

Summaries of DOJ Actions Related to Disabilities & Youth

ACTIONS & CATEGORIES

*Note: Several of the actions listed below appear in multiple categories. After this table of contents, the summaries themselves are organized first alphabetically by state and then in reverse chronological order. Please use **Control+F (Command+F on Mac)** to quickly locate a particular action's summary by searching within the document. The summaries were pulled directly (sometimes verbatim) from the sources cited in the text and footnotes.*

I. Integration Mandate

- *Alabama Disabilities Advocacy Program v. SafetyNet Youthcare, Inc.*
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- Nebraska - Beatrice State Developmental Center
- Nevada - Use of Institutions to Serve Children with Behavioral Health Disabilities
- New Hampshire - *Fitzmorris et al. v. New Hampshire Department of Health and Human Services*
- New York - Kings County Hospital
- Oklahoma - Oklahoma City Behavioral Health Services
- Oregon State Hospital and Mental Health System
- Puerto Rico Facilities for People with Intellectual Disabilities
- Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*

- Tennessee - Clover Bottom, Greene Valley, and Nat T. Winston Developmental Centers
- Texas - *Harrison v. Young*
- Virginia System for Serving People with Developmental Disabilities
- West Virginia Children’s Mental Health System

II. Rights of Incarcerated People

- Arkansas - Disability Rights Arkansas v. Graves (2021)
- California - Alameda County (2021-2023)
- Idaho - *Sonnenberg v. Disability Rights Idaho, Inc.*
- Louisiana - *Jacob B. v. Louisiana*
- Mississippi - *Disability Rights Mississippi v. Department of Health*
- North Carolina - *Disability Rights North Carolina v. Page*
- New York - *Greene v. City of New York*

III. Use of Police as Response to Mental Health / Emergency Response

- California - Alameda County (2021-2023)
- DC - *Bread for the City v. District of Columbia*
- New Hampshire - Mental Health System
- Virginia System for Serving People with Developmental Disabilities

IV. IDEA

- California - Sonoma Developmental Center (1994-2019)

Alabama Disabilities Advocacy Program v. SafetyNet Youthcare, Inc.

“On October 14, 2014 the United States filed a Statement of Interest in *Alabama Disabilities Advocacy Program v. SafetyNet Youthcare, Inc.*, a case in which the defendant denied access to the local protection and advocacy organization. The Statement of Interest expresses the United States’ view that facilities must permit access under the Protection and Advocacy for Individuals with Mental Illness Act to all residents regardless of whether the facility characterizes some residents as having a less serious mental health disorder than others.

On December 12, 2014, the United States District Court for the Southern District of Alabama granted summary judgment in favor of the local protection and advocacy organization. The court held that the defendant’s denial of access violated the Protection and Advocacy for Individuals with Mental Illness Act, 42 U.S.C. §§ 10801 – 10851 (2012). The court issued a permanent injunction prohibiting the defendant from denying the protection and advocacy organization reasonable access to defendant’s programs.”¹

- [Order](#) (2014)
- [Statement of Interest](#) (2014)

Alaska’s Use of Institutions to Serve Children with Behavioral Health Disabilities

“This was an investigation into potential American with Disabilities Act (ADA) violations via the **institutionalization of children with behavioral health disabilities** in Alaska. On December 17, 2020, the

¹ LEAD Center, *Alabama Disabilities Advocacy Program v. SafetyNet Youthcare, Inc.*, available: https://leadcenter.org/state_policies/alabama-disabilities-advocacy-program-v-safetynet-youthcare-inc/#:~:text=Alabama%20Disabilities%20Advocacy%20Program%20v.Our%20Partners
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U.S. Department of Justice (DOJ) notified Alaska of its intent to investigate whether the state had unnecessarily institutionalized children with behavioral health disabilities in violation of Title II of the Americans with Disabilities Act (ADA). Legal frameworks like the ADA and the Medicaid Act's Early Periodic Screening Diagnostic and Treatment Services (EPSDT) mandate that states provide necessary health services in the most integrated setting appropriate. In a report released on December 15, 2022, the **DOJ concluded that Alaska had violated the ADA by forcing many children, including a substantial number of Alaska Native children, to endure unnecessary and unduly prolonged admissions in psychiatric hospitals and residential treatment facilities.**

The investigation found that children in Alaska, including a significant number of Alaska Native children, were institutionalized at high rates and for long periods due to the lack of community-based services. Despite efforts by Alaska to bolster its community-based behavioral health services through initiatives like the Section 1115 Medicaid demonstration waiver, which is granted to enable states to carry out experimental, pilot, or demonstration projects that promote innovation, the care system remained heavily biased toward institutionalization. Notably, the State spent over \$56 million in 2020 on treatment for children in psychiatric hospitals and an additional \$14.5 million for acute psychiatric care in general hospitals. By comparison, Medicaid claims for all community-based behavioral health services for children, excluding those provided in residential settings, totaled under \$32 million. This situation forced many children who could otherwise receive community-based services to endure unnecessary admissions to psychiatric hospitals and residential treatment facilities, contravening the ADA's requirements. The DOJ's investigation included outreach to service providers across Alaska, interviews with state officials and tribal organizations, and reviews of medical records for children receiving state-funded behavioral health services. This comprehensive approach **revealed a consistent pattern: children were often placed in institutions far from their homes and communities because the necessary community-based services were unavailable or inaccessible.**

To rectify these issues and align with federal legal standards, the DOJ recommended a series of reasonable modifications to Alaska's behavioral health service system.

Recommendations included

- ensuring the availability and accessibility of community-based services with sufficient intensity to prevent unnecessary institutionalization and
- coordinating with local providers, tribal stakeholders, and governments to ensure culturally appropriate service delivery;
- leveraging schools as venues for providing behavioral health services,
- developing robust protocols for identifying and addressing the needs of children at risk of unnecessary institutionalization.

The DOJ investigation concluded with an expression of a desire to work with the State toward a solution but warned of possible legal action if an agreement could not be reached.”²

- [Cover letter](#) (2022)
- [Investigation](#) (2022)

² Civil Rights Litigation Clearinghouse, *Case: DOJ Investigation of Alaska's Behavioral Health System for Children*, available: [https://clearinghouse.net/case/43965/#:~:text=In%20a%20report%20released%20on,settings%2C%20totalled%20under%20\\$32%20million.](https://clearinghouse.net/case/43965/#:~:text=In%20a%20report%20released%20on,settings%2C%20totalled%20under%20$32%20million.)
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Alaska - *Jeremiah M. v. Crum* - 2022

“This case is about allegations of longstanding, systematic deficiencies in the Alaskan child welfare system as relating to its foster care services. On May 20, 2022, twelve foster children involved with the Alaska Office of Children's Services (OCS)—represented by A Better Childhood, Northern Justice Project, Disability Law Center of Alaska, and private counsel—filed this putative class action lawsuit in the United States District Court for the District of Alaska, suing the Alaska Department of Health and Social Sciences (DHHS), OCS, and their respective directors. On October 3, 2022, the United States of America filed a statement of interest in accordance with 28 U.S.C. § 517 to give its own views on the proper interpretation of Title II of the ADA and Section 504 of the Rehabilitation Act. Specifically, the United States agreed with the plaintiffs in several ways. **Firstly, the United States agreed that the rule requiring children to be in the most integrated setting applies even when children are not in an institution as long as there is a serious risk of institutionalization, and disagreed with the defendants' argument that the integrated setting requirement does not apply to temporary placements.** In addition, the United States explained that the professional who determines community-based services are warranted does not have to work for the state, and that the plaintiffs did not have to specifically claim these community-based services were warranted at the time of placement. Finally, **the United States agreed with the plaintiffs that the state had to make sure community-based services were available across the state.**

