IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

UNITED STATES OF AMERICA	**PLAINTIFF**
V.	**CIVIL ACTION NO.: 3:16-CV-00622-CWR-FKB**
THE STATE OF MISSISSIPPI	**DEFENDANT**

THE STATE OF MISSISSIPPI'S RESPONSE TO THE COURT'S ORDER (ECF 253)

Introduction

The State of Mississippi submits the Report attached as Exhibit 1 in accordance with the Court's Order (ECF 253). This response covers three core points that bear on Mississippi's submission of that Report.

First, in submitting the Report, Mississippi respectfully maintains and preserves the arguments that it has made in this case, does not waive or forfeit any of its arguments, and maintains that it is not liable for (among other reasons) the reasons summarized on pages 89-90 of Mississippi's Proposed Findings of Fact and Conclusions of Law (ECF 232).

Second, even if the Court remains of its prior view on liability based on the evidence at trial, the Court still should order no relief because Mississippi is now in substantial compliance with Title II of the Americans With Disabilities Act, 42 U.S.C. §§ 12131-12134 (ADA), and has addressed or will imminently address the violations the Court believed to exist. The Report describes Mississippi's current compliance actions and commitments. The Court should not order any relief, given these actions and commitments, which are summarized in the Report and explained below, but instead enter a final judgment of dismissal with prejudice.

Third, if the Court does decide to order relief despite those first two points, the Court should order relief in light of certain important considerations. To start, judicial oversight of a State's systems is problematic and needs to be limited – in time and in qualitative extent – to what is

absolutely necessary. The Court recognized that this sort of oversight is subject to serious limitations on page 59 of its Memorandum Opinion and Order (Opinion) (ECF 234). Any remedy order must account for the problems inherent in the sort of oversight presented in this case. Next, any prospective injunctive relief must account for the current state of affairs in Mississippi's mental health system. As shown in the Report and as explained below, Mississippi achieved and implemented a great deal of change since the close of evidence and since the Court issued its Opinion (ECF 234) in September 2019. Any relief ordered must account for that change – as the Court recognized on page 60 of its Opinion (ECF 234). Further, in ordering a remedy under the ADA, the Court should not read or apply the ADA (including issuing a remedy under it) in a way that would create serious and ongoing federalism problems. The Court should therefore not issue sweeping relief that invades the inner, day-to-day workings of State government. Last, any relief ordered must be consistent with Mississippi's fundamental-alteration defense.

Discussion

I. Mississippi Maintains And Preserves All Of Its Arguments And Submits Its Report As Ordered Without Forfeiture or Waiver.

Mississippi submits its Report in accordance with this Court's Order (ECF 253). Mississippi does not forfeit or waive, and instead expressly preserves, all rights, defenses, and factual and legal issues in this Court and for appeal, including, respectfully, all rights and issues regarding this Court's liability finding. Mississippi maintains it is not liable at all for (among other reasons) the reasons summarized in Mississippi's Proposed Findings of Fact and Conclusions of Law (ECF 232).

Those reasons include, but are not limited to, that Mississippi did not engage in discrimination (ECF 232, pp. 65-66), that serious risk of institutionalization is not applicable here (ECF 232, pp. 65-70), that the United States did not satisfy its burden of proof (ECF 232, pp. 70-71), that the United States' 154-person sample is flawed and entitled to no weight (ECF 232, pp.

7-14 and 71-72), that the United States has not shown any unnecessary institutionalization (ECF 232, pp. 15-16), that *Olmstead v. Zimring*, 527 U.S. 581 (1999), recognizes the vital role of state hospitals in the continuum of care (ECF 232, pp. 27-32 and 72), that deinstitutionalization must be undertaken responsibly and Mississippi is doing so (ECF 232, pp. 32-33 and 73-74), that Mississippi is in compliance with the ADA because it has a reasonable continuum of mental health service that it has expanded at a reasonable pace (ECF 232, pp. 22-27, 33-48, 57-63 and 42-48), that Mississippi established a fundamental-alteration defense based on the trial record (ECF 232, pp. 48-57 and 79-86), that the relief sought by the United States violates principles of federalism (ECF 232, pp. 14-15 and 86-88), and that federal deficiencies inhibit Mississippi's ability to deliver services (ECF 232, pp. 16-22 and 88-89).

II. No Relief Is Warranted Because Mississippi Is In Substantial Compliance With The ADA.

Even if the Court remains of its view on liability based on the evidence at trial, the Court still should order no relief because Mississippi is now in substantial compliance with Title II of the ADA and has addressed or will imminently address the violations the United States alleged and the Court believed to exist. The Court's Opinion discusses both the Core Services (defined below) and "other management concerns" (ECF 234, pp. 19-29). The Report describes the State's current compliance actions and commitments regarding those matters. Those compliance actions and commitments are also explained below.

A. Core Services.

Mississippi has now implemented the community-based services that satisfy the standard and evidence that the United States presented at trial. There is accordingly no basis for ordering relief on the claims concerning those services.

Mississippi stated the following at trial: "DOJ says that if Mississippi only adds more and more community-based services, then at some point, Mississippi will have enough services to satisfy *Olmstead*. That begs this question. How much is enough? DOJ won't say." (Tr. 59).

The United States did not attempt to say how much is enough until it called its very last witness at trial, Melodie Peet. Ms. Peet testified as an expert in the field of mental health administration. (Tr. 1320). Ms. Peet testified the Core Services that prevent hospitalization are: Mobile Crisis, Crisis Stabilization, PACT and/or Intensive Case Management, Peer Support, Supported Employment, and Supported Housing. (Tr. 1322-23; PDX-32).[1]

Ms. Peet testified that Mississippi should have the following capacity of Core Services:

- One PACT Team and/or Intensive Case Management in each Region.[2]
- One Crisis Stabilization Unit in each Region.[3]
- One Mobile Crisis Response Team in each Region.[4]
- Supported Employment in each Region.[5]
- Peer Support in each Region.[6]

Supported Housing is not a service that is offered by Region, as it is not administered by the Community Mental Health Centers (CMHCs).[7] (DX-7; JX-51 at 1; Tr. at 684, 674, and 690). Ms. Peet thus testified that Mississippi should have "sufficient" CHOICE housing slots. (Tr. 1390-91).

