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

BRAD H., *et al*.,

Plaintiffs,

-against-

Index No. 117882/99
IAS Part 47
Justice Paul A. Goetz

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

Defendants.

FIFTY-FIRST REGULAR REPORT OF THE COMPLIANCE MONITORS

June 23, 2023

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Fifty-First Regular Report of the Compliance Monitors
June 23, 2023

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 Fifty First Regular Report of the Monitors. The report covers defendants' compliance with the Stipulation and orders of this Court for the reporting period of July through December 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."

On April 25, 2023, the parties filed a stipulation and proposed order providing:

1. The Settlement and measures required under the Court's April 18, 2014, September 19, 2014, and April 26, 2021 Orders shall be extended for an additional two years until April 26, 2025. For the avoidance of doubt, the terms of the Settlement, the April 18, 2014 Order, the September 19, 2014 Order, and the April 26, 2021 Order shall now expire on April 26, 2025, subject to the provisions of paragraph 2 below and paragraphs 193 and 194 of the Settlement.

2. Notwithstanding anything herein to the contrary, at any time prior to April 26, 2027, Defendants may, on 60 days' notice to Class Counsel, designate a new expiration date post-dating April 26, 2025. For the avoidance of doubt, any such modified expiration date will be subject to the provisions of paragraphs 193 and 194 of the Settlement.

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 are engaged in ongoing discussions regarding how defendants can provide complete and validated data regarding their performance. We have reached agreement with the parties as to the revised data dictionary, and we have initiated a review of the coding and crosswalk which, when successfully completed, will result in defendants' ability to provide data permitting unqualified compliance findings.

Compliance

Table 1: Compliance Findings, Report 51

Description	Agency	PI	Finding	Section	Chart Reviews	Defendants' data
Appropriateness of SMI assessment	Monitors	2.4	Compliant	IV.D	93%	
Timely Activation of Medicaid	HRA	6.1		IV.C		100%
Timely Unsuspension of Medicaid	HRA	6.2		IV.C		98.1%
Provision of Emergency Benefits	HRA	9.1		IV.C		100%
Processing and Pending of PA Applications	HRA	9.3		IV.C		100%
Direct Placement in Program Shelters	DHS			IV.G		----[2]
Time of Release	DOC			IV.H		98.3%
Timely Completion of Prescreen	CHS	4.1.1	Tentatively compliant	IV.C	96%	98.93%
Timeliness of Initial Assessment	CHS	1.1	Acceptable crosswalk and coding based on the agreed-upon data dictionary are required to permit validation of data: unable to demonstrate compliance	IV.C		83.84%
Timely Completion of Prescreen by ANS	CHS	4.1.2		IV.C		100%
Submission of MA Application	CHS	5.1		IV.C		60.40%
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		87.40%
Provision of MGP Card at ANS	CHS	5.3.2		IV.C		100%
Provision of Medications and Prescriptions upon Release	CHS	7.1.1		IV.C		83.41%
Provision of Medications by ANS-day of Release	CHS	7.1.2		IV.C		100%
Provision of Medications by ANS-after day of release	CHS	7.1.3		IV.C		100%
Provision of Appointments	CHS	8.1		IV.C		87.98%
Provision of Appointments by ANS	CHS	8.2		IV.C		100%
Provision of Referrals	CHS	8.3		IV.C		98.64%
Submission of PA Application	CHS	9.2		IV.C		57.65%

[2] 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.

Table 1 (continued): Compliance Findings, Report 51

Description	Agency	PI	Finding	Section	Chart Reviews	Defendants' data
Submission of HRA 2010e Application	CHS	10.1	Acceptable crosswalk and coding based on the agreed-upon data dictionary are required to permit validation of data: unable to demonstrate compliance	IV.C		57.14%
Forwarding of Supportive Housing Approvals	CHS	10.2		IV.C		100%
Provision of Transportation	CHS	11.1		IV.C		100%
Provision of Transportation by ANS	CHS	11.2		IV.C		100%
Follow-up contacts re: Appointments	CHS	12.0.1		IV.C		96.36%
Follow-up contacts re: Referrals	CHS	12.0.12		IV.C		100%
Follow-up contacts re: Housing	CHS	12.0.2		IV.C		95.89%
Offer of assistance re: Housing	CHS	12.0.3		IV.C		75%
Follow-up contacts re: Appointments by CTCM	CHS	12.1		IV.C		100%
Follow-up contacts re: Referrals by CTCM	CHS	12.2		IV.C		100%
Follow-up contacts re: Housing by CTCM	CHS	12.3		IV.C		100%
Offer of assistance re: Housing by CTCM	CHS	12.4		IV.C		100%
Timely release of Parole Violators	DOC		Unable to demonstrate compliance	IV.I		
Timeliness of CTP	CHS	3.1	Tentatively noncompliant	IV.C	50%	59.24%
Timeliness of CTP - MO	CHS	3.1.1		IV.C	59%	93.26%
Timeliness of CTP - GP	CHS	3.1.2		IV.C	39%	49.45%
Timeliness of DCP	CHS	3.3		IV.C	79%	80.85%
Appropriateness of Appointment/referral	Monitors	3.2	Noncompliant	IV.D	48%	
Appropriateness of Case Management	Monitors	3.2		IV.D	49%	
Appropriateness of Supportive Housing	Monitors	3.2		IV.D	21%	

The Ongoing Impact of COVID

As an ongoing sequela of the COVID emergency described in previous reports, the New York City jail system remains impacted by COVID-19, though it appears that defendants have essentially accommodated to what has become a new normal. Defendants report as follows:

> CHS reports that COVID-19 continued to impact the provision of mental health and social work services within the jails, both directly and indirectly, due to the implementation of COVID-19 control measures which complicate the logistics of care delivery. Throughout this time, new admissions have continued to be cohorted in a single building, requiring the maintenance of concentrated new admission services in one facility.
>
> No other defendant agencies report any updates during this reporting period. (Defendants' response to request for information, Report 51)

This reporting period saw continued problems with production of class members for mental health and social work services. During this reporting period, production by DOC of class members for mental health and discharge planning appointments remained low: patients were produced for 52.8% of mental health appointments and 73.1% 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 deleterious effect on mental health and discharge planning services).

Additionally, this reporting period saw increased vacancies in all job categories providing or supervising social work services except for caseworkers, which remained 67% staffed. Of most concern was the continued decrease in the social work staffing line. Presently, just 15 of 39 allocated positions are filled by permanent staff, with 9 temporary social workers providing assistance. See Section III below.

The overall state of disorder on Rikers Island predictably leads to fear among staff and class members alike, low staff morale, continuing problems with recruitment and retention, and difficulties in performing basic correctional functions such as ensuring a reasonably secure and safe environment or access to needed care and treatment. Discharge planning suffers in the midst of such turmoil. Delays in completing mental health assessments, CTPs and DCPs resulted in 20 (17%) of the 120 class members in the appropriateness cohort being released without discharge plans. Until defendants address this situation, 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.[3] Figure 1 demonstrates that, for most of the past three years, class members accounted for the majority of the population of the New York City jail system.

[3] See https://data.cityofnewyork.us/Public-Safety/Daily-Inmates-In-Custody/7479-ugqb.

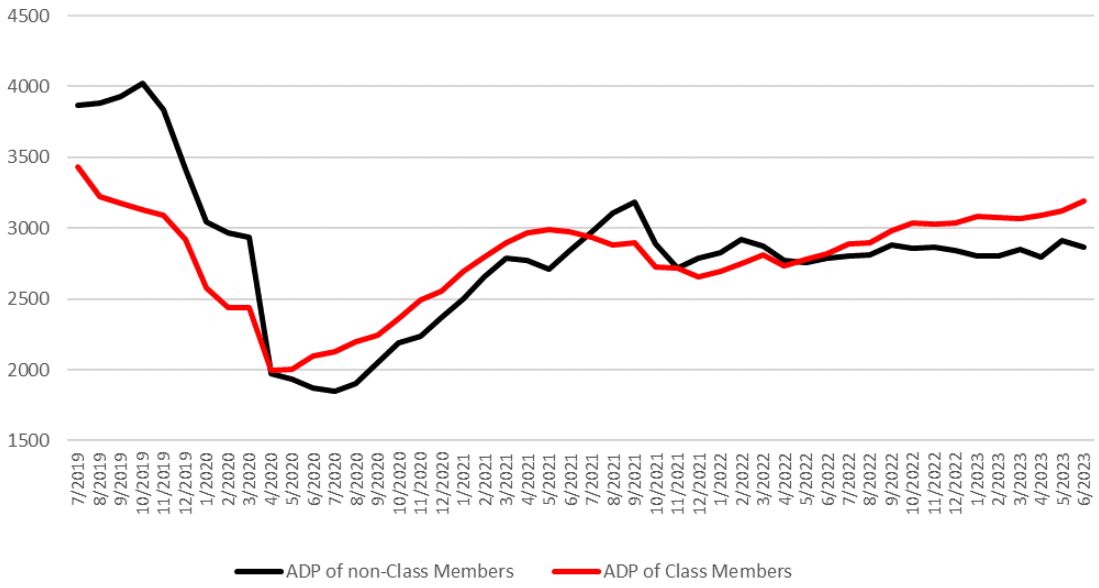


Figure 1: Class Member ADP and non-Class Member ADP, July 2019-June 2023.

Over the past year, class members have accounted for between 50.0% and 53.0% of the DOC population, which, in recent weeks, has surpassed 6,000.[4] Since September 29, 2022, there have been more than 3000 class members incarcerated in the NYC DOC on any given day. The last time there were this many class members in the NY jails was in August 2019, prior to the population decreases related to both bail reform and the COVID pandemic.

The following graph demonstrates the relative changes in three subpopulations (non-class members, class members who are not SMI, and class members who are SMI), comparing their current numbers to those of February 2020, prior to the onset of the COVID pandemic:

[4] 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.

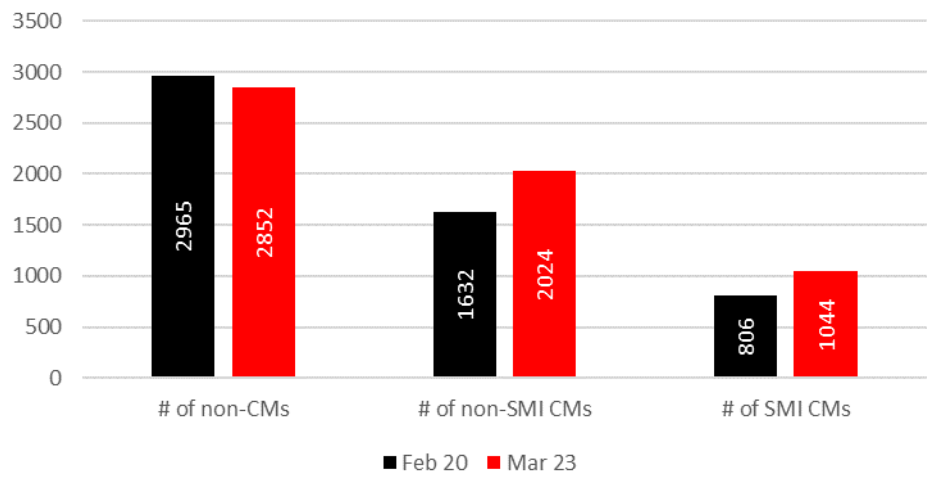


Figure 2: Population changes from February 2020 to March 2023

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 2: 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%
Mar 22	17.64%

One of every six people in the NYC jails is SMI.

While the jail population initially decreased significantly during bail reform and the early months of the COVID-19 crisis, the class member population's representation within the inmate population has steadily increased and remains substantially larger than it was pre-pandemic. For the past year, class members have constituted the majority of the DOC

population. The SMI population also exceeds its pre-pandemic level. 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 50, pp 16-18.

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 indicated that they believed our suggested language to be "unnecessary," because "Social Work already regularly reviews, reoffers,

and resubmits supportive housing applications for class members." Several cases in the 50th report demonstrated that defendants' rejection of our recommendation regarding this policy is ill-advised.

In their comments to the draft 50th report, defendants provided an updated version of policy 3.7, which they indicated was "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 requirement to resubmit new applications to the expiration date of the prior approval, including approvals for class members incarcerated for less than a year. In their comments to the draft report, defendants informed us that "[t]he current practice is to offer patients a new 2010e application within 60 days of expiration of current/prior approval, regardless of length of time served. The language in the Social Work and Re-Entry Procedures Manual will be updated."

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."

Recommendation: On January 3, 2023, we provided detailed feedback to defendants, expressing our concern about the vague "as soon as possible" language in this policy, noting that "[w]hile the stipulation does not include a specific timeframe, we recommend that managers by policy hold staff to some specific expectation in order to ensure that these applications are completed expeditiously." As of the date of this report, we have not received a response to this recommendation.

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 obtaining 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. Defendants now inform us that "The New York State Office of Temporary and Disability Assistance (OTDA) has reviewed HRA Policy Directive 4575, and HRA is in the process of finalizing the policy." (Defendants response to information request, Report 51)

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.[5]

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 50, pp 23-24

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

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

Table 3: Staffing of SW positions as of October 13, 2022

	# of allocated positions	# of positions filled		# who left since 10/13/22	# hired since 10/13/22	# currently in the hiring process	# of vacant positions	Permanent staffing rate
		Permanent	Temporary					
SW Supv.	14	11	0	1	0	1	3	79%
SW	39	15	9	2	0	0	24	38%
Caseworkers	18	12	0	0	0	0	6	67%
Clerical	8	7	0	1	0	0	1	88%e

This shows acute and worsening problems with SW staffing levels. CHS reports that

> "[t]o improve retention and recruitment, CHS has increased the salaries of all social workers, case managers, clerical staff, and social work supervisors. CHS has continued success with recruiting temp social workers who continue to extend their contractual agreements. In addition, CHS is hopeful that higher salaries will begin to attract qualified applicants who are interested in becoming permanent employees." (Response to request for information, report 51)

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 50, pp 24-25.

Discussion:

CHS Trainings: 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. On April 20, 2023, Defendants informed us that "finalized versions of the training has not yet been completed and no training has been conducted since October" (Response to information request, report 51).

On June 1, 2023, CHS informed us of a training on AOT to be held on June 20, 2023. Because of the timing of this training vis-à-vis the production schedule for this report, we will provide any feedback to the parties during the coming reporting period.

Forensic Unit Trainings: In our 50th report, we discussed a "Brad H Policy Review" provided to forensic unit staff in November 2022, and we provided feedback as to the inadequacies of that training as well as recommendations as to how it could be improved. Defendants informed us that

> "This recommendation was accepted, Training on November 16, 2022 reviewed obligations under Brad H stipulation. Continual education and monitoring of compliance with Brad H stipulation is a component of weekly individual supervision with each social worker. The annual group training/Brad H policy review was last held on November 16, 2022. A training will be scheduled for 2023 as well, as we do this annually, unless there are changes that require immediate training." (Response to information request, report 51)

In January 2023, the forensic units participated in a training on the SPOA, the single point of access for various levels of case management.

The forensic units have not provided any further trainings.

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). Previous reports outlined in detail the interference with our monitoring activities resulting from defendants not providing direct access to class members' electronic medical records, and the various attempts they have made to substitute for direct access to the EMR in order to permit us to discharge our obligations under the stipulation.

Key References: ¶¶120, 121, 122, 123 and 148; Report 24, pp 35-37; Report 50, pp 25-26; Decision and Order on Motion, April 26, 2021.

Discussion: This situation remains unchanged.

Monitoring Issues: To date, we do not have access to the EMR.

In their comments to the draft report, class counsel requested that we find defendants out of compliance with ¶¶120 and 122 of the Settlement and with the Court's April 26, 2021 order directing defendants "to provide the compliance monitors with access to class members' electronic medical records."

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

Background: 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. 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.[6]

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 twice ordered to develop (Court orders of April 15, 2014 and April 26, 2021).

As explained in detail in Reports 45-48, defendants stopped providing compliance data in August 2019. Beginning in November 2021, defendants resumed providing data, beginning with retrospective data from July 2020.

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, December 30, 2021). 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

[6] 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.

> 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.

On July 20, 2022, the parties entered into a Stipulation which included the following provision:

> "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)

In October and November 2022, we entered into discussions with the parties 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 provided a revision on December 20, 2022, to which we provided some minor edits on December 23, 2022. With a few more minor edits, the parties and monitors reached agreement on the data dictionary on January 25, 2023. Subsequently, CHS requested one further edit, which we accepted on March 14, 2023, resolving the final outstanding issue; there is now an agreed-upon data dictionary that allows us to move ahead with next steps.

Current Developments: On March 21 and 22, 2023, CHS provided us with the coding and crosswalk for all of the jail-based performance measures. After initiating our review,

our data expert had a productive initial meeting with CHS's data team on May 3, 2023. CHS will provide some additional material to aid in our expert's review, and follow up meetings will be scheduled as needed.

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 Exhibit 1 of the Forty-Ninth Report. The modified thresholds are applied to the PIs below.

Because, as discussed above, the coding and crosswalk are still under review, we can only make tentative compliance findings for some measures, and we cannot make any findings for others.

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.

Pending acceptable coding and crosswalk permitting defendants to begin producing valid data, we continue to find defendants out of compliance with ¶124. We will utilize 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

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

Key References: Report 50, pp 31-33.

Production rates: Production rates during the fourth quarter of calendar year 2022 were as follows:[7]

[7] CHS production reports are available at https://www1.nyc.gov/site/boc/reports/correctional-health-authority-reports.page. No data is available at this website for the third quarter of 2022. 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.

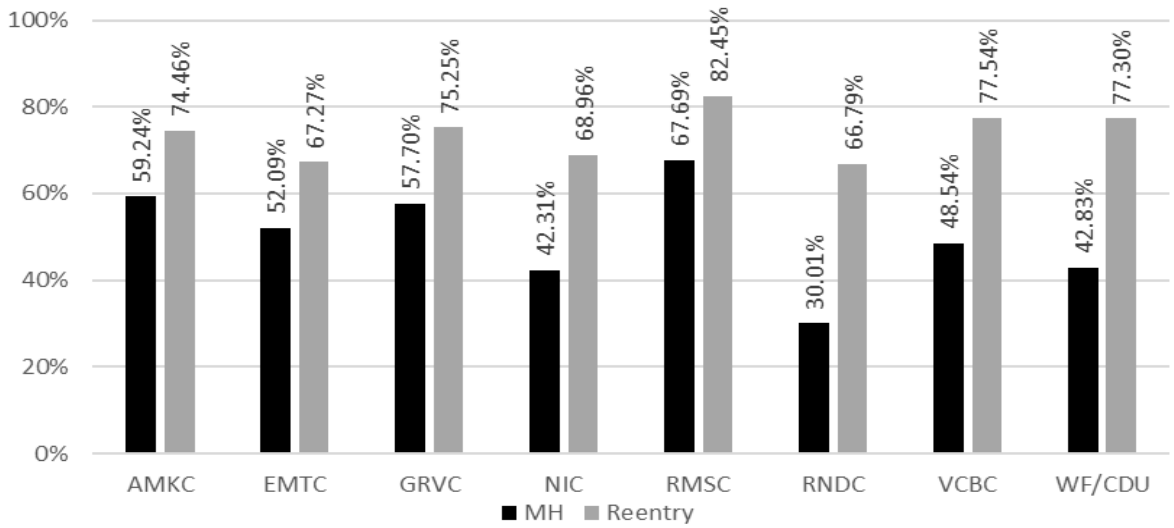


Figure 3: Production rates for mental health and reentry services, by jail, October-December 2022

- For mental health services, the overall production rate was 52.8%, down from 61.4% in the last reporting period.
    - Production rates varied from 30.0% at RNDC to 67.7% at RMSC.

- For reentry services, the overall production rate was 73.1%, up from 68.9% in the last reporting period.
    - Production rates varied from 66.8% at RNDC to 82.5% at RMSC.

Comparing this graph to Figure 3 in our Fiftieth report, it is evident that mental health production decreased in all jails, while reentry production remained relatively stable with the exception of a large increase in production at RNDC.

Table 4: Production rate differences in 51st reporting period compared with the 50th reporting period.

	AMKC	EMTC	GRVC	NIC	RMSC	RNDC	VCBC	WF/CDU
MH	**-15.23%**	**-5.59%**	**-18.91%**	**-12.85%**	**-18.24%**	**-0.83%**	**-1.80%**	**-6.27%**
Reentry	**-0.53%**	3.96%	**-2.97%**	**-4.50%**	**-8.47%**	24.84%	0.77%	**-1.60%**

While reentry production rates have been relatively stable since October 2020, mental health production continues to demonstrate a downward trend, with just under half of mental health appointments not taking place during the current reporting period:

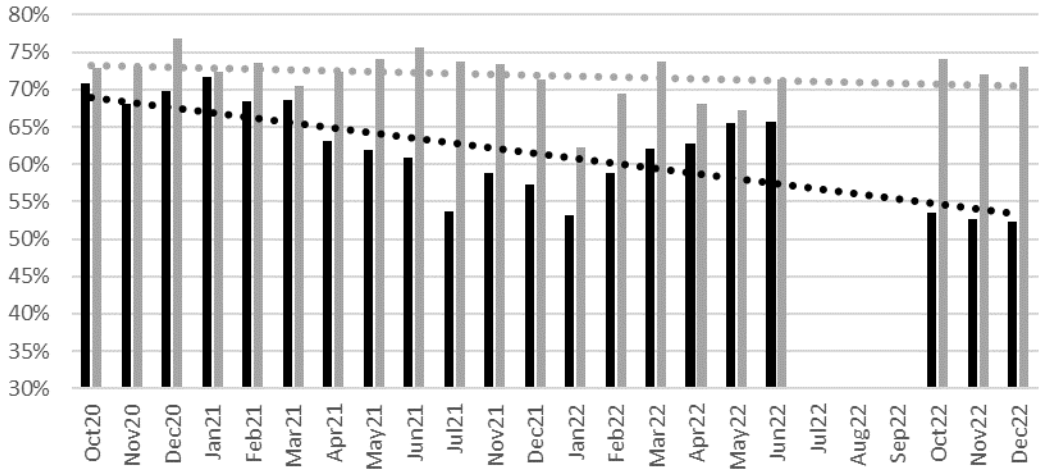


Figure 4: Monthly production rates, October 2020-December 2022.

Given that most clinical and discharge planning services cannot take place if the patient is not present for a service, these low and falling production rates, especially for mental health services, continue to demand urgent attention by defendants. Nonproduction presents a significant impediment to defendants' meeting their performance goals under the Stipulation. This was again evident in the current cohort.[8] Defendants simply cannot provide a mental health or social work service if the class member is not produced. When class members are not produced for initial assessments and treatment plans, they frequently do not receive timely DCP services as a result (see Section IV.D). CHS and DOC should collaborate to determine the reasons for these decreased production rates and rapidly intervene to remedy this unacceptable situation. While there is no set threshold for compliance on the part of DOC, producing class members for mental health appointments 53% of the time and for reentry appointments 73% of the time clearly hinders CHS's ability to comply with their obligations under the terms of the Stipulation.

[8] See, e.g., cases 13, 14, 18, 19, 36, 41, 45, 46, 48, 64, 65, 122, 134, 138 and 147.

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 50, pp 33-34.

Threshold/Expectation: 90%

Compliance: The appropriateness cohort includes data that allows for an approximation of performance during the current reporting period, indicating that 60 of 120 (50%) cases had the CTP completed according to the relevant timeframes, as follows:

- Compliance in MO (7-day requirement): 39 of 66[9] (59%)
- Compliance in GP (15-day requirement): 21 of 54 (39%)[10]

In 46 cases, the CTP was between 1 and 31 days late.[11] In 14 cases, a CTP was not done.[12]

Defendants' performance did not improve during this reporting period when compared with recent reporting periods. Defendants remain tentatively out of compliance.

[9] Cases 19, 23, 39, 43, 48, 58, 64, 87, 98, 124, 129 and 143 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 reiterated 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." We will request information about how these codes are applied to cases in the next reporting period.

[10] Defendants' unvalidated data suggest better performance, especially in the MO: PI 3.1: 59.2%, PI 3.1.1 (MO) 93.3%, PI 3.1.2 (GP) 49.5%.

[11] Cases 3, 4, 5, 7, 17, 25, 26, 30, 34, 36, 43, 46, 51, 54, 57, 61, 75, 76, 78, 85, 86, 88, 89, 92, 93, 96, 98, 101, 102, 104, 109, 110, 111, 121, 127, 129, 130, 131, 133, 135, 137, 140, 148, 149, 152 and 158.

[12] Cases 11, 13, 19, 23, 24, 35, 39, 48, 58, 64, 118, 143, 157 and 158. As Class counsel pointed out in their comments to the draft 50th report, this more than doubles the number of cases in which no CTP was completed since the 48th reporting period.

3.3 Timely Completion of Discharge Plan (DCP)

Subject: Upon completion of a CTP, defendants are required to complete the Discharge Plan (DCP). In July 2022, 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 50, p 34-35.

Threshold/Expectation: 90%

Compliance: The appropriateness cohort includes data that allows for an approximation of performance during the current reporting period, indicating that 77 of 120 (64%) cases had the DCP completed within the 7-business-day timeframe. In 24 cases, the DCP was completed between 1 and 224 days late.[13] In 19 cases, no DCP was done.[14] When measured against the seven business day requirement, defendants' performance did not improve when compared with recent reporting periods.

However, 18 of the 24 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,

[13] Cases 1, 26, 34, 55, 59, 63, 64, 65, 68, 82, 85, 86, 88, 96, 100, 120, 121, 123, 128, 129, 139, 146, 149 and 151.
[14] Cases 5, 7, 11, 13, 17, 19, 23, 24, 35, 39, 47, 48, 58, 75, 118, 127, 143, 157 and 158.

defendants timely completed the DCP in 95 (79%) of 120 cases. [15] Defendants' performance did not improve when compared with the 50th reporting period.

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 50, pp 35-36.

Threshold/expectation: 90%

Compliance: The appropriateness cohort includes data that allows for an approximation of performance during the current reporting period, indicating that defendants timely completed the prescreen in 102 cases in which there was a CTP, and in 13 more cases in which no CTP was completed (using the CTP due date as the timeliness requirement). The prescreen was timely completed in 115 of the 120 cases (96%).[16] Defendants completed the prescreen between 1 and 121 days late in four cases.[17] In case 158, no prescreen was done.

Defendants are tentatively compliant for measure 4.1.

[15] Defendants' unvalidated data suggest slightly better performance for PI 3.3: 80.8%.
[16] Defendants' unvalidated data also suggest compliance with PI 4.1, with a 98.9% compliance rate.
[17] Cases 14, 46, 63 and 116.

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 50, pp 36-37.

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

# of Days after release	# of cases	%
0	0	0.0%
1	3	3.8%
2	46	58.2%
3	20	25.3%
4	7	8.9%
5	2	2.5%
6	1	1.3%
7	0	0.0%
>7	0	0.0%
Total	79	

Defendants reported meeting the required timeframe in 100% of cases and were compliant for the reporting period.

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

# of Days after release	# of cases	%
0	14	5.4%
1	173	66.3%
2	55	21.1%
3	11	4.2%
4	3	1.1%
>4	5	1.9%
Total	261	

Defendants reported meeting the required timeframe in 98.1% of cases.

Three of the noncompliant cases were only slightly delayed, but two class members had their Medicaid unsuspended 20 and 31 business days after release. HRA reported on the reason for the first delay as follows: "Activation delayed due to incorrect data received." No explanation was provided for the second delay.

Defendants were compliant during the reporting period.

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 50, pp 38-39.

Compliance Threshold: 95%

Compliance: Defendants provided reports for June-November 2022. During these months, three class members appeared at a Job Center seeking emergency benefits. One class member, who presented in July, was granted both emergency cash assistance and emergency SNAP benefits. Another, who presented to HRA in November, sought and

received emergency SNAP benefits. A class member who presented in September was not granted either benefit because he "failed to verify identity," which is required in order to be eligible for emergency benefits (Defendants comments to draft 51st report). Defendants were compliant for the months of June-October.

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). Defendants now inform us that "[t]he FIA-1212a form is provided by SW Reentry staff, typically a case manager," and that these forms are given to class members "either at time of [Brad H] orientation or at a later reoffer visit." Staff are to document the provision of this form, among others, in the "MH – Social Work Public Assistance and Food Stamps" progress notes. (Defendants response to information request, Report 51)

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 50, p 39.

Compliance Threshold: 85%

Compliance: Defendants registered 270 of 270 applications on the day of receipt during the current reporting period. They have consistently reported 100% compliance over multiple reporting periods.

* * * * * *

Summary: Defendants were compliant for PIs 6.1, 6.2, and 9.3; tentatively compliant for PI 4.1.1; and tentatively noncompliant for PIs 3.1 and 3.3. We are unable to determine whether defendants were compliant for measure 9.1. 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; amended Stipulation Addendum A; Social Work and Re-Entry Procedures Manual; Monitoring Plan; Court Orders of September 19, 2014, and April 26, 2021; Report 50 pp 39-49.