As to the plaintiffs' claims under the ADA and Rehabilitation Act, the court held that the plaintiffs had not sufficiently pleaded a denial of reasonable modifications, but had sufficiently pleaded a violation of the requirement that children be in the most integrated setting.”³

- [Statement of Interest](#) (2022)

Arkansas - *Disability Rights Arkansas v. Graves* (2021)

“This Statement explains that the Protection and Advocacy for Individuals with Mental Illness Act of 1986 (PAIMI Act) and its implementing regulations permit Disability Rights Arkansas, the state’s federally designated protection and advocacy organization (P&A), to obtain records from the state prison system about an inmate who committed suicide. See 42 U.S.C. § 10805(a)(4)(B); 42 C.F.R. § 51.41. Accordingly, the P&A’s complaint states a plausible claim for relief, and the Court should deny the defendant’s (Arkansas DOC) motion to dismiss.”⁴

The case was dismissed with prejudice on June 3, 2022.

- [DOJ Statement of Interest](#) (2021)

California - *Ocean S. v. Los Angeles County et al. (C.D. Calif., 23cv06921)* (2024)

³ Civil Rights Litigation Clearinghouse, *Case: Jeremiah v. Crum*, available: <https://clearinghouse.net/case/43535/>

⁴ Disability Rights Arkansas, *v. Graves*, Arkansas Department of Corrections, 4:20-cv-01081-BSM (February 10, 2021), available: <https://www.justice.gov/crt/case-document/file/1379141/dl?inline>

“The Justice Department filed a statement of interest in a federal lawsuit alleging the foster care system operated by Los Angeles County and the State of California fails to provide youth with mental health disabilities with sufficient access to housing, behavioral health, and other services and, **instead, places them in institutions for care.** In *Ocean S., et al., v. Los Angeles County, et al.*, (C.D. Calif., 23cv06921) the plaintiffs, who are transition-age foster youth, contend that the defendants’ administration of the foster care system unnecessarily segregates youth with mental health disabilities in violation of federal law. The Americans with Disabilities Act (ADA), the Rehabilitation Act, and the Supreme Court’s decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999) require state and local governments to eliminate unnecessary segregation of persons with disabilities and to administer services to people with disabilities in the most integrated setting appropriate to their needs. The Department of Justice files statements of interest in ongoing court cases to inform the court and the public of its views on certain matters of law.

In the *Ocean S.* lawsuit, the Justice Department’s statement of interest pertains to the “integration mandate” and explains that the ADA bars public entities from placing an individual with a disability at serious risk of needless institutionalization. The statement of interest also clarifies that the plaintiffs can state a serious risk claim without alleging that they seek specific community-based services that exist in an institution. It also states that the plaintiffs do not need to include an appropriateness determination from a treatment professional in their complaint, and that a public entity’s oversight and administration of its service system may be sufficient to allege causation.”⁵

- [Statement of Interest](#) (2024)

California - Alameda County (2021-2023)

“On April 22, 2021, the U.S. Department of Justice Civil Rights Division notified Alameda County, California, the Alameda County Sheriff’s Office, and Alameda Health System that there was reasonable cause to believe that the County’s use of **institutional settings** to provide mental health services to adults with mental health disabilities violated the Americans with Disabilities Act (ADA), and that the conditions at Santa Rita Jail violated the Constitution and the ADA. Specifically, the Department’s investigation found that the County **failed to provide services to qualified individuals with mental health disabilities in the most integrated setting appropriate to their needs by unnecessarily institutionalizing them** at John George Psychiatric Hospital and other psychiatric facilities. In addition, the Department concluded that there was reasonable cause to believe that the Jail **failed to provide constitutionally adequate mental health care to incarcerated people with serious mental health needs, including those at risk of suicide; that the Jail violated the constitutional rights of prisoners with serious mental illness through its prolonged use of restrictive housing; and that the Jail violated the ADA by denying prisoners with mental health disabilities access to services, programs, and activities because of their disabilities.**

In 2020, Disability Rights California (DRC), a nonprofit corporation, brought a lawsuit against the County over the same material facts. After the issuance of the DOJ’s findings letter in April 2021, DRC and the DOJ began mediation with the County to negotiate a settlement. The parties ultimately reached an agreement on November

⁵ U.S. Attorney’s Office Central District of California, *Unnecessary Segregation of Youth with Mental Health Disabilities in L.A. County and California Foster Care System*, available: <https://www.justice.gov/usao-cdca/pr/doj-files-statement-interest-regarding-unnecessary-segregation-youth-mental-health>
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7, 2023, with the DOJ filing a motion to intervene in the ongoing DRC lawsuit and entering the proposed settlement agreement. The proposed agreement required the County to expand its crisis intervention services in a number of ways, including:

- Maintaining a 24/7 crisis hotline,
- Providing mobile crisis response services,
- Providing crisis residential services,
- Increasing “full service partnerships” with community-based providers, including supporting constituents’ housing needs as necessary,
- Maintaining intensive case management capacity,
- Performing outreach and proactive engagement with at-risk individuals with serious mental illnesses,
- Maintaining contact with individuals after discharge from institutional facilities, and
- Continuing the county’s efforts to provide services in culturally responsive, person-centered ways.

The proposed agreement also required monitoring by an independent reviewer as well as enforcement provisions giving the district court continuing jurisdiction to enforce the terms of the settlement. The agreement was set to terminate either three years and three months after the effective date or upon the County’s demonstration of sustained substantial compliance. The agreement awarded attorneys’ fees of \$1,800,000 to DRC. On January 31, 2024, the Court granted the motion to dismiss.”⁶

- [Findings and next steps](#) (2021)
- [Investigation](#) (2021)
- [Settlement Agreement](#) (2023)
- [Settlement Fact Sheet](#) (2023)

California - Sonoma Developmental Center (1994-2019)

The DOJ investigated conditions of confinement at Sonoma Developmental Center (“SDC”) in 1994 pursuant to the Civil Rights of Institutionalized Persons Act. They discovered numerous conditions at SDC that violated the constitutional and federal statutory rights of the residents confined there. They found that residents were subjected to harm due to inadequate supervision, that medical care is seriously deficient, that routine medical practices fail to comport with generally accepted professional standards, feeding practices and physical therapy services are inadequate, occupational therapy services are inadequate, seizure management is deficient, medical staff is insufficient, that there was a failure to provide training programs, that physical and chemical restraints were used in lieu of training programs, and that there was a failure to provide an education required by the IDEA. They recommended a number of remedial measures. Due to the closure of the SDC, they closed their investigation without any further action in 2019.

- [Investigation](#) (1994)
- [Closing Letter](#) (2019)

California - *Thomas v. Kent*

⁶ Civil Rights Litigation Clearinghouse, *Case: CRIPA Investigation of Alameda County* (Nov. 7, 2023), available: <https://clearinghouse.net/case/18205/>.
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On October 16, 2014, three individuals with significant physical disabilities requiring substantial medical care filed this lawsuit against the California Department of Health Care Services (“DHCS”) in the U.S. District Court for the Central District of California. The plaintiffs alleged that the state had violated Section II of the Americans with Disabilities Act (“ADA”) and Section 504 of the Rehabilitation Act, which require public entities to provide services to persons with disabilities in the most integrated setting appropriate to their needs and to prevent unnecessary institutionalization. The plaintiffs sought declaratory and injunctive relief, including a temporary restraining order and preliminary injunction preventing DHCS from reducing at-home medical care and support for the plaintiffs, and a permanent injunction preventing unnecessary institutionalization in the future. They also sought attorney’s fees. The plaintiffs were represented by Disability Rights California. At the time, the plaintiffs, who were once institutionalized because of their disabilities, were living in their own homes where they received Medicaid-funded nursing and attendant care through the California Medi-Cal Home and Community Based Nursing Facility/Acute Hospital Waiver Program (“Waiver Program”). They alleged that they were at risk of institutionalization because DHCS maintained unnecessarily low cost limits for these services.

