

Index No. 117882/99

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

BRAD H., *et al.*,

Plaintiffs,

-against-

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

Defendants.

FIFTY-SECOND REGULAR REPORT OF THE COMPLIANCE MONITORS

December 21, 2023

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

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BRAD H., <i>et al.</i> ,	:	
	:	
Plaintiffs,	:	
	:	
-against-	:	Index No. 117882/99
	:	IAS Part 47
	:	Justice Paul A. Goetz
THE CITY OF NEW YORK, <i>et al.</i> ,	:	
	:	
Defendants.	:	
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Fifty-Second Regular Report of the Compliance Monitors
December 21, 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 (“Stipulation¹”) 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.

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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
EPIC	EMR used by H+H Hospitals
FACT	Forensic ACT
GP	General Population
GP MED	Class Members housed in GP who are prescribed Brad H. medications
GP NOMED	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 Second Regular Report of the Monitors. The report covers defendants' compliance with the Stipulation and orders of this Court for the reporting period of January through June 2023.

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 incarcerated people 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 a 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.

Justice Goetz so-ordered this stipulation on July 18, 2023.

Compliance

Table 1: Compliance Findings, Report 52

Description	Agency	PI	Finding	Section	Monitors' Reviews	Defendants' data
Appropriateness of SMI assessment	CHS	2.4	Compliant	IV.D	95%	
Timely Activation of Medicaid	HRA	6.1		IV.C		98%
Timely Unsuspension of Medicaid	HRA	6.2		IV.C		97.6%
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		97.8%
Timely Completion of Prescreen	CHS	4.1.1	Tentatively compliant	IV.C	98%	98.88%
Timeliness of Initial Assessment	CHS	1.1	Unable to demonstrate compliance: Data derived from the approved coding based on the agreed-upon data dictionary are required to permit validation of data	IV.C		81.04%
Timely Completion of Prescreen by ANS	CHS	4.1.2		IV.C		100%
Submission of MA Application	CHS	5.1		IV.C		69.07%
Submission of MA applications by ANS when prescreen was completed in jail	CHS	5.2.1		IV.C		100%
Provision of MGP Card on Release Date	CHS	5.3.1		IV.C		91.46%
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		82.61%
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		92.96%
Provision of Appointments by ANS	CHS	8.2		IV.C		100%
Provision of Referrals	CHS	8.3		IV.C		98.34%
Submission of PA Application	CHS	9.2		IV.C		49.07%

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 52

Description	Agency	PI	Finding	Section	Monitors' Reviews	Defendants' data
Submission of HRA 2010e Application	CHS	10.1	Unable to demonstrate compliance: Data derived from the approved coding based on the agreed-upon data dictionary are required to permit validation of data	IV.C		56.10%
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		89.47%
Follow-up contacts re: Referrals	CHS	12.0.12		IV.C		94.74%
Follow-up contacts re: Housing	CHS	12.0.2		IV.C		37.61%
Offer of assistance re: Housing	CHS	12.0.3		IV.C		100%
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	52%	63.61%
Timeliness of CTP - MO	CHS	3.1.1		IV.C	63%	90.69%
Timeliness of CTP - GP	CHS	3.1.2		IV.C	39%	51.65%
Timeliness of DCP	CHS	3.3		IV.C	86%	89.25%
Appropriateness of Appointment/referral	CHS	3.2	Noncompliant	IV.D	57%	
Appropriateness of Case Management	CHS	3.2		IV.D	54%	
Appropriateness of Supportive Housing	CHS	3.2		IV.D	29%	
Provision of Emergency Benefits	HRA	9.1		IV.C		67%

Key Findings and Developments during this Reporting Period

1. As of November 2, 2023, the NYC jail population was 6,174, and the class member population was 3,338. The last time there were this many class members incarcerated was in July 2019, prior to the population decreases related to both bail reform and the COVID pandemic (see Section IV).
 - a. For the past year, class members have constituted the majority of the DOC population;
 - b. Over one in six people incarcerated in the NYC jail system has a serious mental illness.
2. Forty one percent of social work positions and 72 percent of caseworker positions were filled by permanent staff (see Section III.A).
3. Production rate for mental health services continue to fall, most recently to below 50 percent in June 2023, whereas rates of production for reentry services remained static at just over 70 percent (see Section VI.C and VI.D).
4. Of the 119 cases in the appropriateness cohort reviewed comprehensively, defendants released 12 (10%) class members without a CTP and/or without a DCP.
5. CHS remained compliant for SMI assessments at 95%. Although showing improvement over the previous reporting period, CHS was non-complaint for provision of appointment/referral (57%), case management (54%) and supportive housing (29%) (see section VI.D).
6. The monitors approved CHS' coding for performance indicator data on September 22, 2023 triggering the 45 day period for defendants to begin providing data derived from the agreed upon data dictionary and approved coding (see Section VI.B; also see the Stipulation so-ordered by Justice Goetz on July 18, 2023, ¶3).
7. On December 4, 2023 defendants submitted data PI data for the month of September, 2023 which they indicate reflects the finalized data dictionary and coding. The Fifty-Third Report will contain unqualified findings of compliance starting with September, 2023. (Section IV. B)

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 51, pp 13-15.

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 defendants to offer reapplications 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.” Defendants have not provided us with an updated policy document reflecting this change.

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.” In response to our query regarding this change, defendants informed us that

“Staff are expected to complete and submit the 2010e application as soon as possible after creating the discharge plan. Although staff aims to complete the housing applications within four business days, our priority is ensuring that they put forward the strongest possible application to better serve our patients, which is often time consuming, and to allow additional time if needed.” (Defendants’ response to information request, report 52)

We support the concept of ensuring that supportive housing applications be complete and of high quality.

In their comments to the draft report, defendants reported:

We have not set a specific temporal expectation (e.g. within 10 business days) as it may have the unintended impact of causing staff to delay in initiating and completing applications. Instances where a patient was released prior to the submission of the 2010e are rare, and generally occur as a result of an unexpected, quick release from custody. In those instances, CRAN is available to complete the application.

Defendants have rejected our recommendation. Several cases in the current cohort illustrate how an open-ended expectation for completion of the HRA 2010e application is ill-advised and can work to the detriment of an undomiciled class member seeking supportive housing.³ While defendants are permitted to reject our recommendations, we urge them to reconsider their approach in light of these cases, and similar cases noted in prior reporting periods.

Recommendation: Whether or not four business days is the correct expectation is a matter for defendants to determine; we continue to strongly recommend that CHS set some reasonable and defined temporal expectation for submitting an HRA 2010e to ensure that SW staff attend properly to the housing needs of class members.

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. Defendants informed us in October 2021 that a finalized version of this policy was sent to New York State OTDA for approval. In April 2023, defendants informed 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)

³ See, e.g., cases 17, 33, 87 and 103.

