Index No. 117882/99

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

BRAD H., *et al*.,

Plaintiffs,

-against-

THE CITY OF NEW YORK, *et al.,*

Defendants.

FIFTIETH REGULAR REPORT OF THE COMPLIANCE MONITORS

December 13, 2022

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Plaintiffs,	:	
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		IAS Part 47
	:	Justice Paul A. Goetz
THE CITY OF NEW YORK, *et al*.,	:	
	:	
Defendants.	:	

Fiftieth Regular Report of the Compliance Monitors
December 13, 2022

By Order of the Honorable Richard F. Braun, dated and So Ordered on May 6, 2003, Henry Dlugacz and Erik Roskes ("Compliance Monitors" or "Monitors"), were appointed to monitor and report on the provision of Discharge Planning in City Jails and defendants' compliance with the terms and provisions of the Stipulation of Settlement ("Stipulation[1]") resolving the outstanding issues in this cause.

[1] The parties executed an original Stipulation of Settlement on or about January 8, 2003, amended Stipulations on or about August 1, 2017 and July 20, 2022. This report refers to these documents collectively as "Stipulation" qualifying them as "original" or "amended" only where it is required for clarity.

Contents:

Defined Terms and Acronyms Used in Reports

ACT	Assertive Community Treatment
A-List	List of programs providing a wide array of mental health services likely to meet the needs of many class members
AMKC	Anna M Kross Center
ANS	Assistance Network Services, a transitional case management program operated by CRAN
AOT	Assisted Outpatient Treatment ("Kendra's Law")
ATI	Alternative to Incarceration Program
BHPW	Bellevue Hospital Prison Ward
BOC	New York City Board of Corrections
Brad H. Medication	Antipsychotic and mood-stabilizing medications
C71	Mental Health Center located on Rikers Island
CAPS	Clinical Alternative to Punitive Segregation
CHARM	Correctional Health Access and Redaction Module
CHER	Defendants' current electronic health record, used in the jails
CHS	Correctional Health Services
CM	Class Member
CNYPC	Central New York Psychiatric Center
CQI	Continuous Quality Improvement
CRAN	Community Re-Entry Assistance Network
CTCM	Community Transitional Case Management, a transitional case management program operated by CRAN
CTP	Comprehensive Treatment Plan
CUCS	Center for Urban Community Services
DCP	Discharge Plan
DCPU	Discharge Plan Update
DHS	Department of Homeless Services, New York City
DOC	Department of Corrections, New York City
DOCCS	Department of Corrections and Community Supervision, New York State
DOH	Department of Health, New York State
eCW	e-Clinical Works, the EMR previously used by CHS
EHPW	Elmhurst Hospital Prison Ward
EHR/EMR	Electronic Health Record/Electronic Medical Record
EMTC	Eric M Taylor Center
FACT	Forensic ACT
GP	General Population
GPMED	Class Members housed in GP who are prescribed Brad H. medications
GPNOMED	Class Members housed in GP who are not prescribed Brad H. medications
GRVC	George R Vierno Center
H+H	Health and Hospitals Corporation, New York City
HRA	Human Resources Administration, New York City
I/A	Intake/Assessment Shelter
ICM	Intensive Case Management
IIS	Inmate Information System
IMT	Intensive Mobile Treatment
MA	Medicaid

MGP	Medication Grant Program
MH	Mental Health
MIS	Management Information System
MO	Mental Observation (Housing Unit)
NIC	North Infirmary Command
NYSDOH	New York State Department of Health
OBCC	Otis Bantum Correctional Center
OMH	New York State Office of Mental Health
OPWDD	Office for People with Developmental Disabilities
PA	Public Assistance
PACE	Program to Accelerate Clinical Effectiveness
PI	Performance Indicator
RMSC	Rose M Singer Center
RNDC	Robert N Davoren Complex
ROR	Released on Recognizance
SDOH	New York State Department of Health
SPAN	Service Planning and Assistance Network
SMI	Seriously Mentally Ill
SPOA	Single Point of Access (used to apply for case management and supportive housing)
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Insurance
SUD	Substance Use Disorder
SW	Social Worker (used for staff involved in discharge planning)
TASC	Treatment Accountability for Safer Communities, an ATI
TPR	Treatment Plan Review
VA	Veteran's Administration
VCBC	Vernon C Bain Center
WF	West Facility
WMS	Welfare Management System

I. Introduction

This constitutes the Fiftieth Regular Report of the Monitors. The report covers defendants' compliance with the Stipulation and orders of this Court for the reporting period of January through June 2022.

Background

This matter originated with plaintiffs alleging that defendants were violating the New York Mental Hygiene Law and the Constitution of the State of New York by failing to provide adequate discharge planning to inmates receiving mental health treatment in New York City jails. After the Court entered a preliminary injunction directing defendants to provide discharge planning to the plaintiff class in accordance with New York Mental Hygiene Law, this Court (Braun, J.) certified a Class consisting of:

> "all inmates (a) who are currently incarcerated or who will be incarcerated in a correctional facility operated by the New York City Department of Correction ("City Jail"), (b) whose period of confinement in City Jails lasts 24 hours or longer, and (c) who, during their confinement in City Jails, have received, are receiving, or will receive treatment for a mental illness; provided, however, that inmates who are seen by mental health staff on no more than two occasions during their confinement in any City Jails and are assessed on the latter of those occasions as having no need for further treatment in any City Jail or upon their release from any City Jail shall be excluded from the class" (Stipulation of Settlement, January 8, 2003).

Subsequently, the parties entered into the Stipulation under which defendants agreed to perform various tasks to provide clinically appropriate individualized discharge planning to the Class. The Stipulation provides for monitoring by two Compliance Monitors. Paragraphs 193 and 194 state that:

> "The provisions of this Agreement shall terminate at the end of five years after monitoring by the Compliance Monitors begins pursuant to § IV of this Agreement. Plaintiffs may apply to the Court by motion on notice for a finding that Defendants have not complied with the terms of this Settlement Agreement over the preceding two years, and, if such finding is made by the Court, for an Order continuing the provisions of this Agreement for an additional two-year

interval or intervals to the extent necessary to correct any current and ongoing violation of this stipulation.

"At the end of each such additional two-year interval, Plaintiffs may apply to the Court by motion on notice for a finding that Defendants have not complied with the terms of the Settlement Agreement over the preceding two years, and, if such finding is made by the Court, for an Order continuing the provisions of the Settlement Agreement to the extent necessary to correct any current and ongoing violation of this Settlement."

Modifications to Timing Parameters and Performance Goal Percentages: On July 29, 2020, class counsel filed their motion to enforce the Settlement along with a supporting memorandum of law. Following motion practice and briefing, this Court entered a Decision and Order on Motion on April 26, 2021, ordering that

"…the motion… of plaintiffs for an order continuing the terms of the stipulation of settlement dated January 8, 2003, as amended by stipulation dated June 6, 2017 and entered on June 13, 2017 is granted;

"…the terms of the stipulation of settlement dated January 8, 2003, as amended by stipulation dated June 6, 2017 and entered on June 13, 2017 are extended for a term of two years commencing from the date of this decision and order;

"…defendants are directed to comply with each and every one of their obligations under the stipulation of settlement, the court's April 18, 2014 decision and order, and the court's September 19, 2014 decision and order, including providing individualized, appropriate discharge planning and complying with each of the performance goals established by the compliance monitors;

"…that defendants are directed to implement a robust, transparent quality assurance system capable of identifying, reporting on, and ultimately reducing the error rate in defendants' data reporting;

"…that defendants are directed to fully staff all discharge planning positions;

"…that defendants are directed to provide the compliance monitors with access to class members' electronic mental health records;

"…that defendants are directed to ensure that discharge planning staff are part of the mental health treatment team in the general population;

"…that, within 45 days of the date of this decision and order, the parties shall confer in good faith with the compliance monitors concerning reasonable

> ***modifications to the timing parameters and performance goal percentages***;[2] and
>
> "…that the cross motion of defendants is denied" (NYSCEF Doc No. 76 Motion #023). (emphasis added)

Subsequently, the parties, with input from the monitors, reached agreement concerning modifications to some of the Stipulation's timing parameters. These were memorialized in a stipulation with two accompanying exhibits filed on July 20, 2022 with a request that the court so-order the amended stipulation (NYSCEF Doc No. 89, 90, and 91). From the perspective of monitoring, the parties made four revisions to the Stipulation of particular note.

<u>*Timing Parameters*</u>: The modifications provided two *additional avenues* for defendants to comply with the Stipulation's timing parameters to provide class members with

(1) timely discharge plans (while retaining the requirement that defendants complete a discharge plan within seven business days of the CTP "…*a Discharge Plan shall be considered timely if it is completed no later than 30 days before discharge."* Stipulation ¶18.1, emphasis added); and

(2) timely public assistance benefits ("If a Class Member's Public Assistance or SNAP application is submitted more than five business days after the completion of the Class Member's CTP *but at least 45 days before discharge, the application shall be considered timely."* Stipulation ¶81.1, emphasis added)

<u>*Other Significant Revisions*</u>: The third revision of note was that the definition of SMI was modified so that a class member without a diagnosis automatically qualifying for SMI status must now have a "*severe"* rather than "significant" functional impairment (or clinical distress) to be considered SMI. (Stipulation Addendum A, emphasis added).

[2] In this report, the terms "performance goal" and "performance threshold" are synonymous.

The fourth revision is central to resolving the issue involving data described below (See Section IV.B). It requires the monitors and parties to finalize a data dictionary, followed by the completion of the of the code and crosswalk, in order to begin providing data.

Performance Goal Percentages: On June 30, 2022, following extensive consultation with the parties and receipt of comments on a draft of their contemplated revisions, the monitors issued revised performance goal percentages (thresholds) (Report 49, Exhibit 1; see also Report 49 pp 7-12 concerning the process undertaken to arrive at these modifications). That process resulted in the lowering of the performance goals in 30 PIs (reductions ranged from 5 to 14 percent), and an increase of 5 percent for three. For five PIs the threshold remained the same.

Data, Data Dictionary, Coding and Crosswalk

For a number of years, CHS has not provided the information needed to permit definitive compliance findings. As discussed in detail in Section IV.B below, the parties and the monitors have recently engaged in discussions regarding how defendants can provide complete and validated data regarding their performance. As of the date of this report, these discussions are ongoing.

Compliance

Table 1: Compliance Findings, Report 50

Description	Agency	PI	Finding	Section	Chart Reviews	Defendants' data
Appropriateness of SMI assessment	Monitors	2.4	Compliant	IV.D	97%	
Timely Unsuspension of Medicaid	HRA	6.2		IV.C		93.9%
Provision of Emergency Benefits	HRA	9.1		IV.C		100.00%
Processing and Pending of PA Applications	HRA	9.3		IV.C		100.00%
Direct Placement in Program Shelters	DHS			IV.G		----[3]
Time of Release	DOC			IV.H		97.33%
Timely Completion of Prescreen	CHS	4.1.1	Tentatively compliant	IV.C	100%[4]	97.74%
Timeliness of Initial Assessment	CHS	1.1	Agreed upon data dictionary, crosswalk and coding that are required to permit validation of data not provided: unable to demonstrate compliance	IV.C		79.63%
Timely Completion of Prescreen by ANS	CHS	4.1.2		IV.C		100.00%
Submission of MA Application	CHS	5.1		IV.C		71.83%
Submission of MA applications by ANS when prescreen was completed in jail	CHS	5.2.1		IV.C		0/0
Provision of MGP Card on Release Date	CHS	5.3.1		IV.C		86.10%
Provision of MGP Card at ANS	CHS	5.3.2		IV.C		100.00%
Provision of Medications and Prescriptions upon Release	CHS	7.1.1		IV.C		83.79%
Provision of Medications by ANS-day of Release	CHS	7.1.2		IV.C		100.00%
Provision of Medications by ANS-after day of release	CHS	7.1.3		IV.C		100.00%
Provision of Appointments	CHS	8.1		IV.C		91.41%
Provision of Appointments by ANS	CHS	8.2		IV.C		100.00%
Provision of Referrals	CHS	8.3		IV.C		90.06%
Submission of PA Application	CHS	9.2		IV.C		46.32%
Submission of HRA 2010e Application	CHS	10.1		IV.C		76.60%

[3] See Section IV.G below. Based on our interpretation of defendant's reports, we concluded that defendants exerted best efforts to place eligible class members directly in program shelters.

[4] As discussed in Section IV.C below, this finding is based only on June 2022 data.

Table 1 (continued): Compliance Findings, Report 50

Description	Agency	PI	Finding	Section	Chart Reviews	Defendants' data
Forwarding of Supportive Housing Approvals	CHS	10.2	Agreed upon data dictionary, crosswalk and coding that are required to permit validation of data not provided: unable to demonstrate compliance	IV.C		95.45%
Provision of Transportation	CHS	11.1		IV.C		100.00%
Provision of Transportation by ANS	CHS	11.2		IV.C		100.00%
Follow-up contacts re: Appointments	CHS	12.0.1		IV.C		79.17%
Follow-up contacts re: Referrals	CHS	12.0.12		IV.C		57.86%
Follow-up contacts re: Housing	CHS	12.0.2		IV.C		71.43%
Offer of assistance re: Housing	CHS	12.0.3		IV.C		0/0
Follow-up contacts re: Appointments by CTCM	CHS	12.1		IV.C		100.00%
Follow-up contacts re: Referrals by CTCM	CHS	12.2		IV.C		100.00%
Follow-up contacts re: Housing by CTCM	CHS	12.3		IV.C		100.00%
Offer of assistance re: Housing by CTCM	CHS	12.4		IV.C		100.00%
Timely release of Parole Violators	DOC		Incomplete data: unable to demonstrate compliance	IV.I		
Timeliness of CTP	CHS	3.1	Tentatively noncompliant	IV.C	53`%	61.28%
Timeliness of CTP - MO	CHS	3.1.1		IV.C	62%	90.19%
Timeliness of CTP - GP	CHS	3.1.2		IV.C	41%	51.94%
Timeliness of DCP	CHS	3.3		IV.C	80%	76.79%
Appropriateness of Appointment/referral	Monitors	3.2	Noncompliant	IV.D	52%	
Appropriateness of Case Management	Monitors	3.2		IV.D	73%	
Appropriateness of Supportive Housing	Monitors	3.2		IV.D	28%	
Timely Activation of Medicaid	HRA	6.1		IV.C		82%

State of Crisis

As an ongoing sequela of the COVID emergency described in previous reports, it is common knowledge that the New York City jail system is in a state of crisis, both by exacerbating existing problems, and by creating new problems. Defendants currently report that:

> "COVID-19 continued to impact the provision of mental health and social work services within the jails, both directly, as subsequent waves of transmission passed through, and indirectly, due to the implementation of COVID-19 control measures which complicate the logistics of care delivery. Most recently, the Omicron variant led to high case rates in December 2021 through January 2022 and required significant isolation and quarantine interventions across all facilities. Even in times of limited transmission, such as February through March 2022, new admissions continued to be cohorted in a single building, requiring the maintenance of concentrated new admission services in a facility that was slated to be closed prior to COVID-19.
>
> "The above, as well as DOC's recent staffing crisis, have led to dynamic challenges to care delivery that can vary from week to week. CHS has continued to meet its obligations throughout this period with a focus on clinical prioritization. CHS has experienced significant attrition and COVID-19 has also hindered CHS recruitment efforts through destabilization of the health care labor market in general, and by impacting our ability to offer clinical rotations and engage in in-person recruiting. In addition, the ongoing negative press about the state of the NYC jails and concerns over safety have served to discourage potential hires from applying or accepting positions.
>
> "The other agencies report no new updates regarding the impact of COVID-19 on services, except that all HRA Benefits Access Centers[5] are now open." (Defendants' response to request for information, Report 50).

With respect to access to psychiatric hospitalization for female class members,

> "[it] is H+H's understanding that DOC continues to lack sufficient staff support to allow the Elmhurst Forensic Unit to reopen. H+H currently expects that Unit to reopen in January 2023 subject to DOC's ability to staff the Unit. Until then, female class members requiring higher levels of may (1) present to the CPEP at Elmhurst for care and are discharged back to Rikers if stabilized; (2) present to the CPEP at Elmhurst for care and are transferred to Kirby if psychiatric

[5] "In August 2022, HRA Job Centers were renamed Benefits Access Centers." (Defendants' response to request for information, Report 50)

> hospitalization is indicated or (3) be transported to Kirby directly from Rikers." (Defendants' response to request for information, Report 50)

Information provided by CHS, supported by information we obtained via chart reviews and staff interviews, indicates an ongoing state of crisis impacting the delivery of basic services, such as CTPs and DCPs.

This reporting period saw continued problems with production of class members for mental health and social work services and increased vacancies in all job categories providing or supervising social work services except for those engaged in clerical support. During this reporting period, production by DOC of class members for mental health and discharge planning appointments remained low: patients were produced for 61.4% of mental health appointments and 68.9% of reentry appointments. Social Work and Mental Health staff cannot provide required services to a class member who is not made available for an appointment (See Sections IV.C and IV.D for more information regarding this problem and its impact on mental health and discharge planning services).

The overall state of disorder on Rikers Island predictably leads to fear among staff and class members alike, low staff morale, worsening problems with recruitment and retention (see section III.1), and difficulties in performing basic correctional functions such as ensuring a reasonably secure and safe environment or access to needed care and treatment. It is predictable that discharge planning will suffer in the midst of such turmoil. Until defendants stabilize and resolve the crisis – the root causes of which are beyond the scope of this report – they will continue to have great difficulty complying with the various obligations they incur under the Stipulation.

Population and Census Trends

Our recent reports have discussed the changing population in the DOC, noting the relative increase in class membership with respect to the overall population. There are various reasons for this population shift, including changing criminal justice approaches, most of which are beyond the scope of this report.

Overall Population Trends: Defendants provided data for the Average Daily Population ("ADP") of the system from July 2019 through March 2020, allowing an understanding of the changing size of the DOC population as bail reform came into play effective January 1, 2020, and through the acute and early recovery phases of the COVID-19 emergency. Since April 2020, we have been gathering data weekly from the NYC Open Data website regarding the DOC population.[6] Figure 1 demonstrates that, beginning in April 2020, class members accounted for the majority of the population of the New York City jail system. Over the past year, class members have accounted for between 48.1% and 51.5% of the DOC population, which, in recent weeks, has slowly increased to nearly 5,900.[7]

[6] See https://data.cityofnewyork.us/Public-Safety/Daily-Inmates-In-Custody/7479-ugqb.
[7] As described in detail in Report 49 (pp 16-17 and Figure 2), these data do not account for detainees early in their incarceration who will become class members; during the very earliest part of their detention, detainees have not yet been assessed for mental illness and are included in the dataset as non-class members.

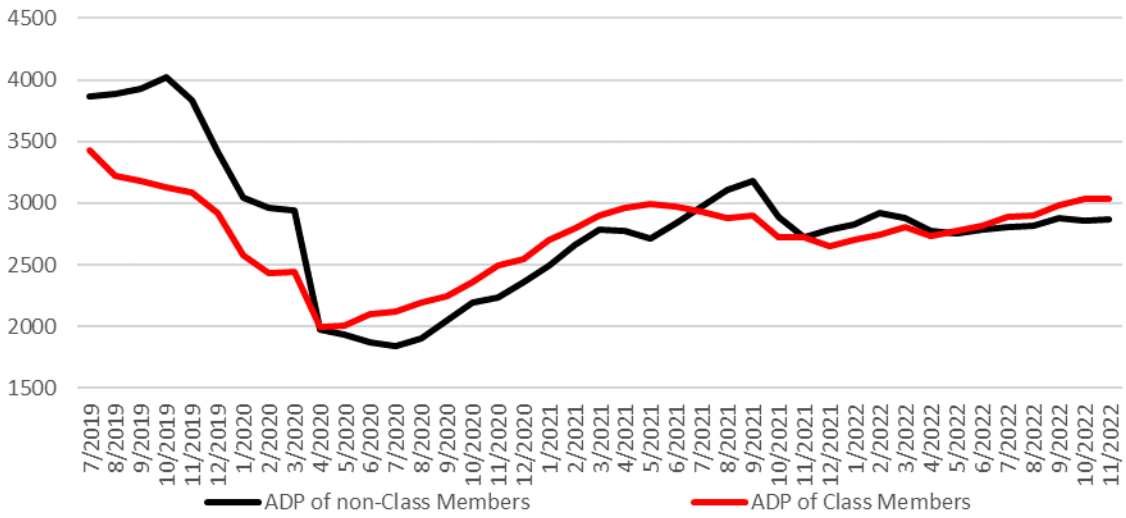


Figure 1: Class Member ADP and non-Class Member ADP, July 2019-November 2022.

Class Members with SMI: During the time in which bail reform went into effect, the population of class members with SMI declined at a much lower rate than the overall class or than the jail population as a whole (See Report 44, Table 2, p. 27). Since that time, defendants provided updated information regarding the SMI population during the COVID-19 crisis.

Table 2: Size of various populations pre- and post-COVID-19, with relative changes at various times, compared against a pre-COVID-19 baseline in February 2020. The numbers here reflect monthly ADPs for the given months and may differ from weekly data used to create the figures above.

	# of non-CMs	# of non-SMI CMs	# of SMI CMs	TOTAL Class	TOTAL
Feb-20	2965	1632	806	2438	5403
Jul-20	1845	1574	553	2127	3972
	(37.77%)	(3.55%)	(31.39%)	(12.76%)	(26.5%)
Nov-20	2223	1731	750	2481	4704
	(25.03%)	6.07%	(6.95%)	1.76%	(12.9%)
Mar-21	2790	2004	897	2901	5691
	(5.90%)	22.79%	11.29%	18.99%	5.33%
Sep-21	3182	1937	959	2896	6078
	7.32%	18.69%	18.98%	18.79%	12.49%
Mar-22	2877	1917	892	2809	5686
	(2.97%)	17.46%	10.67%	15.22%	5.24%
Sep-22	2882	1933	1050	2983	5865
	(2.80%)	18.44%	30.27%	22.35%	8.55%

- In the first few months of the COVID-19 pandemic, both the non-class member and the SMI populations decreased by approximately one-third, while the non-SMI class member population barely fell at all.

- Over the next few months, all three populations increased, and non-SMI class members exceeded the baseline from the previous February.
- As of March 2021, the class membership increased by nearly 20% when compared with February 2020. Both populations of class members now exceeded the baseline by a significant amount, while the non-class member population increased but was still about 6% lower than baseline.
- In September 2021, the non-class member population exceeded the population in February 2020 by over 7%, and the class member population, and the SMI subset, both exceed the February 2020 populations by nearly 19%.
- By March 2022, the non-class member population had dropped by nearly 10% over the previous six months and was about 3% lower than the February 2020 baseline. In contrast, while the class member population and the SMI subset were slightly lower than they had been six months previously, they continued to exceed the baseline by 17% and 11%, respectively.
- In September 2022, the non-class member population remained static and was nearly 3% lower than the February 2020 baseline. In contrast, the class member population continued to increase, exceeding the baseline by over 22%. Nearly all of this growth was driven by a significant increase in the number of SMI class members, a striking trend that demands further exploration. In the past six months:
    - Non-class members increased by 5, and
    - Non-SMI class members increased by 15. while
    - SMI class members increased by 158.
- The recent trends are demonstrated in the following graph, which includes the February 2020 baseline population numbers and the population as of March 2022.

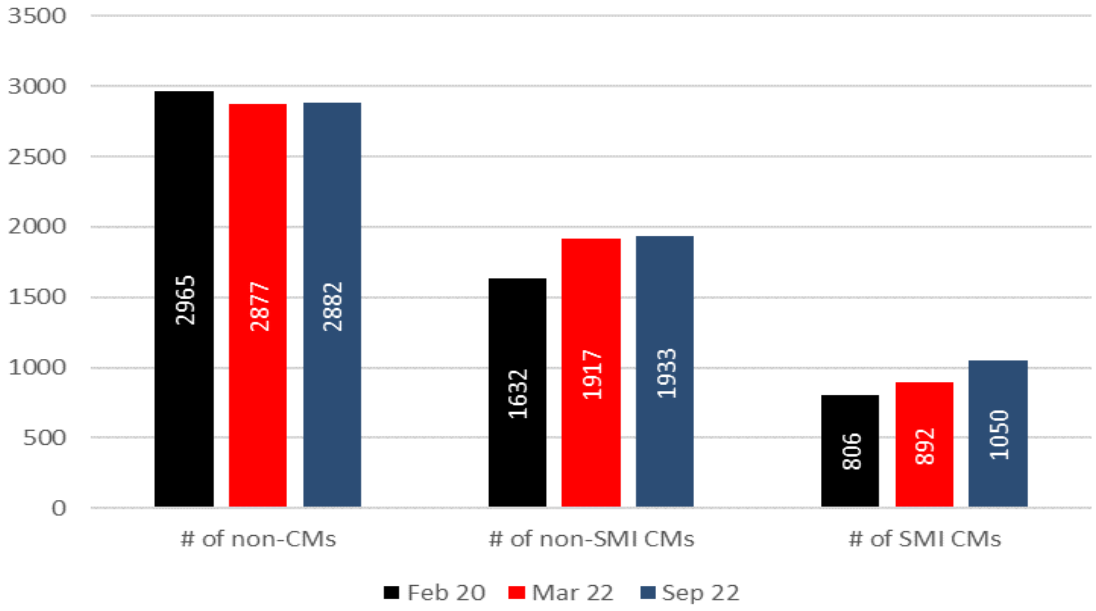


Figure 2: Population changes from February 2020- March 2022-September 2022

The percentage of the DOC population which is SMI has increased since the early days of the COVID-19 pandemic. Initially, the percentage of the population that was SMI dropped, but since November 2020, the prevalence of SMI class members has exceeded its prevalence from prior to the onset of the pandemic.

Table 3: Changing prevalence of SMI among the DOC population

	% of population that is SMI
Feb 20	14.92%
Jul 20	13.92%
Nov 20	15.94%
Mar 21	15.76%
Sep 21	15.78%
Mar 22	15.69%
Sep 22	17.90%

SMI class members now make up nearly 18% of the total population.

While the jail population initially decreased significantly during bail reform and the early months of the COVID-19 crisis, the class member population, and its representation within the class, remain substantially larger than it was pre-pandemic. Since mid-July 2021, class members made up approximately half of the total population, and the SMI population exceeds its pre-pandemic level and continues to increase. This underscores the importance of not losing focus on DCP in the midst of the current crisis.

II. Policies and Procedures

Subject: Defendants will have discharge planning-related policies consistent with the requirements of the amended Stipulation and the additional measures required by the Court's April 18, 2014, September 19, 2014, and April 26, 2021 orders.

A. CHS Social Work Policies

Key References: ¶¶20, 127, 129 and 149(d); Social Work and Re-Entry Procedures Manual; CRAN Manual; MH Policies 5, 10, and 11; Report 49, pp 20-21.

Discussion: In our information request for the 47th report, we inquired of defendants "how early… HRA [would] accept a [2010e] reapplication prior to the expiration date so

that the individual's approval does not lapse?" In their response, HRA stated that "Supportive housing applicants can apply within sixty (60) days of the expiration date." The most recent version of DCP Policy 3.7 requires staff to resubmit 2010e applications for "class members ***incarcerated longer than one (1) year***" (emphasis added). Tying the reapplication date to the length of stay—as the current manual does—is flawed in that

- HRA approvals are rarely obtained within the earliest days of an incarceration,
- some class members may initially refuse or not be eligible for a supportive housing application but may later agree to submit one, and
- some people are incarcerated with already approved applications that will lapse within a short period after remand.

We recommended that the policy require reapplications to be offered to class members ***approximately 60 days prior to the expiration date of the prior approval***, whether that approval was obtained during or prior to the instant incarceration. In their comments to the draft 49th report, defendants indicate that they believe our suggested language to be "unnecessary," because "Social Work already regularly reviews, reoffers, and resubmits supportive housing applications for class members." See, however, cases 62, 66, 70 and 145,[8] which demonstrate that defendants' rejection of our recommendation regarding this policy is ill-advised.

In their comments to the draft report, defendants provided an updated version of policy 3.7, which they indicate "has been updated to reflect the offering of housing reapplications to class members approximately 60 days prior to the expiration of the prior approval, under section 3.7(B)(g) of the manual." While this is a constructive change, the policy still applies only to "Class members incarcerated longer than one (1) year" rather than tying the

[8] All references to specific cases relate to the cases we reviewed for appropriateness and are described in detail in Exhibit 1.

requirement to resubmit new applications to the expiration date of the prior approval, including approvals for class members incarcerated for less than a year.

Additionally, defendants modified the obligation from requiring that the 2010e application be submitted "within four (4) business days of the discharge plan" to requiring that it be completed "as soon as possible after the discharge plan."

We will provide comments regarding these changes as soon as possible in the next reporting period.

On July 13, 2022, CHS provided a new version of MH10, updated to include the changes made to the SMI definition in the amended stipulation. We had no recommendations regarding these changes.

B. **HRA Policies**

In our 49th report at pp 21-23, we outlined in detail a years-long process by which HRA had modified its policy regarding how HRA will assist class members in obtain cash assistance and food stamps. After several iterations, defendants informed us in October 2021 that a finalized version of this policy was sent to New York State OTDA for approval. As of October 13, 2022, OTDA has yet to approve the policy (Defendants' response to information request, report 50).

This policy includes a process by which class members are to be informed of the process for activating cash and food assistance after release. Defendants clarified that CHS staff are to provide form FIA-1212a to the class member prior to or upon release. We suggested the need for CHS to develop a policy and train staff concerning this new task. Defendants currently report that:

> "Development of formal policy and training for this form was not needed as staff was instructed and now familiar with the process to provide the form

to all CMs." (Defendants' response to request for information, report 50)

In light of this response, we requested on October 28, 2022 that copies of these forms be included in records we receive for review. In response, defendants informed us that the form "is printed and given to each class member," implying that no copy is made for the medical record (email from CHS, November 3, 2022). We inquired the next day as to the direction that has been given to staff regarding this form, who provides the form to class members, and what information will be included in the medical record as to the provision of the form to eligible class members.

C. **Forensic Unit Policies**

For many years, we have worked with forensic unit leadership to arrive at an acceptable set of policies guiding staffs' Stipulation-related obligations. This has involved substantial discussion and document exchange with leadership. Still, arriving at final, acceptable policies has remained challenging. Over time, the focus has narrowed to the requirements of Policy 9 and our concern that it does not sufficiently guide staff to provide required discharge planning tasks for all class members. The forensic unit leadership disagrees, believing that the policies are sufficient.

On October 8, 2021, defendants provided a significantly revised version of this policy, noting that the forensic units again considered it to be a "final version" (Defendants' Response to Request for Information, Report 48). We found this version of Policy 9 to be significantly improved over previous versions, addressing almost all our

concerns.[9] The remaining issues we recommended the forensic units address were as follows:

1. The policy on page 4 directs staff to wait until a class member's known release date to forward HRA 2010e approvals to housing providers. Such a delay will guarantee that class members with supportive housing approvals will have no chance of gaining housing prior to release. The Stipulation requires defendants to submit approvals to housing agencies, without regard to whether there is a known release date.

2. Similarly, on pages 4 and 5 the policy requires submission of applications for CRAN or other case management services only following knowledge of a known release date. Class Members should be referred to CRAN and any other case management services for which they may be eligible at the point of their initial DCP.

Defendants informed us on April 21, 2022 that:

> "The forensic units have not rejected the recommendation. In fact, they are completing the housing application for all class members who qualify. The forensic units are reviewing the Monitors' feedback" (Defendants' response to request for information, Report 49).

On August 26, 2022 counsel for defendants provided a new set of policies. The cover email noted that the policies were "final" and that the forensic units had "incorporated [our comments and suggested revisions] to the extent [they] deemed necessary and appropriate". We promptly requested redlined versions which have not been provided to date.

To understand how the forensic units operationalize their policy, we requested data regarding the number of applications for supportive housing and case management they had submitted over the past year. Defendants provided the following data:

[9] As class counsel point out in their comments to the draft of the 49th report, once these policies are finalized in a manner that comports with the requirements of the Stipulation, training will be required for staff and supervisors to ensure that they properly implement the modified policies.

Table 4: Referrals to supportive housing and case management by Forensic Unit staff, July 2021-June 2022

	BHPW				EHPW			
	# discharges	# of HRA 2010e applications	# of CRAN applications	# of SPOA applications	# discharges	# of HRA 2010e applications	# of CRAN applications	# of SPOA applications
Jul21	30	0	0	0	6	0	0	0
Aug21	39	0	0	0	11	2	0	0
Sep21	31	0	0	0	4	0	0	0
Oct21	25	0	0	1	6	1	0	0
Nov21	28	0	0	0	8	0	0	0
Dec21	24	0	0	0	2	1	0	0
Jan22	24	0	0	0	UNIT CLOSED			
Feb22	28	0	0	0				
Mar22	45	0	0	1				
Apr22	29	0	0	0				
May22	28	0	0	0				
Jun22	23	0	0	0				
Total	**354**	**0**	**0**	**2**	**37**	**4**	**0**	**0**

- Of 354 class members discharged from the BHPW across a 12 month period from July 2021 to June 2022,
  - none received an HRA 2010 application,
  - none were referred to CRAN,[10] and
  - two were referred to SPOA for higher intensity case management.

- Of 37 class members discharged from EHPW during a six month period from July 2021 to December 2021,
  - four were provided with an HRA 2010e, and
  - none were referred to either CRAN or SPOA for case management.

The data indicates that Elmhurst, when operating, engages in efforts to complete HRA housing applications for some of the women hospitalized there, whereas Bellevue does not. Bellevue completes SPOA applications for a small number of class members, whereas Elmhurst does not. Neither unit refers class members to CRAN. These findings are consistent with the outcome of record reviews we conduct on a regular basis as part of the appropriateness reviews.

In their comments to the draft report, defendants noted as follows:

[10] See Case 136, in which CRAN explicitly requested that the hospital SW initiate a CRAN referral in relation to a possible ATI that the class member's attorney was working on. Apparently despite that request, the referral was not initiated during the month-long hospitalization.

> "The Associate Director of Social Work conducts regular chart reviews to monitor compliance with the Brad H requirements. In addition, the Associate Director of Social Work and the social work supervisor meet with individual social workers weekly to review cases with a focus on clinical status and Brad H discharge planning. Though the volume of referrals to SPOA, CRAN and HRA2010e is low for the Bellevue Prison Ward, patients are being appropriately screened and engaged and this is closely monitored. Given the acute setting, clinical instability is a barrier to engagement in most cases."

For their part, class counsel commented that

> "the information included in [Table 4], along with Defendants' forensic unit policies, which are inconsistent with the Settlement, and the forensic unit records included in the appropriateness review, support a finding of noncompliance with Defendants' obligations to provide Class Members in the forensic units with appropriate supportive housing and case management assistance. In addition, Defendants' reliance on an "Unexpected Release Form" that is rarely individualized or updated during a Class Member's hospitalization suggests that forensic unit staff consistently fail to complete adequate Discharge Plans and do not provide appropriate referrals…. Given that Defendants have resisted conforming their policies to the Settlement and are not providing discharge planning services consistent with the Settlement, we urge the Monitors to begin reporting separately on the discharge planning services provided in the forensic units."

The time has come to focus not on further wordsmithing of the forensic unit policies but instead on the results which (with the exception of Elmhurst and HRA 2010e applications) indicate that forensic unit staff demonstrate negligible efforts to connect class members with the array of services required by the Stipulation.

Next Steps

1. In light of the cases discussed above, CHS should reconsider their rejection of our recommendation to revise policy 3.7 to accommodate the changes in HRA practice and to accommodate the variations on when a 2010e should be resubmitted, as outlined above.

2. The forensic units should undertake a corrective action plan to include training of staff as to when to complete supportive housing, SPOA, and CRAN referrals.