[1] Mississippi does not concede Ms. Peet's testimony regarding Core Services establishes any applicable or controlling standard for purposes of ADA compliance.
[2] Tr. 1385, 1434-35.
[3] Tr. 1389, 1453.
[4] Tr. 1389-90, 1453.
[5] Tr. 1390.
[6] Tr. 1392.
[7] The board of supervisors in each of the counties that comprise a CMHC's catchment area appoints a mental health commissioner. (Tr at 1579). The mental health commissioners make up the board of that CMHC, and they appoint the CMHC's Executive Director. (Tr. at 1579, 2224, and 2317). The Executive Directors of the CMHCs report to their respective board of commissioners. (Tr. at 2318). The CMHCs are the providers of community-based services in Mississippi. (Tr. at 1579-80) [ECF 232], p. 2.

According to Ms. Peet, this capacity of Core Services is "baseline." (Tr. 1382-83). Ms. Peet testified: "[O]nce you establish the core services for your service system, you want to make sure they're available in each region so that access isn't dependent on where you live." (Tr. 1450).

As explained below and as shown in the Report, Mississippi is now in substantial compliance with the ADA, as it has addressed or will imminently address the violations the Court believed to exist. Therefore, there is no basis for ordering relief on those claims. This Court recognized already that "[i]f the State has made improvements to the adult mental health system since the trial, then by the time Final Judgment issues, it will that much closer to complying with the ADA."[8] Consistent with that observation, the Court should account for the points below and should not enter judgment or order relief based on capacity numbers that (given the evidentiary cutoff date at trial of December 31, 2018) are more than two years old.

Mobile Crisis Response Teams. The Court found that Mobile Crisis Services are illusory.[9] As of December 31, 2018, Mississippi had fourteen Mobile Crisis Response Teams in all of its Regions. It has sustained fourteen teams. In FY21, DMH provided an additional $600,000 for Mobile Crisis Response Teams. This will continue in FY22.[10] Because Mississippi has Mobile Crisis Response Teams in all of its Regions, it meets Peet's "baseline" standard.

Crisis Stabilization Units. The Court found that Crisis Stabilization Units (CSU) are not available.[11] As of December 31, 2018, Mississippi had CSUs in eight Regions. Mississippi now has CSUs available for every Region, except Region 11. In FY22, Mississippi will make funds available for a twelve-bed CSU in Region 11.[12] Once Mississippi adds that CSU in Region 11, it will meet Peet's "baseline" standard.

[8] ECF 241, Order Appointing Special Master, n. 2.
[9] ECF 234, Memorandum Opinion and Order, pp. 23-24.
[10] Exhibit 2, Declaration of Wendy Bailey, ¶ .
[11] ECF 234, Memorandum Opinion and Order, pp. 24-25.
[12] Exhibit 2, Declaration of Wendy Bailey, ¶ .

Intensive Community Services – PACT/ICORT/ICSS. The Court found that PACT is unavailable and under-enrolled.[13] Mississippi provides Intensive Community Services through three programs: (i) Program of Assertive Community Treatment (PACT), (ii) Intensive Community Outreach and Recovery Team (ICORT), and (iii) Intensive Community Support Specialists (ICSS).[14]

As of December 31, 2018, Mississippi had eight PACT teams. It now has ten PACT teams. Mississippi's PACT teams are located in the Regions shown on Exhibit 2A.[15]

As of December 31, 2018, Mississippi had no ICORTs. Mississippi developed and implemented ICORT to deliver Intensive Community Services to less densely populated or rural areas that are difficult to serve with PACT teams.[16] In FY19, Mississippi piloted ICORT in Region 2. As shown on Exhibit 2A, Mississippi now has sixteen ICORTs.[17]

ICORT is a modification of the PACT model. Although Mississippi did not have ICORT as of December 31, 2018, the record includes robust evidence supporting Mississippi's decision to expand its Intensive Community Services by modifying the PACT model through the development and implementation of ICORT. Ms. Peet testified that Mississippi can provide Intensive Community Services through PACT "and/or" Intensive Case Management. (Tr. 1433-34). Ms. Peet admitted that Intensive Case Management is a viable alternative to PACT teams in rural areas of Mississippi. (Tr. 1468). ICSS and Intensive Case Management are the same service. ICORT is a more intensive service than ICSS/Intensive Case Management.

Dr. Robert Drake testified as an expert witness for the United States. Dr. Drake testified that the PACT model has indeed been modified for rural areas: "The original model was designed

[13] ECF 234, Memorandum Opinion and Order, pp. 19-23.
[14] Exhibit 2, Declaration of Wendy Bailey, ¶ 9.
[15] Exhibit 2, Declaration of Wendy Bailey, ¶ 10.
[16] Exhibit 2, Declaration of Wendy Bailey, ¶ 11.
[17] Exhibit 2, Declaration of Wendy Bailey, ¶ 12.

in an urban area in Wisconsin, and it assumed that a team of about ten clinicians would be responsible for a group of about 100 patients with serious mental illness. In rural areas, we don't have 100 patients with serious mental illness, and we don't have teams that are that large either. So we've needed to do a number of things to modify the model. I mean, and most of those have to do with servicing a smaller number of patients with a smaller number of clinicians." (Tr. 235-36). In Dr. Drake's opinion, PACT needs "to be modified considerably in rural areas." (Tr. 239). ICORT is one such modification of the PACT model for rural areas.

In FY21, Regions 3, 6, 9, and 10 each received grants for two additional ICSS. Region 11 received a grant for four additional ICSS. Mississippi now has funding for 35 ICSS as shown on Exhibit 2A.[18]

For all of these reasons, Mississippi is thus exceeding Peet's "baseline" standard for Intensive Community Services by providing funding for Intensive Community Services in ***every county*** through PACT, ICORT, and/or ICSS.

Peer Support Services. The Court found that Peer Support Services are not billed, but it did not find that Mississippi had insufficient Peer Support capacity.[19] Nonetheless, Mississippi now provides and will sustain Peer Support Services in every Region by providing Peer Support Services at the primary CMHC office in each Region.[20] As of December 31, 2018, Mississippi had a Peer Bridger program at North Mississippi State Hospital. In FY21, Mississippi added a Peer Bridger program at South Mississippi State Hospital. In FY22, Mississippi will add a Peer Bridger Program at Mississippi State Hospital and East Mississippi State Hospital.[21] By having

[18] Exhibit 2, Declaration of Wendy Bailey, ¶ 13.
[19] ECF 234, Memorandum Opinion and Order, 25.
[20] Exhibit 2, Declaration of Wendy Bailey, ¶ 16.
[21] Exhibit 2, Declaration of Wendy Bailey, ¶ 15.

