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RE: Williams v. Quinn, Case Number 05 C 4673

To Whom It May Concern:

The Illinois Psychiatric Society (IPS) represents over 1150 physician psychiatrists throughout the State. IPS is committed to working with our patients and policy makers to ensure adequate housing for individuals with severe mental illness.

To ensure and maintain quality medical care, including psychiatric care, for individuals with severe mental illness, the following actions must be undertaken:

1. The decision to have someone placed in an IMD should be made by the affected individual and, where appropriate, to include guidance from concerned family members in conjunction with his or her Psychiatrist and Caseworker.
2. Financial and other resources must be provided in a timely and consistent manner for community agencies and staff before individuals begin the process of transferring from IMDs to less restrictive settings. Funding and other resources must be available for individuals with severe mental illness in the event that a less restrictive environment is not appropriate or otherwise available. If funding and other resources are not in place to implement this program, then a repeat of what happened with deinstitutionalization, in the early 1980s, will reoccur.
3. Community based organizations and case workers must work with the individual's psychiatrist to develop plans for placement and support in an appropriate least restrictive setting.
4. A well-defined treatment plan must be in place prior to transfer of an individual from an IMD into another setting. This plan must be monitored by the appropriate agencies for effectiveness using available community resources including mental health agencies, group homes, medical and mental health clinics, etc. The plan must have in place a

- system to report the results of the treatment plan, to the appropriate parties, including the attending psychiatrist.
5. Monitoring actions of the IMDs, under the Consent Decree, remains necessary, but will not be an adequate safeguard for monitoring the effects of the Consent Decree on access and delivery of care to individuals with severe mental illness. This process must be broadened to include the transparent reporting of disposition and wellbeing of the persons residing in IMDs or referred to community settings. This monitoring must include the rates of hospital admission and increases in ER visits by persons formerly in IMD as well as incarceration rates by persons formerly in IMDs.

Respectfully Submitted,

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Cc: John Potts, Illinois Strategies