III. **Staffing and Training**

A. **Staffing Levels**

Subject: On April 18, 2014, the Court ordered defendants to "make the necessary administrative changes to fully staff all clinical and non-clinical discharge positions." In its September 19, 2014 order, the Court noted that "an almost 10% rate of unfilled positions" is inadequate. On April 26, 2021, the Court ordered defendants to "…fully staff all discharge planning positions." Since 2014, defendants have increased their social work staffing allocation but at no time have they approached fully filling either the original or augmented allocations.[11]

Key references: ¶¶5, 9, 108, 118, 120, 148, 149(c) and (d); Court orders of April 18, 2014, September 19, 2014, and April 26, 2021; Report 49, p 27-28

Compliance: The current allocations and fill rates are as follows:

Table 5: Staffing of SW positions as of October 13, 2022

	# of allocated positions	# of positions filled		# who left since 4/20/22	# hired since 4/20/22	# currently in the hiring process	# of vacant positions	Permanent staffing rate
		Permanent	Temporary					
SW Supv.	14	12	0	2	1	0	2	86%
SW	39	17	4	5	0	1	22	44%
Caseworkers	18	12	0	2	0	2	6	67%
Clerical	8	8	0	0	1	1	0	100%

This shows acute and worsening problems with SW and caseworker staffing levels as well as some improvement in supervisory and clerical staffing levels. CHS reports that it

> "… has experienced significant attrition and COVID-19 has also hindered CHS recruitment efforts through destabilization of the health care labor market in general, and by impacting our ability to offer clinical rotations and engage in in-person recruiting. In addition, the ongoing negative press about the state of the NYC jails and concerns over safety have served to discourage potential hires from applying or accepting positions." (Response to request for information, report 50)

[11] We take their allocations at face value as defendants' expression of the staffing required to meet the needs of the class.

With respect to the requirement and retention initiative CHS reported on during the 49th reporting period, CHS now indicates:

> To improve retention and recruitment, CHS increased the salaries of all social workers, created Social Work Level III positions to be able to recruit LCSW at that level, and began recruiting temporary social workers. Additionally, CHS organized a job fair that was conducted online and open to all H+H employees, and job vacancies are now advertised on LinkedIn. While CHS has had some success with the temps, it is, as is the case for the H+H system and the health care industry in general, still not receiving a large volume of CVs from qualified applicants. (Response to request for information, report 50)

B. **Training Update**

Subject: Staff require ongoing training to help guide them in the proper performance of their clinical and discharge planning responsibilities.

Key References: ¶¶127, 131; Report 49, p 28-29.

Discussion:

CHS Trainings: CHS conducted no trainings during the current reporting period.

On October 13, 2022 CHS provided materials for two planned trainings, one titled "SMI, diagnosis, and CTP" and another on trauma related disorders. We provided comments and recommendations to CHS the following day. Defendants responded, acknowledging our recommendations, and indicated that they would inform us when the trainings were scheduled.

Forensic Unit Trainings: On October 13, 2022, the forensic units provided the following schedule of trainings which have taken place or are planned:

Date	Topic	Provider
8/17/2022	Mass Incarceration, Criminal Justice, and Mental Health: A Racial Equity Perspective	CUCS
by 10/28/2022	Engaging Clients with Challenging Behaviors (prerecorded webinar)	CUCS
11/16/2022	Brad H Policy Review	SW supervisors

We attended the Brad H Policy Review, which consisted of social work leadership from BHPW and EHPW essentially reciting the policies to staff.

In order to remedy the deficits we identified in Section II.C above, we recommend that this training be revised and provided again for staff. The training should include discussions of specific cases that shed light on how these polices are to drive clinical discharge planning with class members. Additionally, the training should specifically emphasize areas of problematic performance that we have identified in prior reports and continue to identify in this report. Staff should have extensive opportunities and be encouraged to ask questions, discuss cases, and learn actively how the policies direct their work as it relates to discharge planning for class members.

CRAN Trainings: During this reporting period CRAN continued to conduct and keep us informed of regular training on relevant topics.

No other defendant agency conducted any training relevant to the Stipulation. *DOC* staff continue to require training in connection with the agency's obligations under the Stipulation, specifically regarding parole violators, as discussed in Section IV.I below.

IV. **Performance**

A. **Electronic Medical Record**

Subject: Clinical and discharge planning information regarding class members is only available electronically. The monitors did not have access to the EMR system (eClinicalWorks, or eCW) which CHS utilized for years. When charts were required for review, a cumbersome, inefficient, and time-consuming process had to be undertaken.

In August 2019, Defendants transitioned to a new EMR platform (CHER).

Key References: ¶¶120, 121, 122, 123 and 148; Report 24, pp 35-37; Report 49, pp 29-32; Decision and Order on Motion, April 26, 2021.

Monitoring Issues: Previous reports outlined in detail the interference with our monitoring activities resulting from defendants not providing direct access to class members' electronic medical records, compounded by the obligation defendants took on as they attempted to produce complete PDFs of those records in accordance with agreed-upon timeframes. Upon learning in December 2018 that defendants were moving to a new EMR system, we observed that this transition provided a new opportunity to remedy this problem. Until such a remedy was in place, we repeatedly concluded that defendants were unable to come into compliance with their obligations under ¶¶120 and 122.

CHS transitioned to its new EMR (CHER) in July 2019. They subsequently developed an interface (CHARM) to provide us access to some portions of the record, but this rendered our reviews less efficient and did not address the interference with monitoring. We remain reliant on a slow process by which we request records which are extracted and provided at a later date.

On April 26, 2021, the Court ordered defendants to provide the monitors with access to class members' electronic medical records (Decision and Order on Motion April 26, 2021). Defendants have not done so, citing a review conducted and an opinion rendered by H+H's Office of Legal Affairs (OLA) that it is "infeasible [to] provid[e] the Monitors direct access to CHS' electronic medical record system." Defendants further asserted that there is no additional way to provide us with access to class members' electronic medical records while still protecting the records of non-class members. (Defendants response to information request, Report 48, October 8, 2021)

This situation remains unchanged.

B. **Data, Data Dictionary, Coding and Crosswalk, and Data Quality Assurance**

Data that accurately measure defendants' obligations as outlined in the performance indicators promulgated by the monitors is a primary means by which to determine and report on defendants' compliance with the Stipulation. This requires a data dictionary: a plain language description of how the indicator is to be calculated.[12] With a shared understanding of the data elements which go into the measure and of how compliance is calculated, computer code must be written that accurately translates the performance measures so that compliance statistics can be produced. Part of the evaluation of the adequacy of this process is the development of a crosswalk showing where various data elements are found in both the primary source and in the code used to perform the calculations.[13]

Once these are created and agreement is reached concerning their contents, they should lead to an adequate data production system. After an adequate system is established, it must be sustainable over time. Sustainability requires an ongoing data quality assurance system to discover and remedy any problems with data, something defendants were ordered to develop [Court orders of April 15, 2014 and April 26, 2021].

As explained in detail in Reports 45-48, defendants had not provided compliance data since August 2019. On October 8, 2021, defendants indicated that "CHS intends to produce missing or incomplete PI data from July 2020 through July 2021 before the end of October, 2021…. CHS will provide the coding and crosswalks at that time" (Response

[12] In addition to a statement of the indicator, the data dictionary should include a listing of the logical elements used to calculate the indicator for each class member as well as the logic employed in the calculation.
[13] The crosswalk should contain all logical elements listed in the data dictionary, their corresponding derivations in the source documentation and in the electronic medical record, and an indication of where and how the logic for each indicator is implemented in the source code.

to request for information, Report 48). On November 8, 2021, defendants provided data covering July 2020-August 2021.

On December 30, 2021, defendants provided an updated data dictionary at which time they indicated that "CHS is currently in the process of finalizing the coding and crosswalk used to produce the Performance Indicators, and we should have it for your review shortly" (email from CHS). We requested a redlined version to ascertain what revisions had been made to a document that had previously been agreed to by all parties. Defendants provided the redlined version on January 28, 2022, and plaintiffs submitted their comments on this document on March 4, 2022. The monitors provided defendants with detailed comments and suggested revisions on March 11, 2022.

In their comments to the draft 49th report provided on June 3, 2022, defendants indicated that

> CHS will submit the revised data dictionary in the next couple of weeks. The detailed programming code and crosswalk document (from Data Dictionary to Programming Code) will be provided to the monitors once the data dictionary is finalized and approved. CHS will then be available to meet with the Monitors and their data expert to answer any outstanding questions.

On June 24, 2022, CHS provided an updated, redlined version of the data dictionary. The July 20, 2022 Stipulation provides as follows:

> "Defendants have consulted with the Compliance Monitors on a reasonable timeline to implement the changes reflected in §§ 2(D) and (E) above into Defendants' data reporting system. Defendants submitted a revised, redlined data dictionary to the Monitors on June 24, 2022. Within 45 days of the Parties and Monitors agreeing to the revised data dictionary, Defendants shall complete coding and provide the coding and crosswalk to the Monitors. Within 45 days of the Monitors approving the manner in which data is to be derived, Defendants shall begin reporting data that reflects any necessary changes to its reporting. (NYSCEF Doc No. 89 at 6)

The parties recently entered into discussions with the monitors aimed at finalizing the data dictionary, holding a series of productive meetings on October 24, October 31 and November 29, 2022. On December 5, 2022, CHS provided an updated data dictionary based on the agreements reached in those discussions, and we provided comments to this revision on December 6, 2022. CHS indicated that they would review and revise the data dictionary.

C. **Performance Indicator Data**

Subject: The Monitors are required to establish performance goals, set expectations, and monitor defendants' performance against those expectations. The Stipulation sets out a series of performance goals related to assessment, treatment planning, and discharge planning. The Stipulation also permits the monitors to establish other performance goals as necessary to effectuate the terms of the Stipulation. The current PIs are included in Appendix 4 of the Thirty-Eighth Report, and the modified thresholds are included in the Exhibit 1 of the Forty-Ninth Report. The modified thresholds are applied to the PIs below.

Key References: ¶¶49, 100, 140-147.

Monitoring Issues: In prior reports, we noted various limitations precluding detailed and granular analyses of defendants' performance, such as the inability to provide site-specific performance data. Additionally, we have repeatedly noted discrepancies between defendants' reports and data gleaned from chart reviews.

Defendants were long delayed in providing compliance data for numerous performance measures, as required by ¶124. In late 2019 and early 2020, these delays were associated with their change in electronic medical records (see Report 44, Section

V.A), with the attendant need to modify their data extraction and reporting processes. During the acute phase of the COVID-19 pandemic, we supported CHS' decision to prioritize patient care over the production of retrospective data (see Report 45, Section V.C). As discussed in more recent reports, the status of the pandemic in New York City in general and in its jails in particular has improved significantly, though, as noted above, defendants report that "COVID-19 continued to impact the provision of mental health and social work services within the jails" (Defendants' response to information request, Report 50). CHS began providing data in November 2021, and they have now reestablished their monthly data provision schedule. However, as noted above in Section IV.B., without a revised agreed upon data dictionary, followed by the development of acceptable coding and crosswalks, we are unable to assess the validity of the data.

Therefore, we continue to find defendants out of compliance with ¶124. Notwithstanding defendants' objection[14] and unless ordered otherwise by the Court, we will continue to follow the approach outlined in our Forty-Fourth Report (pp 54-56) and its supplement. Where no data, or where only unverified data is provided and no data from chart review is available, we will indicate that defendants continue to be unable to demonstrate definitive compliance; this is the case for measures

1.1	5.3.2	8.2	11.1	12.0.3
4.1.2	7.1.1	8.3	11.2	12.1
5.1	7.1.2	9.2	12.0.1	12.2
5.2.1	7.1.3	10.1	12.0.12	12.3
5.3.1	8.1	10.2	12.0.2	12.4

[14] "Defendants repeat their objection to this form of monitoring and any conclusions that might be drawn from an 'appropriateness' sample of a limited number of cases when for other indicators the entire universe is used to calculate compliance percentages" (Defendants' comments to draft report 49).

Where information concerning a specific PI is available based on chart review (PIs 3.1, 3.3 and 4.1), we will make tentative findings subject to revision if and when global verifiable data is provided. Where data is available from HRA (PIs 6.1, 6.2, 9.1 and 9.3), we report the data and make findings as to defendants' compliance.

Barrier to Compliance with the PIs: Non-Production of Class Members for Mental Health and Discharge Planning Services

Production rates during the current reporting period were as follows:[15]

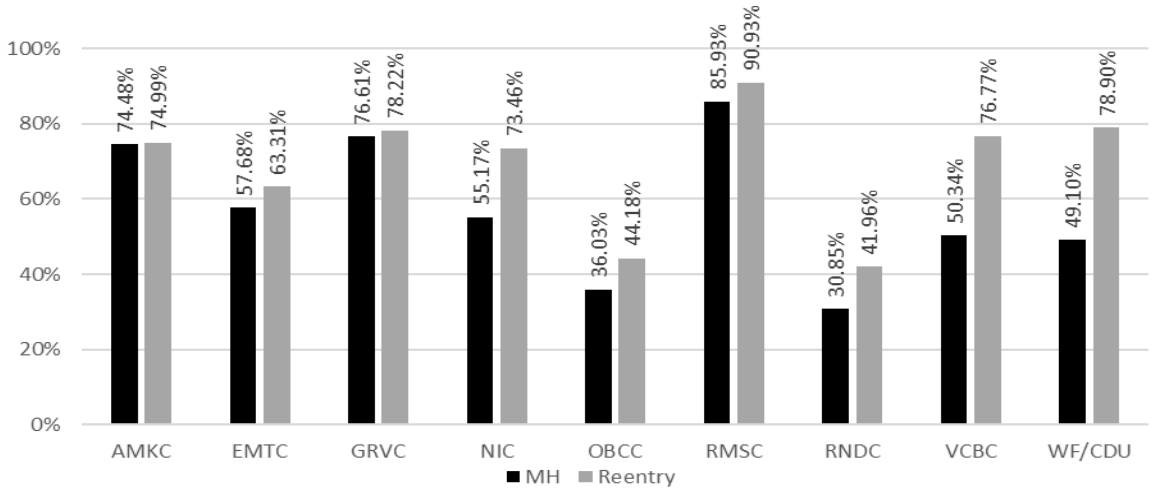


Figure 3: Production rates for mental health and reentry services, by jail, January-June 2022

- For mental health services, the overall production rate was 61.4%%, up from 53.8% in the last reporting period.
    - Production rates varied from 30.8% at RNDC to 85.9% at RMSC.

- For reentry services, the overall production rate was 68.9, down from 70.4% in the last reporting period.
    - Production rates varied from 42.0% at RNDC to 90.9% at RMSC.

[15] CHS production reports are available at https://www1.nyc.gov/site/boc/reports/correctional-health-authority-reports.page. These reports, while somewhat informative, have two primary deficits from the perspective of monitoring the Brad H Stipulation:

1. The reports categorize all reentry services (whether Brad H related or not) into a single report; and
2. The reports do not capture all relevant categories of nonproduction for mental health or social work services.

Comparing this graph to Figure 4 in our Forty-Ninth report, it is evident that mental health production increased in most jails, while reentry production remained relatively stable across the system.

Table 6: Production rate differences in 50th reporting period compared with the 49h reporting period.

	AMKC	EMTC	GRVC	NIC	OBCC	RMSC	RNDC	VCBC	WF/CDU
MH	6.23%	**-7.38%**	5.50%	**-3.48%**	6.19%	16.14%	7.46%	9.40%	**-9.43%**
Reentry	**-1.69%**	**-2.54%**	10.03%	1.28%	**-20.38%**	2.98%	**-1.78%**	7.02%	4.83%

During the past five reporting periods, production rates for both mental health and reentry services decreased, though in recent months, production has increased from its low in September 2021:

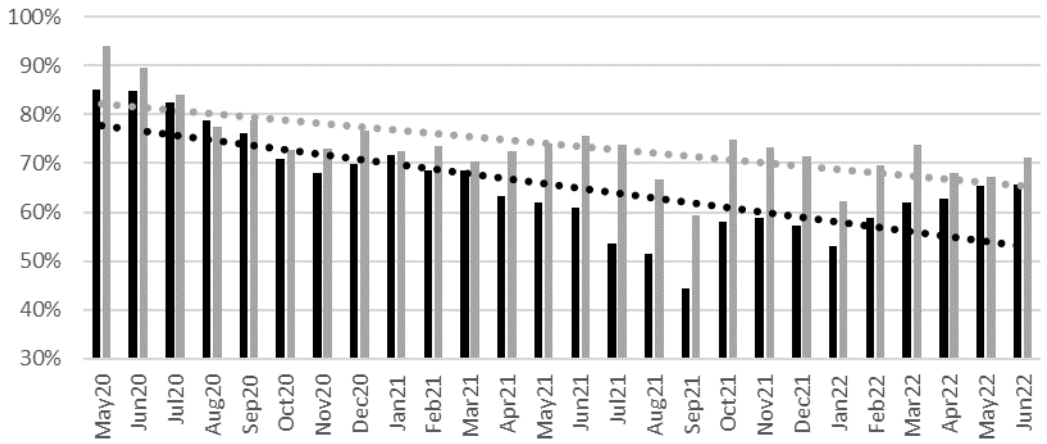


Figure 4: Monthly production rates, May 2020-June 2022.

Given that most clinical and discharge planning services cannot take place if the patient is not present for a service, these low production rates continue to demand urgent attention by defendants. While in recent months, production began to improve, by the end of the reporting period, approximately one-third of all scheduled services still did not occur when scheduled because the class member was not produced to the clinic. Nonproduction presents a significant impediment to defendants' meeting their performance goals under

the Stipulation. This was again evident in the current cohort.[16] Defendants simply cannot provide a mental health or social work service if the class member is not produced. CHS and DOC should collaborate to determine the reasons for these decreased production rates and rapidly intervene to remedy this unacceptable situation and to attempt to build on the recently improved production rates.

Discussions of Specific Performance Measures

3.1 Timely Completion of CTP (Mental Health)

Subject: When the initial assessment indicates the need for continued mental health treatment, mental health staff are required to complete a CTP in accordance with a specified timeframe based on the housing level at the time of the initial assessment.

Key References: ¶¶5, 16, 17, 142(d); Mental Health Policy MH 5; Report 49, p 38.

Threshold/Expectation: 90%

Compliance: The appropriateness cohort includes data that allows for an approximation of performance during the current reporting period, indicating that 64 of 120 (53%) cases had the CTP completed according to the relevant timeframes, as follows:

- Compliance in MO (7-day requirement): 44 of 71[17] (62%)
- Compliance in GP (15-day requirement): 20 of 49 (41%)[18]

[16] See, e.g., cases 13, 14, 18, 19, 36, 41, 45, 46, 48, 64, 65, 122, 134, 138 and 147.
[17] Cases 32, 37, 41, 48, 64, 87, 118 and 153 were mislabeled as MO cases. On review, they were housed in GP for the totality or majority of their incarcerations. We assessed them against the 15-day GP requirement. In their comments to the draft report, class counsel express the concern that "this mislabeling raises questions about how Defendants produce the list of [appropriateness] cases provided to the Monitors and whether a coding error exists which could affect PI data reporting."
[18] Defendants' unvalidated data suggest better performance: PI 3.1: 61.28%, PI 3.1.1 (MO) 90.19%, PI 3.1.2 (GP) 51.94%.

In 45 cases, the CTP was between 1 and 83 days late.[19] In 11 cases, a CTP was not done.[20]

Defendants' compliance remained stable during this reporting period when compared with the 48th reporting period. Defendants remain tentatively out of compliance.

3.3 Timely Completion of Discharge Plan (DCP)

Subject: Upon completion of a CTP, defendants are required to complete the Discharge Plan (DCP). Recently, the parties agreed to modify the timing of the DCP as follows:

> For each Class Member, a Discharge Plan shall be completed within seven business days of the completion of the CTP. ***However, a Discharge Plan shall be considered timely if it is completed no later than 30 days before discharge***. (Amended Stipulation, ¶18.1, emphasis added)

The DCP documents the first interaction with class members where the specific focus is on post-release needs and develops the initial plan to address those needs. It initiates a set of timelines and processes to arrange for community-based care, benefits and supports that will assist class members in their return to their communities.

Key References: ¶18.1, Social Work and Re-Entry Procedures Manual, Section 3.6; Report 49, p 39.

Threshold/Expectation: 90%

Compliance: The appropriateness cohort includes data that allows for an approximation of performance during the current reporting period, indicating that 74 of 120 (62%) cases had the DCP completed within the 7-business-day timeframe.[21] In 28 cases, the DCP was

[19] Cases 1, 2, 4, 6, 7, 12, 14, 15, 17, 19, 25, 26, 30, 33, 34, 37, 42, 43, 45, 46, 49, 52, 53, 67, 68, 70, 72, 77, 82, 95, 109, 110, 112, 115, 120, 125, 128, 132, 133, 136, 138, 145, 147, 149 and 150.
[20] Cases 9, 13, 20, 32, 41, 48, 64, 87, 118, 134 and 153. As Class counsel point out in their comments to the draft report, this represents a near doubling of the number of cases in which no CTP was completed since the 48th reporting period.
[21] Defendants' unvalidated data suggest better performance for PI 3.3: 76.79%.

completed between 1 and 115 days late.[22] In 19 cases, no DCP was done.[23] When measured against the seven business day requirement, defendants' compliance remained stable when compared to the 49th reporting period.

However, 22 of the 28 cases that did not meet the 7 business day requirement had their DCP's completed at least 30 days prior to release. Taking this into account, defendants timely completed the DCP in 96 (80%) of 120 cases.

Defendants remain tentatively out of compliance.

4.1 Completion of Medicaid Prescreening (jail) (SW)

Subject: The purpose of the Medicaid Prescreening is to allow social work personnel to know the status of each class member's Medicaid shortly after admission, and to allow those personnel to take proper steps to ensure that Medicaid coverage will be available on release for those who are eligible. The prescreening process identifies those class members with active Medicaid at the time of incarceration, those who need a new application submitted, and those whose Medicaid is in "suspension" status as of the time of the prescreening.

Key references: ¶¶5, 59 and 142(e); Social Work and Re-Entry Procedures Manual, Section 3.3; Report 49, pp 39-41.

Threshold/expectation: 90%

Compliance: In previous reports, we approximated defendants' performance using information obtained via chart reviews of the appropriateness cohort. In their comments to the draft 49th report, defendants pointed to "OHIS Medicaid Information Templates" in

[22] Cases 2, 6, 15, 18, 19, 20, 34, 37, 42, 50, 51, 66, 67, 68, 77, 86, 92, 95, 106, 108, 112, 113, 118, 122, 144, 145, 150 and 155.
[23] Cases 9, 13, 17, 24, 32, 46, 48, 52, 64, 76, 87, 91, 115, 120, 133, 134, 147, 149 and 153. As Class counsel point out in their comments to the draft report, this represents an increase from one case in which no DCP was completed in the 48th reporting period.

the medical records that indicated a timely prescreen in a few of these cases. Defendants provided these templates in the records they provided for our review beginning with the June cohort, and all 20 of these records indicate that defendants met the required timeline.[24] Defendants are tentatively compliant for measure 4.1.

6.1 Timely Activation of Medicaid Benefits (HRA)
6.2 Timely Unsuspension of Medicaid Benefits (HRA)

Subject: Paragraphs 64.1 and 60.1 require that defendants "take reasonable steps within their control to ensure" that class members' Medicaid is activated or unsuspended within seven or four business days respectively after release.

Key References: ¶¶60.1 and 64.1; Report 49, pp 41-43.

Compliance Threshold: 90%

Compliance:

Medicaid Activation: Defendants are obligated to activate class members' new Medicaid benefits ("P" cases) within seven business days of release. For the current reporting period, defendants provided the following data regarding the timing of Medicaid activation:

Table 7: Timing of Medicaid Activation (P cases), Report 50

# of Days after release	# of cases	%
0	0	0.00%
1	2	9.09%
2	6	27.27%
3	1	4.55%
4	5	22.73%
5	0	0.00%
6	2	9.09%
7	2	9.09%
>7	4	18.18%
Total	22	

[24] Defendants' unvalidated data suggest compliance with PI 4.1, with a 97.74% compliance rate.

Defendants reported meeting the required timeframe in 82% of cases and were noncompliant for the reporting period.[25]

Medicaid Unsuspension: Defendants are obligated to unsuspend class members' Medicaid benefits within four business days of release. Defendants provided the following data regarding the timing of unsuspension:

Table 8: Timing of Unsuspension of Medicaid (IC cases), Report 50

# of Days after release	# of cases	%
0	10	4.1%
1	183	74.4%
2	25	10.2%
3	11	4.5%
4	2	0.8%
>4	15	6.1%
Total	246	

Defendants reported meeting the required timeframe in 93.9% of cases. Many of the 15 noncompliant cases occurred during a period in which a

> "NYS system-wide problem… interfered with HRA case processing across the MAP program. The Brad-H unit was unable to transmit cases, correct cases in error, and process current cases. The State IT unit has solved the process error." (HRA Medicaid MAP Dataset, February 2022)

Most of the noncompliant cases were only slightly delayed, but one class member had his Medicaid unsuspended between 27 business days (or 39 calendar days) after release. HRA reported on the reason for this delay as follows: "CHS original response - CHS ERROR. Therefore, no action taken by HRA; after review of draft [49th] report CHS changed response to 'Sent to HRA 5/18/2022.' Action was then taken, reason why the 27 days delay." (HRA Medicaid MAP Dataset, June 2022, line 238)

Defendants were compliant during the reporting period.

[25] In their comments, defendants assert that the "NYS system-wide problem" that resulted in late unsuspensions (PI 6.2, below) between late January through mid-February also was the cause of these late activations (PI 6.1). This is incorrect: the late activations occurred in April and May, not during the period of the "NYS system-wide problem."

9.1 Provision of Emergency Benefits (HRA)

Subject: The amended Stipulation requires "HRA staff, upon the Class Member's first visit to a Job Center following his or her release date [to] (a) assess the Class Member's need and eligibility for Emergency benefits, [and] (b) provide whatever Emergency Benefits the Class Member needs and is entitled to…." In cases where emergency benefits are not provided, HRA must "document the reasons for the denial" of such benefits.

Key References: ¶85, HRA PD #06-03-ELI; Report 49, pp 43-45.

Compliance Threshold: 95%

Compliance: Defendants provided reports for January-May 2022. Seven requests were granted out of seven total requests. Defendants were compliant for the months of January-May.[26]

In our 49th report, we concluded that Form FIA-1212a (discussed in Section II.B above) properly advises class members as to how to apply for ***both Cash Assistance and SNAP***. We recommended that the policy be approved and finalized, and that a process be devised for CHS staff to provide class members with the form upon release. Defendants reported that "Development of formal policy and training for this form was not needed as staff was instructed and now familiar with the process to provide the form to all CMs" (Defendants' response to information request, Report 50). We have requested more information as to the process by which this form will be provided to class members and

[26] In their comments to the draft report, class counsel urged us to make a tentative compliance finding, as the data does not cover the full reporting period. The data here are not "incomplete" but are rather delayed by 90 days based on the pending period of a PA application (Defendants' response to information request, report 50). Therefore, we are not changing our finding.

what documentation will be included in class members' records regarding the provision of this form to class members.

9.3 Processing and Pending of PA Applications (HRA)

Subject: The Stipulation requires defendants to "register [each PA/SNAP] application on the same day it receives the application."

Key References: ¶78, HRA PD #06-03-ELI; Report 49, p 45.

Compliance Threshold: 85%

Compliance: Defendants registered 269 of 269 applications on the day of receipt, and they are compliant.

* * * * * *

Summary: Defendants were compliant for PIs 6.2, 9.1 and 9.3; tentatively compliant for PI 4.1.1; tentatively noncompliant for PIs 3.1, 3.3 and 4.1.1; and noncompliant for PI 6.1. For all other measures, defendants were unable to demonstrate compliance because the data they provided for review has not yet been validated by a review of their systems and processes for producing those data (See Section IV.B. above).

D. **Appropriateness Measures**

Subject: Defendants are obligated to render appropriate diagnoses and determinations as to the severity of class members' mental illnesses, and to provide appropriate discharge plans consistent with each class member's clinical and psychosocial needs (See Report 45, pp 78-82 for a detailed explanation of the importance of qualitative reviews of defendants' performance in providing mandated discharge planning services). The April 26, 2021, Decision and Order on Motion reaffirmed the importance of defendants' obligations in this area ("…meeting the appropriateness goals is essential to fulfilling the

core purpose of the settlement – ensuring that class members receive individualized, clinically appropriate discharge planning," NYSCEF document 76 at p. 12).

Key References: ¶¶142-143;[27] amended Stipulation Addendum A; Social Work and Re-Entry Procedures Manual; Monitoring Plan; Court Orders of September 19, 2014, and April 26, 2021; Report 49, pp 46-58.

Compliance: The threshold for compliance is 90% for the SMI assessment, appointment or referral, and case management, and 85% for supportive housing. Defendants were compliant for SMI assessments but noncompliant for the other services. The table below presents the numeric results of our reviews concerning the appropriateness of discharge planning.

Table 9: Summary of Appropriateness Findings

		Appointment/ Referral	SMI	Case Management	Supportive Housing
Eligible	Appropriate	61	115	37	10
	Inappropriate	53	4	13	21
Ineligible or Not Rated		5	0	69	88
Total cases		120	120	120	120
Defendants' compliance		**54%**	**97%**	**74%**	**32%**
Compliance threshold		90%	90%	90%	85%

Defendants' compliance over the past thirteen reporting periods is presented in the following graphs:

[27] In addition to these sections defining the monitors' obligation to assess the appropriateness of various actions taken by Defendants, the concept of appropriate services is scattered throughout Section II.H of the Stipulation.

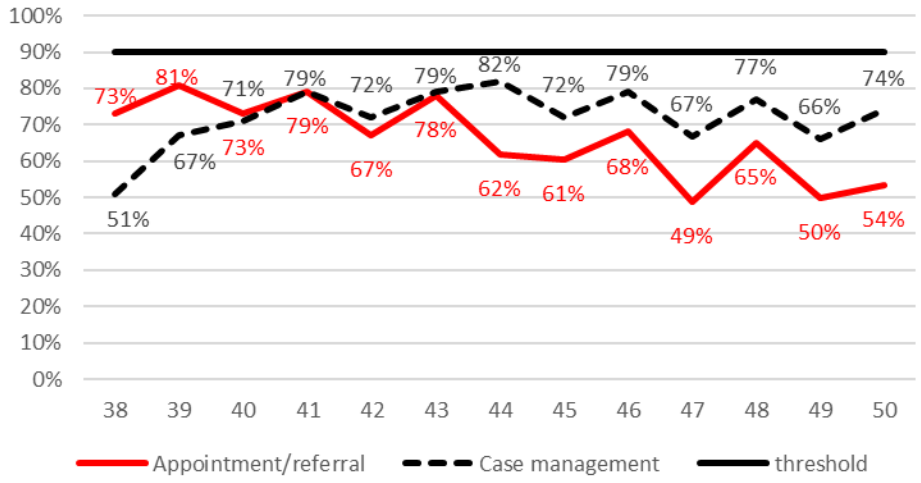


Figure 5: Compliance with Appropriateness Measures: Appointments/Referrals and Case Management, Reports 38-50

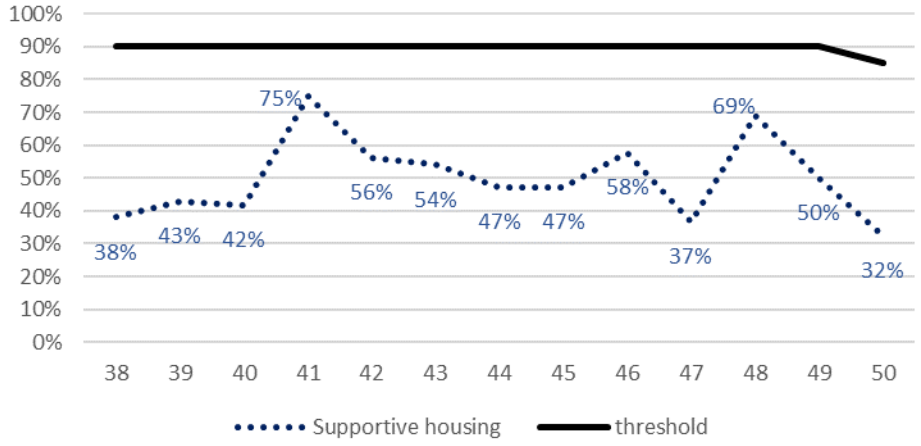


Figure 6: Compliance with Appropriateness Measures: Supportive Housing, Reports 38-50

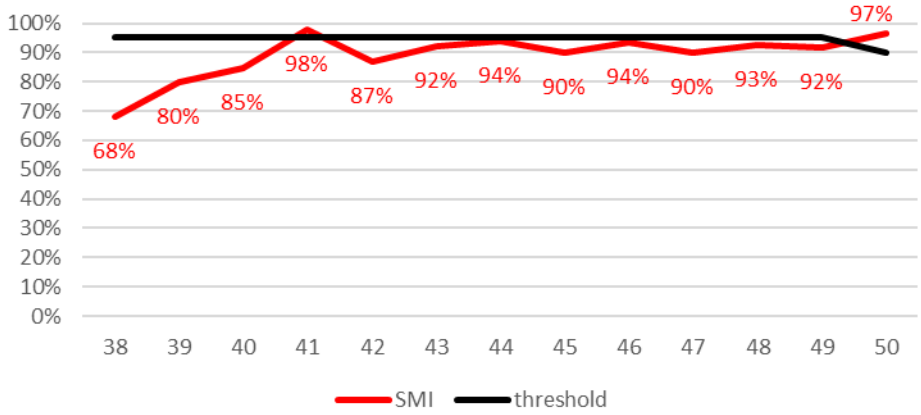


Figure 7: Compliance with Appropriateness of SMI Determinations, Reports 38-50

Defendants' performance increased for all measures except supportive housing.

Internal Barriers to Compliance: The case reviews in Exhibit 2 reveal a number of areas that defendants will have to address in order to come into compliance.

1. *Treatment team integration*: Fuller integration of treatment teams is required by Court order. We noted in previous reports that treatment teams would function differently in GP, which is somewhat akin to an ambulatory care setting, than in MO/PACE, which is more closely analogous to inpatient care. We further noted that, beyond what can be gleaned from the documentation in medical records, our efforts to better understand how treatment teams function were thwarted by defendants' position that observation of these teams was beyond the scope of our authority. As discussed in Report 48, section II.A, defendants provided an updated draft of MH 49, which drives the treatment team function. We asked a number of questions about this policy, and defendants' responses indicate that treatment team activity will not necessarily be documented in the medical record. Thus, we are left to interpret the documentation that is entered into the record by individual members of the treatment team.

   Some cases in the current reporting period highlighted the ***lack of a reliable process by which MH and SW react to changes in class members' situations over time***, where the changing situation warrants a review and update of the previously completed DCP. See, for example, cases 26 and 64, where the treatment team did not resolve diagnostic differences. See also cases 103, 115, 138 and 147, in which the mental health staff failed to refer the class members for an updated DCP after their situations changed.

   Prior to the implementation of CHER, TPRs routinely prompted clinicians to review the DCP and if needed to refer to SW for an update. TPRs, as currently

configured in CHER, do not do this. One recommendation would be to modify the TPR to force a review of the DCP when situations change as should have occurred in this case.

In their comments to the draft report, defendants note that

> "The Monitors have mischaracterized the clinical workflow related to TPRs. The current TPR in CHER, under the "Referral to Social Work" section, instructs clinicians to take into consideration factors that may impact discharge planning (e.g., change in SMI designation, homeless status or new sentencing), and subsequently refer to SW for possible DCP revision when applicable."