Peer Support Services available in every Region, plus imminently having the Peer Bridger program at all State Hospitals, Mississippi will exceed Peet's "baseline" standard for Peer Support Services.

Supported Employment. The Court found that Supported Employment is miniscule.[22] In 2015, Mississippi began offering Supported Employment Programs of Individual Placement and Support (IPS) at four pilot sites (Regions 2, 7, 10 and 12).[23] In February 2019, Mississippi offered grants for an Employment Specialist to all remaining CMHCs. Seven of them applied and all were awarded grants (Regions 3, 4, 8, 9, 11, 14 and 15).[24] In 2020, the remaining CMHCs received grants for an Employment Specialist. Mississippi now provides all Regions with a grant to provide Supported Employment through either IPS or an Employment Specialist that partners with Mississippi Department of Rehabilitation Services Office of Vocational Rehabilitation.[25] Although Mississippi now meets Peet's "baseline" standard, Mississippi will offer IPS grants to three additional CMHCs (Region 4, 8 and 9) in FY22.[26]

Supported Housing. The Court found that CHOICE is "far too small."[27] In FY22, Mississippi will provide an additional $150,000 to the two CHOICE housing providers to conduct assessments of people discharged from the State Hospitals and CSUs.[28] In addition, in FY22, the Mississippi Legislature appropriated an additional $400,000 for CHOICE housing vouchers to Mississippi Home Corporation.[29]

The Tables attached as Exhibits 3 through 6 show the expansion of the Core Services in Mississippi since 2013. A green check mark indicates that Mississippi has the Core Service in the Region. The Tables are reproduced below.

[22] ECF 234, Memorandum Opinion and Order, pp. 25-26.
[23] Exhibit 2, Declaration of Wendy Bailey, ¶ 17.
[24] Exhibit 2, Declaration of Wendy Bailey, ¶ 18.
[25] Exhibit 2, Declaration of Wendy Bailey, ¶ 19.
[26] Exhibit 2, Declaration of Wendy Bailey, ¶ 20.
[27] ECF 234, Memorandum Opinion and Order, p. 26.
[28] Exhibit 2, Declaration of Wendy Bailey, ¶ 21.
[29] Exhibit 2, Declaration of Wendy Bailey, ¶ 22.

Key Community-Based Services by Region as of 12/31/13

REGION	ICM	PEER SUPPORT	CSUs	PACT	MOBILE CRISIS RESPONSE TEAMS	SUPPORTED EMPLOYMENT
1	✓	✓				
2	✓	✓	✓			
3	✓	✓				
4	✓	✓	✓			
6	✓	✓	✓	✓		
7	✓	✓				
8	✓	✓	✓			
9	✓	✓				
10	✓	✓	✓			
11	✓	✓				
12	✓	✓	✓			
13	✓	✓	✓			
14	✓	✓				
15	✓	✓		✓		

Key Community-Based Services by Region as of 12/31/2018

REGION	ICM	PEER SUPPORT	CSUs	PACT/ICM	MOBILE CRISIS RESPONSE TEAMS	SUPPORTED EMPLOYMENT
1	✓	✓	Pending		✓	
2	✓	✓	✓		✓	✓
3	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	
7	✓	✓	Pending		✓	✓
8	✓	✓	✓	Pending	✓	✓
9	✓	✓	Pending	✓	✓	✓
10	✓	✓	✓	✓	✓	✓
11	✓	✓	Pending		✓	✓
12	✓	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓	
14	✓	✓	Pending		✓	✓
15	✓	✓		✓	✓	✓

Key Community-Based Services by Region as of 3/1/2020

REGION	ICM	PEER SUPPORT	CSUs	PACT/ICM	MOBILE CRISIS RESPONSE TEAMS	SUPPORTED EMPLOYMENT
1	✓	✓	✓	✓ ICORT	✓	Funding Requested
2	✓	✓	✓	✓ ICORT	✓	✓
3	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	Funding Requested
7	✓	✓	✓	✓ ICORT	✓	✓
8	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓
11	✓	✓	Pending	ICORT-Pending	✓	✓
12	✓	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓	Funding Requested
14	✓	✓	✓	✓ ICORT	✓	✓
15	✓	✓	✓ Shared	✓	✓	✓

Key Community-Based Services by Region as of 4/30/2021

REGION	ICM	PEER SUPPORT	CSUs	PACT/ICORT/ICM	MOBILE CRISIS RESPONSE TEAMS	SUPPORTED EMPLOYMENT
1	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓
11	✓	✓	Pending	✓	✓	✓
12	✓	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓	✓
15	✓	✓	✓ Shared	✓	✓	✓

Mississippi does not have a CSU in Region 11. Except for that one CSU, the Core Services are available in every Region now. The Core Services capacity identified in Mississippi's Report puts Mississippi at or above Peet's "baseline" standard.

B. Other management concerns.

Mississippi has also addressed the "other management concerns"[30] discussed by the Court as explained below.

Diversion from State Hospitals.[31] The Report includes specific practices to divert individuals from hospitalization (see Exhibit 1, ¶¶ 28-29).

154-Person Sample.[32] The United States Clinical Review Team (CRT) conducted a review of 154 people. The Report shows that Mississippi will provide funding for the CMHCs to screen those persons for eligibility for the Core Services, document the screening in the persons' records, and offer the Core Services for which persons are eligible and appropriate (see Exhibit 1, ¶¶ 30-31).

Discharge/Transition Planning.[33] The Report addresses the Court's concerns regarding discharge planning (see Exhibit 1, ¶¶ 32-34).

Medication Access.[34] As set forth in the Report, Mississippi is establishing a Medication Assistance Fund that will provide continuity of medication access to people in the community who have serious mental illness and who are receiving services through a CMHC, but who could not otherwise access prescribed medication that they need to avoid hospitalization (see Exhibit 1, ¶ 35).

[30] ECF 234, Memorandum Opinion and Order, pp. 27-33,
[31] The Court discussed this issue at pages 16, 25, and 60 of its Opinion (ECF 234).
[32] The Court discussed the 154-peson sample at pages 39, 43, and 45 of its Opinion (ECF 234).
[33] The Court discussed this issue at pages 33, 35, and 45 of its Opinion (ECF 234).
[34] The Court discussed this issue at pages 18 and 41 of its Opinion (ECF 234).

Oversight of Providers.[35] Effective February 8, 2021, Mississippi created by statute the position of Coordinator of Mental Health Accessibility (Coordinator). MISS. CODE. ANN. § 41-20-3. The Coordinator's duties include increased oversight of the CMHCs and other providers. MISS. CODE. ANN. § 41-20-4 through -7.