Defendants now inform us that “Policy Directive 4575 is in final draft and HRA anticipates publication of the policy in the near future.” (Defendants’ response to information request, Report 52)

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. During the current reporting period, defendants eliminated three SW Supervisory positions and two clerical positions ⁴

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 51, pp 15-16

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

Table 2: Staffing of SW positions as of October 13, 2023

	# of allocated positions	# of positions filled		# who left since 4/20/23	# hired since 4/20/23	# currently in the hiring process	# of vacant positions	Permanent staffing rate
		Permanent	Temporary					
SW Supv.	11	10	0	0	0	1	1	91%
SW	39	16	10	2	3	6	23	41%
Caseworkers	18	13	0	1	1	0	5	72%
Clerical	6	6	0	0	0	0	0	100%

This shows continuing problems with SW staffing levels. CHS reports that

“[t]o improve retention and recruitment, we’ve revamped all of our job descriptions and are reposting them on a regular basis to improve visibility on job boards. We have also begun hosting regular virtual job fairs and will

⁴ We take defendants’ allocations at face value as their expression of the staffing required to meet the needs of the class.

begin hosting in-person fairs in the coming month. Additionally, salaries were increased to attract qualified applicants and help with retention of current staff.” (Response to request for information, report 52)

Defendants have not complied with the orders of April 18, 2014, September 19, 2014, and April 26, 2021, which require them to fully staff all discharge planning positions.

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 51, pp 16-17.

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 on October 21, 2022, acknowledging our recommendations, and indicated that they would inform us when the trainings were scheduled. On October 12, 2023, defendants informed us that “finalized versions of the training has not yet been completed and no trainings are scheduled currently” (Response to information request, report 52).

On June 1, 2023, CHS informed us of a training on AOT provided by the Manhattan AOT team to be held on June 20, 2023. One of the monitors was able to attend this training, which overall provided a comprehensive explanation of the AOT application and review process. Important themes reinforced by the presenters included

- The need for SW staff to have a good understanding of AOT eligibility criteria to ensure that AOT investigation resources are prioritized appropriately.
- The availability of the AOT team for consultation prior to completing an application regarding the likelihood that a given class member will be found eligible for AOT.

- The importance of referring to SPOA as well as to AOT as early as possible in the DCP process, to maximize the likelihood that a community program will be available for the class member.
- The importance of gathering collateral information beyond PSYCKES to provide evidence that the class member meets the eligibility criteria for AOT.
- The need to be aware of class members who are on an active AOT order upon arrest, to provide an opportunity for the AOT team to consider renewal of the order.

Unfortunately, inadequate time was allotted for this training, and it was cut short before all of the material, including some helpful vignettes, could be discussed.

Forensic Unit Trainings: In their April 20, 2023, response to our information request for our 51st report, defendants informed us of a training to be held for BHPW on “Supportive Housing 101,” via Webex, on April 26, 2023, too late for us attend.⁵ On August 1, 2023, H+H informed us of a training to be held on August 22, 2023, on “Accessing Care Coordination and ACT Programs for Justice Involved Individuals,” also via Webex. On October 24, 2023, H+H informed us of a Webex training to be held on November 9, 2023, on “Reducing Recidivism and Promoting Recovery: Understanding and Addressing the Factors that Contribute to Re-Arrest.”

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. Once DOC creates a process to capture information allowing for assessments of their compliance with the requirements of ¶32.1 (see Section VI.I below), they will need to train staff to act in accordance with the mandates of those requirements.

⁵ In their comments to the draft report, defendants informed us that “Late notice was provided for the 4/26/23 training because BHPW only became aware of this training the week prior.”

IV. Population and Census Trends

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

Overall Population Trends: Defendants provided data for the Average Daily Population (“ADP”) of the system from July 2019 through March 2020, allowing an understanding of the changing size of the DOC population as bail reform came into play effective January 1, 2020, and through the acute and early recovery phases of the COVID-19 emergency. Since April 2020, we have been gathering data weekly from the NYC Open Data website regarding the DOC population.⁶ Figure 1 demonstrates that, for most of the past three years, class members accounted for the majority of the population of the New York City jail system.

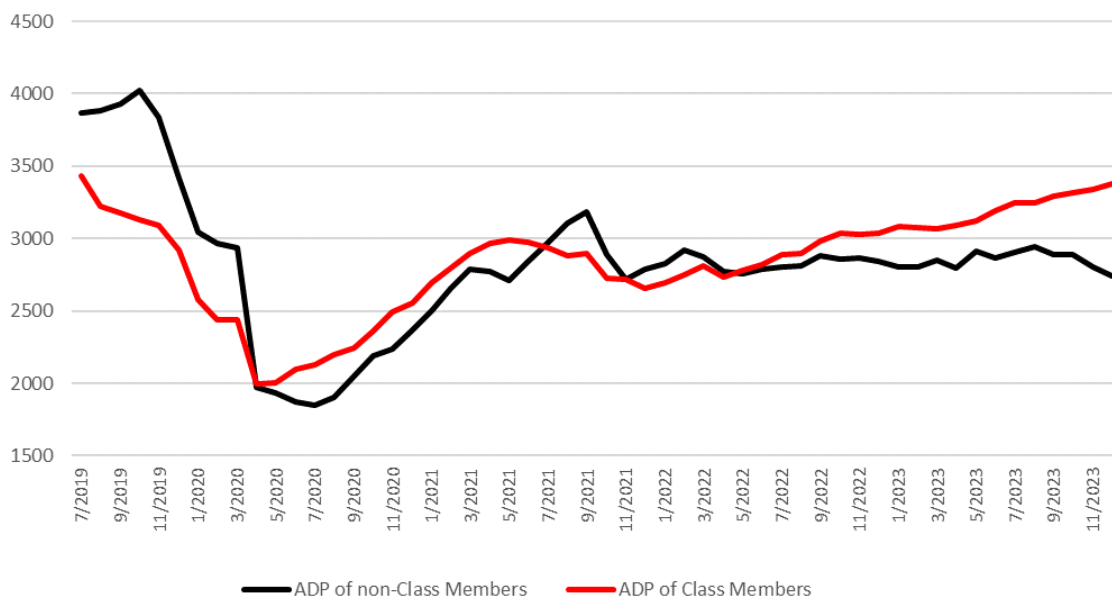


Figure 1: Class Member ADP and non-Class Member ADP, July 2019-December 2023.

⁶ See <https://data.cityofnewyork.us/Public-Safety/Daily-Inmates-In-Custody/7479-ugqb>.