Defendants misunderstand our concern. In eCW, a TPR review of the DCP was structured as follows:

DISCHARGE PLAN INFO:
Discharge plan info
Discharge plan present: *Yes*
Date of discharge plan: *9/18/17*
Reviewed discharge plan with patient, accepted by patient and meets mental health needs: *Yes*
Discharge plan requires update, re-offer discharge planning: *No*
Referral to discharge planning: *no referral indicated*

This requires an affirmative review at each TPR of the DCP and a discussion with the class member, followed by a decision as to whether an updated DCP was required to meet the class member's needs which may have changed since the previous DCP was completed. While the current version of the TPR in CHER does require the clinician to document changes in SMI, homelessness or sentencing, the review is not as comprehensive as was previously required:

Referral to Social Work
Is there a Discharge Plan or an order for a Discharge Plan? Yes
Is the patient newly designated SMI? No
Does patient newly anticipate being homeless? No
Is patient newly sentenced? No
Does patient request to see DCP? No

Additionally, the compound question "Is there a Discharge Plan or an order for a Discharge Plan" renders the answer ambiguous and impossible to interpret.

Additionally, ensuring that SW staff see class members every 30 or 90 days as required by policy would help to prevent cases like this.

Defendants' efforts have thus far failed to result in compliance with the mandate to integrate services as ordered by this Court in 2014 and again in 2021 with respect to treatment teams in GP.

2. *Discharge Planning Without Class Member Contact*: In the current cohort, we identified 19 cases (16%) in which the class member either had no DCP or in which the only "DCP" documented was one completed "by chart review," i.e., without the class member's participation.[28]

   As discussed in the 48th Report, in the context of the DOC staffing crisis, CHS directed SW staff to complete DCP's by chart review when class members were not available to participate. Because of the ambiguity this introduced, CHS created a new template called "DCP by chart review" to allow for tracking of these cases. These do not replace a full DCP completed during face-to-face interaction with the class member, and defendants affirmed that these forms will not be included as "compliant" in the data they will eventually report.

3. *The "Unexpected Release Form"*: A number of class members in the current cohort were hospitalized at BHPW. In these cases, the class member was nearly always offered an "Unexpected Release Form" shortly after admission, which they often are too symptomatic to sign or refuse to sign. These forms have pre-printed aftercare

[28] See discussion in Section IV.C regarding PI 3.3, above.

plans that include, in all cases, the Bellevue Men's Shelter, the Bellevue outpatient walk in clinic, the HRA Job Center on East 16th Street, and the SSA Field Office at Second Avenue and 40th Street. Rarely do staff individualize these forms, and even more rarely do they reoffer the form or any other type of discharge planning later in a hospitalization when the class member has stabilized clinically. These forms do not include any consideration of case management or supportive housing. See, for example, cases 36, 51, 60, 62, 68, 106, 109, 122 and 136. In some cases, the hospital SW was unaware (based on their documentation) of earlier discharge planning provided in the jail prior to the hospitalization (e.g. case 60), while in other cases, the unexpected release form included specific details regarding the class member's DCP needs (e.g. case 68).

The purpose of the Unexpected Release Form is to provide class members with basic services that they can access should they be released unexpectedly and before the hospital staff have the opportunity to engage in more formal, individualized discharge planning efforts with their patient, as required by the Stipulation. We encourage H+H to consider these comments and reorganize their discharge planning efforts going forward.

4. *Capacity and Willingness of Programs to Accept Class Members*: We have previously stated how important it is to devise a workable solution for defendants to fulfill their obligation to attempt to ensure that a program to which they are referring a class member has the capacity and willingness to accept referred class members

(¶¶44 and 46). Fifteen cases were inappropriate solely due to defendants' failure to contact programs to which they were referring class members.[29]

In their comments to the draft report, Defendants note:

> In regard to the Monitors' request that CHS contacts all programs/ services before referring patients to them, the Monitors stated that fifteen cases were inappropriate solely due to "defendant's failure to contact programs to which they were referring class members." In six of these cases, the Monitors found referrals to Nathaniel CASES clinic inappropriate because the social worker did not call the clinic to confirm that they were accepting patients before making the referral (in one of the cases, we confirmed that the patient had actually made an appointment after release and that case still remained non-compliant). Nathanial CASES is an outpatient clinic solely dedicated to justice-involved individuals. It is the only of its kind in the City and we have confirmed that they accept our patients and provide the necessary services. As it is clear in the review of 120 charts, we use this program quite often. It is unclear, given the above, why these referrals were found by the Monitors to be inappropriate. Additionally, CHS has worked closely with Housing Works to provide services to our patients yet the Monitors found referrals to Housing Works inappropriate.

While this approach is reminiscent of the A-list, an approach defendants abandoned years ago for understandable reasons, we are not unsympathetic to defendants' predicament.

Defendants also perceive "inconsistencies to the Monitors' approach," pointing to the different approaches we took in cases 3 and 20:

> "[F]or case #20 the Monitors noted the following: "while there is no DCP, Fortune Society appeared to be likely to serve his needs. They have extensive walk-in hours, precluding the need for SW to contact them to confirm they will accept the referral." However, for case #3 Monitors found a referral to Fortune Society inappropriate because CHS failed to call Fortune Society to ensure that they accept patients….

[29] Cases 3, 4, 6, 7, 22, 34, 37, 41, 44, 47, 58, 128, 135, 144 and 152. In addition, in cases 16, 73, 102, 114, 129 and 137, there was no finding of inappropriateness for this reason because a subsequent ATI superseded the earlier DCP. The importance of contacting programs to ensure that they can accept referrals is exemplified by cases 45 and 86.

The approaches we took in these two cases involved weighing various factors, including, in these cases, the length of stay of the two class members, the different diagnoses made in these cases, the class member's refusal to engage in case 20, and the lack of effort to reengage with the class member over many months in case 3. In other words, rather than demonstrating a subjective, unreasonable and arbitrary approach to our reviews, as defendants suggest in their comments, the different outcomes in these cases reflect our individualized, and at times lenient, approach to reviewing cases.

Defendants' complaints, and our responses, indicate a need to reinitiate discussions with the parties as to how defendants are to apply the requirement that they "obtain[] to the extent possible an agreement from such program or programs to accept the Class Member (¶46)."

5. *Role of ATI in Appropriateness Determinations*: Many class members engage with outside agencies during the course of their incarcerations. These agencies may include legal actors (e.g., mental health courts, parole, criminal defense counsel) or clinical/social services actors (e.g., TASC, Osborne, Women's Community Justice Project). DCP is often "taken over" by these actors. At times, the DCP is mandated by the court or by parole. Our approach to all of these cases, which we lump into the term "ATI," is to review the extent to which SW coordinates with any requirements of the outside actor. If SW provides what the outside agency requires to effectuate the ATI, we view the work of SW as appropriate. This requires that SW remain engaged with class members over the course of their incarcerations in order to react to the class members' changing situations with regard to the ATI and to any requests made

by the ATI. The following analysis demonstrates defendants' compliance when considering the discharge planning developed directly by CHS and then when considering the intervening ATI involvement:

Table 10: Change in compliance after consideration of ATI intervention

	Appointment/Referral		Case Management		Supportive Housing	
	PreATI	ATI	PreATI	ATI	PreATI	ATI
Appropriate	43	61	43	37	15	10
Inappropriate	69	53	17	13	26	21
Ineligible	8	5	60	69	79	88
Total	119	119	119	119	119	119
Compliance	38.4%	53.5%	71.7%	74.0%	36.6%	32.3%
Change	**15.1%**		**2.3%**		**-4.3%**	

The intervention of an ATI increased defendants' compliance by 15% for appointment/referral and by 2% for case management, while reducing their performance by 4% for supportive housing.

Systems Barriers to Discharge Planning

In our 49th report at pp 55-57, we discussed two "systems" barriers to DCP, including the shortage of supportive housing "beds" and the delayed assignments to higher levels of case management such as ACT. We note that these barriers continue, although, at times, sustained advocacy can lead to the provision of ACT-level services at the point of release (see, e.g., case 81). These limitations remain important impediments to the fulfilling of the essential goals of the Stipulation. We understand that although they have a stake in achieving a resolution, defendants cannot unilaterally solve and under the Stipulation are not responsible for solving these systemic problems. We continue to recommend that CHS work with DoHMH and other partners to expand class members' prompt access to supportive housing and to ACT and other higher levels of case management.

* * * * *

Summary: Defendants continue to work to improve their assessment and discharge planning capabilities. Viewed longitudinally, these efforts have borne fruit. Defendants can point to many positive developments over time in the CHS program both structurally and in terms of individual practices. While defendants have achieved compliance with the SMI designations, they remain noncompliant for the provision of appointments/referrals, case management, and supportive housing. Most notably, a substantial number of class members were released without ever having received a CTP or a DCP, largely related to the crisis situation under which defendants were operating during much of the reporting period.

E. **Social Security Benefits**

Subject: Paragraph 87 of the amended Stipulation requires defendants to assess class members' eligibility for Social Security Benefits and to assist eligible class members in obtaining these benefits.

Key References: ¶87; Social Work and Re-Entry Procedures Manual Section 3.11; H+H policy 12; Report 49, pp 58-62.

1. New Applications

Defendants define eligibility for this service as follows:

- SMI,
- Sentence date 30-120 days in the future,
- Ineligible for SSI reinstatement, and
- Consent to release information to SSA.

Performance: Defendants provided data indicating that there were nine class members who met the above criteria, all of whom declined assistance. In one case, the class member reported that his FACT team would assist him. No reasons were

provided for the other eight denials. In addition, defendants reported that 23 otherwise eligible class members were "not in timeframe."

Cases 18, 86, 108 and 151 were sentenced and SMI and were included in the defendants' data, which indicated that Cases 18 and 108 were "not in timeframe" and cases 86 and 151 declined assistance with the SSA application. Cases 18 and 151 reported prior SSI involvement, and they should have been considered for SSI reinstatement rather than a new application.

Cases 132, 135 and 145 were sentenced and SMI and did not report prior SSI, but they were not included in the defendants' data regarding new SSI applications.

2. Reinstatement

Defendants define eligibility for this service as follows:

- Known date of release,
- SMI,
- Had SSI suspended or terminated during the incarceration, and
- Consent to release information to SSA.

Performance: Defendants provided data indicating that there were 2 class members who met the above criteria, and who they assisted in obtaining appointments for reinstatement after release. They also identified one otherwise eligible class member who declined assistance.

Monitoring Issues: While not all are eligible for SW assistance with SSI reinstatement, there continues to be a high prevalence of self-reported SSI recipients among the sample of charts we review. During January-June 2022, at least 32[30] (27%) of the 120 records we reviewed included documentation that the class member

[30] Cases 2, 12, 14, 15, 17, 18, 19, 26, 31, 33, 39, 43, 50, 51, 59, 62, 67, 68, 77, 80, 87, 92, 105, 125, 131, 136, 138, 140, 151, 152, 154 and 155.

reported active or pending SSA benefits prior to incarceration. As noted above, two[31] of these class members were both SMI and sentenced at some point during their incarceration rendering them eligible for reinstatement. They both appear on the New Application dataset, and neither appears on defendants' reinstatement dataset.

* * * * *

Discussion: Defendants' continued conflation of the data regarding SSA applications and reinstatements has continued for many reporting periods. The two datasets historically provided by defendants each month do not accurately report on the work done by their staff. Defendants continue to demonstrate difficulty discriminating between class members who require a new application from those who require reinstatement of an existing benefit.

In August 2020, Defendants informed us that:

> "Social Work has created two new forms in CHER to document and track SSA benefits: 1) the SSA Benefits Offer Form, which indicates whether or not the patient was offered and/or accepted reinstatement, and whether he/she accepted and if not, an explanation of the reason; and 2) the SSA/New Telephone Interview Form, which indicates whether the patient was offered a telephone interview if he/she never had SSI/SSD but meets eligibility criteria. It also indicates whether the telephone interview was conducted, and if not, why not…. Once the forms… are finalized, IT will generate a report indicating who has accepted assistance securing or reinstating SSA benefits" (Response to information request, Report 45).

While a positive development, this intervention does not appear to have resolved the issues we have noted previously and continue to observe. Defendants agreed to provide these in records provided for review "going forward" (Defendants' response to information request, Report 50). That said, based on our current chart reviews, SW

[31] Cases 18 and 151.

appears to be somewhat more attuned to class members' needs vis-à-vis their SSA benefits.

Unfortunately, SSA is unwilling or unable to enter into a data-sharing agreement, which might have been a mechanism to identify class members who are eligible for reinstatement more accurately. However, on November 25, 2019, we received a draft Pre-Release Agreement from defendants. On March 4, 2020, SSA sent a draft MOU to SSA and requested a demonstration of the online application. "In November 2020, SSA informed CHS that they are reviewing CHS' comments on the drafted pre-release agreement to determine how to proceed. SSA's response is still pending" (Defendants' response to information request, Report 49). That agreement has "not been finalized" but CHS reports that "…discussions are on-going with SSA" (Response to information request, report 50).

Recommendations: Defendants need to begin properly reporting accurate and complete data so that we can determine whether they are meeting their obligations under ¶87 to "assess Class Members' eligibility for SSI, SSD, and other Social Security Benefits…, and… assist Class Members in obtaining such benefits."

F. **Veteran's Benefits**

Subject: Paragraph 87 of the amended Stipulation requires defendants to assess class members' eligibility for Veteran's Benefits and to assist eligible class members in obtaining these benefits.

Key References: ¶87; Social Work and Re-Entry Procedures Manual, Section 3.12.1; H+H policy 12; Report 49, p 62-63.

Performance: Defendants provided datasets indicating that one veteran was identified during the current reporting period. He refused assistance with being connected to the VA.

In our appropriateness reviews, we continue to identify occasional class members whose records indicate military service. During the current reporting period, cases 2, 19, 112, 125 and 136 reported military experience.

- In case 2, the class member reported a military history at his medical intake. Later, at his CTP, he reported
  > "past trauma from… being in the military (unsure if military is reality or delusion as do not have military discharge documents. Pt reports history of being in the military and serving post Desert Storm as well as stationed in Korea." He also reported having been "kicked out 2004."

  In his DCP, he refused connection to the VA. However, late in his incarceration, he informed the prescriber that he had been transferred to the "Veteran's House" at AMKC.

- In case 19, the class member reported a military history at his medical intake. He informed the clinician doing his IMHATP that he had been "in the army from age 18 to 25." However, the SW completing the DCP indicated that he was not a veteran, though there is no indication that clinicians or SW staff attempted to further clarify his military service history.

- In case 112, the class member denied military service at his medical intake, but he later informed the SW completing the DCP that he had been dishonorably discharged.[32] He refused referrals to the VA.

- In case 125, the class member denied military service at his medical intake, but he later informed the clinician completing his IMHATP that he was in treatment at the Bronx VA. Subsequent notes indicate an honorable discharge from the navy and a service-related loss of his eye. Staff obtained some collateral medical records from the VA, and SW referred him back to the VA for post-release treatment.

- In case 136, the class member reported a military history at his medical intake. In his DCP, the SW documented that he "reported enlisting into the Military in 2008 and was… active for 3 months before being psychiatrically

[32] Many dishonorably discharged veterans are ineligible for VA benefits, but there are processes by which some such individuals may receive a "discharge upgrade," rendering them eligible for some VA benefits. See https://www.va.gov/discharge-upgrade-instructions/#other-options.

discharged." The SW also documented that he was "not a veteran." There is no indication that SW offered him assistance in clarifying his eligibility for VA services.

None of these cases appear on defendants' VA datasets, indicating that defendants are not properly capturing information related to class members' military history. That defendants are unable to identify veterans lends credence to class counsel's assertion that defendants should be found noncompliant with their obligations in ¶87 to "assess Class Members' eligibility for… Veterans Administration Benefits…, and… assist Class Members in obtaining such benefits." Defendants should examine this issue and devise remedial actions to improve their recognition of and reporting on this subset of class members who have specific needs vis-à-vis DCP.

G. **DHS Placement Directly in Program Shelters**

Subject: According to the Stipulation at ¶96, DHS is to "use best efforts" to place class members who meet the following criteria directly in program shelters:

- Sentenced;
- Further assessment in intake shelters is "not necessary after review of the information obtained by defendants during the class member's incarceration;"
- Bed availability; and
- "Arriv[al] at DHS shelter on his or her Release Date prior to the facility's curfew hour."

Further, class members who are SMI "shall be presumptively eligible for placement in a Program Shelter or Mental Health Program Shelter."

Key References: ¶96; DHS policy 02-429 (June 28, 2006 Revision); MOU between DoHMH and DHS (August 4, 2008); Report 49, pp 63-65; Supplement to the Forty-Fourth Report, p. 6 and Exhibit 1.

Compliance: During this reporting period, 58 class members presented to the DHS shelter system (10 per month), an 80% monthly decrease from the 200 class members who presented to shelters during the 42nd reporting period (50 per month). Of these 58

class members, 32 (55%) were SMI and 5 (9%) were sentenced. Three (5%) of the class members presenting to shelters were both SMI and sentenced. Their placements upon presentation to DHS are summarized in the table below:

Table 11: Placement of Class Members in Shelter System

	Both Sentenced and SMI (N=3)		NOT both Sentenced and SMI (N=55)	
Placed in	Day of release	After day of release	Day of release	After day of release
Program Shelter	1	0	6	23
I/A Shelter	0	2	2	24
% placed in program shelter	100%	0%	75%	49%

One eligible class member presented on the day of release, and he was placed directly into an employment program shelter. Two eligible class members presented 2 and 25 days after release and were placed into I/A shelters because they did not present on the day of release.

Ten of the class members who presented initially to the I/A shelter were later transferred to program shelters, between 1 and 25 days after their entry into the shelter system.

Regarding the two class members who presented on the day of release but who were admitted to I/A shelters, one was SMI and neither were sentenced. No reasons were provided as to why they were not provided with a program shelter placement on the day of release.

Class counsel previously suggested that

> "Defendants should examine the 80% decrease in the number of Class Members presenting to shelters… to determine whether there is an error in the reported data and if not, whether this decrease is consistent with an overall drop in shelter use between 2019 and 2021" (Class counsels' comments, Report 48).

Defendants now report that "[t]he report has been corrected and accurately providing all cases" (Defendants' response to information request, Report 50).

Defendants continue to meet the standard of using best efforts to place sentenced SMI class members directly into program shelters when they present on their release dates. Moreover, class members who do not present on the day of release or who do not meet all of the inclusion criteria also frequently are placed directly into program shelters. This supports our conclusion that the limiting factor for direct placement in program shelters is bed availability at those shelters.

H. **Time of Release**

Subject: Defendants are obligated to release all class members during daylight hours and in no event earlier than 8:00 a.m., with the only exceptions being those who are released directly from court, after posting bail, or pursuant to a court order requiring immediate release.

Key References: ¶32; DOC Operations Order 03/03 (June 2, 2003); Operations Order 11/18 (November 21, 2018); Report 49, pp 65-66.

Threshold/Expectation: 95%

Compliance: During the current reporting period, defendants released 144 of 147 (98%) eligible class members during daylight hours.[33] Two class members were released late from RNDC in January and February, and one was released late from OBCC in April. Defendants were **compliant** for the obligation to release class members to the community during the current review period.

[33] One class member was released to the community from BHPW during daylight hours.

I. Parole Violators

Subject: Under the Stipulation at ¶32, all class members who are released through mechanisms other than bail or pursuant to a Court order requiring immediate release are entitled to release during daylight hours, and, if SMI, to an offer of transportation to their place of residence or a shelter. Defendants are also required under ¶45 to provide an appointment for aftercare to those whose release date is known or becomes known to SW staff in advance of the class member's release from incarceration.

The amended Stipulation at ¶32.1 explicitly addressed the discharge planning needs of "Class Members held solely pursuant to an alleged parole violation." Defendants are to:

> "use best efforts to release such Class Members from incarceration during daylight hours; provided, however, that where a non-DOC escort is required as a condition of release…, Defendants shall reasonably prioritize and make best efforts to release such Class Member from incarceration with sufficient time to be escorted to his or her assigned treatment program or residence."

In cases where these timeframes for release cannot be met, "DOC shall document the circumstances resulting in the delay."

Key references: ¶¶32, 32.1, 45, 101; DOC Operations Order 03/03 (June 2, 2003); Operations Order 11/18 (November 21, 2018); Report 49, pp 66-68.

Compliance and Discussion: Because the amended Stipulation requires "best efforts," we have neither created a PI nor set a threshold for compliance.

On October 13, 2022, defendants provided two datasets providing information relevant to the time of release for parole violators:

1. The first dataset includes class members discharged between April 2021 and July, 2022, therefore containing datasets covering both the full 49th and the full 50th reporting period. This dataset indicates that during the 50th reporting period, defendants released 82 (42%) of 196 parole violators during daylight hours, which they define as the hours between 8am and 5pm.

2. The second dataset covers May-September 2022, and, for the overlapping months of May and June, 2022, appears to include identical cases.

Neither dataset includes any documentation as to the circumstances resulting in the delayed releases for any of the 114 class members released after 5pm. Furthermore, there is no information regarding class members requiring escort to programs, nor is there information regarding DOC's efforts to "reasonably prioritize" these cases for timely release.

We requested further information regarding the following questions:

1. Why has DOC chosen 8am-5pm as their definition of "daylight hours?"
2. When will DOC provide data that includes information as to the reasons for releases occurring outside of daylight hours?
3. When will DOC provide data that includes information regarding their "best efforts to release… Class Member from incarceration with sufficient time to be escorted to his or her assigned treatment program or residence?"

Defendants provided no responses to these questions.

Until defendants provide complete and transparent data, we will be unable to determine if they are fulfilling their obligations under ¶32.1.

V. Conclusion

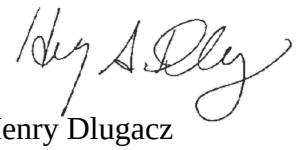
The overall dysfunction in the city jails, especially the low levels of production of class members for MH and SW appointments, has contributed to a deterioration in defendants' compliance with basic tasks. Delays in completing mental health assessments, CTPs and DCPs resulted in continuing problems and large numbers of class members released without, or with significantly delayed, treatment and/or discharge plans. Until defendants resolve this crisis, it will be extraordinarily difficult for them to come into compliance with many aspects of the Stipulation.

Additionally, until a data dictionary, crosswalk and coding are finalized, we remain unable to make unqualified determinations concerning compliance in many important areas covered by the Stipulation.

This concludes our Fiftieth Report, which summarizes our findings and conclusions regarding a number of aspects of defendants' obligations under the Stipulation, including the quality or "appropriateness" of the services provided, the reliability of defendants' data and their performance in a variety of areas.

We hope that this report is useful to the Court and to the Parties.

Respectfully Submitted,



Henry Dlugacz
Compliance Monitor

Erik Roskes
Compliance Monitor

EXHIBIT 1

CASE SUMMARIES

For a list of acronyms used in this exhibit, see the "Defined Terms and Acronyms used in Reports," beginning on page 3 of the Report.

Case 1, January GPMEDS3, was a 40 year old man who was incarcerated from November 9, 2021 to January 21, 2022. He was housed in GP at the time of his CTP, which was completed 12 days late on December 8, 2021. He was diagnosed with PTSD and alcohol use disorder and was determined to be SMI. At his timely DCP on December 16, 2021, he was referred to his prior provider, Revcore, which he had attended under a parole mandate. He signed the referral form and SW attempted to contact the provider to ascertain its willingness and capacity to accept the referral. He was also referred to CRAN. The CM refused assistance with supportive housing as he planned to live with his family following release.

On January 7, his diagnosis was changed to other specified bipolar disorder; he remained SMI. On January 11, CRAN documented the CM's belief that he would not be working with Revcore as he had anticipated previously. CRAN offered alternatives including Housing Works. The CM later indicated his uncertainty that he could live with his family saying that he wanted an Exodus hotel placement via his attorney. He now also expressed potential interest in an HRA 2010e.

On January 11, CRAN inquired of CHS as to whether an HRA 2010e had been submitted. That inquiry was forwarded by CHS to the CM's assigned SW. CRAN also noted that he needed shelter and housing assistance as well as a referral to MH for treatment. Per the CRAN record, SW responded on the following day indicating that "I will put [the CM] on my list to be seen." On January 20, CRAN documented a plan they were working on to obtain housing and treatment that did not include Revcore. SW was not documented to be involved in that plan.

In an encounter of January 20, signed after release on January 24, SW completed an Aftercare Letter ("ACL") repeating the Revcore referral from the initial DCP without attention to the HRA 2010e housing issue. There was no indication that the ACL was provided to the CM. A CRAN note of January 24 documented an appointment with Housing Works and that CRAN advised the CM's attorney of this plan.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (SW did not offer supportive housing after CM learned he could not return to his family's home)

***CHS response**: Case 1 was rated inappropriate for supportive housing. The determination should be changed to "appropriate" because the SW department made many attempts to meet this patient, some of which are documented as a 30-day follow-up. Specifically, CM was not produced on several occasions for follow up with the most recent scheduled appointment taking place just prior to unplanned release 1/19(x2); 1/18;1/17;1/16; 1/14; 1/13 (x2); 1/12 (x2). We believe that CHS made appropriate efforts to meet with this CM.*

Monitors response: The record defendants provided to us does not include these missed appointments. Specifically, there are no 30 day follow up notes or attempts in the record we

reviewed. Even had this documentation been provided, only the basis for the finding of inappropriateness might have changed, but the failure to offer supportive housing would remain inappropriate. See Sections I and IV.C where we discuss the deleterious effects of nonproduction on defendants' ability to provide basic DCP services.

Case 2, January GPMEDS18, was a 40 year old man who was incarcerated from July 14, 2021 to January 14, 2022. He was housed in GP at the time of his CTP, which was completed 18 days late, on August 18, 2021. He was diagnosed with other specified trauma and stressor disorder, substance induced psychosis, and substance use disorders, and was determined to be not SMI. SW missed the 7 business day timeline for completing the DCP, but it was completed on August 30, 2021, 137 days prior to his discharge.[1] At his DCP this CM was provided with a referral to his prior provider, New York Presbyterian Hospital, which was contacted to ascertain its willingness and capacity to accept the referral. He was given an ACL on the day of release reiterating this plan.

Various TPRs did not modify this CM's diagnosis. Although he reported auditory hallucinations at times during his incarceration, he did not find these troubling. There was no indication of significant functional impairments stemming from these symptoms. PSYCKES did not indicate regular involvement with mental health treatment in the community. The SMI finding that he was not SMI was appropriate despite his reports of hallucinations.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible (not SMI)
Supportive Housing: ineligible (not SMI)

Case 3, January GPMEDS35, was a 35 year old man who was incarcerated on a parole violation from April 5, 2021 to January 7, 2022. He was housed in GP at the time of his timely CTP on May 1, 2021. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI. His timely DCP was completed on May 10, 2021, at which time he was provided with a referral to the Fortune Society. He was provided with a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

There were no subsequent TPRs or SW contacts during his incarceration.

Findings:

Referral/appointment: inappropriate (no contact to ascertain program's capacity or willingness to accept the referral)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

[1] The parties recently stipulated to a modified timeline for the DCP: "For each Class Member, a Discharge Plan shall be completed within seven business days of the completion of the CTP. However, a Discharge Plan shall be considered timely if it is completed no later than 30 days before discharge." (Amended Stipulation, ¶18.1) Throughout this exhibit, we will refer to the two alternative timelines where relevant. A discharge plan meeting either timeline is considered timely.

***CHS response**: Case 3 was rated inappropriate for referral/appointment to Fortune Society. This determination should not apply. Fortune Society is a program commonly used by the SW department and there should be no need to contact them before making every referral.*

Monitors response: See our discussion of this case in Section IV.D.4. There, we also discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 4, January GPMEDS53 was a 35 year old man who was incarcerated from September 18, 2020 to January 15, 2022. He was housed in GP at the time of his CTP, which was completed one day late, on October 16, 2020. He was diagnosed with substance induced anxiety and substance use disorders and was determined to be not SMI. His timely DCP was completed on October 25, 2020. He was referred to TSI. He was provided with a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

At a 90-day follow up of January 12, 2021, SW noted that the CM's attorney was in the process of arranging an interview at Odyssey House. On January 29, 2021, SW received a request from TASC for the CM's records. A SW note of February 4, 2021 indicated that the CM was engaged with TASC concerning an ATI, that he had a new attorney, and that the CM had spoken with the Urban Justice Center. At a TPR on February 8, 2021, the CM voiced the concern to MH that only his medical records not his mental health records had been forwarded to TASC. The clinician indicated that she had "discussed [this] issue with the discharge planning supervisor and she states she will contact TASC." At a TPR of March 1, 2021, the CM reported that he had a ten-year history of mental health treatment in California for which he offered to sign consent for release of information so that these records would be made available to CHS. At the March 29, 2021 TPR, he provided the name of the clinic in Los Angeles, with contact information, where he received treatment.

At a 90-day follow up[2] on April 19, 2021, the CM reported that prosecutors were not agreeing to a diversion program; he requested no changes to his DCP. By his 90-day follow-up of June 9, 2021, the CM reported that the assistant district attorney was now agreeing to a program, but the "higher ups" were still opposed. The CM again did not wish to have any revisions made to his DCP. The CM received a 90-day follow up on August 10, 2021, which noted his plan to meet with his attorney regarding an upcoming court date of August 18, 2021. He wanted to meet with SW after that to discuss his DCP, to which no changes were made at this visit. At his 90-day follow up of September 2, 2021, he reported that his next court date was scheduled for September 22, 2021. The record contained no subsequent interactions with SW and occasional contacts with MH, although numerous bridge orders for medication were written.

The record contained no indication that staff attempted to contact the collateral source of information in California which might have led to a potential revision of the CM's diagnosis.

[2] By policy, SW is required to follow up every 30 days for class members in MO, and every 90 days for class members in GP.

Findings:
Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 6, January GPNOMEDS87 was a 22 year old man who was incarcerated from September 12, 2021 to January 6, 2022. On November 9, 2021, MH spoke with the CM's father and obtained useful information about the CM's prior psychiatric treatment. He was housed in GP at the time of his CTP, which was completed 6 days late, on November 30, 2021. He was diagnosed with persistent depressive disorder and other specified trauma and stressor related disorder, and was determined to be not SMI. The clinical supervisor noted "Agree with SMI-NO designation with otherwise qualifying diagnosis of Persistent Depressive Disorder as 'Pt is high functioning with being goal oriented to further his education, has maintained housing, and able to seek employment. Patient has been successful without attending any treatment or medications.'"

His DCP, completed on December 15, 2021, was 6 days late. At his DCP he was referred to CSEDNY, which was not contacted to ascertain its willingness or capacity to accept the referral. He was provided with a referral form.

Findings:
Referral/appointment: inappropriate (no contact)
SMI: appropriate (well explained why Category 2 diagnosis was nonetheless not SMI based on lack of functional limitations or need for ongoing treatment)
Case Management: ineligible
Supportive Housing: ineligible

Class Counsel response*: According to MH Policy 10, a clinical supervisor and the director of psychological assessment (or in the absence of the director of psychological assessment, the clinical director, medical director, or chief of service) must approve the decision not to designate a Class Member SMI when the Class Member meets the SMI diagnostic criteria. In Case 6, the clinical supervisor approved the decision not to designate the Class Member SMI, but there is no documentation establishing that the director of psychological assessment (or another authorized supervisor) approved this determination. Without documentation of this approval, the SMI designation in this case should be found inappropriate.*

Monitor response: Class counsel correctly summarize the requirement of MH10, but we will not change our decision based on a holistic review of this case. However, defendants long ago agreed to forward us all cases in which class members with automatically qualifying diagnoses were, upon review, determined not to be SMI. That this case was not forwarded to us other than as a selected case for appropriateness review is concerning.

CHS response*: Case 6 was rated inappropriate for referral/appointment to CSEDNY. The determination should be changed to "appropriate" because… CSEDNY is a program frequently used by the SW department and CRAN for referrals. In addition, the SW wrote in the DCP rationale that, "This agency is known to the SW and clinically, can provide the patient with services that can greatly benefit him in the community."*

Monitor response: See Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 7, January GPNOMEDS125, was a 42 year old man who was incarcerated from October 12, 2021 to January 19, 2022. He was housed in GP at the time of his CTP, which was completed 13 days late on November 17, 2021. He was diagnosed with adjustment disorder and alcohol induced depression and was determined to be not SMI. His timely DCP was completed on November 23, 2021. He was referred to Mental Health Providers of Western Queens. He was given a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:

Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 9, January MO13, was a 60 year old man who was incarcerated from December 2, 2021 to January 4, 2022. The Initial Mental Health Assessment and Treatment Plan ("IMHATP") of December 3, 2021 diagnosed the CM with other specified trauma and stressor disorder and substance use disorders, finding him to be not SMI. A psychiatric evaluation of December 17, 2021 confirmed the diagnosis and SMI rating. He did not receive a CTP or a DCP during his incarceration.

SW saw the CM on December 16, 2021 for orientation and to offer him a Medicaid application, which he refused. SW attempted to meet with him on January 3, but as late as 10:30 PM he had not he not been produced by DOC. SW then prepared an ACL referring the CM to his prior provider, which they provided to after-hours nursing staff for follow up. While the ACL indicated a referral, the SW documentation indicates that she did not meet with the CM, talk with him about the referral, or provide it to him. The CM did not sign the ACL, and there was no indication that nursing staff provided it to him during their interaction with him on January 4 at 2:04 AM. Per subsequent communication with CHS, the CM was released that same day at that 5:40 AM. No discharge plan was done.

Findings:

Referral/appointment: inappropriate (no DCP was done).
SMI: appropriate (no CTP, but the records available are internally consistent and support a conclusion that he is not SMI. The records indicate a past diagnosis of schizophrenia, but during the incarceration the CM presented without symptoms; his lack of functional impairments was evidenced by a strong work history)
Case Management: ineligible
Supportive Housing: ineligible

***CHS response**: Case 9 was rated inappropriate for referral/appointment (No DCP was done). CHS disagrees with this determination because despite the fact that this CM did not receive a CTP, and therefore not referred for a DCP, SW attempted to meet with him but the CM was not produced. In addition, the SW completed the ACL on the date of release (approximately 1 month after his admission) with referrals that were provided to him during encounters with the KEEP program.*

Monitors response: The ACL was completed, but there is no evidence in the record defendants provided to us for review that the ACL was provided to the class member. The chart we received does not include encounters with the KEEP program relating to discharge planning. See Sections I and IV.C where we discuss the deleterious effects of nonproduction on defendants' ability to provide basic DCP services.

Case 12, January MO36, was a 42 year old man who was incarcerated from December 21, 2021 to January 27, 2022. He was housed in MO at the time of his CTP, which was completed 4 days late on January 4. He was diagnosed with schizophrenia and was determined to be SMI. His timely DCP was completed on January 12. He accepted CRAN and Supportive Housing referrals but refused a referral for mental health treatment. There is no indication that SW completed and submitted an HRA 2010e.

MH staff saw the CM on January 26 when he requested to see DCP. MH planned to "try and see" if she could "have DCP come to the unit." SW did see him later that day prior to his release and completed an ACL which reiterated the CRAN referral and the CM's refusal of a referral for MH treatment.

Findings:
Referral/appointment: ineligible
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (did not submit the HRA 2010e application)

Case 13, January MO39, was a 27 year old man who was incarcerated from December 23, 2021 to January 25, 2022. He did not receive a CTP or a DCP during his incarceration. At a MH encounter of January 2, he was diagnosed with bipolar 2 and found to be SMI. The diagnosis and SMI rating were confirmed in a subsequent psychiatric assessment.

DOC did not produce the CM for a psychiatric assessment on January 3, indicating that he was not in the receiving room; later that day, he was not produced due to multiple alarms. An attempt by MH to see the CM that same evening for a CTP was unsuccessful for undocumented reasons; the same was true on January 4, January 5, January 14, and January 17.