On March 29, 2016, the United States Department of Justice, Civil Rights Division (“DOJ”) filed a statement of interest to clarify the defendant’s obligations under the ADA. The DOJ explained that the ADA prohibits unjustified institutionalization and requires individuals with disabilities receive support and services in the most integrated setting as mandated in *Olmstead v. L.C.*, 527 U.S. 581 (1999). The DOJ also clarified that the defendants could not administer the Medicaid waiver without accounting for individual needs and that the integration mandate protects individuals at serious risk of institutionalization. The DOJ filed subsequent statements of interest on August 4, 2016 and September 16, 2016, which further clarified the states’ ADA obligations in light of DHCS’s arguments against the plaintiffs’ motion for summary judgement.

On July 18, 2016, the plaintiffs again moved for summary judgement, which Judge Olguin denied on August 4, 2016 due to continued factual disputes. Judge Olguin also noted being “deeply troubled” by the defendants’ repeated failure to comply in good faith with discovery requests and threatened to impose sanctions.

On September 7, 2016, the plaintiffs again filed a motion for summary judgement. On June 5, 2017, the Court denied that motion, finding that genuine issues of material fact remained regarding whether or not the California waiver program’s cost limits created a serious risk of institutionalization and whether California had an existing deinstitutionalization scheme in place that was effective. 385 F. Supp. 3d 1048. The parties continued with discovery, and it appears they continued engaging in settlement talks as well. On March 14, 2018, the plaintiffs moved to voluntarily dismiss their case without prejudice, and on March 19, 2018, the court granted this motion for voluntary dismissal of most of the case. There was some continued litigation over whether the plaintiffs were entitled to costs and attorneys’ fees.

The dismissal seems to come from the fact that DHCS eventually changed the waiver application process so that decisions would be based on medical necessity without any mention of cost limits. In their motion opposing attorneys’ fees, the defendants asserted that this made the plaintiffs’ claims moot, and that there was no basis for awarding attorneys’ fees or costs. The plaintiffs argued that the overall course of events demonstrated that this litigation was a significant factor prompting defendants to eliminate waiver cost limits, which created a

presumption that plaintiffs were a catalyst and, because defendants could not rebut that presumption, plaintiffs were entitled to attorneys fees' and costs under a state statute. On May 30, 2019, Judge Olguin granted the plaintiffs' motion for attorneys fees. The court found that the litigation led to the elimination of DHCS's cost limits, conferring a significant benefit for potentially thousands of people. The elimination of cost limits would ensure that participants would not have to resort to litigation to secure needed services and that they would be able to remain in their homes and avoid segregation and isolation. The court ordered the plaintiffs to file their motion for attorneys' fees and costs no later than July 31, 2019. 2019 WL 2590170. The case is now closed.”⁷

- [Statement of Interest #1](#) (2016)
- [Statement of Interest #2](#) (2016)
- [Order](#) (2017)

DC - *Bread for the City v. District of Columbia*

“This is a case about a **challenge to the District of Columbia’s policy of relying on police officers to respond to mental health emergencies**. On July 6, 2023, Bread for the City, a non-profit that provides resources to under-resourced D.C. residents, filed this lawsuit in the U.S. District Court for the District of Columbia. Bread for the City sued D.C. under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. Represented by the ACLU Foundation of the District of Columbia, they sought injunctive relief. The case was assigned to Judge Ana C. Reyes. Bread for the City **claimed that D.C. had violated the ADA and the Rehabilitation Act by having police officers serve as the default responders for mental health emergencies**. Bread for the City argued that the default for physical health emergencies were paramedics and EMTs who have the proper skills to provide adequate treatment and that **police officers did not receive training to handle mental health emergencies**. Sending police officers often resulted in more harm to those they were sent to respond to. According to the complaint, many people faced more trauma through either excessive force or needless handcuffing by the police officers. Bread for the City claimed that this was discriminatory against people with mental health disabilities.

On January 19, 2024, D.C. filed a motion to dismiss. First, they argued that Bread for the City lacked standing because they chose to spend their resources on treating individuals with mental health emergencies and that this discretionary, self-inflicted injury was not sufficient to establish standing. Second, they argued that they had not shown that any individuals with mental health disabilities had been denied the benefits of any existing service because of their disability and therefore had not sufficiently pleaded a claim under the ADA or the Rehabilitation Act. On February 22, 2024, the United States filed a motion of interest in order to help the court rule on the motion to dismiss. The United States asserted that D.C. had an affirmative obligation to alter its policy in order to avoid discrimination on the basis of disability unless it could prove that modifications would fundamentally alter its system. As of April 1, 2024, this motion to dismiss remained pending and the case was ongoing.”⁸

- [Statement of Interest](#) (2024)
- [Supplemental Statement of Interest](#) (2024)

⁷ Civil Rights Litigation Clearinghouse, *Case: Thomas v. Kent* (November 22, 2019), available: <https://clearinghouse.net/case/15921/>

⁸ Civil Rights Litigation Clearinghouse, *Case: Bread for the City v. District of Columbia*, (July 6, 2023), available: <https://clearinghouse.net/case/45280/>
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Delaware Mental Health System

“In 2008, the U.S. Department of Justice (Civil Rights Division, Special Litigation Section) launched an investigation into the treatment of individuals with mental illness in the Delaware Psychiatric Center (DPC), a state hospital. The investigation was later expanded to assess the state's liability under the Americans with Disabilities Act (ADA) and its integration mandate under the Supreme Court precedent *Olmstead v. L.C.*, 527 U.S. 581 (1999). On November 9, 2010, the DOJ issued a findings letter documenting violations of both the ADA and the U.S. Constitution. DOJ found that, in violation of the ADA, individuals were unnecessarily institutionalized when community placement would be appropriate, and that individuals with mental illness living in the community were placed at risk of unnecessary institutionalization. DOJ also found "inadequate risk assessments; inadequate mental health treatment, especially the failure to provide appropriate behavioral interventions for individuals with identified risks; inadequate restraint and seclusion practices; inadequate investigations of serious incidents; and inadequate discharge planning/community integration to ensure individuals live in the most integrated setting."

