Colbert v. Rauner* (Case No. 07 C 4737) on September 26, 2017.

through this report — to provide context to accurately represent the contributions of each administration relative to the assigned compliance ratings as well as general performance overall.<sup>6</sup>

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

These are important contrasts to the prior administration's behaviors that deserve recognition and respect. However, as this report will clearly demonstrate, compliance with the majority of Consent Decree and Implementation Plan requirements remains unacceptably low, with 74 (76%) of the 98 requirements rated by this Court Monitor as partially- or fully out-of-compliance for FY19. As illustration, out of the 400 Class Member transitions require during FY19, only 256 (64%) were achieved.

As important as this outcome is, placing it into context makes it even more concerning. The FY19 performance outcome represents not only the worst performance since the Williams program's implementation but is a significant decline from last year's poor performance outcome with transitions that was 79%. The significant decreases must be of grave concerns to everyone connected to the Consent Decrees and must be turned around immediately.

This Court Monitor is cautiously optimistic that improved outcomes will be achieved but the path to getting there will continue to be difficult. The Defendants are strongly encouraged to maintain and even further augment the active participation of agency leaders from the other named Defendants who can significantly impact compliance outcomes.

**Case in Brief.** 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. Plaintiffs alleged that the state of Illinois was segregating and institutionalizing adults with mental illnesses in 24 Institutions for Mental Diseases (IMDs) — now known as

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<sup>6</sup> For instance, there are some activities that were scheduled for completion — per the FY2019 Implementation Plan — assigned out-of-compliance ratings because the Rauner administration failed to complete the activities before their departure. In some cases, the Pritzker administration — after agency officials were on boarded — completed those tasks, although past the original deadline. In these instances, the Court Monitor assigned an out-of-compliance rating but credited the new administration for implementing the activity prior to the fiscal year's end.

Specialized Mental Health Residential Facilities (SMHRFs) — located across the State, 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 (HFS), and any of their successors. The Defendants did not admit to violations and, on September 29, 2010,<sup>7</sup> the State of Illinois entered into the Williams Consent Decree. The Division of Mental Health in the Department of since the onset of 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;<sup>8</sup> and (c) with appropriate supports and services may be able to live in an integrated community setting.”<sup>9</sup>

The Consent Decree enumerates specific requirements placed on the Defendants, some time-limited and others ongoing, which include diversion, outreach, evaluations, service plans, community-based service and housing development, transitions, implementation planning, and administrative requirements. The Consent Decree also articulates the process to hire a Court Monitor, specifies his or her duties, grants specific powers, and obligates Defendants to honor requests that are relevant to the fulfillment of the Court Monitor’s duties. Finally, the Consent Decree names specific instances in which the Plaintiffs and the Court Monitor must 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 FY2019 compliance assessment period that 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;
- Initial Implementation Plan, approved on July 29, 2011;
- Order by the Honorable William T. Hart appointing Dennis Jones, MSW, MBA, as Court Monitor, signed on November 1, 2010;
- Order to substitute Bruce Rauner for Pat Quinn as named Defendant (Governor), signed on January 29, 2015;
- Case reassignment to the Honorable Joan H. Lefkow for all further proceedings, September 8, 2017;

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<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> Williams v. Quinn, Case 1:05-cv-04673; Docket #326, Filed 3/15/10; Page 2 of 23.

- Order by the Honorable Joan H. Lefkow appointing Gail Hutchings, MPA, as Court Monitor, signed on September 26, 2017; and,
- Order to substitute J.B. Pritzker for Bruce Rauner as a named Defendant (Governor), signed on April 10, 2019.

**Williams Class Size: FY2012-FY2019.** Determination of the total size of the current Williams Member Class entails counting two subgroups: those residing in SMHRFs and have not left pursuant to the Williams Consent Decree process and those who have been transitioned out of these facilities under Consent Decree implementation into community-based housing and services.<sup>10</sup>

The first sub-group — those residing in SMHRFs — is referred to as “the census.”<sup>15</sup> Figure 4 provides data on the total census across all SMHRFs<sup>16</sup> by fiscal year’s end between 2012 and 2019. For the compliance assessment period, Illinois Department of Healthcare and Family Services data indicates a

FY <sup>11</sup>	SMHRF Census <sup>12</sup>	Year-to-Year % Change (Facility Census Only)	# of Transitioned Class Members	% of Transitioned Class Members based on Total Class Size (SMHRF Census Only)
2012	4090	<i>(Baseline)</i>	263 <sup>13,14</sup>	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	10.0%
2018	3808	+0.8%	315	8.3%
2019	3778	-0.8%	256	6.8%

SMHRF census total of 3,778 residents (reported as of the first day of FY2019).<sup>17</sup> This reflects a decrease of 312 residents or 7.6% since FY2012. In FY2012, there were approximately 170 residents per facility (24 facilities total), and in FY2019, there was an average of 164 residents per facility (23 facilities total).

<sup>10</sup> 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).

<sup>11</sup> 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).

<sup>12</sup> Originally, there were 27 IMDs; 23 remain open to-date and have become provisionally licensed by the Illinois Department of Public Health as Specialized Mental Health Rehabilitation Facilities, or SMHRFs.

<sup>13</sup> The Defendants reported 294 transitions, but 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).

<sup>14</sup> Data reported for FY2012 included transitions through November 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).

<sup>15</sup> HFS IMD census includes Medicaid-eligible residents for the time period.

<sup>16</sup> Monroe Pavilion submitted notice of closure to the Illinois Department of Public Health effective November 10, 2018. Currently there are 23 SMHRFs in Illinois.

<sup>17</sup> 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.

**Figure 5. Class Member Transitions: Fiscal Years 2012-2019**

FY	# Transitions Required in FY	# Transitions Achieved in FY <sup>1</sup>	Performance Percentage <sup>1</sup>
2012	256	263	103% <sup>1</sup>
2013	384	354	92%
2014	423	321	76%
2015	390	374	96%
2016	400	374	94%
2017	400	377	94%
2018	400	315	79%
2019	400	256	64%

The second sub-group of the current Class involves the number of Class Members transitioned into the community through the Williams program. Also indicated in Figure 4, as the FY2019 assessment period’s conclusion and since FY2012 began, the Defendants transitioned 2,476<sup>18</sup> Class Members.

**SMHRF Resident Census Trends Analysis.** While not a specific Consent Decree requirement, one can examine the SMHRF census data to determine trends within timeframes that indicate progress toward the State’s efforts to espouse community care over institutional care in order to rebalance overall long-term care systems. Based on HFS data reported above, between FY2012 and FY2019, the total census across all SMHRFs declined by 312 residents, a reduction of 7.6%. Averaged by year, this is an annual change of 1.1%. During the same timeframe, the number of Class Members transitioned 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%. This data demonstrates that, from a historic perspective beginning with the onset of the Consent Decree in 2012 until the end of FY2019, there has been a nominal decline in the overall SMHRF census that could not be characterized as a true systems rebalancing.

A clear cause for this slow downward trend in SMHRF census is an uncontrolled system front door, specifically as it relates to the inappropriate admission of people with serious mental illness into SMHRFs and other institutions. This provides one explanation of how — after a total of 2,634 transitions since 2012 — the overall SMHRF census dropped by only 312 Class Members, despite the closure of the 136-bed Monroe Pavilion facility in November of 2018.

The Defendants obligation to institute the needed processes to avoid inappropriate SMHRF placements — through the redesign of nursing facility-screening processes, known as Pre-Admission Screening and Resident Review (PASRR) — is clear in the Consent Decree. PASRR redesign, to be led by HFS, was agreed to by the Parties and the Court Monitor in the FY2019 Implementation Plan. However, the Defendants accomplished nothing on this matter during the FY2019 compliance assessment period. More detail on this issue as it specifically relates to Illinois’ apparently flawed screening process is contained in Section II of this report. This Court Monitor continues to emphasize to the Defendants that not only is the importance of effective diversion programs

<sup>18</sup> 147 Class Members were duplicates who signed more than one apartment rental lease in more than one fiscal year. This figure does not include those 147 Class Members (DMH data from August 15, 2018).

consistent with the best practices of high-quality health mental health systems, it is also an integral — and required — strategy to help Defendants comply with and eventually exit the Decree.

The Decree required the Defendants to institute a statewide diversion program to divert adults with serious mental illness from unnecessary SMHRF admissions by June 2016. After pressure from the Court Monitor and Plaintiffs in FY2018, the Defendants agreed to scale the program to 22 more hospitals in FY2019, with the desired outcome of, “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.<sup>19</sup> This commitment was codified in the Williams FY2019 Implementation Plan. In October of 2018, however, the Defendants revealed that the required statewide diversion program would not be expanded due to state contracting and procurement issues. It was not until the new Administration took office that they acted on a plan to expand the diversion program in May of 2019, several months past the original deadline.

**Number of Transitions by Year: Required vs. Achieved.** Figure 5 depicts the number of annual Court-required Class Members transitions from SMHRFs to community-based settings opposed to transitions achieved since the Consent Decree’s initial implementation.<sup>20</sup> Between FY2012 and FY2019, a 2,634 Class Members were transitioned, with the Defendants only (potentially) exceeding transition requirements in one out of the eight years of Williams implementation. For this report’s compliance assessment period, FY2019, the Defendants transitioned 256 of the required 400 Class Members, resulting in a performance rate of 64%, their worst performance period since the Decree’s commencement and a steep decline from prior years’ performance.

Notably, while outside of this report’s compliance assessment period, data for FY2020 compliance with transition requirements is available for the first quarter of the fiscal year (July 1, 2019 to September 30, 2019). This data is relevant to this report as it demonstrates the continuing and concerning downward trend in transition performance. The Williams FY2020 Implementation Plan required 400 transitions during the year and, as of September 30, 2019 (25% into the fiscal year), only 46 (or 11.5%) of required transitions were achieved. While the Defendants have the remainder of FY2020 to increase transition numbers and rates, if this current rate holds, only 46% of the required transitions will be met by fiscal year’s end. Transition performance for five of the past eight years resulted in greater than 90% compliance; thus, the dramatic decreases beginning in FY2018 and continuing into FY2019 and to-date in FY2020 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.

<sup>19</sup> Williams Consent Decree, Section VI.

<sup>20</sup> Data provided by Illinois Division of Mental Health, 8-15-18.

**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 Williams 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.<sup>21</sup> Demographic characteristics of 4,589 Class Members include:

- **Race:** 2,128 (46.4%) are Black; 2,170 (47.3%) are White; 173 (3.8%) are classified as “race/ethnicity not available”; 79 are Asian (1.7%); and the remaining 39 Class Members (.8%) are American Indian/Alaska Native, report more than one race, or are Native Hawaiian or other Pacific Islander, respectively.<sup>22</sup>
- **Gender:** 3,009 (65.6%) are male; 1,580 (34.4%) are female.
- **Age:** 424 (9.2%) are age 65 and older; 2,417 (52.7%) are age 45-64; 1,661 (36.2%) are age 25-44; 84 (1.8%) are 21-24; and three (.1%) are age 18-20.
- **History of Mental Health Treatment:** 40.1% of Class Members have a history of continuous treatment for mental health problems; 57.2% have a history of continuous residential treatment due to mental illness; 55.8% have a history of living in multiple residential settings; and 70.6% have a history of receiving outpatient mental health services.<sup>23</sup>
- **Diagnoses:** Data<sup>24</sup> show that 65.2% have a primary diagnosis of schizophrenia or other psychotic disorders; 31.4% 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.<sup>25</sup>

**Williams Program Budgeted vs. Actual Expenditures.** The Williams program is allocated a 44.8 million-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. Notably, 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.

<sup>21</sup> This data reflects all Williams Class Members who were registered by transition agencies since Consent Decree inception in October 2011.

<sup>22</sup> The sum of these percentages exceeds 100% because some Class Members have self-reported more than one race/ethnicity category.

<sup>23</sup> These categories are not mutually exclusive.

<sup>24</sup> This data is reported as International Classification of Diseases (ICD) 10 diagnoses.

<sup>25</sup> The total number of ICD-10 frequencies equals 3,993. This is less than the overall number of Class Members in the database (4,136) because some individuals have ICD-9 scores instead.

The FY2019 Williams program budget was \$44.8 million. Within that year, approximately \$37.3<sup>26</sup> was spent, constituting 83% budget expenditure versus allocation rate. In FY2018, only about \$37.8 million was expended out of an annual budget of \$44.7 million, representing 85% of the budget.<sup>27</sup> These fiscal years and associated spending rates are part of a multiyear pattern of under spending simultaneous with under-performance within the allocated Williams program budget. This fiscal data indicates that while the Defendants were unable to meet transition requirements in FY2017, FY2018, and FY2019; in addition to facing a large number of out-of-compliance assessments and related issues as reflected in this and prior reports to the Court, they are inexplicably year-after-year allowing significant resources to lapse 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 hiring of state staff to provide operational and quality assurance support to Consent Decree planning and operations, or to an improved data enterprise.

**Compliance Assessment Approach.** The Court Monitor endeavored to use a straightforward and transparent approach to plan and carry out the compliance assessment under Williams for FY2019. Consistent with the FY2018 compliance assessment approach, the Parties were informed that compliance assessment would be conducted for each required element in the original Consent Decree, as well as requirements pursuant to the Williams FY2019 Implementation Plan. 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.

In February and August, respectively, the Defendants submitted first drafts of their required Semiannual Compliance Reports. The first report covered the July 1 to December 31, 2018 period; the second covered January 1 to June 30, 2019. For each report, the Court Monitor conducted an analysis of required versus submitted information needed to assess compliance and provided the Defendants with additional opportunities to submit missing data and information. It took approximately two additional months for the Defendants to transform their draft report into a final, comprehensive report that included most of the information required for the Court Monitor to assess compliance.

**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; Semiannual

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<sup>26</sup> As of October 5, 2018, DHS reported \$37,324,866 was spent during FY2019 and noted that additional expenditures could still result before the fiscal year is closed out.

<sup>27</sup> The FY2018 budget was \$44,742,900 and \$37,757,912.30 was spent (DHS data provided on October 5, 2018).

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; and Illinois State statutes, policies, and administrative rules. The Court Monitor has not audited or otherwise independently verified reported data provided by the state or other sources. To ensure the report's data and other factual content accuracy, a draft version of the report was shared with the Defendants and the Plaintiffs on November 5, 2019 and they were provided an opportunity to identify factual errors or omissions. The Defendants did not identify any factual errors or omissions, yet did provide requested additional data and information. Separately, the Plaintiffs' response requested that one requirement be re-assessed from "not applicable" to out-of-compliance. However, upon discussion between the Plaintiffs and the Court Monitor, agreement was reached that this requirement duplicates another requirement and thus is indicated as such in this final version.

## Section II. Overview of FY2019 Compliance Assessment Findings

The Williams Consent Decree and FY2019 Implementation Plan contain 98 specific numeric-, process-, and quality-related requirements of the Defendants that focus on designing, developing, and implementing a program that facilitates and operationalizes opportunities for eligible Class Members to re-enter the community from unnecessary confinement in the 23 SMHRFs.

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.

This report’s following five sections 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 (Figure 6). Following these five, three additional sections focus on the domains regarding expansion of community-based services and housing, implementation planning, and administration and reporting.

Figure 6. Williams Program Processes



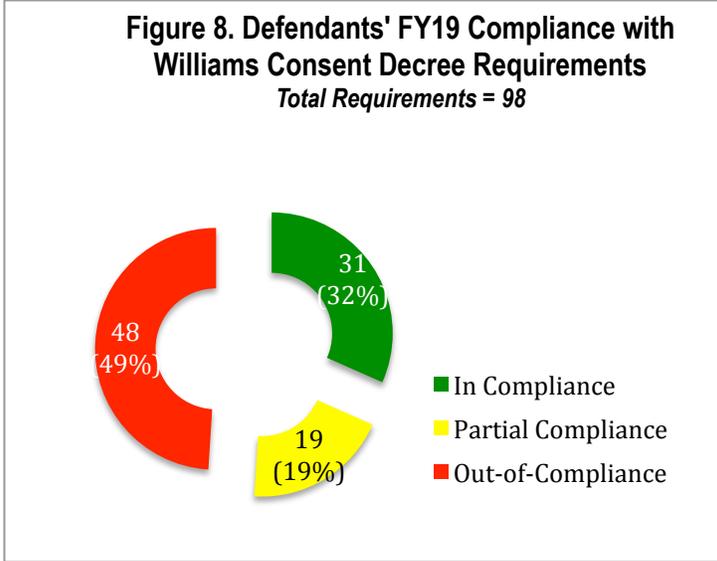
Within each domain, the requirements specific to that domain as dictated by the Consent Decree and FY2019 Implementation Plan are listed sequentially as they align with the process itself; thus, they may not reflect the order of the compliance requirement(s) as they appeared in source documents (i.e.,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

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

For this report’s purposes, one of three compliance assessment determinations (i.e., in compliance, partial compliance, out-of-compliance) was assigned to each requirement applicable to the FY2019 compliance assessment period. Consent Decree language or provisions that do not apply to the reporting period, reflect Court Monitor or Class Counsel obligations or represent repeat language are coded as such. Figure 7 displays the compliance assessment determination categories used by the Court Monitor and their definition of use.

<b>Figure 7. Court Monitor Compliance Assessment Rating Categories and Definitions</b>		
<b>Compliance Assessment Rating Category</b>	<b>Definition</b>	<b>Legend</b>
<b>In Compliance</b>	The Defendants’ performance <sup>43</sup> was substantially in accordance with the criterion, requirement, or obligation.	<b>Green</b>
<b>Partial Compliance</b>	The Defendants 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.	<b>Yellow</b>
<b>Out-of-Compliance</b>	The Defendants either failed to comply with the requirement or failed to demonstrate compliance with the standard. In instances in which the Defendants have been on notice for multiple years of partial compliance and have taken no or too few steps to come into compliance, those ratings may have shifted to out-of-compliance.	<b>Red</b>
<b>Other Categories:</b>		
<b>N/A</b>	The Defendants were not required to demonstrate compliance, as the requirement is applicable only before or after the FY2019 assessment period.	
<b>Court Monitor Requirement</b>	Requirements reflect obligations of the Court Monitor.	
<b>Duplicate Requirement</b>	Requirements have already been represented and rated (either separately or with other requirements) and double counting would skew the overall compliance determination; in some cases, these requirements represent the overall purpose of a section of the Consent Decree.	

Some requirements under the 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.<sup>44</sup> In both circumstances, data and information is provided, with source



citation, to support or justify the Court Monitor’s compliance assessment determinations.

Figure 8 shows that, among the 98 distinct requirements applicable to the Defendants in FY2019, the Defendants were assessed as in compliance with 31 requirements (32%), in partial compliance with 19 requirements (19%), and out-of-compliance with 48 requirements (49%). Figure

9 reflects the requirements from the Consent Decree, divided into the eight compliance domains listed above and provides the Court Monitor’s FY2019 compliance assessment rating for each.

Figure 9. FY2018 and FY2019 Compliance Assessment Ratings All Williams Consent Decree and Implementation Plan Requirements				
FY2019 Compliance Assessment Ratings for Diversion-Related Requirements				
Req #	Source/ Citation	Williams Consent Decree Requirement Language	FY2018 Compliance Rating	FY2019 Compliance Rating
1	Williams Consent Decree VI(8)(b)	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	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
IP1a <sup>28</sup>	Williams FY2019 Implementation Plan	By September 2018, sequentially add other geographic areas into the Front Door structure: Chicago Region 1N – 1 hospital.	N/A	Out-of-Compliance
IP1b	Williams FY2019 Implementation Plan	By November 2018, sequentially add other geographic areas into the Front Door structure: Chicago Region 1S – 6 hospitals.		
IP1c	Williams FY2019 Implementation Plan	By January 2019, sequentially add other geographic areas into the Front Door structure: Chicago Region 1C – 8 hospitals.		
IP1d	Williams FY2019 Implementation Plan	By March 2019, sequentially add other geographic areas into the Front Door structure: Region 2 (Collar Counties/Rockford) – 6 hospitals.		
IP1e	Williams FY2019 Implementation Plan	Sequentially add other geographic areas into the Front Door structure: Region 3 (Peoria) – 1 hospital.		
IP2	Williams FY2019 Implementation Plan	By December 2018 and May 2019, convene bi-annual Front Door network enhancement strategy meetings, involving Front Door providers, PASRR agencies, consumers, MCOs and hospital representatives.	N/A	Partial Compliance
IP3	Williams FY2019 Implementation Plan	[On an ongoing basis], gather data regarding non-hospital PASRR LTC eligibility determinations.	N/A	Out-of-Compliance
IP4	Williams FY2019 Implementation Plan	By December 2018, replace the current grant funding structure by implementing a “pay for performance” methodology, to reimburse agencies for diversions and community tenure.	N/A	In Compliance
IP5	Williams FY2019 Implementation Plan	By July 30, 2018, design brochures and flyers for use by PASRR to promote the Front Door as an alternative resource.	N/A	Partial Compliance

<sup>28</sup> For the purposes of this assessment, requirements 1a, 1b, 1c, 1d, and 1e have been collapsed into and rated as one requirement.