SW conducted a Medicaid prescreen on January 24. The same day, SW documented contact from the parole officer that the CM was to be released with reporting instructions from his parole officer and with a plan to live in the Bellevue shelter. SW did not complete a DCP. The record indicated a missed SW visit again on January 24 at 10:21PM, noting that the CM was in court. Staff prepared an ACL on January 25 at 3:31PM, which offered no referrals for ongoing mental health treatment and was not signed by the CM. The CM was released that day at 6:42 PM, never having been produced for SW to see him.

Findings:
Referral/appointment: inappropriate (no DCP).
SMI: appropriate
Case Management: inappropriate
Supportive Housing: inappropriate

***CHS response**: Case 13 was rated inappropriate for referral/appointment (No DCP was done). CHS disagrees with this determination because while this CM was released with no CTP, and therefore was not referred for a DCP, there were several attempts to see the CM (1/3; 1/4; 1/5, 1/14 and 1/17). The patient was in custody for about one month and released*

on 1/25. SW was made aware of CM at the time of release due to a notification from parole, and completed ACL at the time of release.

Monitors response: SW did prepare an ACL which did not include any referrals for mental health follow up, and there is no indication that this was provided to the CM prior to release. See Sections I and IV.C where we discuss the deleterious effects of nonproduction on defendants' ability to provide basic DCP services.

Case 14, January MO44, was a 50 year old man who was incarcerated from August 30, 2021 to January 26, 2022.

He was not produced for a psychiatric evaluation on September 17, 2021 or on October 5, 2021. DOC did not produce the CM for a CTP on September 24, 2021, September 28, 2021, or September 30, 2021.

He was seen for both a psychiatric evaluation and a CTP on October 12, 2021, 23 days late, when he was diagnosed with schizophrenia and designated as SMI. His timely DCP was completed on October 13, 2021. He refused a referral and supportive housing application but accepted an application for SPOA and AOT.

SW attempted 30/90-day follow ups on November 5, 2021 and twice on November 23, 2021, but the CM was not produced. SW did see him on November 29, 2021, when "he reported no changes to his current discharge plan." During that visit the CM reported adherence with mental health treatment, although all other notes indicated that he was not taking any prescribed psychiatric or somatic medications. During a 30-day SW follow up on December 22, 2021, the CM sought information about his attorney and his next court date; SW attempted to provide that information in writing, but the CM refused to accept it. No DCP update was completed. The record contained no indicator that SW initiated or submitted applications for AOT or SPOA, both of which he was assessed as requiring.

Findings:

Referral/appointment: inappropriate (should have initiated SPOA for ACT/ICM which provide mental health treatment in addition to case management)
SMI: appropriate
Case Management: inappropriate (should have initiated SPOA and AOT applications he was appropriately assessed as requiring)
Supportive Housing: ineligible

***CHS Response**: Case 14 was rated inappropriate for referral/appointment and for Case Management. CHS disagrees with this finding on the following grounds. The CM refused DCP services, including referral/appointment. As a result, a referral/appointment was not made. In addition, CHS is surprised that the Monitors included the lack of referral to SPOA as a reason to find this case inappropriate. Both for referral/appointment and for Case Management. SPOA applications have always been considered in the category of Case Management referrals and should not be used in the referrals/appointments category.*

This case was complicated because although the patient appeared symptomatic during this incarceration, there was not enough evidence in his history that he would be eligible for ACT or AOT level of care. He denied hospitalization to SW and no recent PSYCKES was available to provide evidence to the contrary. For this referral, SPOA requires multiple

hospitalizations in one year leading up to the referral. The last noted hospitalization encounters dated back to 2014-2018.

Monitors response: The DCP notes the class member met criteria for "SPOA New Referral, CRAN…, ACT, SPACT, FACT, IMT, Care Coordination" and, that while the class member refused all services, "Due to his history of noncompliance, psych hospitalizations, and violence an AOT and SPOA application will be completed on behalf of the individual." Despite seeing him at least twice more, there is no indication that SW followed up and submitted these applications. Because SPOA is a gateway to various levels of combined intensive treatment and case management (e.g. ACT and IMT), we retain the findings for both case management and referral.

Case 15, January MO46, was a 25 year old man who was incarcerated from June 11, 2021 to January 12, 2022.

He was housed in MO at the time of his CTP, which was completed 6 days late on June 28, 2021. He was diagnosed with schizoaffective disorder, moderate intellectual disability, and marijuana used disorder and was determined to be SMI. His DCP was completed on July 6, 2021, missing the 7 business day timeline for completing the DCP but 160 days prior to his release. He was referred to BRC which SW contacted to ascertain its willingness and capacity to accept the referral. However, the referral was not provided to the CM. He was referred to CRAN, SPOA and ACT. SW did not refer him to his prior care coordination at Tri-county which focused on clients with developmental disabilities despite documentation of his prior involvement through OPWDD, which SW confirmed on July 7, 2021. SW submitted an HRA 2010e on July 7, 2021 which was approved on July 20, 2021. There was no documentation that SW forwarded the approval to CRAN and or housing providers.

A 30-day follow up by SW, on July 14, 2021, reviewed the DCP, making no revisions. AOT closed the CM's application due to the severity of his charges on July 16, 2021. SW confirmed that the CM could return to his BRC shelter. However, BRC subsequently indicated that he had been discharged from the shelter on July 18, 2021 and that the CM would have to restart the process for shelter housing at the Bellevue intake shelter. On July 22, 2021, the CM's attorney informed SW that he was considering a referral to Nathaniel. The CM was in court July 27, 2021, when a possible ATI was being considered.

SW performed a 30-day follow up on August 10, 2021, which resulted in no change to the DCP; documentation did note that the CM's HRA 2010e for supportive housing was due to expire on July 20, 2022. SW documented a monthly case conference with OPWDD on August 23, 2021, although there was no indication of the contents of the discussion regarding this CM. On August 24, 2021 the attorney reported that a social work interview had been completed for the defense and that they were working on a possible (shorter) plea offer. SW completed a 30-day follow up on September 7, 2021, reiterating the DCP and adding that the CM was "known to OPWDD." At this time, the DCP contained no specific services for developmental disabilities.

In a detailed progress note of September 8, 2021, the psychiatrist modified the CM's diagnosis to include moderate intellectual disability and other specified disruptive impulse control and conduct disorder. At the next TPR of September 10, 2021, the clinician diagnosed other specified impulse control disorder and self-injurious behavior but not intellectual disability. The SMI-yes designation was maintained. The intellectual disability diagnosis and other

specified impulse disorder diagnosis were retained by the prescriber at the next visit of September 22, 2021. Subsequent notes adopt this diagnosis.

Per the attorney's report, by November 21, 2021 the CM was being considered for enrollment in mental health court. The 30-day follow up note of January 3 made no revisions to the DCP but noted that the CM "should be released on January 12, 2022. His legal team are still working on securing housing for him." A court collateral note of January 5 documented that the CM

> "will take a plea and be released at his next court date of January 12, 2022. Per attorney, patient's sentence is to be deferred for 8 months to one year. During that time. He will be enrolled in CASES Nathaniel Act Program…. Intake clinician at CASES informed writer that Exodus does not currently have bed availability. She advised to check back on Monday, January 10. Writer will follow up. Attorney states that housing is a factor that can derail patient's scheduled release on January 12, 2022. Discharge planning social worker is aware."

An ACL of January 11, signed by the CM, documented the ATI at CASES ACT and housing via Exodus. The record contained a January 11 referral to The Bridge, listing an address for a BRC program, as well as to CASES ACT for the ATI. Also, at this point, SW completed an enrollment packet for TriCounty Case coordination, reconnecting him with OPWDD care coordination services.

Findings:

Referral/appointment: inappropriate (no referral form) → appropriate (ATI)
SMI: appropriate
Case Management: inappropriate (no referral back to the developmental disabilities care coordination) → appropriate (ATI, and at end of the CM's incarceration staff did submit the enrollment packet to TriCounty)
Supportive Housing: inappropriate (approval was not provided to CRAN or to housing providers, ATI does not include a residential placement)

Case 16, January MO61, was a 23 year old man who was incarcerated from September 16, 2020 to January 20, 2022. He was housed in MO at the time of his timely CTP on September 23, 2020. He was diagnosed with schizophrenia, and substance use disorders; he was determined to be SMI. His timely DCP was completed on September 30, 2020. He was referred to Jacobi Hospital outpatient treatment and received a referral form; SW did not contact Jacobi to ascertain its willingness and capacity to accept the referral. SW referred the CM to CRAN and submitted an HRA 2010e application which was approved on October 22, 2020. They subsequently forwarded his approved 2010e to CRAN and two housing providers.

This CM's housing status was in flux during the lengthy process of arranging for an ATI to a residential program. During that time, SW and the 730 team remained in contact with the CM's legal team. At a 30-day follow up of October 27, 2020 he informed SW he could return to live with this mother upon release; SW informed him that his HRA 2010e had been approved and provided CRAN contact information. On a 30-day follow up note of January 14, 2021, SW indicated that they would inform the 730 team of the approved 2010e.

By September 1, 2021, a 30-day follow up note indicated no change to the DCP, also noting that the CM was no longer homeless as he planned to live with this father after release. By January 11, the 730 team confirmed that the CM had a bed at Harbor House for January 20.

Staff completed an ACL on January 19, indicating the plan for 12-18 month residential treatment at Harbor House with entry from court on January 20. A letter from Argus Community documented this and requested that CHS provide medications. SW met with the CM on January 19 to provide release documentation. The CRAN record on January 21 confirmed that the CM had entered Harbor House.

Findings:

Referral/appointment: inappropriate (no contact) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (residential ATI)
Supportive Housing: ineligible (submitted, but later determined he could live with his father) → ineligible (residential ATI)

Case 17, January MO73, was a 38 year old man who was incarcerated from December 20, 2021 to January 20, 2022. CHS cancelled the CM's CTP on January 5 and January 6. The CTP was again not completed on January 7, this time because the CM was in court.

He was housed in MO at the time of his CTP, which was completed 17 days late on January 14. He was diagnosed with schizoaffective disorder and was determined to be SMI. He did not receive a DCP.

Had the CTP been timely, the DCP would have been due by January 7, well prior to the CM's release on January 20. The delayed CTP contributed to the CM being released without a DCP in place.

Findings:

Referral/appointment: inappropriate (no DCP)
SMI: appropriate
Case Management: inappropriate (no DCP)
Supportive Housing: inappropriate (no DCP)

CHS response*: Case 17 was rated inappropriate for referral/appointment, case management, and supportive housing. CHS disagrees with this finding because, although a DCP was not done, a CTP was done on 1/14. With 1/17 being a holiday, this made the due date for a DCP 1/26. The Patient was released from court on 1/20, which is before the due date. As a result, we do not believe that these services should be marked inappropriate if CM was released before SW had an opportunity to meet with him.*

Monitors response: The CTP was due on December 28. There is no indication that a CTP was attempted until January 5, as described above, and it was not completed until January 14 after CHS cancelled the CTP on two occasions. These cancellations interfered with the completion of the DCP. We are not changing the ratings in this case.

Case 18, January MO108, was a 40 year old man who was held on a parole violation. He was incarcerated from July 25, 2021 to January 21, 2022. The CM was housed in MO at the time of his timely CTP on August 6, 2021. He was diagnosed with schizoaffective disorder and cocaine use disorder and was determined to be SMI.

His DCP was due on August 17, 2021 but he was not produced for it on that day or on August 18, 2021, August 19, 2021, or August 20, 2021, when he was also not produced for a TPR or medication reevaluation. He was seen for a TPR and medication revaluation on August 23, 2021. He was not produced for his DCP on that day or the following day, at which time a

DCP form was completed without his participation. He was seen for a SW orientation on September 27, 2021. An addendum to this DCP form as well as a 30-day follow up note indicated that he was eventually seen for his DCP on December 10, 2021, missing the 7 business day timeline, but 42 days before his eventual release date. At this DCP he was provided with two referrals, one to his prior provider, Walton Family Health, who SW unsuccessfully attempted to contact, and then to Next Steps South outpatient clinic which was associated with Montefiore Medical Center; contact with Next Steps South was successful. SW provided the CM with referrals to these programs, both of which appear to provide counseling and psychiatric treatment. He also accepted a CRAN referral and HRA 2010e application for housing. There is no indication that the supportive housing application was completed or submitted.

A court collateral note of January 5 indicated that the CM accepted a plea bargain to time served but that he had to be transported to Nassau County on another open case. An ACL was completed on the day of his release, January 21, that included the CRAN referral and an appointment at Next Steps of January 24. He was advised to follow up with CRAN after his release from detention in Nassau County. On January 21, CRAN was able to contact Walton Family Health and obtained information as to how the CM could reengage with services there. An addendum of January 24, three days after his release from NYC custody, noted that because he had been transferred to another jurisdiction and the details concerning whether or when he would be released from that jurisdiction were unclear "…[an] HRA application was not submitted…." This same information was also documented in a note of February 1.

The record demonstrated good coordination between SW and CRAN in the several days following the CM's release. CRAN contacted Nassau County Legal Aid and obtained the name of his attorney. On January 26, CRAN's contact with the CM's mother revealed that he was in the St. Barnabas Hospital emergency room. CRAN coordinated with the mother so that the CM could receive CRAN services if released from the hospital. That same day, CRAN contacted Walton Family Health and arranged a March 17 appointment for the CM. The CM presented at CRAN on February 1, and CRAN made appointments at the PORT clinic for February 4 and at Samaritan Village for February 8 in addition to providing a shelter referral.

On February 3, the CM inquired of CRAN about a supportive housing application. CRAN continued to engage in extensive efforts to connect the CM with community-based treatment. One attempted referral was to Interborough Developmental and Consultation Center in Crown Heights, one of the CONNECT sites which is supposed to provide class members with expedited services. CRAN spoke with this program on February 23 and learned that "the wait list was six weeks but could be longer."[3]

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (the 2010e should have been completed and submitted when he accepted the offered application on December 10, 2021)

Case 19, January MO114, was a 29 year old man with a reported history of military service between ages 18 to 25, who was incarcerated from August 9, 2021, to January 13, 2022.

[3] We inquired of CHS about this and were informed that SPOA "…confirmed that Interborough are now fully up and running." SPOA also provided direct contact information in the event that CHS or CRAN should encounter a situation where a clinician cannot take a referral for any reason

This CM was known to Bronx IMT, who provided collateral information regarding the CM's medication. He was not produced for a mental health wellness check on August 12, 2021 or to his initial psychiatric assessment on August 13, 17, 18, 19, or 21, 2021. On August 25, a SW from Bronx Defenders provided CHS with information from the CM's outpatient providers on August 25, requesting that he "be seen by Mental Health as soon as possible." The initial assessment took place on August 26, 2021 "through the DOC bubble."

He was also not produced for his CTP on August 18, 23, 24, 25 or 26, 2021 because "no escort was provided."

He was housed in MO at the time of his CTP, which was completed 15 days late on September 2, 2021 with the notation that the CM was "seen by medication window of unit to complete CTP…. Majority of information taken for CTP done via chart review.". He was diagnosed with schizoaffective disorder, marijuana use disorder, cocaine use disorder, and was determined to be SMI.

The CM was not produced for his DCP on September 7, 8, 9 or 10, 2021, with the result that SW missed the 7-business day timeline for completing the DCP. He was again not produced on September 15, 2021, and a DCP form was completed without his participation. The plans for referral, case management and supportive housing were deferred to a later date when SW could meet with the CM in person. Several more attempts to complete an in person DCP were unsuccessful because the CM was not produced.

The CM was seen for a SW orientation on September 24, 2021, when he accepted a public assistance application. A court liaison note of October 27, 2021 documented contact with the attorney, who conveyed that they were "…awaiting the treatment court's recommendations." A TPR of October 29, 2021 noted that the CM was previously in the care of "professional services center for the handicapped," which appeared to be a program for people with intellectual disabilities. By November 23, 2021 a letter indicated that the CM had been accepted to Harbor House for a 12-18 month residential treatment program, and a court collateral note of December 3, 2021 indicated that his legal team was finalizing the plea arrangements. On December 28, 2021, an ACL provided to the CM referred him back to the CM's IMT and to Harbor House. The plan for his release on December 29, 2021, was for the CM would be transported to Harbor House by the IMT. However, he tested positive for COVID-19 that same day, at which point he was transferred to COVID isolation unit; he was eventually cleared to attend intake on January 11, as indicated in an updated ACL of the previous day. However, he did not attend court as planned on January 11 "due to housing unit being on AE status." The CM was successfully transferred to Harbor House on January 13.

Findings:

Referral/appointment: inappropriate (no DCP done; SW did not attempt to reengage the CM as his clinical condition improved; no effort to clarify his military service history) → appropriate (ATI)

SMI: appropriate

Case Management: inappropriate (no DCP done, SW did not attempt to reengage the CM as his clinical condition improved; SW should have engaged with the IMT and/or with CM's attorney who would have been able to assist in developing a plan) → ineligible (ATI)

Supportive Housing: inappropriate → ineligible (ATI)

Focus for Remediation: This case highlights the level of dysfunction in the jail during the late summer/early fall of 2021. Notwithstanding that significant and pervasive obstacle, SW

should have attempted to return to the CM after he began to improve clinically, especially once he was housed on a program unit in the MO.

Case 20, January MO138, was a 34 year old man who was incarcerated from December 10, 2021, to January 14, 2022. MH staff completed an Initial Psychiatric Assessment and Treatment Plan ("IPATP") on December 12, 2021, placing him on suicide watch and ordering a civil commitment in the event of release. He was diagnosed with substance-induced mood disorder and was determined to be not SMI. When seen by the psychiatrist on December 14 he was determined to not require suicide watch and the diagnosis was confirmed. The CM's attorney contacted CHS twice during December expressing concern about him. Documentation indicated alternatively that he refused a CTP on January 4 and also that he was in court. Subsequently, CHS cancelled his CTP on January 7 and documented that he was not produced for a CTP on January 10. There were no further mental health contacts prior to his release on January 14, and he did not receive a CTP or a DCP. An ACL was completed on January 14 providing the CM with "walking" medication and a referral to Fortune Society.

Findings:

Referral/appointment: appropriate (while there is no DCP, Fortune Society appeared to be likely to serve his needs. They have extensive walk-in hours, precluding the need for SW to contact them to confirm they will accept the referral)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 21, January MO19, was a 26 year old man who was incarcerated from November 9, 2021, to January 26, 2022. He was housed in MO at the time of his timely CTP on November 16, 2021. He was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. His timely DCP was completed on November 10, 2021. He was referred to CRAN and to CASES FACT, his prior provider. He was provided with a referral form, and FACT was contacted to ascertain its willingness and capacity to accept the referral. SW submitted an HRA 2010e on November 26, 2021 which was approved on December 10, 2021. The approval was forwarded to three housing providers on December 14, 2021.

SW contacted the CM's FACT team on November 17, 2021, learning that his case had been closed due to his incarceration, his poor adherence with treatment, and the FACT team's inability to locate the CM. The FACT team recommended "inpatient treatment" upon the CM's release due to his homelessness and substance abuse. The 730 mobile team indicated on November 19, 2021, mental health court was being explored and that the CM was pending an interview with TASC. Several days later, the 730 team noted that that his legal team was working on a treatment plea. On December 9, SW had the CM sign a consent for contact with TASC. Harbor House, in a letter dated December 27, 2021, indicated its acceptance of the CM. The CM signed a referral to Harbor House on January 25 and the same was documented in an ACL which he signed on January 25. SW completed an updated DCP on January 26, memorializing this plan.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (ATI)
Supportive Housing: appropriate → ineligible (ATI)

Case 22, January MO63, was a 30 year old man incarcerated on a parole violation who was incarcerated from September 26, 2021, to January 27, 2022. He was housed in MO at the time of his timely CTP on October 15, 2021. He was diagnosed with adjustment disorder, other specified trauma and stressor disorder, and marijuana use disorder. He was determined to be not SMI. His timely DCP was completed on October 20, 2021. He was referred to Samaritan Village but was not provided with a referral form, though he was provided with an ACL on the day of release. The program was not contacted to ascertain its willingness and capacity to accept the referral. Beyond documenting that the CM wished to be near his mother, the rationale for referring the CM to this program was limited.

Findings:

Referral/appointment: inappropriate (no contact with program)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 23, January MO105, was a 30 year old woman who was incarcerated from June 30, 2021, to January 28, 2022. Initially, there was no mental health involvement. She was sent to the Elmhurst ER on two occasions for behavioral and mental disturbances, July 26 and August 4, 2021, but she was not admitted to the hospital. She was sent to Elmhurst again on September 9, 2021, and she was admitted to the EHPW where she received her CTP on September 11, 2021. She was diagnosed with schizoaffective disorder and polysubstance use disorder. No SMI determination was made in the hospital. Her timely DCP was also completed on September 11, 2021. SW referred the CM to RUMC Silberstein clinic and also to the walk in clinic at Kings County Hospital. She was not referred to case management. The CM was not homeless. She was discharged from EHPW on September 20, 2021, and her discharge summary indicated that her diagnosis had been changed to PTSD, along with cluster B personality traits.

Upon her return to RMSC, she was not seen by MH. After five weeks, she was sent to Mid-Hudson Forensic Psychiatric Center, where she remained from October 28 until November 17, 2021.

Upon her return to Rikers on November 17, 2021, she was assessed by MH, and the diagnoses of bipolar disorder and PTSD were affirmed in an IMHATP. She received a DCP on November 19, 2021, at which time she accepted a referral to CRAN and expressed the hope to attain an ATI. The DCP noted that there was "not enough collateral information to justify a referral at this time." She was again noted to have housing available to her. A CTP of the same day retained the bipolar and PTSD diagnoses and designated her as SMI.

The CM was transferred to Bedford Hills on November 29, 2021, where she remained for the rest of her incarceration.

The CRAN record indicated that, on December 27, 2021, the CM's attorney contacted CRAN to reengage them with her. On January 21, CRAN referred her to RUMC but noted they could not schedule an intake appointment until the client was in the community asking that they be informed when she is released. As of this date, the CM refused to attend her court appearance and had yet to accept a "deal." On January 28, she was released on supervised release and CRAN arranged an appointment at RUMC. When, on January 31, the CM informed CRAN that she did not have any medication, CRAN made the needed arrangements. A CHS note of January 31 indicated they had received records from Bedford Hills so that CHS could provide the correct medications. A CRAN note of February 14 showed that they were attempting to arrange an

intake appointment at Silverlake for the CM. On February 15, the 730 mobile team learned that the SW from Bedford Hills had referred the class member to CRAN. On February 18, the CM's attorney informed CRAN that she went to RUMC for an intake.

Findings:

Referral/appointment: inappropriate (no referral made) → appropriate (CRAN ATI)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 24, February GPMEDS11, was a 31 year old man who was incarcerated from January 4, 2021, to February 8, 2022. He was housed in GP at the time of his timely CTP on January 16, 2021. He was diagnosed with other specified trauma and stressor disorder and substance-induced depressive disorder and determined to be not SMI. However, the clinician completing the CTP documented that the CM met all five of the criteria required for a diagnosis of PTSD. A DCP form was completed without the CM's participation on January 22, 2021, as the CM was housed in the "CDU Surge Unit." She was referred to Samarian Village which was not contacted to ascertain its willingness and capacity to accept the referral. Although a referral form was present in the record, it was not provided to the CM. With respect to the CM's diagnosis, a supervisor added a diagnosis of rule out borderline personality disorder "given history of self-harm and acting out." This did not lead to a reconsideration of the diagnosis and was not acknowledged by the CTP or in subsequent MH contacts.

The CM refused a Medicaid application on January 26, 2021. By February 2, 2021, the CM, who had been transferred to VCBC, was referred to C71 on suicide watch in the context of worsening depression. He refused a SW orientation on February 11, 2021. By March 1, 2021, staff document what appear to be hypomanic symptoms; a diagnosis of rule out bipolar 2 disorder was added, and the prescriber adjusted his medications. By March 8, 2021, the diagnosis of other specified bipolar disorder was added. However, the TPR of the next day did not adopt this diagnosis, instead retaining the other specified trauma and stressor diagnosis and the SMI-No designation. A March 16, 2021, note by MH staff adopted the bipolar diagnosis, retaining the SMI-No status. Two days later, a note by a prescriber indicated that the CM was "irritable, pacing, reporting racing thoughts and increased need for sleep." His medications were adjusted to stabilize his mood. The TPR of March 22, 2021, adopted the bipolar diagnosis and changed his SMI rating to "yes." The TPR of April 9, 2021, noted the CM's need for enhanced SW services for DCP for continuity of care, but there were no indications that the clinician initiated a referral to SW. The CM refused a public assistance/food stamps application on April 13, 2021, suggesting that SW was aware of his now being SMI. However, SW did not offer him any other services for which a SMI CM is eligible (case management, supportive housing). By the time of the August 28, 2021 TPR, staff had dropped the other specified trauma and stressor disorder diagnosis in favor of bipolar disorder exclusively.

SW did not see did not see him again for 30/90-day follow ups. No comprehensive DCP was developed. He was initially not seen due to being in COVID isolation, and SW did not subsequently return to see the CM for creation of a full DCP.

The day after the CM's release a SW note indicated that the CM was provided with an MGP card so that he could secure his medications "until his Medicaid gets turned back on." Per the HRA dataset, this CM's Medicaid was WMS-IC status (suspended), and his MA became active on February 16, eight days following his release.

Findings:
Referral/appointment: inappropriate (CM not seen for DCP and SW did not reoffer)
SMI: appropriate (after change to SMI yes)
Case Management: inappropriate (not offered after SMI changed to yes)
Supportive Housing: inappropriate (not offered after SMI changed to yes)

Case 25, February GPMEDS44, was a 37 year old man who was incarcerated from July 14, 2021, to February 24, 2022. He was not referred to MH until December 17, 2021. He was housed in GP at the time of his CTP, which was completed 46 days late on February 16. He was diagnosed with other specified trauma and stressor disorder and cocaine use disorder and was determined to be not SMI. His timely DCP was completed on February 16. He was referred to Fortune Society. The program was contacted to confirm that they would accept the referral, and he was given an appointment form.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 26, February GPMEDS50, was a 59 year old man who was incarcerated from November 9, 2021, to February 9, 2022. Initially housed in GP, he was transferred to C-71 at the time of his IMHATP on November 12, 2021. However, he quickly returned to GP, and a psychiatric assessment of November 16, 2021 documented no indication of a chronic psychotic illness and no indication for antipsychotic medication; he was diagnosed with substance use disorders only. On November 24, 2021, the clinical supervisor added an addendum to the IMHATP adding diagnosis of substance induced psychotic disorder. On November 26, 2021, the SW documented having received an expedited referral for DCP because, among other reasons, the CM was designated SMI yes at the initial IMHATP. Because he had been redesignated as SMI no, SW opted to delay seeing him until after completion of his CTP.

His CTP was completed 12 days late on December 1, 2021. At this time, he was diagnosed with other specified schizophrenia and substance use disorders; he was determined to be SMI. His timely DCP was completed on December 9, 2021. He was referred to Harlem Hospital which was not contacted to ascertain its willingness and capacity to accept the referral. On the date of his DCP, the CM was provided with two referral forms: one to Bellevue Hospital mental health clinic and the other to Harlem Hospital. He refused referrals for case management or supportive housing assistance.

A psychiatric follow up of January 10 maintained the substance use disorder diagnoses along with additional diagnosis of substance-induced anxiety disorder and rule out underlying trauma disorder. However, a TPR of the same day continued to diagnose the CM with schizophrenia and substance use disorders, maintaining the SMI yes designation. Overall, the various members of the treatment team did not demonstrate efforts to reconcile their disparate diagnostic views of the CM. Although the SMI rating was not found to be inappropriate, this case indicates the need for integration of the treatment team to render a proper diagnosis upon which the SMI rating generally hinges.

On January 21 SW received a letter from Harbor House indicating that the CM had been accepted there in connection with an ATI. He was provided with medications as requested by the program.

Findings:

Referral/appointment: inappropriate (no contact, ambiguous referral forms) → appropriate (ATI)
SMI: appropriate (despite lack of diagnostic clarity and poor treatment team integration)
Case Management: ineligible (refused) → ineligible (ATI)
Supportive Housing: ineligible (refused) → ineligible (ATI)

Case 30, February GPNOMEDS91, was a 51 year old man who was incarcerated from October 17, 2021, to February 7, 2022. He was housed in MO at the time of his CTP, which was completed 12 days late on December 4, 2021. He was diagnosed with adjustment disorder and substance use disorders and was determined to be not SMI. His timely DCP was completed on December 10, 2021. He was referred to Brookdale. The program was contacted to confirm that they would accept the referral, and he was given a referral form and an aftercare letter.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 31, February MO3, was a 42 year old woman who was incarcerated from January 21 to February 24, 2022. She was housed in MO at the time of her timely CTP on January 27. She was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. Her timely DCP was completed on January 29. SW referred the CM to Woodhull Hospital upon the CM's request as she had obtained her medications from the emergency room there. SW provided her with a referral form. However, the program was not contacted to ascertain its wiliness and capacity to accept the referral. She refused case management. SW noted a previously approved HRA 2010e active until March 29, 2022, but the CM refused permission for SW to forward the approval to housing provider or to submit a new application.

On February 17, SW documented that mitigation specialist from the Osborne Society reported that the CM was "being referred to inpatient treatment at Serendipity." However, an ACL of February 23 continued to direct the CM to Woodhull Hospital in Brooklyn for continued mental health treatment, further indicating that she would be residing in the Franklin Women's Shelter in the Bronx.

Findings:

Referral/appointment: inappropriate (no contact, geographically distant from the location of her shelter and she was only receiving sporadic mental health treatment from the emergency room at Woodhull. In this context the rationale for referring her to Woodhull was insufficient)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 32, February MO24, was a 24 year old man who was incarcerated on a parole violation from December 9, 2021, to February 2, 2022. The CM had his IMHATP completed on December 10, 2021, while housed in GP. He was never housed in MO. On December 15, 2021,

TASC requested the CM's records for his legal defense team. He was seen by a psychiatrist and started on mirtazapine on December 15, 2021, when he was diagnosed with other specified trauma and stressor disorders and found to be SMI-No.

He did not receive a CTP or a DCP during this incarceration.

The diagnosis and SMI designation were maintained at TPR of February 1.

Findings:

Referral/appointment: inappropriate (no DCP)
SMI: appropriate (while there was no CTP, the overall record available, including parts of records from two prior incarcerations, did not contain indications that the CM was SMI)
Case Management: ineligible
Supportive Housing: ineligible

Case 33, February MO25, was a 58 year old man who was incarcerated from December 14, 2021, to February 8, 2022, returning from Mid-Hudson Forensic Psychiatric Center. He was housed in MO at the time of his CTP, which was completed 1 day late on December 23, 2021. He was diagnosed with schizophrenia and substance use disorders; he was determined to be SMI. His timely DCP was completed on December 22, 2021, and the CM was referred to Metropolitan Hospital. He was given a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. He accepted referrals to CRAN, AOT and FACT. Documentation from SPOA showed that he had been waitlisted for IMT in March 2021. He also accepted a HRA 2010e, which was completed, submitted, and approved. The approval was forwarded to three housing providers.

On January 11, SW referred the CM to Jewish Board for supportive housing noting that he was "currently under an ATI plea and can be released to resume court mandated treatment once housing is obtained." A note of January 14 documented that he was scheduled for an interview with Fortune Society concerning housing opportunities. A letter of January 28 from mental health court indicated a residential placement at Freedom House with a plan for the CM to receive continued mental health treatment at Fortune Society. A 30-day follow up note reviewed this plan and provided the CM with commensurate referrals.

Findings:

Referral/appointment: appropriate (while Metropolitan Hospital was not contacted, they have a walk-in clinic) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (ATI)
Supportive Housing: appropriate → ineligible (ATI)

Case 34, February MO35, was a 42 year old man who was incarcerated from December 23, 2021, to February 10, 2022. His IMHATP was completed on December 27, 2021, and he was placed on suicide watch. A mental health follow up appointment on January 5 was cancelled by CHS due to the CM's transfer to a unit C-71.

He remained in MO at the time of his CTP, which was completed 9 days late on January 12. He was diagnosed with an adjustment disorder and substance use disorders and was determined to be not SMI. His DCP, initiated on January 24 but not completed and signed until February 10, was 13 days late. He was referred to the Nathaniel CASES clinic which was not contacted to ascertain its willingness and capacity to accept the referral. He was provided with a referral form and an ACL delineating the referral.

. **Findings:**
Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***CHS response****: Case 34 was rated inappropriate for referral/appointment (no contact). CHS disagrees with this finding because CASES clinic is a clinic that we refer cases to very often. We are in ongoing communication with this clinic as it is one of the few clinics in the city solely dedicated to justice-involved individuals. We know that they take our patients and do not feel the need to confirm with them every time we make a referral.*
>
> **Monitors response**: See Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 35, February MO43, was a 39 year old man who was incarcerated from November 16, 2021, to February 10, 2022, returning from Mid-Hudson Forensic Psychiatric Center. He was housed in MO at the time of his timely CTP on November 23, 2021. He was diagnosed with schizophrenia and was determined to be SMI. His timely DCP was completed on December 3, 2021.The CM refused a referral and assistance with supportive housing but was referred to CRAN, SPOA-SPACT and AOT.

This CM was accepted by SPOA on January 6, pending his release. A 30-day follow up of January 7 (not signed until February 7) indicated that he presented in a guarded fashion and that no changes were made to the CM's DCP. A subsequent 30-day follow up on February 7 also indicated no revisions to the DCP but also that the SW "will attempt to reoffer community mental health referral when information is obtained to confirm his release… Expected release on February 10, 2022." No rationale was documented for not offering the CM a referral at that time. On February 8, the 730 mobile team noted having spoken with the CM's attorney who was still negotiating with prosecutors about a possible release. However, on February 9, an ACL, which was provided to the CM, indicated that he was accepted by Visiting Nurse Services of New York IMT who provided an appointment for February 11.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 36, February MO52, was a 51 year old man who was incarcerated from May 4, 2021, to February 2, 2022. After being uncooperative during the intake process, he was referred to BHPW where he remained for five days until May 10, 2021. He was housed at BHPW at the time of his timely CTP on May 6, 2021, at which time he was diagnosed with a [REDACTED]-induced psychotic disorder. During this hospitalization, "he declined to engage in conversation" regarding DCP, and he refused an unexpected release form on May 10, 2021. No SMI status was assigned by hospital staff.

Upon return from the hospital, jail-based MH staff completed an IMHATP, on May 11, 2021. At a CTP of on May 14, 2021, he was diagnosed with stimulant and cocaine induced depression and was designated not SMI.

He was not produced for a SW orientation on May 16, 2021. The DCP completed May 20, 2021 referred him to Realization Center at his request. SW provided him with a referral form indicating that the program was "...accepting new patients at this time."

Eleven TPRs were cancelled by CHS between August 28, 2021, and January 4, 2022. He was not produced for his TPR on January 5 and his TPR appointments were cancelled by CHS on January 7 and January 11. In the meantime, on October 20, 2021, the Manhattan Treatment Court requested a copy of the CM's records.

At a TPR on January 12, staff documented that he had been "sentenced" to participate in a program and was scheduled for release on January 19, but no information regarding the program was documented. There is no documentation in the record as to why his release was delayed until February 2.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 37, February MO65, was a 48 year old man who was incarcerated September 30, 2021, to February 18, 2022. This CM, who was housed in GP at the time of his IMHATP on October 3, 2021. He was not produced for this psychiatric assessment on October 7, 2021, because he "reportedly refused." The psychiatric assessment was cancelled by CHS on October 11, 2021. He was not produced for his CTP on October 15 or 18, 2021. His CTP, completed on October 19, 2021 while he was in GP, was one day late. Although he was transferred to MO at the completion of his CTP, he was diagnosed with adjustment disorder and substance use disorders and was determined to be not SMI.

