IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF AMERICA, Plaintiff, v. THE STATE OF GEORGIA; SONNY PERDUE, Governor of the State of Georgia, in his official capacity only; B.J. WALKER, Commissioner, Georgia Department of Human Resources, in her official capacity only; GWENDOLYN SKINNER, Director, Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases, in her official capacity only; and SUSAN TRUEBLOOD, Administrator, Georgia Regional Hospital/Atlanta, in her official capacity only, Defendants.	)	CIVIL ACTION NO. 1:09-CV-119-CAP

JOINT STATUS REPORT OF THE UNITED STATES
AND *AMICI CURIAE*

Pursuant to the Joint Status Report filed on June 12, 2009, the United States and *amici curiae* file this Joint Status Report updating the Court regarding the case and the remaining issues for resolution. The United States and the *amici curiae* have grave concerns regarding the State of Georgia's ability to comply with the

Settlement Agreement (the "Agreement") executed over nine months ago. The State has failed to develop a plan of implementation that adequately describes the steps necessary to achieve compliance with the Agreement.

The plan of implementation submitted to the Court on September 15, 2009, (the "POI") also makes evident that the State has made little progress in implementing the requirements of the Agreement. See Compliance Report, Ex. 1. Indeed, the United States continues to find harmful and unsafe conditions at the hospitals during its monitoring tours, and critical events at several hospitals, including assaults, suicide attempts, and deaths, demonstrate that patients continue to suffer preventable harm due to deficient practices. The State's unwillingness to take seriously its obligations under Olmstead v. L.C., 527 U.S. 581 (1999), and the discharge planning provisions of the Agreement is a fundamental cause of the constitutional violations that the United States has identified.

The United States and the *amici curiae* believe an effective plan of implementation is essential to implement the terms of the Agreement. The *amici curiae* believe these circumstances require a status conference with the Court to facilitate developing an appropriate plan of implementation and holding the State accountable for implementing it once developed. The United States does not object to the *amici curiae*'s request for a status conference. However, because the

Agreement grants the State one year to come into compliance with certain priority areas, the United States does not, at this time, seek enforcement of the Agreement by the Court.

I. BACKGROUND

On January 15, 2009, the United States and the State of Georgia entered into the Agreement, which resolved the United States' investigation of the seven state psychiatric hospitals in Georgia under the Civil Rights of Institutionalized Persons Act ("CRIPA"), 42 U.S.C. § 1997. In accordance with the Agreement, on January 15, 2009, the United States filed the Complaint initiating this action with the Court and, on the same day, it filed, together with the State of Georgia, a joint motion of the parties, requesting that the Court conditionally dismiss the case and retain jurisdiction to enforce the terms of the Agreement. See Agreement, ¶ V.C.

On January 23, 2009, the majority of the advocacy groups now appearing as *amici curiae* sent a letter to the Court expressing concern about the Agreement, including that it did not require the State to develop a plan of implementation with specific actions, concrete goals and timeframes for compliance; it did not provide for sufficient monitoring of implementation by the Court; and it failed to meaningfully address the lack of community-based services causing people to be

needlessly institutionalized in its hospitals. Following the Court's order, the parties met with representatives of the *amici curiae* on May 14, 2009.

The parties and *amici curiae* filed a Joint Status Report with the Court on June 12, 2009, advising the Court of the progress made in resolving the issues raised by the *amici curiae* in their objections to the Agreement. The parties and *amici curiae* agreed that a plan of implementation would be developed by the State of Georgia with input from the United States and the *amici curiae* and a process was agreed to for the development of the plan. The United States and *amici curiae* believed they had reached an agreement with the State on May 14, 2009, regarding the necessary expansion of community-based services to address the State's obligations regarding discharge planning. The State, however, did not agree to the language drafted by the United States memorializing the agreement reached in the May 14, 2009, meeting. The parties and *amici curiae* also agreed to a series of filings to apprise the Court of the State's compliance with the Agreement. In the June 12, 2009, Status Report to the Court, the United States and *amici curiae* requested a status conference regarding the unresolved issue of the expansion of community-based services.

The parties and the *amici curiae* met on July 14 and August 25, 2009, to provide input to the State regarding the development of a plan of implementation.

Before the July 14 meeting, the State produced a "Plan of Implementation Tracking Document" that contained an "Interim Status Report as of 4.30.2009" addressing the initial priority areas defined in Paragraph V.E. of the Agreement. The tracking document consisted of a spreadsheet with the language from the Agreement and contained substantive content for a limited number of the hundreds of boxes in the spreadsheet.

