United States' Proposed Remedial Plan

On August 11, 2016, the United States filed a complaint under Title II of the Americans with Disabilities Act alleging that the State, through its programs, services, and activities, unnecessarily requires persons with serious mental illness to receive services in four State Hospitals, instead of in integrated community settings.[1]

The Court presided over a four-week bench trial commencing on June 3, 2019. The trial record includes: 33 testifying witnesses, over 2,500 pages of transcript, 345 stipulated facts, more than 400 exhibits, and excerpts from the deposition transcripts of 19 additional witnesses.

Based on this trial record, the Court found that "Mississippi's system of care for adults with [serious mental illness] violates the integration mandate of the ADA." Memorandum Opinion and Order, September 3, 2019, ECF No. 234 at 54. This is so because the State's public mental health system depends too much on segregated State Hospital settings and provides too few community-based alternatives. In particular, this Court found that many individuals with serious mental illness who have received treatment in a State Hospital can appropriately receive services in community-based settings instead of State Hospitals. The Court also found that, with few exceptions, those individuals do not oppose community-based services. Further, the Court found that the State can reasonably accommodate their treatment in the community through its existing program for community-based mental health services. Many key facts were undisputed and stipulated to by the Parties, or unrefuted by the State.

The State's unnecessary reliance on State Hospitals affects hundreds of adults with serious mental illness in Mississippi each year. Many admissions to the State Hospitals last months or years. At the Mississippi State Hospital continuing care unit, for example, the average length of stay was around 4.5 years. Approximately 1,200 people who were admitted to the State Hospitals between 2015 and 2017 stayed longer than two months. During the same period, over 700 adults with serious mental illness experienced two or more State Hospital admissions. As the Court found, many of the individuals who were discharged from the State Hospitals returned to their communities to find "gaping holes" in core service availability, putting them at serious risk of additional unnecessary State Hospital admissions. ECF No. 234 at 48.

The Court found that providing community-based services for individuals unnecessarily institutionalized in a State Hospital or at serious risk of such institutionalization would not fundamentally alter the State's current program. The State has adopted standards for the key community-based services, including Mobile Crisis Teams, Crisis Stabilization Units, Programs for Assertive Community Treatment (PACT), Community Support Services, Permanent Supported Housing, Peer Support Services, and Supported Employment. Although Mississippi has implemented these services in some parts of the State through its existing community mental health service system, the State fails to provide those services to many who need them as an alternative to institutionalization in a State Hospital. These services can effectively maintain

[1] The hospitals are Mississippi State Hospital, East Mississippi State Hospital, North Mississippi State Hospital, and South Mississippi State Hospital (collectively, State Hospitals).

people in the community instead of a State Hospital and thus prevent unnecessary State Hospital admissions.

The State of Mississippi recognizes the efficacy of these services, funds many of the services through its Medicaid program (which shifts approximately 75% of the cost to the federal government), and provides some grant funding for the services. Through the Mississippi Department of Mental Health (DMH), the State has issued detailed Operational Standards for mental health providers[2] governing these services. Mississippi provides the services primarily through a network of State-certified Community Mental Health Centers. As the Court found, while the State's descriptions of the services are adequate, "[t]he problem is that the descriptions do not match the reality of service delivery, in terms of what is actually provided and where it is provided." ECF No. 234 at 19.

The Court found, based in part on the State's own expert witnesses, that the community-based services that the State currently provides to a limited number of individuals—which the State acknowledges are effective in diverting adults with serious mental illness from unnecessary State Hospital admissions—are no costlier than State Hospital services.

The Court appointed a Special Master, Dr. Michael Hogan, an expert in public mental health systems, to assist the Court in developing an appropriate remedial plan. ECF No. 241. After working with Dr. Hogan for more than a year, the Parties were unable to agree on an appropriate remedial plan. The Court has received and carefully considered the State's proposed remedial plan ("State's Report"), ECF No. 262-1, the United States' proposed remedial plan, and the Special Master's recommendations in conjunction with the extensive factual record.

The Court's injunctive Order balances the rights of persons with disabilities to receive services in the most integrated setting appropriate to their needs with the State's interest in maintaining its control over areas of core State responsibility. Much of the Order is drawn from the State's own Operational Standards for mental health providers and the State's Report.

The injunctive relief in this Order covers adults with serious mental illness who are eligible for public mental health services in Mississippi and are institutionalized in one of Mississippi's four State Hospitals under a civil (non-forensic) order or are at serious risk of institutionalization in a State Hospital. This Order refers to these adults as the "Covered Individuals."