IP6	Williams FY2019 Implementation Plan	By August 15, 2018, release NOFO [for DUCs]; by October 31, 2018, post awarded contracts for signature and execution; and by November 30, 2018, open DUCs to receive referrals.	N/A	Out-of-Compliance
IP7	Williams FY2019 Implementation Plan	By August 2018 Parties Meeting, [report on] overview of [PASRR] redesign issues, strategies, and processes.	N/A	Out-of-Compliance
IP8	Williams FY2019 Implementation Plan	By September 2018 Parties Meeting, [report on] OBRA 1 and Level 1 [PASRR]: process, tools, reporting, and tracking/follow-up.	N/A	Out-of-Compliance
IP9	Williams FY2019 Implementation Plan	By October 2018 Parties Meeting, [report on] Level II [PASRR]: process, tools, LOC determination, setting and service recommendations, and reporting and Pre-Admission Specialized Reviews – Supportive Living Programs.	N/A	Out-of-Compliance
IP10	Williams FY2019 Implementation Plan	[Report on] where... the four SMHRF levels fit in the continuum; how do they fit in the continuum, defining the populations, needed rule changes, [and] strategies for change.	N/A	Out-of-Compliance
IP11	Williams FY2019 Implementation Plan	By November/December Parties Meeting, [report on] resident review triggers, process, tools, and reporting and specialized services, definitions and service provisions, and new options.	N/A	Out-of-Compliance
IP12	Williams FY2019 Implementation Plan	By January of 2019, secure Governor's Office, DHS, HFS leadership high-level sign off and authorization to proceed [with PASRR reform].	N/A	Out-of-Compliance
IP13	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, [design] process enhancements in partnership with MCOs.	N/A	Out-of-Compliance
IP14	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, develop the general specifications for the PASRR data system.	N/A	Out-of-Compliance
IP15	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, initiate procurement for PASRR data system.	N/A	Out-of-Compliance
IP16	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, initiate procurement for MH PASRR assessment entities.	N/A	Out-of-Compliance
IP17	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, develop MH PASRR system implementation timelines.	N/A	Out-of-Compliance

IP18	Williams FY2019 Implementation Plan	Update SRN unit listings to include whether or not the property has rental subsidies in order to ensure that only deeply affordable units (tenant paying 30% of income) will be offered to Front Door Pilot participants.	N/A	In Compliance
<b>FY2019 Compliance Assessment Ratings for Outreach-Related Requirements</b>				
3	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.	N/A	N/A
4	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	Partial Compliance
5	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	Out-of- Compliance
6	Consent Decree VII(10)	All costs for outreach shall be borne by Defendants.	In Compliance	In Compliance
IP19	FY2019 Implementation Plan	By July 15, 2018, report on outcome of discussions [between IDPH/DMH to determine feasibility of collaboration] to Parties and Monitor.	N/A	Partial Compliance
IP20	FY2019 Implementation Plan	By July 30, 2018, work with DMH fiscal to complete necessary paperwork for contract adjustment and execution [for increased NAMI Ambassadors].	N/A	In Compliance
IP21	FY2019 Implementation Plan	By August 30, 2018, NAMI develops solicitation campaign to identify potential Ambassador candidates.	N/A	In Compliance
IP22	FY2019 Implementation Plan	By September 30, 2018, NAMI interviews and hires Ambassadors.	N/A	In Compliance
IP23	FY2019 Implementation Plan	By October 2018, NAMI provides orientation and training [to newly hired Ambassadors].	N/A	In Compliance
<b>FY2019 Compliance Assessment Ratings for Evaluation-Related Requirements</b>				
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.	<i>Duplicate Requirement</i>	<i>Duplicate Requirement</i>

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.	N/A	N/A
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	Out-of-Compliance
10	Williams Consent Decree VI(6)(a)	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	Out-of-Compliance
11	Williams Consent Decree VI(6)(b)	Defendants shall ensure that Evaluations are conducted by Qualified Professionals as defined in this Decree.	In Compliance	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	Out-of-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	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	Out-of-Compliance
<b>FY2019 Compliance Assessment Ratings for Service Plan-Related Requirements</b>				
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	Out-of-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	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	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	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	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	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	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	Out-of-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	Out-of-Compliance
IP24	Williams FY2019 Implementation Plan	By July 1, 2018, collect employment interest data from Williams Class Members at several key intercept points (first contact, transition engagement and planning process, move-in date and at Drop-In Centers) of engagement.	N/A	In Compliance
IP25	Williams FY2019 Implementation Plan	By September 1, 2018, CMHCs to begin collection and coding of data on IPS services to capture actual participation by Williams Class Members.	N/A	In Compliance

IP26	Williams FY2019 Implementation Plan	By October 1, 2018, convene meetings with the three Williams CMHCs that currently do not have an IPS employment specialist to prompt/encourage hiring, within contracted resources.	N/A	In Compliance
IP27	Williams FY2019 Implementation Plan	By December 1, 2018, IPS Program Directors and IPS staff to implement data programming and an improved tracking system/process to identify Williams Class Members interested in and/or participating in IPS.	N/A	In Compliance
IP28	Williams FY2019 Implementation Plan	Starting July 1, 2018 and ongoing, execute a series of training sessions on IPS standards of care for CMHCs.	N/A	In Compliance
<b>FY2019 Compliance Assessment Ratings for Transition-Related Requirements</b>				
24	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	Partial Compliance
25	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	In Compliance
26	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	Out-of- Compliance

27	Consent Decree IV(4)(xx)	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.	Out-of-Compliance	In Compliance
28	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	Out-of-Compliance
IP29	FY2019 Implementation Plan	By July 2018 and ongoing, prepare and release monthly dashboard indicator charts to CMHCs by the 5th business day of the month to further encourage compliance with transition targets.	N/A	In Compliance
IP30	FY2019 Implementation Plan	By September 1, 2018, [DMH will begin] full execution [of performance-based transition coordination payment model] and tracking transitions.	N/A	Partial Compliance
IP31	FY2019 Implementation Plan	By July 1, 2018, require Williams Providers to add all Williams Class Members at their referral be added to the SRN and Section 811 Project-Based Rental Assistance waiting lists.	N/A	In Compliance
IP32	FY2019 Implementation Plan	By August 2018, meet with Williams Providers leadership in order to review the housing opportunities, resources and tools that are currently available (created by the State of Illinois) and determine why these resources are so under-utilized.	N/A	Partial Compliance

29	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.	N/A	N/A
30	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.	N/A	N/A
31	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.	N/A	N/A
32	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.	N/A	N/A

33	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.	N/A	N/A
34	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.	N/A	<i>Duplicate Requirement</i>
35	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.	N/A	N/A
<b>FY2019 Compliance Assessment Ratings for Community-Based Service and Housing Development-Related Requirements</b>				
36	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.	<b>Out-of-Compliance</b>	<b>Out-of-Compliance</b>

37	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.	<b>Out-of-Compliance</b>	<b>Out-of-Compliance</b>
IP33	FY2019 Implementation Plan	By October 31, 2018, convene semi-annual meetings with Williams/Colbert CMHCs on the Multi-Year Growth Plan recommendations and implementation status.	<b>N/A</b>	<b>Partial Compliance</b>
IP34	FY2019 Implementation Plan	By August 2018, [DMH] develops plan regarding SUPR services/MAT for Class Members.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP35	FY2019 Implementation Plan	By August 31, 2018, [DMH] will develop a concept paper on the "Crisis in Illinois" mental health service delivery system, which will discuss access issues, resource gaps, service needs, coordination and interface with primary health care (including MCOs) and coordination of care with other state divisions DASA, DRS, DDD, etc.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP36	FY2019 Implementation Plan	By October 15, 2018, convene an internal DHS meeting to review data and analysis. Explore the feasibility of CMHC vendor expansion beyond current participants.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP37	FY2019 Implementation Plan	By November 15, 2018, contingent on approval, convene discussions with HFS on the potential expansion of Medicaid billing for ACT and CST services and explore any management or other collateral ramifications.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP38	FY2019 Implementation Plan	By November 30, 2018, contingent on agreement with HFS for expansion of Medicaid billing, convene a meeting with existing CMHC Executive Directors and key leadership serving <i>Williams</i> and <i>Colbert</i> Class Members to discuss the feasibility and/or practicality of expanding community based resources, i.e., adding new CMHC vendors to specifically increase ACT/CST service array to meet transition needs of <i>Williams</i> and <i>Colbert</i> Class Members.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP39	FY2019 Implementation Plan	By July 31, 2018, compile and analyze data from source documents, past years Class Members' transition trends (geo preferences/provider preferences), current provider team capacities, and projections of case assignments for estimating new capacity.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP40	FY2019 Implementation Plan	By August 30, 2018, hold discussion forums with existing <i>Williams</i> providers and interested Medicaid certified vendors to elicit interest in service expansion for ACT and CST.	<b>N/A</b>	<b>Partial Compliance</b>

IP41	FY2019 Implementation Plan	By October 15, 2018, Develop and release NOFO for ACT/CST service expansion or start up.	N/A	Out-of-Compliance
IP42	FY2019 Implementation Plan	By January 2019, [provide] ACT/CST awards for start-up.	N/A	In Compliance
IP43	FY2019 Implementation Plan	By July 20, 2018, release a Supportive Housing application for small (24 units or less), single site buildings to buy, rehab or build, with no restriction on geographic area. Details will be provided once the application period ends and awards are made, but the last round produced 119 PSH units.	N/A	In Compliance
IP44	FY2019 Implementation Plan	Starting July 1, 2018, develop incentives for developers/property management companies to create Statewide Referral Network units through the low-income housing tax credit process.	N/A	In Compliance
IP45	FY2019 Implementation Plan	By Summer 2018, Corporation for Supportive Housing will host a Housing Symposium/conference for developers in Chicago, which may further promote opportunities for additional housing resources. The symposium will include: Information to improve and enhance processes and Resource development.	N/A	In Compliance
IP46	FY2019 Implementation Plan	By late Fall 2018, convene meetings with MCOs to explore the feasibility of garnering additional housing resources for post-transition, high-risk Class Members, individuals who frequently present at Emergency Departments, and individuals with high-risk housing issues due to complex medical conditions.	N/A	Out-of-Compliance
IP47	FY2019 Implementation Plan	By December 15, 2018, NOFOs released to increase: Supervised Residential settings by 2 sites (each serving 8-12 individuals) located in the city of Chicago (high preference areas); and Cluster Housing by 2 buildings (each with 10-20 units) located in the city of Chicago (high preference areas).	N/A	Out-of-Compliance

<b>FY2019 Compliance Assessment Ratings for Administration-Related Requirements</b>				
38	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.	<b>In Compliance</b>	<b>N/A</b>
39	Consent Decree IX(18)	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.	<b>Partial Compliance</b>	<b>In Compliance</b>
40	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.	<b>In Compliance</b>	<b>Partial Compliance</b>
41	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.	<b>In Compliance</b>	<b>In Compliance</b>
42	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.	<b>In Compliance</b>	<b>In Compliance</b>

43	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	In Compliance
44	Consent Decree XII(24)	The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants.	In Compliance	In Compliance
45	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 shall 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.	N/A	N/A
IP48	FY2019 Implementation Plan	By July 1, 2018, DMH and IDoA will schedule a series of internal meetings to dissect existing practices of both Consent Decrees and explore where alignments can best be achieved.	N/A	In Compliance
IP49	FY2019 Implementation Plan	By August 30, 2018, DMH and IDoA will schedule meeting with CMHCs to obtain stakeholder input on the realignment of documentation.	N/A	Partial Compliance
IP50	FY2019 Implementation Plan	By August 30, 2018, DMH and IDoA will review current transportation reimbursement methods to determine how to best realign and draft policy.	N/A	Partial Compliance
IP51	FY2019 Implementation Plan	By September 30, 2018, DMH and IDoA will meet to ascertain how to best align practices for repeat transitions and re-appropriation of transition funds (if feasible), and to develop accompanying policy.	N/A	Partial Compliance

IP52	FY2019 Implementation Plan	By November 2018, DMH and IDoA to convene first semi-annual CMHC stakeholders' meetings.	N/A	In Compliance
CM1	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	Court Monitor Requirement — In Compliance
CM2	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' Requirement — In Compliance	Court Monitor and Plaintiffs' Requirement — In Compliance
<b>FY2019 Compliance Assessment Ratings for Implementation Plan-Related Requirements</b>				
48	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	Partial Compliance

49	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	Partial Compliance
50	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	In Compliance
51	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum:</i> a) Establish specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure that Defendants fulfill the requirements of the Decree.	Out-of-Compliance	Partial Compliance
52	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum:</i> b) Describe the hiring, training and supervision of the personnel necessary to implement the Decree.	Out-of-Compliance	Partial Compliance
53	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum:</i> 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	Partial Compliance
54	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum:</i> 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	Out-of-Compliance
55	Consent Decree VII(11).e	<i>The Implementation Plan must, at a minimum:</i> 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	Out-of-Compliance
56	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum:</i> 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	Out-of-Compliance
57	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum:</i> g) Describe the methods by which Defendants shall ensure compliance with their obligations under Paragraph 6 ( <i>Evaluations</i> ) of this Decree.	Out-of-Compliance	Out-of-Compliance
58	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum:</i> h) Describe the mechanisms by which Defendants shall ensure compliance with their obligations under Paragraph 10 ( <i>Outreach</i> ) of this Decree.	Out-of-Compliance	Partial Compliance

59	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.	<b>Out-of-Compliance</b>	<b>In Compliance</b>
60	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.	<b>In Compliance</b>	<b>In Compliance</b>
61	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.	<b>N/A</b>	<b>N/A</b>

### Section III. Diversion of Williams Class Members

There is a disturbing statewide trend in Illinois wherein individuals with serious mental illness are funneled out of psychiatric units at acute care hospitals and into Illinois' long-term care system, which includes SMHRFs.<sup>29</sup> SMHRFs are long-term behavioral health residential facilities with an ill-defined legacy role in Illinois' behavioral health system. While they may fit into the broader continuum of care for people with serious mental illness, they too often become home to individuals who could live in less restrictive settings but are placed there because, according to many key informants, there is nowhere else in the community for them to go. As such, SMHRFs have become a symbol of Illinois' under-developed crisis stabilization, community-based behavioral health, and supportive housing systems.

Since the 2012 inception of the Williams Consent Decree programming, the SMHRF census has remained relatively stable, demonstrating that the tide of admissions into SMHRFs has not materially slowed. The Class Member census across all 23 SMHRFs statewide has only dropped by 312 (7.6%) Class Members since 2012, despite the State's effectuation of 2,634 transitions and the closure of a 136-bed SMHRF in November of 2018.

One may legitimately contend that the reason for such a nominal decline is that the need, resulting in appropriate SMHRF admissions, has remained stable or increased. Thus, one should expect the census to decline much less significantly. However, the Court Monitor's SMHRF site visits and review of Class Member medical records, as well as interviews with acute care hospital discharge planners (the primary referral source to SMHRFs) and Pre-Admission Screening and Resident Review (PASRR) agents, indicates major systematic flaws resulting in inappropriate admissions and operating in direct opposition to Consent Decree mandates and other relevant federal statutes (i.e. PASRR).

Williams Consent Decree requirements and federal requirements, if woven together and fully implemented, have the potential to divert individuals with serious mental illnesses from unwarranted institutionalization. However, Illinois' diversion-related initiatives remain fundamentally flawed or even irreparably broken, including the PASRR process and Medicaid Managed Care implementation. As noted in previous Court Monitor Reports to the Court, PASRR, particularly, has serious structural, process, and implementation issues. PASRR is a federal requirement designed to ensure that individuals with serious mental illnesses are not inappropriately placed in nursing homes for long-term care when they could be served successfully outside the nursing home setting.

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<sup>29</sup> Data from FY2017 indicates that 87% of all Class Members referred to SMHRFs were discharged from psychiatric units at acute care hospitals across the State of Illinois.

The Court Monitor's review of dozens of Class Members' pre-admission screening documents revealed many instances of questionable institutional admissions that the May 2018 memorandum about such to the Defendants led to their admission that "major [PASRR pre-admission screening] changes" are merited regarding the need "to upgrade/update the design and operation of the [mental health] PASRR processes, linkages, and data systems" to result in a "feasible, sustainable, ongoing statewide system to ensure appropriate diversion, rapid community integration where possible and, transition after a more lengthy stay."<sup>30</sup>

In June 2018 and October 2019, site visits to SMHRFs, psychiatric hospitals, and community-based providers reinforced that the PASRR process is wrought with subjectivity and misconceptions about persons' abilities to live in the community and is sometimes completed after an admission decision or after admission has already taken place, often defaulting to long-term care because of the real or perceived dearth of community services available by the PASRR agent.

Unfortunately, this report's FY2019 compliance period represents yet another year in which the State largely abrogated its responsibility vis-à-vis diversion — even now, three years past the 2016 Consent Decree's requirement to implement a statewide diversion program. The Defendants under the Rauner Administration abandoned their commitments to the statewide diversion program and to facilitate a real systems rebalancing, including significant PASRR reform, which is essential to the State's exit from the Williams Consent Decree and other *Olmstead* settlements. This has resulted in continued lost opportunities for appropriate diversions and, instead, in faulty admissions, leaving some Class Members languishing in overly restrictive settings for their needs — violating their rights, eroding their self-efficacy, conditioning helplessness, and jeopardizing their quality of life. This also prevents these individuals and society from experiencing the joys and promise of their full community inclusion and participation.

### **Overview of FY2019 Diversion-Related Requirements**

The Williams Consent Decree includes requirements that — if implemented — would significantly restrict the flow of needless SMHRF admissions,<sup>31</sup> securing admissions only for those who cannot successfully be served outside of a nursing home setting.

To divert individuals who do not meet the nursing home level of care,<sup>32</sup> the Decree mandated Defendants develop a new PASRR process within one year of the initial Implementation Plan (or June 2012). Pursuant to the Decree, this new

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<sup>30</sup> HFS Response to Court Monitor Memo, June 16, 2018.

<sup>31</sup> The Consent Decree identifies these facilities as "IMDs" but they are now called (and have been licensed as) SMHRFs, pursuant to 2014 state regulation.

<sup>32</sup> Additional strategies other than PASRR will be required to divert individuals who meet the nursing home level of care, but who nevertheless could live successfully in the community if provided with appropriate services and support.

overall process would identify individuals' appropriateness for community-based, or SMHRF, care, and then specify the services in initial service plan, needed by the individual, whether placed in a community-based setting or a SMHRF. Further, if a SMHRF placement is deemed appropriate, the PASRR agent must confirm that the SMHRF can provide the types of services specified in the initial service plan, with the eventual goal of transition into a community-based setting. The second Consent Decree requirement builds upon the first, obligating the Defendants — by June 2016 — to in fact follow the initial service plans; if the initial service plan provides for placement in a community-based setting and the individual consents to community-based care, the State is prohibited from admitting individuals into a SMHRF at the public's expense.

Braiding these two requirements together, the Consent Decree envisioned a PASRR process that goes beyond a "yes" or "no" determination of need for long-term care. Instead, it includes a more robust initial service planning process that creates a community-based or SMHRF care pathway, defining the necessary set of services to promote life in the community (either in lieu of or after a SMHRF discharge). That initial service plan must either identify the community-based services needed for the individual and the providing organization(s) or describe the types and duration of services needed in a SMHRF, while ensuring in both cases that the organization is capable of delivering the needed services.