The *amici curiae* provided written feedback to the State regarding the tracking document in letters dated June 30 and August 14, 2009, and the United States did so in letters dated July 8 and August 20, 2009. See Ex. 1, 2, 3 and 4. The letters state clearly that the draft document was not an adequate plan of implementation, and highlight the United States' and *amici curiae*'s position that:

> the development of an effective POI remains essential and must be a priority as the State proceeds to implement the Settlement Agreement. An effective POI must identify the specific actions it will take to achieve each requirement of the Settlement Agreement, the dates by which these actions will be taken, and anticipated time frames for achievement of compliance. Accordingly, the POI needs to set forth specific goals, objectives, and tasks to be completed to implement the provisions of the Settlement Agreement; target and deadline dates for implementation of goals, objectives, and tasks; and compliance assessment methods and requirements, including setting forth specific data to be collected and maintained, to ensure compliance with the POI and the Settlement Agreement in a timely and effective manner.

Ex. 3 at 2. At the July 14 and August 25 meetings, the United States, representatives of the *amici curiae,* and their respective experts[1] spent a considerable portion of the meeting discussing with the State the necessary elements of a plan of implementation, as well as the necessity of expanding community-based services to address both the problems in the hospital and the State's obligations with respect to discharge planning and community integration. The State filed a Compliance Report with the POI attached on September 15, 2009.[2]

[1] The United States, the State, and *amici curiae* agreed that feedback from experts would be most helpful in developing a plan. Experts retained by the United States included consultants in psychiatry, psychology, psychiatric nursing, protection from harm, and discharge planning and community integration – all of whom are involved in the compliance monitoring tours of the State psychiatric hospitals in Georgia. Experts retained by the *amici curiae* included a former mental health director, a board-certified community psychiatrist, a community psychologist who has been involved in system reform work in other states' mental health systems, consumers of mental health services, and a former court monitor in other system reform work.

[2] The POI dated September 15, 2009, as submitted to the Court, is the first full version of the POI that the United States and *amici curiae* have reviewed. The document produced on April 30, 2009 was an "Interim Status Report" that focused on the "priority areas" in the Agreement. That document did not contain any of the elements of a POI and differs substantially from the POI submitted to the Court on September 15, 2009.

While these meetings on the plan of implementation were proceeding, the United States, accompanied by expert consultants in the fields of psychiatry, psychology, psychiatric nursing, protection from harm, and discharge planning and community integration, conducted week-long compliance tours of three of the seven Georgia psychiatric hospitals.[3] These compliance tours included interviews with hospital administrators, clinical staff, direct care staff, and patients, as well as review of a wide variety of documents, including policies and procedures, incident reports, and medical and mental health records.

II. REPORT TO THE COURT

The United States and *amici curiae* have grave concerns regarding the State's ability to comply with the Agreement. Almost nine months after the execution of the Agreement and two and one half years after the United States began its investigation, the United States continues to find harmful and unsafe conditions in its recent monitoring tours of the hospitals and has seen little substantive, sustained improvement in the hospitals.

[3] The three hospitals were: East Central Regional Hospital (May 4-8); Georgia Regional Hospital at Savannah (June 22-26); and Georgia Regional Hospital at Atlanta (August 3-7). The United States also conducted two emergency tours of Central State Hospital following an alleged homicide (April 8-9 and June 30-July 1). A tour of Southwestern State Hospital is scheduled for the week of October 13-16 and of Central State Hospital for the week of November 2-7.

Most troubling is the lack of progress found in the four priority areas in which the State is required to achieve substantial compliance by January 2010: prevention of patient-on-patient assaults; suicide risk reduction; prevention of aspiration and choking; and implementation of emergency procedures. See Agreement, ¶ V.E. Critical incidents at several hospitals in recent weeks indicate that additional urgent attention is required in each of these areas, because patients continue to suffer harm due to deficient practices. The continued incidents of serious assaults, suicide attempts, and deaths highlight the continued deficiencies in the State's ability to come into compliance in the priority areas identified in the Agreement.