I. Community Services for People with Serious Mental Illness Who Are in State Hospitals or Are at Serious Risk of Unnecessary State Hospital Admissions

1. In accordance with the specific terms of this Order, the State must develop and implement effective measures to prevent unnecessary institutionalization in State Hospitals. Those measures shall include providing Covered Individuals—either directly

[2] The Mental Health Operational Standards are a set of policies issued by the Mississippi Department of Mental Health that describe the mental health services included in this Order and set qualifications and standards for those services. JX 60.

or through certified providers—adequate and appropriate services and supports, described below.

2. The State of Mississippi has established regional Community Mental Health Centers (CMHCs). These CMHCs work in conjunction with and are subject to oversight by the State. Consistent with the State's Operational Standards for mental health providers and the State's Report, each CMHC shall be the entity in its region responsible for preventing unnecessary hospitalizations by:

   i. identifying individuals with serious mental illness in need of mental health services;
   ii. screening individuals with serious mental illness during annual planning meetings to determine their need for the services required by this Order;
   iii. coordinating mental health care for individuals with serious mental illness; and
   iv. diverting individuals from unnecessary hospitalizations through the provision of appropriate mental health care.

3. The Court found that the State has adopted key services that can prevent Covered Individuals from being unnecessarily hospitalized in State Hospitals. These services include Mobile Crisis Teams, Crisis Stabilization Units, Programs of Assertive Community Treatment, Permanent Supported Housing, Supported Employment, Peer Support, and Community Support Services (collectively, Core Services). If, in implementing this Order, the State identifies an alternative service demonstrated to have comparable success at reducing hospitalization, the State may petition the Court to modify the injunction and replace any Core Service with the comparable alternative.

A. Crisis Services

Mobile Crisis Teams

The State began to offer Mobile Crisis Teams as a Medicaid service in 2012. Mobile Crisis Teams are effective in preventing unnecessary State Hospital admissions. At the time of trial, and since 2014, the State provided for one Mobile Crisis Team per Community Mental Health Center. But as the Court found, Mobile Crisis services remain "illusory" in many parts of Mississippi. ECF No. 234 at 23. The supply and distribution of Mobile Crisis Teams is insufficient to provide timely, face-to-face mobile crisis response to Covered Individuals, as required by the State's Operational Standards for mental health providers. This insufficiency results in avoidable and unnecessary admissions to State Hospitals.

4. Consistent with the State's existing Operational Standards for mental health providers, Mobile Crisis Teams shall provide face-to-face interventions at the site of an individual's mental health crisis, including at the individual's home, to de-escalate the crisis in the community without unnecessarily referring the individual to a hospital for psychiatric treatment. Mobile Crisis Teams shall be available for phone and in-person responses to individuals experiencing mental health crisis 24 hours a day, 7 days a week, and 365 days a year throughout each CMHC region. With the goals of reducing unnecessary law enforcement contacts with Covered Individuals and preventing unnecessary

institutionalization, Mobile Crisis Teams shall coordinate with law enforcement to provide, where appropriate, a Mobile Crisis response in lieu of a law enforcement response.

5. In every CMHC region, the State shall provide Mobile Crisis Teams that respond to the site of a Covered Individual's mental health crisis to prevent unnecessary hospitalizations. The Mobile Crisis Teams shall respond within one hour for urban areas or two hours for rural areas, consistent with the State's existing Operational Standards for mental health providers.

6. Mobile Crisis Teams shall continue to provide services until the crisis subsides and a transition is made, without a break in service, to ongoing community-based mental health services appropriate to prevent an avoidable hospital admission.

7. The State shall increase the number of Mobile Crisis Teams as necessary to comply with paragraphs 4-6 of this Order within two years of the effective date of this Order.

Crisis Stabilization Units

The State has offered Crisis Stabilization Units as a Medicaid service since 2012. Crisis Stabilization Units are effective in diverting adults with serious mental illness from needless hospitalization. At the time of trial, the State provided Crisis Stabilization Units in nine Community Mental Health Center regions, yet has acknowledged the need to provide this critical service statewide since at least 2012.

8. Consistent with the State's Operational Standards for mental health providers, Crisis Stabilization Units shall provide time-limited residential treatment to individuals who are experiencing a period of acute psychiatric distress that severely impairs their ability to cope with normal life circumstances. Crisis Stabilization Units are designed to prevent civil commitment and/or longer term inpatient psychiatric hospitalization by addressing acute symptoms, distress and further decomposition. Crisis Stabilization Unit stays shall end as soon as the individual's needs can be met with outpatient community services. Crisis Stabilization Units shall, whenever appropriate, accept direct referrals from law enforcement for individuals in mental health crisis to prevent unnecessary civil commitments.