Compliance: The threshold for compliance is 90% for the SMI assessment, appointment or referral, and case management, and 85% for supportive housing. During the current reporting period defendants provided appropriate services to class members for appointments/referrals in 48 percent (56/117) of cases, appropriate SMI determinations in 93 percent (112/120) of cases,[18] appropriate referrals for case management in 49 percent (29/59) of eligible cases, and submitted and forwarded supportive housing applications in 21 percent (6/29) of eligible cases. As a result, defendants were compliant for SMI assessments but noncompliant for appointment/referral, case management and supportive housing.

Combining the four tasks together, which we assess individually for appropriateness above, 39 percent (47/120) of the cohort received appropriate assessment and discharge planning for all tasks for which they were eligible.

Table 7: Summary of Appropriateness Findings

		Appointment/ Referral	SMI	Case Management	Supportive Housing
Eligible	Appropriate	56	112	29	6
	Inappropriate	61	8	30	23
Ineligible or Not Rated		3	0	61	91
Total cases		120	120	120	120
Defendants' compliance		**48%**	**93%**	**49%**	**21%**
Compliance threshold		90%	90%	90%	85%

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

[18] In their comments to the draft report, class counsel note, correctly, that we assess the appropriateness of the SMI determinations in cases in which no CTP was completed. They "object to the appropriateness findings for SMI assessments in Cases 11, 13, 19, 23, 24, 35, 39, 48, 58, 64, 118, 157, and 158, in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.)

While class counsel are technically correct, we exercised our judgment, taking the medical record as a whole, in determining that there was sufficient information in these records for us to conclude that defendants' SMI assignment was appropriate.

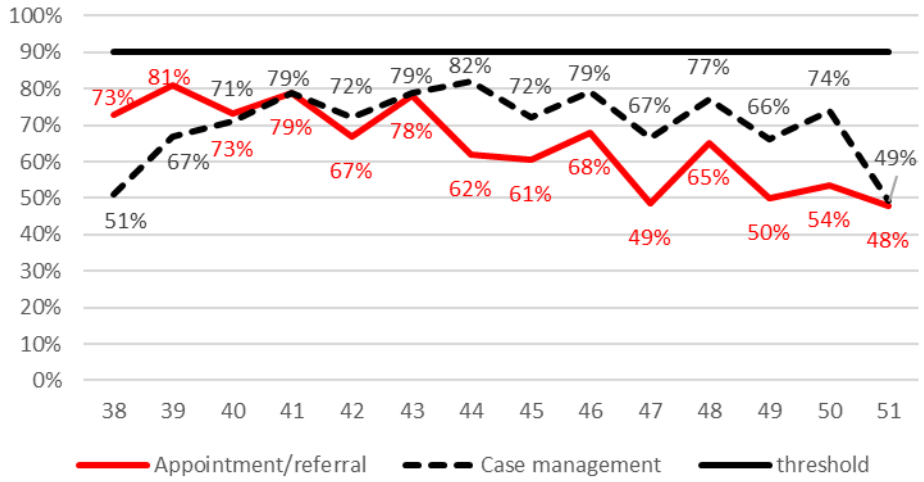


Figure 5: Compliance with Appropriateness Measures: Appointments/Referrals and Case Management, Reports 38-51

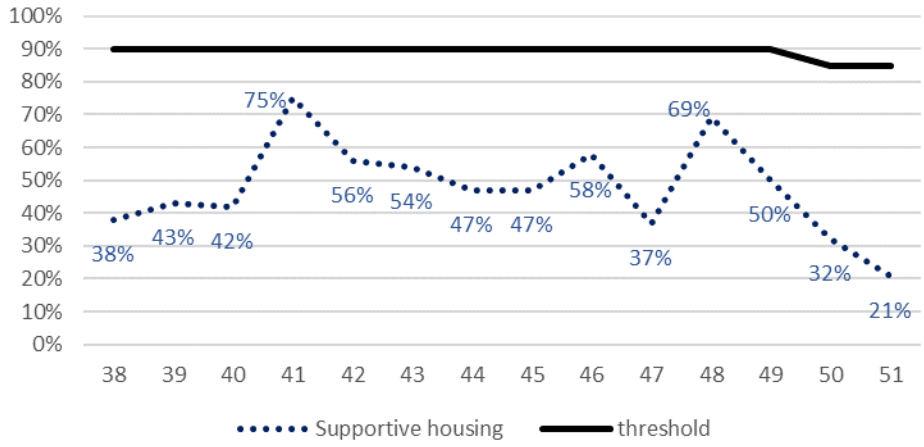


Figure 6: Compliance with Appropriateness Measures: Supportive Housing, Reports 38-51

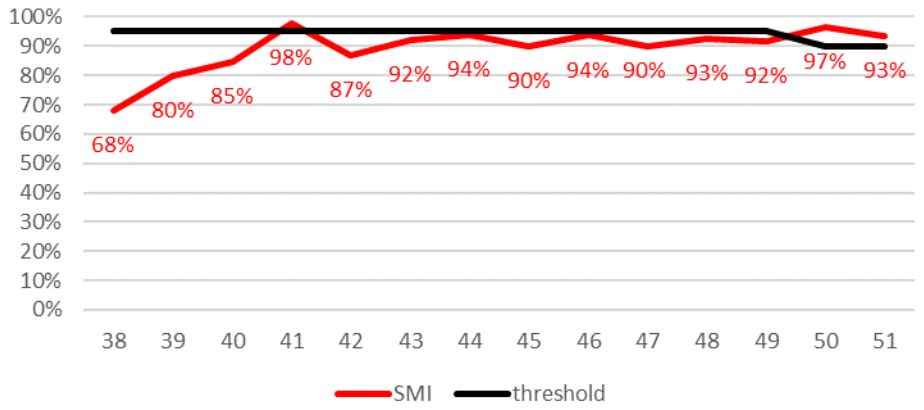


Figure 7: Compliance with Appropriateness of SMI Determinations, Reports 38-51

As compared to the 50th reporting period. Defendants' performance decreased for all four appropriateness measures:

- Appointment/referral -6%
- SMI determination -4%
- Case management -25%
- Supportive housing -11%

Overview: The case reviews in Exhibit 1 highlight some areas of improved performance, including:

- Improved identification of class members with potential intellectual disabilities and coordination with OPWDD (discussed in detail below),
- Fewer referrals for treatment and/or sending of prescriptions to community pharmacies that are geographically inappropriate (but see cases 20, 59, 129),
- Improved identification of class members who are veterans (see cases 55, 66, 80, 138, and 158), and
- Appropriate attention to the post release needs of class members who may reside outside of New York City following release (see, e.g., cases 36, 55, and 80).

Internal Barriers to Compliance: The reviews also revealed a number of areas that defendants will have to address in order to come into compliance. These include:

- Ongoing problems with treatment team integration (see, e.g., cases 46 and 117),
- Continuation of the problem of class members being released without a discharge plan (or where staff only completed a "DCP by chart review"),[19]
- Instances where a referral was documented on the DCP but not provided to the class member,
- Deficits in the provision of individualized discharge planning on the Bellevue Hospital prison ward (over-reliance on the unexpected release form),
- Lack of clarity regarding some class members' Medicaid status,
- Failure to contact programs to confirm that they will accept a referral (e.g., cases 1, 19, 26, 41, 59, 71, 76, 77, 88, 100, 108, 117, 120, 121, 123, 124, 134, 135 and 139),
- Insufficient rationale for the referral (cases 19, 20, 36, 63, 129 and 130),
- A referral that did not meet the class member's needs (cases 20, 64, 128, 131, 140 and 150), and

[19] A "discharge plan" is "the plan describing the manner in which an individual will be able to receive a clinically appropriate level of continuing mental health treatment – as well as assistance in applying for other necessary treatment, services and benefits…." (Stipulation at ¶I.1.bb) As seems self-evident, this requires a direct interaction between the class member and the social worker. A "DCP by chart review" does not fit this definition.

- Case management that did not meet the class member's needs (case 34, 61, 128, 131 and 140)

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 90, 124, 135, 143, 144, where the treatment team did not adequately resolve diagnostic differences or conduct needed additional assessment to clarify differing diagnostic views of the patient; these failures led to our determination that the class member did not receive an appropriate DCP.

   As discussed in detail in the 50th report, we recommend that defendants consider modifying the TPR to require mental health staff to review the DCP when a class member's circumstances change in ways that could affect their discharge planning

needs. This would represent a reversion to something similar to a previously utilized template which required 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 status, the review is not as comprehensive as was previously required and rarely leads to a referral to SW to update the DCP based on the changes noted.

The primary way that SW finds out about changes is via their own periodic follow up with the class member. Policy requires regular contacts between SW and class members at a minimum interval of every 30 days for those housed in MO and every 90 days for those in general population. While SW chart notes are labeled as "30" or "90" day follow ups, the case summaries reveal that these contacts often occur considerably less frequently than required by policy. See, for example, cases 3, 72, 117, 120, 124, 130, 135, 139 and 149, in which the class members had only minimal contacts with SW during what in some instances were extended incarcerations.

Additionally, the chart notes memorializing these contacts generally do not demonstrate that the SW has reviewed the various domains of the DCP (for example appointment, housing, case management, status of benefits and insurance) in light of class member's current situation. Instead, they usually state that the "class member reported no changes to their DCP."

In a well-integrated treatment team, a class member would not go more than a year without seeing a social worker, as occurred, for example, in cases 3 and 139.

While no substitute for meaningful and regularly occurring treatment team meetings, improving practice with respect to TPRs and 30/90 day reviews by mental health and SW staff respectively would go a long way toward increasing integration between the disciplines so that individualized, dynamic, inter-disciplinary discharge planning can occur with sufficient frequency for defendants to build on their gains and attain compliance.

2. *Released without Discharge Plan*: In the current cohort, 20 class members (17%) were discharged from custody either without any DCP (17) or with only a "DCP" completed "by chart review," i.e., without the class member's participation (3);[20] this finding is essentially unchanged from the previous reporting period when 19 cases or 16% were discharged without a receiving a DCP developed with their participation.

   This finding, consistent across two six month reporting periods, calls for defendants to engage in a root cause analysis and develop a corrective action plan based on the results of that analysis. As noted in Section IV.C above, defendants timely completed just half of the CTPs in the cohort; remedying this deficit should be a focus of defendants' attention, because in many cases, DCP delayed are DCP denied.

3. *Forensic units:*

   a. The "Unexpected Release Form": In previous reports we have noted that class members hospitalized at the BHPW were nearly always offered an "Unexpected

[20] 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.

Release Form" shortly after admission, when they often are too symptomatic to sign or refuse to sign. These forms have pre-printed aftercare 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.

The only purpose of the Unexpected Release Form should be to provide class members with information about 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. It is not a substitute for comprehensive, individualized discharge planning.

In the current cohort, three class members were hospitalized at Bellevue Hospital Prison unit during their incarceration. In case 21, the class member refused to sign the unexpected release form, and the hospital record showed no other discharge planning activity during his hospitalization. The class member in case 47 likewise refused to sign the unexpected release form two days after his admission, at which time he remained highly dysregulated. In this case, the unexpected release form was slightly more individualized than is typically the case as it noted a recommendation for an unnamed "MICA residential program." While he was somewhat more receptive to SW late in his BHPW hospitalization,

he ultimately was transferred from the BHPW to a civilian unit over two months later without a discharge plan.

In case 123, the class member was hospitalized at BHPW for the first week of his incarceration. He was very psychotic on admission and refused to sign the offered unexpected release form. His psychiatric discharge summary from the hospital a week later indicates that he was "given outpatient walk in clinic information including [M]etropolitan hospital walk in clinic and Nathaniel clinic." The SW discharge summary indicates that he was "given all contact information for CASES Nathaniel ACT team, Bellevue CPEP and Bellevue Walk in Clinic." After he was transferred to AMKC, he received a DCP referring him to CASES.

These cases demonstrate some improvement in the individualization of DCP at BHPW. We continue to encourage H+H to consider these and our previous comments and reorganize their discharge planning efforts going forward.

b. Supportive Housing and Case Management: After substantial discussion over many years with forensic unit leadership regarding their policies, we concluded in our 50th report that "the time ha[d] come to focus not on further wordsmithing of the forensic unit policies," but rather to review and report on data regarding referrals to case management and applications for supportive housing provided to class members during their hospitalizations. Defendants began providing this information starting in the 49th reporting period, as follows:

Table 8: Referrals to supportive housing and case management by Forensic Unit staff, July 2021-December 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				
Jul22	24	0	1	0				
Aug22	35	0	0	0				
Sep22	20	1	1	0				
Oct22	29	2	0	0				
Nov22	20	4	0	0				
Dec22	32	2	2	0				
Total	**514**	**9**	**4**	**2**	**37**	**4**	**0**	**0**

From July 2021 until June 202, Bellevue provided two class members with assistance applying for case management through the SPOA, but did not refer any class members to CRAN or provide any with assistance in completing HRA 2010e applications. However, beginning in the current reporting period, they began offering CRAN and 2010e applications, providing 4 class members with CRAN referrals and 9 with 2010e applications, suggesting a significant change in their approach, especially with regard to supportive housing applications.

Elmhurst, having been closed for the past year,[21] cannot be assessed during recent

[21] Defendants report as follows:

"The unit has not re-opened. Discussions between DOC and NYC H+H have been taking place regarding re-opening the unit (potentially with a lower census), but at present there is no tentative date for reopening. Until the unit re-opens, female class members requiring higher levels of care may (i) present to the CPEP at Elmhurst for care and are discharged back to Rikers if stabilized; (ii) present to the CPEP at Elmhurst for care and are transferred to Kirby if psychiatric hospitalization is indicated or (iii) be transported to Kirby directly from Rikers." (Defendants' response to request for information, Report 51)

months, but they appeared to be providing class members with supportive housing applications prior to closing.

In our previous report, it was apparent that these services were not being offered very often, and we recommended defendants "undertake a corrective action plan to include training of staff as to when to complete supportive housing, SPOA and CRAN referrals." Given the current data, which indicate a positive trend for supportive housing applications especially, we hold this recommendation in abeyance pending further monitoring of defendants' activities in regard to these services for class members housed on the forensic units. We encourage the forensic unit staff to consider offering both CRAN and higher levels of case management to more class members as well.

4. *Practical Workings of Discharge Planning*: Discharge planning for people with mental disabilities being released from jail is a complex task with many moving parts. Transforming the words on the page into a practical plan depends on detailed actions which form the glue that holds the plan together. The case reviews identified a number of areas of concern where these detailed, "nuts and bolts" actions did not take place.

   (a) Contact with OPWDD for Class Members with Possible Intellectual Disability: OPWDD is the state agency charged with ensuring care coordination for people with developmental disabilities including those with intellectual disabilities. When people with intellectual and developmental disabilities are incarcerated, they typically require specialized services upon discharge. Identifying incarcerated people with such potential needs and, once they are identified,

contacting OPWDD to coordinate post release services, is an essential aspect of providing these class members with clinically appropriate, individualized discharge planning.

This is an area where CHS has shown improved but still uneven practice. In the current cohort of records reviewed, CHS identified multiple class members with potential OPWDD involvement prior to incarceration.[22] A number of those cases demonstrated beneficial coordination between CHS and OPWDD, a notable improvement over past practice.[23] In other instances, contact with OPWDD could have been useful to discharge planning efforts but did not take place.[24]

That so many people with intellectual disabilities are incarcerated is a concern on a policy level; nonetheless, CHS must provide appropriate services to those who are incarcerated. In that regard, that CHS is more frequently taking the practical step of confirming a class member's connection with OPWDD services is a constructive trend that leads to more individualized coordination.

(b) Providing Referral Information to the Class Member: A referral for ongoing mental health treatment, no matter how well-crafted or how promptly done, must be provided to the person it is designed to assist. In this reporting period, nine class members[25] did not receive copies of their referrals.

(c) Current Capacity and Willingness of Programs to Accept Class Members: Although a referral to a program for aftercare may seem appropriate in the abstract, it means little if the program does not have the capacity or is unwilling to

[22] Cases 14, 40, 48, 63, 111, 113, 131 and 151.
[23] Cases 14, 40,113,131 and 151.
[24] Cases 48, 63 and 111.
[25] Cases 19, 30, 53, 78, 139, 145, 146, 150 and 158.

accept the person into services. Otherwise, the referral is merely an exercise in documentation. We have previously stated the importance of devising a workable solution for defendants to fulfill their obligation under the stipulation 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).

In 33 cases,[26] SW did not attempt to contact the program to which they were referring the class member to confirm that they program would accept the referral. In 21 of those cases,[27] this was the sole reason for the finding of inappropriateness. Although SW may know that a certain program *generally* accepts patients with the characteristics of the class member they plan to refer, general knowledge does not substitute for current information obtained about a specific program for a specific class member at any given point in time.

In their responses to drafts of previous reports discussing this issue defendants have made known their concerns about this requirement and about how we have operationalized it in our monitoring. They reiterate this concern in their comments to the current draft report, rebutting 20[28] of these cases based in full or in part on the assertion that staff "commonly" make referrals to these programs or using similar language. They also note that "CHS is in ongoing communication with" programs such as CASES, which is "solely dedicated to justice involved individuals."[29]

[26] Cases 1, 15, 19, 26, 27, 30, 41, 59, 64, 71, 76, 77, 78, 82, 88, 89, 94, 100, 108, 117, 120, 121, 123, 124, 129, 130, 134, 135, 136, 139, 146, 150 and 158.
[27] Cases 1, 15, 26, 27, 41, 71, 76, 77, 82, 88, 89, 94, 100, 108, 120, 121, 123, 124, 134, 135 and 136.
[28] Cases 1, 19, 26, 41, 59, 71, 76. 77, 88, 100, 108, 113, 117, 120, 121, 123, 124, 134, 135 and 139.
[29] See CHS responses to cases 123 and 124. This particular response suggests a possible starting point for discussions about the implementation of ¶¶44 and 46.

The language of ¶¶44 and 46 is clear: Defendants are to "obtain[] to the extent possible ***an agreement from such program or programs*** to accept the Class Member," and they must consider "the mental health care program's ***capacity and willingness to accept*** the class member" (emphasis added). Defendants' complaints concerning our findings began in 2020 (see Report 45, footnote 32), not long after CHS eliminated the use of the "A-list" of preferred providers who all parties agreed did not require contact for each referral. With the parties, we have explored alternative options to contacting programs directly, including the use of the "Nowpow" database, without success. As we have repeatedly responded in reports, meetings with CHS, and all-parties meetings, our findings are based on the objective, categorical requirements contained in ¶¶44 and 46;[30] these findings indicate a need for the parties to reinitiate discussions as to how defendants are to apply these requirements. To date, our entreaties have not led to renewed efforts to address this issue.[31]

(d) Effectuating Referrals to CRAN: Although not a replacement for more intensive services, CRAN provides highly useful transitional case management services for many SMI class members following their discharge from jail. Case reviews in recent reporting periods revealed a concerning development. As with a referral made to a program that will not enroll the referred person into services, a plan to

[30] As noted above in Footnote 1, the parties negotiated two revisions to the stipulation of settlement, first in 2017 and more recently in 2022. These requirements survived both revisions.

[31] As described in the New York Times, Governor Hochul, in her 2023 State of the State Address, outlined a plan to address the needs of "people with serious mental illness who cycle in and out of hospitals, jails, shelters, and streets." The plan "will require hospitals to coordinate carefully with the outpatient teams" when planning for patients' discharges, recognizing the importance of close coordination between residential and community providers. The article quotes the commissioner of OMH, Dr. Ann Marie Sullivan who noted that the plan will "be… specific… Did you contact the provider who was working with this client? Did you talk to his mother?" See https://www.nytimes.com/2023/01/10/nyregion/hochul-mental-health-plan.html

refer a person for case management services means little if the referral is not made by SW and received by agency to which the referral was to be made. While previously, planned referrals by CHS to CRAN reliably resulted in the referral being completed by CHS and transmitted to CRAN, this process appears to have become less dependable. During this reporting period, at least 11 class members[32] had documentation in their records indicating that they accepted a referral to CRAN but no indication that the referral was executed. Defendants did not provide a CRAN record for any of these class members in their initial production. We requested that CHS recheck to see if a CRAN record could be located, but in each instance, they confirmed that none existed. This led us to the conclusion that CHS did not successfully execute a CRAN referral for these individuals.

(e) Ability to Pay for and Access Treatment Upon Release: Securing needed treatment (including residential-based treatment) requires health insurance. Acknowledging implicitly that many class members have significant health and mental health care needs and often do not have access to commercial insurance, the Stipulation at ¶57 *et seq*. requires that defendants assist class members with Medicaid applications while they are incarcerated and that they endeavor to activate eligible class members' Medicaid shortly after release. Some cases reviewed suggested the need for defendants to examine these processes.

Data from HRA indicates generally high levels of compliance with the requirements to timely prescreen class members and to timely activate or reactivate their Medicaid benefits after release (See Section IV.C). However, four

[32] Cases 21, 36, 86, 93, 100, 101, 122, 123, 130, 146 and 150.

cases indicated confusion as to the class member's Medicaid status; such lack of clarity can lead to disruptions in access to treatment following release. These instances included:

- case 2 (SW misinformed the class member that her Medicaid would be reactivated 5-8 business days from discharge),
- case 19 (Medicaid prescreen of May 19 indicated "active coverage;" HRA data stated that the "client refused" and that his Medicaid status was "NONE."),
- case 117 (Medicaid prescreen indicated his Medicaid had expired; no indication that SW was aware of this or that they took any action to reapply on his behalf. Per HRA data his Medicaid was activated on November 16, one day after release.)

The status of the class member's Medicaid was particularly confusing in case 9, as described in the case summary in Exhibit 1.

- OHIS prescreening on February 24, 2022 determined that he needed a new Medicaid application, as his benefit had ended on October 31, 2021 (during his hospitalization at Kirby). This document also notes that there had been a prior prescreening (presumably during the incarceration before to his admission to Kirby) indicating that no action was needed as he had active Medicaid, covering the period from April 1, 2019 until October 31, 2021.
- On March 1, 2022, SW noted that "no action [was] needed." This is discrepant with the most recent conclusion made in the OHIS prescreening of February 24, 2022.
- The PSYCKES extract on March 3, 2022, confirmed the Medicaid number and also indicated that the benefit ended late in 2021.
- The record contained no indication that SW was aware of the OHIS finding superseding the earlier prescreen and indicating that the benefit had ended in October 2021.
- A CRAN note of July 7, eleven days prior to his release, documented that the "client does not have active Medicaid."

As a result, the class member was not offered a Medicaid application during his incarceration. The lack of clarity continued following the class member's release from jail. The HRA dataset for July indicated that the "client refused," which was not supported by the medical record. After release, on July 21, 2022, CRAN noted that the class member's Medicaid was not active, that it needed to be "reactivated" for him to receive his prescribed medication, and that CRAN was seeking alternative funds with which to help the class member obtain medications in the meantime.[33]

These cases raise inter-agency issues which need to be addressed in ongoing CQI activities undertaken jointly by CHS and HRA.

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 agencies. 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 agency. 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

[33] We sent CHS a detailed inquiry regarding this class member's Medicaid situation on November 14, 2022, and as of the date of this report, we have received no response.

considering the discharge planning developed directly by CHS and then when considering the intervening ATI involvement:

Table 9: Change in compliance after consideration of ATI intervention

	Appointment/Referral		Case Management		Supportive Housing	
	PreATI	ATI	PreATI	ATI	PreATI	ATI
Appropriate	36	56	35	29	14	6
Inappropriate	73	61	33	30	28	23
Ineligible	11	3	52	61	78	91
Total	120	120	120	120	120	120
Compliance	33%	48%	51%	49%	33%	21%
Change	**14.8%**		**-2.3%**		**-12.6%**	

The intervention of an ATI increased defendants' compliance by 15% for appointment/referral, while reducing their performance by 2% for case management and 13% 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. These barriers continue, although, at times, sustained advocacy can lead to the provision of ACT-level services at the point of release. 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.

In her 2023 State of the State address Governor Hochul announced an extensive plan focused on assisting people with SMI cycling among hospitals, jails, shelters, and street homelessness. As reported in the media, the "plan would… reopen more than 800

inpatient psychiatric beds that disappeared during the pandemic, [and] create 3,500 units of housing with supportive services…." It would also create "nearly 100 teams of clinicians and counselors who would deliver 'wraparound" outpatient services…" [34]

If these planned additional services come to fruition, they may help to address these systemic problems we have noted.

* * * * *

Summary: Defendants continue to work to improve their assessment and discharge planning capabilities. Over the course of many years, 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. Defendants have achieved compliance with the SMI designations. They remain noncompliant for the provision of appointments/referrals, case management, and supportive housing, and their performance decreased for all measures during the current reporting period.

During the current reporting period, we note above a number of concerning developments. Most notably, a substantial number of class members were again released without ever having received a CTP or a DCP.

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 50, pp 49-52.

[34] See NY Times article January 10, 2023 "Hochul to unveil a $1 Billion Plan to Tackle Mental Illness in New York." https://www.nytimes.com/2023/01/10/nyregion/hochul-mental-health-plan.html and 2023 New York State of the State https://www.governor.ny.gov/sites/default/files/2023-01/2023SOTSBook.pdf.

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.

Paragraph 87 requires defendants to "assist Class Members in obtaining [SSA] benefits." The SW Operations Manual requires that SW staff "[o]btain an appointment for a telephone interview with the Long Island City Social Security Office for all consenting patients." The purpose of this phone interview is to expedite, to the extent possible, SSA's review of the application for benefits so that disabled individuals have access to these benefits as soon as possible after release.[35]

Performance: Defendants provided data indicating that there were 21 class members who met the above criteria. Three class members were provided appointments at SSA Field Offices, and one was provided "f/u instructions by SSA". The other 17 declined assistance. In one case, the class member reported that he would follow up with CRAN to complete an application. No reasons were provided for the other 16 refusals.

In addition, defendants reported that 46 otherwise eligible class members were "not in timeframe." As noted above, the required timeframe includes class members with release dates between 30 and 120 days in the future. We note that if a class member is outside of the timeframe on a specific date, they may be, or they may have been, in the timeframe at other points in their incarceration. The offer of assistance

[35] See https://www.ssa.gov/ssi/spotlights/spot-prerelease.htm.

should take into account the class member's expected release date. For example, for people who are more than 120 days from their anticipated release at the time that they are offered assistance, we recommend that SW return to offer them assistance once they are less than 120 days from release. This should be folded into the 30/90 day review process (See Section IV.D).

One class member who was at BHPW for 9 days was provided with the location of local SSA offices.

Six cases reviewed in the appropriateness cohort were sentenced and SMI and were included in the defendants' data.[36] Five cases were "not in timeframe."[37] Cases 14, 34, 46, 86 and 149 reported prior SSI involvement, and they should have been considered for SSI reinstatement rather than a new application. Case 86 was provided with an appointment at a Field Office four days after his release date, as per the CHS procedure for class members eligible for reinstatement.

Case 101 was sentenced and SMI and did not report prior SSI, but he was not included in the defendants' data regarding new SSI applications.

In no cases did defendants provide the required phone interview, as they have done in prior reporting periods. Defendants are noncompliant with their obligations to assist eligible class members in applying for SSI benefits prior to release.

2. Reinstatement

Defendants define eligibility for this service as follows:

- Known date of release,
- SMI,

[36] Cases 14, 34, 46, 65, 86 and 149.
[37] Cases 14, 34, 46, 65 and 149.

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

Performance: Defendants provided data indicating that there were five class members who met the above criteria, and who they assisted in obtaining appointments for reinstatement after release. They also identified 11 otherwise eligible class members who declined assistance. Cases 102 and 110 from the appropriateness cohort are among those who refused the offered reinstatement appointment.

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 July-December 2022, at least 43[38] (36%) of the 120 records we reviewed included documentation that the class member reported active or pending SSA benefits prior to incarceration. Seven[39] of these class members were both SMI and sentenced at some point during their incarceration rendering them eligible for reinstatement. Most of them appear on the New Application dataset, and only two appear on defendants' reinstatement dataset.

* * * * *

Discussion: Defendants' have continued to conflate the data regarding SSA applications and reinstatements 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

[38] Cases 2, 7, 9, 14, 15, 17, 22, 34, 40, 41, 42, 43, 46, 47, 49, 57, 63, 66, 68, 77, 82, 85, 86, 93, 102, 103, 107, 108, 109, 110, 111, 113, 116, 123, 124, 128, 134, 140, 145, 146, 149, 150 and 151.
[39] Cases 14, 34, 46, 86, 102, 110 and 149.

who require a new application from those who require reinstatement of an existing benefit.

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). As of the date of the draft 51st report, defendants reported that they "are awaiting feedback from the Social Security Administration on the drafted agreement" (Response to information request, report 51).

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."

We recommend that SW return to offer class members assistance once they are less than 120 days from release. This should be folded into the 30/90 day review process.

Finding: At this time, we conclude that defendants are noncompliant with their obligations under ¶87 vis-à-vis New Applications for SSA 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 50, p 52-54.