SW saw the CM for a SW orientation on October 15. When he was called for a DCP on October 25, 2021, it was not completed because he "left without being seen" and because of "safety concerns." SW missed the 7-business day timeline for completing the DCP, but it was completed on October 29, 2021, 112 days prior to his discharge. He was referred to Nathaniel CASES clinic and received a referral form. However, the program was not contacted to ascertain its willingness and capacity to accept the referral.

There was some lack of clarity around the CM's diagnosis which did not lead to an inappropriate rating for SMI. On October 27, 2021, the prescriber added an anti-psychotic medication to target auditory hallucinations without modifying the diagnosis. A TPR of December 28, 2021 changed the diagnosis to other specified anxiety disorder, rule out delusional disorder, while retaining the SMI-No designation. These diagnoses were affirmed in the TPR of January 25. However, at the next medication reevaluation, the prescriber reverted to the adjustment disorder diagnosis while also noting the presence of intrusive trauma-related symptoms.

Findings:
Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***CHS response****: We disagree with this finding because CASES clinic is a clinic that we refer cases to very often. We are in ongoing communication with this clinic as it is one of the few clinics in the city solely dedicated to justice-involved individuals. We know that they take our patients and do not feel the need to confirm with them every time we make a referral.*
>
> **Monitor response**: See Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 39, February MO80, was a 42 year old man who was incarcerated from January 13 to February 24, 2022. He was housed in MO at the time of his timely CTP on January 21. He was diagnosed with bipolar disorder, marijuana use disorder and was determined to be SMI. His timely DCP was completed on January 28. He refused a mental health referral, indicating that he would follow up at his prior provider, New Beginnings, on his own. He accepted a referral to CRAN. He refused a 2010e.

Findings:
Referral/appointment: ineligible
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 40, February MO96, was a 34 year old man who returned to jail from Mid-Hudson Forensic Psychiatric Center and was incarcerated from December 7, 2021, to February 14, 2021. He was housed in MO at the time of his timely CTP on December 14, 2021. The CM was diagnosed with other specified schizophrenia and substance use disorder and was determined to be SMI. His timely DCP was completed on December 10, 2021. At the time of his DCP the CM refused to sign any consents and refused referrals for mental health and case management services and assistance with supportive housing, stating the desire to first consult with his attorney. Although he initially declined CRAN services, a December 14, 2021 addendum to the DCP indicated the CM's willingness to accept them.

A mental health note of January 5 documented the CM's statement that "they found me a program- Harbor House."

A 30-day follow up of January 20 documented that the CM was "eligible" for services and that "applications will be submitted." An updated DCP on this date indicated that he accepted CRAN and SPOA referrals, a referral to BRC for mental health care, and a supportive housing application; there was no indication that BRC was contacted to ascertain its willingness and capacity to accept the referral. Documentation from the ensuing several days shows applications for AOT and IMT, and an HRA 2010e. That documentation also showed a January 25 acceptance for IMT (pending release) and a January 26 supportive housing approval, which was forwarded to CRAN and two housing providers. The ACL of February 8 indicated that the CM was granted a program and would be going to Harbor House for residential treatment. However,

upon release, he apparently did not go to Harbor House, as documented in both the jail and CRAN records, and instead, he was staying temporarily with his family.

Findings:

Referral/appointment: inappropriate (no contact, no referral form) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate (CRAN helpful in executing and following up on the plan after release)
Supportive Housing: appropriate (ended up in temporary housing with his family, not residential ATI, so the finding remains appropriate as he would need a supportive housing approval)

Case 41, February MO102, was a 39 year old man who was incarcerated from January 9 to February 10, 2022. He was not produced for his IMHATP on two occasions on January 12, and CHS cancelled his appointment the following day. On January 14 he refused this service, and he was again not produced for it on January 18. He was diagnosed with PTSD as per the IPATP on February 1 and was determined to be SMI. He did not receive a CTP. His timely DCP was completed on February 2. He was referred to CASES and provided with a referral form. However, the program was not contacted to ascertain its willingness and capacity to accept the referral. He was also referred to CRAN. SW completed an HRA 2010e application, but when they attempted to submit the application on February 28, 18 days following the CM's release, they received an error message and so the application was not submitted.

Findings:

Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (did not successfully submit application after attempting 18 days after the CM's release).

CHS response*: Case 41 was rated inappropriate for supportive housing (no contact). CHS disagrees with this finding because even though CASES is a program commonly used by CHS (as stated above in cases 37, 37 and 39), in this case the SW actually contacted the program and an appointment was scheduled. The ACL reflects '02/10/22, 10AM accepted appt. w/ CASES'.*

Monitor response: While there is an ACL in the record that includes an appointment as CHS notes above, there is no indication that he was provided with this ACL. Therefore, we are not changing the rating.

Case 42, February MO103, was a 40 year old man who was incarcerated from September 7, 2021, to February 15, 2022. He was housed in MO at the time of his CTP, which was completed 4 days late on September 27, 2021. He was diagnosed with adjustment disorder and opioid use disorder and was determined to be not SMI. The CM was not produced for his DCP on October 1, 2021, when he was transferred from MO to GP and was again not produced on October 7, 2021 when he was "not on the unit." SW missed the 7 business day timeline for completing the DCP, but it was completed on October 19, 2021, 119 days prior to his discharge. The CM refused a referral.

A 30/90-day note of November 30 showed no changes to the CM's DCP. An updated DCP on February 15 documents a referral to Sun River Health. The CM was provided with both a

referral form and a copy of the ACL, documenting a specific appointment date and time, indicating that the provider was contacted to ascertain its willingness and capacity to accept the referral.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 43, February MO107, was a 28 year old man who was incarcerated from November 10, 2021, to February 11, 2022. He was housed in MO at the time of his CTP, which was completed 4 days late on November 23, 2021. He was diagnosed with schizoaffective disorder and substance use disorders; he was determined to be SMI. His timely DCP was completed on November 30, 2021.SW referred him to Visiting Nurse Service of New York's IMT, his prior provider. He received the referral, and SW contacted the provider to ascertain its willingness and capacity to accept the referral. He was also referred to CRAN and AOT. The CM was found to have a previously approved HRA 2010e active through April 4, 2022, and SW forwarded that approval to CRAN, IMT and two housing providers.

The 30/90-day follow up on December 30, 2021 reviewed the DCP with the CM and noted that an AOT application had been submitted. A SW note of January 10 documented that the CM informed the SW that he had been residing in Exodus prior to incarceration and that the SW would follow up and make referrals to Exodus "once a release date is known." The 30-day follow up of February 8 documented the CM's report that he had the services he required. SW also documented reaching out to AOT and IMT and that the CM was "scheduled for his release interview/instructions…on Friday… 2/11/22… His parole warrant will be lifted…." SW met with the CM on February 11 to provide him with aftercare information.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate

Case 44, January GPMEDS81, was a 23 year old man who was incarcerated from January 1, 2021, to January 25, 2022. He was housed in GP at the time of his timely CTP on January 15, 2021. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI. His timely DCP was completed on January 21, 2021. He was referred to Bellevue and was given a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

Both the initial assessment and CTP appeared to indicate a possible thought disorder and also documented a possible intellectual disability. There were no indications of any of the symptom clusters for the diagnosed trauma related disorder although the CM did have an abuse history. Overall, however the record did not show that the SMI-No rating was incorrect.

The TPR of March 18, 2021, documented that the CM would be referred for a determination of the need for intellectual disability testing. Contact with OPWDD indicated that he had no connection with the agency. By the time of a May 13, 2021 TPR, the CM indicated that he no longer wanted mental health services and he refused to provide collateral contact information. He

no longer appeared psychotic or thought disordered and was assessed as suitable for GP without mental health follow up. No further MH or SW contact occurred until January 25 when the CM signed an ACL.

Findings:

Referral/appointment: inappropriate (no contact with program)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 45, February GPMEDS41, was a 32 year old man who was incarcerated from August 7, 2021 to February 4, 2022. While he was referred STAT to MH, the CM did not receive a scheduled IMHATP on August 11, 2021 due to his concurrent transfer from OBCC to AMKC. He was also not produced for this service on August 12, 17, 19, 22, or 24, 2021. The IMHATP did not take place on August 30, 2021 "…due to acuity in the clinic." He was again not produced on September 8, 2021. He had his IMHATP on September 16, 2021, over a month after he was referred STAT to MH. The CM was not produced for his CTP on September 29, 2021. On October 6, 2021"multiple alarms" interfered with completion of the CTP. The CTP was next "cancelled due to administrative reasons" on October 13, 2021.

He was housed in GP at the time of his CTP, which was completed 13 days late on October 14, 2021. He was diagnosed with other specified trauma and stressor disorder and opioid use disorder and was determined to be not SMI. His timely DCP was completed on October 20, 2021. He was referred to Housing Works which was not at that time contacted to ascertain its willingness and capacity to accept the referral.

On January 19, SW "contacted Housing Works'37th Street location and was informed that the psychiatrist would not be able to see new patients until April." As the CM was scheduled for release February 4, the SW met with him on January 31 to offer an appointment with another provider. The CM reported that his main concern was housing and that he received MH and substance use treatment from Sun River Health in the Bronx. The SW offered to make him a follow up appointment, but he "declined stating that he can just walk in on his own." On February 4, the day of his release, the CM declined a DCP update noting that he was "not interested in mental health treatment but was more concerned about housing."

Findings:

Referral/appointment: appropriate (While the CM refused the second referral, SW reacted as appropriate once they learned that the provider to whom they had referred the CM was booked for the next two months and would not be able to see him expeditiously.)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Class Counsel response: *In Case 45, the Class Member did not accept the offer to provide him with an appointment. The case should be found ineligible for referral/appointment rather than appropriate.*

Monitors response: For the reasons stated above, we are finding the case appropriate for appointment/referral.

Case 46, February GPMEDS115, was a 53 year old man who was incarcerated from November 16, 2021, to February 8, 2022. This CM was not produced for his CTP or initial assessment on December 2 or 3, 2021. Between December 6, 2021, and December 30, 2021 he was not produced for his CTP, psychiatric assessment, or DCP on approximately 44 occasions. Additionally, on December 20, 2021, he refused a CTP from the housing unit and CHS cancelled his appointment for a psychiatric assessment on December 31, 2021.

He was housed in GP at the time of his CTP, which was completed 31 days late on January 3. He was diagnosed with other specified trauma and stressor disorder, substance use disorders and was determined to be not SMI. He did not receive a DCP.

Findings:

Referral/appointment: inappropriate (no DCP)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***CHS response****: Case 46 was rated inappropriate for supportive housing. CHS disagrees with this finding as we want to highlight that multiple efforts were made to meet with this patient. As noted by the Monitors, he was scheduled on approximately 44 occasions in his less than 3-month of his incarceration. This was our many efforts to try and put some services together for this patient. After several failed attempts to meet with him, the SW completed a DCP by Chart Review on 01/20/22. We believe that CHS' ongoing efforts to meet with this patient should be considered appropriate.*
>
> **Monitors response**: This class member was not SMI and was ineligible for supportive housing. See Sections I and IV.C where we discuss the deleterious effects of nonproduction on defendants' ability to provide basic DCP services.

Case 47, February GPNOMEDS1, was a 60 year old man who was incarcerated from January 10 to February 10, 2022. He was housed in GP at the time of his timely CTP on February 2. He was diagnosed with adjustment disorder and substance use disorders; he was determined to be not SMI. His timely DCP was completed on February 10. He was referred to the Jewish Board and was given a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:

Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***CHS response****: Case 47 was rated inappropriate for referral/appointment (no contact). CHS disagrees with this finding because The Jewish Board of Family and Children Services is a program that both CHS and CRAN frequently refer patients to. And as stated in other cases above, when it comes to services/programs that we regularly make referrals to, and who we know accept our patients, we do not believe that CHS needs to make a call before every single referral. In this case, to The Jewish Board of Family and Children.*

Monitor response: See Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 48, February MO112, was a 40 year old man who was held on a parole violation and was incarcerated from November 4, 2021, to February 15, 2022. This CM's initial psychiatric assessment was conducted on November 13, 2021, where he was diagnosed with substance induced depressive disorder; he was not SMI. DOC did not produce the CM for his CTP on November 21 or 30 or December 5, 2021. A note of December 13, 2021 indicated that this CTP was cancelled by CHS "System was down… No production." He was not produced for medication renewals on December 20 or 27, 2021 or on January 3 or 10, 2022 resulting in numerous bridge orders. He was again not produced for his CTP on January 29.

The CM did not receive a CTP or a DCP. An ACL was completed and provided to the CM on January 31 referring him only to the shelter system. A SW note of this same day documented the same plan.

Findings:

Referral/appointment: inappropriate (No DCP)
SMI: appropriate (the record does not suggest that this CM should have been considered SMI)
Case Management: ineligible
Supportive Housing: ineligible

***CHS response**: Case 48 was rated inappropriate for referral/appointment (No DCP). CHS disagrees with this finding because while the patient did not have a CTP or DCP, the patient was seen at the time of release and the ACL was completed. Although the referral noted 'shelter', the KEEP program had made referrals for substance use treatment, which are appropriate given the patient's diagnosis of a primary substance use disorder. KEEP provided referrals to "continue treatment at S.I.U. Seguine Ave. and was given a referral letter to report to MMTP upon release from Rikers."*

Monitors response: There is no information in the record defendants provided to us for review regarding referrals made by KEEP. Additionally, an ACL alone usually is not a replacement for a full DCP which accounts for various factors required by the Stipulation and explains the rationale for the specific referral(s) made. See Sections I and IV.C where we discuss the deleterious effects of nonproduction on defendants' ability to provide basic DCP services.

Case 49, March GPMEDS55, was a 41 year old man who was held on a parole violation and was incarcerated from February 12 to March 16, 2022. He was housed in GP at the time of his CTP, which was completed 9 days late on March 11. He was diagnosed with adjustment disorder and amphetamine use disorder; he was determined to be not SMI. His timely DCP and an ACL were completed on March 16, the day of release, at which time he refused a referral for ongoing mental health treatment and where he "…expressed frustration he had to wait so long to see DCP services for his discharge." The SW documented that "current observation indicates that patient would benefit from a structured/supervised approach to his MH care."

Findings:
Referral/appointment: inappropriate (refused on day of release; the delayed CTP precluded comprehensive DCP prior to the point of release.)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

CHS response*: Case 49 was rated inappropriate for referral/appointment (Delayed CTP/No DCP). CHS disagrees with this finding for the following reasons. The timeliness of the DCP depends on the date of CTP. In this case, the CTP was done late. This meant that the DCP was not due until 3/21. The patient was released on 3/16 before the due date. Despite this, the DCP was done on the date of release. Patient was SMI-no w/ adjustment d/o and no history of MH treatment outside of jail setting. He refused services and was not on any psych meds that would require further follow up.*

Monitors response: The CTP was delayed for no documented reason. Had it been completed on or before its due date of March 2, the DCP would have been due on March 11, well before the day of release. The class member refused on the day of release, expressing his specific frustration that his release was being delayed by the DCP process. This is the reason that refusals on the day of release are not acceptable. We are not changing the rating.

Case 50, March GPMEDS65, was a 43 year old woman who was incarcerated from January 1 to March 23, 2022. She was housed in GP at the time of her timely CTP on January 9. She was diagnosed with intermittent explosive disorder and other specified trauma and stressor disorder; she was determined to be not SMI. SW missed the 7 business day timeline for completing the DCP, but it was completed on January 28, 54 days prior to her discharge. At her DCP, SW referred the CM to Realization Center which was contacted to ascertain its willingness and capacity to accept the referral. She was provided with a copy of the referral as well as an ACL on the day of release which reiterated the referral to Realization Center.
Findings:
Referral/appointment: appropriate
SMI: appropriate (the basis for the diagnostic decision is well explained in the psychiatric assessment which included review of records, consideration of past and current symptoms, and a discussion with the team)
Case Management: ineligible
Supportive Housing: ineligible

Case 51, March GPMEDS93, was a 34 year old man who was held on a parole violation, was incarcerated from January 6, 2021 to March 4, 2022. He was housed in GP at the time of his timely CTP on January 21, 2021. He was diagnosed with bipolar and substance use disorders; he was determined to be SMI. His DCP, completed on February 4, 2021, was 3 days late and 363 days prior to his eventual release. He was referred to Manhattan Psychiatric Center, his prior provider, which was contacted by SW to ascertain its willingness and capacity to accept the referral. He was provided with a referral form. SW also referred the CM to CRAN and his prior forensic ICM. SW contacted his prior supportive housing provider which indicated it would hold his bed for up to 90 days.

This CM had a history of AOT mandated treatment at Manhattan Psychiatric Center, supportive housing on Ward's Island through the Jewish Board, and involvement with forensic case management. The medical record showed good coordination by CHS with his outside providers early in the course of his incarceration.

On March 30, 2021, the CM decompensated and was admitted to BHPW for approximately five weeks. The BHPW records contain an unexpected release form with an indication that the CM was unable or unwilling to sign it. He returned to Rikers on May 7, 2021, at which time his attorneys were advocating for his return to his prior treatment arrangements, but the court and prosecutor were not in agreement. By June 16, 2021, the CM again decompensated and was re-hospitalized at the BHPW. An unexpected release form was completed but the CM was seen as "too unpredictable" to sign it. By the time of his discharge from the hospital the SW noted that he was being evaluated for an ATI.

On August 3, 2021 SW noted that the CM accepted a new HRA 2010e as the prior application had expired. The application was submitted on August 4, 2021 and approved on August 6, 2021. SW forwarded the approval to CRAN, ICM and three housing providers, including his prior housing agency. A 30-day follow up of August 27, 2021 led to no changes to the DCP. SW submitted a new AOT application as the previous order was about to expire (on September 7, 2021). Subsequent notes indicated that the CM was declined admission by Harbor House and that the Queens mental health court was working on other referrals for residential placement. By the time of the 30-day follow up of January 10, the CM had taken a plea in connection with this criminal case and was awaiting the resolution of his parole violation. He accepted assistance with housing in the form of a shelter referral and HRA 2010e.

SW documented that the OMH forensic ICM had closed the CM's case; SW applied for IMT on January 13. A SW note of February 15 indicated that the CM had an interview for housing scheduled with the Jewish Board on February 23. A SW note of March 3 documented his assignment to an IMT.

An ACL completed on March 4, the day of his release, included appointments with the IMT on March 7 and noted a "tour" of the Simon's Center on March 16. A note of the same day also indicated that the CM was going to MOCJ hotel and will follow up with IMT.

Overall, this case demonstrated frequent discussions with the OMH SES team, and the ongoing involvement of his prior OMH ICM in the early months, until they closed his case due to his lengthy incarceration. SW interacted with the CM regularly, and they modified the plan as needed given his changing circumstances. This included appropriate adjustments to the DCP following the CM's loss of housing placement, and loss of high level case management.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate

Case 52, March GPMEDS109, was a 30 year old man who was incarcerated from February 11 to March 16, 2022. He was housed in GP at the time of his CTP, which was completed 1 day late on March 1. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI.

A SW note of March 14 documented the CM's recent transfer from EMTC to AMKC noting "a DCP due date of 3/10/22 and no missed visits." The plan was to "…follow up to address his

late DCP." The record contains a note of March 17 at 8:20pm, the day after his release, indicating that the CM refused a DCP.

Findings:

Referral/appointment: inappropriate (No DCP, unclear how he could have refused the day after release, chart does not contain a signed declination form)

SMI: appropriate (while he had a history of more serious psychiatric illnesses, he did not present with severe symptoms, and staff explained the diagnoses they made)

Case Management: ineligible

Supportive Housing: ineligible

Case 53, March GPMEDS201, was a 34 year old man who was incarcerated from February 4, 2021, to March 17, 2022. He was housed in GP at the time of his CTP, which was completed 7 days late on March 17, 2021. He was diagnosed with other specified trauma and stressor disorder and substance use disorders; he was determined to be not SMI. His timely DCP was completed on March 23, 2021. As his DCP, SW referred the CM to Fortune Society and Osborne Association which were contacted to ascertain their willingness and capacity to accept the referral. He was provided with referral forms for these referrals.

A 90-day follow up of July 7, 2021 made no changes to the initial DCP. There were no SW contacts after this point.

Although apparently initially psychiatrically stable, this CM's TPR of November 11, 2021 documented changes in behavior and thinking, possibly related to his use of substances. His mental status exam documented labile mood and grandiose thinking. The following month at his December 9, 2021 TPR, the CM was exhibiting fixed, odd ideas, and a focus on the government. He reported consistently hearing "whispers" which he described as worse than "voices." His auditory hallucinations persisted when not using substances. He was described as being illogical with thought blocking and loose associations. The CM expressed the belief that "women can read minds so he does not have to tell the psychiatrist his experiences…." The clinician discussed the case with the clinical supervisor and consulted with the psychiatrist concerning a possible change of diagnosis to schizophrenia.

At the next medication evaluation, no evidence of thought or psychotic disorders were noted and no change to his diagnosis was made. At the February 3 TPR, the clinician documented that the CM "rambles unorganized topics with loose associations…. unorganized… fixated thoughts on the government and control… delusions of NYPD news coverage being the reason he was not released 4 years ago… agitated and defensive…." No change to the diagnosis ensued. The psychiatrist saw the CM on February 22, again noting no evidence of psychosis or thought disorder and retaining the original diagnosis. At the TPR of March 8, the clinician documented that the CM "showed some symptoms of psychosis, discussed spells and magic…fixed on believing the govt is out to get him…needing to relocate due to court staff knowing his identity. Does not appear to be under the influence."

There was no evidence that the treatment team conferred to discuss his diagnosis, especially in light of his statement that he did not need to be open with the psychiatrist.

Findings:

Referral/appointment: appropriate

SMI: inappropriate (Based on the documentation in the record, the class member should have been diagnosed with a psychotic disorder and should have been considered SMI. To the

extent that the prescribers viewed the CM differently from the other clinicians, the discrepancy should have been resolved.)
Case Management: inappropriate
Supportive Housing: inappropriate

***CHS response**: Case 53 was rated inappropriate for referral/appointment and for SMI. We disagree with this finding because, as mentioned in previous reports, it is CHS' position that an inappropriate SMI designation should not impact the other PIs. The SW services were appropriately offered based on diagnosis in CTP/TPR.*

Monitors response: The case was rated appropriate for referral/appointment. When cases are found to be SMI No and we determine that this is incorrect, the services that should have been offered to an SMI class member but were not will also be rated inappropriate. As we noted in Report 42 and subsequent reports, a finding that the class member is SMI is a predicate for more intensive services, and the failure to properly determine a person to be SMI results in SW not offering those services. While it may often be true that SW did the best they could given the incorrect assessment, defendants did not provide this class member a clinically appropriate discharge plan given his level of need.

Case 56, March MO3, was a 33 year old man who was incarcerated from September 18, 2021, to March 1, 2022. He was housed in MO at the time of his timely CTP on September 30, 2021. He was diagnosed with schizoaffective and substance use disorders; he was determined to be SMI. The CTP was amended on October 1, 2021, changing his diagnosis to other specified trauma and stressor disorder and substance use disorders and his SMI designation to no. This was based on a diagnostic assessment conducted on June 7, 2021, during his previous incarceration and after he was "closely observed on CAPS."

His timely DCP was completed on October 12, 2021. He was referred for outpatient treatment at Kings County Hospital and provided a referral. However, the program was not contacted by SW to ascertain its willingness and capacity to accept the referral.

An ACL was created on February 15 indicating an ATI that day to Harbor House but there was no indication that the this was provided to or discussed with the CM. He was not released on February 15 but instead was released on March 1. The record did not indicate the disposition or the reason why he had not been released two weeks earlier.

Findings:
Referral/appointment: inappropriate (no contact) → inappropriate (ACL was not given to CM)
SMI: appropriate (change in SMI status was adequately explained)
Case Management: ineligible
Supportive Housing: ineligible

Case 57, March MO9, was a 27 year old woman who was incarcerated from November 28, 2021 to March 23, 2022. She was housed in MO at the time of her timely CTP on December 7, 2021. She was diagnosed with bipolar and cocaine use disorders and was determined to be SMI. At her timely DCP on December 8, 2021, SW referred the CM to her prior ACT which was contacted to ascertain its willingness and capacity to accept the referral. SW provided her with a copy of the referral.

The record demonstrated good outreach to the CM's ACT. The 30-day follow up of January 5 indicated contact with the ACT psychiatrist to coordinate; no change to the DCP resulted. The

30-day follow up of February 8 documented additional contact with the ACT team. A SW note of February 12 documented that TASC was assessing the CM's eligibility for a diversion program. On February 25, EAC reported her eligibility for diversion and that TASC would be referring her to potential providers. The 30-day follow up of March 12 showed that she had accepted a plea and was awaiting placement in a suitable program. Acacia Network accepted the CM in their residential program as indicated in a letter of March 16. An updated discharge plan documented the ATI.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (ATI)
Supportive Housing: ineligible

Case 58, March MO51, was a 27 year old man who was incarcerated from January 19 to March 4, 2022. He was housed in MO at the time of his timely CTP on February 14. He was diagnosed with antisocial personality and marijuana use disorders; he was determined to be not SMI. His timely DCP was completed on February 24, at which time he was referred to CASES Nathaniel Clinic and was given an ACL, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:

Referral/appointment**:** inappropriate (no contact with program)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***CHS response****: Case 58 was rated inappropriate for referral/appointment (no contact with program). CHS disagrees with this finding because, as stated in numerous cases above, the CASES clinic is a clinic that we refer cases to very often. We are in ongoing communication with this clinic as it is one of the few clinics in the city solely dedicated to justice-involved individuals. We know that they take our patients and hence, do not feel the need to confirm each and every time that we make a referral.*
>
> **Monitors response**: See Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 59, March MO66, was a 35 year old man who was incarcerated from January 14 to March 14, 2022. He was housed in GP at the time of his IMHATP on January 21 but was transferred to C-71 on January 27. He remained in MO at the time of his timely CTP on February 3. He was diagnosed with other specified trauma and stressor disorders and substance use disorders; he was determined to be not SMI, though functional limitations including "repeated interaction with the legal system, lack of stable housing, income, and homelessness" were documented. His timely DCP was completed on February 14.

The TPR of February 11 changed his diagnosis to adjustment disorder and substance use disorders while retaining the SMI-No designation. All subsequent TPRs retained this diagnosis.

On February 24 SW documented that his legal team referred him to MOCJ. On February 25, the CM informed the court liaison that he was scheduled for release on March 14. That same

day, SW documented that a SPOA IMT application was submitted on the CM's behalf. An ACL of March 9, which was provided to the CM, outlined the plan for him to receive housing at a Fairfield Inn, and that SPOA/IMT placements were awaiting assignment. SW noted that SPOA informed SW "they met their quota of IMT assignments for the week, follow up on Monday." SW also documented having "called Nathaniel clinic and sent the client's referral online." An addendum of March 14 indicated that a virtual appointment had been scheduled for March 18 at 2:00 PM but this was not included in the ACL and so was not provided to the CM.

Findings:

Referral/appointment: inappropriate (staff obtained an appointment, but the ACL does not include information regarding the appointment, so this information was not received by the CM)
SMI: appropriate
Case Management: ineligible (it was unclear why a SPOA IMT referral was made for this CM)
Supportive Housing: ineligible

Case 60, March MO74, was a 30 year old man who was incarcerated from March 20, 2021, to March 14. 2022. The CM was housed in GP at the time of his initial mental health assessment and remained there when his initial psychiatric assessment was conducted, on March 24, 2021. However, he was transferred to C-71 on March 31, 2021 due to behavioral dyscontrol. He remained in MO at the time of his timely CTP on April 7, 2021. He was diagnosed with schizoaffective disorder and substance use disorders, but he was determined to be not SMI. His timely DCP was completed on April 14, 2021. At his DCP SW referred the CM to CASES and provided him with a referral form. However, the program was not contacted to ascertain its willingness and capacity to accept the referral. The SW also documented that they "will discuss with treatment [team] on changing client diagnosis to SMI yes." A second CTP of April 15, 2021 resulted in a corrected determination of SMI.

A revised DCP of April 19, 2021 referred the CM to SPOA/FACT, AOT, and CRAN, documenting that supportive housing and AOT applications had been submitted on April 15, 2021. He was not produced for a scheduled 30/90-day review on May 19, 2021. SW resubmitted the HRA 2010e on June 3, 2021; it was approved on June 7, 2021 and forwarded to CRAN, SPOA and three housing providers the same day. A 30/90-day follow up of June 30, 2021 indicated that the CM's attorney reported that he was found eligible for CASES Nathaniel ACT program and provided SW with contact information for the program. The following day, SW observed an "extreme decline in his psychiatric presentation."

The CM was eventually referred to the BHPW where he remained from July 19, 2021 to July 29, 2021. There, he declined an unexpected release form on July 20, 2021. The SW notes from the BHPW demonstrate a lack of awareness of the DCP created in the jail prior to his hospitalization.

Following his return from the hospital, SW conducted a 30-day follow up on August 3, 2021 when his attorney noted the hope that prosecutors would agree to an ATI with CASES.

SW forwarded requested information to the CASES intake team on August 17, 2021. The CM was not produced for court on September 23, 2021 and his case was adjourned to October 26, 2021. His attorney indicated that they were waiting for the prosecution to agree to an ATI to CASES. The CM refused to participate in his 30-day follow up on October 6, 2021. SW did see him two days later, noting his anxiety about his upcoming court date. The CM wanted to know if he would be released at that time, and SW planned to follow up with his attorney. On October

25, 2021 SW contacted the attorney who noted that the district attorney was still considering agreeing to an ATI but wanted first to review the CM's medical records; release at his court appearance the following day was considered unlikely.

On October 26, 2021 SW noted that the CM was not produced but that prosecutors were considering a transfer to mental health court. A 30-day follow up was conducted on November 17, 2021 resulting in no update to the DCP. A SW note of December 14, 2021 documented that the CM continued to wait for prosecutors' agreement for transfer of the case to mental health court and that the CM's next court date was January 20. Follow up by SW on December 30, 2021 resulted in no changes to the DCP. On January 11, SW noted that a proffer was set for January 20 and that the CM was still being assessed for mental health court and a possible ATI to CASES. The following day, SW noted that prosecutors wanted updated medical records but that the CM was being transferred to mental health court with a court date docketed for February 10. At a 30-day follow up of February 2, the CM expressed the desire for an outpatient program and indicated his awareness that his case had been transferred to mental health court.

However, on February 7, SW documented that prosecutors declined to consent to mental health court; instead, at the February 10 court date the CM was to "plead out" with the court date adjourned for sentencing. In response, on February 11 the SW requested that SPOA provide an IMT placement; SW documented the response on February 25: while he was eligible for SPOA no assignment could be made due to his continued incarceration. Also on February 11, SW documented that the attorney expected that the CM would be released at this sentencing hearing of February 28. The CM was not released on February 28. On March 3, a Bronx IMT team contacted the SW regarding the SPOA referral. The CM was released on his own recognizance on March 14 but was "civilly discharged." An ACL completed on March 15, the day following his release from jail, documented the referral to the Bronx IMT team.

Overall, this case demonstrated good coordination between SW and the CM's attorney and the IMT as well as appropriate integration within the treatment team where SW's observations helped correct an initially incorrect SMI rating.

Findings:

Referral/appointment: appropriate (IMT was in touch with SW staff prior to release on March 14 as a civil discharge; it is reasonable to believe that IMT would ascertain his whereabouts and follow up as needed)
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate

Case 61, March MO106, was a 23 year old man who was incarcerated from February 9 to March 14, 2022. He was housed in MO at the time of his timely CTP on March 8. He was diagnosed with adjustment disorder and was determined to be not SMI. His timely DCP was completed on March 11. He was referred to Beth Israel and was given an ACL, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. The rationale for the referral implies that the SW believed that Beth Israel was synonymous with Mt. Sinai Hospital, his prior provider. There was no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:

Referral/appointment: inappropriate (no contact with Beth Israel, which was not his prior provider and was geographically inconvenient from where he lives/receives his medications, both in east Harlem)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

***CHS response**: Case 61 was rated inappropriate for referral/appointment. CHS disagrees with this finding because Beth Israel is part of Mt. Sinai, which is noted in the CTP to be the patient's prior provider. DCP & ACL lists both names and explicitly state that Beth Israel is the prior provider that the patient is requesting to return to. We also disagree about the location being inconvenient. The patient had been keeping his appointments with this provider AND it is only a few subway stops from address listed on ACL/DCP. The address and pharmacy are in Lower East Side NOT in East Harlem.*

Monitors response: We understand that Beth Israel is a part of the Mount Sinai network, but it is not the same hospital or location. There is no indication in the record provided for review that the class member had ever been treated at the Beth Israel location, and numerous indications that he had been treated at the Mt. Sinai location on the Upper East Side. There is no indication in the record provided for our review that he was "keeping his appointments" at Beth Israel, nor is there any indication that he was living in or getting medications in the Lower East Side. He was living with family and getting medications from a pharmacy within a few blocks of the Mount Sinai Upper East Side location. We are not changing the rating in this case.

Case 62, March MO120, was a 25 year old man who was incarcerated from December 17, 2020, to March 21, 2022. He was housed in MO at the time of his timely CTP on December 23, 2020. He was diagnosed with schizophrenia and substance use disorders; he was determined to be SMI. At his timely DCP on December 29, 2020, SW referred him to his prior IMT and provided him with a referral form. The program was not contacted to ascertain its willingness and capacity to accept the referral. SW also referred him to CRAN and submitted an HRA 2010e application on January 7, 2021. The 2010e was approved on January 12, 2021, and SW forwarded the approval to CRAN, the CM's IMT and to two housing providers.

SW coordinated with the CM's IMT on January 29, 2021 and on February 17, 2021, documenting the plan to arrange a meeting with the IMT and the CM's attorney "to discuss his case." The February 8, 2021 30-day follow up resulted in no revisions to the DCP. By March 3, 2021, SW documented that his legal team would pursue an ATI but also that the IMT found it difficult to remain in touch with the CM when he was in the community. The 30-day follow up of March 8, 2021 reiterated the possibility that the CM would receive an ATI and noted that the IMT wanted to arrange to speak with the CM via video. No revisions to the DCP were made. The video session with the IMT occurred on March 19, 2021. A clinical collateral note of April 5, 2021 documented a recent hearing where the IMT testified on the CM's behalf and the district attorney agreed to a transfer to mental health court with a plan to arrange for a residential treatment program. The 30-day follow up of April 4, 2021 noted the CM's upcoming May court date and resulted in no revision to the DCP.

The CM was hospitalized at BHPW from April 20, 2021 to April 27, 2021. On April 21, 2021, the day after his admission, SW noted that he was "unwilling" to sign an unexpected release form.

After his discharge from the hospital, jail based SW continued coordination with the IMT as documented in notes of May 11, 2021 and May 17, 2021. Further contact with the IMT on May 27, 2021 noted that the CM's next court date was scheduled for May 27, 2021 and that there were no plans for his release at that time. SW coordination with the IMT continued in June 2021.

At a 30-day follow up on October 6, 2021, SW documented that the CM was "being considered for ATI program placement… [and] anticipates being released… sometime next year." A 30-day SW follow up note of November 8, 2021 resulted in no revisions to the DCP but indicated that SW would continue to confer with the IMT and the CM's legal team. By November 18, 2021, SW documented that the CM's case would be moved to mental health court with the next court date adjourned until December 21, 2021. In a December 7, 2021 note, SW documented a planned meeting with the CM, his grandmother, the IMT, and SW to discuss the plan. A 30-day follow up note of February 2 indicated that his case was in mental health court awaiting an inpatient program that the IMT was attempting to secure. A March 9 SW note indicated that the CM was eligible for assistance from a bail fund but that this was contingent on him going to Harbor House for residential placement. Per a March 15 SW note, the IMT arranged a call to Arms Acres for them to assess the CM, and on March 18 Arms Acres requested that the CM be transported to their location. An ACL on the day of discharge, March 18, indicated that Arms Acres had accepted the CM.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (the approval expired before his release) → ineligible (ATI)

Case 64, March MO133, was a 39 year old man who was incarcerated from June 3, 2021, to March 15, 2022.