9. Prior to discharge, Crisis Stabilization Units shall arrange for ongoing mental health services for Covered Individuals to provide for continuity of care and prevent avoidable hospital admissions.

10. The State shall provide at least one Crisis Stabilization Unit in every CMHC region within one year of the entry of this Order.

B. Programs of Assertive Community Treatment (PACT)

Mississippi chose to adopt Programs of Assertive Community Treatment as part of its Medicaid program in 2012, recognizing PACT's success in keeping people in the community and avoiding unnecessary hospital admissions. The Court found that PACT was "unavailable

and under-enrolled" in Mississippi. ECF No. 234 at 19. As of June 2018, PACT services did not exist in 68 of 82 counties. Hundreds of individuals with multiple State Hospital admissions were discharged to counties without PACT.

11. The State shall provide PACT as described in this Order.

12. Consistent with the State's Operational Standards for mental health providers, PACT is an individual-centered, recovery-oriented, intensive mental health service model for individuals with serious mental illness who have severe and persistent symptoms and impairments, and have not benefitted from traditional outpatient services. PACT supports individuals as an alternative to an institutional placement and, if properly implemented, can assist individuals in avoiding crisis and hospitalization. Services shall be delivered by a PACT Team—a group of multidisciplinary mental health personnel that includes a nurse, a psychiatrist or psychiatric nurse practitioner, a peer support specialist, a substance use specialist, an employment specialist, and mental health professionals. The specific interventions and intensity will vary over time as an individual's needs change. The PACT Team shall be mobile and deliver treatment, rehabilitation, and support services 24 hours a day, seven days per week in community locations. Each PACT Team shall have at least one full-time equivalent staff person for every 10 people served.

13. Within one year of entry of this Order, the State shall provide at least one PACT Team to operate in every Community Mental Health Center region and to serve Covered Individuals in every county within that region. The State shall provide a second PACT Team operating in Hinds County.

C. Permanent Supported Housing

Since 2014, the State has provided Permanent Supported Housing through its Creating Housing Options in Communities for Everyone (CHOICE) program, which targets individuals with serious mental illness transitioning from State Hospitals to the community. CHOICE is administered by the Mississippi Home Corporation and the State's Department of Mental Health, in collaboration with non-profit provider organizations. The program has no geographic boundaries within the State. The program served about 350 individuals total as of 2018. The Court found that the CHOICE program is "grossly underutilized." ECF No. 234 at 26. In seven Community Mental Health Center regions, as of 2018, fewer than five individuals were enrolled in CHOICE in each region.

14. Consistent with the State's standards for the CHOICE program, Permanent Supported Housing shall be an evidence-based practice that provides an integrated, community-based alternative to segregated settings, including State Hospitals. It shall include mental health support services as needed to prevent unnecessary hospitalization. In Permanent Supported Housing, individuals with serious mental illness shall live in their own rental unit, either alone, with family members, or with the roommates of their choice. To be considered Permanent Supported Housing and ensure that the service is integrated in the larger community, no more than two units or 25% of the total number of units in any

building, whichever is greater, may be used to provide Permanent Supported Housing for tenants with serious mental illness who are referred by the State or its contractors.

15. As an alternative to unnecessary institutional placement, the State shall fund rental subsidies and/or vouchers to provide Permanent Supported Housing units that are affordable to Covered Individuals with limited or no income, including those receiving Social Security Income (SSI) benefits.

16. If the State chooses to offer Permanent Supported Housing through a time-limited subsidy, the State shall assist participants with identifying ongoing (i.e., non-time-limited) housing support, such as through the federal Housing Choice Voucher program. Assistance in identifying ongoing housing support shall begin upon an individual's entry into the program and continue until ongoing support, if needed, is obtained. If ongoing housing support is necessary to prevent the unnecessary hospitalization of a participant, the State must ensure that a time-limited CHOICE subsidy is not terminated until ongoing housing support is obtained for that individual.

17. Within one year of the entry of this Order, the State shall serve at least 250 more Covered Individuals through Permanent Supported Housing than were served in the year prior to issuance of this Order.

18. Within two years of the entry of this Order, the State shall serve at least 500 more individuals with serious mental illness through Permanent Supported Housing than were served in the year prior to issuance of this Order.