Performance: Defendants provided datasets indicating that 21 veterans were identified during the current reporting period. Six of them reported already being connected to the VA, and the other 15 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 56, 66, 80, 138 and 158 reported military experience.

- In case 55, the class member reported having been an Army Reserve veteran. He reported currently receiving VA benefits. His name appeared on the VA dataset for September.

- During his incarceration, the class member in case 66 denied a history of military service. However, he informed CRAN during their assessment that he had served in the Marines and was dishonorably discharged. He does not appear on the VA dataset.

- Case 80 involved a class member who had been honorably discharged from the Army and who reported a history of extensive mental health treatment through the VA system. He had a history of trauma related disorders as well as bipolar disorder subsequent to his military service. He ultimately was referred to the VA in Lyons, NJ for a specialized mental health program. His name appeared on the VA dataset for October.

- In case 138, the class member denied a history of military service when seen for screening and for mental health treatment. However, according to the PSYKCES extract, he had a history of extensive involvement with a veteran's shelter. He does not appear on the VA dataset.

- The class member in case 158 reported having served in Iraq and receiving a VA pension. He reported a prior connection to the Manhattan VA hospital. He was not referred back to the VA for treatment. His name does not appear on the VA dataset.

As noted, two of these five cases appear on defendants' VA datasets, indicating that defendants have improved in identifying class members' who have a military history.

However, the information documented in the medical record does not always transfer into defendants' data reports regarding veterans.

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 50, pp 54-56; Supplement to the Forty-Fourth Report, p. 6 and Exhibit 1.

Compliance: During this reporting period, 45 class members presented to the DHS shelter system (7.5 per month), an 85% monthly decrease from the 200 class members who presented to shelters during the 42nd reporting period (50 per month). Of these 45 class members, 18 (40%) were SMI and 2 (4%) were sentenced. One (2%) of the class members presenting to shelters was both SMI and sentenced. Their placements upon presentation to DHS are summarized in the table below:

Table 10: Placement of Class Members in Shelter System

Placed in	Both Sentenced and SMI (N=1)		NOT both Sentenced and SMI (N=44)	
	Day of release	After day of release	Day of release	After day of release
Program Shelter	0	0	5	29
I/A Shelter	0	1	0	10
% placed in program shelter	0%	100%	100%	74%%

The eligible class member presented four days after release and was placed into an I/A shelter. He was transferred to a mental health program shelter nine days later.

Thirty-four class members were directly placed in program shelters, including all five who presented 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 3 and 27 days after their entry into the shelter system.

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 50, pp 56.

Threshold/Expectation: 95%

Compliance: During the current reporting period, defendants released 297 of 302 (98%) eligible class members during daylight hours. One class member was released late from WF in August. One class member was released late from BHPW in November. Three class members were released late from EMTC, one in November, and two in December. Defendants were **compliant** for the obligation to release class members to the community during the current review period.

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 50, pp 57-58.

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

On April 20, 2023, defendants provided a dataset providing information relevant to the time of release for parole violators between May 2022 and February 2023, thereby covering the current reporting period. One hundred and twenty five class members were released during the reporting period, of whom 52 were released between 8am and 5pm, while the remaining 73 were released outside of daylight hours. No reasons were provided for the late releases in the dataset. 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.

While defendants did not provide case specific reasons for late release, they did provide the following general information:

> "The late releases are primarily due [to] court-ordered… Writs of Habeas Corpus. The orders require DOC to release subject individuals within 24 hours and NYSDOCCS are to be provided with the opportunity to give reporting instructions prior to release. DOC typically receives these orders in the late afternoon. At times, Parole conducts Interviews in the early evenings which results in the individual being released late. However, this is not a violation on DOC's part (Ops Order MH Discharge Planning Page 3 Part C, attached), as the Court Order is the precipitating factor in the release. Other late releases are due to individualized issues. It would take ordering and reviewing the inmate file from the jail in which the person in custody was released to determine the reason for the late release in these cases. We will attempt to go through this process going forward."[40] (Defendants response to information request, report 51)

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

[40] In their comments to the draft report, class counsel urged us to find defendants noncompliant, inasmuch as they have not provided data to permit us to assess their performance with regard to the obligations contained in ¶32.1. As defendants have indicated that they will attempt to provide this information going forward, we are holding off on making such a determination at this time.

V. **Conclusion**

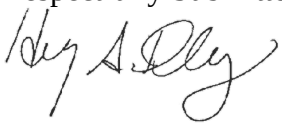
The overall dysfunction in the city jails, especially the low levels of production of class members for MH and SW appointments and the high vacancy rate among the various social work/reentry lines, have contributed to an ongoing deterioration in defendants' compliance with basic tasks. Delays in completing 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 address the problems we have identified in this report, it will be difficult for them to come into compliance with many aspects of the Stipulation.

Defendants have now produced a data dictionary that is acceptable to class counsel and to the monitors. They have also produced the coding and crosswalk and have engaged in a productive process to facilitate our expert's review, which has begun. At the successful conclusion of this process, we will be able to make unqualified findings concerning defendants' compliance with the terms of the stipulation.

This concludes our Fifty-First 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, July GPMEDS22, was a 25 year old man who was incarcerated from October 2, 2021 to July 1, 2022. He was housed in GP at the time of his timely CTP on October 20, 2021. He was diagnosed with other specified disruptive, impulse-control and conduct disorder and other specified trauma and stressor disorder and was determined to be not SMI. Although there were some indications in the record that the class member may have had bipolar disorder, it was not clear that this was the correct diagnosis or that the SMI determination was incorrect. SW missed the seven business day timeline for completing the DCP, but it was completed 161 days prior to release.

SW referred the class member to Realization Center. The record contained no indication that SW attempted to contact the program to confirm that it would accept the referral.

Findings:

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

> ***Response by CHS****: Case 1 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because The Realization Center is a parole mandate provider whose program is commonly used by the SW department. There is no need to contact this service provider before making referral.*
>
> **Monitors' response**: See discussion in report, Section IV.D.4.(c).

Case 2, July GPMEDS86, was a 37 year old woman who was incarcerated from March 16to July 1, 2022. Detained on a parole violation, she was housed in GP at the time of her timely CTP on March 20. The class member was diagnosed with bipolar 1 disorder and substance use disorders and was determined to be SMI. Her timely DCP was completed on March 23 when the class member refused an referral/appointment because she anticipated receiving an ATI. She reported an active supportive housing approval active through October 11. SW did not obtain this a copy of this approval or forward it to housing providers as is required.

At an April 21 30-day follow up with SW, the class member reported the possibility that she would receive a mandate for inpatient treatment at Samaritan Village in Ellenville, New York. By the time of her next 30-day follow up on May 21 she had apparently received an ATI through CRAN. No updates to her DCP were discussed at her 30-day follow up on June 6, but she reported a court date schedule for June 16. SW saw the class member on June 17, when she reported meeting with CRAN but not being aware of the outcome regarding the ATI. SW again documented their awareness of the active HRA 2010e approval valid through October 11.

An MMTP note of June 21 documented that the class member expected to be mandated to Phoenix House for residential treatment. SW met with the class member again on June 24 (pursuant to an inquiry by Urban Justice Center) and discussed SSI reinstatement, a public assistance application, and her Medicaid status as well as the plan for the class member to go to residential treatment. Regarding Medicaid, the SW documented that it would "reactivate within 5

to 8 business days from discharge."[1] An updated DCP of June 29 noted the treatment mandate with a plan for her the sheriff to transport her directly to Phoenix House. Medications were sent to Water Street and prescriptions to Chem RX as requested. The record contained a June 22 letter from CRAN outlining this plan.

Findings:

Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (did not obtain or forward the active approval) → ineligible (residential ATI)

Case 3, July GPMEDS104, was a 26 year old man who was incarcerated from September 7, 2020 to July 21, 2022 in connection with a parole violation. He was housed in GP at the time of his CTP, which was completed 1 day late on September 30, 2020. He was diagnosed with other specified trauma and stressor disorder and other specified disruptive, impulse-control and conduct disorder and was determined to be not SMI. The clinical assessments did not note functional impairments. His timely DCP was completed on October 4, 2020 when SW referred him to Revcore, his prior provider. The class member declined permission for SW to contact Revcore because he was serving a 12 month sentence. SW provided the class member with a referral form.

During 2021, there were significant discrepancies regarding this class member's diagnosis, with prescribers concluding that he had a bipolar disorder and at times that he was SMI, while other clinicians retained the diagnosis made at the CTP. Eventually, the class member's situation stabilized, and for the last year of his incarceration, he was seen as having a subsyndromal trauma and stressor disorder. Despite some periods of non-adherence to his medication regimen, he did not decompensate.

SW contact consisted of a 90-day follow up of April 11, 2021 during which no revisions were made to the DCP. The same was true of a 90-day follow up of July 14, 2021, although during that visit SW also confirmed that the class member could reside with his sister following release. SW did not see the class member for the remainder of his incarceration. An ACL of July 21, the day of release, repeated the referral to Revcore, although there was no indication that the referral was provided to the class member.

Initial Findings:

Referral/appointment: inappropriate (SW did not see him after July 14, 2021 and should have returned to update the DCP and see if changes were needed or if he needed new services or assistance. There was no indication that SW saw him on the day of release, as the ACL was not signed by the class member and there was no accompanying progress note)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

***Response by CHS**: Case 3 was found inappropriate for referral/appointment. The determination should be changed to appropriate because the patient was seen on date of*

[1] According to the HRA dataset, her Medicaid became active on July 5, the first business day after her release.

*discharge and signed an ACL acknowledging receipt of document and medication. *See attached signed ACL.*

Monitors' response: With their comments, defendants provided a signed copy of the ACL which was not included in the original file. We remind defendants that they are obligated to provide the full record upon our initial request for each patient's medical chart. We will change the rating to appropriate because the signed document indicates that SW provided him with information regarding his DCP.

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

Case 4, July GPMEDS112, was a 52 year old man who was incarcerated from April 6, 2021 to July 7, 2022. He was housed in GP at the time of his CTP, which was completed 3 days late on April 27, 2021. He was diagnosed with substance induced mood disorder and substance use disorders and was determined to not be SMI. His timely DCP was completed on May 6, 2021, although this was done without the class member's participation due to his refusal. The class member was more receptive when SW reoffered a DCP on May 11, 2021; he then received referrals to the Fortune Society and CUCS for treatment for substance use, housing, vocational services, and ongoing mental health treatment. Although the class member was provided with copies of both referrals, there is no indication that SW contacted either program to confirm that they would accept the referral.

Notes document that Legal Aid Society began working on residential placement options on August 26, 2021. The class member was hospitalized for medical reasons from September 12-Octover 22, 2021 with no resulting change to this psychiatric diagnosis. A SW note of January 19 documented that the class member was assisted with a telephone screening with an unspecified program and that it went well. A corresponding consent form suggests that the screening was for ICL Medical Respite. On January 21, SW prepared an ACL indicating that the class member was being released from court to Medical Respite, but he remained incarcerated after this date. A TPR of February 14 indicated that he reported a "minor setback" and that he was not released. The following day, SW documented a request by Legal Aid for the class member's medical record.

SW submitted a PA application on February 25 and resubmitted one on March 29. On June 21, CHS received a request for medications/prescriptions as the class member had been accepted to Phoenix House for residential treatment. A SW note on this date indicated the involvement of Bronx Treatment Court and a plan that the class member would be discharged on July 6.

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

Case 5, July GPMEDS118, was a 35 year old man who was incarcerated from May 3 to July 6, 2022. He was housed in GP at the time of his CTP, which was completed 20 days late on June

10. He was diagnosed with substance induced mood disorder and PCP use disorder and was determined to be not SMI. Delays in his CTP included CHS cancelling his appointment for the CTP on May 20, and DOC not producing the class member on May 25, May 26, May 27, and June 1.

He did not receive a DCP.

On May 17 (and again on May 19) his public defenders contacted CHS indicating that the class member received monthly injections of psychotropic medications prior to incarceration through BronxCare and that his most recent injection was on April 23. The CTP contained a good explanation of why the class member did not have a functional psychotic disorder notwithstanding his treatment with a long acting injection.

On July 6, the day of release, the class member refused the offered ACL.

Findings:

Referral/appointment: inappropriate (no DCP, only offered referral on day of release via ACL at which time he refused)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 6, July GPNOMEDS30, was a 30 year old man who was incarcerated from April 14 to July 1, 2022. He was housed in GP at the time of his timely CTP on May 21. He was diagnosed with other specified trauma and stressor disorder and was determined to not be SMI.
His timely DCP was completed on May 26 when SW referred him to New York Center Psychotherapy and Counseling Center. SW contacted the program to confirm that they would accept the referral and then provided the class member with the referral.

Findings:

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

Case 7, July GPNOMEDS61, was a 59 year old man who was incarcerated from June 9, 2022 to July 21, 2022. He was referred to mental health on June 11 as a routine referral but was not seen until June 30; no reason for the delay was documented. He was housed in GP at the time of his CTP, which was completed 3 days late on July 18; no reason for the delay was documented. He was diagnosed with other specified depression and substance use disorders and was determined to be SMI. He did not receive a DCP. He was offered an ACL on July 21, the day of release, when he refused all DCP services.

Findings:

Referral/appointment: inappropriate (no DCP, refused on day of release)
SMI: appropriate
Case Management: inappropriate (no DCP, refused on day of release)
Supportive Housing: inappropriate (no DCP, refused on day of release)

Response by CHS*: Case 7 was found inappropriate for referral/appointment. The determination should be changed to appropriate because the CTP was completed on July 18, 2022, with diagnosis updated July 20, 2022. The patient's release was unplanned and occurred on the due date. At the time of release the patient was offered all Social Work*

services. The patient refused those services, which was appropriately documented. The patient was also provided with an ANS flier for voluntary services upon release.

Monitors' response: No DCP was completed for this class member, in part due to unexplained delays in his initial assessment and his CTP. An ACL does not replace a full DCP, which requires an individualized plan that "takes into consideration" a number of factors specific to the particular class member (¶44). Therefore, we are not changing the finding for referral/appointment.

Case 9, July MO44, was a 36 year old man, who was transferred to Rikers Island from Kirby Forensic Psychiatric Center, was incarcerated from February 23 to July 18, 2022. He was housed in MO at the time of his timely CTP on March 2. He was diagnosed with schizoaffective disorder and was determined to be SMI. His timely DCP was completed on March 7. SW referred him to Richmond University Medical Center noting that the "provider has been verified." The class member was provided with the referral. SW also referred him to CRAN, SPOA and AOT with all referrals and applications submitted as required. Although this undomiciled class member refused a supportive housing application at the time of his DCP, on March 15, he accepted an HRA 2010e, which was submitted by SW and approved by HRA on March 17; SW forwarded the approved 2010e to two housing providers as required.

A March 23 note from the CRAN program documented that the prosecutors informed CRAN that the "court would be offering client a treatment offer and would like CRAN to assess for potential ATI." The 730 mobile team note of March 29 documented that CRAN was interviewing the class member for an ATI and CRAN, in an April 14 note confirmed that he was found eligible and that they were seeking an outpatient treatment program. The following day, SW documented that a screening by Exodus was planned.

A 30-day SW follow up of April 19 resulted in no changes to the DCP while noting that the class member was hoping for an ATI via CRAN. CRAN, in an April 26 note, documented the result of the screening by Exodus in which they found that the class member would be more appropriate for placement in a residential MICA program. On May 16, the 730 team noted that the class member had been referred to Exodus and Harbor House and to IOP with supportive housing but that "the waitlist is quite lengthy." Three days later SW noted that the ATI remained in progress. At his 30-day follow up with SW on June 22, the class member reported that he "may be considered for Harbor House." On July 6, the 730 team noted that he had an interview with Harbor House on that day. In a July 8 note, SW documented the class member's acceptance to Argus Community/Harbor House for a residential MICA treatment program and that his release date was pending. That same day, CRAN also documented this noting that they had a copy of the acceptance letter requesting medications. An addendum to a SW note, also of July 8, noted the class member's planned release on July 19 and that he would be transported directly to the placement. Various other SW and CRAN notes confirmed this plan.

There was confusion regarding this class member's Medicaid status, which resulted in SW not offering him assistance with submitting an application.

- OHIS prescreening on February 24 determined that he needed a new Medicaid application, as his benefit had ended on October 31, 2021 (during his hospitalization at Kirby). This document also notes that there had been a prior determination (presumably during the incarceration prior to his admission to Kirby) that no action was needed as he had active Medicaid, covering the period from April 1, 2019 until October 31, 2021.

- On March 1, SW noted that "no action [was] needed." This is discrepant with the most recent conclusion made in the OHIS prescreening.
- The PSYCHKES extract on March 3 confirmed the Medicaid number and also indicated that the benefit ended late in 2021.
- The record contained no indication that SW was aware of the OHIS finding superseding the earlier prescreen and indicating that the benefit had ended in October 2021.
- A CRAN note of July 7, eleven days prior to his release, documented that the "client does not have active Medicaid."

The result was that the class member was not offered a Medicaid application during his incarceration. The lack of clarity continued following the class member's release from jail. The HRA dataset for July indicated that the "client refused" which was not supported by the medical record. After release, on July 21, CRAN noted that the class member's Medicaid was not active, that it needed to be "reactivated" for him to receive his prescribed medication, and that CRAN was seeking alternative funds with which to help the class member obtain medications in the meantime.[2]

Findings:

Referral/appointment: inappropriate (no indication that the program had recently been contacted to confirm they would accept the referral; without active Medicaid, he would have difficulty accessing services) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → appropriate (CRAN assisted with development of ATI)
Supportive Housing: appropriate → ineligible (residential ATI)

Case 10, July MO50, was a 28 year old man who was incarcerated from February 28 to July 25, 2022. He was housed in MO at the time of his timely CTP on March 8. He was diagnosed with other specified schizophrenia and was determined to be SMI. His timely DCP was completed on March 16. SW referred him to Fortune Society, a prior provider, and they provided him with a referral form. However, there was no indication that they attempted to contact the program to confirm that it would accept the referral.

A court liaison note of March 22 indicated that the class member reported that he was being considered for an ATI. On April 20, court collateral staff documented that Brooklyn Mental Health Court was seeking the class member's records to assist them in making program referrals. On July 21, a letter from Argus Community confirmed his acceptance to Harbor House and requested medications. On July 25, a letter from the Brooklyn Mental Health Court confirmed the plan to release the class member to Argus Community and requested that CHS forward prescriptions to a designated pharmacy.

Findings:

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

Case 11, July MO94, was a 33 year old man who was incarcerated on a parole violation from May 21 to July 11, 2022. At his IMHATP and PsychBasic, he was diagnosed with other

[2] We sent CHS a detailed inquiry regarding this class member's Medicaid situation on November 14, 2022, and as of the date of this report, we have received no response.

specified trauma and stressor related disorder, following reasonable assessments, and he was determined to be not SMI. He did not receive a CTP.

Although he was seen for a SW orientation on June 17, he did not receive a DCP. On July 11, the day of his release, he was provided with an ACL containing a referral to Cornerstone treatment program, where, according to a note of the same day, he was mandated by parole; the program requested medications, and while staff forwarded a prescription for one of his medications (buspirone) to Chem RX, a prescription for his second medication (mirtazapine) was not sent.

Findings:

Referral/appointment: inappropriate (no DCP) → inappropriate (medications not fully provided as required)

SMI: appropriate (while there is no CTP, record available does not suggest that he should have been considered SMI)

Case Management: ineligible

Supportive Housing: ineligible

***Response by CHS**: Case 11 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Social Work was aware of the patient's discharge and helped coordinate enrollment to Cornerstone's inpatient rehab program. Medications were provided via eScript to the pharmacy, as requested by the program and documented on July 11, 2022.*

Monitors' response: As discussed in section IV.D, "If SW provides what the outside agency requires to effectuate the ATI, we view the work of SW as appropriate." In this case, SW did not fully comply with Cornerstone's request. Although prescriptions for walking medications for both buspirone and mirtazapine were sent to the CHS pharmacy, prescriptions for the mirtazapine was not sent via eScript to the community pharmacy requested by the program. Therefore, we are not changing the finding for referral/appointment.

***Response by Class Counsel**: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating.

Case 13, July MO105 was a 36 year old man, incarcerated on a parole violation, who was incarcerated from May 30, 2022 to July 1, 2022. He was seen for an IMHATP on June 1, the same day as his stat referral to mental health and was diagnosed with schizoaffective disorder. On June 18 he left the clinic prior to being seen for his CTP and on June 29 his CTP was cancelled by CHS due to "staffing." Other disruptions in services included DOC not producing the class member for his PsychBasic on June 2 and CHS cancelling his PsychBasic on June 6. He did not receive a CTP.

He was subsequently seen for a psychiatric assessment where he was diagnosed with other specified schizophrenia. This diagnosis was continued during medication reevaluations. Based on these other assessments, in the absence of a CTP, we concluded that he was considered SMI by the clinicians who interacted with him.

He did not receive a DCP. On the day of his release, July 1, there was a DOCCS conditional form of the same day indicating a parole mandate to St. Ann's Corner of Harm Reduction (https://www.sachr.org/).

Findings:

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

***Response by CHS**: Case 13 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Social Work was aware of patient's parole mandate to engage in treatment at St. Ann Corner of Harm Reduction in the Bronx. Additionally, patient was seen at the time of his release and provided with medications and MGP card.*

Monitors' response: No DCP was completed for this class member, in part due to delays in his CTP, which was never completed. This SMI class member required mental health follow up in addition to the substance use treatment program that parole mandated him to. This mandate could have also been reinforced in a DCP. Therefore, we are not changing the finding for referral/appointment.

***Response by Class Counsel**: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 14, July MO113, was a 43 year old man who was incarcerated from March 16 to July 11, 2022. He was housed in MO at the time of his timely CTP on March 23. He was diagnosed with schizoaffective disorder and intellectual disability, with multiple functional impairments noted, and was determined to be SMI. His timely DCP was completed on March 24, when he refused a referral/appointment indicating that he was connected with New York Foundling supervised residential alternatives program for people with developmental or other intellectual disabilities. The SW documented that he would "reach out to his case manager…. to confirm the pt is able to return." At the DCP the class member also declined a referral for case management and assistance with supportive housing based on his connection with OPWDD services in those areas.

An April 13 SW note documented collateral contacts at this housing, case management, and psychiatric treatment provider and the class member signed consent for SW to contact them. SW contacted the residential case manager on April 14 and obtained significant information. A SW 30-day follow up of April 25 documented his planned release date of July 11 as well as his prior OPWDD services but noted that he "declined all reentry referrals as he is already receiving these services in the community."

Overall, the case demonstrated good coordination among SW, OPWDD and the class member's outpatient providers. SW documented a May 23 follow up regarding an inquiry by Urban Justice Center, noting "writer has been in contact with [residential case manager] who stated patient can return to his prior residence…. Patient is aware…. Patient is also aware he is connected to Advance Care Alliance via OPWDD and his case manager…. Referral has been made for reentry caseworker to meet with him closer to his release date to reapply for SSI prior to release." The record did not indicate the SW subsequently addressed the SSI issue.[3]

A 30-day follow up note of the same day also noted his return to his prior housing provider. On June 7, SW documented that the class member's residential case manager informed SW that "his community-based clinical team would like to speak to provider at CHS…. to ensure a warm handoff…." The following day SW contacted a clinician at Founding. At the time of the June 22 30-day SW follow up, the plan remained for the class member to return to his prior residence. SW noted that if New York Foundling did not transport the class member, SW would request that CHS transport him to his apartment when the class member was released.[4] An ACL of July 8 documented the prior case management and involvement of OPWDD but additionally included an appointment at Realization Center for substance use treatment. At a teleconference of the same day, SW imparted this information to OPWDD and Foundling. The class member received a copy of the ACL. On July 11, the day of release, SW noted sharing the ACL to the class member's outpatient providers at Foundling, his case managers and OPWDD.

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

[3] The class member reported being an SSI recipient during his IMHATP, but the DCP states that he was not an SSI beneficiary. The class member appears on the "new application" dataset for July, which indicates that he was "not in timeframe." In fact, he had a known release date as early as April 25, well within the 120 day timeframe required by SSA

[4] According to the transportation dataset, he was transported to his residence by CHS.

Case 15, July MO117, was a 39 year old man who was incarcerated from April 14 to July 18, 2022. This class member was referred STAT to mental health on April 16. He was scheduled to be seen on April 18 but was not because "CHS cancelled" the appointment. He was not seen for his IMHATP until April 27, and the delay is otherwise unaccounted for. He was initially housed in GP but was then moved to MO where he had a timely CTP on May 16. While his transfer was generated by the possibility of "primary psychotic symptoms in the absence of substance use," He was diagnosed with other specified trauma and stressor disorder and SUDs and was determined to be not SMI.

His timely DCP was completed on May 20, when he was referred to TRI center and was given a referral form. The SW indicated that they would "call [the program] during business hours," but there is no indication that they attempted subsequently to contact the program to confirm that it would accept the referral. The DCP was the last contact SW had with the class member during his incarceration.

Per a court collateral note of May 23, the class member was scheduled to be interviewed by TASC on May 25. A court collateral note of June 1 indicated that TASC subsequently referred him for residential placement. He later reported having been interviewed by Samaritan Village residential program for a possible ATI according to the TPR of June 23. The class member was released from court on July 18 on his own recognizance. The following day there was a "PORTLine Prescription request" and his missed medications were sent to the requested pharmacy.

Findings:

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

Case 17, July MO128, was a 27 year old transwoman who was incarcerated from June 1 to July 6, 2022. CHS "cancelled" a CTP appointment on June 18, and DOC did not produce her for appointments on June 23, 27, and 29. Her CTP was completed 21 days late on July 1. She was diagnosed with schizoaffective disorder and substance use disorders and was determined to be SMI. She was documented to have had a prior ACT team.

She did not receive a DCP. She was provided with an ACL on July 6, the day of release, when she was noted to have refused a referral. In contrast, the declination form indicated that she accepted a referral. The ACL also noted her prior ACT program. While a prescriber obtained information from EPIC regarding her treatment course prior to arrest, there is no indication that any clinical or SW staff attempted to contact her ACT team to collaborate regarding release plans.

Initial Findings:

Referral/appointment: inappropriate (no DCP, no effort to contact prior provider)
SMI: appropriate
Case Management: inappropriate (no DCP)
Supportive Housing: inappropriate (no DCP)

Response by CHS*: Case 17 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the CTP was completed on July 1, 2022 and the DCP was not due until July 13, 2022. Patient was released unexpectedly on July 6, 2022, only 2 business days from the CTP. At the time of release an ACL was*

completed and patient was offered services. At that time, the patient refused a referral, but his ACT team information was documented in the ACL and was provided with a shelter referral. Patient had an active AOT order with ACT assignment and there was no need to confirm assignment.

Monitors' response: The mental health service includes treatment and discharge planning functions, both of which are the subject of obligations in the Stipulation (CTP and DCP). CHS cannot argue that their failure to meet one obligation (a timely CTP), in part related to the failure of DOC, another defendant agency, to produce the class member to the clinic, absolves them of the obligation to meet another (a timely DCP). See Section IV.C where we discuss the deleterious effects of nonproduction on defendants' ability to provide basic DCP services. In a situation such as this, defendants may not be obligated to provide a timely DCP *for the purposes of the statistical analysis completed for PI 3.3*. However, in a holistic qualitative review of the appropriateness of discharge planning, defendants did not provide the class member individualized clinically appropriate discharge planning because no DCP was complete.

There are numerous references in the medical record to the class member's prior treatment at the Metropolitan ACT, including documentation by a prescriber who noted that she knew the class member from the ACT program. There are also ambiguous references to an AOT order, some which state that the order is active, and others which state "unclear if expired." Viewing the record holistically, it is reasonable to conclude that the ACT program would be willing to work with her after release. However, the record contains other inconsistencies, as we describe above, and there is no indication that the ACL was provided to the class member. Therefore, we are not changing the findings for referral/appointment or for case management.

Case 19, July MO144, was a 24 year old man who was incarcerated on a parole violation from May 16, 2022 to July 7, 2022. He was diagnosed with other specified trauma and stressor disorder and adjustment disorder at the PsychBasic and he was determined to be not SMI. There were multiple delays in connection with his CTP:

- CHS cancelled his appointment on May 31, June 10, and June 24, and
- DOC did not produce the class member for his CTP appointment on June 16 (no mental health escort), June 23 (island wide computer system "down"), June 27, June 28, June 29, June 30, July 1, and July 5.

He did not receive a CTP.

There were also various delays connected with SW attempts to make contact with the class member. On June 27 he left the clinic prior to being seen for his SW orientation, and DOC did not produce him for the orientation on six occasions between June 28 and July 6. He did not receive a DCP.

The class member was seen on the day of release and an ACL was prepared noting that he accepted a referral to Bridge Back to Life in Staten Island, his borough of residence. The record contained no indication that he was provided with a copy of this referral, and there was no rationale for why it was selected. There was no documentation that SW attempted to contact the program to confirm that the program would accept the referral.