Technical Assistance.[36] As shown by the Report, Mississippi is increasing its technical assistance to providers (see Exhibit 1, ¶¶ 36-37).

Data Collection and Review.[37] As explained in the Report, Mississippi will engage in data collection and review on a monthly basis (see Exhibit 1, ¶¶ 38-39).

Given all of these points, on Core Services and on "other management concerns," the Court should not order any relief: Mississippi is in substantial compliance with the ADA even under the findings in the Court's opinion. A recent Fifth Circuit decision confirms why relief would therefore be inappropriate. In *Valentine v. Collier*, No. 20-20525, 993 F.3d 270, 2021 WL 1153097 (5th Cir. Mar. 26, 2021) (Op.), a prisoner class action challenging the defendant officials' response to COVID-19, the Fifth Circuit Court reversed a permanent injunction for the class because the defendant prison officials had eliminated any alleged constitutional violations by taking responsive measures during litigation – including during and after trial. Op. *4-10. The Fifth Circuit emphasized that "[w]hen there is a possible constitutional violation that is likely to continue over time as in a prison injunction case, we consider the evidence from the time suit is filed to the judgment.") Op. *4. *See also* Op. *7 (evaluating developments during and after trial); Op. *9 (evaluating developments during trial). That reasoning reflects the more general rule that injunctive relief is prospective, it aims to deter or stop ongoing violations – and so it is inappropriate if violations no longer exist. *Valentine* thus makes clear that when responsive

[35] The Court discussed this issue at page 28 of its Opinion (ECF 234).
[36] The Court discussed this issue at pages 27-28 of its Opinion (ECF 234).
[37] The Court discussed this issue at pages 27-28 of its Opinion (ECF 234).

measures "have been implemented" then "injunctive relief is inappropriate" – even if the measures "came late." Op. *9. *Valentine* thus affirms that this Court may order relief based only on now-*existing* legal violations – not violations that existed at the close of evidence or the time of trial. As in *Valentine*, there is no ongoing legal violation. So "injunctive relief" would be "inappropriate." Op. *9.

III. If The Court Nonetheless Decides To Order Relief, It Should Be Guided By Certain Considerations.

If the Court decides to order relief despite Mississippi's showings in Section I and II above, it should do so in light of the four considerations discussed below.

First, judicial oversight of Mississippi's mental health system is problematic and must be limited – in time and in qualitative extent – to only what is absolutely necessary. The Court has recognized as much: "This Court is keenly aware of the judiciary's limitations in a case such as this."[38] Thus, if the Court were to believe that the Report would reflect substantial compliance with Title II of the ADA but concludes that the Report should be entered as a remedial order, the Court should make clear that the lawsuit shall be dismissed with prejudice at the end of FY22. Given what Mississippi has achieved since the close of evidence, that would be more than enough time and would respect the Court's limited role in this context. If the Court does not put a firm end date then it should at least provide a clear termination provision, such as the following: "The United States' lawsuit against Mississippi shall be dismissed with prejudice when Mississippi (i) fulfills the Capacity obligations in paragraphs 7-9, 12, 14-16, 18-19, 22-24, and 27, and (ii) fulfills the funding obligation in paragraph 27."

[38] ECF 234, Memorandum Opinion and Order, p. 59.

Second, any prospective injunctive relief must account for the current state of affairs in Mississippi's mental health system. "[R]emedies fashioned by federal courts to address constitutional infirmities 'must directly address and relate to the constitutional violation itself.'" *M.D. v. Abbott*, 907 F.3d 237, 271 (5th Cir. 2018) (citation omitted). A federal court decree exceeds appropriate limits if it is "aimed at eliminating a condition that does not violate the Constitution or does not flow from such a violation." *Id*. (citation omitted). No constitutional violation is alleged in this case, but the same rules that apply to alleged constitutional violations apply to the ADA statutory violations alleged here. As shown in Section II above and in the Report, Mississippi has done much to continue to expand and enhance its mental health system since the trial evidentiary cutoff date of December 31, 2018, and since the Court issued its Opinion in September 2019. The Court has recognized this consideration. "The Court is hesitant to enter an Order too broad in scope or too lacking in a practical assessment of the daily needs of the system. In addition, it is possible that further changes might have been made to the system in the months since the factual cutoff."[39] Further changes have indeed been made to the system in the months since the factual cutoff. Any relief ordered must account for those changes.

Third, the Court should not read or apply the ADA in a way that would create serious federalism problems – as would be the case if the Court authorized sweeping relief that invades the inner workings of state government. Under the principles of federalism, "one of the most important considerations governing the exercise of equitable powers is a proper respect for the integrity and function of local government institutions." *Missouri v. Jenkins*, 495 U.S. 33, 51 (1990). Federalism requires deference to Mississippi's discretion in determining how best to deliver what the Court has characterized as "a minimum bundle of community-based services that

[39] ECF 234, Memorandum Opinion and Order, p. 60.

can stop the cycle of hospitalization."[40] Mississippi exercised its discretion as set forth in its Report. In a decision rendered in October 2020 regarding a state geriatric prison in Texas, the Fifth Circuit cautioned that federal judges are not policymakers. *Valentine v. Collier*, 978 F.3d 154, 165 (5th Cir. 2020). "The Constitution charges federal judges with deciding cases and controversies, not with running state prisons." *Id*. (citation omitted). Just as the Constitution does not charge federal judges with running state prisons, the ADA does not charge federal judges with running state mental health systems. "Principles of federalism and separation of powers dictate that exclusive responsibility for administering state prisons resides with the State and its officials." *Id*. at 166 (citation omitted). Those same principles dictate that exclusive responsibility for administering state mental health systems resides with the State and its officials. As Justice Kennedy observed in *Olmstead*, there are "federalism costs inherent in referring state decisions regarding the administration of treatment programs and the allocation of resources to the reviewing authority of the federal court." *Olmstead*, 527 U.S. at 610 (Kennedy, J., concurring).

Fourth, any remedy must be consistent with the fundamental-alteration defense. "[A] public entity is required only to make 'reasonable modifications in policies, practices, or procedures' when necessary to avoid discrimination and it is not even required to make those if 'the modifications would fundamentally alter the nature of the service, program, or activity.'" *Olmstead*, 527 U.S. at 613 (Kennedy, J., concurring) (citing the majority and quoting 28 CFR § 35.130(b)(7)). Mississippi asserted a fundamental-alteration defense at trial. It did so without seeing the United States' proposed remedial plan, which has yet to be filed. Mississippi should be permitted to reassert a fundamental-alteration defense after the United States files its proposed remedial plan because any final relief ordered must be consistent with that defense.