19. Within three years of the entry of this Order, the State shall serve at least 750 more individuals with serious mental illness through Permanent Supported Housing than were served in the year prior to issuance of this Order.

D. Supported Employment

Since 2015, Mississippi has provided Individual Placement Support (IPS) Supported Employment, which is effective in promoting stability and preventing unnecessary hospital admissions. The Court found that the availability of this critical service is "miniscule" in Mississippi, with just four Community Mental Health Centers offering IPS Supported Employment. ECF No. 234 at 25.

20. The State shall provide IPS Supported Employment as described in this Order.

21. Consistent with the State's Operational Standards for mental health providers, Supported Employment is an evidence-based service that assists individuals with severe and persistent mental illness in obtaining and maintaining integrated, competitive-wage employment and avoiding unnecessary hospitalization. Supported Employment services shall be: individually tailored for each person to address the individual's preferences and identified goals; based on developing relationships with local businesses to establish employment opportunities; and delivered in the community on an ongoing rather than time-limited basis to aid the process of recovery and ensure permanent employment. Supported employment shall be provided by Supported Employment Specialists.

22. Within one year of the entry of this Order, the State shall provide Supported Employment in CMHC Regions 2, 4, 7, 8, 9, 10, 12 to Covered Individuals.

23. Within two years of the entry of this Order, the State shall provide Supported Employment in every CMHC region to Covered Individuals.

E. Peer Support Services

Peer Support Services, which the State has included in its Medicaid State Plan since 2012, help to promote stability and prevent unnecessary hospital admissions. At the time of the trial, the Court found "no indication that the service is being utilized across the State" and concluded that Medicaid billing for the service was "[s]hockingly" low in the most populous regions. ECF No. 234 at 25.

24. The State shall provide Peer Support Services as described in this Order.

25. Consistent with the State's Operational Standards for mental health providers, Peer Support Services are person-centered services focusing on mental health rehabilitation and long-term mental health recovery. Peer Support Services 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. Peer Support Services shall be provided by Certified Peer Support Specialist Professionals—individuals or family members of individuals who have received mental health services and who have successfully completed peer support competency-based training and testing.

26. Within one year of the entry of this Order, the State shall provide Peer Support Services in sufficient capacity to serve Covered Individuals at every Community Mental Health Center office.

27. Within two years of the entry of this Order, the State shall integrate Peer Support Services into transition planning at each State Hospital to help Covered Individuals transition to community living and avoid hospital readmission.

F. Connecting Individuals with Serious Mental Illness to Core Services

The Court found that, of the 154 individuals in the clinical review that the United States conducted for the June 2019 trial, many "were without community-based services between hospitalizations," putting them at serious risk of further unnecessary State Hospital admissions. ECF No. 234 at 43. Those 154 individuals are representative of other Covered Individuals who have been discharged from State Hospitals only to encounter the same lack of community-based services that precipitated their prior hospitalization.

28. The State shall notify the relevant Community Mental Health Center about a State Hospital admission from its region within 24 hours of the admission, so that the Center

can promote a timely return to the community and prevent unnecessary readmission following discharge.

29. Within 45 days of issuance of this Order:

i. The State shall provide to every CMHC a list of all individuals within the CMHC region who (1) were admitted to a State Hospital or Crisis Stabilization Unit two or more times in the preceding two years, or (2) were admitted to a State Hospital for more than 60 days in the preceding two years. The State also shall provide the last known contact information for each of those individuals.
ii. The United States shall provide the State with information concerning the whereabouts of individuals in the Clinical Review that the United States conducted for the June 2019 trial. The State shall provide to the CMHCs the information it receives from the United States and any additional information reasonably in the State's possession concerning the whereabouts of Clinical Review participants.

30. For the individuals identified pursuant to Paragraph 29, the State shall do the following within 120 days of issuance of this Order:

i. make reasonable efforts, including phone calls and letters, to contact the identified individuals and conduct assertive outreach (e.g., multiple outreach attempts, assistance in understanding the services offered, and efforts to address stated concerns), as appropriate, in order to engage those individuals in treatment;
ii. evaluate their eligibility and need for Core Services that may prevent hospitalization; and
iii. provide the services identified in 30(ii).

31. With the goal of preventing hospitalization where possible, Mobile Crisis Teams shall make reasonable efforts to locate and serve any individual about whom an affidavit is filed seeking civil commitment. This obligation shall not apply to individuals who have already been admitted to an inpatient setting when the affidavit is filed.