In addition to these Consent Decree requirements, the Defendants have 19 additional diversion-related requirements that are enforceable under the Decree per their inclusion in the Williams FY2019 Implementation Plan. These include:

- Expansion of a hospital-based SMHRF diversion program — initiated as a pilot in 2016 — to 22 additional hospitals that span the State and account for nearly 87%<sup>33</sup> of all SMHRF admissions (Requirement IP1). The Williams diversion program is designed to connect individuals being discharged from acute psychiatric units with a PASRR agent who can recommend them, if appropriate, for community-based services in lieu of SMHRF placement.
- Biannual meetings between various stakeholder groups including Medicaid Managed Care Organizations (MCOs), PASRR agencies, consumers, and hospital representatives, to strategize, design, and implement stronger diversion-related partnerships and approaches (IP2).
- Data collection and analysis efforts to identify non-hospital SMHRF referral sources that could benefit from concerted diversion efforts and programming (IP3).
- Implementation of a pay-for-performance methodology to reimburse community-based diversion agencies based on their ability to divert potential Class Members and through services that facilitate community re-entry and tenure (IP4).

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<sup>33</sup> In their FY2019 Implementation Plan, the Defendants indicated "the 22 additional hospitals targeted for expansion account for 87.34% of all [SMHRF] admissions across the remaining part of the state." Later, they indicated in meetings that the 87% figure applies to SMHRF admissions **from hospitals only**. Given these contradictory messages, it is difficult to determine whether the diversion program has the potential to influence 87% of SMHRF admissions overall, or just 87% of all SMHRF admissions from hospitals.

- Creation of promotional materials to raise awareness of the diversion program among PASRR agents and patients in psychiatric units (IP5).
- Design and release of a funding opportunity to create Diversion Utilization Crisis Centers, followed by, upon award, contracting and start-up of these settings (IP6-8).
- Multipronged process to educate and update the Parties on the mental health (MH PASRR) processes (IP9-13).
- Governor’s Administration consideration and implementation of key actions to reform Illinois’ MH PASRR via process enhancements, new PASRR data system, procurement for new MH PASRR assessment entities, and other key actions (IP14-19).
- Indicate affordable housing units in the statewide housing database that are appropriate for diversion participants (IP20).

The collective impact of these requirements — namely the near-statewide expansion of the hospital-based diversion program and a redesigned PASRR approach — would have significantly moved the Defendants toward Consent Decree compliance with respect to diversion and, more importantly, helped stem the tide of inappropriate admissions into SMHRFs.

**Diversion-Related Requirements: FY2019 Compliance Assessments**

As displayed in Figure 10, for the 20 diversion-relevant requirements, the Defendants are found in compliance with two requirements, in partial compliance for two requirements, and out-of-compliance for 16 requirements.

Figure 10. Synopsis of FY2019 Compliance Assessments for Diversion-Related Williams Consent Decree and IP Requirements						
Consent Decree Requirements (2)	In Compliance →	0	Partial Compliance →	0	Out-of-Compliance →	2
Implementation Plan Requirements (18)	In Compliance →	2	Partial Compliance →	2	Out-of-Compliance →	14
Total Requirements (20)	In Compliance →	2	Partial Compliance →	2	Out-of-Compliance →	16

Figure 11 contains the text of each diversion-related requirement in the Williams Consent Decree and FY2019 Implementation Plan, each accompanied by the Court Monitor’s compliance rating. Figure 11 also contains FY2018 ratings to demonstrate whether compliance improved or worsened since the last compliance period; for the two requirements that apply to both periods, the Defendants’ performance has not improved — with both requirements remaining out-of-compliance in FY2019.

<b>Figure 11. FY2018 and FY2019 Compliance Assessment Ratings for FY2019 Diversion-Related Williams Consent Decree Requirements</b>				
<b>Req#</b>	<b>Source/ Citation</b>	<b>Williams Consent Decree Requirement Language</b>	<b>FY2018 Compliance Rating</b>	<b>FY2019 Compliance Rating</b>
1	Williams Consent Decree VI(8)(b)	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.	<b>Out-of Compliance</b>	<b>Out-of Compliance</b>
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.	<b>Out-of Compliance</b>	<b>Out-of Compliance</b>
IP1a <sup>34</sup>	Williams FY2019 Implementation Plan	By September 2018, sequentially add other geographic areas into the Front Door structure: Chicago Region 1N – 1 hospital.	<b>N/A</b>	<b>Out-of- Compliance</b>
IP1b	Williams FY2019 Implementation Plan	By November 2018, sequentially add other geographic areas into the Front Door structure: Chicago Region 1S – 6 hospitals.		
IP1c	Williams FY2019 Implementation Plan	By January 2019, sequentially add other geographic areas into the Front Door structure: Chicago Region 1C – 8 hospitals.		
IP1d	Williams FY2019 Implementation Plan	By March 2019, sequentially add other geographic areas into the Front Door structure: Region 2 (Collar Counties/Rockford) – 6 hospitals.		
IP1e	Williams FY2019 Implementation Plan	Sequentially add other geographic areas into the Front Door structure: Region 3 (Peoria) – 1 hospital.		

<sup>34</sup> For the purposes of this assessment, requirements 1a, 1b, 1c, 1d, and 1e have been collapsed into and rated as one requirement.

IP2	Williams FY2019 Implementation Plan	By December 2018 and May 2019, convene bi-annual Front Door network enhancement strategy meetings, involving Front Door providers, PASRR agencies, consumers, MCOs and hospital representatives.	N/A	Partial Compliance
IP3	Williams FY2019 Implementation Plan	[On an ongoing basis], gather data regarding non-hospital PASRR LTC eligibility determinations.	N/A	Out-of- Compliance
IP4	Williams FY2019 Implementation Plan	By December 2018, replace the current grant funding structure by implementing a “pay for performance” methodology, to reimburse agencies for diversions and community tenure.	N/A	In Compliance
IP5	Williams FY2019 Implementation Plan	By July 30, 2018, design brochures and flyers for use by PASRR to promote the Front Door as an alternative resource.	N/A	Partial Compliance
IP6	Williams FY2019 Implementation Plan	By August 15, 2018, release NOFO [for DUCs]; by October 31, 2018, post awarded contracts for signature and execution; and by November 30, 2018, open DUCs to receive referrals.	N/A	Out-of- Compliance
IP7	Williams FY2019 Implementation Plan	By August 2018 Parties Meeting, [report on] overview of [PASRR] redesign issues, strategies, and processes.	N/A	Out-of- Compliance
IP8	Williams FY2019 Implementation Plan	By September 2018 Parties Meeting, [report on] OBRA 1 and Level 1 [PASRR]: process, tools, reporting, and tracking/follow-up.	N/A	Out-of- Compliance
IP9	Williams FY2019 Implementation Plan	By October 2018 Parties Meeting, [report on] Level II [PASRR]: process, tools, LOC determination, setting and service recommendations, and reporting and Pre-Admission Specialized Reviews – Supportive Living Programs.	N/A	Out-of- Compliance
IP10	Williams FY2019 Implementation Plan	[Report on] where... the four SMHRF levels fit in the continuum; how do they fit in the continuum, defining the populations, needed rule changes, [and] strategies for change.	N/A	Out-of- Compliance
IP11	Williams FY2019 Implementation Plan	By November/December Parties Meeting, [report on] resident review triggers, process, tools, and reporting and specialized services, definitions and service provisions, and new options.	N/A	Out-of- Compliance
IP12	Williams FY2019 Implementation Plan	By January of 2019, secure Governor’s Office, DHS, HFS leadership high-level sign off and authorization to proceed [with PASRR reform].	N/A	Out-of- Compliance
IP13	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, [design] process enhancements in partnership with MCOs.	N/A	Out-of- Compliance

IP14	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, develop the general specifications for the PASRR data system.	N/A	Out-of-Compliance
IP15	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, initiate procurement for PASRR data system.	N/A	Out-of-Compliance
IP16	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, initiate procurement for MH PASRR assessment entities.	N/A	Out-of-Compliance
IP17	Williams FY2019 Implementation Plan	Contingent upon date of administrative approval, develop MH PASRR system implementation timelines.	N/A	Out-of-Compliance
IP18	Williams FY2019 Implementation Plan	Update SRN unit listings to include whether or not the property has rental subsidies in order to ensure that only deeply affordable units (tenant paying 30% of income) will be offered to Front Door Pilot participants.	N/A	In Compliance

Viewed individually and collectively, the failed commitments to diversion requirements — described in more detail below — are troubling and unacceptable. Whether the Defendants’ inaction signaled ineffectiveness or intentional resistance, their avoidance of decisive and system wide action further delayed Illinois’ prospects for exiting the Consent Decree.

In Compliance Ratings

*Requirement IP4, Pay-for-Performance Diversion Payment Methodology.* The Defendants did comply with the requirement to replace the grant payment structure for the diversion program with a pay-for-performance methodology to incentivize community-based mental health centers (contractors) to identify and achieve diversions and community tenure by December 31, 2018. While the Defendants were technically one-month late, they are assessed as in compliance because they implemented the new payment approach in February of 2019 and retroactively applied it to January 1, 2019, and a one-month delay is not seen as serious enough to result in a partial- or out-of-compliance rating. They used a similar payment model when they expanded the diversion program in May 2019.

*Requirement IP18, Update Statewide Referral Network Unit Listings to Flag Affordable Units for Diversion.* The Defendants complied with this requirement by ensuring that diverted individuals were placed in the statewide housing database with priority status, having the same weighted priority as Class Members.

### Partial Compliance Ratings

*Requirement IP2, Front Door Network Enhancement Strategy Meetings.* The Defendants were required, per the Implementation Plan, to hold two meetings by December 2018 and May 2019, respectively, on approaches to support SMHRF diversion. These meetings were held on October 17, 2018 and October 31, 2018 and focused on encouraging stronger partnerships between hospitals, PASRR agents, and community-based diversion providers. In April 2019, three more meetings were held to engage hospitals and other stakeholders in the new diversion expansion. These meetings were required to engage other instrumental stakeholders, including people with mental illnesses and Medicaid MCO representatives. Given the under-developed roles of both in diversion efforts and Consent Decree operations overall, the exclusion of these important stakeholders resulted in a partial compliance rating.

*Requirement IP5, Diversion Program Promotional Materials.* By July 30, 2018, the Defendants were required to design promotional materials to raise awareness among PASRR agents and individuals in acute care hospitals' psychiatric units about the diversion program. The Defendants are found to be in partial compliance on this requirement because they completed the brochures and flyers approximately four months after the deadline. Spanish language versions of the flyer, while not explicitly required by the Implementation Plan, were not completed until a year after the deadline.

### Out-of-Compliance Ratings

*Requirement 1, Redesigned PASRR Process.* This compliance assessment rating was assigned because the Defendants did not ensure that the PASRR process incorporated Consent Decree-required elements, explained above, within the directed timeframe. The end of FY2019 marked seven years whereby the Defendants did not implement a redesigned PASRR process to include the development of initial service plans. Throughout FY2019 and as of the writing of this report, individuals were still being admitted into SMHRFs without the completion of initial service plans.

*Requirement 2, SMHRF Admission Prohibition Unless Specified in Initial Service Plan.* This requirement builds on the previous one, envisioning that a re-engineered PASRR process (Requirement 1), together with other steps, such as the development of adequate services pursuant to paragraphs V(5) and VI(8)(B) of the Consent Decree, would prevent any person with an initial service plan that indicates the need for community-based services from entering a SMHRF 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. The Defendants are now three years late.

*Requirement IP1a-e, Near Statewide Diversion Program.* In the FY2019 Implementation Plan, the Defendants committed to expanding the diversion program from its pilot phase that involved 14 hospitals to an additional 22

hospitals through a gradual, phased approach commencing in September 2018 and ending on March 2019. While this would not have represented a full statewide/system wide diversion program, the Defendants provided data to show that the expansion would address 87% of SMHRF admissions, signifying progress toward compliance with the diversion requirement.

However, when the Court Monitor inquired about the status of the expansion funding and implementation in October 2018, the Defendants cited state procurement barriers as the reason that the committed-to expansion would not occur this fiscal year. This was an unexpected development for the Court Monitor for several reasons. First, it did not appear that the Defendants — while developing the FY2019 Implementation Plan — had fully considered or managed expectations regarding procurement processes, which were fully known to them at the time of making this commitment to the Parties. Further, there was no proactive communication to the Parties regarding the abandonment of the initiative until prompting from the Court Monitor. This development places the Defendants at least three years past the original deadline for a statewide diversion program.

Continued failure to divert individuals who choose and are appropriate for placement in less restrictive settings than institutions (i.e., SMHRFs/IMD, nursing facilities) also needlessly increases the numbers of Class Members under the Williams Consent Decree. It was not until the Pritzker Administration assumed office in January 2019 that commitment to the diversion program was renewed, resulting in the expansion occurring in May and June 2019, adding three new community-based diversion agencies and 23 new hospitals.

*Requirement IP3, Non-Hospital SMHRF Referral Source Data.* The Defendants have indicated that 87% of all SMHRF admissions come from hospitals and, more specifically, psychiatric units within those hospitals. The Defendants indicated that they would collect and analyze data continually to determine where non-hospital SMHRF referrals derived (e.g., family members, homeless shelters, community-based provider), but were unable to provide data on those referrals sources in their FY2019 Semiannual Reports.

*Requirements IP6, Diversion Utilization Crisis Centers.* The Defendants conceptualized a new service setting — the Diversion Utilization Crisis Center — that would provide temporary crisis stabilization and residence to individuals exiting hospitals' psychiatric units. This setting was designed to address the reported difficulty for consumers in the diversion program to secure and retain housing, acknowledging that without housing the diversion program would be seriously compromised, if not defunct.

The Court Monitor had concerns about this approach since it deviates from the Consent Decree's strong preference for transitioning Class Members to permanent supportive housing, but since it relates to diverted individuals who are

not formally Class Members it was permitted for inclusion in the FY2019 Implementation Plan. The Notice of Funding Opportunity (NOFO) for Diversion Utilization Crisis Centers was released approximately nine months after the agreed-upon deadline (after the transition between Administrations). After the NOFO's release, no organizations applied for funds to implement the Diversion Utilization Crisis Center and the concept was ultimately abandoned in the summer of 2019. As such, the Defendants are found out-of-compliance.

*Requirements IP 7, 8, 9, 10 and 11, PASRR Briefings.* In the Implementation Plan, the Defendants committed to a phased process to further educate the Court Monitor and Parties on Illinois' PASRR process between August and December 2018. The first briefing occurred in August,<sup>35</sup> but the Defendants postponed subsequent briefings and never rescheduled.

*Requirements IP 12, 13, 14, 15, 16, and 17.* The Defendants committed to designing and implementing a new PASRR process via process enhancements, a new data system, procurement for new assessment entities, and other key actions. While the Administration transition played a role in these requirements not being met, it is important to note that prior to Pritzker's Administration the Defendants demonstrated no commitment or action to PASRR briefing or reform efforts from August 2018 until their departure in January 2019.

While the new Administration has stated a commitment to systems rebalancing and codified commitments to PASRR reform and other key actions in the FY2020 Implementation Plan, no PASRR redesign activities have occurred and the near-statewide diversion program remains wrought with serious flaws as of the writing of this report.

The Court Monitor's expectation is that the remainder of FY2020 will include concerted energy, attention, and implementation to prevent the inappropriate admission of Class Members in SMHRFs.

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

In Figure 12, the Court Monitor provided six priority recommendations pertaining to diversion for the Defendants' consideration. While these recommendations are not exhaustive, they do represent critical actions that — in the Court Monitor's view — will enhance Consent Decree compliance in the diversion domain.

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<sup>35</sup> While this briefing occurred, it was limited and rushed, not fully covering the required elements specified in the Implementation Plan, including an, "overview of [PASRR] redesign issues, strategies, and processes."

<b>Figure 12. FY2019 Diversion-Related Priority Recommendations</b>	
<b>Recommendation</b>	<b>Description</b>
1) Design and implement a systems transformation initiative — engaging Illinois’ state officials, systems’ leaders, providers, and community members — to build a culture of community integration for people with disabilities within Illinois.	In Illinois, there is a belief among some stakeholders within the behavioral health system that people with serious mental illness, and other disabilities, are safer within long-term care facilities because of the historical divestment and dearth of robust behavioral health services and housing. To reverse this thinking, rebalancing of the behavioral health system must be accompanied by a systems transformation initiative that lays out a new vision, builds leadership, transforms organizational cultures, defines desired organizational behaviors and performance standards, and promotes learning — creating the conditions that lead to successful systems change focused on community integration for people with disabilities.
2) Fully implement the required PASRR reform with special attention to the Consent Decree requirement that the PASRR process include an initial service plan. <sup>36</sup>	Despite inclusion in the FY2019 Implementation Plan, the Defendants effectuated no meaningful change relative to PASRR within FY2019 and upon the writing of this report. The FY2020 Implementation Plan contained new commitments for PASRR reform, but the Defendants indicated that the early implementation of the FY2020 PASRR reform effort would not implement an initial service plan pilot, a Consent Decree requirement now eight years overdue. The Court Monitor recommends that any PASRR reform effort include this critical component and that the Defendants consider implementing an initial service planning process concurrent to the broader PASRR reform so as not to further delay compliance relative to this important requirement.
3) Develop a data-driven, community-based housing and services plan that identifies and invests in the needed types and quantities of services and housing to divert consumers from long-term care. <sup>37</sup>	The Defendants, to date of writing this report, have still not developed a capacity development plan that species the types, quantity, geographic location, and other characteristics of services to support the requisite services and housing needed to divert potential Class Members. This is especially important given reports from PASRR agents and other hospital staff that they rely on admissions to SMHRF settings because of the actual or perceived dearth of community-based services and housing for discharged hospital patients with serious mental illnesses/potential Class Members.
4) As in other states, identify and implement the optimal MCO role in long-term care diversion, establishing financial incentives and disincentives in MCO contracts. <sup>38</sup>	The absence of Medicaid MCOs in Illinois’ long-term care diversion efforts is glaring and puzzling. MCOs play no role in pre-authorizing SMHRF-level of care for Class Members and it is unclear whether they are financially incentivized to ensure that their enrolled members receive less costly care in the community, when appropriate. HFS, a named Defendant in this case, should confer with and devise a scope of work for MCOs that will support Class Member diversion and systems rebalancing, and include that scope within Medicaid MCO contracts.

<sup>36</sup> This repeats and builds upon a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 4, Page 29).

<sup>37</sup> This repeats and builds upon a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 2, Page 28).

<sup>38</sup> This repeats and builds upon a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 5, Page 30).

<p>5) Improve the quality and effectiveness of the near statewide diversion program or replace with a stronger model replicated or adapted from other states.</p>	<p>While outside of this report's compliance period, during site visits conducted by the Court Monitor and her staff in October 2019 with diversion staff (including staff and community-based organizations and hospitals), the Court Monitor learned that there are several implementation challenges in the diversion program that hinder its ability to effectively divert potential Class Members, mostly centered on Illinois' broken PASRR process. True system-wide diversion necessitates either the correction of these issues or the design of a new diversion approach such as a replication/adaptation of North Carolina's effective <i>RSVP</i> model.<sup>39</sup> The Defendants should either deploy a comprehensive quality improvement process<sup>40</sup> or research and implement an effective institutional diversion programs based on other states' best practices.</p>
<p>6) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.</p>	<p>Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for the diversion domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants' plans to correct the identified issues to achieve compliance.</p>

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<sup>39</sup> As of Nov. 1, 2018, the Referral Screening Verification Process (RSVP) replaced North Carolina's PASRR process. The RSVP created a process requiring all Medicaid beneficiaries who are referred to or seeking admission to Adult Care Homes to be screened to determine whether they have serious mental illness. Adult Care Home providers cannot receive prior approval to bill for services without verification through this online system.