[40] ECF 234, Memorandum Opinion and Order, pp. 59-60.

Conclusion

The Court should not order any remedy in this case because Mississippi is not liable under the ADA and should enter a final judgment of dismissal with prejudice. Even if the Court disagreed on liability, it still should not order any relief because Mississippi has now addressed or will imminently address the violations of the ADA alleged by the United States and that the Court found. If the Court does order a remedy, it must be sharply limited.

Dated: April 30, 2021.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I certify that on April 30, 2021, I electronically filed this document with the Clerk of the Court using the ECF system, which sent notification of such filing to all ECF counsel of record in this action.

/s/ James W. Shelson
JAMES W. SHELSON

Mississippi's Report
Submitted Pursuant to Court Order (ECF 253)

I. Overview

1. The State of Mississippi (Mississippi) provides the following core community-based services: Intensive Community Services, Crisis Response Services, Peer Support Services, Supported Employment, and Permanent Supportive Housing (collectively, for purposes of this Report, Core Services). These services are described in DMH's Operational Standards.[1]

2. As of the trial evidentiary cut-off date of December 31, 2018, Mississippi had 14 Community Mental Health Centers (CMHC) Regions, but the area that was Region 13 as of December 31, 2018, is now operated by Region 12. Mississippi now has 13 CMHC Regions as shown on Exhibit 1.

3. This Report shows how Mississippi has and is addressing the violations the Court identified in its Memorandum Opinion and Order (ECF 234).

II. Intensive Community Services

Mississippi provides Intensive Community Services through three programs: (i) Program of Assertive Community Treatment (PACT), (ii) Intensive Community Outreach and Recovery Team (ICORT), and (iii) Intensive Community Support Specialists (ICSS). Mississippi will provide Intensive Community Services in each Region as set out in paragraphs 7-9 below.

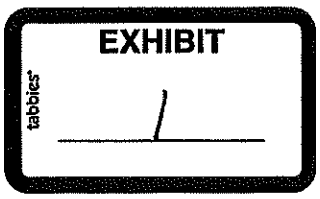
A. Definitions

4. PACT is an individual-centered, recovery-oriented intensive mental health services delivery model for facilitating community living, psychological rehabilitation and recovery for people who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefitted from traditional outpatient services. The Operational Standards for PACT are set forth in Rules 32.1-32.8 of DMH's Operational Standards.

5. ICORT is a recovery and resiliency oriented, intensive, community-based rehabilitation and outreach service for adults with a severe and persistent mental illness. The Operational Standards for ICORT for adults are set forth in Rules 32.9-32.13 of DMH's Operational Standards.

6. ICSS have direct involvement with the person and attempt to develop a caring, supportive relationship with the person as part of Mississippi's Intensive Community Support Services. Mississippi's Intensive Community Support Services are designed to be a key part of the continuum of mental health services and supports for people with serious mental illness (SMI) or emotional disturbance. The Operational Standards for Intensive Community Support Services are set forth in Rule 32.18 of DMH's Operational Standards.

[1] In this Report, the Mississippi Department of Mental Health's (DMH) Operational Standards for Mental Health, Intellectual Developmental Disabilities, and Substance Use Community Service Providers, effective September 1, 2020, is referred to as "DMH's Operational Standards."



B. Capacity

7. PACT. Mississippi had 8 PACT teams as of December 31, 2018, but now has 10 PACT teams. Mississippi will sustain a total of 10 PACT teams. The PACT teams will provide intensive community services in the Regions and counties identified in Exhibit 2. In order to be admitted into PACT, people must meet the criteria outlined in Rule 32.3 of DMH's Operational Standards.

8. ICORT. As of December 31, 2018, Mississippi had no ICORTs. Mississippi has since developed ICORT as a modification of the PACT model to provide Intensive Community Services in less densely populated/rural counties. Mississippi is implementing and will sustain a total of 16 ICORTs in the Regions and counties identified in Exhibit 2. In order to be admitted into ICORT, people must meet the criteria outlined in Rule 32.12 of DMH's Operational Standards.

9. ICSS. Subject to ordinary workforce turnover which could cause the number of ICSS to fluctuate from time-to-time, Mississippi will fund and sustain 35 full time ICSS. The ICSS will provide intensive community services in the counties identified in Exhibit 2.

III. Crisis Response Services

Mississippi provides Crisis Response Services through Mobile Crisis Teams and Crisis Residential Services.

A. Definitions

10. Mobile Crisis Teams (also known as Crisis Response Services) provide face-to-face interventions at the site of a mental health crisis, including at the person's home, to de-escalate the crisis without unnecessarily either removing the person from the community or referring the person to a hospital for psychiatric treatment. The Operational Standards for Crisis Response Services including Mobile Crisis Services are set forth in Rules 19-19.4 of DMH's Operational Standards.

11. Crisis Residential Services (also known as Crisis Stabilization Units) provide time-limited residential treatment to persons who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. The Operational Standards for Crisis Residential Services are set forth in Rules 19.5-19.7 of DMH's Operational Standards.

B. Capacity – Mobile Crisis Teams

12. Mississippi has and will sustain one Mobile Crisis Team in each Region except Region 12. Region 12 is operating and will sustain two Mobile Crisis Teams – one in Hattiesburg and one in the former Region 13.

13. Mississippi will maintain its regional crisis hotlines that are staffed 24 hours per day, seven days per week, with staff who assess a crisis by phone, assist with immediate stabilization efforts, and help a caller identify and connect with ongoing local services. Mississippi

will continue to require the Mobile Crisis Teams to work with law enforcement personnel to respond to people in crisis who come in contact with law enforcement.

C. Capacity – Crisis Residential Services

Mississippi will provide Crisis Residential Services in each Region as stated in paragraphs 14-16 of this Report.

14. Mississippi now has Crisis Residential Services available for every Region (see paragraph 16 below regarding Region 15), except Region 11. Mississippi will sustain its existing Crisis Residential Services capacity – *i.e.*, a capacity of 172 beds as shown on Exhibit 3.

15. Mississippi will make funds available to implement Crisis Residential Services in Region 11 through the Region 11 CMHC or another DMH certified provider; this unit will have the capacity to serve at least 12 persons at any given time. Mississippi will sustain that additional Crisis Residential Services capacity.