Additionally, the class member's Medicaid prescreen of May 19 indicated "active coverage;" however, the data produced by HRA stated that the "client refused" and that his Medicaid status

was "NONE." The correct Medicaid status should have been clarified during visits with the caseworker.

Findings:

Referral/appointment: inappropriate (no DCP; ACL referral not supported and not given to class member; program not contacted; without Medicaid, class member would have limited access to treatment services)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Response by CHS*: Case 19 was found inappropriate for referral/appointment. At time of release, patient was seen by SW and provided with a referral to Bridge Back to Life, a commonly used provider. Additionally, patient reported stable housing.*

Monitors' response: See discussion in report, Section IV.D.4.(c).

Response by Class Counsel*: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 20, July MO153, was a 24 year old man who returned from Mid-Hudson Forensic Psychiatric Center and was incarcerated from March 16 to July 11, 2022. He was housed in MO at the time of his timely CTP on March 22 when he was diagnosed with bipolar 1 disorder and substance use disorders and was determined to be SMI. Functional impairments, including multiple hospitalizations and incarcerations and the use of ACT and AOT services in the community were noted.

His timely DCP was completed on March 30, when he was referred to Catholic Charities for outpatient treatment; SW contacted the program to confirm that they would accept the referral and the class member was provided with a copy of the referral. The location of the program was fairly distant from the father's residence, where the class member was planning on residing upon discharge. SW submitted applications for CRAN and SPOA services and, on May 2, completed an AOT referral. Also on this date, SW received a letter from the class member's MCO approving ACT level services and stating that "Queens County SPOA will directly contact the provider, member and United Healthcare with final approval and assignment." The class member had an active HRA 2010e (active through October 6). Although SW did not take any action on

this, they later contacted the father who confirmed that the class member would live with him upon release. On June 21, the 730 team noted that the class member was scheduled to meet with TASC that same day.

An ACL of July 11, the day of his release, restated the referrals to Catholic Charities (including the program's walk in hours), CRAN and FACT and noted the need for the class member to follow up with CRAN the following day to receive his MGP card.

Findings:

Referral/appointment: inappropriate (no rationale for the specific provider, which was fairly distant from his father's home, did not follow up regarding the ACT approval by his MCO)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Response by CHS*: Case 20 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the patient indicated that he was most familiar with Queens and had lived with family in the borough. An SPOA application was submitted and approved, but assignment was not available at the time of discharge as it was an unplanned release. As a result, immediate placement could not be accommodated by SPOA. Post-release, an assignment for care coordination (an alternate level of FACT services when teams are not available) was made to ACMH (documented on July 19, 2022). ACL and patient contact information was provided to ACMH for follow-up.*

Monitors' response: On re-review, we have determined that the letter from the MCO indicated that the next step was for the SPOA to contact the provider (in this case, the SW who made the referral), and that there was no further action to be taken at that point by the SW.

However, there is no explanation in the DCP as to why SW referred him to a program an hour away from his father's house in Queens, when there are several other mental health clinics much closer. Therefore, we are not changing the finding for referral/appointment.

Case 21, July MO107, was a 33 year old man who returned from Mid-Hudson Forensic Psychiatric Center and was incarcerated from December 1, 2021 to July 25, 2022. He was housed in MO at the time of his timely CTP on December 8, 2021. He was diagnosed with other specified schizophrenia and substance use disorders and was determined to be SMI.

His timely DCP was completed on December 10, 2021. At his DCP he was referred to Metropolitan Hospital which was contacted to confirm that they would accept the referral; he was provided with a copy of the referral. SW referred the class member to CRAN for case management. SW submitted a supportive housing application on January 4 and forwarded the approved application to CRAN and two housing providers on February 4.

At 30 day follow up visits on January 19 and February 23, no changes were made to the DCP.

On March 10, the class member inquired regarding an upcoming ATI, and at a 30 day follow up contact on March 22, he was noted to be working with TASC. On April 4, he had a video assessment with TASC.

On April 12, the class member informed SW that he could live with his mother. SW was unable to reach her to confirm this.

The class member was hospitalized at BHPW from April 21 until May 3, after becoming noncompliant with his medications in the jail. He refused to sign the unexpected release form shortly after admission, and there is no indication of any other DCP activity during his inpatient stay. SW notes in the hospital indicate an awareness of his active 2010e approval but are silent as to the Metropolitan referral.

A 730 mobile team note on May 6 indicated that he was still being considered for an ATI through TASC. On May 11, SW facilitated a teleconference with TASC. On June 6, TASC suggested that he should be on a long acting injectable antipsychotic medication.

According to a 30 day follow-up note on June 6, the class member no longer wished to engage with CRAN and said he "might be going to a program."

TASC continued to pursue a residential ATI, and on July 18, staff received a letter from Argus Community indicating that he had been accepted for admission at Harbor House. Subsequent documents indicate that he would be released on July 25 and would be transported to Harbor House by the sheriff. An ACL On July 25 documents this plan.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: inappropriate (CRAN referral not executed) → ineligible (ATI)
Supportive Housing: appropriate → ineligible (residential ATI)

Case 22, July MO121, was a 29 year old woman who was incarcerated from May 13 to July 27, 2022. She was housed in the MO at the time of her timely CTP on May 18. She was diagnosed with other specified schizophrenia and cocaine use disorder and was determined to be SMI. Her timely DCP was completed on May 19 at which time she refused an referral/appointment, case management, and an HRA 2010e, noting that she was hoping to receive a mandate via the mental health court.

At a 30-day follow up of June 29 the class member indicated that she was still waiting for a mandated program. SW noted having been in communication with the mental health court regarding the class member's DCP needs. On July 2, SW documented the mother's willingness to have the class member live with her upon release, that she was connected an ACT team, and that Nathaniel ACT was reviewing her referral.

An updated DCP of July 22 indicated the ATI mandate that the class member was to be released on July 28 and would be residing with her mother. An appointment was made at TRI Center.

Findings:

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

Case 23, July MO145, was a 37 year old man who was incarcerated from May 16 to July 14, 2022. He did not receive a CTP or DCP during his incarceration.

The class member was referred to MH for a routine referral on May 18 and was seen for his IMHATP on May 24 after refusing an appointment in May 18 and missing a second on May 20 due to a court appearance. He was diagnosed with adjustment disorder and substance use disorders. On June 12, after the June 8 due date for his CTP, he was not produced for a CTP

appointment. On June 21 he refused to come to the clinic and on June 28 CHS cancelled his CTP appointment due to staffing.

Delays associated with SW services included DOC not producing the class member for his SW orientation on June 21 or 22, and for his ACL or DCP on July 12. On July 13, SW noted that he was to be released on July 14; SW also documented that "as no CTP is in the chart, at this time no DCP will be completed." An ACL completed the same day indicated that he accepted a referral to Staten Island University Hospital. SW documented an attempt to contact the program to make an appointment but was advised to leave a message. The class member indicated that he knew how to get to the provider and would make contact on his own.

Findings:

Referral/appointment: appropriate (while SW did not complete a DCP, the ACL and notes documented attempts to obtain an appointment for him. He reported awareness of the location of the program, which would be able to serve his relatively low-level psychiatric needs)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***Response by Class Counsel****: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*
>
> **Monitors' response**: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 24, July MO147, was a 29 year old man, detained on a parole violation, who was incarcerated from June 15 to July 30, 2022. He did not receive a CTP or a DCP.

The class member was referred to mental health STAT on June 18 and received his IMHATP the same day. His CTP was due on July 3, but on that day CHS cancelled his appointment. His appointment for a PsychBasic was cancelled by CHS on June 25, but did occur on July 18. At the PsychBasic appointment, he was diagnosed with other specified trauma and stressor disorder and found to be not SMI. There is no indication that SW attempted to see the class member.

Findings:

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

Response by Class Counsel*: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 25, August GPMEDS50, was a 33 year old man who was incarcerated from April 10 to August 11, 2022. He was housed in GP at the time of his CTP, which was completed 4 days late on July 4, 2022. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and he was determined to be not SMI. His timely DCP was completed on July 13, 2022 at which time he was referred to Fortune Society for continued mental health treatment. SW contacted the program to determine that it would accept the referral, and he was provided with a copy of the referral.

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

Case 26, August GPMEDS86, was a 28 year old man who was incarcerated from February 12 to August 12, 2022. He was housed in GP at the time of his CTP, which was completed 2 days late on April 14, 2022. He was diagnosed with other specified trauma and stressor disorder, and he was determined to not be SMI.

SW missed the seven business day timeline for completing the DCP, but it was completed 108 days prior to release. At the DCP he was referred to Center for Community Alternatives, his prior provider. The SW indicated that the program was not contacted because it was after business hours but that they would follow up later to confirm that the class member could return there for treatment after release. There is no indication that SW followed up and contacted the provider. SW also referred the class member to Exodus for transitional housing. On June 10, the clinician obtained the names of collateral contacts at the class member's Exodus transitional housing program. An ACL of August 12, provided to the class member, reiterated the earlier referrals.

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

Response by CHS*: Case 26 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the patient was engaged in care with CCA prior to their incarceration and there is no reason to believe that the patient could not return. In addition, CCA is known to accept referrals and there is no reason for us call this provider for each referral.*

Monitors' response: See discussion in report, Section IV.D.4.(c). Although he was previously in treatment at CCA, contacting the program is still required to ensure that the class member will be able to access care at his prior provider, and could also provide valuable collateral information pertaining to his treatment and discharge planning needs. Therefore, we are not changing the finding for referral/appointment.

Case 27, August GPMEDS98, was a 40 year old woman who was incarcerated from February 28 to August 3, 2022. She was housed in GP at the time of her timely CTP on March 10. She was diagnosed with other specified trauma and stressor disorder and cocaine use disorder, and she was determined to be not SMI. Her timely DCP was completed on March 11 when she was referred to HELP, a prior provider. Although she was given a referral form, there was no indication that the program was contacted to confirm that it would accept the referral.

The record indicated no contact by SW with the class member following the initial DCP on March 11.

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

Case 30, August GPNOMEDS19, was a 31year old man who was incarcerated from March 19, 2019 to August 18, 2022. He was not initially referred to mental health. He was housed in GP at the time of his CTP, which was completed 2 days late on January 16, 2020. He was diagnosed with adjustment disorder and other specified trauma and stressor disorder and was determined to not be SMI. His timely DCP was completed on January 28, 2020, when he was referred to CASES. There was no indication that the class member was provided with the referral or that SW contacted the program to confirm that they would accept the referral.

A 90-day follow up of November 10, 2020 indicated no change to the DCP. As requested by the class member on February 17, 2021 mental health staff determined that he could remain in GP without mental health follow up. He was not seen again during his incarceration other than a clearance for punitive segregation on April 2, 2022.

An ACL was completed on August 19, 2022, the day after release documenting the referral to CASES.

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

Case 34, August MO26, was a 38 year old man who was incarcerated from December 4, 2021 to August 3, 2022. He was housed in MO at the time of his CTP, which was 30 days late on

January 12. He was diagnosed with other specified schizophrenia, rule out substance induced personality disorder and substance induced mania and was determined to be SMI.

SW missed the seven business day timeline for completing the DCP, but it was completed on January 24, 191 days prior to release. SW referred him to Samaritan Village's Jamaica outpatient program. Although he was provided with a copy of the referral, there was no indication that SW attempted to contact the program to confirm their willingness to accept the referral. SW submitted applications for CRAN and AOT.

SW also submitted an application for supportive housing; however, the record contained no response from HRA nor any indication that SW received an approval or forwarded it to two housing providers. However, the CRAN record contains an email from CHS on July 14 stating "here is the HRA 2010e determination. If you don't already have the entire packet let us know and we will get it to you." The CRAN worker confirmed receiving it.

A court collateral note of February 9 indicated that the class member's criminal defense counsel reported that he was "up for sentencing 3/9/22" and confirmed the class member's anticipation that he would be released in August.

On February 11, SW also submitted an application for SPOA requesting ACT for treatment and case management. In a note on February 17, SW documented that SPOA responded, and that assignment was pending a release date as well as AOT confirmation. There was no indication that SW contacted SPOA after he was sentenced to effectuate a referral to a specific ACT program.

A court liaison note of April 15 indicated that he had been sentenced and was scheduled to be released in August, and a TPR of April 18 provided the expected release date of August 3.

At a 30 day follow up on April 22, SW documented that the class member was "disorganized, stated he will be fine on his own. Will engage with client again once his release date draws closer and when he is deemed to be stable.... Discussed the client's presentation during weekly treatment team meeting."

On August 1, SW obtained an appointment for the class member at the Jamaica Outpatient Clinic on August 8 at 11 AM. SW provided him with a referral form and also included this information on an aftercare letter. Also on this date, SW notified AOT of his expected release two days later.

CRAN initiated outreach on the day of release, learning only a week later that he had been admitted to Elmhurst Hospital. CRAN initiated contact with the social work staff at Elmhurst, and he was eventually connected with TSI PROS.

Of note, the class member was documented to have had SSI benefits at the time of his arrest. His name appears on the new application data set and not on the reinstatement data set. While he was sentenced in March, he was incorrectly noted to be "not in timeframe." He was not provided with a reinstatement appointment at an SSA Field Office.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: inappropriate (there was no follow up on the AOT or SPOA applications, and AOT was only notified of his release on 8/1, when release date was known much earlier. This was an unusual case where SPOA/ACT assignment could have been made prior to release)

Supportive Housing: appropriate (based on the documentation in the CRAN record)

Case 35, August MO84, was a 58 year old man who was incarcerated from May 13 to August 2, 2022. He did not receive a CTP or a DCP. At the time of his IPATP on July 26, the class member

was diagnosed with other specified bipolar and related disorder, schizoaffective disorder bipolar type, and was found to be SMI. Delays in his initial assessment included CHS cancelling his mental health screening on June 4, and DOC not producing the class member for his IPATP on July 7 or July 25. He was seen for a SW orientation on July 29, but received no other DCP services during his incarceration.

Findings:

Referral/appointment: inappropriate (no DCP)
SMI: appropriate (reasonable based on IPATP diagnosis)
Case Management: inappropriate (no DCP)
Supportive Housing: inappropriate (no DCP)

> ***Response by Class Counsel****: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*
>
> **Monitors' response**: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 36, August MO87, was a 21 year old man who returned from Kirby Forensic Psychiatric Center and was incarcerated from December 9, 2021 to August 4, 2022. He was housed in MO at the time of his CTP. The CTP, which was delayed by his leaving the clinic without being seen on December 17, was apparently completed on December 20 but not signed until December 27, 10 days late. He was diagnosed with schizophrenia, schizoaffective disorder, and marijuana use disorder and was determined to be SMI. His timely DCP was completed on December 30, 2021; it indicated his plan to return to live in Georgia upon release. However, on January 3 SW updated the DCP, documenting his plan to remain in Brooklyn.

Although there were delays due to the class member leaving the clinic without being seen and two instances where he was not produced by DOC, the DCP completion was timely. At the updated DCP, he was referred to Gotham Health East New York, which accepts walk in clients, and he was provided a copy of the referral. He accepted transitional case management services with CRAN but there was no indication in the record that SW made the referral. On March 9, the 730 mobile team documented a possible ATI, but this did not come to fruition. An ACL of August 4 indicated that the class member was being bailed out and would return to live with his family in Georgia, which led staff to arrange for a referral to a provider in Atlanta.

Findings:

Referral/appointment: inappropriate (there was no indication that he was provided with a copy of the ACL or otherwise informed of his referral in Atlanta. There was no rationale for why this specific provider was selected)

SMI: appropriate

Case Management: inappropriate (DCP on 12/30/21 said he was going back to Georgia, but the DCP on 1/3/22 indicated he was staying in Brooklyn, and he accepted a CRAN referral at that time. The CRAN referral was not submitted)

Supportive Housing: ineligible

Response by CHS*: Case 36 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because subsequent to the January 3, 2022 DCP, the patient's legal team indicated that the patient would be returning to Georgia and that alternative plans had been put in place for him by his legal team. Patient received an ACL on August 4, 2022 which documented this updated plan. As the patient was leaving the state, he would have been outside of the CRAN catchment area of NYC and therefore no longer eligible for this service.*

Monitors' response: We concur that the referral in Georgia was "determined by his legal team," as documented in the ACL of 8/4/22. However, there is no evidence that this ACL was provided to the class member.

While he required a referral to CRAN, based on his early intention to remain in NYC, the legal team's referral to a treatment program in Georgia is equivalent to an ATI, thereby rendering him ineligible for case management at the end of his incarceration at Rikers. Therefore, we are changing the finding for case management to "ineligible."

Revised findings:

Referral/appointment: inappropriate (there was no indication that he was provided with a copy of the ACL or otherwise informed of his referral in Atlanta.)

SMI: appropriate

Case Management: inappropriate (DCP on 12/30/21 said he was going back to Georgia, but the DCP on 1/3/22 indicated he was staying in Brooklyn, and he accepted a CRAN referral at that time. The CRAN referral was not submitted) → ineligible (ATI equivalent)

Supportive Housing: ineligible

Case 39, August MO128, was a 41 year old man who was incarcerated from June 22 to August 14, 2022. The class member was housed in GP at the time of his IPATP, when he was reasonably diagnosed with adjustment disorder and assessed as not SMI, making the due date for his CTP July 22. Delays in completing his CTP included CHS cancelling the appointment on July 21, and DOC not producing the class member on July 22. He did not receive a CTP, and there is no indication that SW attempted to provide him with a DCP during the incarceration.

Findings:

Referral/appointment: inappropriate (no DCP)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Response by Class Counsel*: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 40, August MO148, was a 29 year old woman who was incarcerated from March 9 to August 30, 2022. She was housed in MO at the time of her timely CTP on March 16. She was diagnosed with schizophrenia and impulse control disorder and was determined to be SMI. Her timely DCP was completed on March 18. At the time of the DCP she refused referrals for ongoing mental health treatment and for case management. SW placed an inquiry with OPWDD because of her reported involvement with their services. On March 22 OPWDD confirmed that she was known to them, eligible for services, and had active care coordination with TriCounty.

By April 7 TASC was involved with her case. A SW 30-day follow up note of April 20 indicated that the class member was discussed at a case conference between CHS and OPWDD and confirmed her care coordination and ongoing assessment by TASC.

At a 30-day follow up on May 19, TASC informed that their recommendation would be her prior day habilitation provider, Mercy Drive, in Queens, and that she live with her mother with an eventual goal of independent living thru OPWDD.

The June 18 30-day follow up note affirmed that TASC was working with her care coordination provider to develop a plan for ongoing services. However, on July 5, the class member expressed her disappointment upon having learned that her program would not accept her back.

SW next saw the class member on July 19. Without discussing her reported status with her prior program, SW noted that "She continues to work with TASC toward ATI." A SW 30-day follow up note of August 19 noted that her prior provider was no longer willing to accept her for services and that her care manager was exploring other options. The SW further noted the "strong possibility that the judge will allow her release due to supportive services being in place… she can return home…" She was ultimately released on recognizance, without further SW involvement.

Findings:

Referral/appointment: ineligible → appropriate (even though it is unclear where she is going, this was a coordinated plan between TASC and OPWDD)
SMI: appropriate
Case Management: ineligible → appropriate (has OPWDD case management which engaged in aftercare planning)
Supportive Housing: ineligible

Case 41, August MO149, was a 45 year old man who returned from Mid-Hudson Forensic Psychiatric and was incarcerated from May 25 to August 11, 2022. He was housed in MO at the time of his CTP on June 1. He was diagnosed with other specified schizophrenia and was determined to be SMI. His timely DCP was completed on May 31, 2022. At his DCP he was referred to Samaritan Village outpatient program and provided with a referral form. SW did not contact the program to confirm that it would accept the referral. The class member had an HRA 2010e approval active through November 9. SW did not follow up on this approval.

Findings:

Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (no follow up re prior approval)

> ***Response by CHS****: Case 41 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Samaritan Village is well known to CHS and we regularly refer patients to them, therefore there is no need to call this provider for each referral.*
>
> **Monitors' response**: See discussion in report, Section IV.D.4.(c).

Case 42, August MO191, was a 37 year old woman who was incarcerated from May 13 to August 3, 2022. She was housed in MO at the time of her timely CTP on May 18, 2022. She was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. Her timely DCP was completed on May 19, 2022, and she refused all DCP services.

The class member refused to engage with SW during an attempted 30-day follow up of June 21. At a 30-day follow up of July 25, she indicated that her next court date was scheduled for August 1. SW attempted to reach her attorneys. A SW note of July 27 indicated that the class member was to be released on August 3 with outpatient follow up arranged by TASC or CRAN and that per her criminal defense counsel she would live with her father while her supportive housing was renewed. An updated DCP of July 27 showed that she accepted a CRAN referral, planned to adhere with the court mandate and did not require a mental health referral.

Findings:

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

Case 43, August MO209, was a 31 year old man who was incarcerated from November 25, 2021 to August 15, 2022. He was housed in MO at the time of his CTP, which was completed 2 days late on December 14, 2021. He was diagnosed with other specified schizophrenia and substance use disorders and was determined to be SMI.

His timely DCP was completed on December 22, 2021 and referred him to Bowery Residents Committee which was contacted to confirm that the program would accept the referral. The referral form was provided do the class member. He was referred to CRAN for case management. The class member accepted supportive housing assistance and an approved HRA 2010e was received by SW and forwarded to two housing providers.

A SW note of May 10 indicated that CRAN was evaluating the class member for a possible ATI. A note of July 27 documented that he had a video conference scheduled with Harbor House on that day. A letter of August 9 confirmed his acceptance there. The ACL of August 8 reiterated the acceptance with an appointment for August 12 but an addendum the following day noted that Harbor House requested a delay until August 15 or 16. A second addendum on August 16 documented that the class member made intake the previous day.

Findings:

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

Case 46, August MO9, was a 46 year old man who was incarcerated from December 19, 2021 to August 18, 2022. He was housed in MO at the time of his CTP, which was completed 15 days late on January 12. He was diagnosed with schizoaffective disorder and cocaine use disorder and was determined to be SMI.

His timely DCP was completed on January 18 when he was referred to Bridging Access to Care Step 1, which was contacted to confirm that the program would accept the referral. SW provided the class member with a referral form. SW also referred him to CRAN for transitional case management services. While he initially refused assistance with supportive housing, on June 14 he accepted an HRA 2010e and SW forwarded the approval to two housing providers.

Follow up meetings with SW on January 26, March 3, March 21, April 14, and May 19 resulted in no revisions to the DCP. On June 14, a SW note indicated that the class member had been sentenced to a "city year" with no known projected release date; however, a note of June 22 documented that per his defense attorney, he would be released on August 8. SW did not provide an appointment following receipt of this information.

The class member's SSI status was ambiguous, but data submitted by CHS indicated that he was not eligible for reinstatement assistance because he was "not in timeframe." This was erroneous as of the class member's sentence date which was approximately two months prior to his release.

Findings:

Referral/appointment: inappropriate (did not provide appointment after sentenced)
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate

Case 47, August MO59, was a 35 year old man who was incarcerated from May 29 to August 18, 2022. At his IMHATP of May 30, he was noted to be internally preoccupied with thought blocking. Also noted was an incident of self-harming behavior three days earlier and a recent hospitalization at Coney Island Hospital where he was discharged on April 21 on clozapine.

He was housed in MO at the time of his timely CTP on June 2. He was diagnosed with schizophrenia and was determined to be SMI.

After admission to jail, the class member continued to have severe psychiatric symptoms. He was disengaged with treatment and was fighting with peers. He was admitted to the BHPW on June 7 where he remained throughout the remainder of his incarceration, after which he was transferred to a civil unit at Bellevue.

SW completed an unexpected release form on June 8, referring the class member to the 30th Street Shelter, a "MICA residential program," Bellevue outpatient, a job center, and SSA; the class member refused to sign the form. He did not receive a DCP.

A SW note of June 14 indicated that the class member was arrested for failure to comply with his ATI and that he would be going to court for sentencing. The note also documented that completion of an HRA 2010e was not appropriate because the class member was insufficiently stable. No other DCP services were offered.

Additional SW notes of June 21, 28, July 5, July 19, and July 25 are essentially identical although the July 12 note lists some collateral contacts including CRAN.

On August 1, SW noted an "attempt[ ] to meet with patient… but he was unreceptive to writer's attempts for engagement." No DCP services were offered. The same occurred on August 8.

By August 15, the class member was more receptive to the SW's efforts at engagement, but no changes to the DCP were made. He was not reoffered DCP services or an unexpected release form. Two days later, the psychiatrist documented that the class member's legal hold was resolved at his last court date and that the class member was being transferred to a civilian unit. The SW transfer summary of August 18 described the class member as "in adequate behavioral control and free from BRTs, IMs, seclusion or restraints."

Findings:

Referral/appointment: inappropriate (no DCP, only unsigned unexpected release form with no rationale for the services offered; was not reoffered DCP services as his condition improved)
SMI: appropriate
Case Management: inappropriate (see above)
Supportive Housing: inappropriate (see above)

Response by CHS*: Case 47 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the patient was admitted to Bellevue hospital on June 7, 2022 where he remained until his release on August 18, 2022. Upon his release from DOC custody, he remained hospitalized on a civilian unit at Bellevue hospital.*

Monitors response: The staff at Bellevue did not reoffer the class member DCP services as his condition improved. Therefore, we are not changing the finding for referral/appointment.

Case 48, August MO123, was a 45 year old man who was incarcerated from May 23 to August 2, 2022. He was charged with violation of an order of protection.

At his IMHATP he was diagnosed with bipolar disorder, a diagnosis later confirmed by his prescriber, and he was assessed as being SMI. This assessment suggested that the class member could return to live with his brother without clarifying whether it was the brother who had taken out the order of protection against the class member. On July 14 he refused continuing in-jail mental health treatment saying that he would be released the following week. He was advised of the "second refusal" policy. Three bridge orders were written between July 18 and August 1.

On August 1, the class member refused to come to the clinic for his CTP which had been due 32 days prior. He did not receive a CTP or a DCP.

Documentation indicated that the class member was connected with OPWDD and was working with TASC, although the record contained no indication that staff attempted to contact either agency.

Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate (but should have contacted OPWDD to clarify)
Case Management: inappropriate (no DCP, no effort to contact TASC)
Supportive Housing: ineligible (although staff should have indicated whether the order of protection was taken out by this brother which could have impacted the viability of returning to the brother's residence)

Response by Class Counsel*: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 49, August MO153, was a 40 year old man, who was on the OMH SES (Sustained Engagement Support[5]) caseload, who was incarcerated from February 9 to August 22, 2022 on a parole violation. He was housed in MO at the time of his timely CTP on February 25. He was diagnosed with schizophrenia and was determined to be SMI. His timely DCP was completed on February 27, but he refused to participate. As a result, he did not receive a referral for continuing mental health treatment or case management. The class member had an approved HRA 2010e active through September 16,[6] but SW did not forward this to housing providers.

At 30-day follow up appointments with SW on March 14 and May 10, the class member again refused all DCP services. On July 1, shortly after he was transferred from the infirmary to a PACE unit, SW met briefly with the class member at the "gate" due to "lack of DOC officers." To introduce services At that time, the class member requested that the SW inquire about his release date and the SW informed him that they would provide updates when available. On July 27, SW contacted the class member's parole attorney who expressed optimism that the class member could be released on recognizance at his next court appearance calendared for August 4. They also discussed the possibility of an outpatient referral to Shiloh and that the parole attorney had a 2010e approval for the class member. However, a court collateral note of August 4 documented that the parole judge denied the class member's release. By August 15, SW documented that a Legal Aid Society SW reported that the class member was scheduled for release on August 19, with an appointment at Shiloh counseling, and that he was assigned to a

[5] See https://omh.ny.gov/omhweb/transformation/
[6] Although this was not addressed by staff, this approval would have been extended through October 31, per HRA memorandum W-2-647, Rev. 04/22).

SARA compliant mental health shelter at Ana's Place/Project Renewal. There was no indication that this plan included transportation to the program from court. The ACL of August 22 documented this plan including the appointment at Shiloh for the following day, but there was no indication in the record that the class member was provided with the ACL or made aware of the appointment.

Findings:

Referral/appointment: ineligible → inappropriate (did not give him signed ACL or other notification of his appointment, and he was not being released from court with transportation)
SMI: appropriate
Case Management: ineligible
Supportive Housing: inappropriate (did not forward the approval to providers or case management)

Case 50, September GPMEDS40, was a 38 year old woman who was incarcerated from July 16 to September 1, 2022. She was housed in GP at the time of her timely CTP on July 28. She was diagnosed with adjustment disorder and substance use disorders and was determined to not be SMI. She was noted to have problems with social impairment/adaptive functioning, inability to maintain healthy relationships, employment, housing, and criminal justice involvement. While these impairments were not specifically attributed to substance use, her historical treatment in the community was mostly related to substance use. During prior incarcerations she had trials of various medications including Lithium, Zyprexa, Abilify and Zoloft.