Following negotiations, the United States filed a complaint and settlement agreement concurrently in July 2011. The U.S. District Court for the District of Delaware (Judge Leonard Stark) approved this consent decree on July 15. As part of the agreement, the state of Delaware agreed to augment its services to keep individuals with mental illness out of institutions, create additional supports, and reform the conditions at DPC to remedy constitutional violations. Delaware also agreed to create a crisis system to divert individuals from being hospitalized unnecessarily; develop case management and additional community supports; and support integrated housing options. The agreement was designed to reduce the institutionalized population by half and to replace institution-based services with Medicaid-reimbursable community-based services. In accordance with the agreement, a Court Monitor filed reports on the State's progress through 2016. On October 6, 2016, the parties jointly moved to dismiss the case. The parties' brief noted that the State had greatly improved its services for people with serious mental illness; expanded its capacity to deliver those services; and reduced its reliance on segregative institutions. Furthermore, the State had enacted legislation aimed at ensuring it could continue improving its outcomes for people with mental illness absent court supervision. As of that date, the State was in full compliance with the agreement. Accordingly, on October 11, 2016, Judge Stark dismissed the case.”⁹

- [Investigation](#) (2010)
- [Complaint](#) (2011)
- [Settlement](#) (2011)
- [Order](#) (2016)

Florida - *Alexander v. Mahew*

“On December 19, 2019, the United States filed a Statement of Interest in the case of *Alexander v. Mayhew*. In *Alexander*, individuals on a wait list for a home and community-based services Medicaid Waiver allege that Florida’s administration of its long-term care system for people with physical or age-related disabilities who qualify for nursing facility care places them at risk of nursing facility placement. The Statement of Interest

⁹ Civil Rights Litigation Clearinghouse, *Case: U.S. v. Delaware* (Oct. 11, 2016), available: <https://clearinghouse.net/case/12529/>
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highlights the well-settled principle that a state may violate the ADA even while carrying out CMS approved state plans, waiver services, and amendments because a state’s obligations under the ADA are independent of, and distinct from, Medicaid requirements.”¹⁰

- [Statement of Interest](#) (2019)

Georgia - *Isaac A. et al v. Carlson*

“In April 2024, the Department of Justice filed a Statement of Interest in *Isaac A. et al. v. Carlson*, No. 1:24-cv-00037-AT (N.D. Ga.), a lawsuit filed on behalf of Medicaid-eligible children in Georgia with behavioral health disabilities who need intensive community-based services to avoid unnecessary institutional placements. The complaint included claims under Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and provisions of the federal Medicaid program. After the Defendants, Georgia officials, filed a motion to dismiss the complaint, the Statement of Interest offered clarification to the court on important legal claims regarding the integration mandate of the ADA and Section 504 as well as the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions of Medicaid. The Department’s brief explains that (1) Plaintiffs have stated a claim for a violation of the integration mandate because they have adequately alleged that they are in—or at serious risk of entering—institutions and are appropriate for community-based services, do not oppose such services, and such services can be reasonably accommodated; (2) there is a private right of action under 42 U.S.C. § 1983 for Medicaid beneficiaries to sue for violations of the Medicaid rights at issue here; and (3) Plaintiffs have adequately alleged violations of these Medicaid rights.”¹¹

- [Statement of Interest](#) (2024)

Georgia State Hospitals and Georgia Mental Health and Developmental Disabilities Systems

“The United States brought two separate cases against the State of Georgia involving its public services for people with mental health or development disabilities. Each lawsuit was resolved through separate landmark settlement agreements. Currently, the 2010 case remains pending. In the 2010 settlement agreement, the State agreed to expand its community services system, including crisis services, case management, housing supports, and other services supporting full integration in daily life for thousands of people with mental illness or developmental disabilities receiving State services. The Court appointed an Independent Reviewer to assess the State's progress under the agreement.

The Independent Reviewer issues annual Compliance Reports: Year One Report (2011), Year Two Report (2012), Year Three Report (2013), Supplemental Report (March 2014), Year Four Report (2014), and Year Five Report (2015).

The 2009 settlement agreement resolved the United States' claims that persons with mental illness or developmental disabilities were harmed by unnecessary confinement in State Hospitals. That agreement resolved claims that the State failed to prevent harm to patients in the State Hospitals, and failed to prepare them

¹⁰ *Special Litigation Case Summaries*, United States Department of Justice, Civil Rights Division, available: <https://www.justice.gov/crt/special-litigation-section-case-summaries>

¹¹ *Id.*

for successful discharge to the most integrated settings. The State complied with the requirements of the 2009 settlement, and the Court dismissed that case in early 2014.

On May 27, 2016, the Court entered an order adopting the parties' negotiated Extension Agreement, extending and supplementing the court-ordered relief under the 2010 Settlement Agreement in this case. The Extension Agreement resolves the United States' Motion to Show Cause, alleging that the State had not provided sufficient community-based services to people with developmental disabilities or serious mental illness who were targeted to receive those services under the 2010 Agreement. On June 22, 2016, the Independent Reviewer filed with the Court a supplemental report, identifying both progress and ongoing challenges in implementing the Settlement Agreement. The parties and community stakeholders are working collaboratively to ensure the success of the Extension Agreement, so that people in the target populations can receive necessary services in the most integrated settings appropriate to their needs, as required by the ADA.”¹²

- [Findings letter #1](#) (2008)
- [Findings letter #2](#) (2009)
- [Findings letter #3](#) (2009)
- [Amended complaint](#) (2010)
- [Complaint](#) (2010)
- [Settlement ADA](#) (2010)
- [Settlement](#) (2010)
- [Order](#) (2014)

Idaho - *Sonnenberg v. Disability Rights Idaho, Inc.*

“On March 7, 2016, the United States District Court for the District of Idaho issued a declaratory judgment in *Sonnenberg v. Disability Rights Idaho, Inc.*, granting a protection and advocacy organization (“P&A”) access to a coroner’s records under the Protection and Advocacy for Individuals with Mental Illness Act of 1986, 42 U.S.C. § 10801 et seq. (“PAIMI”). The dispute arose when a county coroner refused to provide its investigatory records to the P&A, arguing that a P&A’s right of access to records under PAIMI does not extend to a coroner’s records of its death investigation. The coroner had also cited privacy concerns and questioned the P&A’s probable cause to investigate the death. The court held that the coroner was an “agency charged with investigating” reports of incidents of abuse, neglect, and injury under PAIMI. The court granted summary judgment in favor of the P&A, held that the coroner had violated PAIMI by withholding its investigatory records, and permanently enjoined the coroner from withholding the records from the P&A.”¹³

- [Statement of Interest](#) (2015)
- [Order](#) (2016)

Iowa - Glenwood and Woodward Resource Centers

¹² *Id.*

¹³ *Id.*

“On November 21, 2019, the Department notified Iowa of its intent to investigate Glenwood and Woodward Resource Centers, two State-run, residential facilities for people with intellectual/developmental disabilities (IDD), pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA) and Title II of the Americans with Disabilities Act (ADA). On December 22, 2020, the Department notified Iowa that there is reasonable cause to believe that conditions at Glenwood Resource Center violate the federal rights of the people living there and that these violations are pursuant to a pattern or practice of resistance to the full enjoyment of rights protected by the Fourteenth Amendment to the United States Constitution. Specifically, the Department concluded that Iowa operates Glenwood Resource Center in a manner that has subjected its residents to unreasonable harm and risk of harm, in violation of their Fourteenth Amendment rights, by exposing them to: uncontrolled and unsupervised physical and behavioral experimentation; inadequate physical and behavioral health care; and inadequate protections from harm, including deficient safety and oversight mechanisms. On December 8, 2021, the Department notified Iowa that there is reasonable cause to believe that Iowa violates Title II of the ADA by failing to provide services to people with IDD in the most integrated setting appropriate to their needs.