<sup>40</sup> One area necessitating further investigation from the State is the reports of key informants that many physicians in acute care hospital psychiatric units also work with SMHRFs and nursing facilities. According to interviews, these physicians commonly refer consumers from the psychiatric unit to the facilities in which they work. The Defendants should investigate the extent to which this occurs and whether it reflects a conflict of interest that accelerates inappropriate long-term care admissions versus a measure to provide continuity of care.

## Section IV. Outreach to Williams Class Members

As required by the Williams Consent Decree, the Defendants must design and implement an outreach program that informs all Class Members 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. A well-designed outreach process would provide each Class Member with an opportunity to receive information regarding the program; deploy structured and frequent contacts to share information, build trust, and facilitate motivation; use evidence-based assertive engagement and motivational interviewing principles to explore or build readiness among those who may possess ambivalence; and respect Class Member choice and boundaries.

The Williams program uses a branded outreach initiative, *Moving On*, implemented by outreach contractor staff from the National Alliance for Mental Illness (NAMI). Their goal is to provide information to Class Members 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. NAMI outreach staff distribute promotional materials about the program, conduct private interviews with Class Members who express interest in transitioning to the community, convene quarterly group meetings at each SMHRF to provide information on Class Member rights and responsibilities, and facilitate calls between transitioned Class Members and institutionalized Class Members to generate hope and interest in transition. These outreach workers also respond to Class Members who wish to complete evaluations and obtain consents for specialized testing, if needed (e.g., neuropsychological or occupational therapy). Outreach workers are also tasked with troubleshooting issues between Class Members, transition agencies, SMHRFs, and Department of Mental Health (DMH), as well as supporting appeals related to Class Members' transition appropriateness.

NAMI's outreach efforts are also supported by a team of Ambassadors — hired individuals who have diagnoses of serious mental illness, similar to Class Members, and successfully transitioned from institutional living (e.g., nursing or Williams facilities) to the community — to regularly visit SMHRFs to build connections with Class Members and share their own experiences regarding transition to the community post-institutionalization.

### Overview of FY2019 Outreach-Related Requirements

There are three Williams Consent Decree requirements related to outreach.<sup>41</sup> They obligate the Defendants to ensure that Class Members receive comprehensive information about their rights to live in the community, as well as

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<sup>41</sup> Requirement 3, identified below, is duplicative of Requirement 4; thus, it is excluded from compliance assessment so as not to double-count.

to provide detailed information on the types of community-based services and housing that will be made available to them. Further, the Defendants must protect Class Members from retaliation or infringement on their rights to explore community-based options. They must also bear the full cost of outreach. In addition to these three requirements, the Defendants committed to the following requirements via their FY2019 Implementation Plan:

**Outreach-Related Requirements: FY2019 Compliance Assessments**

As displayed in Figure 13, the Defendants were found in compliance for five outreach requirements, in partial compliance for two requirements, and out-of-compliance for one requirement.

Figure 13. Synopsis of FY2019 Compliance Assessments for Outreach-Related Williams Consent Decree and Implementation Plan Requirements						
Consent Decree Requirements (3)	In Compliance →	1	Partial Compliance →	1	Out-of-Compliance →	1
Implementation Plan Requirements (5)	In Compliance →	4	Partial Compliance →	1	Out-of-Compliance →	0
Total Requirements (8)	In Compliance →	5	Partial Compliance →	2	Out-of-Compliance →	1

Figure 14 contains the language for each outreach-related requirement in the Williams Consent Decree and Implementation Plan, along with the Court Monitor’s compliance ratings. Figure 14 also contains FY2018 ratings to demonstrate whether compliance improved or worsened since the last compliance period; for the three requirements that apply to both periods, the Defendants’ performance has worsened with two requirements remaining the same and one requirement dropping from partial compliance in FY2018 to out-of-compliance in FY2019.

Figure 14. FY2018 and FY2019 Compliance Assessment Ratings for FY2019 Outreach-Related Williams Consent Decree Requirements				
Req #	Source/Citation	Williams Consent Decree Requirement Language	FY2018 Compliance Rating	FY2019 Compliance Rating
3	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.	N/A	N/A
4	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	Partial Compliance

5	<b>Consent Decree VI(9)(C)</b>	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.	<b>Partial Compliance</b>	<b>Out-of-Compliance</b>
6	<b>Consent Decree VII(10)</b>	All costs for outreach shall be borne by Defendants.	<b>In Compliance</b>	<b>In Compliance</b>
IP19	<b>FY2019 Implementation Plan</b>	By July 15, 2018, report on outcome of discussions [between IDPH/DMH to determine feasibility of collaboration] to Parties and Monitor.	<b>N/A</b>	<b>Partial Compliance</b>
IP20	<b>FY2019 Implementation Plan</b>	By July 30, 2018, work with DMH fiscal to complete necessary paperwork for contract adjustment and execution [for increased NAMI Ambassadors].	<b>N/A</b>	<b>In Compliance</b>
IP21	<b>FY2019 Implementation Plan</b>	By August 30, 2018, NAMI develops solicitation campaign to identify potential Ambassador candidates.	<b>N/A</b>	<b>In Compliance</b>
IP22	<b>FY2019 Implementation Plan</b>	By September 30, 2018, NAMI interviews and hires Ambassadors.	<b>N/A</b>	<b>In Compliance</b>
IP23	<b>FY2019 Implementation Plan</b>	By October 2018, NAMI provides orientation and training [to newly hired Ambassadors].	<b>N/A</b>	<b>In Compliance</b>

### In Compliance Ratings

*Requirement 3, Delivery of Complete and Accurate Information.* The Consent Decree requires that the Defendants supply complete and accurate information to Class Members during their outreach process. This includes information regarding Class Members' right to live in community-based settings and the available community services that will be furnished. There is no simple way to assess the extent to which outreach workers use accurate, complete, and contemporary information relative to the community-based services and supports. However, the Defendants report that NAMI outreach workers have received extensive training to ensure they are able to provide complete and accurate information to Class Members, as well as participate in weekly teleconferences to update information, address questions or concerns, and problem-solve identified issues. Outreach workers are also equipped with a series of informational and promotional documents. Based on this information, the Defendants are found in compliance.

*Requirement 6. Outreach Costs Covered by Defendants.* The Defendants covered all outreach-related costs in FY2019, as required by the Decree.

*IP22-25, Funding, Recruiting, and Hiring Additional NAMI Ambassadors.* The FY2019 Implementation Plan also committed the Defendants to complete the necessary administrative processes to engage, recruit, interview, hire, and train additional Ambassadors. New Ambassadors were to be hired by September 30, 2018 and fully trained by October of 2018.

### Partial Compliance Ratings

**Requirement 4. Reaching All Class Members.** The Defendants are required to design an outreach program capable of reaching all Class Members, including Class Members already within the facilities (*existing* Class Members) and new admissions. One way to estimate the pool of *existing* Class Members eligible for

Month	New Admits	Discharged	Census
7-1-18	71	121	3778
8-1-18	68	77	3769
9-1-18	58	128	3699
10-1-18	68	69	3698
11-1-18	60	58	3700
12-1-18	63	91	3672
1-1-19	51	99	3624
2-1-19	61	42	3643
3-1-19	54	76	3621
4-1-19	59	74	3606
5-1-19	62	79	3589
6-1-19	46	78	3385
<b>Averages</b>	<b>60</b>	<b>83</b>	<b>3649</b>

outreach is to utilize the monthly census average from FY2019 (Figure 15), which is 3,649. Most of these Class Members should receive quarterly outreach — per the Williams *Moving On* outreach frequency policy — but for those who repeatedly and adamantly refuse, they must be engaged annually.<sup>42</sup>

While the Defendants do not track every outreach contact, in FY2019, they reported 5,219 duplicated outreach engagements between NAMI outreach staff and Class Members. Further, they report that Ambassadors engaged 1,498 Class Members in the same period. It is difficult to synthesize the data between

NAMI outreach staff and Ambassadors because one figure represents outreach contacts (that are not unduplicated by Class Member) while the other represents an unduplicated count of Class Members who received outreach. Further, there is likely overlap between the two figures. For this analysis, even if the Defendants are credited with 6,717 outreach contacts (i.e., the sum of the two figures) in FY2019, outreach penetration is inadequate. Operating under the assumption that two-thirds of the average monthly census — or 2,408 or 3,629 Class Members — should receive quarterly outreach, FY2019 should have yielded approximately 9,633 outreach contacts among *existing* Class Members in FY2019. This means that the Defendants' outreach performance among this cohort is approximately 70%.

Further, one can analyze the number of new admissions who receive outreach within 90 days of admission per the *Moving On* outreach frequency policy. In FY2019, 721 Class Members were admitted into SMHRFs, averaging approximately 60 per month. Of the 685<sup>43</sup> newly admitted Class Members eligible for outreach in FY2019, all were engaged by outreach after 90 days. Further, 609 Class Members (89%) signed letters of introduction and 588 (86%) consented to

<sup>42</sup> The Consent Decree requires that Class Members receive annual evaluations (Section V), so outreach should be conducted at least annually among Class Members who adamantly refuse in order to provide them an opportunity for their annual evaluations.

<sup>43</sup> This represents the number of Class Members admitted to SMHRFs in the last three months of FY2018 who became eligible for outreach in FY2019 because of the 90-day wait period policy before newly admitted Class Members receive outreach. Class Members admitted in the last three months of FY2019 would not be eligible for outreach until the first quarter of FY2020.

an outreach interview. Finally, outreach workers were also obligated to host quarterly group outreach events at each of the SMHRFs, totaling 92 events across all 23 facilities. In FY2019, outreach workers held 88 events, for a performance percentage of 96%. The Defendants have outreach outcomes data only for newly admitted Class Members and Ambassadors. According to their semiannual reports, 89% of newly admitted Class Members consented to signing outreach letters of introduction and 88% of Class Members contacted by Ambassadors allowed the Ambassadors to engage them.<sup>44</sup>

*IP Requirement 19, Exploring and Reporting on an IDPH/DMH Collaborative Outreach Effort.* The Defendants report that after exploring this collaboration, it was determined that IDPH's role is limited to regulatory oversight and outreach would be "outside the scope of their authority."

*IP Requirements 20-23, Funding, Recruiting, and Hiring Additional NAMI Ambassadors.* The FY2019 Implementation Plan also committed to completing the necessary administrative processes, engaging in a recruitment effort, and interviewing, hiring, and training additional Ambassadors. New Ambassadors were to be hired by September 30, 2018 and fully trained by October of 2018. The Defendants are found in partial compliance for this requirement because, while they did expand the Ambassador team, the 11 additions were hired "between 11/20/18 and 6/30/19," which exceeded the deadline.

#### Out-of-Compliance Ratings

*Requirement 5. Retaliation Prevention and Recourse.* The Defendants report that, while no complaints of retaliation were received by DMH during the fiscal year, IDPH is responsible for collecting and investigating reports of retaliation and harassment. IDPH data regarding retaliation was not provided. In the absence of this data, particularly on such an important factor that can influence Class Members' decision to participate in the transition process, the Defendants are found out-of-compliance.

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

In Figure 16, the Court Monitor provided six priority recommendations for the Defendants' consideration pertaining to outreach. While these recommendations are not exhaustive, they represent critical actions that — in the Court Monitor's view — will enhance Consent Decree compliance in the outreach domain.

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<sup>44</sup> This does not necessarily mean that the Class Member proceeded to evaluation.

<b>Figure 16. FY2019 Evaluation-Related Priority Recommendations</b>	
<b>Recommendation</b>	<b>Description</b>
1) Fully leverage the role of peers in outreach efforts, beyond the current use of NAMI Ambassadors.	In several states, peer staff — or persons with direct experience of serious mental illness, substance use disorders, or other disabilities — play an instrumental role in outreach and engagement efforts in institutional and long-term care settings. While the Williams outreach program does utilize NAMI Ambassadors, full-time peer workers with specialized training in motivational interviewing, active engagement, and other key competencies will likely prove effective, if research from other states apply to Illinois. Peer staff is uniquely positioned to build trusting relationships with Class Members, imbuing hope and self-efficacy and complementing the work of other providers. As such, Illinois should consult with other states to design an evidence-based peer in-reach model and otherwise leverage the roles of peers across all Consent Decree programming.
2) Conduct data analysis to identify and understand differences in outreach outcomes by organization, staff, Class Member cohort (e.g., new admissions vs. existing Class Members), and across other variables.	Poor outreach outcomes set the entire outreach to transition continuum up for failure. As such, the Defendants should conduct a rigorous analysis to understand under what circumstances outreach is most effective versus ineffective. This analysis can determine where strengths can be leveraged or built upon, as well as where gaps or weaknesses can be addressed.
3) Re-examine the 90-day stay requirement and, if appropriate, develop a system for prompt engagement. <sup>45</sup>	Because of various broken processes in Illinois that open the system's front door into SMHRFs and other long-term care institutions, Class Members who should live in the community are instead admitted needlessly into SMHRFs. Currently, those Class Members must wait three months for an evaluation under the Williams program. Before the completion of the PASRR redesign, on a case-by-case basis — driven by clear criteria — the Defendants should consider waiving the 90-day stay requirement for Class Members who were inappropriately admitted or who have interest and capacity for community transition.
4) Improve data reporting regarding retaliation and harassment, as well as develop a clear recourse for SMHRFs that are not cooperating with required Consent Decree obligations.	As the SMHRF regulatory and licensing body, IDPH receives Class Members' complaints about instances of retaliation or harassment, including events whereby SMHRF staff pushback against Class Members on their desire to transition. As such, IDPH should share data and information regarding the number of retaliation events, the parties and facilities involved, and responses (limited to instances tied directly to the Williams program) to demonstrate their compliance with Requirement 5. Otherwise, the Defendants will continue to be found out-of-compliance with this requirement. This represents one of the many areas around which IDPH could strengthen their SMHRF oversight role to facilitate stronger quality of services and engagement in and cooperation with Consent Decree programming.

<sup>45</sup> This repeats and builds upon a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 2, Page 28).

<p>5) Enhance outreach effectiveness through the development of a comprehensive list of available services and a procedure to support Class Members' observation of community-based services and housing.<sup>46</sup></p>	<p>There are two outreach best practices that are left out of current Williams outreach approaches: equipping outreach workers with a detailed list of available services (to both support their conveyance of available services and distribution of this information to Class Members) and allowing outreach workers to show Class Members these services and supports, including housing, outside of the SMHRFs. Related to the latter recommendation, the ability to observe community-based settings and housing is an explicit Consent Decree requirement within the outreach section and the Defendants will not be found in compliance with the requirement until they provide Class Members the opportunity to observe settings at the outreach phase instead of delaying until Class Members are evaluated, recommended, or working with transition entity.</p>
<p>6) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.</p>	<p>Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for the outreach domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants' plans to correct the identified issues to achieve compliance.</p>

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<sup>46</sup> This recommendation includes a component of a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 4, Page 37).

### Section V. Evaluation of Williams Class Members

Under the Williams Consent Decree, the Defendants are required to design and implement an evaluation process to identify a Class Member’s medical and psychiatric conditions, along with his or her ability to perform activities of daily living (ADLs), to determine whether the person is appropriate for transition into the community. Per the Consent Decree, the State must ensure that qualified professionals conduct person-centered evaluations for every Class Member who agrees to such, culminating in an indication as to whether the Class Member is recommended for transition. Lutheran Social Services of Illinois (LSSI) and Metropolitan Family Services (MFS) are contracted to provide evaluations, with LSSI employing seven full-time staff and MFS employing six full-time staff during FY2019. LSSI provided evaluations in 15 SMHRFs; MFS provided evaluations in the eight remaining SMHRFs.

The Williams Consent Decree includes the following requirements for the provision of evaluations, including:

- Every Class Member should be offered an evaluation (Requirement 8) at the appropriate frequency (Requirement 9) that describes their options to transition into the community (Requirement 7).
- Class Members who decline evaluations or who decline to move after being recommended for transition can request and receive an evaluation at a later time, which must be offered on a timely basis (Requirements 10 and 14).
- Evaluations must be conducted by qualified professionals (Requirement 11).
- Evaluations must be conducted annually, providing Class Members who were not recommended for transition or who elected not to move after a transition recommendation future re-evaluation opportunities (Requirement 1).
- During the annual evaluation process, qualified professionals must explore and address any Class Member opposition to moving out of a SMHRF (Requirement 13).

The Williams FY2019 Implementation Plan did not include any additional requirements in the evaluation domain.

#### Evaluation-Related Requirements: FY2019 Compliance Assessments

As displayed in Figure 17, the Defendants were found in compliance for one evaluation requirement and out-of-compliance for five.

Figure 17. Synopsis of FY2019 Compliance Assessments for Evaluation-Related Williams Consent Decree and IP Requirements						
Consent Decree Requirements (6)	In Compliance →	1	Partial Compliance →	0	Out-of-Compliance →	5
Implementation Plan Requirements (0)	In Compliance →	N/A	Partial Compliance →	N/A	Out-of-Compliance →	N/A
Total Requirements (6)	In Compliance →	1	Partial Compliance →	0	Out-of-Compliance →	5

Figure 18 contains the language of each evaluation-related requirement in the Williams Consent Decree, along with the Court Monitor’s compliance rating. Figure 18 also contains FY2018 ratings to demonstrate whether compliance improved or worsened since the last compliance period. For the six requirements that apply to both periods, the Defendants’ performance has worsened. Two requirements have dropped from partial compliance in FY2018 to out-of-compliance in FY2019, while the rest remained stable.

<b>Figure 18. FY2018 and FY2019 Compliance Assessment Ratings for FY2019 Evaluation-Related Williams Consent Decree and IP Requirements</b>				
<b>Req. #</b>	<b>Source/ Citation</b>	<b>Williams Consent Decree Requirement Language</b>	<b>FY2018 Compliance Rating</b>	<b>FY2019 Compliance Rating</b>
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.	<b>Duplicate Requirement</b>	<b>Duplicate Requirement</b>
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.	<b>N/A</b>	<b>N/A</b>
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.	<b>Partial Compliance</b>	<b>Out-of-Compliance</b>
10	Williams Consent Decree VI(6)(A)	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.	<b>Out-of-Compliance</b>	<b>Out-of-Compliance</b>
11	Williams Consent Decree VI(6)(B)	Defendants shall ensure that Evaluations are conducted by Qualified Professionals as defined in this Decree.	<b>In Compliance</b>	<b>In Compliance</b>
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.	<b>Partial Compliance</b>	<b>Out-of-Compliance</b>
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.	<b>Out-of-Compliance</b>	<b>Out-of-Compliance</b>
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.	<b>Out-of-Compliance</b>	<b>Out-of-Compliance</b>

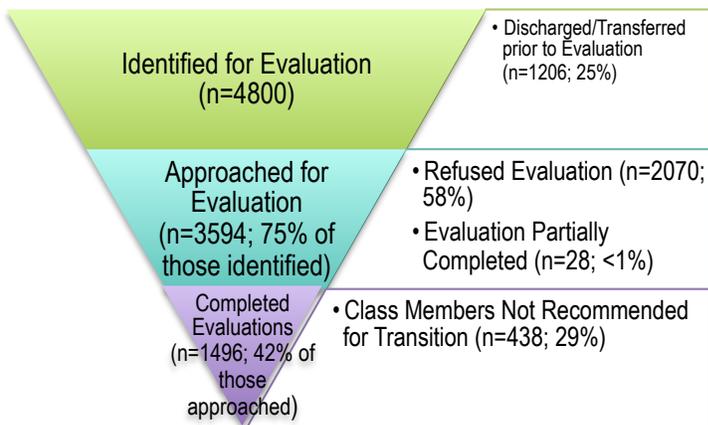


Figure 19 delineates the number of Class Members who were eligible for and ultimately participated in evaluation-related processes during FY2019, including attempted evaluations, completed evaluations, and evaluation outcomes. Of the 4,800 Class Members identified for evaluation,<sup>47</sup> 3,594 (75%) had not been

transferred or discharged prior to engagement, including 641 newly admitted Class Members and 2,953 existing Class Members. Of the 3,594 Class Members engaged, 2,070 (58%) refused evaluations, while 1,496 (42%) completed evaluations. Of the completed evaluations, 438 (29%) were not recommended for transition,<sup>48</sup> while 1,058 (71%) were recommended for transition. Of those recommended for transition, 73% were referred to Permanent Supportive Housing (PSH), while 27% were referred to non-PSH residential settings. Fifty-four Class Members were referred for neuropsychology assessments, while 25 were referred for occupational therapy assessments.