Over the past year, class members have accounted for between 50.0% and 55.2% of the DOC population, which, since May 2023, has surpassed 6,000.⁷ Since September 29, 2022, there have been more than 3,000 class members incarcerated in the NYC DOC on any given day. Since June 22, 2023, there have been more than 3,200 class members. As of December 14, 2023, there are 3,376 class members. The last time there were this many class members in the NY jails was in July 2019, prior to the population decreases related to both bail reform and the COVID pandemic. While the non class member population appears to have stabilized at about 2,800-2,900 since COVID, the class member population has nearly rebounded to its population prior to both population reductions.

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:

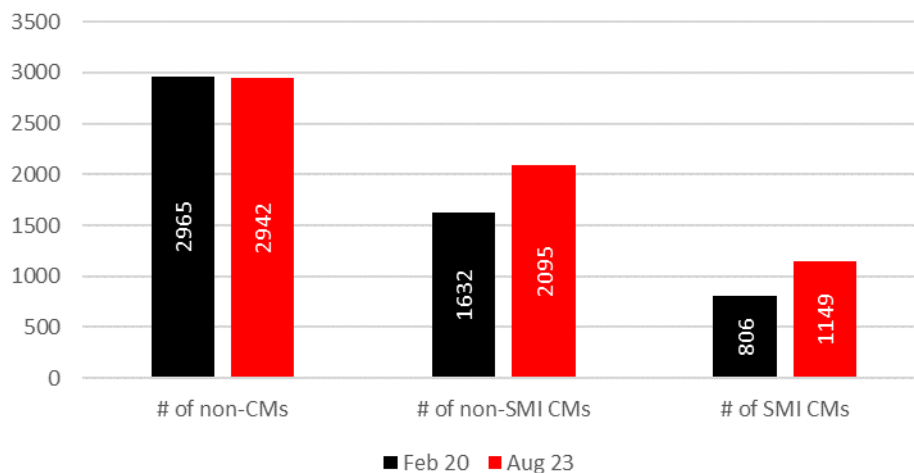


Figure 2: Population changes from February 2020 to August 2023

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

⁷ As described in detail in Report 49 (pp 16-17 and Figure 2), these data do not account for detainees early in their incarceration who will become class members; during the very earliest part of their detention, detainees have not yet been assessed for mental illness and are included in the dataset as non-class members.

dropped, but since November 2020, the prevalence of SMI class members has exceeded its prevalence from prior to the onset of the pandemic.

Table 3: Changing prevalence of SMI among the DOC population

	% of population that is SMI
Feb 20	14.92%
Jul 20	13.92%
Nov 20	15.94%
Mar 21	15.76%
Sep 21	15.78%
Mar 22	15.69%
Sep 22	17.90%
Mar 22	17.64%
Aug 22	18.57%

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, and the absolute size of the class is over 30% larger than it was prior to the onset of the COVID-19 pandemic. The SMI population exceeds its pre-pandemic level by 43%. This underscores the importance of not losing focus on DCP in the midst of the current crisis.

V. 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 Response: 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 and ongoing jail operational challenges. However, during the reporting period CHS made modifications to these control measures in an effort to minimize their impact on care delivery.

We also opened a new clinic for mental health and social work services in our admissions building to improve access to care.

H+H Response (BHPW): There was no impact related to COVID19. Patients were still seen by treatment team members and provided the same services related to the stipulation. EHPW remains closed; services have been provided at Kirby Forensic PC.

DHS Response: All DHS services continued during the COVID pandemic. DHS modified its workflows and adapted, but did not decrease or eliminate services. All shelters remained open 24/7 and DHS continued to provide meals, social services, and clinical services. Some services were provided by video or phone.

* * *

There [have] been no transfers to Kirby in this reporting period. (Defendants' response to request for information, Report 52)

No other defendant agencies reported any updates during this reporting period.

VI. 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 51, pp 17-18; Decision and Order on Motion, April 26, 2021.

Discussion: This situation remains unchanged. To date, we do not have access to the EMR.

In their comments to the draft 51st 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.”

In response to our request for an update, defendants informed us that

“CHS has and continues to provide the Monitors with access to class members’ medical records via SharePoint. To the extent that the Monitors are seeking direct access to CHS’ electronic medical records system, H+H’s Office of Legal Affairs (OLA) confirms and maintains that providing the Monitors with direct access to the electronic medical record system is not feasible due to various confidentiality obligations under state and federal law. Access to class members’ records as currently provided through SharePoint is the only way to protect the medical records of non-class member patients.” (Defendants’ response to information request, report 52)

Efforts to resolve this have clearly reached an impasse. Without expressing any opinion as to defendants’ positions as to legality or feasibility, we conclude that defendants are out of compliance with the court’s order of April 26, 2021.

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

Introduction: 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. 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).

Discussion: 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

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 engaged in discussions with the parties aimed at finalizing the data dictionary, holding a series of productive meetings on September 24, September 31 and September 29, 2022. On December 5, 2022, CHS provided an updated data dictionary based on the agreements reached in those discussions, and we provided comments regarding this revision on December 6, 2022. CHS provided a revision on December 20, 2022, to which we provided some minor revisions 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.

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. During the summer of 2023, our data expert reviewed the code that CHS provided, engaging in iterative discussions with them to ensure that he understood the code and to resolve any uncertainties.

On September 22, 2023, we informed the parties that we approved the manner by which CHS will derive PI data for the measures explicated in the agreed upon data dictionary. Per ¶3 of the Stipulation so-ordered by Justice Goetz on July 18, 2023, defendants are to begin reporting data⁸ in accordance with the agreed upon data dictionary using this new coding within 45 days of our approval. (NYSCEF Doc No. 102 at 6-7)

In their comments to the draft report, defendants informed us that “[t]he monthly performance indicators provided to the Monitors already reflects the finalized data dictionary and coding.” In response to an email follow-up query, they further informed us that “[t]he September 2023 PI data [which we received on December 4, 2023] reflects the finalized data dictionary and coding.”

We will provide unqualified compliance findings beginning with September 2023 PI data in the next report.

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

⁸ While we did not tie our approval of the coding to the form of report defendants provide, we engaged in a discussion with defendants’ counsel on September 12, 2023 regarding the opportunity that this new coding offers with regard to how CHS reports data for the performance indicators. Instead of providing data that includes only a numerator and a denominator, we requested that CHS explore with us the possibility of providing case-based data for each PI as is already done for PI 11.1 and for data provided by other defendant agencies. To date, we have not received a response from defendants regarding our request.

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

Because, as discussed in Section VI.B above, the coding and crosswalk remained under review until recently, defendants have not yet produced validated data for many of the performance indicators. Therefore, for data provided during the current reporting period, 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: Although defendants' coding has now been approved, defendants have not yet produced data using this approved method. Therefore, for the data provided during the current reporting period, we utilized the approach outlined in our Forty-Fourth Report (pp 54-56) and its supplement. Where no data, or where only unverified data, was provided and no data from chart review was available, we indicated 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 was available based on chart review (PIs 3.1, 3.3 and 4.1), we made 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 51, pp 22-24.