On December 1, 2022, the Department of Justice and Iowa jointly filed in federal court a proposed consent decree concerning the conditions at Glenwood. The Court entered an order adopting the consent decree on January 11, 2023. Under the consent decree, Iowa will implement policies and procedures, and make other changes, to address the deficiencies that led to the alleged constitutional violations. The decree also requires greater transparency, through public reporting and engagement with stakeholders. An independent monitor will assess the State’s compliance with the decree’s terms. Negotiations to resolve the December 2021 notice are ongoing.”¹⁴

- [Notice ADA](#) (2020)
- [Settlement](#) (2020)
- [Investigation ADA](#) (2021)
- [Investigation](#) (2021)
- [Complaint](#) (2022)
- [Notice](#) (2023)

Kentucky

“In August 2024, the Department notified the Commonwealth of Kentucky of the Department’s finding that there is reasonable cause to believe that Kentucky violates Title II of the Americans with Disabilities Act (ADA). Specifically, the Department found that Kentucky subjects adult Louisville residents with serious mental illness to unnecessary segregation, and risk of segregation in psychiatric hospitals instead of providing community-based mental health services. Each year, thousands of people are admitted to psychiatric hospitals in Louisville, and more than a thousand people experience multiple admissions. Many people spend more than a month out of their year in psychiatric hospitals. Many of these hospitalizations could have been avoided with community-based services. In addition, the lack of community-based services has also left law enforcement as routine responders to mental health crises, contributing to avoidable law enforcement encounters and

¹⁴ *Id.*

incarceration. Kentucky can reasonably modify its service system to serve these individuals in integrated settings instead of psychiatric hospitals, which are highly restrictive and often traumatizing settings.”¹⁵

- [Cover Letter](#) (2024)
- [Findings Report](#) (2024)

Louisiana - *Jacob B. v. Louisiana*

“On December 3, 2020, we notified the State of Louisiana of an investigation into the Louisiana Department of Public Safety and Corrections’ policies and practices for ensuring the timely release of state prisoners in the custody of the Louisiana Department of Public Safety and Corrections who are incarcerated in state and local correctional facilities. These included practices related to prisoners who are eligible for immediate release. This investigation was opened pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA). On January 25, 2023, the Department issued a CRIPA Findings Report concluding that it had reasonable cause to believe that Louisiana routinely confines people in its custody past the dates when they are legally entitled to be released from custody, in violation of the Fourteenth Amendment. Specifically, the Department concluded that Louisiana failed to implement adequate policies and procedures to prevent systemic overdetention and has been deliberately indifferent to the widespread, systemic overdetention of people in its custody that has continued for over a decade.

On December 20, 2024, the United States filed a lawsuit under CRIPA against the State of Louisiana and the Louisiana Department of Public Safety and Corrections alleging that they routinely deprive individuals their liberty by continuing to detain people who have fully completed their sentences—holding them past their release dates—in violation of the Fourteenth Amendment’s Due Process Clause. The Complaint further alleges that despite knowing about this overdetention problem for over a decade, Louisiana officials have not taken reasonably sufficient steps to stop this pattern or practice of constitutional violations that has affected thousands of people and cost the state millions of dollars.”¹⁶

- [Statement of interest](#) (2024)

Maine - *U.S. v. State of Maine*

“The ADA and the *Olmstead* decision require state and local governments to ensure the services they provide for children with disabilities are available in the most integrated setting appropriate to each child’s needs. These services can include assistance with daily activities, behavior management and individual or family counseling. Community-based behavioral health services also include crisis services that can help prevent a child from being institutionalized during a mental health crisis. Absent these services, Maine children with disabilities enter emergency rooms, come into contact with law enforcement, and remain in institutions when they could remain with their families if Maine provided them sufficient community-based services.

¹⁵ *Id.*

¹⁶ *Id.*

The lawsuit alleges that Maine administers its system in a way that limits behavioral health services in the community. As a result, Maine children must enter in- and out-of-state facilities, or even the state-operated juvenile detention facility, Long Creek Youth Development Center, to receive behavioral health services. Others are at serious risk of entering these facilities, as their families struggle to keep them home despite the lack of necessary services.

The Justice Department sued the State of Maine today for unnecessarily segregating children with behavioral health disabilities in hospitals, residential facilities and a state-operated juvenile detention facility in violation of the Americans with Disabilities Act (ADA) and the Supreme Court’s decision in *Olmstead v. L.C.* The department previously notified Maine of its findings of civil rights violations in a June 2022 letter to Maine. The letter identified steps that Maine should take to remedy the violations.”¹⁷

- [Letter of findings](#) (2022)
- [Settlement Agreement](#) (2024)
- [Complaint](#) (2024)
- [Fact Sheet](#) (2024)

Mississippi Mental Health and Developmental Disabilities Systems

“The United States issued a findings letter in December 2011 concluding that Mississippi is violating the ADA’s integration mandate in its provision of services to people with developmental disabilities and mental illness. Following an investigation, the Department found that the State of Mississippi has failed to meet its obligations under the ADA by unnecessarily institutionalizing persons with mental illness or developmental disabilities and failing to ensure that they are offered a meaningful opportunity to live in integrated community settings appropriate to their needs. The Department recommended that the State implement remedial measures, including the development of community-based services for people with developmental disabilities or mental illness who are unnecessarily institutionalized, or at risk of unnecessary institutionalization.

On August 11, 2016, the United States filed a lawsuit against the State of Mississippi, pursuant to the Americans with Disabilities Act (“ADA”) and Civil Rights of Institutionalized Persons (“CRIPA”) alleging it violates Title II of the ADA and *Olmstead* by unnecessarily segregating people with mental illness in its state hospitals and placing people with mental illness at serious risk of hospitalization as a result of insufficient community-based services. The complaint alleges that the state’s failure to provide services in community settings forces adults with mental illness to access services in segregated state hospitals, including the Mississippi State Hospital, East Mississippi State Hospital, North Mississippi State Hospital, and South Mississippi State Hospital.

A trial on these allegations was held in June and July, 2019. On September 3, 2019, the court ruled that the State of Mississippi is violating Title II and *Olmstead* by failing to provide adequate community-based services to Mississippians with serious mental illness. The court found that the Mississippi mental health system

¹⁷U.S. Department of Justice, *Justice Department Sues Maine for Violating the Americans with Disabilities Act* (September 9, 2024), available: <https://www.justice.gov/archives/opa/pr/justice-department-sues-maine-violating-americans-disabilities-act>
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“excludes adults with [serious mental illness] from full integration into the communities in which they live and work, in violation of the Americans with Disabilities Act.”¹⁸

- [Findings letter](#) (2011)
- [Complaint](#) (2016)
- [Findings of fact](#) (2019)
- [Order](#) (2019)
- [Report](#) (2021)
- [Order on remedies](#) (2021)

Mississippi - *Disability Rights Mississippi v. Mississippi Children’s Home Services*

“Plaintiff, Disability Rights Mississippi ("DRMS"), filed this lawsuit against CARES, Inc. (initially identified in Complaint as Mississippi Children's Home Services) on September 6, 2013, in the U.S. District Court for the Southern District of Mississippi. Defendant, a non-profit organization, operated CARES Center, a residential treatment facility for children with severe emotional or behavioral disabilities. Plaintiff asserted that, as Mississippi's designated Protection & Advocacy organization for individuals with disabilities, it had monitoring authority over the CARES Center under federal P&A Acts. Plaintiff alleged that between July and August of 2013, defendant had denied both DRMS and the Southern Poverty Law Center ("SPLC") - which had contracted with DRMS to conduct monitoring visits - access to its facilities despite numerous attempts to explain DRMS's and SPLC's authority to conduct such visits under federal law. After defendant wrote a letter formally denying plaintiff access to its facilities, plaintiff filed this lawsuit.