Her timely DCP was completed on July 29 when she was referred to Staten Island University Hospital methadone maintenance treatment program. SW contacted the program to confirm that they would accept the referral and provided a referral form to the class member.

Findings:

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

Case 51, September GPMEDS42, was a 27 year old man who was incarcerated from June 23 to September 28, 2022. On July 5, he refused his CTP appointment. He was housed in GP at the time of his CTP, which was completed 2 days late on July 11. He was diagnosed with schizophrenia and was determined to be SMI. His timely DCP was completed on July 19, but he refused all DCP services.

A SW note on August 9 documented communication with TASC indicating that Harbor House accepted the class member with a plan to discharge him to there from court on August 10. Harbor House requested that SW arrange for medications and an MGP card. However, the following day TASC informed SW that Harbor House had rescinded its acceptance of the class member due to his noncompliance with prescribed medications. SW saw him on August 16, and he again declined all DCP service.

Subsequently, on September 13, TASC informed SW that he "will be discharged from court to Harbor House on 9/15/22," requesting that prescriptions be sent to a specified pharmacy. SW prepared an ACL on this date. He was not released until September 22, and there was no indication as to the cause of the delay.

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

Case 53, September GPMEDS153, was a 19 year old man who was incarcerated from May 12 to September 24, 2022. His initial assessment was delayed because DOC did not produce him on June 22, 23, or 24. He was housed in GP at the time of his timely CTP on July 8. He was diagnosed with other specified trauma and stressor disorder and substance use disorder and was determined not to be SMI. His timely DCP was completed on July 8, when he was referred to Brookdale Hospital for ongoing mental health treatment. The program was contacted to confirm that they would accept the referral. The referral to Brookdale was reiterated on the ACL. The record contained no indication that the referral or the ACL was provided to the class member.
Findings:
Referral/appointment: inappropriate (SW did not provide the referral to the class member)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 54, September GPMEDS172, was a 35 year old man who was incarcerated from August 1 to September 22, 2022. He was housed in GP at the time of his CTP, which was completed 12 days late on August 30; the record did not include documentation as to the reasons for the delay. He was diagnosed with cocaine induced depression and cocaine use disorder and was determined to be not SMI.

His timely DCP was completed on September 9 when he was referred to Exodus and provided with a referral form. SW did not contact Exodus to confirm that the program would accept the referral.
Initial Findings:
Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***Response by CHS****: Case 54 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Exodus is a program that the Social Work department commonly uses for patient referrals and there is no need for the Social Worker to contact them for each referral. Additionally, it is documented that the patient met with Exodus in his housing area and was engaged and is motivated to followup. As Exodus Staff met With the Patient and encouraged him to engage with services post-release, it is clear that the referral was appropriate.*
>
> **Monitors' response**: On re-review, we concur that, because he met with Exodus during his incarceration, we can conclude that Exodus was willing to accept him for treatment. We are changing the rating to appropriate.

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

Case 55, September GPNOMEDS6, was a 53 year old man who was incarcerated from June 9 to September 7, 2022. He was housed in GP at the time of his timely CTP on August 19. He was diagnosed with adjustment disorder and was determined to not be SMI. His DCP, completed on September 1, was 1 day late. At the DCP, the class member refused a referral for ongoing mental health treatment. However, on September 7, SW saw him again and offered him assistance in connecting him with a clinic in Florida where he planned to return upon release. SW contacted the program to confirm that they would accept the referral and provided him with both the referral and an ACL.

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

Case 57, September MO2, was a 35 year old man who was incarcerated from June 11 to September 14, 2022. He was housed in MO at the time of his CTP, which was completed 10 days late on July 8 for no documented reason. He was diagnosed with schizophrenia and cocaine use disorder and was determined to be SMI. His timely DCP was completed on July 19. He was referred to CASES, which was contacted to confirm that they would accept the referral. The class member was provided with a copy of the referral to CASES. SW referred him to CRAN for transitional case management services. He refused a supportive housing application.

On July 29, the class member informed CRAN that although he now wished to apply for supportive housing; CRAN notified CHS of this the same day. At a 30-day follow up with SW of August 17, the SW noted the class member's acceptance of a 2010e. During a visit with CRAN on August 22, the class member requested that CRAN follow up on his housing situation, and CRAN indicated they would inform his CHS SW. SW responded the same day indicating in an email that "he accepted [the HRA 2010e]… we are working on [the application]." SW submitted the application the following day, however the record contained no HRA response, or any follow up by SW concerning his housing situation.

The class member's attorney informed CRAN on August 31 that he was found eligible for CASES Nathaniel ACT, "…but it appears that they won't have a spot in their waitlist open for another couple weeks." The attorney also planned to submit a bail application with CRAN services in place. There are no further SW contacts in the medical record.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (did not follow up re the housing application after it was submitted, also delayed application for no documented reason)

Case 58, September MO4, was a 30 year old man who was incarcerated from June 16 to September 8, 2022. At his initial mental health and psychiatry assessments he was diagnosed with other specified trauma and stressor disorder and substance use disorders and found to not be SMI.

There were no attempts to conduct a CTP or DCP documented, and the class member received neither.

The class member had a medication evaluation on July 1 when he was started on buspirone and prazosin. This was his only contact with a prescriber; bridge orders were written six times between July 8 and September 6.

Findings:

Referral/appointment: inappropriate (no DCP)
SMI: appropriate (diagnosis seems reasonable given the documentation available)
Case Management: ineligible
Supportive Housing: ineligible

> ***Response by Class Counsel****: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*
>
> **Monitors' response**: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 59, September MO7, was a 24 year old man who was incarcerated from November 22, 2020 to September 14, 2022. He was housed in MO at the time of his timely CTP on November 30, 2020. He was diagnosed with other specified trauma and stressor disorder and substance use disorders. Although the assessment documented functional impairments in multiple domains, he was determined to be not SMI. SW missed the seven business day timeline for completing the DCP in the context of transfers between GP and MO housing and his refusal on December 14, 2020, but it was completed on December 16, 2020, 637 days prior to release. The class member refused a referral/appointment at his initial DCP.

The class member had a Medicaid prescreening on November 25, 2020, indicating active Medicaid with a coverage end date of 9/30/21. However, according to the HRA data set, his Medicaid benefit was suspended and then reactivated the day after his release.

On December 4, 2020, a psychiatrist documented "possibly undiagnosed PTSD," but did not make this diagnosis.

During a 90 day follow up contact on March 5, 2021, the class member continued to decline mental health referrals, but he reported a preferred pharmacy at a location around the corner from his mother's apartment where he planned to return to live. The class member met with the social

worker again on May 13, 2021, indicating that he wanted a referral close to his mother's apartment. He was referred to ICL Highland Park, and the SW documented "from prior referrals, this writer has confirmed that his [sic] location is accepting new patients for MH services at this time."

At a 90 day follow up on January 21, 2022, SW reviewed the plan with the class member, who did not want any changes. At this time, he was given a copy of his referral to ICL.

At a 30 day follow up on June 16, no changes were made to the discharge plan.

In a medication reevaluation note on August 19, a psychiatrist documented that "though his current diagnosis of other specified trauma and stressor related disorder will be continued, would continue to evaluate his trauma related symptoms in further detail and strongly consider the diagnosis of PTSD."

Upon discharge, his prescriptions were sent to a different pharmacy, at least a 30 minute bus ride from his mother's apartment. There is no explanation as to why they were sent to this pharmacy.

Findings:

Referral/appointment: inappropriate (no statement that the DCP recently confirmed that the provider would accept the referral of this class member; medications were not sent to his preferred pharmacy but to one distant from his residence, without explanation)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***Response by CHS****: Case 59 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the DCP append noted "Following a conversation, Class Member was offered and accepted a MH referral to ICL's Highland Park Clinic. From prior referrals, this writer has confirmed that his location is accepting new patients for mental health services at this time." Additionally, the patient was discharged from court unexpectedly. To ensure medications were available, an eScript was sent post release to a pharmacy listed in the chart.*
>
> **Monitors' response**: See discussion in report, Section IV.D.4.(c). While the eScripts were sent to a "pharmacy listed in the chart," they were not sent to his preferred (and more convenient) pharmacy, also listed in the chart. Therefore, we are not changing the finding for referral/appointment.

Case 60, September MO12, was a 41 year old man who returned from Kirby Forensic Center and was incarcerated from October 6, 2021 to September 29, 2022. He was housed in MO at the time of his timely CTP on October 12, 2021. He was diagnosed with schizophrenia and was determined to be SMI. His timely DCP was completed on October 13, 2021. At that time, he declined assistance with a referral, case management or supportive housing, and he did not consent for SW to contact various community providers or case managers. Nonetheless, SW submitted a SPOA application October 14, 2021 requesting IMT services; SW subsequently submitted an AOT referral on November 5, 2021.

At a 30 day follow up on November 16, 2021, the class member indicated that he wanted a referral to Queens hospital. He was given a referral form, but there is no indication that SW attempted to contact the provider to confirm that they would accept the referral. The class member continued to decline consent for staff to contact prior providers, and he refused all other

services. SW noted that he could not return to his prior SRO due to the length of his incarceration.

On November 22, 2021, the class member consented to a supportive housing application. SW submitted the application on December 7, 2021, and an approval was received the next day. The approval was sent to two housing providers, but not until June 8, 2022.

At 30 day follow-ups on December 16, 2021 and January 24, 2022, no changes were made to the discharge plan.

At a 30 day follow up on February 23, SW documented that TASC was working on an alternative to incarceration. This information was repeated at two subsequent 30 day follow-ups in March and April.

In a SW note on May 10, SW documented that the class member was to be seen by the Fortune Society housing program on May 13.

In a 730 mobile team note on May 16, staff documented that he had been rejected by Harbor House because he was on prescribed benzodiazepines.

In a 30 day follow up contact on May 25, the class member reported that the judge had told him that he had an ATI bed pending, and his case was continued. A few days later, the class member reported that he was awaiting an opening at Fortune Society.

On July 28, in a 30 day follow up, the class member reported that he thought he was going to be sentenced to probation rather than receiving an ATI. However, as of August 3, the 730 mobile team indicated that he was still targeted for an alternative to incarceration via TASC.

Also on August 3, an addendum to the original DCP indicated that he accepted a CRAN referral.

In a 30 day follow up on August 17, SW documented that "patient is now working with Fortune Society to secure the appropriate aftercare services through ATI. patient is also now connected to... CRAN."

According to a CRAN note on August 26, TASC had closed his case, but the court was still holding him pending residential placement. CRAN contacted Fountain House to clarify his position on the wait list.

In a TPR on September 14, the class member "indicates he has a confirmed bed with Fountain House and expects to be released tomorrow from court."

In a 30 day follow up on September 19, the class member indicated that he had court on September 29 and anticipated a program placement. SW prepared an aftercare letter on September 22, noting an appointment to Fountain House for September 29. A SW note on the same day confirms that this is a mandated placement and that he was on the wait list for IMT. He was provided with a referral form and with a copy of the aftercare letter documenting this plan. According to a CRAN note on October 4, he made intake at Fountain House as planned.

Findings:

Referral/appointment: inappropriate (no contact) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → appropriate (CRAN was instrumental in completing the ATI process after TASC closed case)
Supportive Housing: appropriate → ineligible (residential ATI)

Case 61, September MO13, was a 40 year old man who was incarcerated from June 14, 2021 to September 29, 2022. He was housed in MO at the time of his CTP, which was completed 5 days late on July 12, 2021. The CTP was delayed because the clinician was unable to locate him in the intake area on July 1, and because the class member sleeping in his cell and not responding when

approached for his CTP on July 7. He was diagnosed with schizophrenia (later changed to schizoaffective disorder in February 2022) and substance use disorders and was determined to be SMI.

His timely DCP was completed on July 16, 2021; SW referred him to Nathaniel CASES. Although he was provided a referral form, SW did not contact the program to confirm that they would accept the referral. SW submitted a referral to CRAN for transitional case management on July 27, 2021. Although SW identified the class member's need for a higher level of case management services via SPOA, they did not submit a referral.

SW 30-day follow ups were not done due to safety concerns on October 4 and 5, 2021. On November 17, 2021, a court collateral note clarified his housing status documenting that, per his attorney, he resided in a shelter prior to arrest. At SW follow ups on November 18, 2021 and June 21, 2022, no changes were made to the DCP.

By September 15, 2022, the class member reported that he would be released on September 28, which his legal team confirmed to MH on September 23 . Staff forwarded his prescriptions to a CVS in Central Islip on September 27. An ACL of the same day indicated that he was referred to both CSEDNY and to New Horizon Counseling Center in Copiague noting that the latter "provider will call patient on September 28, 2022 to schedule appointment." The ACL also noted the CRAN referral. A SW note also of September 27 documented extensive coordination with the Legal Aid Society to identify an appropriate provider near his family's home in Central Islip. A second ACL, signed by the class member on September 29, documented the same referrals but was updated to indicate that the class member should contact the provider himself to arrange for intake.

During a post release follow-up contact of October 4, CHS OHIS documented that New Horizons declined the referral "due to nature of crime," but also confirmed that the class member had arranged an intake appointment for at CSEDNY schedule for the following day.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: inappropriate (SW identified need for SPOA but did not initiate a referral)
Supportive Housing: ineligible

> ***Response by CHS****: Case 61 was found inappropriate for Case Management. The determination should be changed to "appropriate" because the patient indicated that they would be living in Central Islip, which is outside of the NYC SPOA and CRAN catchment area.*
>
> **Monitors' response**: SW identified a need for intensive case management services. Once it was clear he was to be living in Central Islip, they should have initiated a referral to the Suffolk County SPOA. Therefore, we are not changing the finding for case management.

Case 62, September MO41, was a 27 year old woman who was incarcerated from July 25 to September 28, 2022. She was housed in MO at the time of her timely CTP on August 24. She was diagnosed with delusional disorder and was determined to be SMI.

At her timely DCP, which was completed on August 26, she refused a referral for ongoing mental health treatment but accepted a referral to CRAN for transitional case management. Although PSYCKES documented that she was in supportive housing between January 2021 until

February 22, she declined an HRA 2010e because she could reside with her mother following release.

A 30-day follow up of September 27 noted a court date the following day (when the class member was released) but resulted in no update to the DCP.

Findings:

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

Case 63, September MO98, was a 20 year old man who was incarcerated from August 3 to September 8, 2022. He was housed in MO at the time of his timely CTP on August 8. He was diagnosed with bipolar disorder, intellectual disorder, marijuana use disorder and was determined to be SMI.

On August 10, the class member provided the names and telephone numbers for two contacts at the group home where he had been residing. On August 13, MH attempted to contact these collaterals but documented that the numbers provided by the class member were not in service. This appeared to be the result of a transcription error as the numbers originally provided corresponded with the group home. No further efforts to contact community providers or OPWDD took place.

An incomplete DCP was initiated on August 16 and signed by staff the following day. This DCP indicated that the class member had signed consents for an HRA 2010e application and a SPOA referral.

His completed DCP was initiated on August 17 but not completed/signed until August 31, 14 days past the seven business day deadline and only 8 days prior to release. He accepted a referral to Samaritan Village outpatient for continued mental health treatment. SW provided him with a copy of the referral for the program, which was contacted to confirm that it would accept the referral. He also accepted a referral to CRAN for transitional case management, but SW did not refer him to CRAN. This completed DCP indicated that he refused an HRA 2010e, but SW later documented that the class member "was living at a group home… in Queens."

Starting on September 5, the class member began telling MH that he wanted to speak with DCP about a possible program he might go to following an upcoming court date of September 8. He made this request on several occasions but was not seen by SW until his discharge from jail on September 8, as a "civil discharge."

Findings:

Referral/appointment: inappropriate (no effort to contact prior providers; limited and generic rationale for the referral made; did not consider his intellectual disability diagnosis and possible special needs he would have with regard to MH referral)
SMI: appropriate
Case Management: inappropriate (SW did not carry out the CRAN referral)
Supportive Housing: inappropriate (Though he refused, he reported being in at least one and possibly two supported living settings prior to incarceration, and staff did not adequately follow up on these to confirm he could return. The one staff member who planned to make contact mis-transcribed the phone numbers, and no follow up ensued. As a result, staff neither confirmed his living situation nor checked with OPWDD as to his status for services. This would have an impact on his housing, and possibly on the other referrals for MH and case management follow up)

Response by CHS*: Case 63 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the DCP clinical rationale indicates that the program was contacted: "Patient was offered and accepted a MH referral to Samaritan Village - Outpatient Treatment based on serviced offered, location, and borough preference. Social worker confirmed that this location is accepting new patients and that the patient is eligible to go." Additionally, PSYCKES was obtained indicating no OPWDD involvement and the only related diagnosis was ADHD, which alone does not qualify one for OPWDD services. SCO records obtained gave I/DD as a RULE OUT and did not confirm I/DD diagnosis or complete any testing. Evidence indicates the patient was not eligible for OPWDD services.*

Also, this case was found "inappropriate" for Case Management. The determination should be changed to "appropriate" because the patient indicated living in Central Islip, which is outside of the NYC SPOA and CRAN catchment area.

Monitors' response: As noted in the case summary, SW contacted Samaritan Village. This was not the basis for our finding. We found inadequate effort to contact *prior* providers, as described above. We disagree with defendants' assertion that he was definitively ineligible for OPWDD. The way to confirm his eligibility status would have been to contact collateral information sources. Therefore, we are not changing the finding for referral/appointment.

We suspect the second response is an error related to Defendant's rebuttal in case 61.

Case 64, September MO106, was a 41 year old man who was incarcerated from July 24 to September 22, 2022. At his IMHATP, the class member was diagnosed with adjustment disorder and substance use disorders and was assessed as not being SMI.

MH could not complete a CTP on August 5 because he was not produced by DOC (because staff did not consider the unit to be sufficiently safe). He did not receive a CTP.

KEEP referred the class member to BICM Harlem MMTP on August 1.

SW saw him for an expedited DCP on August 6 but believed him to be not SMI based on the diagnoses made at the IMHATP; no expedited DCP was completed at this point.

His PsychBasic, completed on August 30, documented that the class member met full criteria for PTSD (as well as substance use disorder) and determined that the class member was SMI.

SW acknowledged in a September 21 addendum that he had been determined to be SMI as of August 22, also noting that he had been sentenced to 90 days on August 19. SW completed an updated DCP on September 21, 33 days late and only 1 day prior to release. At that time, he was referred to BIMC Harlem MMTP and Exodus. These programs were not contacted to confirm that they would accept the referral, although he was provided a referral form. The ACL also referred him to Beth Israel Medical Center Harlem on 125th Street. He refused case management and supportive housing assistance "due to his release."

Findings:

Referral/appointment: inappropriate (he needed more services than those that a MMTP could provide, the class member was sentenced and should have been given an appointment)
SMI: appropriate.
Case Management: inappropriate (refused at point of release)
Supportive Housing: inappropriate (refused at point of release)

Response by Class Counsel*: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 65, September MO119, was a 23 year old man who was incarcerated from July 31 to September 8, 2022. He was housed in GP at the time of his timely CTP on August 5. He was diagnosed with other specified schizophrenia and substance use disorders and was determined to be SMI. The record contained numerous notes indicating a long history of severe psychiatric illness, multiple hospitalizations, and poor engagement with outpatient treatment. Because of his clinical presentation, he was transferred to MO upon completion of his CTP.

His DCP, completed on August 18, after DOC did not produce him for his DCP appointment on August 15. The DCP missed the 7 day timeframe and was completed 21 days prior to discharge. SW referred the class member to Realization Center, but there is no indication that SW attempted to contact the program to confirm that the program would accept the referral. SW referred the class member to CRAN for transitional case management, documenting their assessment that he did "not meet criteria" for ACT or AOT. The class member accepted a supportive housing application, and SW submitted an HRA 2010e on August 26. However, there was no indication in the record that HRA responded to this application or that SW followed up.

Also on August 26, SW referred him to "Safe Options Support (SOS)."[7]

On September 6, SW documented that "patient successfully engaged in a telephone conference with SUS program director... Regarding case management services with the agency. Patient discussed his goals/plans once discharged as well as discussed plans to meet up with providers at Bellevue Men's Shelter."

In an ACL on September 7, SW documented a specific appointment for Realization on September 9 at 11am. The ACL also documents both CRAN and SUS case management services. According to a follow up note on September 14, he kept his appointment at Realization.

[7] See, e.g., https://www.governor.ny.gov/news/governor-hochul-announces-major-statewide-initiative-end-homelessness-crisis-and-address

Findings:
Referral/appointment: appropriate (once appointment was made)
SMI: appropriate
Case Management: appropriate (though a SPOA referral may have been helpful for him)
Supportive Housing: inappropriate (no indication that HRA responded, or that SW responded to their nonresponse)

Case 66, September MO124, was a 34 year old man who returned to jail from Mid-Hudson Forensic Psychiatric Center and was incarcerated from August 18, 2021 until September 13, 2022. He was housed in MO at the time of his timely CTP on August 24, 2021. He was diagnosed with schizoaffective disorder and substance use disorder and was determined to be SMI.

His timely DCP was completed on August 25, 2021, and he refused a referral for ongoing mental health treatment, CRAN and an HRA 2010e. The class member was assessed by SW as eligible for SPOA, but the application was deferred to "a later time due to the severity of the patient's alleged charge." An addendum of October 4, 2021 noted his subsequent acceptance of CRAN referral.

A 30-day SW note of October 28 noted that he had been housed previously in an SRO and wanted to apply for supportive housing. An addendum of November 1 indicated his subsequent acceptance of an HRA 2010e. However, two days later, the class member reported that he already had an approved 2010e active through January 2022. In any event, a new application was submitted by SW on December 22, 2021, approved by HRA two days later, and forwarded to CRAN and three housing providers.

In a 30 day follow up contact on September 29, 2021, the class member reported that he was "waiting to hear if he will be accepted into mental health court."

in his CRAN assessment on October 21, 2021, e reported a history of having been the recipient of SSDI, as well as having served in the US Marines from 2004 to 2006. He reported a dishonorable discharge. There is no indication that this information was transmitted from CRAN to jail based staff. His name does not appear on the SSA or VA datasets.

Subsequent SW contacts in October and December 2021 indicate no changes to the DCP.

On March 8, 2022, a 730 mobile team note indicates a "pending decision from DA re a possible treatment offer." Six weeks later, on April 19, the 730 mobile team indicated that the DA had agreed to have him evaluated by the mental health court staff.

In a SW note on June 1, the class member reported having been told he was eligible for a program. However, according to the 730 mobile team on June 8 and June 15, a program continued to be "pending DA's decision."

On July 5, the 730 mobile team documented that the DA had agreed to residential program placement. A note on July 27 indicated that he was awaiting an interview with Harbor House; staff received a letter on August 24 from Argus Community documenting his acceptance and requesting medication. On September 7, the 730 mobile team documented that a bed had become available and that he would be released on September 13. An aftercare letter was prepared documenting this plan. The class member was provided with both a referral form and a copy of the aftercare letter.

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

Case 68, September MO160, was a 43 year old man who was incarcerated from May 11 to September 21, 2022. He was housed in MO at the time of his timely CTP on May 18. He was diagnosed with major depressive disorder and substance use disorders and was determined to be SMI. SW missed the seven business day timeline for completing the DCP, but it was completed 114 days prior to release. At this DCP the class member accepted a referral to Camelot which was contacted by SW to confirm that it would accept the referral. The class member was provided with a copy of the referral.

This class member was transferred from MO to GP on June 9. DOC did not produce him for his planned 30/90-day follow up of July 27. By August 18 CRAN learned that his attorney was attempting to get the class member's case transferred to Mental Health Court. Per a CRAN email of September 6, the attorney was attempting to arrange an ATI. However, the class member was released on bail on September 21.

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

Case 69, September MO180, was a 20 year old man who was incarcerated from June 28 to September 23, 2022. He was housed in MO at the time of his timely CTP on July 7. He was diagnosed with schizoaffective disorder and substance use disorder and was determined to be SMI. His timely DCP was completed on July 18. At his DCP he was referred to CASES and provided with a referral form. SW indicated that "this provider had been verified." He was also referral to CRAN with a notation that the SW would submit AOT and SPOA applications "if needed upon further review." The class member was living in a group home prior to release and had a previously approved HRA 2010e active through October 31, 2022.[8]

According to the CRAN record, the class member was transferred briefly to Westchester County detention center on September 14 to deal with an outstanding warrant.

On September 15, a mental health note indicates a possible release "the following day" with a plan as follows: (1) MH services at Sun River while on waitlist for CASES ATI thru Nathaniel ACT team, and (2) sheriff to meet him and ACT worker at Courthouse to transport him to prior residential facility Good Shepherd.

However, on September 16, a clinician documented that his Westchester hold had not been lifted, and it is "unclear if the treatment plan will still remain in effect and patient's civil commitment will be reinstated as a precaution."

[8] The class member's 2010e approval was dated 9/27/21, but the version of the approval obtained by SW in July 2022 had been extended until 10/31/22, presumably because of HRA memorandum W-2-647, Rev. 04/22.

Findings:
Referral/appointment: inappropriate (no clear statement that the DCP recently confirmed that the provider would accept the referral of this class member) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (needed new application after 8/31/22) → ineligible (going back to prior placement per attorneys/court)

Case 71, August GPNOMEDS49, was a 23 year old man who was incarcerated from July 3 to August 16, 2022. He was housed in GP at the time of his timely CTP on August 8. He was diagnosed with other specified trauma and stressor disorder and marijuana use disorder and was determined to be not SMI. His timely DCP was completed on August 11. He was referred to CASES and provided a referral form, but the program was not contacted to confirm that they would accept the referral.
Findings:
Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***Response by CHS****: Case 71 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because CASES is a program that is commonly used by our Social Workers. Additionally, CASES accept walk-ins and there is no need for Social Workers to contact CASES for each referral.*
>
> **Monitors' response**: See discussion in report, Section IV.D.4.(c). While CASES does provide walk in hours, there is no indication in this class member's medical record that the SW provided information to the class member as to when he could walk in to CASES to receive services. Therefore, we are not changing the finding for referral/appointment.

Case 72, September MO44, was a 23 year old man who was incarcerated from June 8 to September 14, 2022. He was housed in MO at the time of his timely CTP on June 17. He was diagnosed with bipolar 1 and substance use disorders and was determined to be SMI. He was assessed as having functional impairments in multiple domains including lack of family support, being undomiciled, unemployment and non-adherence with treatment and medication. Although the psychiatrist had documented the name of a case manager and a phone number on both June 13 and June 15, the CTP indicated that "no other sources of collateral information were available at the time of the [CTP] interview."

His timely DCP was completed by chart review only due to "lack of production/staff" on June 21. The DCP documented that he was not provided with a referral or HRA 2010e because he "refused" and that he had prior case management services via Sheltering Arms.

There are no further SW contacts in the record, and there is no indication that any staff attempted to contact his case manager to gather more info or to coordinate DCP.

Findings:
Referral/appointment: inappropriate (no DCP – chart review only, no attempt to contact prior case manager)
SMI: appropriate
Case Management: inappropriate (no DCP – chart review only, no attempt to contact prior case manager)
Supportive Housing: inappropriate (no DCP – chart review only)

Case 74, October GPMEDS100, was a 58 year old man who was incarcerated from June 12 to October 18, 2022. He was housed in GP at the time of his timely CTP on July 13. He was diagnosed with bipolar disorder and substance use disorder and was determined to be SMI. His timely DCP was completed on July 20 when he refused a referral for ongoing mental health treatment but accepted a referral to CRAN. He also accepted an HRA 2010e which was submitted on July 26; there is no response from HRA in the record.

A form in the record dated August 25 indicates that the class member previously received treatment at the Joseph P Addabbo medical center.

The class member informed a prescriber on September 15 that he "might be leaving to a program, either at BASICS or Odyssey House." A month later, on October 12, there is a letter from Odyssey House to the Drug Treatment Court indicating that he was accepted for residential placement. An aftercare letter was prepared documenting this, but there is no indication that a copy of it was provided to the class member.

Findings:
Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (ATI)
Supportive Housing: inappropriate (no HRA response in file) → ineligible (residential ATI)

Case 75, October GPMEDS143, was a 33 year old man who was incarcerated from September 14 to October 19, 2022. He was housed in GP at the time of his CTP, which was completed 11 days late on October 12; there are no documented reasons for the delay. He was diagnosed with adjustment disorder and substance use disorders and was determined to not be SMI. He did not receive a DCP.

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

Response by CHS*: Case 75 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the patient was discharged unexpectedly from court before the DCP could be completed.*

Monitors' response: The mental health service includes treatment and discharge planning functions, both of which are the subject of obligations in the Stipulation (CTP and DCP). CHS cannot argue that their failure to meet one obligation (a timely CTP) absolves them of the obligation to meet another (a timely DCP). In a situation such as this, defendants may not be obligated to provide a timely DCP *for the purposes of the statistical analysis completed*

for PI 3.3. However, in a holistic qualitative review of the appropriateness of discharge planning, defendants did not provide the class member individualized clinically appropriate discharge planning because no DCP was complete. Therefore, we are not changing the finding for referral/appointment.