Moreover, the State has not developed an adequate plan of implementation to address the ongoing harms and violations of the rights of individuals confined to the State psychiatric hospitals, and has shown an unwillingness to meaningfully address the expansion of community-based services that will be necessary to meet its obligations under the Agreement.[4] Indeed, the State's failure to comply with

[4] Over the past several months, the *amici curiae* have offered the State technical assistance regarding community capabilities, including an opportunity for key personnel of the Georgia Department of Behavioral Health and Developmental Disabilities to visit programs that represent national models for community integration and to receive consultation about how these programs can be financed through a federally funded contract with the Substance Abuse and Mental Health Services Administration ("SAMHSA"). To date, the State has made no request to

Olmstead, 527 U.S. 581, contributes significantly to the ongoing constitutional violations that the United States has identified in the State psychiatric hospitals.

The United States and the *amici curiae* believe an effective plan of implementation is essential to implement the terms of the Agreement. The *amici curiae* believe these circumstances require a status conference to facilitate the development of an appropriate plan of implementation and hold the State accountable to implementing it once developed. The United States does not object to the *amici curiae*'s request for a status conference. However, because the Agreement grants the State one year to come into compliance with the priority areas, the United States does not, at this time, seek enforcement of the Agreement by the Court.

A. Conditions in the State Hospitals

1. Serious Harm Continues

Critical incidents at several hospitals in recent weeks demonstrate that patients continue to suffer preventable harm due to deficient practices, even in the identified "priority areas" in the Agreement. On April 5, 2009, a patient in Central State Hospital, under close observation due to his past history, allegedly assaulted and murdered another patient. On May 9, 2009, and August 2, 2009, two separate

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avail itself of such assistance.

patients at East Central Regional Hospital ("ECRH") were allegedly sexually assaulted. On July 19, 2009, a patient was admittedly raped at Southwestern State Hospital. On August 27, 2009, a patient in Georgia Regional Hospital in Savannah ("GRHS") committed suicide.[5] Most recently, on September 22, 2009, a patient at ECRH attempted suicide after informing staff that he had nothing to live for and requesting to speak to a nurse.

The suicide at GRHS, the attempted suicide at ECRH, and one of the sexual assaults at ECRH are particularly troubling, as they occurred after the United States' compliance tours of those facilities, during which the United States noted the serious concerns it had with the suicide prevention and protection from harm measures at those facilities and recommended that steps be taken immediately to address those concerns. The continuation of these grave incidents demonstrates the State's failure to implement the Agreement in a timely manner.

2. The State's POI Reveals the State's Lack of Progress

A review of the POI reveals that, by the State's own admission, the State has not even begun to achieve compliance with the vast majority of the provisions of the Agreement, even in the areas deemed to be a priority. The State's POI

[5] The United States sent emergency letters to the State regarding these and other incidents at the State psychiatric hospitals in which patients suffered or may suffer preventable harm due to deficient practices. See Ex. 5-11.

indicates that only a single step, the adoption of an assessment tool, has been completed to prevent patient-on-patient assault. POI at 7. In suicide assessment and prevention, the State has not yet finalized its suicide risk assessment policy. POI at 41. In fact, the parties who are listed as responsible for developing such a policy have yet to be hired. Id. The status for nearly all of the suicide prevention provisions is marked as "ongoing," without any further clarification or detail, and it is unclear whether this indicates that any new measures have been taken since the entry of the Agreement. POI at 43-45.

For choking and aspiration risk assessment and prevention, only five of the approximately 30 steps identified by the State as necessary to come into substantial compliance have been completed. POI at 68-74. In fact, despite the State's obligation to be in substantial compliance by January 2010, the State's POI indicates that staff at all hospitals will not be trained in all aspects of physical nutritional management of patients until the end of March 2010. POI at 69. Moreover, dietary staff who would be instrumental in implementing the physical nutritional management plan are not projected to be hired until June 2010 at the earliest. POI at 72.

Regarding implementation of emergency medical codes, the State claims to have completed eight of the 15 steps it identified as necessary to achieve

compliance with the Agreement. POI at 75-77. The United States' compliance tours, however, revealed that many of the steps the State claims to have completed have not, in fact, been implemented adequately. For example, the State claims on page 76 of the POI that emergency equipment are checked daily and documented, but the United States' consultants found that nurses were not adequately trained on how to operate the emergency equipment, so that the equipment checks could not reliably indicate whether the equipment was actually in working order.