In Compliance Ratings

*Requirement 11, Qualified Professionals.* The Defendants are required to utilize “qualified professionals” to conduct evaluations in the Williams program. The Consent Decree defines qualified professionals as “persons who are appropriately licensed, credentialed, trained and employed by a PASRR Agency.”<sup>49</sup> 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 finds that this definitional issue does not rise to the level of an out-of-compliance rating and thus assigned an in compliance rating.

Out-of-Compliance Ratings

*Requirement 9, Engaging Class Members with Transition Concerns at Appropriate Frequency.* 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.” It is difficult to assess compliance relative to this measure because it is more likely that outreach workers would have the role in engaging Class Members who

<sup>47</sup> In the second half of FY2019, “Class Members Identified for Transition” include self-referrals (56%) and referrals from NAMI outreach workers (34%), with the remaining 10% of referrals derive from MCOs, DMH, SMHRFs, and guardians.<sup>47</sup>

<sup>48</sup> Defendants report that the most common reasons for “not recommended” determinations of Class Members include (1) significant psychiatric symptoms, (2) recent aggressive behaviors, (3) recent psychiatric hospitalizations, and (4) significant medical conditions that require 24-hour monitoring.

<sup>49</sup> Williams Consent Decree, Section VI.

have concerns regarding transition, as opposed to evaluators who are generally deployed to provide evaluations and do not have an ongoing outreach presence in SMHRFs. If appropriate frequency is defined, per their policy, as a quarterly outreach attempt to each Class Member, the Defendants cannot demonstrate that this quarterly outreach occurs to Class Members generally, especially those expressing concerns about transitioning.

*Requirements 10 and 14, Rights to Timely Re-Evaluations for Class Members Who Previously Refuse Evaluations or Refuse to Move.* The Consent Decree includes a safeguard for Class Members who may initially refuse evaluations but subsequently change their minds. These Class Members have the right to request an evaluation after their initial refusal and receive the evaluation in a timely manner. Defendants indicate that in the first half of FY2019 no Class Members who initially refused an evaluation went on to request one later. They indicate that 97 were subject to this circumstance in the second half of FY2019. Of those 97 Class Members, Defendants only have data relative to 76, indicating that 41 (or 54%) received the evaluations within one month and the remaining 35 (or 46%) received them between one to nine months after the request. Given the incomplete data relative to this requirement and the lack of timeliness for completing the evaluations as indicated in the data that was provided, Defendants are found out-of-compliance with this requirement.

*Requirement 12, Annual Evaluations.* All Class Members who reject outreach and evaluation efforts, who participate in evaluations but oppose transition upon the evaluator's recommendation, or who participate in evaluations and are not recommended deserve future assessments to discern their interest in and appropriateness for transition. For this reason, the Consent Decree requires that the Defendants provide annual evaluations to Class Members.

It is difficult to assess the Defendants' compliance in this area because of data-related issues. The Defendants supplied data on annual evaluations for the second half of the fiscal year, but the first half fiscal year data is incomplete. It appears that 2,594 Class Members were eligible for an annual evaluation in FY2019, with 1,420 Class Members in the second half of the fiscal year. Of those Class Members eligible for annual evaluations in the second half of FY2019, 1,020 (72%) received evaluation attempts within one year of their most recent evaluation, leaving 390 (28%) to receive those attempts after the 12-month deadline. After a 69% refusal rate, only 415 (29%) completed their annual evaluations.<sup>50</sup> The limited data from the first half of the fiscal year suggests that only 54% of annual evaluations were attempted on time. For this reason, the Defendants are found out-of-compliance for this requirement.

*Requirement 13, Exploring and Addressing Class Member Reluctance to Transition.* The Defendants are required to *fully* explore and *appropriately* address reasons that Class Members oppose transitioning [emphases added].

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<sup>50</sup> Nine Class Members received partially completed evaluations.

The Defendants collect data regarding reasons for Class Member opposition to transitioning, ranging from a Class Members’ contentment with residence in the SMHRF, 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 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 FY2019.

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

In Figure 20, Court Monitor has provided four priority recommendations for the Defendants’ consideration pertaining to evaluation. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to the evaluation domain.

<b>Figure 20. FY2019 Evaluation-Related Priority Recommendations</b>	
<b>Recommendation</b>	<b>Description</b>
1) Correct issues related to Class Members’ annual evaluations. <sup>51</sup>	Defendants should explore regular, perhaps monthly, use of a data system by quality assurance staff to review whether contractors comport with re-evaluation requirements and take corrective actions directly with contractors, if necessary.
2) Develop a data-informed target figure of completed evaluations sufficient to achieve required transitions.	The Defendants should determine the number of evaluations necessary to meet transition requirements by analyzing historical data on the number of evaluations that result in Class Members being recommended to transition, and then the number of Class Members who are recommended for transition who ultimately transition. Utilizing this data, the Defendants should then set the evaluation target and ensure proper staffing and resources to effectuate an adequate number of evaluations.
3) Revisit the entire evaluation process to ensure that the evaluation protocol is based on national best practices and limited in subjectivity.	There is no field-wide consensus on how to objectively predict a person’s ability to live successfully in the community following institutionalization. However, the State needs a process whereby they attempt to gather relevant information to determine a person’s transition appropriateness. As such, the Defendants should review evaluation models from other states currently subject to or that have successfully exited Consent Decrees. These models may prove more efficient, accurate, or complete, and may offer dimensions that are relevant specifically to populations who have been institutionalized. It is important, in this process, that Defendants rely on only Consent Decree-authorized considerations and not stray into subjective considerations that may hinder Class Members’ ability to transition.

<sup>51</sup> This recommendation includes a component of a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 1, Page 45).

<p>4) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.</p>	<p>Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for the evaluation domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants' plans to correct the identified issues to achieve compliance.</p>
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## Section VI. Service Planning for Williams Class Members

After Class Members are evaluated to determine their transition readiness, they are provided with a service plan. Service plans are required to contain the services and supports that align with a Class Member's needs, vision, and goals. 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 (Requirement 15).
- Service plans must be person-centered and reflect what a Class Member needs at home, work, and in the community to fully participate in community life (Requirement 16); they must also identify the needed community-based services and a transition timetable (Requirement 19).
- All service plans must be completed promptly with sufficient time to support transitions (Requirements 17 and 18).
- For Class Members not approved for transition, service plans must include treatment objectives to prepare them for future transition to permanent supportive housing or other community-based options; the service plans should be periodically updated, reflective of Class Members' changing needs and preferences and inclusive of services that support the acquisition of living and illness self-management skills (Requirement 20).
- For Class Members in SMHRFs, service plans should focus on support for building the skills needed to live in the community (Requirement 21).
- 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 (Requirement 22).
- Service plans cannot be limited to what the service and housing system currently has available; they must include any service that is currently provided under the State Medicaid Plan and Rule 132 (Requirement 23).

The Defendants were also obligated to five additional requirements in the FY2019 Implementation Plan. These five requirements focus on collecting Class Members' interest in employment support, as well as participation data, and urging providers to adopt individualized placement and support through training and capacity development.

### **Service Plan-Related Requirements: FY2019 Compliance Assessments**

As displayed in Figure 21, the Defendants are in compliance with five requirements and out-of-compliance for nine requirements. The out-of-compliance ratings are assigned because, for the second consecutive fiscal year since this Court Monitor's appointment, the Defendants do not have any data to demonstrate compliance relative to those requirements.

Figure 21. Synopsis of FY2019 Compliance Assessments for Service Plan-Related Williams Consent Decree and Implementation Plan Requirements						
Consent Decree Requirements (9)	In Compliance →	0	Partial Compliance →	0	Out-of-Compliance →	9
Implementation Plan Requirements (5)	In Compliance →	5	Partial Compliance →	0	Out-of-Compliance →	0
Total Requirements (14)	In Compliance →	5	Partial Compliance →	0	Out-of-Compliance →	9

Figure 22 contains the language of each evaluation-related requirement in the Williams Consent Decree and Implementation Plan, along with the Court Monitor’s compliance rating. Figure 22 also contains FY2018 ratings to demonstrate whether compliance improved or worsened since the last compliance period. For the nine requirements that apply to both periods, the Defendants’ performance has worsened. Three requirements have dropped from partial compliance in FY2018 to out-of-compliance in FY2019, while the rest remained stable.

Figure 22. FY2018 and FY2019 Compliance Assessment Ratings for FY2019 Service Plan-Related Williams Consent Decree				
Req #	Source/ Citation	Williams Consent Decree Requirement Language	FY2018 Compliance Rating	FY2019 Compliance 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	Out-of-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	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	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	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	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	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	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	Out-of-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	Out-of-Compliance
IP24	Williams FY2019 Implementation Plan	By July 1, 2018, collect employment interest data from Williams Class Members at several key intercept points (first contact, transition engagement and planning process, move-in date and at Drop-In Centers) of engagement.	N/A	In Compliance
IP25	Williams FY2019 Implementation Plan	By September 1, 2018, CMHCs to begin collection and coding of data on IPS services to capture actual participation by Williams Class Members.	N/A	In Compliance
IP26	Williams FY2019 Implementation Plan	By October 1, 2018, convene meetings with the three Williams CMHCs that currently do not have an IPS employment specialist to prompt/encourage hiring, within contracted resources.	N/A	In Compliance

IP27	Williams FY2019 Implementation Plan	By December 1, 2018, IPS Program Directors and IPS staff to implement data programming and an improved tracking system/process to identify Williams Class Members interested in and/or participating in IPS.	N/A	In Compliance
IP28	Williams FY2019 Implementation Plan	Starting July 1, 2018 and ongoing, execute a series of training sessions on IPS standards of care for CMHCs.	N/A	In Compliance

On January 2, 2019, DMH implemented a new Comprehensive Service Plan (CSP) tool and required service providers to use it with Williams Class Members. While service providers contended that a former, separate required assessment and service-planning tool — the IM+CANS — was duplicative of the Williams CSP, DMH found that the IM+CANS did not collect the necessary data elements necessary to demonstrate Consent Decree compliance.

The Court Monitor queries how two parallel systems could have been required and yet there is no data available to satisfy requirements, especially for the second half of FY2019 after CSP implementation. The absence of data to demonstrate compliance warrants out-of-compliance findings for all nine requirements.

In Compliance Ratings

*IP Requirements 24-38, Enhancing Employment Services for Class Members.* The Defendants addressed the five actions identified in their FY2019 Implementation Plan with respect to employment and Individual Placement and Support (IPS). According to the IPS Employment Center, IPS is an evidence-based model of supported employment for people with serious mental illness that helps people living with behavioral health conditions work at regular jobs of their choosing. The Defendants collected employment interest and participation data from Class Members and providers, encouraged providers to build and utilize IPS resources, implemented an improved IPS tracking system, and providing training for providers on IPS standards. Thus, the Defendants received in compliance ratings for all five of these requirements.

Out-of-Compliance Ratings

*Requirements 15-23, Consent Decree Service Plan Requirements.* As previously referenced, the Defendants are found out-of-compliance with all remaining requirements (15-23) due to their lack of data. This is unacceptable, as the Defendants have had more than a year – since this Court Monitor’s appointment – to address data-related issues.

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

In Figure 23, the Court Monitor provided four priority recommendations for the Defendants’ consideration pertaining to service plans. While these recommendations are not exhaustive, they represent critical actions that can enhance Consent Decree compliance relative to the service planning domain.

<b>Figure 23. FY2019 Service Plan-Related Priority Recommendations</b>	
<b>Recommendation</b>	<b>Description</b>
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. <sup>52</sup>	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.
2) Develop clear standards for all service plans in a Class Member’s journey, from the PASRR-linked initial service plan to the post-discharge service plan.	The crucial step of assigning responsibility to who should develop service plans along the SMHRF admission to transition continuum, as well as who should ensure that the various clinical treatments and skills development documented in service plans are actually implemented, appears to be lacking. Establishing clear lines of accountability and standards (including content and timeliness standards), along with processes for monitoring provider performance relative to those standards, will ensure that Class Members receive focused, person-centered service plans at appropriate intervals to support specific phases of their journeys.
3) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.	Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for the service plan domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants’ plans to correct the identified issues to achieve compliance.

<sup>52</sup> This recommendation has been carried forward from a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 1, Page 53).

## **Section VII. Transitions for Williams Class Members**

Along with diversion, a second, central purpose underlying the Williams Consent Decree is to transition appropriate Class Members into the community who choose such, creating a pathway for them to rejoin and fully participate in community life. As such, the Williams Consent Decree — through the FY2019 Implementation Plan — includes a numeric transition requirement of 400 Class Member transitions (the same as that required since FY2016). This requirement is often viewed as one of the most important, or at least the most visible, indicator of compliance. Success or failure to achieve the 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 toward rebalancing the mental health services system away from institution-based and restrictive care settings to community-based services, supports, and housing.

Transitions are effectuated by sixteen agencies: eight “full array” agencies that provide transition-specific and ongoing services to transitioned Class Members (e.g., Assertive Community Treatment) and eight “transition-only” agencies that are limited to supporting transition and then hand-off to other service providers. The full array agencies are each assigned targets — representing the number of expected transitions — that add up to the FY2019 transition requirement of 400 transitions. In addition to reaching the numeric transition requirements, the Defendants are required to:

- Utilize PSH for all Class Members, except for those who have dementia or other cognitive impairments, require skilled nursing care, or are a danger to self or others (Requirement 24).
- Hold housing units available by paying rent for Class Members who are temporarily hospitalized (Requirement 25).
- Ensure Class Members amid the transition process receive added support and are not left without options when SMHRFs close (Requirement 26).
- Utilize buildings with less than 25% of all tenants having mental illness, unless the building has four or fewer units (at which time 50% tenants with mental illness is permitted) (Requirement 27).
- Offer all Class Members who are approved for transition placement in the community, with moves completed within 120 days (Requirement 28).

### **Transition-Related Compliance Requirements: FY2019 Compliance Assessment**

As displayed in Figure 24 the Defendants were found in compliance with four requirements, in partial compliance for three requirements, and out-of-compliance for two requirements.

Figure 24. Synopsis of FY2019 Compliance Assessments for Transition-Related Williams Consent Decree and Implementation Planning Requirements						
Consent Decree Requirements (5)	In Compliance →	2	Partial Compliance →	1	Out-of-Compliance →	2
Implementation Plan Requirements (4)	In Compliance →	2	Partial Compliance →	2	Out-of-Compliance →	0
Total Requirements (9)	In Compliance →	4	Partial Compliance →	3	Out-of-Compliance →	2

Figure 25 contains the text of each transition-related requirement in the Williams Consent Decree and Implementation Plan, along with the Court Monitor’s compliance rating. Figure 25 also contains FY2018 ratings to demonstrate whether compliance improved or worsened since the last compliance period. For the five requirements that apply to both periods, the Defendants’ performance improved slightly. One requirement moved from out-of-compliance in FY2018 to in compliance in FY2019. The rest remained stable.

Figure 25. FY2018 and FY2019 Compliance Assessment Ratings for FY2019 Transition-Related Williams Consent Decree Requirements				
Req #	Source/ Citation	Williams Consent Decree Requirement Language	FY2018 Compliance Rating	FY2019 Compliance Rating
24	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	Partial Compliance
25	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	In Compliance
26	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	Out-of-Compliance

27	<b>Consent Decree VI(8)(G)</b>	For purposes of this Decree, PSH includes scattered-site housing as 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.	Out-of-Compliance	In Compliance
28	<b>Consent Decree VI(8)(H)</b>	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	Out-of-Compliance
IP29	<b>FY2019 Implementation Plan</b>	By July 2018 and ongoing, prepare and release monthly dashboard indicator charts to CMHCs by the 5th business day of the month to further encourage compliance with transition targets.	N/A	In Compliance
IP30	<b>FY2019 Implementation Plan</b>	By September 1, 2018, [DMH will begin] full execution [of performance-based transition coordination payment model] and tracking transitions.	N/A	Partial Compliance
IP31	<b>FY2019 Implementation Plan</b>	By July 1, 2018, require Williams Providers to add all Williams Class Members at their referral be added to the SRN and Section 811 Project-Based Rental Assistance waiting lists.	N/A	In Compliance
IP32	<b>FY2019 Implementation Plan</b>	By August 2018, meet with Williams Providers leadership in order to review the housing opportunities, resources and tools that are currently available (created by the State of Illinois) and determine why these resources are so under-utilized.	N/A	Partial Compliance

29	<b>Consent Decree X(21)</b>	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.	N/A	N/A
30	<b>Consent Decree VI(8)(C)</b>	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.	N/A	N/A
31	<b>Consent Decree VI(8)(D)</b>	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.	N/A	N/A
32	<b>Consent Decree VI(8)(E).</b>	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.	N/A	N/A

33	<b>Consent Decree VI(8)(F)</b>	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.	N/A	N/A
34	<b>Consent Decree VI(8)(A)</b>	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.	N/A	N/A
35	<b>Consent Decree VI(8)(G)</b>	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.	N/A	N/A

In Compliance Ratings

*Requirement 25, Maintaining Class Member Housing During Temporary Hospitalizations.* The Defendants are required to cover the housing costs of Class Members who are subject to temporary stays in a hospital or treatment facility. The Defendants cover up to five months’ rent for those who are hospitalized, return for a short-term stay at a nursing facility or SMHRF, or are incarcerated. The Defendants submitted data for the fiscal year to demonstrate

their provision of rent payments for 43 Class Members subject to these circumstances. They did not submit data for the first half of the fiscal year, resulting in a partial compliance rating.

*Requirement 27, Utilizing Unsegregated PSH Buildings.* Data shows that the Defendants were compliant with ensuring that Class Members were transitioned to buildings comprised of no more than 25% of tenants with mental illness (for buildings with five or more units) and no more than 50% of tenants with mental illness (for buildings with less than five units). As such, the Court Monitor finds the Defendants in compliance with this requirement.

*Requirement IP29, Monthly Transition Performance Dashboards.* The Defendants prepared and released monthly dashboard indicator charts to transition agencies by the 5<sup>th</sup> business day of each month to further encourage compliance with transition targets. They are found in compliance with this requirement.

*Requirement IP31, Requiring Class Member Addition to Housing Waiting List.* To improve the ability of Williams Class Members to receive affordable housing units through “Statewide Referral Network waiting list” — the State’s housing database for special populations — the Defendants required transition agencies to register Class Members into the database as of July 1, 2018. The Defendants reported that they completed this activity as of August 14, 2018. Despite the slight delay in this activity’s completion, the Defendants are found in compliance.

Partial Compliance Ratings

*Requirement 24, PSH Requirement.* The Defendants are required to use permanent supportive housing — the gold standard in housing for people with behavioral health conditions — unless Class Members have dementia or another cognitive disorder, have acute or otherwise serious medical needs that necessitate skilled nursing, or are a danger to self or others. While the Defendants are unable to demonstrate that non-PSH referrals meet these three strict criteria, they did transition 86% of Class Members in FY2019 to PSH. In fact, 220 Class Members (86% of transitioned Class Members) were transitioned into lease-held rental apartments or other independent housing units, while 36 were transitioned into residential settings, such as supportive living facilities or supervised residential settings.

*Requirement IP30, Implement New Transition Payment Model.* The Defendants designed and implemented a new performance-based payment model for transition agencies, but it was completed approximately five months after its deadline of September 2018. Contracts went into effect in February 2019 but were retroactive to January 2019. As such, they are found in partial compliance.

*Requirement IP32, Meeting with CMHC Leadership on Under-Utilization of Existing Resources.* The Defendants indicate that this activity, focused on engaging leadership from Williams provider organizations, was partially completed, pointing to regular meetings with Williams Quality Administrators to review and trouble-shoot issues with the housing match system. They also cite that a joint “Williams/Colbert housing meeting” took place in August. They are found in partial compliance because the Defendants were unable to share any notes or actions from these meetings. Further, this meeting was meant to engage leadership from Williams provider organizations, and it appears that Quality Administrators – or middle management from these organizations – were engaged instead. For this reason, the Defendants are found in partial compliance.