At his IPATP of June 5, 2021 he was given a diagnosis of other specified trauma and stressor disorder and concluded that the CM was not SMI. The psychiatrist reviewed PSYCKES which included historical diagnoses of substance use disorders, substance induced psychotic disorders, but also PTSD and major depressive disorder. He was still in GP at the time of his IMHATP of June 6, 2021 where it was noted that he "meets criteria for SMI yes and bipolar disorder due to episodes of hypomania and depression," though this assessment retained the diagnoses of other specified trauma and stressor disorder and substance use disorders and the determination that the CM was not SMI. The following day, a clinical supervisor documented a diagnosis of rule out other specified bipolar disorder and rule out PCP induced psychosis. The supervisor noted the CM's report of auditory hallucinations in the past both with and without usage of PCP. Functional impairments due to symptoms included inpatient psychiatric hospitalizations, unemployment, and criminal justice involvement.

A psychiatric reevaluation of June 18, 2021 acknowledged that the CM had psychotic symptoms but retained the original diagnosis. Still in GP, he was started on aripiprazole. A bridge order was written on July 1, 2021 because CHS cancelled his appointment with the prescriber. He was not produced for his CTP on July 5, 2021, or July 10, 2021. On July 12, 2021 he was not produced for his CTP due to no staff "…on mental health post". A medication

reevaluation of July 15, 2021 did not result in a diagnostic or housing change but did add diphenhydramine for sleep. The CM was not produced for his CTP on July 16, 2021, and CHS cancelled his CTP appointment on July 26, 2021. Because the CM was not produced, staff wrote bridge orders on July 29, 2021, August 5, 2021 and August 12, 2021. The CM was not produced for his CTP on August 2, 20, 24, or 30, 2021. Additionally, CHS cancelled appointments on August 19 and 26 and September 2, 2021, leading to bridge orders being written. The CM was again not produced for his CTP on September 7, 2021 with the officer indicating that he had refused from the housing area.

The CM was not produced for his CTP on September 22, 2021 because of alarms or again on October 7, 14, or 21, November 6, 13, or 23, December 1, 16, or 28, 2021, or January 2, 2022. On January 3 and 10 his CTP was cancelled due to CHS staffing. He was again not produced for his CTP on January 17 and 29 or February 12. On February 17 CHS cancelled his CTP due to an "island wide" power outage". DOC did not produce the CM for his CTP on February 23, and CHS cancelled his appointment on March 2. On March 3 DOC reported that the CM refused to come to clinic for his CTP and he was again not produced for his CTP on March 6 or 14. On the latter occasion the reason was that no escort officers were available after 7 in the evening.

The CM was not produced for medication reevaluations on approximately 17 additional occasions and CHS cancelled his appointment for revaluation on approximately seven additional days. Over a nine month period of time, the CM was not produced on 47 different occasions and CHS cancelled his appointment 14 times. He was reported by officers to have refused on two occasions.

On March 15, the CM was released with time served without a CTP or DCP and without the additional assessments and team communication required to reconcile divergent diagnostic views of the CM. The differing views of his diagnosis and degrees of functional impairment had implications for a correct SMI rating and for appropriate DCP. Overall, the case represents a vivid portrait of the degree of dysfunction present in the NYC jail system during this time and the overt barrier it posed for provision of services.

Findings

Referral/appointment: inappropriate (no DCP)

SMI: inappropriate (there was a clinical disagreement between treatment team members as to his diagnosis and SMI status early in his incarceration, but he was only seen three times, never had a CTP, and there was no reconsideration of his diagnosis or his SMI status. When the supervisor saw him, he documented functional impairments)

Case Management: inappropriate (no DCP, SMI status never resolved, but there is ample evidence of severe mental illness)

Supportive Housing: inappropriate (no DCP, SMI status never resolved, but there is ample evidence of severe mental illness)

Case 65, March MO142, was a 22 year old man who was incarcerated from September 3, 2020, to March 16, 2022. He was housed in MO at the time of his timely CTP on September 9, 2020. He was diagnosed with other specified schizophrenia and was determined to be SMI. His timely DCP was completed on September 10, 2020. SW referred the CM to Kings County Hospital Port Clinic based on his "not being US citizen". No contact was made with the program to ascertain its willingness and capacity to accept the referral, but he was provided with walk in hours and telephone number where he could call or text an onsite peer counselor. He was

referred to CRAN and refused assistance with supportive housing because he did not anticipate being homeless upon release.

Alarms and other security issues lead to him not be produced for 30 day follow up visits on October 15, 19, 22, and 26, 2020. At a 30 day follow up on December 28, 2020, the CM accepted a referral to Housing Works. SW documented that "his prior provider was not an appropriate referral". He also accepted an HRA 2010e, but the lack of a social security number rendered him ineligible for that service. He had already been referred to CRAN. These updates were memorialized in a DCPU of January 25, 2021 which also noted that that SPOA/AOT were "being reserved due to the severity of the patient's charges [of attempted murder]". SW contacted Housing Works, and they provided him with a referral form directing him to that program.

Multiple issues interfered with his next 30 day follow up scheduled for January 28, 2021 when he was not produced because he referred. Alarms on February 23 and 24, 2021 resulted in the CM not being produced for follow up on those days. He was seen by SW on February 25, 2021 with the encounter not resulting in an update to the DCP.

He was not produced for his 30 day follow-up on March 25, 2021 due to alarms; when he was seen on March 27, 2021 he was found to be intoxicated. He received a 30 day follow up with SW on April 27, 2021 when he reported an eye injury leading to a referral to sick call. He was not produced for 30-day follow up visits on June 18, 21, or 22, 2021 because of alarms. The 730 team saw the CM on June 29, 2021 documenting that he was seen in mental health court on June 25, 2021 and that he was being considered for a possible ATI. DOC did not produce the CM for a scheduled 30 day follow-up on July 21, 2021; he was also not produced for follow up on July 26, 2021 because he was in intake, on July 27, 2021 because of an alarm, or on August 24 and 25, 2021 for reasons that were not documented. SW conducted a 30 day follow up on August 27, 2021 which did not result in an update to the DCP.

On September 28, 2021 the CM reported to SW that he might be released in October 2021 at which point he expected to reside with a friend. He accepted a SPOA application which was submitted the following day, and he was assessed as not being eligible for AOT.

On November 3, 2021, he was not produced for a 30 day follow-up. On December 2, 2021 the 730 team documented the CM's rejection by Harbor House, noting that the mental health court was seeking other suitable programs. As a 30 day follow up of February 10, the CM reported his hope that he would receive a program placement. On February 11, the 730 team indicated that mental health court was working on a referral to Fortune Society with an ACT team; the following day they documented that he had a pending interview with Fortune Society.

The ACL of March 15 included referrals to CRAN and to CASES Nathaniel clinic as an ATI provider with a plan for the CM to reside in Exodus housing. On March 22, the week after his release, SW indicated receipt of an email from mental health court indicating that the CM was found suitable for an outpatient ATI, was assigned to Exodus housing in Long Island City, and was on a wait list for ACT. Also on March 22, the SW documented having met with the CM prior to release to provide him with an ACL summarizing this ATI plan.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 66, March MO156, was a 38 year old man who was incarcerated from October 1, 2020, to March 22, 2022. He was housed in MO at the time of his timely CTP on October 7, 2020. He was diagnosed with schizophrenia and cannabis use disorder and was determined to be SMI. SW missed the 7 business day timeline for completing the DCP, but it was completed on October 22, 2020, 516 days prior to release. At his DCP SW referred the CM to Kings County Hospital outpatient clinic and provided him with a referral form. SW did not contact the program to ascertain its willingness or capacity to accept the referral. He was referred to CRAN and SPOA. An HRA 2010e was submitted on November 4, 2020; it was approved two days later and forwarded to CRAN, SPOA and two housing providers.

On February 4, 2021 a court liaison note indicated that the CM's attorney and SW were "reviewing the case and discussing options {including a potential ACT team}". SW submitted a SPOA application on April 1, 2021 requesting assignment of a SPACT. A SW note of April 30, 2021 noted that the CM had an interview with Fortune Society for potential housing. A SW note of May 4, 2021 documented his acceptance at CASES ACT, and that the CM was waitlisted for a MOCJ hotel. He was not, however, released at that point.

A 730 team note of June 15, 2021 indicated that his bail application had been denied and that a mental health disposition was being pursued.

A 30 day follow up of January 11 did not result in an updated DCP but noted that the CM's next court date was docketed for January 24. On February 15, SW documented a possible release date of March 2. Noting that the CM was "…in need of housing," they contacted Exodus. SW also noted the extant SPOA application and reiterated that the CM requested follow up at Kings County Hospital. At this point, he had already been referred to CRAN. The SW noted a plan to resubmit the HRA 2010e. On February 25, SW submitted an application for ICL medical respite, and on March 1, SW facilitated a call between the CM and the medical respite. Additionally, SW secured a room for the CM at an Exodus hotel. The 2010e was not resubmitted.

The ACL of March 1 documented the CRAN and SPOA referrals, mental health referrals to Kings County Hospital outpatient clinic and to Interborough in Crown Heights, with housing at a MOCJ hotel. However, the CM was not released on March 2 as had been expected. Per a March 4 note from the 730 team his case was set for trial. ICL did not accept the CM due to his open case. On March 22, a 730 note indicates that he entered a plea and was released with time served, reiterating the earlier referrals to Kings County, CRAN, and SPOA. The note also indicates that he "accepted HRA 2010e." A CRAN note on this date indicates that the Exodus hotel room remained available to the CM.

Findings:

Referral/appointment: appropriate (the ultimate referral ended up being a coordinated referral, by SW, CRAN and the CM's attorney, to a MOCJ hotel that has a "clinical partner," Housing Works, who could provide medication management)

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (first approval expired 11/2021, SW said they would resubmit in February 2022, but did not)

***CHS response**: Case 66 was rated inappropriate for referral/appointment and for supportive housing. CHS disagrees with this finding because, although it is correct that an HRA application was not resubmitted, CHS made significant efforts to secure housing for this patient through means that have proven more successful in our experience than through HRA*

supportive housing. In this case, on a note on 5/5/21 it is documented that the patient is on a waitlist for fortune and MOCJ (with continued reports to SW that programming was being explored). ICL med respite was also explored but the patient was rejected. The patient was released to a MOCJ transitional housing site, which we consider to be appropriate. This is an example of the narrow definition of appropriate housing as only including supportive housing through HRA. In the absence of all other efforts, an updated housing application would have likely not secured a bed for this patient upon release.

Monitors response: We rated the referral/appointment appropriate.

With regard to supportive housing, transitional housing is, by definition, temporary, and while it may be a reasonable placement in the short term, it serves as a bridge to more permanent housing. As such, an active 2010e could still be helpful to a class member going to a transitional placement.

Additionally, while we have in the past suggested the possibility of a broader approach to assessing the appropriateness of post-release housing, defendants have not taken up the suggestion that this be discussed further. As such, we rate the appropriateness of supportive housing within the structure of the agreed upon monitoring plan. We are not changing our rating in this case.

Case 67, March MO182, was a 28 year old man who was incarcerated from December 23, 2021, to March 24, 2022. He was housed in MO at the time of his CTP, which was completed 3 days late on January 5. He was diagnosed with schizoaffective disorder (later changed to schizophrenia) and substance use disorders and was determined to be SMI.

The CM was not produced for his DCP on January 12 as he was reported to be "not present on the unit." CHS cancelled his DCP visit the following day with SW documenting that he was in the process of moving to a new unit and said he "could not focus" on DCP at the moment. SW missed the 7 business day timeline for completing the DCP, but it was completed on January 18, 65 days prior to release. At his DCP SW referred the CM to Realization Center and provided him with a referral. The program was contacted to ascertain its willingness and capacity to accept the referral. SW also referred the CM to CRAN, SPOA and AOT for case management. He refused assistance with supportive housing.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 68, March MO204, was a 36 year old man who was incarcerated from December 18, 2021, to March 28, 2022. The CM's IMHATP was created on December 19, 2021 but not signed until December 29, 2021 at which point he was housed in GP. He was not produced for a mental health appointment on December 26, 2021, but when he was seen for his initial psychiatric assessment the following day he was found to be psychotic and disorganized and was transferred to the MO. He was not produced for the CTP on December 27, 2021 as he was not in the housing area. Medication bridge orders were written on January 6 when CHS canceled his psychiatric appointment, and on January 7 and January 14 when he was not produced. A mental health

progress note of January 15 written at VCBC indicated that the CM remained psychotic and delusional. A medical reevaluation the following day indicated that the CM was COVID positive on January 6 and he was isolated. His medications were adjusted, and he was admitted to C-71.

He remained in MO at the time of his CTP, which was completed 13 days late on January 18. He was diagnosed with other specified schizophrenia and was determined to be SMI.

On January 18, he was not produced for a SW orientation. The following day, a scheduled SW visit did not take place, and no reason was noted. By January 20 the CM had been referred to BHPW. At Bellevue the following day the CM refused to sign the unexpected release form which included a FACT Team referral. SW identified information concerning the CM's FACT team. His medications were adjusted, and he gradually improved, returning to Rikers on February 10.

A court collateral note of February 17 indicated that the CM was engaged with the Bronx treatment court and that a suitable program would be sought. He received his SW orientation on February 17. SW missed the 7 business day timeline for completing the DCP, but it was completed on February 18, 38 days prior to release. SW referred the CM to his prior FACT and also to Acacia Network based on his stated desire for a treatment provider located in the Bronx. SW contacted his prior FACT to ascertain its willingness and capacity to accept the referral. The FACT team indicated that the CM could return if his incarceration lasted less than 90 days. SW provided him with a referral form to FACT. SW submitted an AOT application. SW also submitted a supportive housing HRA 2010e, which was approved two days later. SW sent the approval to FACT, CRAN, AOT and three housing providers.

On March 9, a court collateral note indicated that he was being referred to several potential residential providers. However, the court collateral note of March 14 indicated that the CM would return to treatment with this FACT team upon release. During a medication reevaluation of March 24, the CM reported that would "….be accepted into an inpatient program". The ACL of March 28, the day of his release, documented that the CM was referred to Harbor House.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate

Case 69, March GPNOMEDS4, was a 59 year old woman who was incarcerated from February 11 to March 16, 2022. She was housed in GP at the time of her timely CTP on February 20. She was diagnosed with other specified trauma and stressor disorder, bereavement, and was determined to be not SMI. Her timely DCP was completed on February 25. She was referred to BRC and was given a referral form and an ACL, and the program was contacted to confirm that they would accept the referral.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 70, April GPMEDS4, was a 52 year old man who was incarcerated from July 27, 2021 to April 27, 2022. The CM received his initial psychiatric assessment on August 17, 2021 with a

reevaluation on August 24, 2021. On August 30, 2021, he refused a CTP indicating that he was not feeling well. At the SW orientation of September 10, 2021, he refused the services offered. Medication bridge orders were written on five occasions between September 21, 2021 and October 15, 2021, twice because CHS canceled the appointment and three times because DOC did not produce the CM.

He was housed in GP at the time of his CTP, which was completed 83 days late on November 6, 2021. He was diagnosed with PTSD and cocaine use disorder and was determined to be SMI. His timely DCP was completed on November 16, 2021. At his DCP SW referred the CM to his prior ICM which was contacted to ascertain its willingness and capacity to accept the referral. He was provided with a referral form. He was also referred to CRAN. The CM had an HRA 2010e approval active through November 18, 2021 (two days after the DCP), and he expressed in interest re-applying.

The ACL of April 27, 2021 referred the CM to his prior ICM and to CRAN. On the same date, SW wrote a note summarizing the DCP without mention of a HRA 2010e application. No new 2010e application was contained in the CM's medical record.

Numerous notes in the CRAN record discuss a possible ATI as well as various housing options which included the CM living with his brother, an Exodus hotel placement and residential rehabilitation, though none of these appeared to come to fruition.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (did not resubmit the 2010e after it expired, as the CM had requested)

Case 71, April GPMEDS27, was a 23 year old woman who was incarcerated from February 1 to April 22, 2022. She was housed in GP at the time of her timely CTP on February 15. She was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI. Her timely DCP was completed on February 22. At her DCP SW referred the CM to CASES and provided her with a referral form. However, the program was not contacted to ascertain its willingness or capacity to accept the referral.

The CM's updated DCP of April 20 documented an ATI to Harbor House accompanied by an April 19 letter indicating her acceptance. The ACL further memorializes this plan.

Findings:

Referral/appointment: inappropriate (no contact) → appropriate (ATI)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 72, April GPMEDS40, was a 55 year old man incarcerated from February 16 until April 5, 2022. He was housed in GP at the time of his CTP which was completed 4 days late on March 9. He was diagnosed with PTSD and substance use disorder, and he was determined to be SMI. His timely DCP was completed on March 18. At his request, he was referred to Housing Works, who was contacted to affirm that they would accept the referral. He was provided with a referral form. He was also referred to CRAN. SW determined that he had an HRA 2010e approval active

through April 19. This was not forwarded to housing providers and no new application was submitted despite the expiration of the existing approval.

Subsequently, a social work note on April 1 documented a mandated ATI to Phoenix House, confirmed by a letter from this program in his medical record, obviating the need for additional action concerning the HRA 2010e at that time. A social work note on the day of release indicated that because of his release after 4:00 PM, he would go to a shelter and would report to the program the next morning.

Findings:
Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case management: appropriate → ineligible (ATI)
Supportive housing: inappropriate (SW did not act on the prior approval or reapply given its impending expiration) → ineligible (ATI)

Case 73, April GPMEDS94, was a 25 year old woman incarcerated from December 5, 2021 until April 20, 2022. She was housed in GP at the time of her timely CTP on December 11, 2021. She was diagnosed with bipolar and cocaine use disorders and was determined to be SMI. At her timely DCP on December 14, 2021, she was referred to Brookdale, her prior provider. She was given a referral form, but there was no indication that SW attempted to contact the program to confirm that they would accept the referral. She refused a referral to CRAN and a 2010e application. SW noted that, prior to incarceration, she was living in a supported housing program, but on the DCP, SW documented that she would return to her boyfriend's residence.

At a 30-day follow up on January 13, there were no updates to the DCP.

At a 30-day follow up on February 11, SW documented that the CM anticipated a possible ATI through the Women's Community Justice Project.

At a 30-day follow up on March 19, the CM's attorney was working on getting her case moved to MH court and was hoping for outpatient treatment and a return to her residence in Brooklyn.

On April 19, a prescriber note indicated that she was mandated to residential treatment at SHERO/Providence House and required medications. An updated DCP was completed as well, noting that she would be released the next day. This placement was confirmed by her attorney, via an email that was included in the medical record.

Findings:
Referral/appointment: inappropriate (no contact) → appropriate (ATI)
SMI: appropriate
Case management: ineligible
Supportive housing: inappropriate (did not confirm she could return to prior supportive housing or otherwise clarify her prior housing) → ineligible (ATI)

Case 74, April GPMEDS118, was a 20 year old man incarcerated from January 3 until April 27, 2022. He was seen for an IMHATP on January 10, but no further mental health intervention was determined to be needed. He was referred again and was seen on February 3, and was enrolled into the mental health program. He was housed in GP at the time of his timely CTP on February 10, at which time he was diagnosed with adjustment disorder and cannabis use disorder. He was determined not to be SMI. His timely DCP was completed on February 18, and he was referred

to Riverdale mental health clinic. He was given a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

On the day of release, SW attempted to contact Riverdale mental health, but her phone call went unanswered. She prepared an aftercare letter that included an appointment at the Westchester Center of Excellence, but there is no indication that the class member received a copy of this aftercare letter or otherwise was informed of the appointment.

Findings:
Referral/appointment: inappropriate (appointment information not provided to CM)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 76, April GPNOMEDS144, was a 25 year old man incarcerated on a parole violation from January 9 until April 27, 2022. He was housed in GP at the time of his timely CTP on March 8, where he was diagnosed with anxiety and substance use disorders. He was determined not to be SMI. He did not receive a DCP.

On April 5, a court collateral note indicated that Legal Aid contacted CHS reporting prior diagnoses of ADHD and PTSD, and requesting that he be seen by mental health. He was not seen again until the evening of April 27, when a prescriber was asked to see him because of his incipient release from custody. He was referred to the prescriber because "he had an open STAT referral to MH from medical from 4/03/22 with a missed visit on 4/15/22." The prescriber cleared him for release.

Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 77, April MO2, was a 35 year old man incarcerated from December 14, 2021 until April 27, 2022. He was housed in MO at the time of his CTP, which was completed 12 days late on January 4. He was diagnosed with schizophrenia and was determined to be SMI.

SW attempted to engage with him on January 10 but were unable to do so because of "safety issues." They were able to complete his DCP orientation the next day. His DCP was not completed until February 11, missing the 7 business day timeline but 75 days before his eventual release date. He refused offers of discharge planning at that time, reporting that he was connected to TASC, who confirmed their involvement. TASC reached out to SW on several occasions to obtain updated medical records.

A second DCP was completed on April 26, documenting his mandated return to Harbor House, where he would go from court upon his release the next day. He signed an ACL, documenting his receipt of this information.

Findings:
Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate
Case management: ineligible (refused) → ineligible (prior involvement with TASC)
Supportive housing: ineligible (refused) → ineligible (ATI)

Case 80, April MO34, was a 42 year old man incarcerated from November 9, 2021 until April 20, 2022, having returned from Mid-Hudson Forensic Psychiatric Center. He was housed in MO at the time of his timely CTP on November 16, where he was diagnosed with bipolar and cocaine use disorders. He was determined to be SMI. His timely DCP was completed on November 22, at which time he was referred to Revcore. He was not given a referral form, and there is no indication that SW attempted to contact the program to confirm that they would accept the referral. He accepted referrals to CRAN, SPOA/ACT, and AOT. He also accepted a supportive housing application, which was submitted on January 25, and which was approved the next day. The approval was sent to CRAN and to two housing providers.

On December 8, he told the 730 mobile team that he would follow up with his primary care provider in Woodhaven.

At a 30-day follow up on February 22, SW restated the Revcore and CRAN referrals but was silent as to referrals for higher level case management. SW also documented that his legal team was exploring a possible program.

On February 24, SW documented that "CRAN informed writer that a referral was never submitted," and SW submitted the referral to CRAN at this time.

On March 3, the CM informed the 730 mobile team that he was "hoping for an ATI."

On April 1, SW documented that the CM advised CRAN that he "isn't interested in [CRAN] services at this time because he's connected to a private psychiatrist, has a place to stay, and has a steady income when he's released."

At his last TPR on April 5, he reiterated his "plan of going back to his PCP for meds and using SSD to rent room….did not want supp housing…has very little insight."

Findings:
Referral/appointment: inappropriate (no referral form, no contact with program)
SMI: appropriate
Case management: inappropriate (SW did not follow up regarding referrals to ACT or AOT)
Supportive housing: appropriate

Case 81, April MO59, was a 33 year old man incarcerated from July 11, 2021 until April 7, 2022. He was housed in MO at the time of his timely CTP on August 3, 2021, where he was diagnosed with other specified schizophrenia. He was determined to be SMI. His timely DCP was completed on August 10, 2021, at which time he refused community mental health referrals and supported housing. SW submitted a SPOA application which resulted in his placement on the FACT wait list on August 17, 2021.

He was hospitalized at BHPW from Aug 14 until November 10, 2021, where his diagnosis of schizophrenia was confirmed. The hospital SW spoke with his defense attorney and learned that they were hoping to move his case into mental health court. They did not initiate a 2010e because his "community based disposition is dependent on his legal case," including possible MH court involvement or a mandated ATI.

After his return, SW completed a 30-day follow up contact on November 29, 2021, at which no changes were made to his DCP, as the class member "is waiting for an update from his attorney."

A court collateral note on December 28, 2021, documented that his "legal team is advocating for TASC, but TASC has not evaluated him because video conferences keep getting cancelled."

At a 30-day follow up on December 30th, 2021, he expressed an interest in supportive housing. SW submitted the application on January 4. The application was approved on January 6, and the approval was sent to three providers on January 10.

The class member was still awaiting an evaluation by TASC as of January 24.

No changes were made to the DCP at a 30-day follow up on February 8.

A court collateral note on February 23 indicated that the CM's attorney reported that "the judge is pressuring for patient to get screened for services, however there's a lot of delays in court."

At a 30-day follow up on March 16, there was no update to the DCP, as the CM was "waiting to hear back from his attorney and see if there are any offers."

On March 28, SW documented the CM's acceptance by Harbor House, via TASC, for admission upon release on April 7. On this same date, SPOA assigned him a FACT program. SW documented the ATI on an ACL on April 7; while there was no indication that this document or information was provided to the CM, he was to be transported from court to his program by the sheriff's department.

Findings:
Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate
Case management: appropriate → appropriate (ATI, but also assigned to FACT)
Supportive housing: appropriate → ineligible (residential ATI)

Case 82, April MO63, was a 30 year old man incarcerated from February 8 until April 21, 2022 after returning from Kirby Forensic Psychiatric Center. He was housed in GP after his IMHATP on February 9. A CTP was attempted but could not be done on several days:

- February 23: not produced
- February 24: CHS cancelled
- March 3: not produced.

On March 3, he was sent to MO, but he refused a CTP on March 5. The CTP was completed on March 8, 12 days late, and he was diagnosed with adjustment disorder and substance use disorders. Despite noting functional impairment in social and adaptive functioning, he was determined not to be SMI. His timely DCP was completed on March 15, at which time he refused referrals.

On April 20, an ACL indicated that he accepted a referral to CASES, and that an appointment was pending for him given his projected release the next day. An addendum on the day of release indicated that an appointment for the CM was obtained at CASES for him 8 days after release. A SW note indicated he was given "a copy of his pending appointment form for CASES." CASES was provided with his mother's phone number to facilitate his intake.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 85, April MO76, was a 35 year old woman incarcerated from September 8, 2021 until April 21, 2022. She was housed on MO at the time of her timely CTP on September 14, 2021,

where she was diagnosed with schizophrenia and substance use disorders. She was determined to be SMI. At her timely DCP on September 18, 2021, she refused all discharge planning services.

On October 1, 2021, SW documented a conversation with the class member's attorney in which the attorney indicated that "if CM was willing to engage in treatment, she may be able to be offered an ATI."

In a 30 day follow up contact on October 16, 2021, the class member "expressed concern regarding pending transfer to Bedford/Taconic" and said that she "wants to bail out." She was subsequently transferred to Bedford where she remained from November 5, 2021 until February 2, 2022, at which time she returned to RMSC.

On March 28, she was accepted by Harbor House for a residential ATI. An updated DCP was prepared on April 18 indicating that she would be released to this program on April 21. The SW noted that "[a]lthough an MGP grant has been allocated for patient, she is not eligible due to her medication being an injectable (intramuscular administrated)."[4] She signed an ACL, signifying her receipt of the planned ATI.

Findings:
Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 86, April MO81, was a 38 year old man incarcerated on a parole violation from March 1 until April 25, 2022. He was housed in MO at the time of his timely CTP on March 6, at which time he was diagnosed with other specified bipolar and alcohol use disorders. He was determined to be SMI. At his DCP, which missed the 7 business day deadline but was completed 40 days prior to his release, he was referred to the Cornell/Columbia Presbyterian Clinic. He was given a referral form and the program was contacted to confirm that they would accept the referral. There is also an indication that he had a prior FACT program in place, but he was referred to CRAN as well. He refused supportive housing.

An updated DCP was completed on April 21, after SW learned that he was not engaged with FACT. This document restated the CRAN referral. SW again contacted Cornell/Columbia, now learning that they could not provide appointments until late May. SW then obtained an appointment for him at CONNECT/Postgraduate for April 27, two days after his projected release date.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: appropriate
Supportive housing: ineligible

Case 87, April MO98, was a 33 year old man incarcerated from February 8 until April 21, 2022. He was in GP at the time of his IMHATP on February 10, and there is no indication that he was ever housed in MO. At the IMHATP, he was diagnosed with an adjustment disorder and was not SMI. The CM was not seen for a CTP or other MH interventions on numerous occasions throughout his incarceration. The only subsequent MH contact was a PsychBasic on March 21, at

[4] The SW was incorrect. Long acting injectable medications are covered by the MGP formulary. See https://nymgp.magellanrx.com/files/NYMGPWebPortalFormularyReport.pdf.

which time he was diagnosed with adjustment disorder and other specified bipolar disorder. Despite the latter diagnosis, he was not determined to be SMI at this point. He did not receive a CTP or a DCP.

On the day of release, an ACL was prepared which included a referral to Bellevue outpatient clinic; he signed the form indicating he received this information. There is no explanation for the referral especially given his reported residence in Harlem, and there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:
Referral/appointment: inappropriate (no DCP, no contact with program)
SMI: inappropriate (SMI status not changed despite a category 1 diagnosis)
Case management: inappropriate (should have been offered case management)
Supportive housing: ineligible

Case 91, April MO99, was a 40 year old man incarcerated from August 24, 2021 until April 22, 2022. He was housed in MO at the time of his timely CTP on October 4, at which time he was diagnosed with adjustment disorder and substance use disorders. He was determined not to be SMI. He did not have a DCP.

On October 5, he inquired about getting a program, but there was no follow up regarding this issue.

On the day of release, he was offered a referral, but he refused.

Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 92, April MO105, was a 58 year old man incarcerated from November 23, 2021 until April 20, 2022, after returning from Mid-Hudson Forensic Psychiatric Center. He was housed in MO at the time of his timely CTP, at which time he was diagnosed with other specified schizophrenia. He was determined to be SMI. SW missed the 7 business day timeline for completing the DCP, but it was completed 132 days prior to release. He was referred to his prior provider, BRC, who was contacted to confirm that they would accept the referral. He was given a referral form. He was also referred to CRAN, and the SW noted that he might also benefit from a referral to SPOA and AOT. He refused supportive housing, indicating that he would prefer to return to the BRC shelter.

On December 3, 2021, the 730 mobile team documented possible cognitive impairment, but there is no indication that any further assessment was sought.

An AOT application was completed on January 19, but on January 28, the AOT assessor reported that according to the CM's attorney, "he will not be released anytime soon, and AOT is planning to submit his investigation for closure."

On February 10, SW documented that he was determined to be eligible for both SPOA and NYCSAFE, but that he could not be assigned due to continuing incarceration and the lack of a known release date.

At a 30 day follow up on February 14, he agreed to think about a supportive housing application. At the next 30 day follow up on March 22, he accepted the 2010e application. SW submitted the application on April 7, but HRA returned it on April 11 requesting additional

information regarding his criminal justice history and his history of violent behavior. SW resubmitted the application on April 13, and it was rejected again for the same reasons on April 14.

The CM was released unexpectedly from court on April 20, and SPOA assigned him to care coordination at Puerto Rican Family Institute on this date.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: appropriate
Supportive housing: appropriate (SW engaged CM and attempted to obtain approval for housing, twice. It is unclear what information HRA was seeking. Had the CM not been released suddenly, SW could have engaged in a treatment team meeting and perhaps a call with HRA to resolve the issue.)

Case 95, May GPMEDS60, was a 43 year old man incarcerated from March 18 to May 19, 2022. He was reportedly domiciled at an SRO prior to incarceration, according to his IMHATP on March 20. At his CTP, completed one day late on April 5, while he was housed in GP, he was diagnosed with other specified trauma and stressor disorder and substance use disorders. He was not SMI. His DCP was completed on April 22, missing the 7 business day deadline and 27 days prior to his eventual release. He accepted a referral to Mt. Sinai, which was contacted to confirm that they would accept the referral. He received a signed referral form. SW confirmed that he was living in an SRO through HASA and that his parole officer would assist him with obtaining housing.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 97, May GPMEDS96, was a 35 year old man incarcerated from January 15, 2021 until May 24, 2022. He was housed in GP at the time of his timely CTP on February 8, 2021, at which time he was diagnosed with schizophrenia and substance use disorders. He was determined to be SMI. At his timely DCP on this same date, he refused a mental health referral, indicating that he was hoping for a mandated program through TASC. He was referred to CRAN. He was not homeless.

At five subsequent 30 day follow up contacts between July 2021 and January 2022, no changes were made to his DCP.

After his release, he connected with CRAN with the assistance of his brother, and CRAN arranged for mental health follow up at an outpatient program.

Findings:
Referral/appointment: ineligible
SMI: appropriate
Case management: appropriate
Supportive housing: ineligible

Case 98, May GPMEDS97, was a 29 year old woman incarcerated from March 4 until May 17, 2022. She was housed in GP at her timely CTP on March 21, at which time she was diagnosed

with generalized anxiety disorder and substance use disorders. Functional impairments were noted which were attributed to substance use and partially to her trauma history. She was determined not to be SMI.

At her timely DCP on March 24, she was referred to Realization. She was provided with a referral form, and the program was contacted to ensure that they would accept the referral.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 99, May GPMEDS103, was a 38 year old man incarcerated from October 5, 2021 until May 19, 2022. He was not referred to MH until February 23, 2022. He was housed in GP at the time of his timely CTP on March 7, where he was diagnosed with complicated bereavement and alcohol use disorder. He was determined not to be SMI. At his timely DCP on March 15, he was provided with an appointment at The Bridge and given a referral form noting the specific date and time of his appointment. SW obtained a specific appointment date and time, indicating that the program accepted their referral. He was later referred to Fedcap outside of SW's involvement.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 102, May MO16, was a 29 year old man incarcerated from February 24 until May 27, 2022, returning from Mid-Hudson Forensic Psychiatric Center. He was housed in MO at the time of his timely CTP on March 2, at which time he was diagnosed with schizophrenia and cocaine use disorder. He was determined to be SMI. At his timely DCP on this same date, he was referred to CASES and CRAN. He was given a referral form, but there is no indication that SW attempted to contact CASES to confirm that they would accept the referral. He was noted to be eligible for SPOA "but will reserve submissions until a more definitive idea of client's legal proceedings." He was not homeless.

The 730 mobile team followed his case and noted that his legal team was working on an ATI with placement at Harbor House, but there are no subsequent SW contacts until his ACL on May 26 indicating that he was accepted for residential placement at Harbor House. SW had no role in effectuating this placement.

Findings:
Referral/appointment: inappropriate (no contact with program. While he received an ATI, neither MH nor SW participated in or assisted with the development of this ATI. Therefore, we are rating SW's efforts, which did not result in a DCP.) ***Upon review: changed to appropriate (see below)***
SMI: appropriate
Case management: inappropriate (SPOA application should have been completed. See above). ***Upon review: changed to ineligible (see below)***
Supportive housing: ineligible

***CHS response**: Case 102 was rated inappropriate for referral/appointment (no contact) and for case management. CHS disagrees with these findings on the following grounds. CHS often does not participate in the development of court ordered ATI plans unless clinically appropriate assistance is requested or a preexisting DCP is utilized. In MOST cases residential placement (e.g., Harbor House) is secured by either a MHC, legal team or monitoring advocacy agency. SW completed the discharge paperwork with the residential treatment information once it was provided to staff. Staff completed request for meds to the program pharmacy, MGP, and scanned program letter provided by the attorney. Completion of ATI should have made this case appropriate. Pt followed by 730 MT who obtains legal updates and relays this information to SW. They are multiple notes prior to release indicating discussion with legal re possible residential disposition.*

SPOA would not be a necessary service due to him entering residential program making him ineligible for SPOA assignment.

Monitors response: We agree that defendants did what was needed in this case. We are changing the ratings to appropriate for referral/appointment and to ineligible for case management.