Beyond the four priority areas, the State appears to have barely even begun implementation of the steps necessary to achieve compliance with the Agreement. According to the POI, for the protection from harm provisions of the Agreement, not a single step is marked as completed. POI at 11-20. By the State's own assessment, only three of the approximately 170 steps identified by the State as necessary to achieve compliance with the mental health care provisions of the Agreement have been completed. POI at 20-49. Only two of the approximately 30 steps identified by the State as necessary to achieve compliance with the seclusion and restraint provisions of the Agreement have been completed. POI at 49-57. Only 14 of the approximately 100 steps identified by the State as necessary to achieve compliance with the medical care provisions of the Agreement have been completed. POI at 57-78. And only two of the approximately 25 steps identified

by the State as necessary to achieve compliance with the discharge planning provisions of the Agreement have been completed. POI at 79-84.

In many instances, the steps identified by the State are only the preliminary measures necessary to achieve compliance with the Agreement. For example, Paragraph III.D.13 of the Agreement requires the State to provide "adequate, appropriate, and timely rehabilitation/habilitation therapy services and appropriate adaptive equipment . . .," but the only steps contained in the POI to address this provision are to hire activity and occupational therapists. POI at 74-75. The POI contains no steps regarding how the therapy services will actually be provided, including any steps to assess whether they are "adequate, appropriate, and timely," nor does it contain any steps regarding the provision of adaptive equipment.

In short, the POI highlights the State's lack of progress in implementing the Agreement, even in those areas deemed to be a priority. This is troubling, given that more than nine months have passed since the entry of the Agreement.

3. The Compliance Tours Reveal the Lack of Progress

The United States has seen little progress toward compliance required with the Agreement during its compliance tours. On September 9, 2009, the United States issued its compliance letter regarding ECRH. In the letter, the United States explicitly noted of the lack of progress found in the four priority areas in which the

State is required to achieve substantial compliance by January 2010. Ex. 12. The United States found that, with regard to the approximately 61 provisions of the Agreement that relate to the four priority areas, the State had not begun to achieve compliance with the vast majority, and the State had not achieved substantial compliance with any of the provisions. Id. at 2. The United States expressed similar concerns during its exit briefings following the compliance tours of GRHS and Geogia Regional Hospital at Atlanta. Given this lack of progress, the United States and *amici curiae* have grave concerns that the State will be unable to achieve substantial compliance in the four priority areas of the Agreement with less than four months remaining.

B. The Plan of Implementation is Insufficient

The parties and *amici curiae* agreed in their June 12, 2009, Joint Status Report that "an implementation plan is the most beneficial method for achieving compliance with the Agreement." See Joint Status Report at 3 (June 12, 2009). A viable implementation plan would lay out the State's blueprint for achieving essential reforms required by the Agreement and would establish benchmarks that would ensure a clear and common understanding among concerned parties of the efficacy of corrective actions. The POI submitted by the State on September 15, 2009, is insufficient to achieve compliance with the Agreement.

The United States and *amici curiae* provided the State with the framework and elements necessary for the development of a comprehensive and effective plan of implementation. In the June 30, 2009, letter providing feedback to the State regarding its April 30, 2009, "Interim Status Report," the *amici curiae* provided the following description of the framework and necessary elements of a plan of implementation:

> The Implementation Plan must be designed to assure oversight, accountability and successful implementation. It must contain a set of overarching goals and objectives that will guide the development and implementation of the Plan. It must specify the desired short- and long-term outcomes sought in relation to specific problems identified by the DOJ investigation. These goals and objectives will serve as a reference point by which to measure the Plan's success and to guide modifications of the Plan to make it more effective.
>
> The Implementation Plan must include the following:
>
> - Specific goals and objectives
> - Tasks to be completed
> - Target and deadline dates
> - Assigned persons responsible for task implementation and oversight
> - Reporting requirements
> - Methods of evaluation (including evaluating how policy implementation impacts individual people confined to and discharged from state hospitals)
> - Process for responding to obstacles and barriers to implementation
> - Process for modifying the Plan

> As part of the Plan, standards need to be established for the development of policies, the documentation of various activities, the collection of data, the analysis of data and the development of corrective actions. Additionally, standards are needed to evaluate whether the policies developed and actions taken are achieving their desired outcomes, both on an individual and systemic level."

Ex. 1 at 2. The United States provided a similar framework for the development of a plan of implementation in its letter dated July 8, 2009. See Ex. 3. Further, the United States and the *amici curiae* have provided the State with significant technical assistance and feedback regarding the development of a plan of implementation, including letters providing specific feedback regarding quality management, treatment planning and discharge planning, see Ex. 1, 2, 3 and 4, and participating in meetings with State officials to discuss the development of the POI and provide feedback. Despite this technical assistance, the State's POI is insufficient in a number of respects.