Out-of-Compliance Ratings

*Requirement 26, Managing Discharges or SMHRF Closures that Disrupt Transition Process.* While no SMHRFs closed during FY2019, there were 149 involuntary discharges that took place in FY2019. If any of these Class Members were amid the transition process, the Defendants were required to put plans were in place to ensure that appropriate housing and services become available. The Defendants have not demonstrated compliance with this requirement, indicating that IDPH has “no authority to track Class Members once they leave the licensed facility.” This is an unacceptable response because compliance with this requirement would obviate the need for post-discharge tracking, instead offering services and housing pre-discharge and funneling individuals into the cohort of transitioned Class Members. The Defendants are found out-of-compliance for this requirement.

*Requirement 28, Transitioning Eligible Class Members within 120 Days.* In FY2019, the Defendants effectuated 256 transitions, representing 61% of their total transition requirement of 400. They are required to offer housing and services to all Class Members who are deemed eligible for transition and to complete transitions within 120 days from the date of their service plans.

First, as shown in Figure 26, regarding the timeliness of transition, the Defendants woefully underperformed: the FY2019 average period between transition agency assignment to transition is 188 days, more than two months beyond the four-month transition timeframe dictated by the Consent Decree. While this Consent Decree requirement refers to the length of time between the service plan development and Class Member transition, the data provided by Defendants in the semi-annual reports refer to the length of time between agency assignment and transition. The Defendants were unable to provide data on the amount of time between service plan development and transitions for those who transitioned in FY2019, but this data does represent a significant timeliness issue with regard to transition.

	Required	Achieved
Transitions	400	256 (64%)
Timeliness	120 days	188 days

With regard to the obligation to provide housing and services to all Class Members eligible for transition, the Defendants are also deeply out-of-compliance. While it is difficult to assess the exact number of Class Members in the pipeline who should have been transitioned in FY2019, we know that 1,068 Class Members were approved for transition in FY2019 and 1,038 Class Members were approved for transition in the previous fiscal year (FY2018). That means that a subset of each of those groups, or conservatively 1,000 Class Members, should have been transitioned in FY2019 and only 256 were.

There could be several reasons why 256 of the approximately 1,000 Class Members eligible to transition did not transition. First, there were 149 instances whereby transition providers challenged evaluators' determinations and instead recommended that Class Members remain in SMHRFs. One hundred of those cases were upheld by a special committee — the Clinical Circumstances that Affect Seamless Transition (CAST) Review Panel — that reviews the cases, with an additional three instances in which Class Members were moved into skilled nursing facilities due to declining medical conditions. While not reflected in their FY2019 semi-annual reports, there are often other types of holds for legal, financial, medical, or psychiatric reasons, resulting in Class Members languishing between recommendation for transition to actual transition. Finally, some Class Members might be discharged prior to transition or pass away awaiting transition.

As of now, hundreds of Class Members already determined appropriate and safe to transition from institutions to community-based settings continue to face needless delays. These delays exact a toll on Class Members. For many, the longer they are unnecessarily institutionalized, the more difficult the transition will become because of the loss of independent functioning and daily living skills needed for successful community tenure and/or the loss of interest or hope in the transition process.

### **Court Monitor Recommendations for Achieving Compliance with Transition-Related Requirements**

In Figure 27, the Court Monitor has provided three priority recommendations for the Defendants' consideration pertaining to transitions. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to the transition domain.

<b>Figure 27. FY2019 Transition-Related Priority Recommendations</b>	
<b>Recommendation</b>	<b>Description</b>
1) Investigate and remedy pipeline issues/remove barriers through dedicated resource development to meet the timeliness requirement for moving from service plan to achieved transitions (120 days). <sup>53</sup>	While transition certainly entails a complex, multistep process, the Defendants' average of more than nine months between evaluation and transition is extremely lengthy. The Defendants are encouraged to develop strategies to increase transition timeliness, by conducting a thorough pipeline analysis and developing resources to address the issues identified in the analysis. In their FY2020 Implementation Plans, the Defendants committed to utilizing pipeline data and have begun to address numerous causes for bottlenecks, including transition delays due to housing search issues, low- or no-incomes, and attainment of durable medical equipment.
2) Develop tracking mechanism to ensure that Class Members not referred to PSH meet Consent Decree PSH exception criteria. <sup>54</sup>	The Defendants should consider investing time and attention to developing a methodology to indicate whether those Class Members not referred to PSH or private residences meet the three conditions allowing exclusion or have chosen to live in a different type of residential setting. They should outline steps to develop the methodology, track this data, and ultimately demonstrate compliance.
3) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.	Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for the service plan domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants' plans to correct the identified issues to achieve compliance.

<sup>53</sup> This recommendation has been carried forward from a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 1, Page 66).

<sup>54</sup> This recommendation has been carried forward from a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 4, Page 67).

## **Section VIII. Community-Based Services and Housing Capacity Development**

The Williams Consent Decree issues a clear imperative that the Defendants must ensure the array and quantity of community-based services and housing needed to successfully transition appropriate Class Members from SMHRFs to community living.<sup>55</sup> From the onset, the Parties, the Court Monitor, and other stakeholders agreed that the current types and quantities of available services and housing in the community are insufficient to adequately support diversion and transition.

Yet, despite the Consent Decree requirement to develop a plan for developing housing and services capacity sufficient to meet the requirements of the Consent Decree, the Defendants continued to abrogate their responsibilities in this area. Little has been done over the years to use a data-driven approach to systematically assess the adequacy of the current system, determine gaps, devise a corresponding plan and budget to close these gaps, and implement the new plan.

Beyond the development of services and housing that specifically serve Class Members, the Williams Consent Decree also provides an opportunity for Illinois to begin rebalancing its behavioral health and disability services system, moving away from heavy reliance on institutional care toward community-based, recovery-oriented, and person-centered services and housing. Similar to how other states successfully exited Consent Decrees — and equipped with Class Member data, other states' best practices, and a multimillion dollar funding allocation — the Illinois systems leaders can leverage the Consent Decree for real and lasting systems change that strengthens its community-based behavioral health and housing systems.

The Consent Decree has two requirements within this domain; there are 15 additional requirements pursuant to the Defendants' FY2019 Implementation Plan. These include:

- Ensuring the availability of an appropriate quantity and mix of services and supports that meet Consent Decree and Implementation Plan obligations (Requirement 36).
- Providing services and housing to Class Members consistent with their preferences, strengths, and needs (Requirement 37).
- Convening two meetings to discuss the multiyear growth plan to address needed enhancements to the provider system that will strengthen Consent Decree compliance created by Williams providers and the plan's recommendations and implementation status (IP 34).
- Creating a plan for implementing substance use-related services, including Medication-Assisted Treatment, for Class Members (IP 35).

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<sup>55</sup> Williams Consent Decree, Section IV.

- Developing a concept paper on the Illinois behavioral health system’s largest flaws, identifying key access issues, resource gaps, and service needs (IP 36).
- Identifying and procuring new vendors in Illinois to provide ACT and Community Support Team (CST) services (IP 37-39; 41-43).
- Conducting data analysis on Class Members’ service-related trends and preferences to inform services and housing capacity development efforts (IP 40).
- Releasing a funding application to expand PSH units (IP44) and supervised residential settings (IP46) and the use of housing development financial incentives, including the Low-Income Housing Tax Credit, to incent property management and developer companies to build units (IP45).
- Convening a Housing Symposium for housing developers to promote opportunities to expand housing availability to Class Members (IP46).
- Convening meetings with MCOs to engage their expertise and garner resources to house high-need Class Members with medical complexities and over-reliance on hospital emergency departments (IP47).

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

As displayed in Figure 28, the Defendants were found in compliance with four requirements, in partial compliance for two requirements, and out-of-compliance for 11 requirements within this domain.

Figure 28. Synopsis of FY2019 Compliance Assessments for Community-Based Services and Housing Capacity-Related Requirements						
Consent Decree Requirements (2)	In Compliance →	0	Partial Compliance →	0	Out-of-Compliance →	2
Implementation Plan Requirements (15)	In Compliance →	4	Partial Compliance →	2	Out-of-Compliance →	9
Total Requirements (17)	In Compliance →	4	Partial Compliance →	2	Out-of-Compliance →	11

Figure 29 contains the language of each of this domain’s requirements in the Williams Consent Decree and Implementation Plan, along with the Court Monitor’s compliance rating. Figure 29 also contains FY2018 ratings to demonstrate whether compliance improved or worsened since the last compliance period. For the two requirements that apply to both periods, the Defendants’ performance remained the same, with both requirements still out-of-compliance.

<b>Figure 29. FY2018 and FY2019 Compliance Assessment Ratings for FY2019 Community-Based Services and Housing Capacity-Related Williams Consent Decree Requirements</b>				
<b>Req #</b>	<b>Source/ Citation</b>	<b>Williams Consent Decree Requirement Language</b>	<b>FY2018 Compliance Rating</b>	<b>FY2019 Compliance Rating</b>
36	<b>Williams Consent Decree V(5)</b>	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.	<b>Out-of-Compliance</b>	<b>Out-of-Compliance</b>
37	<b>Williams Consent Decree V(5)</b>	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.	<b>Out-of-Compliance</b>	<b>Out-of-Compliance</b>
IP33	<b>FY2019 Implementation Plan</b>	By October 31, 2018, convene semi-annual meetings with Williams/Colbert CMHCs on the Multi-Year Growth Plan recommendations and implementation status.	<b>N/A</b>	<b>Partial Compliance</b>
IP34	<b>FY2019 Implementation Plan</b>	By August 2018, [DMH] develops plan regarding SUPR services/MAT for Class Members.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP35	<b>FY2019 Implementation Plan</b>	By August 31, 2018, [DMH] will develop a concept paper on the "Crisis in Illinois" mental health service delivery system, which will discuss access issues, resource gaps, service needs, coordination and interface with primary health care (including MCOs) and coordination of care with other state divisions DASA, DRS, DDD, etc.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP36	<b>FY2019 Implementation Plan</b>	By October 15, 2018, convene an internal DHS meeting to review data and analysis. Explore the feasibility of CMHC vendor expansion beyond current participants.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP37	<b>FY2019 Implementation Plan</b>	By November 15, 2018, contingent on approval, convene discussions with HFS on the potential expansion of Medicaid billing for ACT and CST services and explore any management or other collateral ramifications.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP38	<b>FY2019 Implementation Plan</b>	By November 30, 2018, contingent on agreement with HFS for expansion of Medicaid billing, convene a meeting with existing CMHC Executive Directors and key leadership serving <i>Williams</i> and <i>Colbert</i> Class Members to discuss the feasibility and/or practicality of expanding community based resources, i.e., adding new CMHC vendors to specifically increase ACT/CST service array to meet transition needs of <i>Williams</i> and <i>Colbert</i> Class Members.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP39	<b>FY2019 Implementation Plan</b>	By July 31, 2018, compile and analyze data from source documents, past years Class Members' transition trends (geo preferences/provider preferences), current provider team capacities, and projections of case assignments for estimating new capacity.	<b>N/A</b>	<b>Out-of-Compliance</b>
IP40	<b>FY2019 Implementation Plan</b>	By August 30, 2018, hold discussion forums with existing <i>Williams</i> providers and interested Medicaid certified vendors to elicit interest in service expansion for ACT and CST.	<b>N/A</b>	<b>Partial Compliance</b>

IP41	FY2019 Implementation Plan	By October 15, 2018, Develop and release NOFO for ACT/CST service expansion or start up.	N/A	Out-of-Compliance
IP42	FY2019 Implementation Plan	By January 2019, [provide] ACT/CST awards for start-up.	N/A	In Compliance
IP43	FY2019 Implementation Plan	By July 20, 2018, release a Supportive Housing application for small (24 units or less), single site buildings to buy, rehab or build, with no restriction on geographic area. Details will be provided once the application period ends and awards are made, but the last round produced 119 PSH units.	N/A	In Compliance
IP44	FY2019 Implementation Plan	Starting July 1, 2018, develop incentives for developers/property management companies to create Statewide Referral Network units through the low-income housing tax credit process.	N/A	In Compliance
IP45	FY2019 Implementation Plan	By Summer 2018, Corporation for Supportive Housing will host a Housing Symposium/conference for developers in Chicago, which may further promote opportunities for additional housing resources. The symposium will include: Information to improve and enhance processes and resource development.	N/A	In Compliance
IP46	FY2019 Implementation Plan	By late Fall 2018, convene meetings with MCOs to explore the feasibility of garnering additional housing resources for post-transition, high-risk Class Members, individuals who frequently present at Emergency Departments, and individuals with high-risk housing issues due to complex medical conditions.	N/A	Out-of-Compliance
IP47	FY2019 Implementation Plan	By December 15, 2018, NOFOs released to increase: Supervised Residential settings by 2 sites (each serving 8-12 individuals) located in the city of Chicago (high preference areas); and Cluster Housing by 2 buildings (each with 10-20 units) located in the city of Chicago (high preference areas).	N/A	Out-of-Compliance

This domain represents one of the Defendants' weakest areas of Consent Decree planning and operations. The poor performance relative to many of this domain's interlocking requirements — centered on developing sufficient service and housing capacity to support transitions — all stem from one clear and consistent deficiency: the absence of a data-driven provider and housing capacity development plan. Instead of developing and implementing a plan that uses Class Member needs and preferences data to inform targeted expansion of the appropriate types, mix, and quantity of community-based services and housing, the Defendants limited their services and housing expansion to unsystematic and only partial additions to ACT and CST capacity — based on provider requests — and to annual investment in housing stock for the general disability populations<sup>56</sup> — not targeted specifically to Class Members. There

<sup>56</sup> In FY2019, the Defendants report that 322 Statewide Referral Network units and 77 Section 811 units were added. They indicated that some units may fall under both categories leading to double counting them.

appears to be no meaningful use of the significant data available to drive capacity development efforts, including data from evaluations and service plans, Class Member demographics, service delivery, other states' best practices, Class Members awaiting transition, and provider capacity in specific geographic regions.

This piecemeal approach to capacity expansion comes at great cost to Class Members. For instance, as of July 1, 2019 — the first day of FY2020 — the Statewide Referral Network (SRN) and Section 811 databases — the system used to match Class Members and other priority populations to housing units — had only 39 housing units available in Chicago. It is difficult to assess whether the number of SRN and Section 811 units were sufficient to meet need, as Defendants were unable to provide the number of Class Members who were waiting in the housing pipeline at that time. Outside of the SRN and 811 programs, in FY2019, an additional 214 Class Members transitioned to privately held units through the Williams bridge subsidy program.

Further, while ACT and CST capacity increased in mid-fiscal year under the new Administration,<sup>57</sup> the investments were made at the request of providers and seem untethered to a real needs assessment (e.g., the number of Class Members already in the community who need these services, the number of Class Members in the transition pipeline, the number of Class Members required to transition in that fiscal year, and the number of Class Members required to transition in the subsequent year). Further, the Defendants made no attempts to expand the availability of non-ACT or CST services that prove instrumental in transitioning Class Members — ranging from substance use disorder services, to occupational therapy, to community-based peer services.

#### In Compliance Ratings

*IP Requirement 42, Provision of ACT/CST Funding.* The Defendants were required to increase ACT and CST funding in FY2019 and did so in February 2019. While one month late, the contracts resulted in hundreds of new ACT and CST slots added to the Williams service array.

*IP Requirement 43, Release of Supportive Housing Application.* Within the FY2019 IP, the Illinois Housing Development Authority committed to releasing a supportive housing application in the summer of 2018, aiming to attract developers to buy, build, or rehabilitate small single-site buildings that could house Williams Class Members. The Defendants are compliance with this requirement, as they did release the application by the Implementation Plan's deadline, resulting in the selection of 13 distinct projects that would yield 124 new units.<sup>58</sup>

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These housing units are not exclusively reserved for Williams Class Member: they are available for low-income disability populations.

<sup>57</sup> The Defendants report that 454 new CST and ACT slots were added in January and February of 2019.

<sup>58</sup> Only a portion of these units are available to Williams Class Members and they will not come online until FY2021.

*IP Requirement 44, Housing Development Incentives.* The Defendants were required to use the low-income housing tax credit process to incentivize housing developments for Class Members through the Statewide Referral Network (SRN). The Illinois Housing Development Authority 2018-2019 Low Income Housing Tax Credit Qualified Allocation Plan (QAP) incented SRN units. As such, the Defendants are found in compliance with this requirement.

*IP Requirement 45, Housing Developer Symposium.* In partnership with the Corporation for Supportive Housing, the Defendants convened a symposium focused on engaging new landlords and housing developers to enhance the availability of housing for Williams Class Members. As such, they are found in compliance with this requirement.

#### Partial Compliance

*IP Requirement 33, Semi-Annual Multi-Year Growth Plan (MYGP) Provider Meetings.* The Defendants committed to convening Williams Community Mental Health Center leadership to garner — and discuss implementation of — a set of recommendations to enhance their capacity to provide Consent Decree-related services. While the meetings were held, the Defendants indicate that the recommendations made by providers in December 2018 “were evaluated for the remainder of FY2019.” Further, they indicate that actions relative to the MYGP were deferred to FY2020. The Defendants are found in partial compliance because, while they held these convenings, they chose not to take meaningful action on the recommendations within the fiscal year.

*IP Requirement 40, Provider Discussion Forums on ACT/CST Expansion.* The Defendants were required to hold a discussion forum on ACT and CST expansion with two groups: existing Williams ACT/CST providers and prospective new vendors. While the Defendants did hold discussions with existing providers and invited those providers to request additional ACT and CST funding, they excluded new potential vendors from the process. As such, they are found in partial compliance.

#### Out-of-Compliance Ratings

*IP Requirements 35 and 37, Developing and Matching Class Members with Appropriate Community-Based Services and Housing.* The Defendants have access to robust datasets (e.g., services and housing needs indicated in Class Members’ service plans; data and data trends on barriers to transition; 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.

The Defendants are required to make available the sufficient types and quantities of services and housing and then actually match Class Members to those resources based on their preferences and needs. As such, the Defendants cannot demonstrate that their service and housing development efforts have made available resources in sufficient quality or quantity to Class Members or that Class Members are connected with resources commensurate with their needs and preferences, resulting in an out-of-compliance rating.

*IP Requirement 34, Plan for Substance Use Services to Class Members.* The Defendants committed to developing a plan for providing substance use services for Class Members by August 30, 2018 to benefit Class Members in SMHRFs and community-based settings. This plan was to fully consider and emphasize Medication Assisted Treatment resources, which is the modality that represents the gold standard for addiction treatment. More than nine months past the deadline, the Defendants engaged a consulting group to provide training on co-occurring services for Class Members to Williams provider agencies. The Defendants are found out-of-compliance with this requirement because not only was this commitment delivered significantly past its deadline, but the training did not constitute a plan for service delivery for Class Members with substance use disorders. While the report indicated that conversations with consultants are underway to work with SMHRFs and Community Mental Health Centers (CMHCs) to build their capacity to address substance use disorders, a detailed plan was never developed or initiated within FY2019. Improving the provision of substance use treatment is critical for the Class Member population, as evidenced by mortality data. Since the inception of the Decree, 69 Class Members have died after transitioning from SMHRFs. In an in-depth review of 46 of those Class Members' deaths, the University of Illinois at Chicago found that ten of those deaths (22% of deaths subject to review) were due to substance use overdose.

*IP Requirement 35, "Crisis in Illinois" Concept Paper.* The Defendants committed to developing a concept paper, titled "Crisis in Illinois," to discuss the access issues, resource gaps, and other deep challenges within the Illinois mental health service delivery system. This concept paper was never developed; hence, the Defendants are found out-of-compliance.

*IP Requirement 36, Consideration of Vendor Expansion Strategy.* The Defendants were to seriously consider the feasibility of building overall service capacity by expanding the pool of ACT and CST providers via an internal meeting by October 15, 2018. While the Defendants report that "expansion of ACT and CST was not the direction that DHS took at the time," they did not provide a date for that meeting or — at the time — indicate any serious deliberation on this topic or provide this discussion's outcome to Parties. Thus, they are found out-of-compliance for this requirement.