32. During the pre-evaluation screening process, CMHCs shall determine if an individual meets the criteria for Programs of Assertive Community Treatment in accordance with the Operational Standards for mental health providers and shall connect the individual to PACT if eligible.

33. The relevant CMHC shall consider diversion to its Crisis Stabilization Unit during the pre-evaluation screening process whenever an affidavit seeking civil commitment is filed. This paragraph does not apply when a chancery court has ordered the individual to be committed to a State Hospital.

34. Within two years of the entry of this Order, the State shall assess for Community Support Services individuals who have indicators of serious risk for inpatient psychiatric

hospitalization—such as history of previous psychiatric hospitalizations or admissions to a Crisis Stabilization Unit, homelessness, or co-occurring substance use disorders—but who do not qualify for PACT. The State shall offer Community Support Services to those individuals if appropriate. Consistent with DMH's requirements, these Community Support Services shall foster direct, supportive relationships between the service provider and the individual receiving the service. Community Support Services shall maintain a low client to staff ratio; provide services multiple times per week as needed; assist individuals with accessing medications and needed benefits for which they are eligible; and provide interventions primarily in the community rather than in office settings.

G. State Hospital Discharge Planning

As the Court found, for many individuals discharged from a State Hospital, the State does not establish a connection between individuals and their community providers before discharge. The formulaic planning and lack of a consistent connection to community-based services, including medication, upon discharge leads to further unnecessary State Hospital admissions for Covered Individuals.

35. The State shall ensure that discharge planning at the State Hospitals complies with this Order.

36. Discharge planning shall begin with the presumption that, with appropriate services and supports, individuals can promptly return to and remain in the community without frequent hospitalizations. Such planning shall be designed to ensure individuals being discharged are connected to those services and supports.

37. Discharge planning shall begin within 24 hours of admission to a State Hospital.

38. Discharge planning shall include the individual, the State Hospital treatment team, the Community Mental Health Center that will serve the individual upon discharge, and, where appropriate, the individual's family or other interested person(s). The State Hospital is responsible for coordinating and facilitating discharge planning.

39. To help individuals remain in the community and avoid further hospitalizations, discharge planning shall:

    i. identify the person's strengths, preferences, needs, and desired outcomes;
    ii. identify the specific community-based services necessary for the individual to transition back to the community successfully and avoid readmission to a psychiatric hospital, including the amount, duration, and frequency of those services;
    iii. identify and connect the individual to the provider(s) of the necessary supports and services;
    iv. refer the individual to Programs of Assertive Community Treatment when the person meets the criteria for PACT in the State's Operational Standards for mental health providers;
    v. include referrals to Permanent Supported Housing for individuals who may need Permanent Supported Housing based on the following circumstances: homelessness;

unstable housing; residence in a Personal Care Home; or a hospital admission resulting from a conflict with other persons within the individual's community housing;

vi. include, where applicable and appropriate, assistance to the person in securing or reactivating public benefits;

vii. prior to discharging the individual from a State Hospital, coordinate between the State Hospital and the community provider so that, upon discharge, the individual continues to receive prescribed medications in the community as appropriate for the individual's ongoing clinical needs;

viii. identify resources for the individual to access in the event of a crisis and educate the individual about how to access those services; and

ix. include an anticipated discharge date.

40. The State, through the CMHCs, shall:

i. actively participate in the discharge planning process;

ii. meet with the person at the State Hospital in person or via videoconference prior to the individual's discharge from a State Hospital;

iii. conduct assertive engagement (e.g., multiple contact attempts, assistance in understanding the services offered, and efforts to address stated concerns) and enroll the individual in appropriate services prior to the individual's discharge from a State Hospital, whenever possible; and

iv. implement the discharge plan.

41. For individuals re-admitted to a State Hospital within a year of their most recent discharge, discharge planning shall include 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.

42. A specialized discharge planning team including both State Hospital and CMHC representatives (to include a member of a PACT Team) shall review the records of any person who has been in a State Hospital for 45 days, and interview the individual and the individual's State Hospital treatment team to identify barriers to discharge, advise the treatment team on strategies to support discharge, assist the treatment team in implementing those strategies, and periodically reassess individuals who remain in the State Hospital.