Production rates: Production rates during the fourth quarter of calendar year 2022 were as follows:⁹

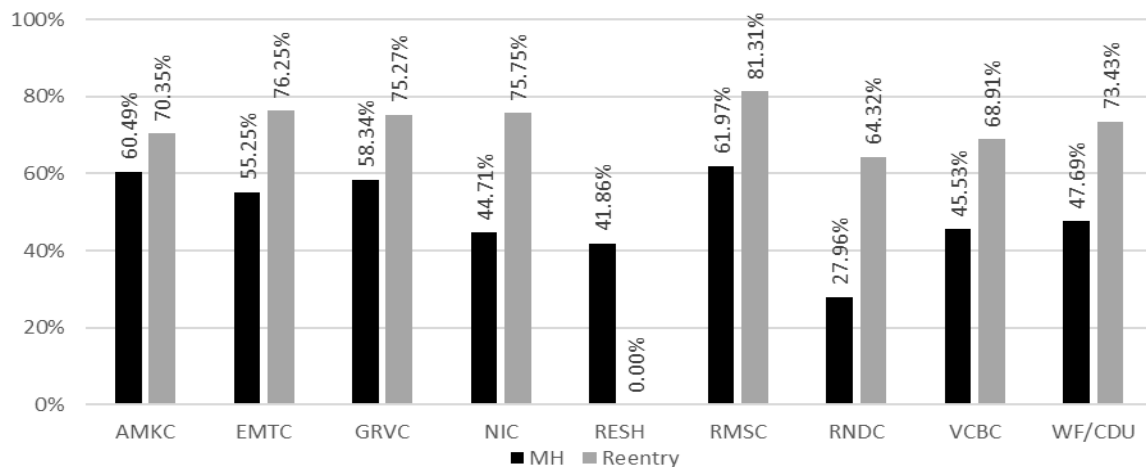


Figure 3: Production rates for mental health and reentry services, by jail, January-June 2023¹⁰

- For mental health services, the overall production rate was 52.7%, unchanged from the last reporting period.
 - Production rates varied from 28.0% at RNDC to 62.0% at RMSC.
- For reentry services, the overall production rate was 73.2%, unchanged from the last reporting period.
 - Production rates varied from 64.3% at RNDC to 81.3% at RMSC.

Comparing this graph to Figure 3 in our Fifty-First report, it is evident that mental health and reentry production was essentially static during the reporting period.

⁹ CHS production reports are available at <https://www1.nyc.gov/site/boc/reports/correctional-health-authority-reports.page>. These reports, while somewhat informative, have two primary deficits from the perspective of monitoring the Brad H Stipulation:

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

¹⁰ RESH data is available only for June 2023, and there were no reentry services provided at this site.

Table 4: Production rate differences in 52nd reporting period compared with the 51st reporting period.

	AMKC	EMTC	GRVC	NIC	RMSC	RNDC	VCBC	WF/CDU
MH	1.24%	3.16%	0.64%	2.40%	-5.71%	-2.05%	-3.01%	4.87%
Reentry	-4.10%	8.98%	0.02%	6.79%	-1.14%	-2.47%	-8.63%	-3.86%

While reentry production rates have been relatively stable since September 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:

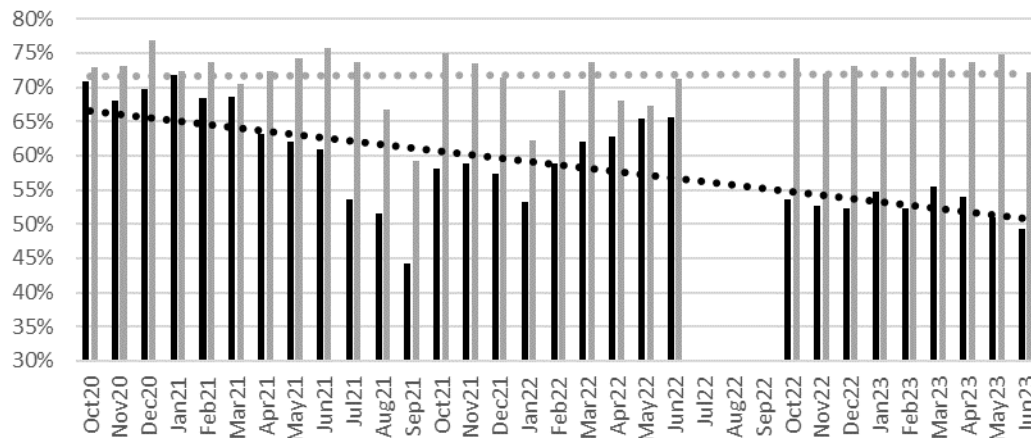


Figure 4: Monthly production rates, September 2020-June 2023.¹¹ The black bars represent MH production, and the gray bars represent Reentry production.

Notably, over the last four months, mental health production dropped continuously, reaching its lowest ebb and falling below 50% for the first time since September 2021, a period when DOC was known to be in particular turmoil.

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 of cases reviewed for appropriateness.¹² Defendants simply cannot provide a mental health

¹¹ No data is available at the Board of Corrections website for the third quarter of 2022.

¹² See, e.g., cases 17, 20, 55, 63, 75, 143 and 156.

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.

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 51, p 25.

Threshold/Expectation: 90%

Compliance: The appropriateness cohort includes information that allows for an approximation of performance during the current reporting period, indicating that 62 of 119 (52%) cases had the CTP completed according to the relevant timeframes, as follows:

- Compliance in MO (7-day requirement): 41 of 65 (63%)
- Compliance in GP (15-day requirement): 21 of 54 (39%)¹³

¹³ Defendants' unvalidated data suggest better performance, especially in the MO: PI 3.1: 63.6%, PI 3.1.1 (MO) 90.7%, PI 3.1.2 (GP) 51.7%.

In 45 cases, the CTP was between 1 and 58 days late.¹⁴ In 12 cases, a CTP was not done.¹⁵

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

3.3 Timely Completion of Discharge Plan (DCP)

Subject: Upon completion of a CTP, defendants are required to complete the Discharge Plan (DCP). 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 51, pp 26-27.

Threshold/Expectation: 90%

Compliance: The appropriateness cohort includes data that allows for an approximation of performance during the current reporting period, indicating that 87 of 119 (73%) cases had the DCP completed within the 7-business-day timeframe. In 21 cases, the DCP was

¹⁴ Cases 3, 4, 5, 11, 18, 19, 20, 24, 28, 29, 30, 31, 34, 35, 37, 39, 47, 48, 51, 55, 57, 64, 71, 74, 76, 82, 83, 87, 91, 93, 104, 115, 117, 126, 128, 131, 133, 134, 138, 140, 144, 145, 147, 153 and 155.