Plaintiff brought claims under the federal P&A Acts and their accompanying regulations (42 U.S.C §§ 10805(a)(3), 15043 (a)(2)(H); 42 C.F.R. § 51.42(c); 45 C.F.R. §1386.22(g). Plaintiff sought declaratory and injunctive relief requiring it and SPLC access to the CARES Center. Plaintiff filed the Complaint along with a motion for a preliminary injunction. On December 13, 2013, Defendant filed an Answer and Counterclaim. Defendant sought a declaratory judgment under 28 U.S.C §2201 stating that DRMS's authority to access the facility did not extend to unlimited and general operational investigations, but only to limited investigations of abuse or neglect. On January 2, 2014, plaintiff filed a motion to dismiss this counterclaim.

On February 5, 2014, the U.S. Department of Justice filed a statement of interest in the case. The statement asserted that the PAIMI Act was intended to provide P&A organizations with broad access to facilities like CARES, even in the absence of allegations of abuse or neglect. It also stated that monitoring is an important part of P&A organizations' mandate to protect vulnerable populations. Accordingly, the statement argued that plaintiff should have reasonable unaccompanied access to the CARES facilities. On September 24, 2014, after the parties notified the court that they had reached a tentative working agreement, the court placed all pending motions - including plaintiff's motion for a preliminary injunction - on its inactive docket. On September 28, 2015, the parties jointly filed a stipulation of dismissal along with a sealed Settlement Agreement. While there is no formal dismissal on the record, there has been no action in the case since September of 2015.”¹⁹

¹⁸ *Special Litigation Case Summaries*, United States Department of Justice, Civil Rights Division, available: <https://www.justice.gov/crt/special-litigation-section-case-summaries>

¹⁹ *Id.*

- [Statement of interest](#) (2014)
-

Mississippi - *Disability Rights Mississippi v. Department of Health*

“Disability Rights Mississippi (DRMS) filed suit in the U.S. District Court for the Southern District of Mississippi against the Mississippi Department of Health (DOH) for withholding information. In the U.S. Department of Justice’s (DOJ) statement of interest submitted on March 14, 2022, ”²⁰ DOJ encouraged the Court to grant the Motion for Preliminary Injunction, deny the Motion of Summary Judgment, and order the Department of Mental Health to provide Disability Rights Mississippi with the incident reports pursuant to Disability Rights Mississippi’s authority to investigate abuse or neglect.

- [Statement of interest](#) (2022)
-

North Carolina - *Disability Rights North Carolina v. Page*

The DOJ submitted a statement of interest to clarify its views regarding the proper interpretation of the Protection and Advocacy for Individuals with Mental Illness Act of 1986. “Protection and advocacy organizations have broad authority to protect the rights of individuals with disabilities. Under this authority, Protection and Advocacy organizations are entitled to reasonable unaccompanied, unannounced access to jails, including all areas used by, or accessible to, residents. The Act requires a facility to provide a written explanation for denial or delay of access, and facilities must justify restrictions they seek to impose on access.” Given that Disability Rights North Carolina was the P&A, the DOJ recommended that the Court consider the US’ views when adjudicating the MTD.

- [Statement of interest](#) (2024)
-

North Carolina - *Z.S. v. Durham County*

“This lawsuit challenged the institutionalization of a toddler in the care of Durham County, North Carolina in a facility 100 miles away from parents’ home. The case was filed on August 24, 2021 in the U.S. District Court, Middle District of North Carolina, where it was assigned to District Judge William L. Osteen, Jr.. The plaintiff, represented by Disability Rights North Carolina, alleged that the county failed to provide appropriate Medicaid services or home-based foster care in violation of the Integration mandates of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. The complaint named Durham County and the Commissioner of its Department of Social Services as defendants.

Shortly after filing, the county moved to dismiss the complaint. On October 25, 2021, the Department of Justice filed a statement of interest in the case in support of the plaintiff. Judge Osteen denied the county's motion in a March 7, 2022 order. He held that the plaintiff's claims that he was unjustifiably institutionalized were sufficient to state a claim of discrimination on the basis of disability. 2022 WL 673649.

²⁰ Civil Rights Litigation Clearinghouse, *Case: Disability Rights Mississippi v. Mississippi Department of Mental Health*, (Aug. 9, 2022), available: [https://clearinghouse.net/case/45627/#:~:text=Disability%20Rights%20Mississippi%20v.,Martin%2C%20Greta%20K%20\(Mississippi\)](https://clearinghouse.net/case/45627/#:~:text=Disability%20Rights%20Mississippi%20v.,Martin%2C%20Greta%20K%20(Mississippi))
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The parties then proceeded with discovery and also with settlement negotiations. By December of 2022, those negotiations resulted in a settlement agreement, which Judge Osteen approved on January 18, 2023. The agreement is not available on the docket, but other publicly filed documents indicate that the agreement included monetary relief for the plaintiff, attorneys' fees, and updates to Durham County's protocols for placing medically fragile children in its care in home and community based placements.

The parties filed a stipulation of dismissal on February 14, 2023. The case is now closed.”²¹

- [Statement of interest](#) (2021)

Nebraska - Beatrice State Developmental Center

“The department initiated its investigation pursuant to the Civil Rights of Institutionalized Persons Act, putting a primary focus on obtaining reforms to address violations of the ADA, as interpreted in *Olmstead v. L.C.*, requiring that individuals with disabilities receive services and supports in the most integrated setting appropriate to their needs. On March 7, 2008, the United States issued a findings letter to the state that detailed systemic conditions and practices that violated the constitutional and statutory rights of individuals with developmental disabilities in the state’s system.

The U.S. District Court for the District of Nebraska approved the joint motion of the U. S. and the state of Nebraska to terminate a remedial consent decree that mandated improvements to the state’s system for people with developmental disabilities. The Department of Justice recently determined that Nebraska had complied with the terms of the decree. In 2008, the court approved the decree and entered it as a court order. At the parties’ request, the court dismissed the case.”²²

- [Findings](#) (2008)
- [Settlement](#) (2008)
- [Memo](#) (2015)
- [Motion to Dismiss](#) (2015)
- [Order](#) (2015)

Nevada - Use of Institutions to Serve Children with Behavioral Health Disabilities

“In October 2022, the Department notified Nevada that there is reasonable cause to believe that Nevada’s use of institutional settings to provide services to children with behavioral health disabilities violates the Americans with Disabilities Act (ADA). Each year, thousands of children are hospitalized and hundreds of children are placed in residential treatment facilities because Nevada fails to provide them with community-based behavioral health services they need to avoid institutionalization. In January 2025, the Department reached an Agreement with Nevada to resolve its findings. Under the Agreement, Nevada children will be screened and assessed when needed, and will be able to access needed services such as wraparound facilitation, mobile crisis and

²¹ Civil Rights Litigation Clearinghouse, *Case: Z.S. v. Durham County* (Feb. 14, 2023), available: <https://clearinghouse.net/case/18468/>

²² U.S. Department of Justice, *Court Concludes Agreement That Prompted Important Reforms to the Nebraska Service System for People with Developmental Disabilities* (Aug. 4, 2015), available: <https://www.justice.gov/archives/opa/pr/court-concludes-agreement-prompted-important-reforms-nebraska-service-system-people>

stabilization services, respite care, individual and family therapy, behavioral support services, family peer support and youth peer support. Nevada will also improve efforts to divert children from entering institutions and transition those in institutions back to their communities. The Agreement appoints an Independent Reviewer to evaluate Nevada’s compliance with the Agreement. The Department filed a complaint in January 2025; at the same time, the parties asked the court to enter an order dismissing the complaint, incorporating the terms of the agreement, and retaining jurisdiction to enforce the agreement.”²³

- [Investigation](#) (2022)
- [Notice](#) (2022)
- [Settlement](#) (2025)
- [Complaint](#) (2025)

New Hampshire - Mental Health System

“On December 19, 2013, the Department, along with a coalition of private plaintiff organizations, entered into a comprehensive Settlement Agreement with the State of New Hampshire that will significantly expand and enhance mental health service capacity in integrated community settings over the next six years. The Agreement is a full consent decree entered by the U.S. District Court for the District of New Hampshire as a Court order on February 12, 2014. The Agreement also provides for regular compliance reviews and public reporting by an independent monitor.