Case 103, May MO28, was a 25 year old man incarcerated from October 20, 2021 until May 17, 2022. He was referred to MH as a routine referral on October 22, 2021. On October 28, 2021, the Legal Aid SW wrote to MH requesting that he be seen for what they viewed as a mental decompensation. He was seen for his initial assessment on October 29, 2021.

He was housed in MO at the time of his timely CTP on November 2, 2021, at which time he was diagnosed with other specified trauma and stressor disorder and substance use disorders. The MH clinician did not document a functional assessment. He was determined not to be SMI. At his timely DCP on November 4, 2021, he refused discharge planning services. The SW wrote "DCP services will be reoffered at another time. Should anything change, DCP will be updated accordingly."

The CM was on suicide watch for most of November and December and then was moved to GP in early January. His last TPR occurred on January 12, after which time he had recurrent bridge orders, renewing medications without seeing him.

He was next seen on April 13 by a prescriber, reporting that he "capped out, I should be going back home on May 18."

There are no subsequent SW contacts.

Findings:

Referral/appointment: inappropriate (SW did not return to reoffer services to this CM as they had planned after his initial refusal, and the treatment team failed to initiate referrals to SW as his situation changed)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 105, May MO38, was a 54 year old man incarcerated from December 25, 2019 until May 5, 2022. He was housed in MO at the time of his timely CTP on January 2, 2020, at which time he was diagnosed with a substance induced mood disorder and substance use disorders. He was

determined not to be a SMI. At his timely DCP on January 9, 2020, he refused referrals indicating that he would return to Bronx Lebanon on his own after release.

On January 30, 2020, he requested to discontinue mental health services, and the prescriber began tapering his medications. Despite this, he remained on the MH caseload, and on March 17, 2020, he requested more medications.

On April 15, 2020, his diagnosis was changed to opiate induced depression and PCP and cocaine use disorders.

The CM was seen by SW to discuss SSI on June 2, 2020, but the session was deferred due to COVID. At a TPR a month later, there was no indication of a referral to SW, but the note indicates he reported an ongoing SSI case with representation by private counsel.

After numerous missed appointments, he was seen by a prescriber on September 10, 2020, at which time he requested assistance completing SSI forms. He was advised to discuss this with SW.

After numerous missed appointments and bridge orders, he was seen for a TPR on December 23, 2020. He reported that his family was attempting to find a program for him. When he was seen by a prescriber a week later, he was noted to be off all psychiatric drugs, and his remaining medication, clonidine, was transferred to medical for blood pressure control. From this point on, he was followed only by the clinician.

After numerous missed visits, he was seen for a TPR on May 19, 2021. He requested an ACL or a program. However, because he was not keeping his MH appointments, he was discontinued from the mental health caseload. There are no subsequent mental health contacts in his record.

On January 18, 2022, he participated in a social work orientation, and he reported having "received an SSI favor [sic] decision." However, he was not seen for a full DCP at this point, or during the remainder of his incarceration.

A KEEP note on May 3 indicates that he was going to be released at court to follow up at Samaritan Village.

Findings:

Referral/appointment: inappropriate (while SW saw him in January 2022, they did not reoffer DCP services)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 106, May MO49, was a 33 year old man incarcerated from March 14 until May 16, 2022. He was hospitalized several weeks prior to being remanded, and he remained hospitalized at BHPW until April 20. At his timely CTP in the hospital on March 17, he was diagnosed with bipolar and substance use disorders. No SMI assignment was made by the hospital, though he was later determined to be SMI at AMKC. In the hospital, he declined to sign the unexpected release form on March 15.

On March 1, prior to being remanded, his SW noted that he was on parole but had not yet been violated. She noted a prior SPOA assessment, waitlisting him for ICM, as well as a prior AOT order that had expired in November 2021. She also documented prior treatment at Fortune Society but that he was not on medications. He reported having a place to live in Brooklyn.

On March 8, the SW noted that he had active Medicaid, but that he might not be able to return to his prior residence.

After he was discharged from the hospital, he had a DCP on April 28, 2022, missing the 7 business day deadline, and only 18 days prior to his eventual release. He was referred to CRAN, but he refused a mental health referral and supported housing.

He was civilly discharged, and CRAN followed up with him at the ER. He presented to CRAN on May 17, one day after release. CRAN helped him initiate benefits applications and obtain medications. CRAN was unable to complete his PA application because he could not provide a social security number. He requested mental health follow up near his Wards Island shelter, and he also requested supported housing. CRAN indicated that they would refer him to a CONNECT provider. A few days later, he returned to CRAN, and they obtained an appointment for him at Housing Works. He continued working with CRAN for the next several weeks, and he eventually engaged in treatment at Metropolitan.

Findings:
Referral/appointment: ineligible
SMI: appropriate
Case management: appropriate
Supportive housing: ineligible

Case 107, May MO52, was a 38 year old man incarcerated from April 20 until May 24, 2022. He was housed in MO at the time of his timely CTP on May 3, at which time he was diagnosed with schizophrenia. Numerous functional impairments were noted, and he was determined to be SMI. At his timely DCP on May 11, he was referred to Metropolitan Continuing Day Treatment and to the Nathaniel Clinic. There is no indication that SW attempted to contact either program to confirm that they would accept the referral, but the walk-in hours for Nathaniel clinic were noted. He was given a referral form for both programs, but the walk-in hours for Nathaniel clinic were not included. SW initiated a CRAN referral and contacted both SPOA and AOT to determine if he had existing cases. CRAN was unable to connect with him during or after his incarceration.

Several notes indicated that he was living at the Creedmoor Transitional Living Residence prior to his incarceration, but there is no indication that SW attempted to contact Creedmoor to clarify what services he had been receiving there or to determine if he could return. He was not offered a 2010e "due to his presentation", which was very psychotic and disorganized.

SW did not follow up regarding their initial attempt to contact SPOA and AOT.

Findings:
Referral/appointment: inappropriate (no effort to determine if he could return for clinical care at Creedmoor, referral form did not include Nathaniel clinic walk-in hours, there is an ACL that includes the walk-in hours, but there is no indication that this was given to the CM) ***Upon review: changed to appropriate (see below)***
SMI: appropriate
Case management: inappropriate (no referral for higher level case management, no follow up on their inquiry to SPOA/AOT)
Supportive housing: inappropriate (no effort to determine if he could return to residential care at Creedmoor) ***Upon review: changed to ineligible (see below)***

CHS response*: Case 107 was rated inappropriate for referral/appointment, SMI, case management and supportive housing. CHS disagrees with these findings for all four areas for the following reasons. Supportive housing was sent to CRAN and two housing providers*

during the patient's earlier incarceration. He was provided with a referral to Metropolitan Continuing Day Treatment program. The program was outreached but voicemail was left. CHS reiterates that Nathaniel CASES is a program frequently used by CHS and therefore there was no need to confirm acceptance of referral. Furthermore, Nathaniel referral form was signed & scanned into client's chart on 5/12/22—the referral form documented Met & CASES on the same paper. The paper included walk in hours and was signed by the patient. A CRAN referral was made.

The last time the patient received support at Creedmoor was in 2019. CHS knows that Creedmore (or other state hospitals) do not take these types of patients back once they leave residence without going through an inpatient admission again (unless arrested while still actively staying - if bed remains available). This would not have been the case given how much time had passed since the patient last resided there. As a result, there was no need to confirm.

Monitors response: The case was rated appropriate for SMI.

With regard to the referral, we are changing the rating to appropriate, as the SW did provide the class member with a referral form to Metropolitan Continuing Day Treatment and attempted to contact this program.

With regard to case management, we are not changing the rating. This class member clearly needed higher level case management beyond that that could be provided by CRAN. At minimum, a SPOA referral should have been initiated, especially as it is now clear that he had not been connected to Creedmoor in several years. SW should have followed up with their initial inquiries to SPOA and AOT.

Given that he was no longer connected to Creedmoor, he appears to have been eligible for a supportive housing application. While not raised by defendants in their response, the class member refused a supportive housing application when offered two weeks prior to release. His instability was well documented in the medical record, underscoring the importance of intensive or assertive case management to facilitate post release efforts to engage this highly disconnected class member. We are changing the rating to ineligible.

Case 108, May MO73, was a 41 year old man incarcerated from March 15 until May 20, 2022. He was housed in MO at the time of his timely CTP on March 22, at which time he was diagnosed with other specified schizophrenia and cannabis use disorder. No functional assessment was documented. He was determined to be SMI. At his DCP, which missed the seven business day timeline, but which was completed 49 days prior to his eventual release, he was referred to Bellevue and to the Nathaniel clinic. SW attempted to contact Bellevue, and they noted the Nathaniel Clinic's walk-in hours, but the CM did not sign referral forms. He was also referred to CRAN, and SW noted as well that he "may benefit from SPOA, AOT, however there is not enough history/lacks recent hospitalizations to support application." He accepted a supported housing application, but this was not completed or submitted.

CRAN engaged with the CM during his incarceration. On May 16, CRAN completed an online referral to the Nathaniel Clinic, and the next day, CRAN informed SW of the response

from the clinic, providing an appointment for the CM. CRAN also inquired as to the status of the CM's supported housing application.

SW completed an ACL on May 18, documenting the appointment. SW did not follow up regarding the 2010e application.

Findings:

Referral/appointment: appropriate (based on the appointment obtained by CRAN during the course of the CM's incarceration)

SMI: appropriate

Case management: appropriate

Supportive housing: inappropriate (2010e was not submitted)

Case 109, May MO78, was a 24 year old man incarcerated from March 3 until May 25, 2022. He was housed in MO at the time of his CTP, which was completed 6 days late on March 21 after four missed visits for reasons including his refusal to engage (twice), his not being produced, and his remaining asleep at the time of the appointment. He was diagnosed with other specified schizophrenia and substance use disorders, and he was determined to be SMI. He had a timely DCP form completed on March 29, but he did not participate in the session. He was documented to have refused all DCP services.

The CM was transferred to BHPW on April 2, where he spent the remainder of his incarceration. Initially, he was catatonic, and he required high dose benzodiazepines to stabilize. When seen by the SW on April 26, he was not able to participate in the discussion. He was somewhat better on May 3, but he "declined to participate and again did not sign… unexpected release form."

On May 10, the SW wrote a "remote" note, documenting that he was not homeless and would not need a 2010e. He "continues to decline to participate."

When seen by SW on May 16, he was much improved. SW contacted his attorney, who reported that he expected the CM to be found fit to proceed and anticipated an ROR. SW noted that "if patient is released, he will transfer to a civil unit…will return to live w his family when discharged to the community with follow up."

On May 17, the psychiatrist wrote that "if RORd, will likely need transfer to civilian unit… 19W SW will begin arranging aftercare/supports for him in the community." The next day, the CM signed an unexpected release form indicating that he would return to live with his family in Jamaica. The SW documented referrals to both Bellevue and Woodhull walk in clinics.[5] There is no indication that SW attempted to contact either program to confirm that they would accept the referral.

The BHPW record indicated that he was transferred to a civilian unit after his criminal commitment was resolved.

Findings:

Referral/appointment: inappropriate (There is no rationale for the specific referrals he was given, especially given their distance from his home. Neither program was contacted.) ***Upon review: Removing case from cohort (see below)***

SMI: appropriate

Case management: inappropriate (No referral for case management. While the unexpected release form includes some information about CRAN, the information is outdated and did not

[5] There is no indication that Woodhull had walk-in hours, according to the most recent A list provided by CHS.

include current CRAN addresses. There was no consideration as to his need for higher level case management.) ***Upon review: Removing case from cohort (see below)***
Supportive housing: ineligible

H+H response*: This patient was transferred to the civilian unit after discharge from the Forensic Psychiatry Inpatient unit. The Forensic Social Worker notes that walk-in clinics are listed on the unexpected release form which the patient signed. The Monitors take issue with the Social Worker not calling these walk-in clinics to confirm they would accept a referral. However, as the patient was being transferred to the civilian unit, he would and did receive full discharge planning services. While on the BHPW, the patient was being worked up for first episode psychosis and Social Workers were exploring referrals to OnTrack and NYC START (documented in notes), but the patient was released and transferred before these referrals could be made.*

Monitors response: There are some notes by the psychiatrist documenting that the team "began discussions of aftercare planning, reaching out to NY OnTrack about a possible referral" on May 17. The May 18 unexpected release form was not accompanied by a contemporaneous note by the SW explaining the clinical rationale for the referrals made, as required by the stipulation. The unexpected release form does not include any reference to the possible OnTrack referral. In a May 24 progress note, the psychiatrist documented that 'he was agreeable to… continuing his mental health treatment in the community, possibly via OnTrack (he noted he has been speaking about aftercare plans with his family and lawyer)."

Given this sequence, and his transfer to the civilian unit where discharge planning reportedly continued, we are removing this case from the cohort. While the referrals to Bellevue and Woodhull both were distant from his home and were unsupported by a clinical rationale, the focus shifted to a program specifically designed for people like this class member, and this apparently could not be effectuated during the short time during which he remained incarcerated. Had he been released directly to the community, the plan at the point of release would have been clinically inappropriate. However, he was instead moved to another inpatient setting at the end of his incarceration where aftercare planning could continue, in a venue beyond our scope of review.

Case 110, May MO100, was a 57 year old man incarcerated from October 25, 2021 until May 6, 2022. On October 27th, 2021, he was referred STAT to mental health, but he was not seen until November 8, 2021, after he missed four visits due to DOC nonproduction.

He was housed in MO at the time of his CTP on November 30, 2021, which was 15 days late. He was diagnosed with other specified schizophrenia and substance use disorders. Numerous functional impairments were noted, and he was determined to be SMI. At his timely DCP on December 8, 2021, he refused referrals for mental health treatment and CRAN, but he was referred to both AOT and SPOA. He reported prior housing via HASA.

On December 16, 2021, he was waitlisted by SPOA.

At a 30 day follow up on January 12, he requested a referral to CRAN, but he was not reoffered a mental health referral.

SW submitted the AOT referral on January 26.

There were no updates to his DCP at the 30 day follow up on February 1.

At CRAN's initial attempts to engage him, he refused to engage, but he reached out to CRAN on April 7, asking about a possible ACT referral. CRAN referred him to his SW and also indicated they would reach out to the SW and to his defense attorney. After this point, CRAN engaged with him repeatedly and worked to arrange for referrals to various programs. Eventually CRAN obtained appointments for him at BRC, East Village PROS, and HASA. After he was released from court, he presented to the CRAN office and was provided with his appointments at PROS and BRC. SW completed an updated DCP on the day of release, documenting these appointments.

Findings:

Referral/appointment: appropriate (based on the appointments obtained by CRAN during his incarceration)
SMI: appropriate
Case management: appropriate
Supportive housing: ineligible

Case 112, May MO109, was a 58 year old man incarcerated from August 6, 2021 until May 25, 2022. His CTP on August 30, 2021 was 13 days late, after five missed visits because of nonproduction by DOC. He was diagnosed with bipolar and substance use disorders. No functional assessment was documented, and he was determined to be SMI. After three missed visits because of nonproduction by DOC, a DCP form was completed by chart review on September 10, 2021, but no services were offered.

At a SW DCP orientation on November 1, 2021, he accepted supported housing, and an HRA 2010e application was submitted. However, on November 16, 2021, the application was rejected by HRA because he was "not stable."

He received a DCP on November 19, 2021, well beyond the 7 business day timely, but 187 days before his eventual release. He was referred to Emma Bowen Community Mental Health and to his prior Health Home. He was not given referral forms. SW contacted the Health Home, who informed SW that they would have to speak to the supervisor to determine how long his case would remain open. He was also referred to CRAN, SPOA and AOT, and SPOA waitlisted him for FACT on December 20, 2021. He also accepted supportive housing, and his application was resubmitted on November 29, 2021. The application was approved on November 30, 2021, and it was sent to CRAN, SPOA, AOT and two housing providers. He advised the SW that he was a veteran who had been "dishonorably discharged and is therefore ineligible for VA services."[6]

At a 30 day follow up on December 21, 2021, there were no updates. SW did not follow up regarding his Health Home slot.

At a 30 day follow up on January 27, he reported that his attorney was exploring program options.

At a 30 day follow up on March 21, the CM said that he is "trying to get some MH services in the community prior to discharge," but the SW did not respond with any DCP interventions, merely noting that the "patient reports no changes to DCP."

At a 30 day follow up on May 6, the CM informed SW that he was going to be released to a program on May 25. This was confirmed by his attorney a week later, who indicated that he

[6] Many dishonorably discharged veterans are ineligible for VA benefits, but there are processes by which some such individuals may receive a "discharge upgrade," rendering them eligible for some VA benefits. See https://www.va.gov/discharge-upgrade-instructions/#other-options.

would be "released to MH court where he will be monitored by the court and connected to outpatient treatment program…. Patient [will] be staying with a female friend and has provided the friends information to the court." An ACL completed on May 24 included an appointment the next day at Bailey House and Housing Works.

Findings:

Referral/appointment: inappropriate (did not confirm he could return to Health Home, and no contact with Emma Bowen) → appropriate (ATI)
SMI: appropriate
Case management: appropriate
Supportive housing: appropriate

Case 113, May MO123, was a 50 year old man incarcerated from January 6 until May 13, 2022 after returning from Kirby Forensic Psychiatric Center. He was housed in MO at the time of his timely CTP on January 11, at which time he was diagnosed with other specified schizophrenia. He was determined to be SMI. After two missed appointments, one due to court and the other because the class member remained asleep, SW missed the 7 business day timeline for completing the DCP, but it was completed on February 4, 98 days prior to his eventual release. He was referred to his prior provider, Gouverneur, and the SW noted that "the provider has been verified and is accepting referrals." He signed a referral form. While he was noted to be previously living in an SRO, he was not eligible for supportive housing due to his undocumented status. He declined case management.

On May 3, the 730 mobile team documented a potential release on May 13. He was seen for a 30 day follow up on May 9, and there were no changes made to his DCP. On May 12, a civil commitment was initiated, and he was discharged to the Elmhurst ER for a civil discharge on May 13.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 114, May MO133, was a 31 year old woman incarcerated from March 15 until May 26, 2022, having returned from Mid-Hudson Forensic Psychiatric Center. She was housed in MO at the time of her timely CTP on March 17, at which time she was diagnosed with other specified bipolar and alcohol use disorders. She was determined to be SMI. At her timely DCP on March 23, she was referred to her prior provider, Elmhurst, and she was given a referral form. There is no indication that SW attempted to contact the program to confirm that they would accept the referral. She was also referred to CRAN. She accepted a supportive housing application, which was submitted on March 23 and approved on March 25. The approval was sent to CRAN and two housing providers.

At a 30 day follow up on April 23, social work noted that she was in the process of being referred to Greenhope. In a progress note on May 17, SW noted that she had been accepted into this program with an admission date of May 26. This was documented in an updated DCP as well. A letter from Greenhope indicated that she was required to arrive before noon on May 26 and requested that she be transported to the program.

Findings:
Referral/appointment: inappropriate (no contact with program) → appropriate (ATI)
SMI: appropriate
Case management: appropriate → ineligible (ATI)
Supportive housing: appropriate → ineligible (ATI)

Case 115, April GPNOMEDS68, was a 58 year old man incarcerated from August 19, 2021 until April 12, 2022. He was housed in GP at the time of his CTP, which was completed 13 days late on September 20, 2021. He was diagnosed with cocaine induced psychosis and alcohol use disorder, and numerous functional limitations were attributed to his substance use. He was determined not to be SMI. No DCP was completed.

In a TPR on November 12, 2021, he reported that he wanted a program but noted that his attorney did not think it was possible. At his next TPR on February 4, he reported that his lawyer thought that he now might be eligible for a program. He asked if the social worker could contact the Legal Aid social worker, and he was informed that "MH staff can be contacted by LAS office if it is necessary." At his last TPR on April 4, he reported that "he is getting ready to be released into a SU tx program Serendipity in Brooklyn." None of these TPRs resulted in a referral back to SW in order for a DCP to be completed.

Findings:
Referral/appointment: inappropriate (No DCP. While he received an ATI, all information regarding the ATI came from the CM; neither MH nor SW participated in or assisted with the development of this ATI. Therefore, we are rating SW's efforts, which did not result in a DCP.)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 118, April MO113, was a 40 year old man incarcerated from November 24, 2021 until April 14, 2022. He was housed in GP throughout his stay, and there was no indication that he was ever transferred to MO. He was referred STAT to MH on November 26, 2021, but he was not produced by DOC on three consecutive days, from November 29-December 1. The initial assessment was completed on December 2, 2021.

No CTP was completed for this class member. Numerous appointments did not result in a CTP for various reasons, including

- DOC nonproduction (5 occasions),
- CHS cancelled due to "staffing" (3 occasions). and
- his leaving the clinic without being seen (one occasion).

The last attempted CTP was on March 24.

His diagnoses according to his IMHATP and PsychBasic were adjustment and substance use disorders, and he was not SMI.

On April 8, he refused to meet with SW, and they returned on April 13, only to conclude that the DCP could not be completed "at this time due to the rescheduling of the CTP." A DCP was completed on April 14, the day of his release, at which time he was provided with an appointment on May 20 at All Meds Family Health Center, which he requested. He signed a referral form and an ACL documenting this appointment.

Findings:
Referral/appointment: inappropriate (All Meds does not provide either behavioral health or medication-assisted treatment services, and the appointment was more than 28 days from the day of release, as is expected for GP class members)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

CHS response*: Case 118 was rated inappropriate for referral/appointment. While CHS agrees that the appointment was more than 28 days from release date, we disagree about the appropriateness rating of the referral. Damian Family Health Center does provide behavioral health and pharmaceutical services. Also, although SW is not primarily responsible for referring patients for medication-assisted treatment services, this was completed by the KEEP provider. KEEP providers are very familiar with the community-based treatment centers that provide SU treatment services, including MAT.*

Monitors response: In the record provided for our review, there is no reference to Damian Family Health Center. There is also no indication of any referrals made by KEEP. Regardless, his appointment was beyond the 28 day requirement, as defendants acknowledge. We are not changing the rating in this case.

Case 119, May GPNOMEDS120, was a 28 year old man incarcerated from August 29, 2021 until May 31, 2022. He was first referred to mental health on January 2022. He was housed in GP at his timely CTP on February 5, at which time he was diagnosed with adjustment and alcohol use disorders. He was determined not to be SMI. At his timely DCP on February 15, he was referred to Realization Center. SW provided him with a referral form and contacted the program to affirm that they would accept the referral. Subsequently, he was mandated to a program without the involvement of SW.
Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 120, May GPNOMEDS137, was a 21 year old man incarcerated from January 11 until May 13, 2022. He was housed in GP at the time of his CTP, which was completed 45 days late on April 12 after numerous missed visits, once because he was in court, but otherwise due to DOC nonproduction. He was diagnosed with adjustment and substance use disorders, and he was determined not to be SMI. No DCP was completed for this CM after numerous missed appointments due to refusals and DOC nonproduction. The last attempted DCP was on April 21.
Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 121, May GPMEDS59, was a 31 year old woman incarcerated from March 22 until May 7, 2022. She was housed in GP at the time of her timely CTP on March 30, at which time she was diagnosed with major depression, other specified trauma and stressor disorder, and substance use disorders. She was noted to have numerous functional limitations, and she was determined to be SMI. At her timely DCP on March 29, she was referred to Realization Center and signed a referral form. SW contacted the program and confirmed that she could be referred there. She was also referred to CRAN. She was not homeless.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: appropriate
Supportive housing: ineligible

Case 122, April MO91, was a 27 year old man incarcerated from December 24, 2020 until April 2, 2022. He was referred to MH STAT on December 25, 2020, but was not seen because he refused twice, on December 26 and 31, 2020, and subsequently because he was not produced by DOC on January 12, 13 and 14, 2021. He was sent to BHPW on January 14, 2021, having decompensated significantly.

At Bellevue, he was initially hospitalized on the medical unit because he had developed delirium and rhabdomyolysis. He subsequently spent another 8 days on the psychiatric unit, where he stabilized on medication. SW offered him unexpected release forms on two occasions, but he did not sign either one. His initial CTP in the hospital was completed on January 15, 2021, but no SMI determination was made.

After he returned to jail on January 29, 2021, he had a CTP on February 5, 2021. With regard to his level of functioning, the clinician noted

> "In reviewing Pt's functioning limitations, we see a Pt who has multiple crisis hospitalizations as a result of his maintain abstinence and medication compliance outside of a structured environment. Pt is unable to maintain employment or to attend to the basic needs of housing and food and clothing without substantial community support. Pt's most recent arrest and incarceration that could result in substantial prison time is opined to be a result of poor medication compliance resulting in poor decision making. This poor insight into his mental illness and need for TX is also seen as a functioning limitation."

Despite that summary, they adopted a diagnosis of substance induced delirium/psychosis, rule out bipolar disorder, and cannabis and alcohol use disorders.

Upon his return, SW attempted to see him for a DCP on February 11, 2021, but he left prior to being seen. A few hours later, he was sent back to the hospital, and they noted that he was unlikely to have been abusing substances.

His second hospitalization lasted from February 12 until March 1, 2021. During this admission, his diagnosis was changed to bipolar disorder. Again, he did not sign an unexpected release form when offered it on February 16. After his return to jail, he was seen by the psychiatrist, who adopted the bipolar diagnosis, and he was considered SMI.

After returning to jail, he had a DCP completed on March 5, long after the 7 business day deadline, but 393 days prior to his eventual release date. The SW noted the diagnosis of bipolar disorder but considered him not to be SMI. He accepted a referral to Housing Works East New

York Community Health Center. He signed a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

In jail, he did not take his prescribed medications regularly, and he decompensated and was readmitted to BHPW, from March 25 until April 22, 2021. He was placed on a long acting injectable medication. Again, he did not sign the unexpected release form. His discharge diagnosis was bipolar and K2 use disorders.

After returning to jail, a second DCP was completed, on April 30, 2021. His SMI status was ambiguous on this document, with "no" in one place but "yes" in another. His referral to East New York Health Center was reiterated, and he was also referred to Bridge Back to Life. He signed a referral form for the latter program, but there was no indication that SW attempted to contact the program to confirm that they would accept the referral. He was also referred to CRAN, SPOA and AOT, indicating that SW now considered him to be SMI. SW confirmed that he could return to live with his mother after release.

No changes were made to the DCP at his 30 day follow up on May 28, 2021.

On June 15, 2021, AOT closed his case because they determined that he was unlikely to be released soon.

At a 30 day follow up on June 30, 2021, SW documented that his attorney was getting a social worker assigned to his case. At the next 30 day follow up on July 28, 2021, SW noted that he now had a social worker assigned through his criminal defense attorney at BDS.

On August 13, 2021, SW resubmitted an AOT application at the request of the class member's legal team.

No changes were made to the DCP during 30 day follow-ups on August 25 or September 22, 2021.

In late October, 2021, CRAN engaged with the class member and initiated a referral to East New York.

No changes were made to the DCP during 30 day follow-ups on October 27, November 30, December 30, 2021, or February 22, 2022.

On March 30, the BDS SW contacted SW regarding a likely upcoming release, requesting referrals for substance use treatment and ACT. SW provided BDS with information regarding the previous discharge plan, and BDS was satisfied knowing that he had engaged with CRAN and that he was NYCSAFE and was pending eventual ACT assignment. SW Prepared an ACL and the CM signed it, signifying his awareness of the previous referrals.

Also on March 30, CRAN submitted a referral form to East New York Community Health Center. On April 4, two days after his release, CRAN contacted the CM at his mother's home and advised him of this referral. CRAN arranged an appointment for follow up, and he presented to CRAN on April 6 as required by his court mandated ATI.

Findings:
Referral/appointment: inappropriate (SW did not contact programs) → appropriate (CRAN ATI)
SMI: appropriate
Case management: appropriate
Supportive housing: ineligible

Case 124, June GPMEDS66, was a 40 year old man incarcerated from October 29 until June 28, 2022. He was referred STAT to MH on October 30, 2021, but he was not seen until November 22, 2021; there was no indication in the record as to why this assessment was delayed. He was housed in GP at the time of his timely CTP on December 6, 2021, at which time he was

diagnosed with other specified trauma and stressor disorder and adjustment disorder. He was determined not to be SMI. At his timely DCP on December 15, 2021, he was referred to The Bridge. He signed a referral form, and SW contacted the program to affirm that they would accept the referral. He signed and aftercare letter reiterating this referral on the day of release.
Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 125, June GPMEDS80, was a 40 year old man incarcerated from February 5 until June 8, 2022. He was housed in GP at the time of his CTP on March 2, 8 days late. He was diagnosed with other personality disorder and substance use disorders. He was determined not to be SMI. At his timely DCP on March 11, he was referred to the Bronx VA, his prior provider. He signed a referral form, and SW contacted the program to affirm that they would accept the referral.
Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 128, June GPNOMEDS4, was a 22 year old man incarcerated from December 6, 2021 until June 21, 2022. He was housed in GP at the time of his CTP on January 4, 12 days late. He was diagnosed with adjustment disorder and substance use disorders with a provisional diagnosis of other specified trauma and stressor disorder. He was not considered SMI. At his timely DCP on January 11, he was referred to CASES. He signed a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. There were no 30/90 day follow up notes in the record, and SW did not see him again.
Findings:
Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

> ***CHS response****: Case 128 was rated inappropriate for referral/appointment. CHS does not agree with this finding because we reiterate that the CASES clinic is a clinic that we referred cases to very often. We are in ongoing communication with this clinic as it is one of the few clinics in the city solely dedicated to justice-involved individuals. We know that they take our patients and do not feel the need to confirm every time that we make a referral.*
>
> **Monitor response**: See Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 129, June GPNOMEDS22, was a 44 year old man incarcerated from December 30, 2021 until June 2, 2022. He initially refused MH on January 1, but he later requested MH and was seen on February 5. He was seen by as prescriber and was started on prazosin on February 11.

He was housed in GP at the time of his timely CTP on February 19, at which time he was diagnosed with other specified trauma and stressor disorder and substance use disorders. He was noted to be functionally limited due to his substance use problem and was not considered SMI. At his timely DCP on February 23, he was referred to Woodhull and signed a referral form. There was no indication that SW attempted to contact the program to confirm that they would accept the referral.

A prescriber note on May 26 indicated that he had been "found suitable for residential treatment" and would be mandated to Samaritan Village. An updated DCP and ACL were prepared, documenting this new plan. While there was no indication that he signed the ACL, he was noted to be going to Samaritan Village directly from court.

Findings:
Referral/appointment: inappropriate (no contact) → appropriate (ATI)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 131, June MO105, was a 30 year old woman incarcerated from May 3 until June 24, 2022 on a parole violation. She was housed in MO at the time of her timely CTP on May 9, at which time she was diagnosed with schizophrenia and cocaine use disorder. She was considered SMI. At her timely DCP on May 13, she was referred to Bridge FACT, who were contacted to affirm that they would accept the referral. She signed a referral form. She was also referred to Susan's Place Health Center. She was noted to have an existing 2010e approval through March 8, 2023 which was forwarded to FACT and to two housing providers. She was noted to have been living in supportive housing prior to incarceration.

While her PRDU SW exerted some effort to arrange for an ATI, the aftercare letter on her release date included the referrals to her FACT program and to Susan's Place.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case management: appropriate
Supportive housing: appropriate

Case 132, June MO106, was a 43 year old man incarcerated from December 26, 2021 until June 27, 2022 on a parole violation. He was referred STAT to MH on December 28, 2021, but he was not seen until January 7, 2022. His IPATP indicated that he was residing in an SRO prior to incarceration. He was housed in MO at the time of his CTP on January 20, 6 days late. He was diagnosed with schizoaffective and substance use disorders, and numerous functional limitations were noted. He was considered SMI. At his timely DCP on January 14, he was noted to have a prior ACT program, but it was anticipated that he would be discharged from the ACT program if his incarceration lasted longer than 90 days. He was referred to Woodhull, and he signed a referral form. There was no indication that SW attempted to contact the program to confirm that they would accept the referral. He was referred to CRAN (though CRAN did not receive the referral until March 18), and SW noted that he had an active SPOA but that they would resubmit a SPOA application if he remained incarcerated in April. He was also noted to be under an AOT order through October 1, 2022. The SW also noted a prior 2010e approval, which was not included in the medical record.

On March 18, SW noted that he "does not need a SPOA at this time, he is currently connected to Welllife Network Brooklyn ACT."

On April 15, SW noted that he "is not ready to be referred to AOT at this time due to the strong possibility that the patient will serve significant upstate time."

On June 7, a court collateral note documented communication from the PRDU indicating a parole court hearing was held on May 9, resulting in a 6 month term, with an expected release date of June 27.

At a TPR on June 17, he reported his upcoming discharge and requested assistance with discharge planning. He reiterated this request on June 24, when seen by mental health.

On June 27, the day of release, an ACL was prepared referring him to CRAN and to Welllife ACT. He signed the ACL. He told SW that he intended to call his ACT program to reconnect. SW emailed the ACL to his ACT team and his AOT monitor.

On June 30, an OHIS follow up note indicated that he did initiate contact with his ACT program, rendering the original referral to Woodhull and the delayed referral to CRAN unnecessary.

Findings:

Referral/appointment: inappropriate (he had a known release date but was not given an appointment) ***Upon review: changed to appropriate (see below)***

SMI: appropriate

Case management: appropriate (as he reconnected with ACT)

Supportive housing: inappropriate (the prior 2010e approval was not in the record, and it was not forwarded as required. Also, he was in supported housing prior to incarceration, and there was no indication that SW confirmed or attempted to confirm that he could return.)

CHS response*: Case 132 was rated inappropriate for referral/appointment and for supportive housing. CHS does not agree with these findings because the progress notes documents continued contact with ACT team (ACT was the main service provider). ACT models conduct patient outreach in the community. This patient was provided with CHS issued cellphone in which DCP note indicates that the ACT team contact was programmed into the phone. A later progress note also indicates that the patient will call ACT team (Julie) as soon as he is in the community in order to reconnect. There was no need to make an appointment given this release plan and connection with ACT. We believe that CHS took extra steps to connect this patient to services and that this was an appropriate provider.*

Monitors response: With regard to the referral/appointment, the record is clear that he was aware of and planned to follow up upon release with his prior ACT worker, and that he did indeed follow up after release. In the context of CHS's efforts and a referral to an ACT team that remained actively involved with the class member during his incarceration, we are changing the finding to appropriate.

Case 133, June MO 110, was a 42 year old man incarcerated from May 9 until June 15, 2022. He was referred to MH on May 11, but his May 12 IMHATP was "CHS cancelled". He was seen on May 16. He was housed in MO at the time of his CTP on June 1, 9 days late after two delays, one for DOC nonproduction and a second one due to having been cancelled by CHS. He was diagnosed with schizoaffective and substance use disorders and was considered SMI. The DCP was not done by the June 10 due date, and when it was attempted on June 15, he was in court.

There was no indication as to the reason for the delay. No DCP was completed for this homeless, SMI class member.

Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate
Case management: inappropriate (no DCP)
Supportive housing: inappropriate (no DCP)

Case 134, June MO 112, was a 29 year old man incarcerated for March 18 until June 3, 2022. He was housed in GP during his entire incarceration. DOC did not produce him for a CTP on five occasions in April and May, and he refused to come to the clinic for a CTP on May 18, the last scheduled appointment.

On April 22, when seen for substance use disorder treatment, he requested a referral for a mental health evaluation.

On April 26, he was seen by a prescriber who diagnosed him with substance induced anxiety.

On May 11, a prescriber changed his diagnosis to generalized anxiety and substance induced anxiety disorders, and the prescriber began medication for trauma symptoms although he did not diagnose a trauma disorder.

He was not seen by SW until the day of release, when he refused a referral.