¹⁵ Cases 38, 43, 63, 69, 75, 86, 89, 118, 125, 141, 143 and 156. This is twice the number of cases in which no CTP was completed since the 48th reporting period.

completed between 1 and 76 days late.¹⁶ In 12 cases, no DCP was done.¹⁷ When measured against the seven business day requirement, defendants' performance improved by 9% when compared with recent reporting periods.

However, 15 of the 21 cases that did not meet the 7 business day requirement had their DCP's completed at least 30 days prior to release. Taking this into account, defendants timely completed the DCP in 102 (86%) of 119 cases.¹⁸ Defendants' performance improved by 7% when compared with the 51st 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 51, p 27.

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 105 (98%) of the 107 cases in which there was a CTP, and in

¹⁶ Cases 5, 11, 14, 23, 25, 29, 33, 45, 47, 56, 73, 76, 84, 85, 110, 113, 116, 140, 145, 150 and 155.

¹⁷ Cases 7, 38, 43, 55, 63, 75, 86, 89, 118, 141, 143 and 156.

¹⁸ Defendants' unvalidated data suggest slightly better performance for PI 3.3: 89.3%.

12 more cases in which no CTP was completed (using the CTP due date as the timeliness requirement). The prescreen was timely completed in 117 of the 119 cases (98%).¹⁹

Defendants completed the prescreen 16 and 32 days late in cases 84 and 153 respectively.

Defendants are tentatively compliant for measure 4.1.

6.1 Timely Activation of Medicaid Benefits (HRA)

6.2 Timely Unsuspension of Medicaid Benefits (HRA)

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

Key References: ¶¶60.1 and 64.1; Report 51, pp 28-29.

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 52

# of Days after release	# of cases	%
0	0	0.0%
1	2	3.4%
2	30	50.8%
3	14	23.7%
4	9	15.3%
5	2	3.4%
6	1	1.7%
7	0	0.0%
>7	1	1.7%
Total	59	

¹⁹ Defendants’ unvalidated data also suggest compliance with PI 4.1, with a 98.9% compliance rate.

Defendants reported meeting the required timeframe in 98% 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 52

# of Days after release	# of cases	%
0	12	2.9%
1	257	61.8%
2	107	25.7%
3	27	6.5%
4	3	0.7%
>4	10	2.4%
Total	416	

Defendants reported meeting the required timeframe in 97.6% of cases.

Most of the noncompliant cases were only slightly delayed, but three class members had their Medicaid unsuspended 14, 18 and 41 business days after release. No explanation was included in defendants' datasets for these delayed unsuspensions.

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 51, pp 29-30.

Compliance Threshold: 95%

Compliance: Defendants provided reports for December 2022-March 2023. During these months, two class members appeared at a Job Center seeking emergency benefits. One class member, who presented in February, was granted both emergency cash assistance and emergency SNAP benefits. Another, who presented to HRA in January, sought emergency SNAP benefits, but they were not granted. There was no reason documented for the denial of benefits. Defendants were noncompliant for the months of December 2022-March 2023.

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) We have begun observing this documentation on the indicated progress notes, though at times, there is documentation that the class member was provided with an FIA-1212a form on progress notes indicating that the class member refused a PA application. We request that CHS explore this observation and provide us with their findings.

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 300 of 300 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; tentatively noncompliant for PIs 3.1 and 3.3; and noncompliant for measure 9.1. For all other measures, defendants were unable to demonstrate compliance because they provided only unvalidated 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 doc No. 76 at 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 51 pp 31-49

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 57 percent (65/115) of eligible cases, appropriate SMI determinations in 95 percent (113/119) of cases, appropriate referrals for case management in 54 percent (25/46) of eligible cases, and submitted and forwarded supportive housing applications in 29 percent (7/24) of eligible cases. As a result, defendants were compliant for SMI assessments but noncompliant for appointment/referral, case management and supportive housing. Detailed discussions of our findings in each case are included in Exhibit 1.

Combining the four tasks together, which we assess individually for appropriateness above, 57 class members received appropriate assessment and discharge planning for all tasks for which they were eligible, as compared to 47 such class members in the 51st report.

Table 7: Summary of Appropriateness Findings Report 52

		Appointment/ Referral	SMI	Case Management	Supportive Housing
Eligible	Appropriate	66	113	25	7
	Inappropriate	49	6	21	17
Ineligible or Not Rated		4	0	73	95
Total cases		119	119	119	119
Defendants' compliance		57%	95%	54%	29%
Compliance threshold		90%	90%	90%	85%

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

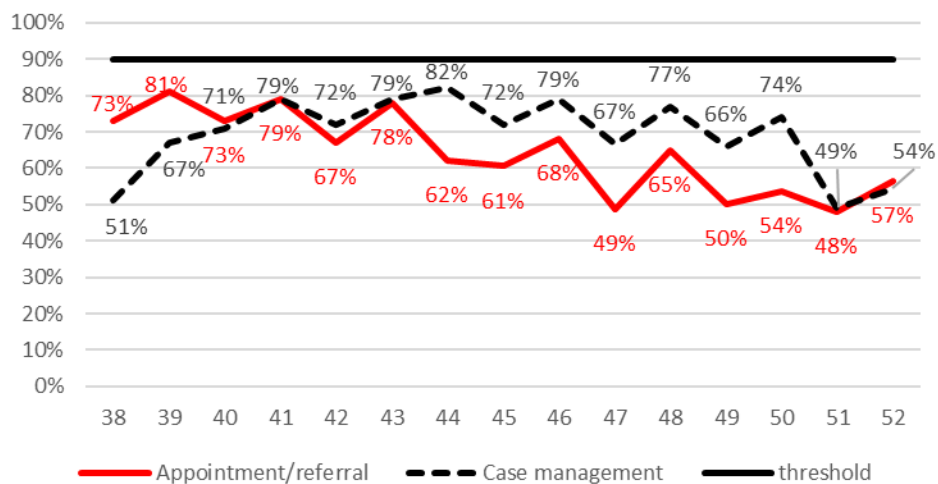


Figure 5: Compliance with Appropriateness Measures: Appointments/Referrals and Case Management, Reports 38-52