1. The POI Fails to Address the Necessary Expansion of Community-Based Services

Any effort by the State to achieve effective and appropriate discharge planning must address the most significant barrier to successful discharge and a primary cause of repeated hospital admissions—the lack of community-based services for people who are ready to be discharged from the State hospitals and for those who are at risk of hospitalization, including readmission to a State hospital.

The State's failure to comply with Olmstead is a fundamental cause of the constitutional violations that the United States has identified in the hospitals, and it has needlessly prolonged the institutionalization of many patients in Georgia's hospitals, many of whom could be served in the community if there were sufficient services.

Nevertheless, the discharge planning section of the POI is particularly void of specific measures and steps the State intends to take to achieve compliance. It fails to contain any procedure for identifying and addressing the lack of community services as a barrier to discharge, or for tracking and addressing the lack of needed community-based services for patients who are readmitted to the hospital. This failure is particularly distressing because the State's own data indicate that it has failed to meet its targets for re-admission rates for the last four quarters for which it has collected data. See Ex. 13 at 25.

While the POI does mention that the State plans to consider performing an analysis of the gaps in services provided in the community, the POI does not indicate that an analysis of the needs of patients in the State hospitals will be performed. POI at 88. This full assessment of needs and services is essential to effective discharge and transition planning in compliance with Olmstead, 527 U.S. 581, and for compliance with the Agreement. Indeed, the State agreed to

perform such an assessment at the May 14, 2009, meeting and in the Joint Status Report dated June 12, 2009. The failure to include this needs assessment in the POI suggests that the State is backing away from the commitment it made at the May 14, 2009, meeting, namely, that it would actually use the information from the assessment to expand needed services for individuals in the State psychiatric hospitals.[6]

Indeed, the POI does not contain any provisions regarding the expansion of community-based services for people discharged from the hospitals into the community and those who are at risk of hospitalization. Without a commitment from the State to expand needed community-based services—a necessary action to meeting its obligations under the Agreement, *amici curiae* continue to object to this Court's final approval of the Agreement. The United States believes that, to meet the requirements of the Agreement, discharge planning must be addressed in the POI through the expansion of community-based services.

2. The POI Does Not Contain Sufficient Operational Detail

In its 90 pages, the POI claims to present numerous "Outcomes" to be achieved, hundreds of "Steps," "Responsible Parties," associated "Target

[6] The United States and *amici curiae* requested the Court hold a status hearing on this issue. See Joint Status Report at 10 (June 12, 2009).

date/Status," and a section entitled "Compliance Check." The length of the POI and this reasonable set of categories might give the impression of a meaningful plan, but in fact the document is glaringly deficient. Much of the Plan is simply a recitation of generic activities associated with the basic operations of a psychiatric hospital. Indeed, the steps to achieve the POI's outcomes are frequently little more than a rewording of the outcome itself.[7]

[7] For example, for the outcome "medication ordered is given as prescribed," the implementation steps, in their entirety, are:

I. Medication is given as prescribed and documented
ii. Medication processes include confirmation of the
    1. Right medication
    2. Right dose
    3. Right patient
    4. Right route
    5. Right time
iii. If the medication is refused or otherwise not given, the result is clearly documented.

See POI at 56. In other words, the State's plan to ensure that hospital patients are given the correct medication is to document that they are given the correct medication by checking that it is the right medication, given in the right amount and manner at the right time to the right individual. The lack of any meaningful, specific steps to address the problem is particularly egregious given that the State's own recent State-Level Quality Management Report ("QM Report") states that it has failed to meet its own benchmark for medication errors for every month since it began collecting data in July 2008. See Ex. 13 at 20.

3. The State Lacks the Infrastructure to Implement the Agreement

The POI makes clear that the State lacks the infrastructure to implement the Agreement. Many vital positions on the State's leadership team are vacant and, accordingly, the leadership necessary to implement the POI—i.e., those identified throughout the POI as "Responsible Parties"—are not yet in place. For example, the State has yet to hire a medical director, a clinical director, or a nurse executive. POI at 5. These positions comprise three out of four members of the State's Clinical Management Team, and they are also key members of the State's Hospital Management Team. Critically, the POI assigns responsibility to the Clinical Management Team and Hospital Management Team to carry out more than 100 of the action steps listed in the POI and nearly every high level step necessary to achieve compliance with the Agreement. Numerous other staff members are not yet in place, and the POI makes clear that many will not be in place for years to come. See, e.g., POI at 72, 74-75 (listing target dates for hiring staff as late as June 2012).