H. Medication Assistance

43. Mississippi shall allocate $200,000 annually for a medication assistance fund. These funds shall be used to provide medication access to people in the community who meet the following three conditions: (1) they have a serious mental illness, (2) they are receiving services through a Community Mental Health Center, and (3) they could not otherwise access prescribed medication needed to avoid a serious risk of hospitalization. The fund can be accessed for a person once the CMHC has provided documentation that it 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

shall be eligible for medication assistance for a period of 90 days. The 90-day eligibility period may be renewed, for up to one year, if the requesting CMHC shows that attempts to secure alternative medication access are ongoing and have not yet been successful.

I. Assessing Need for Additional Service Capacity to Prevent Unnecessary Hospitalization

44. The State shall require Community Mental Health Centers to document the community mental health service needs of every person about whom an affidavit is filed seeking civil commitment and report that data to the State on a monthly basis. The report shall identify the individual who needed services, the county where the affidavit was filed, the services that the individual needed, and whether each needed service was available in that county.

45. The State shall continually collect, review, and analyze data sufficient to assess and identify by county and CMHC region the ongoing need for additional community services to prevent unnecessary hospitalizations. At a minimum, the data collected shall include, by CMHC region and county, data specific to each service recipient and service provider, as well as aggregate data across all service recipients and providers, capturing:

    i. admissions to Crisis Stabilization Units;
    ii. civil commitments to State Hospitals;
    iii. jail placements pending State Hospital admission, including length of placement (Mississippi shall collect this data, as to each person, when a State Hospital receives the commitment order for the person);
    iv. persons receiving each Core Service;
    v. number of units of each Core Service reimbursed through Medicaid; and
    vi. number of units of each Core Service reimbursed through DMH grants, excluding Purchase of Service grants.

46. Using data collected pursuant to this Order, the State shall assess the need for service expansion to further reduce State Hospital admissions by (1) identifying trends in State Hospital and community service utilization; and (2) developing plans as needed for community service expansion and additional State Hospital diversion efforts.

47. Within four years of the entry of this Order, the State shall assess whether the availability of Core Services is sufficient to serve Covered Individuals. That assessment shall include (1) conducting a clinical review of a sample of individuals served at State Hospitals in the year prior to the review; and (2) reviewing the data collected under paragraphs 44 and 45. The State shall provide a draft plan for conducting the assessment to the U.S. Department of Justice and the Monitor (See Section V) for review and comment. After the assessment is completed and reviewed, the Parties shall meet and confer about whether any additional Core Services are needed to prevent unnecessary hospitalizations, and if so, shall define the necessary expansion. If the Parties do not reach agreement, either Party may seek relief from the Court.

J. Technical Assistance to Mental Health Providers and State Oversight of Core Services

48. As necessary to comply with the terms of this Order, the State shall exercise active oversight of Community Mental Health Centers and other providers of mental health services.

49. The State shall provide chancery courts in each county with an annual overview of mental health services provided in their area, including alternatives to civil commitment to State Hospitals.

50. The State shall provide technical assistance to providers as necessary to comply with the terms of this Order. The technical assistance shall include competency-based training, consultation, and coaching. The technical assistance shall be provided by persons who have substantial, demonstrated experience implementing the Core Services.

II. Implementation and Termination

51. The State shall develop a detailed Implementation Plan to enable it to comply with this Order by the prescribed deadlines. The Plan must incorporate input from stakeholders. The Plan shall identify interim steps the State must take to comply with the Order, timelines for those steps, and the State officials responsible for implementing those steps.

52. The State shall provide the initial Implementation Plan to the Monitor and the United States for comment within 120 days of the issuance of this Order and shall submit a proposed Implementation Plan to the Court for review and approval within 180 days of the issuance of the Order.

53. Until termination of this Order, the State shall update and revise the Implementation Plan annually, incorporating input from stakeholders. The State shall provide a draft of the revised Implementation Plan to the Monitor and the United States by May 15 of each year for comment, and by June 30 of each year, will file the Plan with the Court for its review and approval.

54. Implementation Plans approved by the Court shall be posted on DMH's website.

55. This Order shall terminate when the State has attained substantial compliance with paragraphs 1-54 and maintained that compliance for one year as determined by this Court. Non-compliance with mere technicalities, or temporary failure to comply during a period of otherwise sustained compliance, shall not constitute failure by the State to maintain substantial compliance. At the same time, temporary compliance during a period of sustained non-compliance shall not constitute substantial compliance.

III. Monitoring Compliance

56. The Court will appoint a Monitor to act as an agent of the Court to assess the State's compliance with this Order. The Court will issue a separate Order setting forth a schedule and process for selecting the Monitor and for determining the Monitor's duties, compensation, and authority.