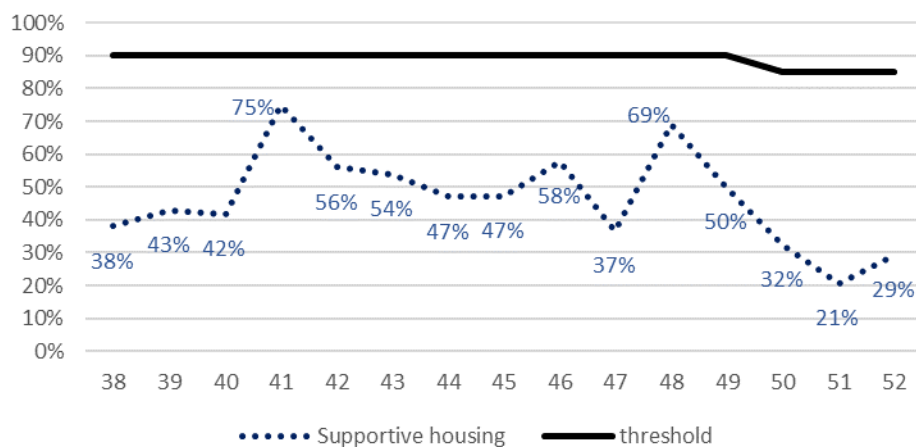


Figure 6: Compliance with Appropriateness Measures: Supportive Housing, Reports 38-52

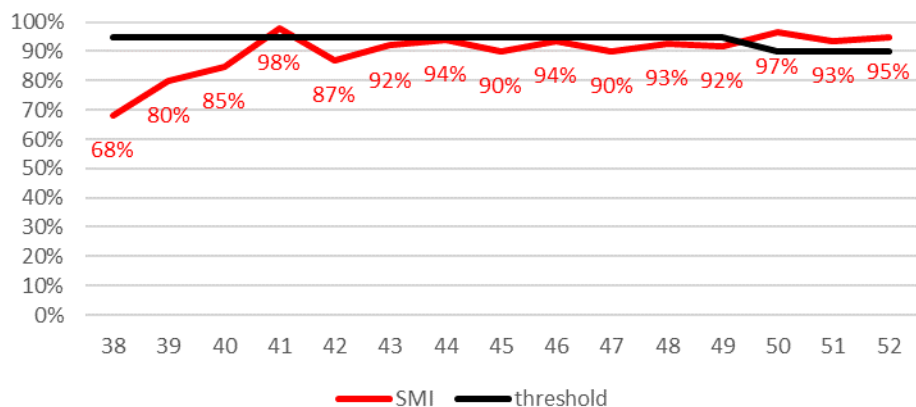


Figure 7: Compliance with Appropriateness of SMI Determinations, Reports 38-52

As compared to the 51st reporting period. Defendants' performance increased for all four appropriateness measures:

- Appointment/referral +9%
- SMI determination +2%
- Case management +5%
- Supportive housing +8%

Overview: The case reviews in Exhibit 1 highlight some positive developments in discharge planning including:

- Overall, improved identification of class members with potential intellectual disabilities and coordination with OPWDD (e.g., cases 60, 67, 116) although some cases should have led to contact or follow up with OPWDD that did not occur (e.g., cases 38, 48).
- Cases where social work demonstrated effective communication and coordination with the forensic unit at Bellevue and/or CRAN (e.g., cases 14, 145), as well as with other agencies such as the class member's IMT (e.g., case 17), which resulted in appropriate discharge planning.
- Cases where CHS contacted the class member's family members and obtained information useful to assessment and/or discharge planning (e.g., cases 113, 146).
- A case where the class member engaged in an interview with a supportive housing provider *while still incarcerated* (case 89).

Impediments to Compliance: The reviews also revealed multiple areas where performance will have to improve in order for defendants to come into compliance. These include:

- Continuation of problem of class members being released without having received a CTP (e.g., cases 38, 43, 63, 69, 75, 86, 118, 125, 141, 156)
- Continuation of the problem of class members being released without a DCP (e.g., cases 7, 38, 43, 55, 63, 75, 86, 89, 118, 140, 141, 143, 156).²⁰

²⁰ Cases 55 and 140 had discharge plan forms completed by chart review only. 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) It is self-evident that this requires a direct interaction between the class member and the social worker. A "DCP by chart review" does not fit this definition.

- Continuing failure to contact programs to confirm that they would or could accept a referral (e.g., cases 2, 5, 8, 10, 12, 17, 24, 25, 31, 37, 41, 44, 56, 83, 84, 85, 90, 93, 103, 114, 124, 129, 134, 137)
- Ongoing problems with treatment team integration and/or ongoing contact with class members by SW, which hampered SW's responses to ongoing needs or changed circumstances, including:
 - change in psychiatric condition (e.g., case 140)
 - recently imposed sentence (e.g., cases 8, 40, 65)
 - acceptance of services after early refusal (e.g., cases 73, 140 regarding appointment/referral; case 12 regarding CRAN, case 17 regarding supportive housing application)
 - change in SMI status (e.g., cases 5, 73)
 - discharge from prior IMT program (e.g., case 17)
 - HRA 2010e after prior approval expired (e.g., cases 66, 87)
 - follow up with HRA in light of lack of response regarding a 2010e application (e.g., case 92)
 - follow up after approval for ACT program (e.g., case 23)
 - follow up after class member not being produced by DOC and/or having appointments cancelled by CHS (e.g., case 17)
 - provision of services social work assessed the class member as requiring (e.g., case 103 regarding supportive housing application, case 130 regarding SPOA application)
- Lack of clarity regarding some class members' Medicaid status, or failure to provide class member with needed assistance with Medicaid (e.g., cases 1, 134)
- Referral that did not meet the class member's individualized needs (e.g., cases 19 and 23, as well as case 73 who required a setting akin to a skilled nursing facility)
- No or insufficient effort to contact a prior provider (e.g., cases 12, 64, 131, 146, 148) or refer back to a prior provider (e.g., cases 12, 146);
- Referral not geographically appropriate (e.g., cases 100, 146);
- Insufficient rationale for referral (e.g., cases, 2, 40);
- Not providing the class member with an appointment (e.g., cases 8, 128, 131);
- Case management that did not meet the class member's needs (e.g., cases 4, 8, 19, 23, 74, 130, 152);
- Continuation of problem effectuating referrals to CRAN (e.g., cases 56, 74, 110, 147)²¹

²¹ Defendants state that: "[they] are aware of a limited number of instances where SW referrals to CRAN were not properly uploaded to Kiteworks and therefore were not sent to CRAN. In August, we implemented a process to review all referrals are properly sent to CRAN." (Defendants' response to information request, report 52) This addresses the concern that referrals from CHS to CRAN are not being received by CRAN as planned. However, it does not address the concern observed in some cases where social work documented that the case was assigned to a CRAN caseworker but CHS was nonetheless unable to provide the monitors with a CRAN record.