16. Mississippi will continue providing access to Crisis Residential Services for Region 15 in neighboring Regions.

IV. Peer Support Services

A. Definitions

17. Peer Support Services are person-centered activities with a rehabilitation and resiliency/recovery focus that allow a person receiving mental health services and substance use services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms, substance use issues, and challenges associated with various disabilities while directing their own recovery. The Operational Standards for Peer Support Services are set forth in Rules 42.1-42.3 of DMH's Operational Standards.

B. Capacity

18. Subject to ordinary workforce turnover which could cause the number of Peer Support Specialists to fluctuate from time-to-time, Mississippi now provides and will sustain Peer Support Services in every Region by providing Peer Support Services at the primary CMHC office in each Region.

19. Starting in FY 22, Mississippi will provide Peer Bridger Program services at each State Hospital and integrate such services into discharge planning for persons discharged from a State Hospital.

V. Supported Employment

A. Definitions

20. Supported Employment is an evidence-based service that assists persons with severe and persistent mental illness in obtaining and maintaining competitive employment. The

Operational Standards for Supported Employment are set forth in Rules 24.4-24.6 of DMH's Operational Standards.

B. Capacity

21. Mississippi provides Supported Employment Services by two methods: (i) Individual Placement and Support (IPS) services, and (ii) Supported Employment Specialists that partner with Mississippi Department of Rehabilitation Services Office of Vocational Rehabilitation (MDRS). Mississippi will provide Supported Employment services in each Region as stated in paragraphs 22-24 of this Report.

22. Mississippi now has and will sustain existing IPS services in CMHC Regions 2, 7, 10, and 12.

23. In FY22, Mississippi will develop IPS in Regions 4, 8, and 9. Mississippi will sustain IPS services in those Regions.

24. In Regions without IPS services, Mississippi will offer supported employment through Supported Employment Specialists that are partnering with MDRS through an MOU between the Region and MDRS.

VI. Permanent Supportive Housing

A. Definitions

25. Permanent Supportive Housing (supportive housing) is an evidence-based practice that provides an integrated, community-based alternative to hospitals, nursing facilities, and other segregated settings. In Mississippi, supportive housing services are delivered through the CHOICE program. The rental assistance component of the CHOICE program is operated by the Mississippi Home Corporation (MHC).

B. Capacity

26. In FY 2021, Mississippi is providing $150,000 in additional funding for CHOICE Providers to conduct assessments of people discharged from the State Hospital and CSUs who have been in a State Hospital for 90 days or more, are or were recently homeless, lived in an unlicensed boarding home prior to admission, or have had another hospital or CSU admission in the last year.

27. Mississippi will fund additional CHOICE housing vouchers in FY 2022 not to exceed a $400,000 increase of the FY 2021 MHC CHOICE budget. Mississippi will continue to assess the need for future additional funding for CHOICE housing vouchers, subject to funding from the Mississippi Legislature.

VII. Diversion from State Hospitals

28. During the pre-evaluation screening process, CMHCs will use their best efforts to determine if a person meets the criteria for intensive community services – specifically, PACT, ICORT, or ICSS, as applicable – in accordance with DMH Operational Standards and refer the person to the appropriate service.

29. During the pre-evaluation screening process, CMHCs will use their best efforts to consider all persons who are civilly committed in their Region for Crisis Residential Services in lieu of State Hospital placement, except when a chancery court orders the person to be committed to a State Hospital.

30. On or before October 1, 2021, the United States will provide Mississippi with information concerning the whereabouts of persons included in the United States' Clinical Review of 154 persons conducted for purposes of the June 2019 trial.

31. Mississippi will provide to the CMHCs information from the United States concerning the whereabouts of Clinical Review participants. Mississippi will provide funding for an intake to each CMHC to:

a. make reasonable efforts, including phone calls and letters, to contact the persons and conduct assertive outreach, as appropriate, in order to engage persons in treatment; and
b. screen persons for eligibility for the Core Services included in this Report, document the screening in the persons' records, and offer the Core Services for which persons are eligible and appropriate.

VIII. Discharge Planning

32. Discharge planning at the State Hospitals will begin within 24 hours of admission to a State Hospital and best efforts will be made to:

a. Identify the person's strengths, preferences, needs, and desired outcomes;
b. identify the specific community-based services the person should receive upon discharge;
c. identify and connect the person to the provider(s) of the necessary supports and services;
d. refer the person to PACT or ICORT when the person meets the criteria for PACT or ICORT in DMH's Operational Standards;
e. include, where applicable and appropriate, assistance to the person in securing or re-activating public benefits;
f. prior to discharging the person from a State Hospital, coordinate between the State Hospital and the community provider so that, upon discharge, the person continues to receive prescribed medications in the community as appropriate for the person's ongoing clinical needs;
g. identify resources for the person to access in the event of a crisis and educate the person about how to access those services; and
h. include an anticipated discharge date.

33. Discharge planning for persons who have previously been admitted to a State Hospital within the prior one-year period includes review of the prior discharge plans, the reasons for the readmission, and adjustment of the new discharge plan that accounts for the history of prior hospitalization.

34. Prior to the person's discharge from the State Hospital, staff of the CMHC that will be serving the person upon discharge will use their best efforts to meet with the person, either in

person or via videoconference, to conduct assertive engagement and enroll the person in appropriate services.

IX. Medication Access

35. Mississippi will allocate $200,000 annually in FY22 and FY23 for a medication assistance fund. These funds will be used to provide medication access to people in the community who have a SMI and who are receiving services through a CMHC who could not otherwise access prescribed medication that they need to avoid a serious risk of hospitalization. The fund can be accessed for a person once the CMHC has provided documentation that the CMHC has: (i) assisted the person in initiating the enrollment process for Medicaid, and/or (ii) submitted a request to enroll the person in a prescription assistance program. Persons will be eligible for medication assistance for a period of 90 days. The 90-day eligibility period may be renewed, for up to one year, upon a showing by the requesting CMHC that attempts to secure alternative medication access are ongoing and have not yet been successful. Further funding of medication access will be subject to appropriation by the Mississippi Legislature.

X. Technical Assistance

36. Mississippi provides the chancery courts in each county with an annual overview of mental health services provided in their area, including alternatives to civil commitment to State Hospital.

37. Mississippi provides technical assistance to providers as necessary, in Mississippi's discretion, including competency-based training, consultation, and coaching. The technical assistance shall be provided by persons who, in Mississippi's discretion, have demonstrated and substantial experience implementing the Core Services.