4. The POI Has No Measureable Goals and Objectives

The POI also fails to set out measureable goals and objectives. Without a set of clearly defined goals and objectives correlated to the problems identified by the United States and the requirements of the Agreement, the State, through the POI,

has no objective means to measure whether implementation has been successful. The POI should include explicit goals, such as "the Department seeks to reduce person-on-person injuries in hospitals statewide by ___% by [date]." Ex. 1 at 3. It is not enough to simply state that the State seeks to reduce person-on-person injuries, and that it will develop policies and will train employees. The POI must state the indicia of success for each goal. This is particularly urgent for the "priority areas" under the Agreement, as those issues must be addressed promptly to prevent further injuries and deaths.

5. The State Lacks the Quality Management System Necessary to Implement the Agreement

The State does not have a quality management system in place nor does it have the leadership in place to develop one. Currently, the position of Director of Quality Management for the State is vacant. POI at 3. The Director of Quality Management is a critical member of the State's Hospital Management Team, see POI at 3, and is the Responsible Party for the majority of quality management steps contained in the POI. POI at 15-20. Indeed, the POI calls for the Director of Quality Management to develop and implement a comprehensive quality management system. Until this position is filled, the State is operating its hospitals without an effective quality management system.

A quality management system is crucial to attaining compliance with the Agreement, and particularly to attaining compliance with the provisions related to protection from harm, including priority areas such as the prevention of patient-on-patient assault. Without such a system in place, the State will be unable to measure progress towards goals and identify problems in the implementation of the POI.[8] The State cannot come into substantial compliance with the Agreement until an effective quality management system is in place.

C. Court Oversight

The situation in Georgia's hospitals remains dire. Patients continue to suffer grievous harm, including death, and individuals are needlessly confined who are ready for discharge. Georgia still has no meaningful plan to address the problems identified by the United States more than two years ago, despite six weeks of site visits by the United States' consultants during the investigative and monitoring phases of this matter, and additional technical assistance from the United States' and *amici curiae's* experts in conjunction with two all-day meetings on the State's POI. More than nine months into implementation of the Agreement, and with less

[8] The State has produced Quality Management Reports to the United States as provided by the Agreement. See Agreement, ¶ IV.K. These reports, however, fail meaningfully to measure whether the State is effectively implementing the requirements of the Agreement.

than four months left before the State is required to be in compliance with the priority areas of the Agreement, the State has made little progress. Accordingly, the *amici curiae* believe the need for strong Court supervision is essential now more than ever.

III. CONCLUSION

For the foregoing reasons, the United States and the *amici curiae* believe an effective plan of implementation is essential to implement the terms of the Agreement. The *amici curiae* believe these circumstances require a prompt status conference with the Court to address the deficiencies of the POI and a Court directive ordering the State to hire outside consultant experts to develop a meaningful plan of implementation within 30 days. The United States does not oppose the *amici curiae*'s request for a status conference, but does not seek enforcement of the Agreement at this time, because the Agreement grants the State one year to come into compliance with certain priority areas.

Additionally, the *amici curiae* continue to object to Court approval of the Agreement unless a meaningful plan of implementation is developed, including a plan to expand the community-based services that are needed to successfully discharge individuals who are being needlessly confined in hospitals, prevent

unnecessary readmissions to hospitals, and prevent admission of individuals who are at-risk of unnecessary hospitalizations. Once an acceptable plan of implementation is developed, the *amici curiae* seek to have the plan of implementation incorporated into the Agreement or other court-enforceable order so that its terms may be properly enforceable. Finally, the *amici curiae* request that the Court hold regular status conferences on the implementation of the plan.

Respectfully submitted,

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Local Rule 7.1D Certification

By signature below, counsel certifies that the foregoing document was prepared in Times New Roman, 14-point font in compliance with Local Rule 5.1B.

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CERTIFICATE OF SERVICE

This is to certify that I have this day electronically filed the foregoing JOINT STATUS REPORT OF THE UNITED STATES AND *AMICI CURIAE* with the Clerk of Court using the CM/ECF system, which will send notification of such filing to all parties in this matter via electronic notification or otherwise:

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