Case 76, October GPMEDS160, was a 28 year old man who was incarcerated from May 16 to October 12, 2022. He was housed in GP at the time of his CTP, which was completed 5 days late on June 6 with no reason documented in the record. He was diagnosed with other specified trauma and stressor disorder and substance use disorder. The clinician did not make an SMI determination but documented "Pt has functional impairment in legal, criminal, social, domestic, interpersonal, educational, financial, educational, occupational, drug use, & self-care domains." Subsequent TPRs assessed him as not SMI. His timely DCP was completed on June 15 when he was referred to Elmhurst Hospital outpatient for ongoing mental health treatment. He was provided with a copy of the referral, but the program was not contacted to confirm that it would accept the referral.

At times, the class member demonstrated symptoms possibly consistent with more severe illness, including poor eye contact, responding to internal stimuli, inappropriate laughter, nightmares, flashbacks, and avoidance behaviors. However, none of the clinicians altered the diagnosis or the SMI assessment. Based on our review of the entire record, including the PSYCKES extract, we have no reason to conclude that the decision that he was not SMI was incorrect.

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

Response by CHS*: Case 76 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the Elmhurst Clinic is a program commonly used by the Social Work department and regularly accepts new patients. Social Work does not need to contact that program before making each referral.*

Monitors' response: See discussion in report, Section IV.D.4.(c).

Case 77, October GPMEDS200, was a 39 year old woman who was incarcerated from August 22 to October 21, 2022. She was housed in GP at the time of her timely CTP on August 30. She was diagnosed with substance induced depressive disorder and substance use disorders and was determined to be not SMI. Her timely DCP was completed on September 1, when she was referred to Samaritan Village for ongoing mental health treatment and substance use treatment. While SW did provide the class member with a copy of the referral, they did not 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

***Response by CHS**: Case 77 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Samaritan Village Outpatient is a program commonly used by the Social Work department and regularly accepts new patients. Social Work does not need to contact that program before making each referral.*

Monitors' response: See discussion in report, Section IV.D.4.(c).

Case 78, October GPNOMEDS73, was a 19 year old man who was incarcerated from February 15 to October 24, 2022. He was housed in GP at the time of his CTP, which was completed 2 days late on April 13. He was diagnosed with other specified disruptive, impulse control and conduct disorder and marijuana use disorder and was determined to be not SMI. His timely DCP was completed on April 21 when he was referred to Morris Heights Center for ongoing mental health treatment. SW did not contact the program to confirm that it would accept the referral and the record contained no indication that SW provided the referral to the class member.

Findings:

Referral/appointment: inappropriate (referral form not provided to class member, no contact)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 80, October MO 18, was a 26 year old man who was incarcerated from June 21 to October 5, 2022. He was housed in MO at the time of his timely CTP on June 28. He was diagnosed with other specified bipolar disorder and substance use disorders and was determined to be SMI. His timely DCP was completed on July 4, at which time he refused all discharge planning services.

Throughout his incarceration, the class member was clear that he would be returning to the VA for continuing mental health care. According to the VA data set for October, he was noted to already be receiving VA benefits. In August and September, MH and SW staff were in contact with his caseworker at the VA. Later in September and in October, SW staff confirmed that he would be going to the VA in Lyons, NJ for specialized mental health follow up after being released into his father's care from court. He was provided with an ACL documenting this plan.

Findings:

Referral/appointment: appropriate (SW Continue to work with him despite his initial refusal and engaged appropriately with his providers at the VA)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 82, October MO 30, was a 42 year old man incarcerated from February 25, 2020 until October 25, 2022. He was housed in MO at the time of his timely CTP on March 20. He was diagnosed with schizophrenia and was determined to be SMI. A DCP was attempted on March 27, but he did not participate. It is unclear from the record whether this DCP was done by chart review only because of his refusal or because it was early in the COVID-19 pandemic.

At a 30 day follow up on July 10, 2020, there was no update to the DCP.

On August 7, 2020, the class member accepted an HRA 2010e. this was completed at the request of the class member's legal team, according to a 30 day follow-up note on September 3, 2020. The class member and his legal team at that time were hoping for an outpatient mandate.

The application was approved from September 22, 2020-September 21, 2021. SW sent the approval to CRAN and three housing providers on October 16, 2020.

SW completed an updated DCP on November 10, 2020, providing the class member with referrals to St Joseph's (in Yonkers) and to Fedcap in the Bronx. He requested providers in these areas due to his familiarity with these neighborhoods. He was given referral forms for each program, but neither program was contacted by SW to confirm they would accept the referral. SW also referred him to CRAN, and they initiated new AOT and SPOA applications. SW also noted the already approved supportive housing application.

On March 1, 2021, CRAN informed SW that they were closing his case because he had refused to see them on four occasions as he believed he was going to state prison. AOT also closed his case as his attorney reported he was likely to be sentenced to state prison.

At a 30 day follow up on March 30, 2021, the class member informed SW that "he would like to revisit [CRAN] once more is known about his case."

At 30 day follow ups through the spring, summer, and fall of 2021, there were no updates to his DCP. SW did not during this time document any action taken regarding his 2010e, which expired in September of 2021.

During a 30 day follow up on November 10, 2021, SW documented that the class member was more optimistic about his case but did not want them to engage in any updated DCP at this time. He indicated that he would "let SW know if there was any chance he'd be released anytime soon."

A few months later, on February 22, SW offered to renew the expired supportive housing application, but the class member demurred at this time, requesting follow up at a later date. SW subsequently completed and submitted a new 2010e on March 1.

No DCP updates were provided at 30 day follow-ups on March 30, May 23, July 11, August 15, or October 3. During this last contact, the class member reported that he has court on October 5 and said that his lawyer is "working on something for him. However, was not able to state what his lawyer is working on. Pt also reports that his lawyer is planning on changing his court date."

The class member was bailed out on October 25. On that date, SW attempted to connect him to AOT and SOS services but were unsuccessful due to patient's address being outside the program's area." He was provided with an ACL documenting a referral to Saint Josephs in Yonkers with a plan to live with his mother, also in Yonkers. His prescriptions were sent to a nearby pharmacy.

Findings:

Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: appropriate (he refused to engage with CRAN, and he never accepted it later, preferring to wait to see what would happen with his case.)
Supportive Housing: inappropriate (no response from HRA regarding the second application, and SW did not follow up)

Case 83, October MO 31, was a 41 year old man incarcerated from February 2 until October 19, 2022. He was housed in MO at the time of his timely CTP on February 7. He was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. At his timely DCP on February 10, he was referred to his prior provider, Manhattan Psychiatric Center. SW was in contact with OMH SES regarding his case. He was provided with a referral form. SW also noted

that applications for SPOA IMT and AOT were in progress. He was also referred to CRAN. finally, SW noted that he had an active 2010e approval through May 23.[9]

On March 25, the 730 mobile team documented that his "legal team is working on diversion and exploring possibility of ROR if supportive housing is secured." SW staff also documented discussion in regular OMH SES case conferences every few weeks.

On May 17, the 730 mobile team documented that the case was being assessed for Mental Health Court.

At a 30 day follow up note on June 24, SW documented no updates to the DCP and did not discuss the potential ATI which, according to the 730 mobile team, was in progress.

On July 13, the 730 mobile team documented his having been approved for residential placement and noted that a referral had been submitted to Harbor House and was pending review.

At 30 day follow ups in August and September, SW documented no updates to the DCP.

On September 26, the 730 mobile team noted that the Mental Health Court was exploring residential MICA placements.

On October 6, SW documented the class member's acceptance at Harbor House with a plan for his release to this program on October 19 from court. This plan was documented as well in an October 6 letter from the Mental Health Court. SW prepared an ACL for the class member on October 18.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (residential ATI)
Supportive Housing: inappropriate (was due to expire on 10/31/22, less than 60 days after release) → ineligible (ATI)

Case 85, October MO 75, was a 35 year old man incarcerated from July 15, 2021 until October 3, 2022. During this incarceration, he spent about three and a half months at Mid-Hudson on a 730 commitment, from February 16 until June 1, 2022.

The class member was referred STAT to mental health on July 16, 2021. After numerous attempts, and despite the concerns expressed by his criminal defense counsel, he was not seen until July 26, 2021. Despite ongoing concerns by his legal counsel, his PsychBasic was not completed until August 27, 2021 due to several appointments to which he was not produced; at that time, he was started on antipsychotic medication.

His CTP, similarly delayed, was not completed until September 10, 2021, 31 days late, after he was not produced on three occasions (August 9, August 24, and August 30, 2021) and was finally transferred to MO. He was diagnosed with schizophrenia and cannabis use disorder and was determined to be SMI. At that point, he was noted to be taking his medication only 14% of the time.

SW attempted to see him for DCP on several occasions:

- September 14, 2021: "he was in intake"
- September 15, 2021: "he was transferred to C71"
- September 16, 2021: "pt refused to identify himself"

[9] In a note written on October 20, the day after release, SW documented that his 2010 E approval had been extended until October 31 (consistent with HRA memorandum W-2-647, Rev. 04/22), also noting that because he was going to a mandated residential program, and updated application was not required.

- September 17, 2021 (for SW orientation): "client was transferred to another unit"
- September 20, 2021: "patient continues to refuse to engage with this writer when his name is called"

The DCP was eventually completed on September 23, 2021, missing the seven business day deadline but 375 days before his eventual release. He was referred to metropolitan hospital and was given a referral form, but there is no indication that SW attempted to contact the program to confirm that the program would accept the referral. SW also referred the class member to CRAN, SPOA and AOT. SW submitted a 2010e application which was approved on October 12, 2021, and was sent to CRAN and two housing providers. This approval was due to lapse on October 11, 2022.

He was seen for 30 day follow ups on November 18, 2021, and January 14, 2022. There were no updates to his DCP at these times, but on the latter occasion he was noted to be suffering with continued psychosis. He was transferred to Mid-Hudson on February 16.

After his return, he was seen for an IPATP and was noted to be on a long acting injectable antipsychotic. MH completed a timely CTP on June 6, and he was again diagnosed with schizophrenia and substance use disorders. He was determined to be SMI. At a timely DCP the next day, he refused MH treatment services, reporting that he had already been referred for an ATI and anticipated residential placement, but he accepted a CRAN referral. SW did not document their awareness of his prior 2010e approval.

On September 16, the 730 mobile team documented that "patient is in Mental Health Court and working towards a mental health disposition. Writer hasn't heard back from attorney recently."

A letter from the Mental Health Court on September 22 documented that he was to be released on October 3 from court to residential placement at Harbor House. At the request of the Mental Health Court case manager, CRAN provided funding for a cab to transport the class member from court to Harbor House, and the CRAN caseworker confirmed later in the day that he had arrived there in time for intake.

Findings:

Referral/appointment: inappropriate (no contact or explanation of walk-in hours) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate (CRAN was instrumental in executing the ATI)
Supportive Housing: inappropriate (SW unaware of the 2010e approval due to expire less than 60d after release) → ineligible (residential ATI)

Case 86, October MO 83, was a 29 year old man incarcerated from July 12 until October 13, 2022. He was housed in MO at the time of his CTP, which was completed one day late on July 22; he was in court on the due date. He was diagnosed with schizophrenia and amphetamine use disorder and was determined to be SMI. SW missed the seven business day deadline for the DCP but completed it on August 9, 65 days before his release. Although he requested outpatient treatment in Manhattan, he accepted a referral to Elmhurst and was given a referral form. There was no indication that SW attempted to contact the program to confirm that the program would accept the referral. The class member was noted to have accepted a referral to CRAN. SW submitted a supportive housing application on his behalf. The housing application was approved on August 17 and was sent to CRAN and two housing providers on September 13.

On September 13, SW also assisted him in obtaining an appointment at an SSA field office, scheduled for October 17 at 10:00 AM.

On October 11, SW contacted Elmhurst and obtained an appointment, documenting the appointment date and time on an ACL which was provided to the class member. He was also referred to the Bellevue shelter. On October 12, responding to an inquiry by Urban Justice Center, SW offered him a referral in the Bronx, but he elected to continue with the already made appointment at Elmhurst.

CRAN had no record for this class member.[10]

Findings:

Referral/appointment: appropriate (although he initially requested a referral in Manhattan, and later in the Bronx, the record is clear that he accepted the referral and, later, the appointment, at Elmhurst.)
SMI: appropriate
Case Management: inappropriate (CRAN referral not executed)
Supportive Housing: appropriate

Case 87, October MO 86, was a 31 year old woman incarcerated from May 13 until October 14, 2022. She was housed in GP and was not moved to the MO until after her CTP was timely completed on May 20. She was diagnosed with adjustment disorder and other specified trauma and stressor disorder and was determined not to be SMI. MH did not complete a functional assessment but noted that she appeared paranoid and delusional regarding other inmates threatening her. At her timely DCP on May 24, she was referred to her prior provider, Housing Works. She was given a referral form, and SW contacted the provider to confirm that she could return.

At a 90 day follow up on August 16, SW documented that the class member accepted a referral to CRAN. SW updated her DCP on August 24, documenting that she "meets criteria [and] would benefit from transitional case management services." SW also noted that her legal team was "trying to put together a plan so they can ask for class member's release."

According to a SW note on September 6, CRAN accepted the referral.

Two ACL's were completed. The first ACL, on September 29, documented referrals to Housing Works and to CRAN. The second, on October 13, documented referrals to Providence House and CRAN. A SW note on this date indicated that she was an unplanned release and "will be residing at Providence house in Brooklyn and following up with services through CRAN."

Findings:

Referral/appointment: appropriate
SMI: inappropriate (The CTP did not include a detailed functional assessment documenting the absence of severe functional impairments. However, there was not enough information to conclude that defendants erred in determining that she was not SMI.)
Case Management: ineligible
Supportive Housing: ineligible

> ***Response by CHS****: Case 87 was found inappropriate for SMI. The determination should be changed to "appropriate" because there is no information to suggest that diagnoses of adjustment disorder and other specified trauma and stressor related disorder are incorrect. Mental health clinician used the terms "paranoid and delusional" to describe*

[10] Email from CHS, January 5, 2023

nonpathological personality characteristics and there is no evidence to suggest functional impairment that would warrant SMI-yes designation.

Monitors' response: Our determination was not based primarily on the clinician's documentation that "the patient is exhibiting symptoms of paranoia and delusion" but rather on the clinician's failure to complete a detailed functional assessment. The class member was sufficiently acutely symptomatic that Defendants moved her to the MO. Her acute presentation and her history of PTSD treated with antipsychotic and other medications, as documented in the medical record, warranted a detailed functional assessment to determine whether she was SMI notwithstanding her category 3 diagnosis. Therefore, we are not changing the finding for SMI.

Case 88, October MO 123, was a 50 year old man incarcerated from December 22, 2021 until October 12, 2022. He was housed in MO at the time of his CTP on January 8, which was five days late after two attempts in which he refused to engage with the mental health staff. He was diagnosed with other specified trauma and stressor disorder, substance induced depression, and cocaine use disorder. The CTP was completed without his participation, and no functional assessment was documented. According to the IMHATP, "Functional impairments at this time include SA issues, MH issues, employment, housing, limited support, incarceration." He was determined not to be SMI.

His DCP was completed on January 24, missing the seven business day deadline but 261 days prior to his release. SW attempted to complete it earlier, but they were unable to enter the unit on two occasions due to safety concerns. He was referred to the Samaritan Village Jamaica Outpatient Treatment Program and was given a referral form. There was no indication that SW attempted to contact the program to confirm that the program would accept the referral.

SW met with the class member on February 25 and on June 27 for 30 day follow up visits, and there were no updates to the DCP.

Findings:

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

***Response by CHS**: Case 88 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Samaritan Village Outpatient is a program commonly used by the Social Work department and regularly accepts new patients. Social Work does not need to contact that program before making each referral.*

Monitors' response: See discussion in report, Section IV.D.4.(c).

Case 89, October MO 126, was a 52 year old man incarcerated from January 22 until October 6, 2022. He was housed in MO at the time of his CTP on February 2, which was completed two days late after he was not produced for a previous appointment on January 28. He was diagnosed with schizophrenia and was determined to be SMI. At his timely DCP on February 9, he was referred to the Metropolitan Continuing Day Treatment program (CDT) and was provided with a referral form. The SJW commented that they would contact the program "during business hours," but there is no indication in the record that they ever did so. SW also referred the class

member to CRAN. SW noted an active 2010e approval through May 24,[11] but they did not obtain a copy of the approval or forward it to CRAN or to housing providers.

CRAN closed his case in June because he had refused to engage with their assessment process.

A number of notes in July, August, and September indicate the possibility of his going to a mandated treatment program as well as his ambivalence about accepting such a mandate. However, according to a note and an ACL written on the day of release, he was accepted two an ATI at Fortune Society. SW had no role in the development or execution of this plan.

Findings:

Referral/appointment: inappropriate (no contact, which would be required for a referral to a CDT)

SMI: appropriate

Case Management: appropriate (SW did what was expected, though the class member refused to engage. PSYCKES does not suggest the need for more intensive forms of case management)

Supportive Housing: inappropriate (SW did not reoffer supportive housing in the face of an approval that would be expiring less than 60 days after his release)

Case 90, October MO 145, was a 52 year old man incarcerated from May 11 until October 14, 2022. He was housed in MO at the time of his timely CTP on May 16, at which time he was diagnosed with an adjustment disorder. The following functional impairments were documented: "poor historian, history of incarceration, lack of insight, limited familial support, undomiciled." He was determined not to be SMI.

At the PsychBasic completed on May 21, his diagnoses were changed to include intermittent explosive disorder and narcissistic personality disorder. He was described as paranoid, suspicious, and demanding. He was determined not to be SMI as well. He was offered risperidone (antipsychotic) but declined to take it. He remained on MO.

His DCP was completed timely on May 23, and he was referred to his prior provider, CASES. SW contacted the program to confirm that he could return, and they provided him with a referral form. He was documented to be homeless in the IMHATP, the DCP, and in several medication management notes.

At a medication reevaluation on June 2, he was noted to be grandiose, rambling, tangential, loud, and paranoid about the government and the police. He demonstrated a labile affect and was noted to be not caring for his hygiene. He was disruptive to the milieu on his MO unit. The prescriber concluded that "his diagnosis should be amended on his next TPR to other specified bipolar and related disorder" but did not make this diagnostic change, retaining the diagnosis of adjustment disorder. The prescriber also noted that "hospitalization may be forthcoming" if he remained symptomatic. He was started on risperidone at this time.

A TPR was completed the next day, June 3. The clinician noted that the "patient declined to meet unless the undersigned were able to help with his injustice. Patient did not appear to be in psychiatric distress. As per the psychiatry medication reevaluation note dated 6/1/22, patient is not prescribed psychotropic medication. Patient appeared adequately compensated for MO level of care." The diagnosis remained adjustment disorder.

A bridge order was written on June 7, at which time the class member did not engage with the prescriber.

[11] Although SW did not document it, this approval would have been extended through October 31, per HRA memorandum W-2-647, Rev. 04/22).

A TPR was completed on June 10, during which the class member "denie[d] having mental illness, but appear to be preoccupied and loosely related. Can be said paranoid 'I do not want people know my name'…. complete denial…." the diagnosis was amended to include both adjustment disorder and other specified trauma and stressor disorder. He remained not SMI.

At a medication reevaluation on June 13, he was noted not to be taking his medications. He was "erratic…. Says he is being 'set up.'" his mental status exam was notable for labile mood, rambling speech, and tangential thinking. He demonstrated poor hygiene and grandiose delusions. The prescriber again concluded that the diagnosis should be amended, now to other specified schizophrenia or bipolar disorder. The prescriber documented discussing the case with the clinical supervisor and indicated that the diagnosis was considered "provisional pending additional collateral information and further observation." Despite this, the prescriber did not change the diagnosis at this time.

SW engaged in a 30 day follow up visit on June 12, documenting no changes to the DCP, but also noting that he was "agitated."

On June 24, the class member declined to meet with MH for a TPR. A supervisor wrote an addendum on June 27 noting that the "patient continues to decline to speak with MH team which makes it challenging to assess diagnosis."

The class member was discharged from the MO on July 6 and transferred to GP.

On July 15, a TPR was completed noting that he continued to demonstrate paranoia, agitated thinking and behavior. He was demanding, threatening, and illogical. The diagnosis remained unchanged.

At a July 27 medication reevaluation, he was noted to remain grandiose and to lack insight. He had a thought disorder. The prescriber rendered diagnoses including other specified trauma and stressor disorder, narcissistic personality, and intermittent explosive disorder, but made no comment as to SMI status.

At a TPR on August 16, he did not appear symptomatic. The only diagnosis was adjustment disorder.

A medication reevaluation was completed on September 6, documenting continuing symptoms of irritability, impulsivity, anger, denial of illness, and grandiose, paranoid, and illogical thinking. He was not taking medications at all at this time. He was diagnosed with other specified trauma and stressor disorder and intermittent explosive disorder.

On September 16, a TPR was completed, noting that he endorsed suicidal ideation. He was described as somewhat paranoid or suspicious. Only the diagnosis of adjustment disorder was retained.

At a medication reevaluation on September 26, he reported that he would be going to Fortune Society for a program. He denied mental illness. The prescriber diagnosed him with intermittent explosive disorder, other specified trauma and stressor disorder, and narcissistic personality disorder.

SW provided the class member with an ACL completed on the day of release documenting the original referral to CASES.

Findings:

Referral/appointment: appropriate

SMI: inappropriate (there were many indicia that this class member had either an automatically qualifying SMI diagnosis such as a psychotic mood disorder or, if not, that he had severe functional impairments in the jail with continuous problems with interpersonal interactions.

There was no apparent effort to resolve the ongoing discrepant diagnoses made by clinicians at TPRs and those made by prescribers).

Case Management: inappropriate
Supportive Housing: inappropriate

Response by CHS*: Case 90 was found inappropriate for Case Management. The determination should be changed to "appropriate" because the patient was not eligible for Case Management and Supportive Housing because of SMI-no diagnosis.*

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. Therefore, we are not changing the findings for case management and supportive housing.

Case 92, October MO 188, was a 37 year old man incarcerated from July 27 until October 27, 2022. he was housed in MO at the time of his CTP on August 10, two days late. He was diagnosed with schizoaffective disorder and cocaine use disorder and was determined to be SMI. At his timely DCP on August 19, he refused mental health and CRAN referrals and a supportive housing application indicating that he anticipated an ATI. SW referred him to SPOA and, according to a SW note on August 24, he was determined to be eligible pending a release date.

On September 23, the class member informed a clinician that the judge would be giving him another program. On October 21, SW contacted the Mental Health Court and confirmed that the class member would be assigned to program. On this date a letter from Phoenix House documented his acceptance into their program. He was provided with an ACL indicating this plan on the day of release.

Findings:

Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate
Case Management: appropriate (though there is no SPOA application in the record, there is a note from SPOA indicating his eligibility) → ineligible (residential ATI)
Supportive Housing: ineligible → ineligible (residential ATI)

Case 93, August GPMEDS 125, was a 44 year old man incarcerated from June 19 until August 16, 2022. He was housed in GP at the time of his CTP on July 18, 11 days late. There are no documented reasons for the delay. He was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. At his timely DCP on July 21, he was referred to Catholic Charities and was provided with a referral form. There is no indication that SW attempted to contact the program to confirm that the program would accept the referral. He also accepted a CRAN referral, but SW did not carry out this referral. he refused a supportive housing application, anticipating an ATI.

The record includes a letter from Argus Community indicating his acceptance into a residential placement at Harbor House. SW documented this in an updated DCP on August 9

indicating that he would be released to the ATI. He was provided with an ACL documenting this plan.

Findings:

Referral/appointment: inappropriate (no contact) → appropriate (ATI)
SMI: appropriate
Case Management: inappropriate (CRAN referral not made) → ineligible (residential ATI)
Supportive Housing: ineligible

Case 94, August GPMEDS 186, was a 34 year old class member of ambiguous gender incarcerated from April 16 until August 11, 2022. They were housed in GP at the time of their timely CTP on April 24. They were diagnosed with other specified trauma and stressor disorder and cannabis use disorder and determined not to be SMI. At their timely DCP on April 28, they were referred to Gotham Gouverneur and provided with a referral form. There was no indication that SW attempted to contact the program to confirm that the program would accept the referral.

At a 90 day follow up on August 2, there was no discussion of or update to the discharge plan.

Findings:

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

Case 96, October GPMEDS 121, was a 31 year old man incarcerated from April 19 until October 5, 2022. He was housed in GP at the time of his CTP on August 5, which was 28 days late. There are no documented reasons for the delay. He was diagnosed with other specified trauma and stressor disorder and with other specified disruptive, impulse control, and conduct disorder And was determined not to be SMI. He was noted to be functioning well in GP housing.

A DCP by chart review template was completed on August 31, well beyond the due date of August 16. SW documented that they were unable to meet with him after not being produced for two consecutive appointments. The record does not include contemporaneous notes documenting these missed appointments.

SW was able to meet with him on September 15 to complete a DCP. He requested a referral to his prior provider, Bridge Back to Life. He was given a referral form, and SW noted that they would schedule an appointment closer to his release date.

On October 4, SW obtained an appointment at Bridge Back to Life for October 11 at 11 AM. He was provided with an ACL documenting this appointment.

Findings:

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

Case 98, October MO 62, was a 27 year old man incarcerated from July 14 until October 25, 2022. He was housed in GP at the time of his CTP which was completed on August 8, seven days late. There were no documented delays prior to the due date of August 1. He was diagnosed with "other specified mental disorder" and K2 use disorder and was determined not to be SMI.

An addendum on September 1 by the supervisor changed the diagnosis to adjustment disorder and hallucinogen use disorder.

At his timely DCP on August 11, he was referred to CASES and was given a referral form that included their walk in hours.

A TPR on October 19 led to a change in diagnosis to other specified depressive disorder and now determined him to be SMI. He was started on sertraline (antidepressant) on this date.

SW provided an updated DCP on October 21, reiterating the referral to CASES and also referring him to CRAN. The class member refused a 2010e as he was anticipating an inpatient program. Also on this date, a court collateral note indicates that he will be interviewed for a program. However, he was released on October 25, before a program was implemented. He received an aftercare letter indicating the referrals to CASES and CRAN, and he met with CRAN once in their office, on November 2.

Findings:

Referral/appointment: appropriate (walk in hours)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 100, November GPMEDS 11, was a 39 year old man incarcerated from June 17 until November 2, 2022. He was housed in GP at the time of his timely CTP on June 29. He was diagnosed with bipolar disorder and substance use disorders and was determined to be SMI.

On July 8, SW completed a DCP by chart review template after he "ha[d] not been produced to two consecutive scheduled visits." SW completed a DCP on July 18, missing the seven business day deadline but 107 days before release. He accepted referrals to Harlem Hospital and CRAN, and he accepted a supportive housing application. He was given a referral form, but there was no indication that SW attempted to contact Harlem Hospital to confirm that they would accept the referral. The supportive housing application was submitted on July 19, but there was no indication in the medical record as to whether an approval or denial was received from HRA. A note on July 19 indicated that SW sent the CRAN referral to the Manhattan CRAN office. However, according to an e-mail from CHS on February 14, 2023, CRAN had no file for this class member.

At a 30 day follow up on September 20, the class member indicated that he planned to follow up at Harlem Hospital. The note does not indicate any follow up regarding CRAN or supportive housing.

Findings:

Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: inappropriate (SW did not execute the CRAN referral)
Supportive Housing: inappropriate (SW did not follow up regarding the 2010e application)

> ***Response by CHS****: Case 100 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Harlem Hospital is a program commonly used by the Social Work department and they regularly accepts new patients. The Social Worker department should not have to contact this program for each referral.*
>
> **Monitors' response**: See discussion in report, Section IV.D.4.(c).

Case 101, November GPMEDS 16, was a 41 year old man incarcerated from September 4 to November 18, 2022. He was housed in GP at the time of his CTP on September 30, which was nine days late. There were no documented reasons for this delay. He was diagnosed with PTSD and cannabis use disorder and was determined to be SMI. At his timely DCP on October 3, he was referred to CASES and was provided with a referral form. There was no indication that SW attempted to contact the program to confirm that the program would accept the referral. He also accepted a CRAN referral but declined a supportive housing application indicating that he was not homeless. CRAN had no file for this class member.[12]

During a 30 day follow up visit on November 16, SW noted a projected release date of November 18. SW obtained an appointment at CASES and documented this in an ACL which they provided to the class member on the day of release.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: inappropriate (SW did not execute the CRAN referral)
Supportive Housing: ineligible

Case 102, November GPMEDS 74, was a 57 year old man incarcerated from October 19 until November 25, 2022. He was housed in GP at the time of his CTP on November 22, 18 days late. There were no documented reasons for the delay. He was diagnosed with schizoaffective disorder and was SMI. A DCP was completed prior to the CTP on November 17. He was referred to El Nuevo San Juan and was given a referral form. He was also referred to CRAN. He reported previously living in an SRO and refused a new supportive housing application. On November 24, SW obtained an appointment for him at El Nuevo San Juan, which was documented on an ACL with which he was provided.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (did not confirm he could return to his SRO)

> ***Response by CHS****: Case 102 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because the patient refused the offer of a 2010E application. DCP does not indicate that patient was considered ineligible because of alternate housing.*
>
> **Monitors' response**: The class member refused a 2010e, at least in part, because he believed he could return to his prior placement in an SRO. To ensure that this seriously mentally ill class member could retain his place at the SRO, SW should contact the SRO to confirm that he could return. Therefore, we are not changing the finding for supportive housing.