XI. Data Collection and Review

38. On a monthly basis, Mississippi will collect, review, and analyze person level and aggregate data capturing:

a. Admissions to Residential Crisis Services locations, by location broken down by CMHC region and by county;
b. Civil commitments to State Hospitals by CMHC region and by county;
c. Jail placements pending State Hospital admission by CMHC region and county, including length of placement (Mississippi will collect this data, as to each person, when a State Hospital receives the commitment order for the person);
d. Persons receiving each Core Service by CMHC region and by county; and
e. Number of units of each Core Service reimbursed through Medicaid by CMHC region and by county.

39. In FY 22, Mississippi will begin collecting, reviewing, and analyzing – on a monthly basis – person level and aggregate data capturing the number of units of each Covered Core Service reimbursed under DMH grants, excluding Purchase of Service grants.

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

UNITED STATES OF AMERICA **PLAINTIFF**

V. **CIVIL ACTION NO.: 3:16-CV-00622-CWR-FKB**

THE STATE OF MISSISSIPPI **DEFENDANT**

DECLARATION OF WENDY BAILEY

I, Wendy Bailey, declare as follows:

1. I am an adult United States citizen residing in Rankin County, Mississippi.

2. I am under no legal disability and am competent to testify to the facts set forth below of which I have personal knowledge.

3. I have been employed in various capacities by the Mississippi Department of Mental Health (DMH) since 2005.

4. My current position with DMH is Executive Director.

5. This Declaration summarizes Mississippi's capacity for the community-based services discussed below.

Mobile Crisis Response Teams

6. As of December 31, 2018, Mississippi had fourteen Mobile Crisis Response Teams – one in each Region. Mississippi has and will sustain one Mobile Crisis Team in each Region except Region 12. Region 12 is operating and will sustain two Mobile Crisis Teams – one in Hattiesburg and one in the former Region 13.

7. In FY21, DMH provided an additional $600,000 for Mobile Crisis Response Teams. This will continue in FY22.

EXHIBIT
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Crisis Stabilization Units

8. As of December 31, 2018, Mississippi had Crisis Stabilization Units (CSU) in eight Regions. Mississippi now has CSUs available for every Region (Region 15 provides access to Crisis Residential Services for Region 15 in neighboring Regions), except Region 11. In FY22, Mississippi will make funds available for a twelve-bed CSU in Region 11 through the Region 11 Community Mental Health Center (CMHC) or another DMH certified provider.

Intensive Community Service – PACT, ICORT, and ICSS

9. Mississippi provides Intensive Community Services through three programs: (i) Program of Assertive Community Treatment (PACT), (ii) Intensive Community Outreach and Recovery Team (ICORT), and (iii) Intensive Community Support Specialists (ICSS).

10. As of December 31, 2018, Mississippi had eight PACT teams. Mississippi now has and will sustain ten PACT teams. Mississippi's PACT teams are located in the Regions shown on Exhibit A (the area that was Region 13 as of December 31, 2018, is now operated by Region 12).

11. As of December 31, 2018, Mississippi had no ICORTs. Mississippi developed and implemented ICORT to deliver Intensive Community Services to less densely populated or rural areas that are difficult to serve with PACT teams.

12. In FY19, DMH piloted ICORT in Region 2 CMHC. As shown on Exhibit A, Mississippi now has provided funding for sixteen ICORTs: one ICORT in Regions 1, 6, 8, 9, and 14, two ICORTS in Regions 2, 7, 10, and 11, and three ICORTs in Region 12.

13. ICSS have direct involvement with the person and attempt to develop a caring, supportive relationship with the person as part of Mississippi's Intensive Community Support Services. In FY21, Regions 3, 6, 9, and 10 each received grants for two additional ICSS.

Region 11 received a grant for four additional ICSS. Mississippi now has provided grant funding for 35 ICSS as shown on Exhibit A.

14. Mississippi has provided grant funding for Intensive Community Services to CMHCs, making PACT, ICORT, and/or ICSS available in every county.

Peer Support

15. As of December 31, 2018, Mississippi had a Peer Bridger program at North Mississippi State Hospital. In FY21, Mississippi added a Peer Bridger program at South Mississippi State Hospital. In FY22, Mississippi will add a Peer Bridger Program at Mississippi State Hospital and East Mississippi State Hospital.

16. Subject to ordinary workforce turnover which could cause the number of Peer Support Specialists to fluctuate from time-to-time, Mississippi now provides and will sustain Peer Support Services in every Region by providing Peer Support Services as a standalone service available at the primary CMHC office in each Region.

Supported Employment

17. In 2015, Mississippi began offering Supported Employment Programs of Individual Placement and Support (IPS) at four pilot sites (Regions 2, 7, 10 and 12).

18. In February 2019, Mississippi offered grants for an Employment Specialist to all remaining CMHCs. Seven of them applied and all were awarded grants (Regions 3, 4, 8, 9, 11, 14 and 15).

19. In 2020, the remaining CMHCs received grants for an Employment Specialist. Mississippi now provides all Regions with a grant to provide Supported Employment through either IPS or an Employment Specialist that partners with Vocational Rehabilitation.

20. In FY22, Mississippi will offer IPS grants to three additional CMHCs (Region 4, 8 and 9).

Supported Housing

21. In FY22, Mississippi will provide an additional $150,000 to the two CHOICE housing providers to conduct assessments of people discharged from the State Hospitals and CSUs.

22. In FY22, the Mississippi Legislature appropriated to Mississippi Home Corporation an additional $400,000 for CHOICE housing vouchers.

Executed on April 30, 2021.