Discussion:

Cases are selected according to a long-standing agreement between the monitors and the parties, such that 65% of cases are housed in the MO at the time of the CTP, while 35% are housed in GP at that time. After finding a number of cases that appeared to be mislabeled based on the medical record, we requested that defendants clarify how these labels are applied. Defendants informed us that

“The housing status [assigned to a given case] is based on the information entered into the patient’s chart by the provider completing and signing the CTP. If the Disposition entered is General Population, then the housing is set to GP, otherwise the housing is set to MO.” (Defendants’ response to information request, report 52)

We had previously believed that the assignment was based on the class member’s housing at the time the CTP was being conducted, not on the disposition assigned as the outcome of the CTP, and this explains some of the cases where we found discrepancies. Some class members housed in MO are sent to GP as an outcome of the CTP, and vice versa. Defendants’ approach is acceptable and comports with the language of the monitoring plan, and we will modify our reviews for the next reporting period accordingly. We note that this convention should not be used when determining compliance for measure 3.1, as it is the housing assignment at the time of the initial assessment, or a housing change after the initial assessment but before the CTP, that determines the deadline for the completion of the CTP.

Many of the deficits outlined above and described in detail in the case summaries (Exhibit 1) involve problems with prerequisites to the clinically appropriate, individualized discharge planning required by the Stipulation, including

- ongoing contact with class members,
- coordination or integration with colleagues within the treatment team or outside entities,

- the execution of planned interventions, or
- the response to changes in the class member's circumstances or condition.

In addition, integration of social work into the treatment team is required by Court order, and social workers are required by CHS policy to have regular contact with class members (at least every 30 days for class members housed in MO and at least every 90 days for those in GP).

Obstacles to adequately addressing these issues, all of which have a mutually reinforcing and negative impact on compliance, include:

- A jail system in an overall state of crisis
- A growing population of incarcerated people, at least half of whom are class members, with an increasing prevalence of class members with SMI (see section IV)
- Ongoing problems with production of class members by DOC for social work and mental health sessions (73 percent and 53 percent respectively; see Sections VI.C)
- Ongoing problems with social work staffing levels with only 41% (16/39) of social work positions filled by permanent staff (See Section III.A).

This is a recipe for overall discontinuity of discharge planning activities, including difficulty recognizing the individual needs of a given class member and failure to follow through with planned actions in subsequent encounters.

1. Contact with providers: A specific driver of non-compliance remains the failure to contact providers where social work is referring class members to ascertain their capacity and willingness to accept the referral in accordance with ¶¶44 and 46.

Although a referral to a program for aftercare may seem appropriate in the abstract, it means little if the program cannot or will not accept the person into the services.

Some of the cases reviewed demonstrated the importance of making these contacts. For example, in case 87, a man with schizoaffective disorder, social work was unsuccessful in their effort to contact his ACT program. CRAN contacted several

potential treatment providers for this class member including Jewish Board of Family and Children's Services and South Beach Psychiatric Center, both of which were not accepting referrals, and Richmond University Hospital which informed them that the class member would have to "walk in" in order to receive services. Case 88 involved another man with schizoaffective disorder who had been engaged with a FACT program at the Bridge prior to his incarceration. In this instance, social work contacted the program which said that they would be closing the class member's case because he did not have a known release date. In these cases, the social worker learned of information indispensable to effective discharge planning. In case 69, the social worker learned that two programs would not accept the referral and, upon contacting a third program, identified one that would accept the class member for mental health treatment.

In contrast, in the 24 cases noted above where no contact was attempted, information potentially pertinent to clinically appropriate discharge planning was not obtained, as occurred in cases 87 and 88. While some contacts will not yield such information, because it is unknown when they will, contacting providers is critical to inform discharge planning.

In case 85, defendants commented that the program to which the class member was referred was a

"DOHMH CONNECT Clinic created for the purpose of meeting the needs of the reentry population ("Intakes new clients recently released from New York City jails within one hour of walking in to clinic during all hours that clinic is open"). This program specifically does not require advance coordination of referrals and has established capacity to serve walk in patients."

As discussed in our 49th Report at pp56-58, in early 2022, DoHMH initiated this model as a “demonstration project” designed to “enhance[] and expand[] the capacity of existing Article 31 mental health clinics” by, among other things, resourcing them to provide walk in services as defendants cite in their comments. Further discussion between the parties and the monitors is necessary to conclude that these programs continue to operate according to the demonstration model’s operational paradigm and, if so, whether and to what extent these programs’ ability to see released class members quickly after an unscheduled arrival satisfies the requirements of ¶¶44 and 46 regarding “the mental health care program’s capacity and willingness to accept the Class Member” and their “agreement... to accept the Class Member.”

2. Forensic units:

- a. The “Unexpected Release Form”: Previous reports noted that class members hospitalized at the BHPW were nearly always offered an “Unexpected Release Form” shortly after admission, when they often are too symptomatic to sign or refuse to sign these forms or discuss the recommendations for aftercare contained therein. 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 purpose of the Unexpected Release Form should only 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 several class members were hospitalized at the Bellevue Hospital Forensic Unit during the course of their incarceration (cases 14, 23, 45, 73, 88, 113, 145).²² In four of these cases (cases 14, 45, 113, 145), hospital staff demonstrated improved attention to the specific needs of the class member over the course of the hospitalization, but the other three cases demonstrated the overreliance on the unexpected release form that we have documented in our prior reports. Thus, these cases demonstrate some improvement from the status quo but also present opportunities for improvement. We continue to encourage H+H to consider these and our previous comments in Reports 49-51 and reorganize their discharge planning efforts going forward.

In their comments to the draft report's discussion of the insufficiency of the unexpected release form as a substitute for individualized, comprehensive discharge planning, defendants noted that "BHPW patients that are unexpectedly released are transferred to civilian psychiatry for ongoing treatment and discharge planning." This suggests that defendants assume that patients on the forensic units

²² Case 115 was also transferred to BHPW, but he was only there overnight. He was offered, but did not sign, an unexpected release form, but he returned to Rikers Island the next day and no further DCP could be offered during his brief stay in the hospital.

will receive the individualized discharge planning required by the Stipulation when they either return to Rikers Island or are transferred to a civilian psychiatric unit, leaving little more for them to do beyond completing an unexpected release form.

This approach runs counter to the Court’s April 5, 2005 opinion at page 3, which stated in relevant part:

“...[T]he stipulation of settlement is unambiguous. It covers the inmates in the forensic units at Bellevue, Kings County, and Elmhurst Hospitals. Those units contain inmates treated for psychological problems who are probably the most in need of discharge planning due to their serious functional impairments. To interpret the agreement otherwise would prevent these most needy individuals from securing the discharge planning that they particularly require, and is inconsistent with the overall purpose of the stipulation of settlement which is to give those inmates the discharge planning which they are entitled to receive and as a consequence reduce crime.” (at 3)

The First Department unanimously upheld the Supreme Court’s declaration “that inmates housed in forensic units located at Bellevue, Kings County and Elmhurst Hospitals are class members subject to the parties’ stipulation of settlement....”