*IP Requirement 37, ACT/CST Rate Expansion Discussions.* The Defendants were obligated to convene discussions with HFS regarding the expansion of Medicaid billing for ACT and CST services. In their Semi-Annual Report 16, they indicate that they met on this topic in late November. However, there was no clear outcome of this internal meeting. Thus, Defendants are found out-of-compliance for this requirement.

*IP Requirement 38, Meeting with Providers to Share Findings from ACT/CST Rate Expansion Discussions.* The Defendants were required to share findings from their internal deliberations regarding the expansion of rates for CST and ACT services with executive directors from Williams providers. In their Semi-Annual Report 16, they indicate that these “discussions are currently active.” The report also indicates that the Defendants did share the outcomes/findings from the Defendants’ ACT/CST rate expansion discussions in December of 2018, namely that “HFS and DHS would continue these planning discussions.” The lack of a concrete decision is yet another data point of the Defendants’ troubling pattern of process without clear results. For this reason, they are found out-of-compliance with this requirement.

*IP Requirement 39, Compilation and Analysis of Data to Estimate Needed Capacity.* The Defendants committed to compile and analyze Class Member transition trends and extant provider capacity by July of 2018 in order to inform what further capacity development was needed. They did not complete this activity; thus, they are found out-of-compliance.

*IP Requirement 41, Notice of Funding Opportunity (NOFO) for ACT/CST Expansion.* While the Defendants were required to release a NOFO in October of 2018 for the expansion or start-up of new ACT or CST vendors, they did not execute this task, resulting in an out-of-compliance finding.

*IP Requirement 46, MCO Meetings on Housing for High-Utilizers.* The Defendants committed to meeting with MCOs to explore post-transition housing resources for Class Members who have complex medical conditions and frequently utilize emergency departments. This meeting did not occur and represents yet another example of the lack of engagement between the Defendants and MCOs, a potentially instrumental partner in Consent Decree operations and the development of additional service and housing capacity.

*IP Requirement 47, NOFO for Supervised Residential Settings.* The Defendants committed to releasing NOFOs for supervised residential or cluster housing settings in highly preferred areas in Chicago for Class Members. They did not do so, resulting in an out-of-compliance finding.

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

In Figure 30, the Court Monitor provided two priority recommendations for the Defendants' consideration pertaining to the development of community-based housing and services. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to this domain.

<b>Figure 30. FY2019 Community-Based Services and Housing Development-Related Priority Recommendations</b>	
<b>Recommendation</b>	<b>Description</b>
1) Develop a data-driven community provider and housing capacity plan. <sup>59</sup>	Several sets of Class Member-level data exist that can help identify and project the areas and quantities needed to expand community service provider and housing capacity. Despite the Defendants' access to existing datasets, their semiannual compliance reports, Implementation Plans, and relevant information of Williams evaluators and service and housing providers, or discussions with the Court Monitor, reveal little evidence that the Defendants utilize Class Member-, program-, and system-level data to determine the specific types and numbers of services, supports, and housing investment(s) needed to support and sustain required Class Member transitions.
2) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.	Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for this domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants' plans to correct the identified issues to achieve compliance.

<sup>59</sup> This recommendation has been carried forward from a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 1, Page 72).

## Section IX. Administrative Requirements

It is critical that the Defendants support Consent Decree planning and operations with strong administrative processes. As such, the Williams Consent Decree includes a number of administrative requirements, including obligations for timely reporting on performance relative to Consent Decree and Implementation Plan requirements, responsiveness to data and information requests from Plaintiffs and the Court Monitor, and unfettered access to Class Members and their records, as well as to various staff and stakeholders related to Consent Decree planning, operations, and implementation. The Defendants' administrative requirements during this compliance period include:

- Delivering semi-annual reports containing the information and data agreed to by the Court Monitor and Parties (Requirement 38).
- Providing for the Court Monitor's unrestricted access to documents, information, and staff related to the Consent Decree, without attorneys present (Requirement 39).
- Ensuring the Court Monitor's unrestricted access to Class Members and their records (Requirement 40).
- Responding and submitting data and information requested by Plaintiffs (Requirement 41).
- Compensating the Court Monitor and her staff consistent with their customary rates (Requirement 42).
- Covering all costs associated with the Decree (Requirement 43).
- Holding meetings to explore where the Williams and Colbert Consent Decrees can align their administrative processes to reduce burden on State staff and provider agencies (Requirement IP49).
- Convening a provider meeting focused on improving documentation processes (Requirement IP50).
- Reviewing transportation reimbursement methods (IP51).
- Developing a policy to deal with repeat transitions that require the re-appropriation of transition funds (IP52).
- Convening semiannual stakeholder meetings (IP53).

The administrative domain also includes two requirements that relate to the Court Monitor, involving the obligation to identify issues of non-compliance and issue an annual report within 60 days after each year of service her role and the procedure in mediating issues of non-compliance, including when Plaintiffs raise allegations of the Defendants' non-compliance.

### Administrative Compliance Requirements: Compliance Assessment for FY2019

As displayed in Figure 31, the Defendants were found in compliance for seven requirements and in partial compliance for four requirements. They did not receive any out-of-compliance ratings in this domain.

Figure 31. Synopsis of FY2019 Compliance Assessments for Administration-Related Williams Consent Decree and Implementation Plan Requirements						
Consent Decree Requirements (6)	In Compliance →	5	Partial Compliance →	1	Out-of-Compliance →	0
Implementation Plan Requirements (5)	In Compliance →	2	Partial Compliance →	3	Out-of-Compliance →	0
Total Requirements (11)	In Compliance →	7	Partial Compliance →	4	Out-of-Compliance →	0

Figure 32 contains the language of each transition-related requirement in the Williams Consent Decree and Implementation Plan, along with the Court Monitor's compliance rating. Figure 32 also contains FY2018 ratings to demonstrate whether compliance improved or worsened since the last compliance period. For the six requirements that apply to both periods, the Defendants' performance remained stable. One requirement moved from partial compliance in FY2018 to in compliance in FY2019. Another requirement moved from in compliance in FY2018 to partial compliance in FY2019. The rest of the requirements were assigned the same ratings across both years.

Figure 32. FY2018 for FY2019 Compliance Assessment Ratings for FY2019 Administrative-Related Williams Consent Decree Requirements				
Req #	Source/ Citation	Williams Consent Decree Requirement Language	FY2018 Compliance Rating	FY2019 Compliance Rating
38	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	N/A

39	<b>Consent Decree IX(18)</b>	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.	<b>Partial Compliance</b>	<b>In Compliance</b>
40	<b>Consent Decree IX(18)</b>	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.	<b>In Compliance</b>	<b>Partial Compliance</b>
41	<b>Consent Decree IX(18)</b>	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.	<b>In Compliance</b>	<b>In Compliance</b>
42	<b>Consent Decree IX(18)</b>	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.	<b>In Compliance</b>	<b>In Compliance</b>
43	<b>Consent Decree IX(20)</b>	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.	<b>In Compliance</b>	<b>In Compliance</b>
44	<b>Consent Decree XII(24)</b>	The cost of all notices hereunder or otherwise ordered by the Court shall be borne by the Defendants.	<b>In Compliance</b>	<b>In Compliance</b>

45	<b>Consent Decree XI(22)</b>	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 shall 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.	N/A	N/A
IP48	<b>FY2019 Implementation Plan</b>	By July 1, 2018, DMH and IDoA will schedule a series of internal meetings to dissect existing practices of both Consent Decrees and explore where alignments can best be achieved.	N/A	In Compliance
IP49	<b>FY2019 Implementation Plan</b>	By August 30, 2018, DMH and IDoA will schedule meeting with CMHCs to obtain stakeholder input on the realignment of documentation.	N/A	Partial Compliance
IP50	<b>FY2019 Implementation Plan</b>	By August 30, 2018, DMH and IDoA will review current transportation reimbursement methods to determine how to best realign and draft policy.	N/A	Partial Compliance
IP51	<b>FY2019 Implementation Plan</b>	By September 30, 2018, DMH and IDoA will meet to ascertain how to best align practices for repeat transitions and re-appropriation of transition funds (if feasible), and to develop accompanying policy.	N/A	Partial Compliance
IP52	<b>FY2019 Implementation Plan</b>	By November 2018, DMH and IDoA to convene first semi-annual CMHC stakeholders' meetings.	N/A	In Compliance

CM1	<b>Consent Decree IX(17)</b>	<p>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.</p>	<p><b>Court Monitor Requirement — In Compliance</b></p>	<p><b>Court Monitor Requirement — In Compliance</b></p>
CM2	<b>Consent Decree IX(19)</b>	<p>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.</p>	<p><b>Court Monitor and Plaintiffs' Requirement — In Compliance</b></p>	<p><b>Court Monitor and Plaintiffs' Requirement — In Compliance</b></p>

Poor compliance performance during the course of FY19 can be traced directly to the Rauner Administration's paucity of high-level leadership and commitment to identifying and resolving Consent Decree implementation barriers. In many instances, named Defendants and their senior staff prioritized delaying tactics and even stonewalling and obfuscation over transparency, meaningful communications, collaboration toward problem-solving and compliance. .

One clear example of this pattern was the Defendants' sudden commitment and then abandonment of a Guiding Coalition for Long Term Care Reforms. In their FY2019 Implementation Plan, the Defendants committed to developing a "Guiding Coalition," comprised of high-level staff from the Governor's Office and various state agencies that are named as Defendants in the Williams Consent Decree. Although the Parties and the Court Monitor were informed by the Defendants that the Deputy Governor was the Chair of the Guiding Coalition, when it came to the meeting with the Court Monitor as required by the Implementation Plan, the leadership was inexplicably changed to the Secretary of DHS. It took the Defendants months to respond to the Court Monitor's request for the specific objectives of the Guiding Coalition, they would not provide agendas for its meetings, and they did not comply with the requirement that the head of the Coalition meet twice with the Court Monitor during the fiscal year.

Another example of their opaque management approach is the Court Monitor's inquiry regarding Medicaid re-determination issues among Class Members. The Court Monitor notified the Parties in October via email, a November in-person meeting in Chicago, and in a letter sent to DHS later in November that there were several provider allegations that DHS backlogs with processing Medicaid redeterminations and Medicaid spend-down forms were detrimentally impacting a group of Williams and Colbert Class Members. In November, the Court Monitor submitted a written request for information and data directly to DHS leadership. This was followed by a series of delayed, inaccurate, and incomplete responses. The Defendants' ongoing delays and refusals to fully and accurately respond to the Court Monitor's requests for data and information on such an important matter risks being determined as out-of-compliance with the Consent Decrees' requirements to cooperate with such Court Monitor requests.

There were also instances whereby unilateral decisions were made to abandon Implementation Plan requirements without any discussion with the Court Monitor or Plaintiffs, in addition to providing required responses to information requests significantly late/past deadlines. Defendants were reminded during and after each occurrence decision to comply, with little to no effect.

The Defendants did, however, improve their semi-annual reporting processes and content significantly during this compliance period, providing more complete, accurate, and transparent information regarding their performance relative to Consent Decree and Implementation Plan requirements. The reports still need structural and content improvements, but significant progress is acknowledged.

### In Compliance Ratings

*Requirement 40, Semi-Annual Reports.* During each fiscal year, the Defendants are required to submit a detailed report to the Court Monitor and the Parties every six months. The reports must contain data and information sufficient to evaluate their compliance with the Decree. The Defendants submitted drafts of both semiannual reports in FY2019, which contained much of the data and information needed for the Court Monitor to assess their performance relative to the Consent Decree. While significant back-and-forth was needed to bring reports to their final versions (with finalization approximately two months after the first drafts' submission), the result is a reporting template that will simplify and streamline future semiannual reports. There are factors that might tip this finding toward partial instead of full compliance, but the Court Monitor will assign an in compliance rating and urge the Defendants to continue improving the clarity, timeliness, and responsiveness of the reports, especially related to Implementation Plan reporting issues.

*Requirement 41, Ensuring Defendants' Access to Information.* Per the Consent Decree, the Defendants must provide any information and data to the Plaintiffs, upon request, that is reasonably related to the Decree. After querying the Plaintiff's Counsel regarding their experience with Defendants' compliance with this requirement during FY2019, they responded that there were no issues to report. As such, the Defendants are found in compliance with this requirement.

*Requirement 42, Payment of Court Monitor and Staff.* This requirement obligates the Defendants to pay the Court Monitor and his or her staff their customary rates. In FY2019, the Defendants paid the Court Monitor and her staff in accordance with the requirements. Thus, they are found in compliance.

*Requirement 43, Defendants' Cover Consent Decree-Related Costs.* The Defendants are in compliance with the requirement that all costs for the Consent Decree are borne by the Defendants. It is important to note, however, that the Defendants have — for another year — significantly underspent their budget, despite declining performance, as described in Section 1.

*IP Requirement 48, Internal Meetings to Align Consent Decrees.* The Defendants held weekly meetings during FY2019 to discuss alignment of documentation and other key processes between the Williams and Colbert Consent Decrees. Further, in late FY2019, the Court Monitor's recommendation to combine the operations of the Williams and Colbert programs under DHS authority commenced. This important change is expected to support stronger alignment and synergies in planning and administration of the decrees, resulting in improved compliance and performance and an in compliance rating.

*IP Requirement 50, Review of Transportation Reimbursement Methods.* The Defendants were required to investigate strategies and develop a plan regarding transportation reimbursement for providers, a key issue identified in the Provider

Multi-Year Growth Plan, which was submitted to DHS in February of 2018. Approximately six months past the August deadline, the Defendants incorporated transportation reimbursement into the Transition Coordination Incentive Payment Model that was released in February 2019. Despite the delivery of this commitment well past the deadline, they are found in compliance with this requirement.

*IP Requirement 52, CMHC Stakeholder Meeting.* The Defendants convened these is meeting in February of 2019 and are thus found in compliance.

#### Partial Compliance

*Requirements 40 and 41, Ensuring Court Monitor's Unfettered Access to Documents, Data and Information, Staff, Class Members, and their Records.* The Defendants are required to respond to reasonable requests for information and data from the Court Monitor, as well as provide the Court Monitor access to Class Members, Class Member records, and Consent Decree-related staff. As referenced above, the Defendants' obfuscation regarding the Medicaid redetermination issue and its impact on Class Members results in a partial compliance rating.

*IP Requirement 49, Meeting with CMHCs on Documentation Realignment.* The Defendants committed to obtaining stakeholder feedback from CMHCs regarding the realignment of Consent Decree-related documentation. The Defendants indicate that this was a topic of discussion during "Multi-Year Synergies" meetings.

*IP Requirement 53, Strategy for Repeat Transitions and Re-Appropriation of Transition Funds.* Although no details on this strategy were shared, the Defendants report that they agreed upon and released a policy in January 2019 (nearly three months after the due date) addressing repeat transitions and repeat administration of transition funds. Given the delay in the policy's development and release, the Defendants are found in partial compliance.

#### Requirements on the Court Monitor

*Requirements CM1 and CM2:* The Court Monitor is required to address with the Parties issues of non-compliance and submit annual reports to the Court. Both the previous and current Court Monitors convened and chaired regular Large Parties Meetings to identify and attempt to resolve issues of disagreement or non-compliance. Under the current Court Monitor, monthly Large Parties Meetings and ad hoc meetings held during FY2019 included ongoing focus on those areas judged as high risk for out-of-compliance determinations. As required, the Court Monitor will also request a meeting with the Parties within 30 days of issuance of this report to discuss areas of partial and non-compliance and the Defendants' plans to remedy these during the remainder of FY2020.

### Court Monitor Recommendations for Achieving Compliance with Administration-Related Requirements

In Figure 33, Court Monitor provided four priority recommendations for the Defendants' consideration pertaining to administration. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to this domain.

<b>Figure 33. FY2019 Administration-Related Priority Recommendations</b>	
<b>Recommendation</b>	<b>Description</b>
1) Through DMH leadership, build a recovery-oriented system of care that espouses the philosophy that people with serious mental illness can and do recover and can live full lives in the community.	The State of Illinois needs a fresh vision for a recovery-oriented system of care and services. This could include developing recovery-oriented tenets for the behavioral health system; creating practice guidelines for providers; developing a robust training, communications, and professional development initiative; elevating the role of peer staff in the service system; and developing systems and provider key performance indicators aligned with recovery outcomes.
2) Continue to improve semiannual report structure and content, developing an approach to reporting on Implementation Plan requirements that shares outputs and outcomes. <sup>60</sup>	While the semiannual report process improved in FY2019, the Defendants should identify the data and information needed to demonstrate their compliance, ensure there is a methodology in place to collect and analyze that data and information, and clearly articulate the data via their semiannual reports. The Court Monitor lends her support to discuss the data and information that would satisfy specific compliance mandates.
3) Fully engage and resource other named Defendant agencies in Consent Decree planning and operations.	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, such as refusing to supply information. Further, each agency should dedicate staff responsible for liaising with other state agencies and responding to Court Monitor and Plaintiff requests.
3) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.	Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for the service plan domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants' plans to correct the identified issues to achieve compliance.

<sup>60</sup> This recommendation has been carried forward from a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 4, Page 67).

## Section X. Implementation Planning

The Defendants are required to develop an annual implementation plan in consultation with the Court Monitor and Plaintiffs, an integral deliverable that identifies desired performance indicators and outcome measures, key tasks and action steps, stakeholder/responsible parties, and timeframes/due dates. The Williams Consent Decree contains a requirement that Defendants “shall create and implement an Implementation Plan” that outlines how they intend to operationalize concrete strategies to satisfy their Consent Decree obligations. The Implementation Plan is filed with the Court, and the commitments contained therein become enforceable under the Decree.

The Williams Consent Decree contains several requirements that dictate the required components of the Implementation Plan, obligate its development and timely filing, and sanction its enforceability under the Decree. The Court Monitor has determined that some Consent Decree requirements (Requirements 48, 49, and 51-58) apply to the FY2019 Implementation Plan. Other Implementation Plan-related requirements (Requirements 50 and 59), however, apply to the FY2020 Implementation Plan. The Court Monitor has assessed the following requirements in this domain:

- The FY2019 Implementation Plan’s description of methods by which Class Members can understand their rights to and request Consent Decree-related services and procedures for recording those requests (Requirement 48).
- The FY2019 Implementation Plan’s inclusion of methods for engaging Class Members and a procedure to provide opportunities to visit community-based services settings (Requirement 49).
- Whether the FY2020 Implementation Plan was developed (Requirement 50), which takes place during the FY2019 compliance period.
- The Implementation Plan’s delineation of specific tasks, timetables, goals, and plans to assure the Defendants’ fulfillment of obligations of the Decree (Requirement 51).
- The FY2019 Implementation Plan’s inclusion of hiring, training, and supervision sufficient to implement the obligations of the Decree and operate the Consent Decree overall (Requirement 52).
- The FY2019 Implementation Plan’s description of activities required to develop community-based services and housing in sufficient measure (Requirement 53).
- The FY2019 Implementation Plan’s description of a data-driven process that utilizes Class Member service plan data (Requirement 54) and demographic data (Requirement 55) to inform the development of community-based services and housing.
- The FY2019 Implementation Plan’s inclusion of key changes to regulations that govern SMHRFs that will facilitate stronger Consent Decree compliance (Requirement 56).

- The FY2019 Implementation Plan’s inclusion of tasks that will support the critical Consent Decree functions of evaluation (Requirement 57) and outreach (Requirement 58).
- The annual development of an Implementation Plan (Requirement 59).
- The FY2019 Implementation Plan’s enforceability under the Decree (Requirement 60).

**Implementation Plan Compliance Requirements: Compliance Assessment for FY2019**

As displayed in Figure 34, the Defendants were found in compliance with three requirements, in partial compliance for six requirements, and in out-of-compliance for four requirements.

Figure 34. Synopsis of FY2019 Compliance Assessments for Implementation Plan-Related Williams Consent Decree and IP Requirements						
Consent Decree Requirements (13)	In Compliance →	3	Partial Compliance →	6	Out-of-Compliance →	4
Implementation Plan Requirements (0)	In Compliance →	N/A	Partial Compliance →	N/A	Out-of-Compliance →	N/A
Total Requirements (13)	In Compliance →	3	Partial Compliance →	6	Out-of-Compliance →	4

Figure 35 contains the language of each Implementation Plan-related requirement in the Williams Consent Decree and Implementation Plan, along with the Court Monitor’s compliance rating. Figure 35 also contains FY2018 ratings to demonstrate whether compliance has improved or worsened since the last compliance period. For the 13 requirements that apply to both periods, the Defendants’ performance improved. Eight requirements moved from out-of-compliance in FY2018 to either partial compliance or in compliance in FY2019. The rest remained out-of-compliance.