DocuSigned by:
1221E7AE0937415...
WENDY BAILEY

Intensive Community Supports

Region	Current Status	Proposed Expansion	FY19 State Hospital Acute Psych Admissions	Comments
1	1 ICORT; 1 ICSS	____	49	Existing ICORT serves all counties - Coahoma, Quitman, Tallahatchie, and Tunica. Number of commitments do not require additional intensive community supports.
2	1 ICORT; 1 ICSS	1 ICORT	142	Existing ICORT serves all counties – Tate, Marshall, Panola, Lafayette, Yalobusha, and Calhoun. Number of commitments require an additional ICORT to assist in coverage of counties.
3	1 PACT Team; 1 ICSS	2 ICSSs	114	Existing PACT serves Lee county. Number of commitments require 2 additional ICSSs to serve Benton, Union, Pontotoc, Monroe, and Chickasaw. Existing PACT will begin serving Itawamba.
4	2 PACT Teams; 3 ICSSs	_____	148	One existing PACT serves DeSoto county and 1 PACT serves Tippah, Alcorn, Prentiss, and Tishomingo. Number of commitments do not require additional intensive community supports.
6	1 PACT Team; 1 ICORT; 2 ICSSs	2 ICSSs	119	Existing PACT serves Leflore, Grenada and Holmes. Existing ICORT serves Bolivar and Washington. Number of commitments require 2 additional ICSSs to serve remaining counties – Issaquena, Sharkey, Humphreys, Sunflower, Carroll, Montgomery, and Attala.
7	1 ICORT; 2 ICSSs	1 ICORT	147	Existing ICORT serves all counties – Webster, Clay, Choctaw, Oktibbeha, Lowndes, Noxubee, and Winston. Number of commitments require an additional ICORT to assist in coverage of counties.
8	1 PACT Team; 1 ICSS	1 ICORT	145	Existing PACT serves Rankin and Madison. Number of commitments require an ICORT to serve Copiah, Lincoln and Simpson.
9	1 PACT Team; 1 ICSS	1 ICORT and 2 ICSSs	291	Only includes Hinds county. Number of commitments require an ICORT and 2 additional ICSSs.

Intensive Community Supports

10	1 PACT Team; 1.5 ICSS	2 ICORTs and 2 ICSSs	289	Existing PACT serves Lauderdale. Number of commitments requires 2 additional ICORTs to serve Leake, Scott, Newton, Smith and Clarke and 2 ICSSs for Neshoba, Jasper, and Kemper.
11	1 ICORT; 1 ICSS	1 ICORT and 4 ICSSs	250	Existing ICORT serves all counties (not operational yet) – Pike, Amite, Lawrence, Walthall, Franklin, Adam, Wilkinson, Claiborne, and Jefferson. Number of commitments require an additional ICORT and 4 additional ICSSs to assist in coverage of counties.
12	1 PACT Team; 1 ICSS	3 ICORTs	273	Existing PACT serves Forrest and Perry counties. Number of commitments require 3 additional ICORTs to cover Lamar, Pearl River, Marion, Jefferson Davis, Covington, and Jones. Existing ICSS staff will cover Greene and Wayne. Region 12 operates an additional PACT in Region 13 that serves Hancock and Harrison.
13	1 PACT Team; 5 ICSSs	_____	141	Existing PACT operated by Region 12 serves Hancock and Harrison. An ICSS will serve Stone. In the previous year, Region 13 added 4 ICSSs.
14	1 ICORT; 1 ICSS	_____	66	Existing ICORT serves George and Jackson counties. Number of commitments do not require additional intensive community supports.
15	1 PACT; 2 ICSS	_____	34	Existing PACT serves Warren and Yazoo counties. Number of commitments do not require additional intensive community supports.

Types of Intensive Community Supports

Program of Assertive Community Treatment Team (PACT) – Caseload is 80
Intensive Community Outreach and Recovery Team (ICORT) – Caseload is 45
Intensive Case Management (ICSS) – Caseload will be 20 as of July 1, 2020

January 19, 2021

EXHIBIT
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Key Community-Based Services by Region as of 12/31/13

REGION	ICM	PEER SUPPORT	CSUs	PACT	MOBILE CRISIS RESPONSE TEAMS	SUPPORTED EMPLOYMENT
1	✔	✔				
2	✔	✔	✔			
3	✔	✔				
4	✔	✔	✔			
6	✔	✔	✔	✔		
7	✔	✔				
8	✔	✔	✔			
9	✔	✔				
10	✔	✔	✔			
11	✔	✔				
12	✔	✔	✔			
13	✔	✔	✔			
14	✔	✔				
15	✔	✔		✔		

EXHIBIT 4

Key Community-Based Services by Region as of 12/31/2018

REGION	ICM	PEER SUPPORT	CSUs	PACT/ICM	MOBILE CRISIS RESPONSE TEAMS	SUPPORTED EMPLOYMENT
1	✔	✔	Pending		✔	
2	✔	✔	✔		✔	✔
3	✔	✔	✔	✔	✔	✔
4	✔	✔	✔	✔	✔	✔
6	✔	✔	✔	✔	✔	
7	✔	✔	Pending		✔	✔
8	✔	✔	✔	Pending	✔	✔
9	✔	✔	Pending	✔	✔	✔
10	✔	✔	✔	✔	✔	✔
11	✔	✔	Pending		✔	✔
12	✔	✔	✔	✔	✔	✔
13	✔	✔	✔	✔	✔	
14	✔	✔	Pending		✔	✔
15	✔	✔		✔	✔	✔

EXHIBIT
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Key Community-Based Services by Region as of 3/1/2020

REGION	ICM	PEER SUPPORT	CSUs	PACT/ICM	MOBILE CRISIS RESPONSE TEAMS	SUPPORTED EMPLOYMENT
1	✔	✔	✔	✔ ICORT	✔	Funding Requested
2	✔	✔	✔	✔ ICORT	✔	✔
3	✔	✔	✔	✔	✔	✔
4	✔	✔	✔	✔	✔	✔
6	✔	✔	✔	✔	✔	Funding Requested
7	✔	✔	✔	✔ ICORT	✔	✔
8	✔	✔	✔	✔	✔	✔
9	✔	✔	✔	✔	✔	✔
10	✔	✔	✔	✔	✔	✔
11	✔	✔	Pending	ICORT-Pending	✔	✔
12	✔	✔	✔	✔	✔	✔
13	✔	✔	✔	✔	✔	Funding Requested
14	✔	✔	✔	✔ ICORT	✔	✔
15	✔	✔	✔ Shared	✔	✔	✔

EXHIBIT
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Key Community-Based Services by Region as of 4/30/2021

REGION	ICM	PEER SUPPORT	CSUs	PACT/ICORT/ICM	MOBILE CRISIS RESPONSE TEAMS	SUPPORTED EMPLOYMENT
1	✔	✔	✔	✔	✔	✔
2	✔	✔	✔	✔	✔	✔
3	✔	✔	✔	✔	✔	✔
4	✔	✔	✔	✔	✔	✔
6	✔	✔	✔	✔	✔	✔
7	✔	✔	✔	✔	✔	✔
8	✔	✔	✔	✔	✔	✔
9	✔	✔	✔	✔	✔	✔
10	✔	✔	✔	✔	✔	✔
11	✔	✔	Pending	✔	✔	✔
12	✔	✔	✔	✔	✔	✔
14	✔	✔	✔	✔	✔	✔
15	✔	✔	✔ Shared	✔	✔	✔