The Agreement will enable a class of thousands of adults with serious mental illness to receive expanded and enhanced services in the community, which will foster their independence and enable them to participate more fully in community life. It will significantly reduce visits to hospital emergency rooms and will avoid unnecessary institutionalization at State mental health facilities, including New Hampshire Hospital (the State's only psychiatric hospital) and the Glencliff Home (a State-owned and –operated nursing facility for people with mental illness).

The Agreement requires the State, for the first time, to create mobile crisis teams in the most populated areas of the State and to create crisis apartments to help support team efforts at avoiding hospitalization or institutionalization. The Agreement also requires the State to make enhanced Assertive Community Treatment ("ACT") team services available statewide, such that the mental health system can provide ACT to at least 1,500 people at any given time. The Agreement requires the State to provide scattered-site, permanent, supported housing to hundreds of additional people throughout the state; the State will also create special residential community settings to address the needs of persons with complex health care issues who have had difficulty accessing sufficient community services in the past. The State will also deliver additional and enhanced supported employment services, consistent with the Dartmouth evidence-based model, to hundreds of new recipients throughout the state.

The Settlement Agreement resolves litigation that had been contested for well over a year. Private Plaintiffs filed the initial complaint in February 2012, and on April 4, 2012, the Court granted the Department's motion to

²³ *Special Litigation Case Summaries*, United States Department of Justice, Civil Rights Division, available: <https://www.justice.gov/crt/special-litigation-section-case-summaries>.

intervene. On April 7, 2011, the United States had issued a Findings Letter concluding that the State of New Hampshire was failing to provide services to individuals with mental illness in the most integrated setting appropriate to their needs in violation of the ADA, which led to the needless and prolonged institutionalization of individuals with disabilities and placed individuals with disabilities at risk of unnecessary institutionalization. On September 17, 2013, after months of discovery and a hearing with oral argument, the Court certified a class of Plaintiffs consistent with parameters supported by Plaintiffs and the United States. Shortly thereafter, settlement talks resumed which produced the instant Agreement.”²⁴

- [Investigation](#) (2011)
- [Complaint](#) (2012)
- [Settlement](#) (2014)

New Hampshire - *Fitzmorris et al. v. New Hampshire Department of Health and Human Services*

“On December 21, 2022, the United States filed a Statement of Interest in *Fitzmorris et al. v. New Hampshire Department of Health and Human Services et al.*, 1:21-cv-25 (D. N.H.), an action challenging the defendants’ administration of a Medicaid waiver program that provides home- and community-based services. The Statement of Interest was filed in support of plaintiffs’ motion for class certification on claims under the Americans with Disabilities Act and Rehabilitation Act. The putative class of older adults and people with disabilities alleges that the State’s lack of oversight over waiver service delivery puts them at serious risk of unnecessary nursing facility placement.”²⁵

- [Statement of Interest](#) (2022)

New York - *Greene v. City of New York*

The DOJ submitted a statement of interest because the litigation involved the proper interpretation and application of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Mentally Ill Individuals Act of 1986. Disability Rights New York, the State’s P&A, brought this case against the New York State Department of Corrections and Community Services seeking access to records pursuant to the P&A Acts. The DOJ argued that the Court should find that the P&A acts and their implementing regulations do not impose on P&A organizations a requirement of on-site inspection of records prior to obtaining copies.

- [Statement of interest](#) (2020)

New York - *Kings County Hospital*

“In January 2010, a federal court entered as its order the Consent Judgment we negotiated with New York City to resolve claims of unlawful conditions in the psychiatric emergency room and psychiatric in-patient units at the Kings County Hospital Center (KCHC) in Brooklyn, N.Y. Under the terms of the Consent Judgment, New

²⁴ *Id.*

²⁵ *Id.*

York City worked to ensure that patients at KCHC are safe and receive the care and services necessary to meet their individualized needs. The agreement underscores the city's obligation to actively pursue the discharge of patients to the most integrated setting appropriate to their needs and to provide follow-up services. The city also agreed to take actions such as improving medical and mental health care, and ensuring that patients are free from undue restraint. A team of expert consultants visited periodically to assess the City's compliance and offer technical assistance. On November 20, 2017, the Court dismissed the Consent Judgment on the parties' joint motion, because the City had satisfied its terms.”²⁶

- [Investigation](#) (2009)
- [Complaint](#) (2010)
- [Consent](#) (2010)

Oklahoma - Oklahoma City Behavioral Health Services

“On November 17, 2022, the Department of Justice opened an investigation into the State of Oklahoma, Oklahoma City, and the Oklahoma City Police Department (OKCPD). The investigation was conducted pursuant to our authority under the Violent Crime Control and Law Enforcement Act of 1994, 34 U.S.C. § 12601, and Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 et. seq. The investigation was led by the Department's Civil Rights Division and conducted by career attorneys and staff in the Civil Rights Division.

On January 3, 2025, we released the results of our investigation. We concluded that the State of Oklahoma (1) unnecessarily institutionalizes, or puts at serious risk of unnecessary institutionalization, adults with behavioral health disabilities in the Oklahoma County Area; (2) provides insufficient community-based behavioral health alternatives to hospitals and residential care and nursing facilities; and (3) can reasonably modify its existing service system to meet the needs of Oklahomans in the community.

We also found reasonable cause to believe that Oklahoma City and OKCPD (1) needlessly send police as the sole responder to most behavioral health calls, when a behavioral health response would be more effective; (2) do not ensure OKCPD officers make reasonable modifications to their conduct when responding people with behavioral health disabilities, resulting in responses that are ineffective or harmful; and (3) could make reasonable modifications to avoid discrimination in providing an emergency response to people with behavioral health disabilities.”²⁷

- [Investigation](#) (2025)
- [Summary in Spanish](#) (2025)
- [Summary in English](#) (2025)

Oregon State Hospital and Mental Health System

²⁶ *Special Litigation Case Summaries*, United States Department of Justice, Civil Rights Division, available: <https://www.justice.gov/crt/special-litigation-section-case-summaries>

²⁷ *Id.*

“In November 2012, the United States and the State of Oregon entered into an agreed process in order to resolve a 2010 investigation into Oregon's mental health system pursuant to the Americans with Disabilities Act. The United States had previously investigated the Oregon State Hospital under CRIPA and issued a findings letter in January 2008 that concluded that conditions at the Oregon State Hospital violated individuals' rights. In 2012 the parties agreed that the state would work to develop an adequate array of community mental health services in order to help individuals with serious and persistent mental illness live successfully in the community and prevent their unnecessary institutionalization. Under the agreed process, the state is required to provide the United States with data about mental health services and the people served in order to assess what gaps exist in the community mental health system. The parties will then develop outcome measures that the state must meet in order to resolve the investigation.