Figure 35. FY2018 Compliance Assessment Ratings for Implementation Planning-Related Williams Consent Decree				
Req #	Source/ Citation	Williams Consent Decree Requirement Language	FY2018 Compliance Rating	FY2019 Compliance Rating
48	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	Partial Compliance
49	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	Partial Compliance

50	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	In Compliance
51	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum: a)</i> Establish specific tasks, timetables, goals, programs, plans, strategies, and protocols to assure that Defendants fulfill the requirements of the Decree.	Out-of-Compliance	Partial Compliance
52	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum: b)</i> Describe the hiring, training and supervision of the personnel necessary to implement the Decree.	Out-of-Compliance	Partial Compliance
53	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum: c)</i> 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	Partial Compliance
54	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum: d)</i> 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	Out-of-Compliance
55	Consent Decree VII(11).e.	<i>The Implementation Plan must, at a minimum: e)</i> 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	Out-of-Compliance
56	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum: f)</i> 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	Out-of-Compliance
57	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum: g)</i> Describe the methods by which Defendants shall ensure compliance with their obligations under Paragraph 6 ( <i>Evaluations</i> ) of this Decree.	Out-of-Compliance	Out-of-Compliance
58	Consent Decree VII(11)	<i>The Implementation Plan must, at a minimum: h)</i> Describe the mechanisms by which Defendants shall ensure compliance with their obligations under Paragraph 10 ( <i>Outreach</i> ) of this Decree.	Out-of-Compliance	Partial Compliance

59	<b>Consent Decree VIII (13)</b>	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.	<b>Out-of-Compliance</b>	<b>In Compliance</b>
60	<b>Consent Decree VIII(14)</b>	The Implementation Plan, and all amendments or updates thereto, shall be incorporated into, and become enforceable as part of the Decree.	<b>In Compliance</b>	<b>In Compliance</b>
61	<b>Consent Decree VIII(12)</b>	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.	<b>N/A</b>	<b>N/A</b>

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

In Compliance Ratings

*Requirements 50 and 59, Development and Filing of FY2020 IP.* This requirement pertains to whether the Defendants developed the FY2020 Implementation Plan (due near the end of the FY2019 compliance period) to identify commitments for FY2020. They did so, as the Implementation Plan was filed on July 2, 2019. As such, they are found in compliance with these requirements.

Partial Compliance Ratings

*Requirement 48, Methods for Information Dissemination and Protocol for Record-Keeping.* The Defendants are required to identify strategies to share information about the Decree and develop record-keeping procedures to ensure that Class Members who request services receive those services. In the FY2019 Implementation Plan, the Defendants did identify a limited set of strategies for informing Class Members about their rights under the Decree, including the planned expansion of the Peer Mentor program. However, the Implementation

Plan does not outline record-keeping procedures associated with Class Members' requests for services. As such, the Defendants are found in partial compliance with this requirement.

*Requirement 49, Class Member Engagement Strategies, including Observation of Community-Based Settings.* The Implementation Plan is required to include the Defendants' active engagement strategies, as well as the process by which Class Members currently institutionalized can observe community-based services and settings for which they are eligible. In the FY2019 Implementation Plan, the Defendants did identify strategies for Class Members outreach and engagement but did not include plans to provide opportunities for Class Members to visit and observe community-based settings. It is the Court Monitor's contention that providing the opportunity for Class Members — at the outreach stage — to visit and observe community-based settings is not only an explicit Consent Decree requirement, but also represents best practice for *Olmstead*-related outreach and engagement approaches. As such, the Defendants are assigned a partial compliance rating.

*Requirement 51, Identifying Specific Plans and Tasks to Operate Decree Programming.* The Implementation Plan is required to include a robust set of detailed tasks with associated timeframes that crosswalk directly with Consent Decree requirements and best practices. Defendants did offer some plans focused on complying with all the Decree's requirements and meeting its objectives, including goals, timelines, responsible parties, strategies, and approaches. However, the final FY2019 Implementation Plan lacked sufficient content and commitments relative to the development of additional community-based services and settings, a critical aspect to Consent Decree compliance. Given the absence of a strong plan to development community-based housing and services, the Court Monitor assigned a rating of partial compliance. The failure to offer a comprehensive plan, despite how essential, has been actively avoided by the Defendants and has thwarted Consent Decree compliance and progress for years.

*Requirement 52, Hiring, Training, and Supervision Plans.* The Implementation Plan must identify key staff responsible for Consent Decree operations, as well as plans to provide them with the appropriate training, professional development support, and supervision to perform their duties. Defendants identified some training and staffing associated with the Decree. This content was limited primarily to hiring and training NAMI Ambassadors and encouragement of providers to hire and train employment support staff (using the Individualized Planning and Support model defined in Section 8). However, the Defendants did not provide detailed information about the full range of hiring, training and supervision — including of State officials — necessary to support activities and actions necessary to comply with the Consent Decree. Hence, they are found in partial compliance.

*Requirement 53, Plans to Develop Community-Based Services and Housing Capacity.* The Implementation Plan requires Defendants to use the previous year's data to inform deliberate and data-driven investments in community-based services and housing. Defendants described a limited number of process-related activities associated with the development of community-based services and housing that include the release of an ACT/CST notice of funding opportunity, the expansion of employment services, expansion of PSH, and the development of supervised residential settings. However, this plan appeared untethered to any data on Class Member needs and preferences (see ratings for Requirements 54 and 55 below) and did not include the full range of community-based services and housing needed to meet Class Members' needs. The assessment rating is out-of-compliance.

*Requirement 58, Outreach Strategies.* The Defendants did include some outreach strategies in their Implementation Plan, including the potential use of IDPH to support outreach during their regulatory oversight and quality assurance visits to SMHRFs and the expansion of Ambassadors. Ultimately, DMH and IDPH determined that this approach was not feasible. The Court Monitor has assigned a partial compliance rating, given that these efforts were included but very limited.

#### Out-of-Compliance Ratings

*Requirements 54 and 55, Service Plan and Demographic Data to Inform Expansion of Community-Based Services and Housing:* The FY2019 Implementation Plan is required to identify services "anticipated or required" in Class Member service plans that are not currently available in appropriate quantity, quality, or geographic location," as well as use Class Member demographic data to ensure that real data informs plans. The FY2019 Implementation Plan makes no clear link between Class Member demographics and service needs data or efforts and activities outlined in the plan. This data can and should be used to understand resource gaps and subsequently support rapid expansion of community service and housing provider capacity. As such, they are found out-of-compliance.

*Requirement 56:* The Defendants did not offer any changes regarding regulations or rules that govern SMHRFs in their FY2019 Implementation Plan that could strengthen, clarify, or buttress the Williams program. Further, there appears to have been no process to engage stakeholders or otherwise identify potentially needed regulatory changes, as well as an active rejection on the part of IDPH to change rules in areas identified by the Court Monitor such as substance use disorder specialist staff, overnight medical staff, peer staff, or otherwise. As such, they are found out-of-compliance.

*Requirement 57, Evaluation Strategies.* The Defendants' Implementation Plans are required to include a set of activities to support outreach to and evaluation of Class Members. With regard to evaluation, there were no significant plans that defined a target number of evaluations or enhancements to the evaluation process that might result in achieved transitions.

### **Court Monitor Recommendations for Achieving Compliance with Administration-Related Requirements**

In Figure 36, Court Monitor provided three priority recommendations for the Defendants' consideration pertaining to administration. While these recommendations are not exhaustive, they represent critical actions that will enhance Consent Decree compliance relative to this domain.

<b>Recommendation</b>	<b>Description</b>
1) Include in future implementation plans how service plan and demographic data will be used to inform development of community-based housing and services. <sup>61</sup>	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., ACT teams, occupational therapy, medication management services) and to expand needed services based on this data. Using this approach, it is envisioned that at the time of the Implementation Plan's development, the Defendants would have already fully analyzed this data and developed a plan to ensure that the appropriate type, quantity, and locations of services are available to meet Class Member needs.
2) Identify regulations that govern SMHRFs that could improve SMHRF quality of care and cooperation with the Consent Decree.	IDPH — the regulatory oversight agency for SMHRFs — contends that they are limited in their statutory and regulatory authority to influence SMHRF operations and clinical quality. The Consent Decree requires that the Implementation Plan include regulatory changes necessary to achieve the goals of the Consent Decree, but, to date very little regulatory action that could improve SMHRF clinical quality, mandate their participation in <i>Olmstead</i> and other rebalancing efforts, or design a clear admission criteria has been taken, which undermines Consent Decree compliance.
3) Prepare for the upcoming required meeting by developing detailed plans to come into compliance with partial and out-of-compliance ratings in this domain.	Per the Consent Decree, the Defendants are required to review the partial and out-of-compliance ratings for the service plan domain identified herein and develop detailed plans to bring those areas into compliance. Subsequent to the filing of this report, the Court Monitor will schedule a meeting with the Parties to discuss her findings of partial and noncompliance and garner the Defendants' plans to correct the identified issues to achieve compliance.

<sup>61</sup> This recommendation has been carried forward from a recommendation provided in the Court Monitor FY2018 Compliance Assessment Annual Report to the Court (Recommendation 1, Page 85).

## Section XI. Quality Assurance - Class Member Quality of Life, Safety, and Mortality

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

Several data sources enable us to take a deeper look into Class Member quality of life and safety. These include pre- and post-transition quality of life survey data provided and analyzed by DMH,<sup>62</sup> SMHRF Reportable Performance Indicators data from IDPH,<sup>63</sup> post-transition critical incident data provided by DMH,<sup>64</sup> and annual mortality data collected and analyzed by the University of Illinois in Chicago (UIC)<sup>65</sup>

*Critical Incident Data.* Critical incidents reflect any actual or alleged events or situations that create significant risk for substantial or serious harm to the physical or mental health, safety, or wellbeing of Class Members.<sup>66</sup> On a monthly basis, IDPH collects – via their SMHRF Reportable Performance Indicators form – the count of specific types of critical incidents that are reported by SMHRFs, including suicide attempts and completions; deaths that occur within SMHRFs and acute care hospital visited by SMHRF residents; incidents of abuse, neglect, and maltreatment; and other critical incident types. A similar set of critical incident categories are collected by DMH for Class Members for the first 18 months following their transition into the community.

Comparing SMHRF and post-transition critical incident data would ideally identify whether Class Members are safer and healthier in SMHRFs vs. in the community. However, several factors render it difficult to conduct a meaningful comparison between SMHRF and post-transition critical incident data, including:

- Post-transition critical incident data is only collected for 18-months from transition date, leaving critical incidents that occur after this period unreported and thus unknown;
- The critical incident categories across both cohorts have not be independently verified to ensure that definitions and reporting procedures are aligned between SMHRF and post-transition categories;

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<sup>62</sup> Williams Class Member Quality of Life Survey Report, October 2019.

<sup>63</sup> Provided via email by D. Bryars (IDPH) on October 29, 2019.

<sup>64</sup> Provided via Williams Semi-Annual Reports 15 and 16.

<sup>65</sup> Williams Consent Decree Class Members Annual Mortality Report (July 2019). Prepared by The University of Illinois at Chicago School of Nursing Institute for Health Care Innovation.

<sup>66</sup> Critical Incident Reporting Policy, North Dakota Department of Human Services, found at <https://www.nd.gov/dhs/info/pubs/mfp/docs/critical-incidents-reporting-policy.pdf>.

- Data from SMHRFs relative to some categories (including suicide, deaths, and emergency department visits) is limited to October 2018 to June 2019, because of IDPH updated SMHRF reportable incidents requirements;
- The reported critical incidents across both cohorts represent reports of incidents, not necessarily limited only to substantiated incidents.
- Some incidents – such as assaults – may be counted within multiple categories (e.g. sexual assault, abuse, assault, and criminal conduct).
- Although not verified through data, SMHRF residents may represent a more medically and psychiatrically complex population than those who are approved for – and ultimately complete – transitions to the community.

Notwithstanding these methodological issues, the raw count of these critical incidents – provided in Figure 37 - suggests that critical incidents are much less frequent among the post-transition Class Member cohort than the SMHRF resident cohort. This includes extreme increases in reported instances of sexual assaults; abuse, neglect, and maltreatment; deaths; assaults; missing persons; emergency department visits; and suicide attempts and completions. Cognizant of the need for more work in this area coupled with the limitations referenced above, the Court Monitor will work with IDPH, DHS, UIC and other stakeholders in FY2020 to support a more rigorous and methodologically sound comparative analysis approach.

	<b>Within SMHRFs</b>	<b>Post-Transition</b>
Sexual Assault	60	5
Abuse/Neglect/Maltreatment	693 <sup>67</sup>	1
Death	46	7
Assault	150	17
Missing Person (>24 hours)	200	5
Criminal Conduct	15	10
Fires	0	3
Emergency Department Visits <sup>68</sup>	1288	210
Suicides & Suicide Attempts <sup>69</sup>	16	0

*Mortality Review Data.* In partnership with DMH, UIC collects, reviews, and analyzes data on the number of deaths that occur among Class Members who have transitioned pursuant to the Williams program. Since the inception of the Decree, 69 Class Members transitioned to the community have died of the 2,476 Williams Class Members transitioned to the community, representing a 2.8% mortality rate.

Of these 69 decedents, the most recent report (July 2019) conducted in-depth reviews of 46 decedents, and found the following:

- The majority of decedents died of a cardiac related event (39%), alcohol or substance use related (14%), other natural causes (10%), or terminal cancer (6%); insert actual # (4%) died by suicide.

<sup>67</sup> Nearly half of all reports of abuse, neglect, and maltreatment within SMHRFs – and one-third of all critical incidents overall within SMHRFs - derive from one SMHRF.

<sup>68</sup> Data from SMHRFs in this critical incident category is limited to October 2018 to June 2019.

<sup>69</sup> Data from SMHRFs in this critical incident category is limited to October 2018 to June 2019.

- Decedents' average age of at death was 52 years old.
- On average, decedents lived in the community for 18 months, with nearly one-fifth of decedents living in the community for more than two years.
- Most decedents (63%) had at least one critical incident after transition.
- Nearly half of all decedents had at least one emergency department visit and half had an inpatient hospital admission.
- Over half of decedents were taking nine or more medications, with most prescribed two or more psychotropic medications.
- Decedents averaged four medical diagnoses, two mental health diagnoses, and a history of two substance use disorder diagnoses.

UIC also analyzed the quality of care received by the decedents to indicate opportunities for improved services. They found that more than half of the decedents did not have a comprehensive assessment or up-to-date plan of care; nearly 40% did not have mental health providers that collaborated well with the Class Member's medical care team, monitor or address changes in Member's symptoms or behavior, provide education/coaching on medical needs, or support medication management. As such, UIC recommended that DMH support Williams providers to implement a person-centered care management approach that incorporates both physical and behavioral health needs and services and expand effective substance use disorder capabilities and services.

*Quality of Life Data.* Quality of Life surveys are administered by DMH to Class Members prior to discharge from the SMHRFs and then at six-month intervals post discharge for up to 18-months. Using two surveys - the Lehmann Brief Quality of Life Survey and the Mental Health Statistics Improvement Program (MHSIP) Adult Evaluation of Care Survey – Williams staff evaluate Class Members across seven key domains: access to care, quality/appropriateness of treatment, treatment outcome, participation in treatment planning, satisfaction with services, improvement in functioning and social connectedness with others.

	Pre-transition	6 months	12 months	18 months
<b>Access</b>	75.6	90.4	90.6	90.9
<b>Quality</b>	78.7	91.7	92.3	91.8
<b>Outcome</b>	89.6	90.8	89.9	90.4
<b>Satisfaction</b>	66.5	89.1	90.3	89.9
<b>Social Connectedness</b>	89.9	89.8	89.8	88.2
<b>Functioning</b>	91.1	93.0	93.0	92.4
<b>Treatment plan participation</b>	80.0	89.2	89.7	89.3

As shown in Figure 38, after transition, Class Members report significant increases in access to care, quality and appropriateness of treatment, and satisfaction with services, and treatment plan participation. In most cases, this change is evident at six months post-transition and remains stable at the 12 and 18-month marks. Small

positive changes are present Class Members' self-reported evaluation of their functioning and treatment outcomes, while the social connectedness domain demonstrates a small negative change across time.

This data demonstrates the value that Class Members assign to life the community, as well as the imperative to develop strategies to enhance social connectedness, effectuate stronger treatment outcomes, and build higher functioning among transitioned Class Members.

## Conclusion

This report is submitted to the Court in fulfillment of the Court Monitor's duty to assess compliance with the Williams Consent Decree and Implementation Plan requirements at least annually; it represents the effort to conduct a fair and impartial assessment. The compliance assessment period covered is fiscal year 2019 (FY2019). Based on FY2019 performance data and outcomes on the 98 requirements in the Consent Decree and FY2019 Implementation Plan, the Defendants have been found to be in compliance with 32% of requirements, in partial compliance with 19%, and out-of-compliance with 49%. These results are essentially similar to this Court Monitor's compliance findings for FY2018.

Under-performance of this magnitude and duration is cause for deep concern on at least three levels:

- The first level of concern is that it casts reasonable doubt on the State's commitment and abilities to-date to achieve compliance and eventual exit from the Consent Decree. This is exacerbated by the fact that — despite seven years of Williams program implementation when Defendants' compliance should naturally be expected to increase across requirements — it has empirically declined significantly.
- The second level of concern is the ongoing missed opportunities for significant cost savings that have been demonstrated to result when Class Members are appropriately served in the community versus institutions. Illinois taxpayers and their legislators who appropriate funds have legitimate expectations that the resources will be used to effectuate compliance.
- Third, and perhaps most important, failure to achieve compliance comes with a human toll on the now hundreds of Class Members who were recommended and should have been transitioned but were not. Prolonged and unnecessary institutionalization erodes Class Members' faith in having their rights effectuated and exacts negative consequences affecting their emotional and physical well-being, which, in turn, impacts their future prospects for transitioning and successful community living.

A constellation of interlocking factors led Illinois to this point. These include a multiyear divestment in community-based mental health services, an affordable housing shortage, a subjective long-term care admissions process, an under-developed mental health crisis stabilization system, and many other systems, policy, and practice issues. The collective impact of these defects is that individuals with mental illness — many of whom are fully capable and deserving of life in the community — are funneled into Illinois' behemoth long-term care system where they remain stuck long past the time that they express choice to live in the community and are assessed as clinically safe to do so.

In addition to a clear infringement on their civil rights, data from the Williams program consistently shows that individuals' lives – once transitioned from SMHRFs into the community - are marked by higher perceptions of the quality and appropriateness of their treatment, satisfaction with services, and treatment plan participation.

Now more than nine years since the Williams Consent Decree's filing, the Pritzker administration has shown early signs of committed and focused leadership that can facilitate needed systems change and eventual compliance. Dynamic and sustainable change requires the acknowledgment and thorough consideration of necessary new approaches and solutions offered by leaders and staff in the new administration, 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 continue to commit dedicated leadership and staff and utilize other expert guidance, they can ensure that their future plans, targeted resources, and implemented actions not only achieve compliance but also demonstrably respect individuals' rights to live in the least restrictive setting appropriate for their needs. Importantly, this will prevent the inappropriate admission of adults with serious mental illness into SMHRFs and other institutions and transition those who are currently institutionalized, as appropriate, into the communities of their choice.

Compliance with the Williams Consent Decree is attainable, especially given the keen energy and attention the Pritzker administration has demonstrated thus far in its early tenure. Now, that attention must culminate into the design and implementation of both expanded and new, innovative approaches to philosophically and pragmatically shift to a community-based and recovery-oriented system of care by closing the front door of the system to inappropriate admissions into institutions, removing barriers in the transition pipeline, developing and sustaining needed services and housing, and rebalancing the system overall away from institutional care. These achievements, when realized, will forge a new path for the State of Illinois and the Williams Class. The Court Monitor is eager to support this path forward.