Case 103, November GPMEDS 92, was a 56 year old man incarcerated from September 7 until November 21, 2022. He was housed in GP at the time of his timely CTP on September 26, at which time he was diagnosed with other specified trauma and stressor disorder, adjustment disorder mixed anxiety and depression, and substance use disorders. He was determined not to be

[12] Email from CHS, January 9, 2023.

SMI, though the clinician documented that "Functional impairment is evidenced by previous/current detainments/involvement in the criminal justice system." At his timely CTP on September 30, he refused mental health referrals.

During October and November, progress notes indicated the development of a program placement in progress. On November 9, SW received a letter from phoenix house documenting his acceptance with an anticipated admission date of November 21. An updated DCP was prepared on November 21 reflecting this information.

Findings:

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

Case 104, November GPMEDS 127, was a 42 year old man incarcerated from August 24 until November 23, 2022. He was housed in GP at the time of his CTP on October 7, 22 days late. There were no documented reasons for the delay. He was diagnosed with other specified trauma and stressor disorder and substance use disorder. He was determined not to be SMI though the clinician documented functional impairment "on moderate to severe level in criminal, social, domestic, interpersonal, educational, financial, legal, educational, occupational, drug use, & self-care domains." At his timely DCP on October 19, he refused a mental health referral indicating that he expected an ATI program.

On the day of release, an ACL indicated that his term of incarceration had expired, and SW made him an appointment at CASES.

Findings:

Referral/appointment: appropriate (while there is no documented rationale, review of this patient's record indicates he fits the target population of a program like CASES, who provided him with an appointment, and he also has a MMTP to return to)
SMI: appropriate (While the clinician documented "moderate to severe" limitations, the record, which includes a PSYCKES extract, does not support a conclusion that their SMI decision was erroneous.)
Case Management: ineligible
Supportive Housing: ineligible

Case 107, November MO 28, was a 35 year old woman incarcerated from July 6 until November 7, 2022. She was housed in MO at the time of her timely CTP on July 12, she was diagnosed with unspecified schizophrenia and was determined to be SMI. At her timely DCP, completed on July 9, prior to the CTP, she was referred to a prior provider, Elmhurst Hospital, and was given a referral form. There was no indication that SW attempted to contact the program to confirm that the program would accept the referral. She refused referrals for case management and for supportive housing.

On August 26, a 730 mobile team note indicated that she "will enter a conditional plea and will be mandated to treatment with TASC."

At a 30 day follow up on September 7, SW documented that her legal team was working on her housing as she was unable to return to her apartment due to an order of protection.

An SW note on September 27 documented her acceptance into an outpatient program at Fortune Society, but she could not be released pending further work on her housing situation.

She was released with time served on November 7, and a 730 mobile team note written the following week documented that she was "able to return to her prior residence and will meet with CRAN following release."

Findings:

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

Case 108, November MO 40, was a 57 year old man incarcerated from October 14 until November 17, 2022. He was housed in MO at the time of his timely CTP on October 21, he was diagnosed with major depressive disorder and substance use disorders and was determined to be SMI. At his timely DCP on October 27, he was referred to Callen Lorde and was given a referral form. SW documented "provider has been verified," but there was no indication that they attempted to contact the program to confirm that the program would accept the referral. The class member refused supportive housing. He also refused a referral for case management.

Initial Findings:

Referral/appointment: inappropriate (no clear statement that SW confirmed that the program would accept the referral)
SMI: appropriate
Case Management: ineligible
Supportive Housing: inappropriate (initial reason for not doing the application was because he had HASA housing, which was incorrect. SW should have followed up and reoffered a 2010e)

***Response by CHS**: Case 108 was found inappropriate for referral/appointment and inappropriate for Supportive Housing. The determination should be changed to "appropriate" because the statement "provider has been verified" in the DCP clinical rationale should be sufficient to indicate that the program was contacted. Furthermore, regarding Supportive Housing, as per the discharge plan, the supportive housing offer was documented as a refusal and not as ineligible due to it being alternate housing.*

Monitors' response: See discussion in report, Section IV.D.4.(c). The language "provider has been verified" is insufficiently specific as to when this verification occurred or what it entailed vis-à-vis this specific class member. Therefore, we are not changing the finding for referral/appointment.

With regard to supportive housing, on re-review, we conclude that defendants are correct. The class member refused supportive housing. We are changing the rating to ineligible.

Revised Findings:

Referral/appointment: inappropriate (no clear statement that SW confirmed that the program would accept the referral)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 109, November MO 79, was a 58 year old man incarcerated from January 21 until November 2, 2022. He was housed in MO at the time of his CTP on February 3. He was diagnosed with schizoaffective disorder and substance use disorders and was determined to be SMI. At his timely DCP on January 27, he was referred to his prior provider, Revcore, and was given a referral form. There is no indication that SW attempted to contact the program to confirm that the program would accept the referral. He was also referred to CRAN, and SW submitted a 2010e on his behalf on February 28. The housing application was approved on March 3 and was sent to three housing providers.

In July, he was accepted into Mental Health Court, where an ATI program was eventually developed for him to go to residential placement at Phoenix House. He was given an ACL on November 1 documenting this plan.

Findings:

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

Case 110, November MO 99, was a 33 year old man incarcerated from July 29 until November 25, 2022. He was housed in MO at the time of his CTP on August 19. His CTP was completed 10 days late after he refused to engage on numerous occasions. He was diagnosed with other specified schizophrenia and was determined to be SMI. SW completed a DCP without his participation on August 23, and no referrals were provided.

On September 12, SW documented that he was accepted by SPOA pending a release date. After he was sentenced, SW contacted SPOA on November 21 to obtain an assignment.

In an addendum to the DCP on November 22, SWW documented his projected release date of November 26, noting that he was still awaiting an assignment from SPOA and that the "AOT application is still under investigation." At this point, he accepted a referral to Realization, and a referral form documents an appointment for December 5 at 11am. He refused a CRAN referral and a supportive housing application. SW offered him an opportunity to sign the aftercare letter, noting that he read it but refused to sign it.

Findings:

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

Case 111, November MO 107, was a 32 year old woman incarcerated from June 1 until November 7, 2022. She was housed in MO at the time of her CTP on June 12. The CTP was one day late after she had not been produced on June 10. She was diagnosed with bipolar disorder, PTSD, and cocaine use disorder. The clinician also noted a prior diagnosis of unspecified intellectual disability. She was determined to be SMI. At her timely DCP, she was referred to her prior IMT at CUCS. The program was contacted to confirm that she could return, and she was given a referral form. She was noted to have an active 2010e approval through March 17, 2023, and to be working with her IMT on obtaining housing placement.

At 30 day follow-ups in July, August, September, and November, SW documented that her IMT was working on various potential placements. At the latest 30 day follow up on November

1, SW documented that "the DA consented to her release to a residential program," and the class member was hopeful that she would be released at her next court date on November 7.

While SW should have reached out to OPWDD given the history of possible intellectual disability, because she was involved with an IMT, this did not lead to a finding of inappropriateness.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible (her IMT was working on her housing, and SW had no obligations in this regard)

Case 113, November MO 146, was a 32 year old man incarcerated from September 26 until November 10, 2022. He was housed in GP at the time of his timely CTP on October 13. He was diagnosed with schizoaffective disorder and was determined to be SMI. At his timely DCP on October 24, he was referred to Bellevue and given a referral form. SW attempted to contact the program to confirm that the program would accept the referral. He was not homeless and refused a CRAN referral.

The medical intake indicated a history of involvement with OPWDD, and some mental health notes noted a history of intellectual disability and a history of guardianship. Staff did get information from his father, who requested the referral to Bellevue despite its inconvenience to his listed address. Both the father and the class member refused to disclose a current address.

On October 25, SW contacted OPWDD, who confirmed prior involvement but with no contact since 2010. OPWDD indicated he would need to reapply.

Initial Findings:

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

> ***Response by CHS****: Case 113 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Bellevue hospital is a commonly used H+H provider and has a PORT clinic with access to walk-in services for CHS clients. There is no need for Social Work to contact this service for each referral.*
>
> **Monitors' response**: In re-reviewing the case, we note that the SW attempted to contact Bellevue. We are changing the rating to appropriate.

Revised Findings:

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

Case 116, November MO 188, was a 33 year old woman incarcerated from May 19 until November 14, 2022. She was housed in MO at the time of her timely CTP on May 29. She was diagnosed with schizophrenia and was determined to be SMI. At her timely DCP on June 3, she

was referred to her prior act program. SW submitted a supportive housing application on June 10 and it was approved on June 13. SW forwarded it to her ACT program and to two providers on June 15.

The class member was hospitalized on a 730 commitment from September 1 until September 26.

At a 30 day follow up on N8, the class member was "worried regarding housing in the community. She verbalized understanding that having no projected discharge date, supportive housing providers have declined to interview her at this time…. SW will continue to monitor… specifically for supportive housing."

At a post release follow up contact on November 17, "writer called and spoke w patient whom stated that she has adequate housing at this time."

Findings:

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

Case 117, November MO 196, was a 35 year old man incarcerated from June 23, 2021 until November 15, 2022. He was housed in the MO at the time of his timely CTP on July 10, 2021. He was diagnosed with adjustment disorder and substance use disorders, and his functional impairments were primarily attributed to his substance use. He was determined not to be SMI. At his timely DCP on July 19, 2021, he was referred to Bellevue and was given a referral form. There is no indication that SW attempted to contact the program to confirm that the program would accept the referral.

On September 14, 2021, the class member asked SW to have his prior provider, CASES, write a letter to court on his behalf. There was no update to the discharge plan.

The class member was on suicide watch for most of his incarceration due to numerous self-harm incidents. Numerous clinical assessments also note a history of antisocial and borderline personality disorders. The borderline personality diagnosis was adopted as of the TPR of January, 2022. However, he continued to be seen as not SMI.

The class member was clearly severely impaired based on his chronic suicidal behavior, requiring intensive supports and restraints in the jail setting. He was estranged from family and had significant interpersonal deficits that were demonstrated in the jail as well – boundary issues with female staff, and harming himself repeatedly when his perceived needs were not immediately met in the way he wanted. Staff did land on the diagnosis of borderline and antisocial personality disorders, and, recognizing his severe symptoms, kept him on suicide watch for most of the 16 month incarceration. Bellevue confirmed the diagnosis, noting his chronically elevated risk for suicide/self-harm and his diagnoses. They noted that inpatient treatment was not likely to be of much help, but that he did need 1:1 observation on an ongoing basis to mitigate risk in the carceral setting.

There were no further interactions with social work during the remainder of his incarceration, though there were some court collateral notes indicating interactions with his criminal defense attorney. No further actions with regard to his discharge plan were undertaken.

According to his Medicaid prescreen, his Medicaid expired on January 30, 2022. There was no indication that SW was aware of its expiring, or that they took any action to reply on his behalf. However, HRA data indicated that his Medicaid was activated on November 16, one day after release.

Findings:
Referral/appointment: inappropriate (no contact, no SW follow up during a prolonged incarceration)
SMI: inappropriate (see discussion above)
Case Management: inappropriate
Supportive Housing: inappropriate

Response by CHS*: Case 117 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Bellevue hospital is a commonly used H+H provider and has a PORT clinic with access to walk-in services for CHS clients. There is no need for Social Work to contact this service before each referral.*

Also, case 117 was found inappropriate for SMI. The determination should be changed to "appropriate" because SMI designation was appropriate to diagnoses given. Periods of suicidality and self-injury appear to be unique to when patient is in correctional settings and he was appropriately maintained on suicide watch. Functional impairment warranting a change in SMI status for traditionally SMI No diagnoses needs to be pervasive across settings, i.e. in the community and within institutional settings, which is not the case for this individual.

Monitors' response: Regarding defendants' response regarding the finding for referral/appointment, see discussion in report, Section IV.D.4.(c).

Regarding defendants' response as to the SMI determination, as discussed in detail above, the defendant was diagnosed with two personality disorders, confirmed by the Bellevue psychiatric consultant who evaluated him after he overdosed. These diagnoses require a finding that the patient has a chronic or lifelong pattern of maladaptive behaviors. Therefore, we are not changing the finding for SMI.

Case 118, November MO 202, was a 52 year old man incarcerated from October 11 until November 24, 2022. He was housed in GP at the time of his CTP due date on October 29, but no CTP was completed. According to his initial psychiatric assessment, he was diagnosed with substance use disorders only, and there is no indication in the medical record to suggest that this was incorrect. He did not receive a discharge plan.
Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Response by Class Counsel*: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should*

inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 120, September GPNOMEDS 47, was a 32 year old man incarcerated from July 3, 2021 until September 9, 2022. He was housed in GP at the time of his timely CTP on August 11, 2021. He was diagnosed with an adjustment disorder and substance use disorders. He was determined not to be SMI. his DCP was completed on September 15, 2021, missing the seven business day deadline but nearly a year before his eventual release. He was referred to Fortune Society and received a referral form, but there is no indication that SW attempted to contact the program to confirm that the program would accept the referral.

SW did not interact with this class member again until a 90 day follow up note on September 7, 2022, at which time they reviewed his DCP with the class member and no changes were made.

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

***Response by CHS**: Case 120 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Fortune Society is a program that both CHS and CRAN frequently refer patients to and there is need to call this provider for each referral. Additionally, Fortune Society works directly with patients during their incarceration.*

Monitors' response: See discussion in report, Section IV.D.4.(c).

Case 121, September GPMEDS 112, was a 32 year old man incarcerated from March 10 until September 7, 2022. He was housed in GP at the time of his CTP on April 11, six days late. He was diagnosed with adjustment disorder and substance use disorders and was determined not to be SMI. Notably, both the initial mental health assessment and the psychiatric assessment included a diagnosis of other specified trauma and stressor disorder. His discharge plan was completed on April 29, missing the seven business day deadline but almost six months prior to release. He was referred to CSEDNY and was given a referral form, but there is no indication that SW attempted to contact the program to confirm that the program would accept the referral. There were no subsequent contacts with social work.

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

***Response by CHS**: Case 121 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Counseling Services of EDNY is a program that both CHS and CRAN frequently refer patient, therefore there is no need to call this provider for each referral.*

Monitors' response: See discussion in report, Section IV.D.4.(c).

Case 122, August MO 189, was a 34 year old man incarcerated from July 25 until August 26, 2022. He was housed in MO at the time of his timely CTP on July 28. He was diagnosed with other specified schizophrenia and substance use disorders. He was determined to be SMI. At his timely DCP on August 4, he refused a mental health referral, indicating that he anticipated assignment to an ATI program. He accepted a CRAN referral but refused a supportive housing application.

There were several notes from the 730 mobile team in August indicating that some work was being done regarding a potential ATI placement. however, there is no indication that he received an ATI prior to his release on August 26. SW saw him again at the point of release, and he again refused a mental health referral and a 2010e. SW prepared an aftercare letter and sent it to CRAN.

There is no CRAN record for this class member.[13]

Findings:

Referral/appointment: ineligible
SMI: appropriate
Case Management: inappropriate (SW did not execute the CRAN referral)
Supportive Housing: ineligible

***Response by CHS**: Case 122 was found inappropriate for Case Management. The determination should be changed to "appropriate" because the patient is not eligible for CRAN referral as the patient was diagnosed with Adjustment Disorder in the CTP and was considered SMI-no.*

Monitors' response: The class member was diagnosed with schizophrenia and/or schizoaffective disorder throughout his incarcerations at Rikers and his hospitalization at Kirby. Therefore, we are not changing the finding for case management.

Case 123, October MO 63, was a 26 year old man incarcerated from July 19 until October 12, 2022. He was housed at BHPW for the first week of his incarceration. During his stay in the hospital, he was diagnosed with schizophrenia versus schizoaffective disorder, and he stabilized sufficiently to be transferred to jail on July 26. At the time of his hospital discharge, SW documented that they provided him with information regarding the Bellevue and Metropolitan walk-in clinics, and also with information regarding the CASES Nathaniel project. He was not referred specifically for case management, and although they provided information regarding the Nathaniel ACT program, they did not initiate a SPOA referral. Hospital staff repeatedly documented that he was "street homeless" (although the SW discharge summary also referenced a "permanent address" in Mt Vernon, NY) and had numerous CPEP encounters.

[13] Email from CHS, February 22, 2023

Upon arrival in the jail, he was housed in MO, where he had a timely CTP on August 2. He was diagnosed with schizoaffective disorder and cannabis use disorder and was determined to be SMI. Both the IPATP and the CTP noted that he was homeless. His DCP was completed on August 26, missing the seven business day deadline but 47 days prior to release. He was referred to CASES and was given a referral form, but there is no indication that SW attempted to contact the program to confirm that the program would accept the referral. He reported that he would be able to live with his girlfriend, and he provided her name and phone number. He accepted a referral to CRAN.

There were no subsequent contacts with social work in the medical record.

Via e-mail on February 22, 2023, CHS informed us that there was no CRAN record for this class member.

Findings:

Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: inappropriate (SW did not execute the CRAN referral)
Supportive Housing: ineligible (although the record was ambiguous regarding his housing status, he ultimately stated to staff he was not homeless, and he signed a declination form declining supportive housing. It would have been better practice to contact the girlfriend to confirm that he could live there upon release but the case remains ineligible in this area nonetheless.)

Response by CHS*: Case 123 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because CASES is well known to Social Work and they regularly accept new referrals. CHS is in ongoing communication with this clinic as it is one of only few clinics in the city solely dedicated to justice involved individuals. CHS knows that this program takes our patients and therefore do not need to confirm for each referral.*

*Also, Case 123 was found inappropriate for Case Management. The determination should be changed to "appropriate" because the CRAN referral was scanned into the chart. *See attached for CRAN referral.*

Monitors' response: With regard to defendants' response regarding the finding for referral/appointment, see discussion in report, Section IV.D.4.(c).

With regard to their response as to the CRAN referral, while it is true that there is a CRAN referral form in the record, the referral was never executed, as there is no indication that CRAN received it. Therefore, we are not changing the finding for case management.

Case 124, October MO 178, was a 39 year old man incarcerated from December 1, 2021 until October 18, 2022. He was housed in GP at the time of his timely CTP on December 18, 2021. He was diagnosed with intermittent explosive disorder and other personality disorder. Despite noting functional impairments including "legal problems, social/interpersonal problems, independent housing problems, employment problems, [redacted] problems and risk taking behaviors problem, tendency towards violent reactions," the clinician concluded that he was not SMI.

At his timely DCP on December 21, 2021, he was referred to CASES and was given a referral form, but there is no indication that SW attempted to contact the program to confirm that the program would accept the referral.

On February 2, 2022, a medication management note indicates that the prescriber would "strongly consider and continue to evaluate for a primary depressive disorder and or a trauma/stressor disorder including PTSD. The latter could potentially account for some of his lashing out behavior." The prescriber also noted that his symptoms were "obviously causing significant distress."

On February 17, he was placed on suicide watch, and a prescriber made a diagnosis of major depression, changing his SMI status to yes.

On February 23, SW offered him a PA application, indicating their awareness of his SMI status.

However, at the next TPR on February 25, the diagnosis reverted to intermittent explosive disorder and personality disorder, but retained the SMI-yes status. A supervisor subsequently changed the SMI status to no because "patient's current diagnosis are not considered SMI." Neither of these clinicians appear to be aware of the prescriber's diagnosis of a major depressive disorder.

The class member was discharged to GP on March 9, but on March 14, he returned to suicide watch, based on a DOC referral indicating "frequent crying and being depressed." He was seen by a psychiatrist on March 15, who diagnosed adjustment disorder but noted that he "described intrusive trauma-related symptoms that are markedly exacerbated by being locked into his cell and have become increasingly distressing. His depressive and anxiety symptoms have worsened in the context of being deprived of medication or human contact." She concluded that she "would strongly consider major depressive disorder diagnosis as still active, given that symptoms had not remitted for an extended period; would also consider other specified trauma and stressor related disorder and/or PTSD as possibilities."

A TPR on March 21 adopted the diagnosis of adjustment disorder and explained why the clinician did not believe he had a major depressive disorder. The clinician also discarded the diagnosis of intermittent explosive disorder, but retained the diagnosis of a personality disorder. The clinician concluded that the class member was not SMI. The clinician did not address the functional limitations noted in the CTP or the significant distress noted by the prescriber.

Suicide watch was discontinued on March 21, and the class member was discharged from the MO on April 11.

Subsequent TPRs all retain the adjustment disorder and personality disorder diagnoses.

There are no further social work contacts in the record.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: inappropriate (While the clinicians eventually converged on diagnoses that included adjustment d/o and personality d/o, their SMI assessment did not account for his documented poor function in the CTP, nor did they account for his continuing dysfunction in the jail, which required three rounds of suicide watch and which did not start to improve for many months and until he was on consistent medication. Prescribers continued to express ongoing concerns re MDD and/or PTSD. He had severe social dysfunction and poor adaptive skills. During times when he was not on medications, his prescribers viewed him as suffering clinical distress. He should have been considered SMI based on his poor functioning and periods of clinical distress requiring intensive management in the jail.)

Case Management: inappropriate

Supportive Housing: inappropriate

Response by CHS*: Case 124 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because CASES is well known to Social Work and they regularly accept new referrals. CHS is in ongoing communication with this clinic as it is one of only few clinics in the City solely dedicated to justice involved individuals. CHS knows that this program takes our patients and therefore there is no need to confirm each referral.*

Also, Case 124 was found inappropriate for Case Management and for Supportive Housing. The determination should be changed to "appropriate" because the patient was Considered SMI-no and was therefore not eligible for neither case management for supportive housing services.

Additionally, Case 124 was found inappropriate for SMI. While we agree that the diagnoses listed in the CTP do not adequately capture the extent of symptomatology described in the formulation, we do not find sufficient evidence to support any diagnosis that would qualify as SMI-yes (including MDD or PTSD). Notably, depressive symptoms and suicidal ideation were endorsed in GP or restrictive housing settings and remitted or were retracted by the patient quickly and without medication while in MO housing. The determination should be changed to "appropriate."

Monitors' response: With regard to defendants' response regarding the finding for referral/appointment, see discussion in report, Section IV.D.4.(c).

With regard to the response as to our SMI determination, as we explained in detail in our summary of the case, there is ample evidence to support the conclusion that he should have been considered SMI: there was a live dispute as to his diagnosis for months, and there was clear documentation of both functional impairment and clinical distress. Therefore, we are not changing the finding for SMI.

With regard to the findings for case management and supportive housing, 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. Therefore, we are not changing the findings for case management and supportive housing.

Case 127, November GPNOMEDS 158, was a 31 year old man incarcerated from September 2 until November 18, 2022. He was housed in GP at the time of his CTP on October 17, two days late. he was diagnosed with adjustment disorder and substance use disorders and was not determined to be SMI. He did not have a discharge plan.

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

Case 128, November MO 53, was a 36 year old man incarcerated from October 15 until November 30, 2022. He was housed in MO at the time of his timely CTP on October 18. He was diagnosed with schizophrenia and was determined to be SMI. He was provided with a discharge plan on November 2, missing the seven business day time frame and only 28 days prior to release. He was referred to Kings County Hospital outpatient. SW contacted the program to confirm that they would accept the referral and provided him with a referral form. He was also referred to his prior care coordination program and to CRAN. He accepted a referral to SPOA for ACT services, but SW did not submit the SPOA application. He also accepted a supportive housing application which was submitted on November 4, but HRA did not respond, and SW did not follow up.

The class member was hospitalized from November 18 through the remainder of his incarceration. SW had no further contact with him, and CRAN reached out to engage with the hospital staff to attempt to engage the class member in further discharge planning.

Findings:
Referral/appointment: inappropriate (SW did not complete a SPOA application seeking ACT level services.)
SMI: appropriate
Case Management: inappropriate (SW did not complete a SPOA application)
Supportive Housing: inappropriate (SW submitted the application but did not follow up with HRA after receiving no response)

***Response by CHS**: Case 128 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Kings County hospital is a commonly used H+H provider and has a PORT clinic with access to some walk-in services for CHS clients. Therefore, there is no need for Social Work to contact for each referral.*

Also, Case 128 was rated inappropriate for Case Management. The determination should be changed to "appropriate" because the social work note dated November 7, 2023 states that a SPOA application for FACT level of care was completed on November 7, 2023.

Monitors' response: With regard to defendants' response to our determination for referral/appointment, see discussion in report, Section IV.D.4.(c).

With regard to their response as to our finding for case management, the class member signed a consent form for SPOA, and the SW documented that the application "will be completed." However, we see no evidence in the medical record that a SPOA application was completed or submitted on his behalf. Therefore, we are not changing the finding for case management.

Case 129, November MO 65, was a 23 year old man incarcerated from July 11 until November 22, 2022. He was housed in GP at the time of his CTP at the time of his CTP on August 2, which

was two days late. He was not produced for the CTP on August 1 due to his being COVID+. He was diagnosed with other specified anxiety disorder, other specified disruptive, impulse control and conduct disorder, other specified personality disorder, and cannabis use disorder. He was determined not to be SMI. He was only placed in the MO after his CTP was completed.

SW completed his discharge plan on August 19, missing the seven business day time frame but 95 days before his release. He was referred to the Jewish Board in Staten Island and was given a referral form. There was no explanation as to why this program was chosen, and there was no indication that SW attempted to contact the program to confirm that they would accept the referral. He was also referred to the Bellevue shelter.

Findings:

Referral/appointment: inappropriate (no rationale for the referral, no contact with the provider, the provider is inconvenient with respect to both the Bellevue shelter and his prior listed address in Far Rockaway)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 130, November MO 128, was a 27 year old man incarcerated from July 21 until November 14, 2022. He was housed in MO at the time of his CTP on August 1, two days late. CHS had cancelled two prior appointments on July 28 and 29. He was diagnosed with adjustment disorder, rule out other specified schizophrenia, cannabis induced psychosis. The clinician documented that his "symptoms and substance use have led to functional impairments including homelessness, unemployment, and frequent ER visits." He was determined to be SMI.

At his timely discharge plan on August 10, he was referred to ICL Highland Park Center and was given a referral form. There was no indication that SW attempted to contact the program to confirm that the program would accept the referral. He declined a referral for case management. He was not homeless.

At his first TPR on August 19, his diagnosis was changed to schizoaffective disorder, adjustment disorder, and cannabis use disorder. At four subsequent TPR's, the clinician documented as follows: "'I want to know my AOT program' Writer asked him to calefy [sic] AOT program, but he insisted he is leaving and is going to AOT program in Brooklyn."

The class member signed consents for SPOA and CRAN referrals on September 26 and October 21, respectively. There were no applications for either case management program in the medical record.

At a court collateral contact on October 28, the class member's attorney indicated that she was working with TASC to obtain a program. On November 1, the class member reported he had met with TASC three weeks previously and expected to be bailed out prior to Thanksgiving.

When seen by MH on November 10, the class member reported "I'm alright.... I'm getting a TASK program.... would like outpatient because I do not want to lose my apartment... have court next week.... need to see discharge planning...."

There were no 30 day follow-up notes in the medical record or any other evidence of social work follow up. The SW completed an ACL on the day of release referring him to a prior telehealth provider. There is no explanation as to why he was not re referred to Highland Park, or conversely, why his prior provider was not the original referral.

Findings:

Referral/appointment: Inappropriate (no contact with provider, no explanation as to why he was not referred to his prior provider, no explanation for the changed referral at the point of release)

SMI: appropriate

Case Management: inappropriate (he accepted both CRAN and SPOA consents, but no application followed. SW did not respond to his implicit and explicit requests for update or do 30 day follow-ups)

Supportive Housing: ineligible

***Response by CHS**: Case 130 was found inappropriate for Case Management. The determination should be changed to "appropriate" because the DCP completed on August 10, 2022 states that the patient declined CRAN services and did not meet the criteria for SPOA services as he only had one hospital admission in 2021. The patient never accepted CRAN referral and/or SPOA services. Social Work erroneously documented a CRAN address but indicated "client declined CRAN services in CCP" and noted "client chose not to accept CRAN referral at this time: in the clinical rationale". Clinical rationale further explains that the patient is not eligible for SPOA/AOT services because the patient does not have a history of qualifying psychiatric hospitalizations.*

Monitors' response: While defendants are correct that he declined case management services at the time of his DCP, he accepted both CRAN and SPOA later in his incarceration, and the referrals should have been executed. Additionally, the PSYCKES report, which was pulled a week after the DCP was completed, strongly suggests that he was eligible for more intensive forms of case management. Therefore, we are not changing the finding for case management.