In January 2014, the United States issued an Interim Report, in which it noted a number of concerning trends, including: the state's failure to provide individuals with services in the community instead of in restrictive inpatient settings; limited improvements in outcomes for individuals; and a lack of high intensity quality community services. The state has since provided updated data to the United States, and the parties will soon begin negotiating outcome measures.”²⁸

- [Investigation](#) (2008)
- [Settlement](#) (2012)

Puerto Rico Facilities for People with Intellectual Disabilities

“This ADA case involves all persons with developmental disabilities (“DD”) served in the Commonwealth’s system. Over the years, through a series of consent decrees, along with regular court oversight and involvement, the Division has been able to prompt the Commonwealth to develop a community service system to meet the needs of hundreds of persons with DD in integrated community settings. In the course of that work, the Division was able to assist hundreds of residents of the Commonwealth’s six residential institutions to move successfully to integrated community settings, and the Commonwealth closed those institutions. In 2011, the Court entered, as a Court order, a Joint Compliance Action plan that summarized prior Court orders and imposed additional requirements on the Commonwealth. On October 31, 2016, the Court issued an order that clarified that the group covered by existing orders in this case included all persons with DD in the system and was not limited to just those who at one time resided in a Commonwealth institution. In recent years, the Court has issued a series of orders to protect the budget of the Commonwealth’s DD program from drastic and arbitrary cuts during the decade-long fiscal crisis in Puerto Rico. These orders have prevented service interruption and termination for hundreds of vulnerable people in need of individualized DD services. The Division continues to work with the Commonwealth to improve its delivery of health care and behavioral services for people with complex conditions, as well as to increase the number of people working in integrated community settings.”²⁹

- [Findings letter](#) (1997)
- [Investigation](#) (1997)

²⁸ *Id.*

²⁹ *Id.*

- [Complaint](#) (2000)
 - [Interim settlement](#) (2000)
 - [Settlement](#) (2000)
-

Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*

This is a series of questions and answers on the DOJ’s perspective on enforcement of the integration mandate of Title II of the ADA and *Olmstead*.

- [Statement](#) (2020)
-

Tennessee - Clover Bottom, Greene Valley, and Nat T. Winston Developmental Centers

“The United States brought suit against the State of Tennessee in 1996, concerning conditions of care and the right to care in integrated settings for residents of Clover Bottom Developmental Center, Greene Valley Developmental Center, and Nat. T. Winston Center. The State and the United States, along with two intervenors, settled the case in 1996 through the entry of a settlement agreement that called for both improved conditions within the centers and the integration of residents into community settings. (See Settlement Agreement.) Shortly after the initiation of the suit, the State closed Nat T. Winston Center. The State closed Clover Bottom Developmental Center in November 2015. The State is now in the process of closing Greene Valley Developmental Center. In 2015, the Court approved an Exit Plan designed to resolve this litigation by bringing to fruition planned improvements in respite care, individual support planning, and other areas. The Exit Plan also provides for oversight of individuals' transition to community living during the closure of Greene Valley Developmental Center.”³⁰

- [Settlement](#) (1996)
 - [Order](#) (2014)
 - [Investigation](#) (2015)
-

Texas - *Harrison v. Young*

“On December 23, 2022, the United States filed a Statement of Interest in *Harrison v. Young*, 3:19-cv-01116-B (N.D. Tex.), an action alleging that the Executive Commissioner of the Texas Health and Human Services Commission violated Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act by denying an individual with a disability the services she alleges she needs to avoid institutionalization. The Statement of Interest clarifies that (1) unnecessary institutionalization remains a form of discrimination prohibited by the ADA and the Rehabilitation Act; (2) a state’s Medicaid waiver program cost cap is not necessarily an essential eligibility requirement; and (3) providing services above such a cap to avoid unnecessary institutionalization may be a reasonable modification of a state’s service system.”³¹

³⁰ *Special Litigation Case Summaries*, United States Department of Justice, Civil Rights Division, available: <https://www.justice.gov/crt/special-litigation-section-case-summaries>

³¹ *Id.*

- [Statement of interest](#) (2022)
-

Virginia System for Serving People with Developmental Disabilities

“On January 26, 2012, we reached a settlement resolving our investigation into whether persons with intellectual and developmental disabilities in Virginia are being served in the most integrated settings appropriate to their needs. We filed the action in the federal district court in Richmond, Virginia and asked the Court to make our settlement an order enforceable by the Court.

The Agreement has two primary goals. One is to prevent the unnecessary institutionalization of individuals with developmental disabilities who are living in the community, including thousands of individuals on waitlists for community-based services. The other goal is to ensure that people who are currently in institutions - at the Commonwealth's training centers or in other private but state-funded facilities - have a meaningful opportunity to receive services that meet their needs in the community.

The Commonwealth will increase opportunities for these individuals to receive quality services in the community by creating approximately 4,200 home and community-based waivers. Waivers allow the States to pay for community services for people who are eligible to receive those Medicaid-funded services in an institution. The 4,200 waivers will be created over a ten-year period. Almost 3,000 of these waivers will be targeted to individuals with intellectual disabilities on the waitlist or youth with intellectual disabilities in private facilities; another 450 waivers will be targeted to individuals with non-intellectual developmental disabilities on the waitlist or youth in private facilities; and another 800 waivers will be targeted to individuals choosing to leave the training centers. An additional 1,000 individuals on waitlists for community services will receive family supports to help provide care in their family home or their own home.

The Commonwealth will also create a comprehensive community crisis system, including a hotline, mobile crisis teams, and crisis stabilization programs, to divert people from unnecessary institutionalization or other out-of-home placements. The Commonwealth will implement an "Employment First" policy to create work opportunities for individuals with developmental disabilities. The Agreement also creates an \$800,000 fund for housing assistance to help people with developmental disabilities live independently. Finally, the Agreement requires a strong quality and risk management system to ensure that community-based services are safe and effective. An independent reviewer will assess whether the Commonwealth has met the goals of the Agreement.

The Commonwealth has been working to improve its systems in order to meet the terms of the Agreement. On March 12, 2019, the Court ordered the Parties to develop indicators that would state “in precise measurable terms what the Commonwealth must do to comply with each remaining provision of the decree.” The Court held hearings in April 2019 and January 2020 about the proposed compliance indicators. On January 14, 2020, the Parties filed agreed-upon compliance indicators for all of the provisions of the Agreement where the Commonwealth is not yet in compliance.”³²

- [Investigation](#) (2011)
- [Complaint](#) (2012)

³² *Id.*

- [Order](#) (2012)
 - [Settlement](#) (2012)
-

West Virginia Children’s Mental Health System

“The Department of Justice’s Civil Rights Division investigated whether the West Virginia Department of Health and Human Resources (DHHR) provided services to children with mental health disabilities in the most integrated setting appropriate to each child, as required by Title II of the ADA. In June 2015, the Civil Rights Division concluded that there was reasonable cause to believe that the State unnecessarily placed youth who were appropriate for community mental health treatment into segregated, institutional settings, in violation of the ADA. In May 2019 the Department and the State reached an agreement to increase community mental health services and reduce the number of children unnecessarily placed in institutional settings. As part of the agreement, the State has hired The Institute for Innovation & Implementation at the University of Maryland to provide technical assistance in the design and delivery of children’s mental health services and to monitor the State’s compliance with the agreement. The Institute will submit a comprehensive report on West Virginia’s compliance with the Agreement every six months to both the State and DOJ, and the State will make these reports publicly available on its website.”

- [Fact sheet](#) (2015)
- [Findings](#) (2015)
- [Agreement fact sheet](#) (2019)
- [Agreement](#) (2019)
- [Modification agreement](#) (2024)