Findings:
Referral/appointment: inappropriate (no DCP, refused only on the day of release)
SMI: appropriate (based on the prescriber notes)
Case management: ineligible
Supportive housing: ineligible

Case 135, June MO118, was a 41 year old man incarcerated from March 28th until June 23, 2022. He was housed in MO at the time of his timely CTP on April 6, at which time he was diagnosed with schizophrenia and cocaine use disorder. He was noted to have significant functional impairments and was considered SMI. At his timely DCP, also on April 6, he was referred to KCH partial hospital. He signed a referral form to the KCH Department of Psychiatry. There is no indication that SW attempted to contact the program to confirm that they would accept the referral. He was also referred to CRAN. SW noted that they were unable to determine if he needed higher level case management or AOT because he would not consent to a PSYCKES review. He accepted the offer of supportive housing, but SW noted that they were deferring the application until he improved clinically.

At a 30 day follow up on May 26, he reported having recently been sentenced and expected to be released in July. Several notes indicated a projected release date of July 28. No changes were made to the discharge plan. SW contacted CRAN on this date, who informed them that he had refused multiple attempts by CRAN to engage him.

CRAN was able to engage with him via a videoconference on June 7, and he accepted their services. CRAN indicated that they would refer him to Exodus.

For reasons not documented in the medical record, his release date was advanced to June 23, and on June 22, walking medications and e-prescriptions were prepared for him. He was given an ACL reiterating the prior referral to KCH partial hospital.

CRAN initiated outreach after this unexpected discharge. Initially they were unable to find him, but he walked into the CRAN office on July 13 and followed up as directed a few days later.

Findings:

Referral/appointment: inappropriate (No contact with KCH, which would be required especially for a partial hospital referral. No appointment was made for him after he was known to have a projected release date.)

SMI: appropriate

Case management: appropriate

Supportive housing: inappropriate (SW did not return to complete the application after he became clinically more stable)

Case 136, June MO131, was a 38 year old man incarcerated from January 20 until June 6, 2022. He was housed in MO at the time of his CTP on February 2, three days late, after he refused on January 27 and CHS cancelled on January 30. He was diagnosed with bipolar disorder and was noted to have significant functional impairments. He was considered SMI. At his timely DCP on February 9, the CM informed the SW completing his DCP that he "enlist[ed] into the Military in 2008 and was placed at Fort Jackson. Clt reports being active for 3 months before being psychiatrically discharged." He was referred to CASES and signed a referral form. There was no indication that SW attempted to contact the program to confirm that they would accept the referral. He accepted a referral to CRAN, and although SW was aware of prior AOT and SPOA involvement, SW was unable to determine if he needed higher level case management because he refused access to PSYCKES. He accepted a 2010e application.

The CM was hospitalized at the BHPW from March 23 until April 21. He did not sign the unexpected release form when offered on March 25. While in the hospital on March 31, CRAN contacted the hospital SW asking her to initiate a CRAN referral, as it had not been initiated prior to his hospitalization. CRAN also indicated that the CM's attorney reported that the court was willing to offer an ATI, and that CRAN would assist with residential referrals. The hospital SW again offered an unexpected release form on March 31, but he refused to sign it.

On April 7, the hospital SW noted that he was not clinically stable enough to be referred to a residential ATI, according to CRAN. On April 14, CRAN reiterated that they were awaiting clinical stabilization before initiating residential referrals.

After he was discharged back to jail, the SW noted on a 30 day follow up on April 22 that the class member had court on April 27 and was hoping for an ATI.

CRAN continued to work with him over the next month. On May 24, CRAN emailed SW, requesting that they complete a 2010e application. SW responded later that day affirming that this would be done.

At a 30 day follow up on June 2, there were no changes to the DCP. SW did not make any comment regarding a 2010e application. The next day, at a TPR, the CM reported he was going to a program. An ACL was completed on the day of release indicating placement at Harbor House.

Findings:
Referral/appointment: inappropriate (no contact with CASES, did not consider a possible VA referral) → appropriate (ATI)
SMI: appropriate
Case management: appropriate
Supportive housing: inappropriate (the application was not completed) → ineligible (residential ATI)

Case 137, June MO 137, was a 25 year old woman incarcerated from February 1 until June 27, 2022 after returning from Mid-Hudson Forensic Psychiatric Center. She was housed in MO at the time of her timely CTP on February 3, at which time she was diagnosed with schizophrenia and substance use disorders. She was considered SMI. At her timely DCP on February 5, she was referred to Catholic Charities Corona PROS and signed a referral form. There is no indication that SW attempted to contact the program to confirm that they would accept the referral. She also accepted a CRAN referral. She reported living in NYCHA housing prior to incarceration.

At a 30 day follow up on March 12, SW noted that a mitigation report was being considered, though the current offer included state time. The case was in negotiation.

At a 30-day follow up on April 13, the class member reported that she was now being considered for an ATI and TASC. A video conference with TASC was scheduled for April 18.

A SW note on May 11 indicated that TASC was in the process of initiating residential program referrals. TASC requested that she be transitioned to long acting injectable medications in preparation for her eventual placement.

On June 1, she was accepted to Harbor House, with an admission date yet to be set. This remained uncertain as of June 15, as the placement was pending review by the MH court.

On June 28, the 730 mobile team documented her release the previous day, when she was transported to Harbor House.

Findings:
Referral/appointment: inappropriate (no contact) → appropriate (ATI)
SMI: appropriate
Case management: appropriate → ineligible (ATI)
Supportive housing: ineligible

Case 138, June MO 138, was a 48 year old man incarcerated from August 4, 2021 until June 1, 2022. He was referred STAT for mental health care on August 12, 2021. However, he was not produced for an initial assessment on 17 occasions between August 20 and October 8, 2021. He was finally seen for an IMHATP on October 15, 2021, where he appeared very psychotic. He was sent to MO, but the next day, he was sent to the Bellevue ER for an evaluation. He was not admitted, and he was seen by a prescriber on October 21, 2021 and started on medications.

His CTP was completed on October 26, 2021, 4 days late. He was diagnosed with schizoaffective and substance use disorders and was considered SMI.

At his timely DCP on October 29, 2021, he refused mental health referrals and supportive housing. He accepted a CRAN referral, but SW noted that they were "unable to determine whether or not a SPOA/AOT application should be submitted on his behalf due to not having access to PSYCKES." However, there are numerous notes in the record indicating that PSYCKES information was available and that it indicated prior ACT involvement.

SW could not complete a 30 day follow up on December 10, 2021, because he was in court. At the next 30 day follow up on February 3, 2022, the CM "informed writer that his atty is looking at diversion programs for him… provided writer with consent to contact his atty…. he did not request that any changes be made to his DCP at this time." There was no indication that the SW reviewed the prior DCP or reoffered the services he had previously refused.

When seen by MH on February 9, he "expressed his desire for a payee and/or inpatient substance use treatment. Patient was encouraged to speak to his atty… Pt's SWDP will be notified as well." There was no indication that SW received or responded to this referral. Neither mental health nor SW staff followed up regarding these requests at the next TPR on February 16 or at the next 30 day follow up on March 3.

The CM was on suicide watch from February 9 until March 1.

On February 28, SW documented having received word from CRAN that they would be closing his case due to repeated refusals by the CM to engage. Nonetheless, on March 3, at a 30 day follow up, SW documented "no changes to DCP," and while the note states that the case was "discussed with treatment team [and] relevant records were reviewed," it is unclear if this SW was aware of the CRAN decision to close the case.

A MH note on March 24 indicated that he reported a possible ATI. However, at the next 30 day follow up On April 13, SW documented that "patient reports no changes to his DCP." There was no indication that SW offered any changes to the DCP.

There were no subsequent SW contacts.

Findings:

Referral/appointment: inappropriate (no indication that SW reoffered services when he was clinically more stable, and especially after discussions about a potential ATI were initiated)

SMI: appropriate

Case management: inappropriate (no indication that SW responded to CRAN's closing the case, and no indication that they revisited the question of higher level case management)

Supportive housing: inappropriate (no indication that SW reoffered services when he was clinically more stable)

***CHS response**: Case 138 was rated inappropriate for referral/appointment, case management and for supportive housing. CHS disagrees with these findings for the following reason. There are multiple DCP follow-up notes prior to the patient's release. The language does not explicitly state "reoffer" but it is implied in the nature of the notes, which state that "no changes requested to DCP."*

There is a note on 2/28 documenting the CRAN case closure due to patient's refusal. A patient's refusal of CRAN does not indicate that the patient meets criteria for a higher level of care. While there was a noted history of ACT (2017) and inpatient care, the patient refused to give any further details when asked.

There was not enough evidence to support a successful SPOA application in 2021 (patient refused to consent to CHS obtaining PSYCKES; prior PSYCKES was from 2018 with info too old for current use; last noted hospital visit was also in 2017).

On 10/28, there is no indication that the patient was not stable enough to refuse services. All follow up notes indicate no changes, suggesting that services were discussed each time.

Monitors response: Our review of the three 30 day notes in this file does not indicate that the SW affirmatively reviewed the initial DCP with the class member – in which he refused all services – and then reoffered services. The statements made are vague and often use passive voice, rendering them difficult to interpret. We generally conclude that a statement that the "patient requests no changes to DCP" or "patient reports no changes to DCP" as indicating a class-member-initiated statement rather than a response to a staff-initiated inquiry. As the basis for defendant's response is an "implication" different from the conclusions we draw, we are not changing our ratings for appointment/referral or for supportive housing.

With regard to case management, there is evidence in the record that the class member might have been eligible for higher level case management. The DCP documents a "significant history of inpatient psychiatric hospitalizations" and prior ACT involvement. He was homeless at the time of incarceration. We did not conclude that his refusal of CRAN indicated a need for a higher level of care. Rather, we concluded that SW did not follow up regarding the possibility that he needed a higher level of care given his level of psychopathology and his social disconnection. We are not changing the rating in this case.

Case 139, June MO140, was a 27 year old man incarcerated from October 13, 2021 until June 15, 2022. After his routine referral to mental health on October 15, 2021, he was not seen by mental health until November 6, 2021, after numerous missed visits, mostly due to DOC nonproduction. He was housed in MO at the time of his timely CTP on November 10, 2021, at which time he was diagnosed with other specified trauma and stressor disorder and substance use disorders. Despite documented functional impairments including criminal justice involvement, loss of a primary caregiver, chronic substance use, and lack of adaptive coping skills, he was considered not SMI. At his timely DCP, he was referred to Postgraduate and was given a referral form. There was no indication that SW attempted to contact the program to confirm that they would accept the referral. There is also no explanation as to why he was not referred to St. John's, his prior provider, which was located close to where his father lives.

At a TPR on January 27, his diagnosis was changed to major depressive disorder, along with substance use disorders, and his SMI status was changed to yes. SW saw him for an updated DCP on February 1, reiterating the original referral to Postgraduate, still without attempting to contact the provider. The class member now reported that his father was selling his home and he would be homeless; he accepted an offered HRA 2010e. SW also initiated a referral to CRAN.

CRAN engaged with him for an initial assessment on February 16. However, the CM refused a follow up video conference with CRAN on February 24. CRAN met with the CM on March 4, engaging with him regarding benefits and educational/vocational goals after release.

On March 17, SW documented that CRAN was closing the case due to lack of contact with the CM. The CRAN file did not indicate that they were closing the case.

The CM refused CRAN meetings on April 14 and 21. On April 29, SW documented that CRAN was requesting updated medical records. This was the last SW contact in the record.

The CM again refused to meet with CRAN on May 4, prompting CRAN to reach out to SW to "encourage the client" to participate. However, the CM refused again on June 1. In response, the CRAN clinical coordinator indicated that she would "have the client added to the in-person visit with our Bronx CRAN Rikers liaison, [and] if that was impossible, we would add the client to the CHS clinical meeting list." On June 9, the CRAN Program director documented not

having heard back from SW and concluded that "this case might be placed on the CHS clinical meetings list." On June 10, CRAN again asked SW to "reengage the client concerning CRAN services."

The SW supervisor responded on June 13 that she would "follow up with [the assigned SW] and get back to you." A MH note in the jail medical record on June 13 indicate that "as per EPIC chart review, [CM] was found hanging by a sweatshirt" in what was determined to be a suicide attempt. He was "transported to the hospital from court." According to the CRAN record, CRAN closed the case on July 6 due to "client deceased."

Findings:

Referral/appointment: inappropriate (no contact with Postgraduate, no indication that SW attempted to contact or considered referring the CM to his prior provider)
SMI: appropriate
Case management: appropriate
Supportive housing: inappropriate (SW did not complete or submit the 2010e)

Case 140, June MO148, was a 29 year old man incarcerated from February 3 until June 8, 2022. He was housed in MO at the time of his timely CTP on February 11, at which time he was diagnosed with other specified bipolar disorder, rule out schizoaffective disorder, and cannabis use disorder. He had significant functional impairments and was determined to be a SMI. At his timely DCP on February 13, he was referred to Montefiore, his prior provider. He received a referral form, and SW contacted the program to confirm that he could return. He was also referred to CRAN. He was not homeless.

SW saw the class member before a 30 day follow up on May 13, documenting no changes to the DCP.

At a TPR on May 18, his diagnosis was documented to be schizoaffective disorder.

The class member was subsequently hospitalized for medical reasons at Bellevue, where he remained until his release. CRAN engaged with a class member while he was on the medical unit, and he agreed to follow up with them after release.

He was not released from the hospital until approximately June 21 or 22, and he came to the CRAN office on June 23. CRAN attempted to make an appointment for him at Montefiore, but after learning that there was a 2-4 month waiting list, CRAN initiated contact with Sun River and made him an appointment there.

Findings:

Referral/appointment: appropriate (The experience documented by CRAN indicates that when relevant SW should be documenting additional pertinent information beyond the fact that they made contact with a program to which they refer class members.)
SMI: appropriate
Case management: appropriate
Supportive housing: ineligible

Case 141, June MO149, was a 27 year old man incarcerated from February 12 to June 28, 2022. Initially housed in GP, he deteriorated and was sent to MO on February 24, though his deterioration was thought to be likely to intoxication. At his timely CTP on March 2, he was diagnosed with substance induced mood disorder and substance use disorders. Despite some functional limitations including a history of hospitalizations, difficulty engaging with others, and lack of support in the community, he was considered not SMI.

SW met with him on March 8 to initiate discharge planning. They documented that he was "difficult to meaningfully engage because he was easily distracted… ultimately uninterested in DCP. He told writer he doesn't need services, started dancing, and walked away."

On March 15, he was returned to GP, but on March 20, he again demonstrated bizarre behavior. He was reevaluated and his behavior again was attributed to intoxication. On this occasion he acknowledged having used substances. When meeting with MH, he explicitly requested a referral to a drug treatment program, but he was not referred back to SW to assist him with such a referral.

At a TPR on March 24, he still was demonstrating some odd behavior but denied needing mental health services. However, later that day he was sent back to MO on suicide watch due to continuing concerns regarding his behavior and thinking. He was on and off suicide watch twice during April.

A TPR on May 3 added the diagnosis of adjustment disorder. He remained not SMI.

He returned to MO on June 5, again apparently having used substances. He was returned to GP on June 8.

There are no SW contacts after the initial attempted DCP in early March.

Findings:
Referral/appointment: inappropriate (SW did not return to reoffer DCP. He was ambivalent regarding his substance use disorders during parts of his stay but on at least one occasion explicitly requested a substance use treatment referral.)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 144, April MO160, was a 33 year old man incarcerated from February 22 until April 14, 2022. He was housed in MO at the time of his timely CTP on March 2, at which time he was diagnosed with adjustment and substance use disorders. He was determined not to be SMI. SW missed the seven business day timeline for completing the DCP, but it was completed on March 14, 31 days before his eventual release. He was referred to Housing Works East New York Community Health Center, and he received both a referral form and later an aftercare letter documenting this referral. There was no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:
Referral/appointment: inappropriate (no contact with provider)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

> ***CHS response****: Case 144 was rated inappropriate for referral/appointment (no contact with provider). CHS disagrees with this finding because at the time, Housing Works was working very closely with CHS due to their connection to the MOCJ hotels. We were aware that they were accepting our patients and providing appropriate services and there was no need to confirm every time, as reiterated in other cases above.*
>
> **Monitors response**: See Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 145, May MO57, was a 24 year old man incarcerated from September 14, 2021 until May 13, 2022. Legal Aid reached out to mental health on two occasions, on September 15 and September 23, 2021, requesting a mental health evaluation for their client. He was not produced on September 23 or September 26, 2021, and his initial assessment did not occur until September 27, 2021. He was housed in GP during this period, and he remained in GP at the time of his CTP on October 13, 2021, one day late, after two appointments to which he was not produced by DOC. At this CTP, he was diagnosed initially with other specified conduct and disruptive behavior disorder and with other specified trauma and stressor disorder, and he was designated not SMI. An addendum was added to the CTP on October 14, adding the diagnosis of rule out brief psychotic disorder, and he was designated SMI. Addenda to several other notes also included a diagnosis of rule out brief psychotic disorder and designate him SMI.

After two appointments to which he was not produced by DOC, SW met with him on October 26, 2021, missing the seven business day timeline, but completing the DCP 199 days before his eventual release. At this DCP, SW appeared unaware of the diagnosis of a psychotic disorder, and they considered him not SMI. They referred the CM to Harlem hospital, providing him with a referral form. There is no indication that SW attempted to contact the program to confirm that they would accept the referral.

Two subsequent TPRs, on October 27th and November 10, 2021, included the diagnosis of rule out brief psychotic disorder, but concluded that he is not SMI. However, a TPR on November 12, 2021 changed the diagnosis to schizophrenia and cannabis use disorder, and affirmed that he was SMI.

The class member was hospitalized at BHPW from November 17 until December 2, 2021. The diagnosis of schizophrenia was confirmed.

After his return from the hospital, TPRs on December 6th and December 20, 2021 reverted to the initial diagnosis of conduct and trauma related disorders; however, they retained the SMI-yes designation.

SW attempted to see him on December 22, 2021, but he refused, indicating that his lawyer was going to get him into a program. He refused a 2010e. SW indicated that they would do a DCP by chart review and would initiate SPOA and AOT applications. However, the DCP form was not completed on this date. Later the same day, the Legal Aid SW contacted the jail SW asking about SPOA and a 2010e and indicated he was to be interviewed by TASC for a potential program placement.

A TPR on January 4 retained the conduct and stressor disorder diagnoses. However, the next TPR on January 18, included the diagnosis of schizophrenia.

The CM declined to participate in a 30 day follow-up on January 12.

SW submitted the SPOA application in January 2021.

At a TPR on February 1, the SMI status is changed to no despite retaining the diagnosis of schizophrenia. This was noted to have been reviewed by a supervisor.

In early February, SW learned of an active 2010e approval good through June 7. On February 14, they forwarded this approval to two housing providers.

At the next TPR on February 15, the SMI status reverted to yes.

At a 30 day follow up on February 25, the CM accepted a referral to CRAN.

The CM had a housing interview with ICL on March 11. On March 22, the housing provider recommended “a smaller… more appropriate setting” for the CM.

On April 20, SW sent the housing approval to three more housing providers. SW also initiated the process of securing a phone interview with SSA on this date.

On the day of release, an aftercare letter was prepared that included a referral to CASES. there was no explanation for this new referral. A few days later, at a follow up contact, the class member was documented to have received a scheduled intake at CASES.

CRAN engaged with the CM on the day of release while he was in the emergency room, having been civilly discharged. The CRAN record on May 13 also indicated that he would be following up with CASES. CRAN also documented a SSA phone appointment on May 18 and documented that an AOT application had been submitted. He declined CRAN assistance at that point, and CRAN reminded him that they could come to their office.

Findings:

Referral/appointment: inappropriate (no contact with either Harlem or CASES, and no explanation for the changed referral)

SMI: appropriate

Case management: appropriate

Supportive housing: inappropriate (SW did not offer a reapplication as the expiration of the prior approval approached) ***Upon review: change to appropriate (see below)***

CHS response*: Case 145 was rated inappropriate for referral/appointment and for supportive housing. CHS does not agree with these findings on the following grounds.*

Both Harlem Hospital outpatient clinic (H+H provider) and CASES are services that CHS uses frequently and there is no need to confirm that they accept our patients. The change was made in the ACL. These letters are often done at the time of release when SW are dealing with many demands which might explain why the SW did not document the referral change. However, as previously stated, both programs offer similar services, with CASES focusing specifically on justice involved individuals. This referral was appropriate and in fact, a follow up note indicated that CASES scheduled an intake with the patient. This was a successful outcome.

HRA extended applications expiring from April-Oct 22 to all. We have a 10/31/22 expiration date (HRA document attached 'Extension of Supportive Housing Approvals 2022.pdf'). In addition, significant efforts were made to connect the patient to housing providers with the current application. Multiple attempts were made to find supportive housing including an ICL interview. On 4/20, two notes indicate that the approval was sent to 3 housing providers. No reported concerns from housing reviewers.

Monitors response: With respect to appointment/referral, see Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements. The second referral, to CASES, was made only in an ACL and did not include an explanation as to why the referral was changed and why it was individualized to this class member's specific needs.

With respect to supportive housing, defendants have only now made us aware of this extended approval period. This leads us to change the rating, as the class member had an active approval good for over three months after his release. We note the inefficiency created by defendants only now notifying us of this this critical modification of practice with regard to supportive housing, a key service for many class members, in the context of comments to a draft report.

Case 146, May MO139, was a 37 year old man incarcerated from October 7, 2021 until May 3, 2022, having returned from Mid-Hudson Forensic Psychiatric Center. He was housed in MO at the time of his timely CTP on October 13, 2021, at which time he was diagnosed with other specified schizophrenia, and cannabis and alcohol use disorders. He was noted to have significant functional limitations and was determined to be SMI. At his timely DCP on October 19, 2021, he was referred to Metropolitan Hospital and given a referral form. SW contacted the program to confirm that he could seek treatment at this program. He was also referred to CRAN. SW submitted a 2010e on October 29, 2021. The application was approved on November 1, 2021, and SW forwarded the approval to CRAN and two housing providers on November 3, 2021.

In April, the class member was accepted into a residential ATI at Harbor House. This information was provided to him in an aftercare letter on May 3.

Findings:
Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case management: appropriate → ineligible (ATI)
Supportive housing: appropriate → ineligible (residential ATI)

Case 147, March GPNOMEDS143, was an 18 year old man incarcerated from July 22, 2021 until March 23, 2022. He was housed in GP at the time of his CTP on August 25, 2021, 16 days late after several missed appointments due to DOC nonproduction, CHS cancellation, and CM refusal. He was diagnosed with other specified disruptive, impulse control and conduct disorder and substance use disorders, and he was not SMI. There were numerous refusals for other MH visits during this period as well.

SW completed a DCP form by chart review on September 7, 2021, providing no referrals. A 90 day follow up was scheduled for December 13, 2021, but it did not occur due to CHS-cancelled. He was not produced for several TPRs between September 2021 and February 2022.

At a TPR on February 8, he told the mental health clinician "I've been trying to get referred to MH for a while now." He was referred for a medication reevaluation. There is no indication in the record that his prior DCP was reviewed or that he was referred to social work for an update.

After this point there are numerous visits to which he was not produced for medication evaluations and for TPRs.

An ACL was completed on the day of release which included a referral to Fortune Society, which is located quite far from his home address. No DCP form was completed, and there is no explanation for how this referral arose. There was no signed copy, which would signify that the document was provided to the CM.

Findings:
Referral/appointment: inappropriate (no explanation or rationale for the referral; no indication that he received the ACL; no contact with the provider; program distant from his home without rationale)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 149, April MO48, was a 43 year old man incarcerated from March 7 until April 13, 2022. He was housed in MO at the time of his CTP on March 28, 12 days late. He was diagnosed with

substance induced psychosis and anxiety and substance use disorders. The clinician documented numerous functional limitations, including homelessness, relationship and employment problems, and a long legal/criminal history. He was determined not to be SMI. The DCP was due on April 6. He was moved to GP on this date, and the DCP was never completed.

Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 150, March MO154, was a 33 year old man incarcerated from May 15, 2021 until March 23, 2022. He spent the first three weeks of his incarceration on suicide watch after not cooperating with the medical intake. He was housed in MO at the time of his CTP on June 2, 2021, two days late after he refused on May 28, 2021. He was diagnosed with other specified disruptive, impulse control and conduct disorder and was determined not to be SMI. Subsequently, the diagnosis of borderline intellectual functioning (BIF) was added as well.

He was removed from suicide watch on June 7, 2021, but was placed back on watch from June 11-15, 2021 after scratching himself.

He was seen by SW on June 18, 2021, after the seven business day timeline but many months before his eventual release. However, he barely participated in the session, presenting as "distracted, disorganized, and difficult to engage…. facing away from the SW and never made eye contact…. superficially engaged and difficult to redirect, and he only spoke to the SW for roughly 10 minutes before he turned and walked away."

At a TPR on June 25, 2021, the diagnoses included BIF, conduct and substance use disorders.

A 30 day follow up on July 27, 2021 was not conducted due to "safety concerns on the unit."

The next 30 day follow up on August 25th, 2021 was not conducted because "patient could not be located."

The next 30 day follow up on August 30, 2021 was not conducted because of "safety concerns on the unit."

During this period, there were numerous mental health contacts, medication revaluations, and TPRs.

On September 22, 2021, he was discharged from the MO and transferred to GP. His primary diagnosis was noted to be BIF, and he was said to be "well functioning."

He was sent back to suicide watch on November 14, 2021, after he told staff that he "took pills."

Court collateral notes in November and December, 2021, indicate a potential ATI in progress.

He was returned to GP on December 27, 2021. He was noted to be using substances at times.

On January 19, he was sent back to suicide watch after tying fabric around his neck. A TPR on this date added a diagnosis of rule out schizophrenia and changed him to SMI yes. He was referred back to SW for an updated DCP.

On January 20, SW documented that he was unknown to OPWDD. SW attempted to meet with him on January 31, but they could not do so because he was "locked in due to safety concerns." SW attempted again to meet with him on February 2, but he was at court.

A TPR On February 3 removed the diagnosis of schizophrenia with a very detailed explanation and justification. He was redesignated as not SMI.

Suicide watch was discontinued on February 7, but he remained housed in the MO. There were no further SW contacts after this point.

Findings:

Referral/appointment: inappropriate (inadequate efforts to reengage with the CM over many months. While some attempts were thwarted because of safety concerns, the CM was seen many times by clinicians, and there were times when he was more willing to talk with staff.)
SMI: appropriate
Case management: ineligible
Supportive housing: ineligible

Case 151, June GPMEDS57, was a 61 year old man incarcerated from February 16 until June 9, 2022. He had a projected release date of June 30, 2022. He refused an initial mental health assessment in February but was referred and was seen for an initial assessment on March 19. He was housed in GP at the time of his timely CTP on April 2, at which time he was diagnosed with bipolar disorder, other specified trauma and stressor disorder, and substance use disorders. He was designated as SMI. At his timely DCP on April 9, he was referred to Samaritan Village and was given a referral form. SW contacted the program to confirm that they would accept the referral. He was also referred to CRAN. He accepted a 2010e which was submitted on April 29. There is no approval or rejection of this application in the medical record.

Findings:

Referral/appointment: inappropriate (no appointment for sentenced CM)
SMI: appropriate
Case management: appropriate
Supportive housing: inappropriate (no approval in file, SW did not follow up after submitting the application)

CHS response*: Case 151 was rated inappropriate for referral/appointment and for supportive housing. CHS disagrees with this finding because chart documentation by nursing indicates that the patient was seen as an unplanned release after hours. However, all sentenced releases would be seen and completed in the morning. The patient appears to have been released early unexpectedly. DCP indicates that the release date was projected for 6/30/2022 but he was released on 6/9/2022 making this an unplanned release.*

Monitors response: The DCP form included documentation of a projected release date of June 30. SW called to confirm that Samaritan Village would accept a referral, but they did not request or receive an appointment date and time, as is required for sentenced class members. We are not changing the rating in this case.

Case 152, June GPMEDS60, was a 36 year old man incarcerated from March 9 until June 7, 2022. He was housed in GP at the time of his timely CTP on March 25, at which time he was diagnosed with bipolar and cocaine use disorders. He was noted to have significant functional limitations and was designated SMI. At his timely DCP on March 31, he was referred to Realization Center and was given a referral form. There is no indication that SW attempted to contact the program to confirm that they would accept the referral. He was referred to CRAN, although SW also noted that he reported prior case management at Housing Works. He "refused

2010e application as he states he will work with his previous case manager at Housing Works to obtain housing." However, he refused to provide contact information for this case manager.

According to the CRAN record, the CM's attorney informed CRAN by e-mail on April 19 as follows: "if we can come up with a DCP, preferably one that includes housing and concrete treatment plans… I can make a bail application at the next court date…. [He] tells me he had been in supportive housing before."

On April 27, CRAN noted that the "client's main concern is housing."

On May 12, CRAN informed the CM's attorney that "his rejection of the 2010e was not intentional…. He is more than willing to complete a 2010e. I'll contact his SW to get started on that." CRAN informed SW as such on the same day.

At a 30 day follow up on May 24, SW noted the CRAN had reached out as above. SW had the class member sign consents for a 2010e. However, the application was not completed prior to release.

Findings:
Referral/appointment: inappropriate (no contact with program)
SMI: appropriate
Case management: appropriate
Supportive housing: inappropriate (no reason for delay in SW responding to the referral from CRAN or for not submitting the application in the period prior to release)

***CHS response**: : Case 152 was rated inappropriate for referral/appointment and for supportive housing. CHS disagrees with these findings because Realization Center is a program frequently used by CHS and CRAN. They are in fact located in the same building as the CRAN offices. There was no need to confirm that they accept our patients.*

Monitors response: See Section IV.D.4 where we discuss the requirements of ¶46 and our recommendations that the parties and monitors reinitiate discussions focused on how defendants can meet these requirements.

Case 153, June MO122, was a 35 year old man incarcerated from April 18 until June 13, 2022 on a parole violation. he was housed in GP at the time of his initial mental health assessment on April 20, and it does not appear that he ever was housed in MO. There is no CTP or DCP in this record. He was diagnosed by the prescriber on June 1 with generalized anxiety disorder and opioid induced anxiety. On the day of release, an ACL and a SW note indicated that the CM reported that he was mandated to a program by parole.

Findings:
Referral/appointment: inappropriate (no DCP. While he received an ATI, all information regarding the ATI came from the CM; neither MH nor SW participated in or assisted with the development of this ATI. Therefore, we are rating SW's efforts, which did not result in a DCP.)
SMI: appropriate (based on prescriber note)
Case management: ineligible
Supportive housing: ineligible

Case 154, June MO 123, was a 58 year old man incarcerated from April 25 until June 16, 2022, having returned from Kirby Forensic Psychiatric Center. He was housed in MO at the time of his timely CTP on April 28, at which time he was diagnosed with schizophrenia and was determined

to be SMI. At his timely DCP on April 29, he refused a mental health referral, advising that "he had providers in the community." He refused he referral to CRAN, but SW noted that they would "submit a SPOA referral on his behalf for IMT." They also noted that he meets AOT criteria and submitted an AOT application. He reported that he was not homeless and could live with his daughter. He was released on June 16 after being found competent to proceed in court. He was released on recognizance to a "diversion plea with an emonitoring device."

Findings:
Referral/appointment: ineligible
SMI: appropriate
Case management: inappropriate (SW did not submit SPOA application)
Supportive housing: ineligible

> ***CHS response****: Case 154 was rated inappropriate for case management. CHS believes this finding to be incorrect. SW did indeed submit a SPOA application. The application with a 5/3 submission date was uploaded to the chart, which was scanned in late.*
>
> **Monitors response**: The record provided for review does not contain either a SPOA application or progress note indicating that the application was submitted as planned in the DCP. CHS's comments indicate without providing supporting documentation that an application was completed on May 3 but was not scanned or uploaded into the record at that time. The class member was released on June 16 and the record was produced on August 22. In the absence of CHS providing access to the EMR (see Section IV.A), which could ameliorate many of these problems, we are willing to discuss with CHS if there is more efficient system for them to produce complete, stable documents. We are not changing our rating in this case.

Case 155, June MO125, was a 21 year old man incarcerated from February 23 until June 22, 2022. He was not referred to MH initially, and on March 27, after being assaulted by other inmates, he was sent to the emergency room at Elmhurst after trying to hang himself. He was seen by a psychiatrist in the ER and was subsequently transferred to the Bellevue CPEP for possible admission to BHPW. The CPEP staff agreed that he required admission.

At BHPW, he was diagnosed initially with an adjustment disorder and was admitted for "treatment of depression/possible PTSD." The psychiatrist who treated him documented "symptoms consistent with a trauma-related disorder including nightmares, flashbacks, avoidance, sleep disturbance, hypervigilance." He was treated with prazosin for nightmares, with good effect. By discharge, his diagnosis was adjustment disorder with depressed mood and unspecified trauma disorder. The social worker who worked with the patient during his two-week long BHPW admission documented on two occasions, without explanation, that the "patient is not a Brad H Member and is not diagnoses [sic] with SMI."

After returning from BHPW on April 12, he was seen by a prescriber, who diagnosed unspecified trauma and stressor disorder as well as conduct disorder. He was continued on the medications that he had been started on in the hospital.

The next day, a supervisor changed the diagnosis to other specified trauma and stressor disorder.

At his CTP on April 18, the clinician documented that he met all of the five criteria for posttraumatic stress disorder, including a history of trauma, reexperiencing, avoidance, and mood and behavior disturbances. Nonetheless, the clinician concluded that he "does not meet full

criteria for PTSD" and that his "superimposed mood symptoms of depression" were a reason not to diagnose him with PTSD. The clinician also documented significant functional limitations related to education, criminal behavior, interpersonal conflicts, and poor coping. Despite this, the clinician concluded that he was not SMI.

At his DCP on April 25, which missed the 7 business day deadline and was completed 29 days prior to his eventual release, he was referred to Elmhurst. He was not given a referral form, and there is no indication that SW attempted to contact the program to confirm that they would accept the referral. At his request, He was also referred to TASC and Osborne Association.

Findings:

Referral/appointment: inappropriate (not given referral form, no contact with program)

SMI: inappropriate (CTP should have concluded he had PTSD and was SMI. Mood symptoms not only are not a reason to avoid the diagnosis, the presence of "negative alterations to mood and cognition" is in fact required to make the diagnosis.)

Case Management: inappropriate

Supportive Housing: inappropriate

Focus for remediation: Staff at the PWs require education as to the definition of Brad H class membership. Clinical staff at both the PWs and the jails continue to require education as to how to properly diagnose PTSD.

***CHS response**: Case 155 was rated inappropriate for referral/appointment, SMI and supportive housing. CHS disagrees with the finding and believes that Social Work services that were offered were appropriate based on the SMI designation.*

Monitors response: When cases are found to be SMI No and we determine that this is incorrect, the services that should have been offered to an SMI class member but were not will also be rated inappropriate. As we noted in Report 42 and subsequent reports, a finding that the class member is SMI is a predicate for more intensive services, and the failure to properly determine a person to be SMI results in SW not offering those services. While it may often be true that SW did the best they could given the incorrect assessment, defendants did not provide this class member a clinically appropriate discharge plan given his level of need.

ATTORNEY'S AFFIRMATION OF SERVICE

STATE OF NEW YORK, COUNTY OF NEW YORK ss.:

I, HENRY A. DLUGACZ, an attorney at law of the state of New York, and one of the Compliance Monitors in the matter of Brad H *et. al.,* against The City of New York, *et al.,* being duly sworn, say, depose, and affirm under penalty of perjury that on the 13th day of December 2022, I caused to be served upon the parties named below the FIFTIETH REGULAR REPORT OF THE MONITORS by electronic filing, by electronic mail, and for those who requested, by United States Mail in a pre-paid envelope addressed to the following persons at the last known address set forth after each name:

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Affirmed this 13th
day of December
2022

/S/ Henry A. Dlugacz

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