Case 131, November MO 142, was a 37 year old man incarcerated from October 26 until November 29, 2022. He was housed in MO at the time of his CTPP on November 15, nine days late. CHS had cancelled an appointment for CTP on November 4, and he was in court and could not be seen on November 9. He was diagnosed with PTSD and substance use disorders and was determined to be SMI.

At his timely DCP on November 18, he refused a mental health referral, case management referral, and supportive housing application. However, SW indicated that "SPOA referral will be completed at this time as a FACT team may be beneficial." He was not seen as eligible for AOT due to lack of psychiatric hospitalizations in the previous 36 months.

The class member was documented to have a history of special education and to have previously been connected to OPWDD. According to the DCP, he was not currently connected to OPWDD. It is not clear how SW knew this, as there is no indication in the record of any contact with OPWDD. SW did not consider referring him to OPWDD.

According to the Medicaid prescreen, the class members Medicaid coverage had ended on August 31, 2022. In the DCP, SW documented that they "confirmed that his Medicaid was currently active." However, HRA data indicates that he had no Medicaid and that it was not activated or reactivated after release.

Findings:
Referral/appointment: inappropriate (SW did not execute the SPOA/FACT referral, and the SW incorrectly "confirmed" that he had active Medicaid)
SMI: appropriate
Case Management: inappropriate (SW did not execute the SPOA/FACT referral, the SW incorrectly "confirmed" that he had active Medicaid)
Supportive Housing: ineligible

Case 133, December GPMEDS 43, was a 33 year old man incarcerated from November 2 until December 20, 2022. He was housed in GP at the time of his CTP on December 1, 13 days late. There were no documented reasons for the delay. He was diagnosed with opioid induced anxiety and was not SMI. At his timely DCP on December 12, he was referred to Fortune Society. SW contacted the program and provided the class member with a referral form.
Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 134, December GPMEDS 63, was a 44 year old woman incarcerated from August 22 until December 9, 2022. In her IMHATP, she was diagnosed with intermittent explosive disorder, other specified trauma and stressor disorder, other specified personality disorder, and cannabis use disorder; she was not determined to be SMI at this time.

She was housed in GP at the time of her timely CTP on August 31. She was not given a diagnosis but was determined to be SMI. The clinician completing the CTP summarized her significant psychiatric history including numerous hospitalizations and various diagnosis, including bipolar disorder and schizophrenia. The clinician summarized her difficult behavior in prior incarcerations and her poor compliance with treatment, as well as her problematic behavior in the community.

At her timely DCP on September 2, she was referred to her prior provider, Housing Works, and was given a referral form. There was no indication that SW attempted to contact the program to confirm that the program would accept the referral. She was also referred to CRAN. She refused a supportive housing application.

In her subsequent TPRs, the diagnoses from the IMHATP were adopted and her SMI determination reverted to no and erroneously noted that the SMI designation was not different from the CTP.

Other than providing her with an aftercare letter and some other documentation on the day of release, there are no subsequent social work contacts in the medical record.
Findings:
Referral/appointment: inappropriate (no contact)
SMI: inappropriate (the CTP documents a clear history of thinking and behavior problems that resolved when properly treated. While the CTP did not render a diagnosis, it concluded that she was SMI. PSYCKES supports this conclusion. There is no explanation for the change to not SMI in the later TPRs, and without such an explanation the change is inappropriate.)
Case Management: appropriate
Supportive Housing: ineligible

***Response by CHS**: Case 134 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Housing Works is the established provider for this patient and therefore there is no reason to believe that the patient cannot continue to receive care there.*

Monitors' response: See discussion in report, Section IV.D.4.(c).

Case 135, December GPMEDS 109, was a 33 year old woman incarcerated from October 20 until December 1, 2022. In her IMHATP and her PsychBasic, she was diagnosed with other specified trauma and stressor disorder; both of these documents reference a history of both anxiety and depression. The prescriber noted that they agreed with the diagnosis but also noted the need for "ongoing assessment of patient's signs and symptoms for diagnostic clarification and to determine appropriate level of care."

She was housed in GP at the time of her CTP on November 10, two days late. There was no documented reason for the delay. She was diagnosed with other specified trauma and stressor disorder and substance use disorders. The clinician documented functional impairments including "unable to maintain employment, support self financially, or maintain housing." The class member was noted to have a history of trauma as well as symptoms in each domain required for a diagnosis of PTSD: "flashbacks, nightmares, avoidance, fear, mistrust and irritability." She was determined not to be SMI. At her timely DCP on November 11, she was referred to her prior provider, Bellevue, and she was given a referral form. The SW noted that "provider will be contacted upon known release date for the purpose of creating a follow up appointment."

In a medication reevaluation on November 30, the class member reported that "she is working with CASES hoping to get a program." There are no further contacts with social work in the medical record.

Findings:

Referral/appointment: inappropriate (no contact with the program.)

SMI: inappropriate (the CTP describes a patient with all of the domains required to meet the diagnosis of PTSD. Additionally, the CTP describes her as having several functional impairments that are not specifically attributed to substance use. Given the natural history of PTSD, it is quite possible that she self-medicates. The prescriber indicated a need for further assessment, and given that she had a prior provider at Bellevue, collateral information would have been helpful in clarifying the diagnosis. Because further assessment of her diagnostic and SMI status was not undertaken, we conclude that defendants did not adequately assess for SMI, but we do not conclude that their decision was erroneous.)

Case Management: ineligible

Supportive Housing: ineligible

***Response by CHS**: Case 135 was found inappropriate for referral/appointment. The determination should be changed to "appropriate" because Bellevue hospital is a commonly used H+H provider and has a PORT clinic with access for walk-in services for CHS clients. Therefore, there is no need for social work to contact for each referral.*

Monitors' response: See discussion in report, Section IV.D.4.(c).

Case 136, December GPMEDS 131, was a 49 year old woman incarcerated from September 12 until December 15, 2022. She was housed in GP at her timely CTP on September 26 at which time she was diagnosed with other specified trauma and stressor disorder and substance use disorders. She was determined not to be SMI. The clinician noted that she "did not present with any distress or functional impairments due to mental illness." She did not meet full criteria for PTSD.

At her timely DCP on September 29, she was referred to Addabbo Family Health and was given a referral form. There is no indication that SW attempted to contact the program to confirm that the program would accept her referral.

There are no subsequent SW contacts in the medical record.

Findings:

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

Case 137, December GPMEDS 180, was a 48 year old man incarcerated from October 3 until December 2, 2022. He was housed in GP at the time of his CTP on November 15, 26 days late. There were no documented reasons for the delay. He was diagnosed with adjustment disorder, alcohol induced depressive disorder, and substance use disorders. His functional impairments were attributed to substance use, and he was determined not to be SMI.

At his timely DCP on November 23, he was referred to Fortune Society. at this point, there is no indication that SW attempted to contact the program to confirm that they would accept the referral or that they provided him with a referral form. However, they later gave him an ACL documenting a specific appointment time.

Findings:

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

Case 138, December GPNOMEDS 128, was a 56 year old man incarcerated from August 29 until December 7, 2022. At his timely CTP on September 30, he was diagnosed with other specified trauma and stressor disorder and cocaine use disorder. Functional impairments included "increased substance use self-medicating his symptoms, lacks housing, multiple incarcerations, and lacks treatment in community." He was determined not to be SMI.

At his timely DCP on October 4, he was referred to his prior providers, CASES and Housing Works and was given referral forms. He was noted to have a case manager at Housing Works but did not provide a name. He "refused to provide" contact information for either agency.

A PSYCKES report was obtained on October 31 indicating that over the previous five years, he had minimal engagement with the mental health treatment system. He did have a recent case management provider, and he had been housed in a veteran's shelter for almost three years. There was no other indication in the medical record that he was a veteran, and he specifically denied it to the SW at the time of the DCP; he does not appear on the December VA dataset.

At the point of release, he was provided with an aftercare letter that included specific appointments at both Housing Works and CASES.

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

Case 139, December GPNOMEDS 205, was a 37 year old man incarcerated from June 15, 2019 until December 7, 2022. He was initially referred to mental health in February of 2020. He was housed in GP at the time of his timely CTP on February 10, 2020, at which time he was diagnosed with other specified trauma and stressor disorder. No functional assessment was documented. He was determined not to be SMI. His DCP was completed on March 6, 2020, missing the seven business day deadline but nearly three years before his release. He was referred to Kings County Hospital at his request. There is no indication that SW attempted to contact the program to confirm that they would accept the referral.

The class member's engagement with mental health was somewhat sporadic during the spring and summer of 2020, and he was discharged from the mental health service in August. He was seen by social work for a 90 day follow-up in December of 2020 and again in March of 2021, both times indicating he needed no change to his DCP. There were no further social work contacts in the medical record.

The class member had fairly regular TPRs from May of 2021 until September of 2022, indicating that he wanted to remain engaged in mental health care in order to "vent." There was no change to his diagnosis or SMI status. At his last TPR on September 6, 2022, he indicated that he wanted social work to go to court with him to "assist him for his legal situation." When told that SW could not do this, he elected to discontinue mental health services.

Findings:
Referral/appointment: inappropriate (no contact with provider, SW did not provide regular 90 day follow up visits after March of 2021)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

> ***Response by CHS****: Case 139 was found inappropriate for referral/appointment. CHS believes this determination should be changed because a referral to Kings County Hospital was signed and scanned into the EMR system. Furthermore, the referral was done at the patient's request and to an H+H provider that CHS frequently refers patients to. Therefore, there is no need to contact Kings County Hospital for each referral. *See attached signed referral to Kings County Hospital.*
>
> **Monitors' response**: We remind defendants that they are obligated to provide the full record upon our initial request for each patient's medical chart. However, see discussion in report, Section IV.D.4.(c). We are not changing the finding for referral/appointment.

Case 140, December MO 12, was a 36 year old man incarcerated from November 16 until December 19, 2022. He was housed in MO at the time of his CTP on November 29, four days late. He was diagnosed with schizophrenia and was designated SMI. At his timely DCP on November 30, he refused referrals for mental health and for CRAN, and he refused a supportive

housing application. SW indicated that they would refer him to SPOA for IMT, but that he was not eligible for AOT. There is no evidence that SW submitted the SPOA application.

Findings:

Referral/appointment: inappropriate (SW did not initiate the application for SPOA/IMT)
SMI: appropriate
Case Management: inappropriate (SW did not initiate the application for SPOA/IMT)
Supportive Housing: ineligible

Case 142, December MO 29, was a 29 year old man incarcerated from May 3 until December 15, 2022. He was housed in MO at the time of his timely CTP on May 10, at which time he was diagnosed with schizophrenia and designated SMI. At his timely DCP on May 18, he refused a mental health referral indicating that he expected an ATI for an ACT program. He also refused a supportive housing application, reporting he could live with his family. He accepted a CRAN referral.

On June 10, a 730 mobile team note indicates he was to begin an evaluation for the CASES ACT program as a potential ATI.

The class member was transferred to GP on June 13.

On June 27, he informed CRAN that he could return to his mother's home, but that he wanted a 2010e as a backup. CRAN e-mail this information to both the 7:30 mobile team and to social work. His case was discussed on June 29 at the "twice monthly CRAN/HHC case conference," including his acceptance of the supportive housing application.

On July 27, the 730 mobile team indicated that he had been found eligible for ACT but that there was a wait list.

SW provided a 90 day follow up on August 2, indicating no changes to the DCP. This note did not indicate an awareness of the possible ATI/ACT or follow up regarding the 2010e.

On August 10, the 730 mobile team indicated that his case was awaiting approval from the DA and the judge and that, if approved, his case would move to the ATI court part and he would begin an assessment with CCI.

SW provided a 30 day follow up on September 8, still documenting no awareness of the possible ATI or of his acceptance of a supportive housing application.

On October 13, SW documented as follows: the class member's

> "case was adjourned to December 15th for plea and sentence. Also copied here is [], Director from the CASES ATI Intake Assessment Team. After discussing some program restrictions, Judge Jackson agreed to offer [the class member], on a plea to the charge, a sentence of a conditional discharge, the condition being a two-year mandate with the Nathaniel ACT program with a four-year jail alternative. Probation is no longer on the table. Ms. [] will be working to have [the class member] enrolled in the Nathaniel ACT program once there is an opening. She will also work with the Fortune Society to secure a bed for him. If these arrangements can be made prior to the next court date, we will try to have the case advanced."

On October 14, CRAN received an e-mail from the CASES admission staff noting that cases "reached out to Fortune Society for an update on [the class member's] referral for transitional housing."

An aftercare letter on December 13 indicated that he would be released on a court mandate to live at Fountain House with treatment to be provided by the Nathaniel ACT program.

Findings:
Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate
Case Management: appropriate (CRAN) → appropriate (ACT/ATI)
Supportive Housing: inappropriate (did not complete 2010e after he accepted it) → inappropriate (His ATI connected him to transitional housing, and he would require or at least benefit from an active 2010e to expedite placement in permanent supportive housing)

Case 143, December MO 47, was a 29 year old man incarcerated from August 23 until December 7, 2022. After being seen STAT for his initial mental health assessment on August 27, he did not subsequently have a CTP after numerous missed appointments, as follows:

- September 2: CHS cancelled PsychBasic
- September 8: not produced for PsychBasic, no reason provided
- September 12: CHS cancelled CTP
- September 17: not produced for CTP, no reason provided
- September 26: he refused to be produced for CTP
- October 3: he refused to be produced for CTP
- October 18: not produced for CTP, no reason provided

A court collateral note on September 16 from his defense attorney noted that he had a mental health history and that they were concerned about his mental health status. They requested "immediate intervention from mental health services." He was seen for a PsychBasic on October 14, at which time he was diagnosed with other specified trauma and stressor disorder, and rule out PTSD. The prescriber documented all of the required symptom clusters of PTSD. The prescriber determined that he was not SMI.

The class member was housed in GP throughout his stay and was never in MO according to the medical record.

The class member was not provided with a discharge plan.

Findings:
Referral/appointment: inappropriate (no discharge plan)
SMI: inappropriate (the prescriber documented all the symptom domains of PTSD, concluding that he needed continued monitoring regarding the correct diagnosis and SMI status. The medical record and the PSYCKES extract support at least a reasonable likelihood that he had PTSD and should have been considered SMI, or, at least, that he required continued assessment regarding diagnosis and SMI status.)
Case Management: inappropriate (no discharge plan)
Supportive Housing: ineligible (not homeless based on the medical record)

***Response by CHS**: Case 143 was found inappropriate for SMI. As documented in CTP, patient's functional limitations including inability to maintain employment and housing were conceptualized as related primarily to substance use. Patient does not meet the full diagnostic criteria for PTSD, as evidenced by an absence of intrusion symptoms, avoidance symptoms, or negative cognition independent of substance use. The determination should be changed to "appropriate."*

Monitors' response: There was no CTP in the medical record provided by CHS for our review of this case. The prescriber documented that the

> "Patient meets criteria for Other specified trauma- and stressor-related disorder, r/o PTSD, substance induced disorders, personality d/o. Criteria met include **witnessed exposure**, **intrusive memories**, **avoidance of memories**, **persistent negative affect**, detachment from others, **irritability**, risky behaviors, **hypervigilance**, difficulty with trust, **sleep disturbance**, over 1 mo of time, **social/occupational dysfunction**. Confounding variables include substance use, however based on patient reporting witnessed events from childhood I believe patient has some trauma sx listed above ***which has led to risky substance use as a coping mechanism.***" (emphasis added)

This summary includes reference to all of the required symptom domains for PTSD, comments as to dysfunction. Further, the prescriber indicates that the class member's substance use was a response to his underlying primary mental disorder. We are not changing the SMI rating in this case.

Case 144, December MO 57, was a 20 year old man incarcerated from August 9 until December 6, 2022. He was housed in MO at the time of his timely CTP on August 12, at which time he was diagnosed with other specified trauma and stressor disorder and cannabis use disorder and was determined not to be SMI. The clinician documented that his "mental health symptoms and substance use have led to functional impairments in the community including limited social supports, frequent arrests, and unemployment." The clinician also documented that he demonstrated all of these symptom domains for a diagnosis of PTSD.

At his timely DCP on August 22, he was referred to Bronx Lebanon. SW contacted the program and provided the class member with a referral form. The class number was also referred to CRAN. the social worker documented that although he was "SMI-No thereby is not eligible," he nonetheless "may benefit from additionally [sic] services and accepts Bronx CRAN referral." He was not homeless.

There are no subsequent social work contacts in the medical record.

Findings:

Referral/appointment: appropriate

SMI: inappropriate (the CTP supports a diagnosis of PTSD and therefore a designation as SMI, especially with the noted functional impairments)

Case Management: inappropriate (As class member should have been designated SMI based either on diagnostic or functional grounds, he required a case management referral. CHS has not provided the CRAN record based on their assertion that he was not SMI and their referring him to CRAN is not required under the terms of the Stipulation.)

Supportive Housing: ineligible

Response by CHS*: Case 144 was found inappropriate for case management. The determination should be changed to "appropriate" because the patient is not entitled to case management services because of SMI-no diagnosis.*

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. Therefore, we are not changing the finding for case management.

Case 145, December MO 87, was a 43 year old woman incarcerated from October 30 until December 14, 2022. She was housed in MO at the time of her timely CTP on November 14, at which time she was diagnosed with schizoaffective disorder and cocaine use disorder. She was designated SMI. The clinician documented that "her functioning is impaired by her psychosis, mood… and/or use of substance use. She has a history multiple ED psych visits and inpatient psychiatric hospitalizations at Kings County Hospital. She also has a history of MH Outpatient Treatment & Correctional based treatment…. Patient in need of continuity of care."

At her timely DCP on November 17, she refused services, but the social worker initiated a SPOA application for ACT services. SW erroneously documented that "due to lack of multiple, recent, documented inpatient psychiatric hospitalizations, the class member does not meet criteria for a referral to AOT."

On November 29, the class member's Medicaid HMO approved her for ACT level of care.

Also on November 29, the class member's defense attorney reported that she had a "referral pending with St. John's Riverside MICA Program." However, on December 8, the attorney reported that she had been rejected by St. John's and was now being referred to Harbor House and Serendipity 2.

She was released on recognizance on December 14, and two days later, SW documented that the Women's Criminal Justice Project escorted her to her permanent assigned shelter and that she had been assigned to the ICL ACT team.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate (while the social worker's assessment that the class member did not meet AOT criteria may have been inaccurate, the ultimate assignment to an ACT program was an appropriate level of care with regard to case management)
Supportive Housing: ineligible

Case 146, December MO 93, was a 65 year old man incarcerated from February 8 until December 1, 2022. He was housed in MO at the time of his timely CTP on February 25, at which time he was diagnosed with schizophrenia and cocaine use disorder and designated as SMI. His DCP was completed on March 11, missing the seven business day time frame but 265 days before release. He was referred to CASES, but 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 a referral to CRAN, but there was no CRAN referral in the medical record, and CHS informed us via e-mail on March 1, 2023 that CRAN had no record of involvement with this class member. He refused a supportive housing application, indicating that he had a CityFHEPS voucher.

At 30 day follow-ups on April 22 and August 1, no updates were made to his discharge plan.

At a TPR on August 17, the clinician documented that "patient is tired of being homeless but claims to have not developed a housing plan with social work." Mental health saw him on November 1, noting that "he needs services when discharged. Patient needs someone to guide him or he will fall between the cracks."

At a 30 day follow-up on November 10, he refused to engage with SW to discuss his DCP.

Findings:
Referral/appointment: inappropriate (no contact, SW did not provide him with a referral form)
SMI: appropriate
Case Management: inappropriate (SW did not execute the CRAN referral)
Supportive Housing: inappropriate (SW did not follow up with class member to reoffer supportive housing after he reported being homeless and needing a housing plan. SW made no effort to confirm his CityFHEPS voucher or to determine how a prolonged incarceration would affect his eligibility.)

Response by CHS*: Case 146 was found inappropriate for Supportive Housing. The determination should be changed to "appropriate" because the patient refused an HRS2010 housing application when offered at the time of the DCP.*

Monitors' response: As discussed above, the class member refused a 2010e at the time of his DCP in March 2022, reporting he had a housing voucher. A few months later, in August, he informed a clinician that he "is tired of being homeless" and that he needed assistance with housing, but SW did not see him at this point. Several months after this, on November 1, a clinician saw him again, documenting his need for assistance "or he will fall between the cracks." SW did not see him until November 10, at which point he was sleeping and did not respond. They did not return during the remaining three weeks of his incarceration. We are not changing the rating for supportive housing.

Case 148, December MO 117, was a 35 year old woman incarcerated from October 24 until December 14, 2022. She was housed in MO at the time of her CTP on November 9, six days late. There were no documented reasons for the delay. She was diagnosed with schizophrenia and cocaine use disorder and was determined to be SMI. At her timely DCP, on November 7, prior to the completion of the CTP, she was referred to her prior IMT, who the social worker contacted to confirm her return. She was provided with a referral form. She accepted a supportive housing application, which was approved on November 16 and was sent to her IMT and to two housing providers.

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

Case 149, December MO 119, was a 31 year old man incarcerated from September 19 until December 26, 2022. He was housed in MO at the time of his CTP on September 28, one day late. There were no documented reasons for the delay. He was diagnosed with schizoaffective disorder and cocaine use disorder and was determined to be SMI. His DCP was completed by chart review on October 11, missing the seven business day deadline but 76 days before his release. He refused to engage in the process.

At a TPR on October 31, he reported anticipating release on December 28, "and this release date has been causing some anxiety." He was not referred to social work.

At his next TPR on November 15, he reported that he would be going home on January 8, 2023 to live with his sister. He indicated an intention to apply for SSI. He was again not referred to social work.

There are no 30 day follow ups in the case, and although he signed an aftercare letter on December 26, he again refused mental health follow up.

Findings:

Referral/appointment: inappropriate [SW should have returned to see the class member both because no DCP was done (the DCP in file was based on chart review only) and because he had been sentenced, which should have prompted a referral to offer him an appointment.]
SMI: appropriate
Case Management: inappropriate (see above)
Supportive Housing: ineligible (numerous indications that he could live with family)

Case 150, December MO 125, was a 30 year old man incarcerated from November 17 to December 28, 2022. He was housed in MO at the time of his timely CTP on November 18, at which time he was diagnosed with schizophrenia and opiate use disorder and was designated as SMI. At his timely DCP on November 23, he was referred to the Housing Works Positive Health Project, but social work did not provide him with a referral form, and there is no indication that social work attempted to contact the program to confirm that they would accept him. He accepted a referral to CRAN, but he declined a supportive housing application indicating that he had housing through HASA.

Additionally, RCS referred him to Fortune Society.

There are no subsequent social work notes in the medical record. Via e-mail on March 1, CHS informed us that CRAN had no record of this class member.

Findings:

Referral/appointment: inappropriate (no contact with program, no indication that the Positive Health Project has adequate mental health resources for a person with schizophrenia)
SMI: appropriate
Case Management: inappropriate (SW did not execute the CRAN referral)
Supportive Housing: ineligible

Case 151, December MO 182, was a 26 year old man incarcerated from July 6 until December 16, 2022. He was housed in MO at the time of his timely CTP, at which time he was diagnosed with borderline personality disorder, intellectual disability, other specified trauma and stressor disorder, and cannabis use disorder. He was determined to be SMI. The clinician documented that his "symptoms have led to functional impairment in the community including frequent incarcerations and hospitalization." His DCP was completed on July 26, missing the seven business day time frame but 143 days prior to release. He was referred to New York Psychotherapy and Counseling Center, and SW contacted the program and provided the class member with a referral form. He was also referred to his prior case manager from OPWDD and to CRAN. He was not homeless.

In a court collateral note on September 29, his legal team reported hoping he would be accepted by MH court, indicating that "OPWDD Has not been able to secure the required support." A week later, on October 6, his legal team indicated that he may be "reconsidered for program again with Coney Island hospital" but that they were "interested in more supportive programs that understand neurodevelopmental needs... Will discuss this with CHS clinical coordinator for I/DD population."

On October 12, the class member informed CRAN that he "wanted to explore supportive housing options." CRAN indicated that they would explore the status of his application.

On December 7, a letter from the Brooklyn MH Court indicated that he was appropriate for an ATI to outpatient treatment. He was mandated to follow up at the Coney Island hospital Ida G Israel Community Health Center. He reported having a place to live in Brooklyn.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate (based on his ongoing connection with OPWDD)
Supportive Housing: ineligible

Case 152, December MO 189, was it a 38 year old man incarcerated from September 20 until December 1, 2022. He was housed on MO at the time of his CTP on September 30. The CTP was 2 days late and could not be completed on the due date because he was sleeping and would not rise. He was diagnosed with other specified schizophrenia and cannabis use disorder and was designated SMI. At his timely DCP on October 6, he was referred to Fortune Society and was noted to be awaiting an ATI mandate at Harbor House. He was provided with a referral form to Fortune Society, but there was no indication that SW attempted to contact the program to confirm that they would accept the referral. He was referred to CRAN. He declined a supportive housing application reporting that he expected a residential mandate.

On November 22, he was accepted by Phoenix House.

Findings:

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

Case 153, October GPNOMEDS 38, was a 30 year old man incarcerated from August 6th until October 4, 2022. He was housed in GP at the time of his timely CTP at which time he was diagnosed with adjustment disorder and substance use disorders. He was determined not to be SMI. at his timely DCP on September 26, he was referred to the Brooklyn Center for psychotherapy. SW contacted the program and provided him with a referral form.

Findings:

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

Case 156, November GPNOMEDS 60, was a 43 year old man incarcerated from May 17 until November 15, 2022. He was housed in GP at the time of his CTP on July 15, one day late. He was diagnosed with adjustment disorder, other specified trauma and stressor disorder, and alcohol use disorder. He was noted to have difficulties in his marriage but no other functional impairments. At his timely DCP on July 26, he was referred to Harlem Hospital 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.

A TPR on August 24 indicates that he had been sentenced.

An aftercare letter was prepared on November 14 indicating an appointment at Harlem hospital on January 23, 2023. There is no indication that he was provided with a copy of this ACL.

Findings:
Referral/appointment: inappropriate (appointment was beyond 28 days of release as required by the monitoring plan, SW did not provide ACL to class member or otherwise document that the class member was aware of the appointment)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 157, December MO 73, was a 22 year old man incarcerated from October 13 until December 5, 2022. He had an IMHATP on October 27 in which he was diagnosed with PTSD and was determined to be SMI. The clinician completing this document explained his diagnosis in detail. He was housed in GP throughout this incarceration.

The class member did not have a CTP or a DCP. There were no documented reasons explaining the absence of these assessments or plans.

Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate (based on the well documented diagnosis in the IMHATP)
Case Management: inappropriate (no DCP)
Supportive Housing: inappropriate (no DCP)

> ***Response by Class Counsel****: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*
>
> **Monitors' response**: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

Case 158, December MO 153, was a 44 year old man incarcerated from November 19 until December 23, 2022. he had an IMHATP on November 28 that indicated that he was in the military in Iraq and has a VA pension. He had a prior connection to the Manhattan VA. The clinician diagnosed him with other specified trauma and stressor disorder and determined that he was not SMI. However, in a PsychBasic on December 14, he was diagnosed with PTSD and was designated SMI. He was housed in GP throughout his incarceration.

The class member did not have a CTP or a DCP. There are no documented reasons explaining the absence of these assessments or plans.

The record includes an aftercare letter that was initiated on the day of release but was not signed until February 7, 2023. This document indicates that he was SMI, and that he refused referrals to CRAN, SPOA and ACT. The ACL referred him to VIP, which was his prior

substance use provider according to KEEP. The SW completing this document did not refer him to the Manhattan VA. He was noted to have a place to live.

The findings below are not critical of the effort of doing an aftercare letter on the day of release. That effort, however, was not an adequate substitute for a completed CTP and a full discharge plan, nor for the inadequate effort to reach out to his prior provider to obtain more information.

Findings:

Referral/appointment: inappropriate (no DCP. The aftercare letter does not provide rationale for the referral. He was not referred to his prior provider at the VA. There is no evidence that he was given a copy of the aftercare letter. He was referred to a program that is primarily a substance use provider and that would not be suitable for his PTSD.)
SMI: appropriate (based on the diagnosis and assessment made in the PsychBasic)
Case Management: inappropriate (refused on offer made at point of release)
Supportive Housing: ineligible

Response by Class Counsel*: We object to the appropriateness findings for SMI assessment in [this case], in which Defendants did not complete a CTP…. Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶16-18, 26.) The Monitors should not have to deduce Defendants' determination regarding SMI status based on records other than the CTP. If Defendants did not conduct the requisite evaluation to determine a Class Member's SMI status, which should inform the treatment plan, treatment plan reviews, and Discharge Plan, the Monitors cannot assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.*

Monitors' response: While we agree with class counsel that defendants did not meet the obligation to complete a CTP in this case, the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating. Therefore, we are not changing the finding for SMI.

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 23rd day of June 2023, I caused to be served upon the parties named below the FIFTY-FIRST 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 23rd
day of June 2023

/S/ Henry A. Dlugacz

_____
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