Brad H. v. City of New York, 33 A.D.3d 301 (2006)

Following from this, the forensic units must participate as a full partner with their fellow defendant agencies in the crafting of comprehensive, individualized discharge plans for their patients. As an important part of the continuum of care for incarcerated people with serious mental illnesses, they should more consistently engage in the discharge planning activities required by the Stipulation

to the fullest extent possible during the course of a class member's hospitalization.²³

- 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 (CRAN or SPOA) and applications for supportive housing provided to class members during their hospitalizations.

In their initial data production for the current report, defendants reported that from January 2023 to June 2023, Bellevue Forensic Unit²⁴ staff submitted supportive housing applications on behalf of 11 class members, CRAN applications for two class members, and SPOA applications for no class members. However, in their comments to the draft of this report, they indicated that they had submitted inaccurate data for the current and 51st reporting periods.

Defendants have now submitted corrected data for reports 51 and 52, shown in the following table:

Table 8: Referrals to supportive housing and case management by Forensic Unit staff, July 2021-June 2023

Report	# of discharges	2010e	CRAN	SPOA
49	177	0	0	1
50	177	0	0	1
51	183	0	9	4
52	193	0	11	2

²³ In some cases, the forensic unit staff do engage in this role as they should. See, for example, case 45, discussed in detail in the exhibit.

²⁴ The EPHW closed in January 2022, and, as noted in section V, the unit has not reopened.

Prior to the Fifty-First Report, it was apparent that hospital staff infrequently offered class members referrals to CRAN or SPOA or assistance in applying for supportive housing. We recommended defendants “undertake a corrective action plan to include training of staff as to when to complete supportive housing, SPOA and CRAN referrals.” (Report 50 at p 22) Based on defendants’ provision of incorrect data indicating a positive trend for supportive housing applications especially, we held this recommendation in abeyance (Report 51 at p 41).

The corrected data for the current report indicate that Bellevue social work staff referred 11 (6%) of the 193 patients to CRAN during the current reporting period, an improvement over past practice in reports 49 and 50. They also referred two class members to SPOA during the current reporting period.²⁵ While these data indicate improvement with regard to CRAN, they demonstrate continued inattention to the need for both supportive housing and intensive case management for the 730 class members housed on these units over the past two years. In light of the corrected data provided, and in contrast to our determination in the 51st report and in the draft of this report based on the previously provided, incorrect data, we no longer hold our recommendation for creation of a corrective action plan in abeyance. Instead, we renew our recommendation that defendants undertake a corrective action plan to include training of staff as to when to complete supportive housing, SPOA and CRAN referrals.

²⁵ The majority of class members hospitalized on forensic units are SMI and therefore would be eligible for various levels of case management. Additionally, at the recent AOT training, social work staff in the jails were reminded of the importance of referring to SPOA as early as possible in the DCP process, to maximize the likelihood that a community program will be available for class members undergoing AOT investigations (see section III.B above).

3. *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 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	43	65	30	25	9	7
Inappropriate	60	50	27	21	24	17
Ineligible	16	4	62	73	86	95
Total	119	119	119	119	119	119
Compliance	42%	57%	53%	54%	27%	29%
Change	+14.8%		+1.7%		+1.9%	

The intervention of an ATI increased defendants’ compliance by 15% for appointment/referral and by nearly 2% for case management and supportive housing.

Conclusion: Detailed discussions of each case, including our determinations as to the appropriateness of the discharge planning the class member received, are included in Exhibit 1.

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 51, pp 49-53.

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 of the Stipulation 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.²⁶

Performance: Defendants provided data indicating that there were 34 class members who met the above criteria. Seven of these accepted assistance and were “provided follow up instructions by SSA.” Twenty-five declined assistance. In one case, no reason was provided for why the application was not completed. Finally, in one case, defendants did not indicate whether they offered the application to the class member.

²⁶ See <https://www.ssa.gov/ssi/spotlights/spot-prerelease.htm>.

In addition, defendants reported that 40 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 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, where we rarely, if ever, see documentation that an SSA application is considered.

No class members at BHPW were offered assistance with SSA applications.

Three cases reviewed in the appropriateness cohort were sentenced and SMI and were included in the defendants’ new application dataset.²⁷ Case 8 declined assistance with the application, while cases 40 and 90 were “not in timeframe.” Case 131 was included in the list of those eligible for a new application, but he reported prior SSI involvement and as such should have been considered for SSI reinstatement rather than a new application.

Case 68 was sentenced and SMI and did not report prior SSI, but he was not included in the defendants’ data regarding new SSI applications and was apparently not offered assistance with an SSA application.

²⁷ Cases 8, 40, 90 and 131.

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.

Recommendation: 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.

2. Reinstatement

Defendants define eligibility for this service as follows:

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

Performance: Defendants provided data indicating that there were two class members who met the above criteria, and who they assisted in obtaining appointments for reinstatement after release. Case 2 in the appropriateness cohort was one of the class members who accepted assistance with a reinstatement appointment (see discussion of this case in Exhibit 1). They also identified six otherwise eligible class members who declined assistance. Cases 114 and 130 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 38²⁸ (32%) of the 119 records we reviewed included documentation that the class member

²⁸ Cases 2, 5, 7, 14, 17, 19, 23, 28, 19, 30, 34, 37, 60, 64, 66, 67, 69, 73, 85, 87, 88, 89, 91, 95, 96, 101, 110, 114, 116, 117, 118, 130, 131, 145, 146, 148, 150 and 156.

reported active or pending SSA benefits prior to incarceration. Four²⁹ of these class members were both SMI and sentenced at some point during their incarceration rendering them eligible for reinstatement. Three appear on defendants’ reinstatement dataset, and the other appears on the new application dataset.

* * * * *

Discussion: 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 52).

Finding: Defendants’ have continued to conflate the data regarding SSA applications and reinstatements for many reporting periods, though the reports during the current reporting period appear to be more frequently including class members on the data set correctly pertaining to their need. We encourage defendants to continue to improve in how they report data pertaining to Social Security applications and reinstatements for class members. 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

²⁹ Cases 2, 114, 130 and 131.

Class Members’ eligibility for SSI, SSD, and other Social Security Benefits..., and... assist Class Members in obtaining such benefits.”

F. Veteran’s Benefits

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

Key References: ¶87; Social Work and Re-Entry Procedures Manual, Section 3.12.1; H+H policy 12; Report 51, p 53-55.

Performance: Defendants provided datasets indicating that 30 veterans were identified during the current reporting period. Seventeen of these class members reported already being connected to the VA. Five accepted referrals for assistance in obtaining VA benefits, three of whom were “connected to VJO by SW Department.” A fourth was determined to be ineligible by VJO, and the outcome in the fifth case was unknown. Eight class members refused assistance with being connected to the VA. None of these cases was included in our appropriateness cohort.

In our appropriateness reviews, we continue to identify occasional class members whose records indicate military service. During the current reporting period, however, only case 130 reported military service during his intake, though he subsequently denied being a veteran.

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 51, pp 55-56; Supplement to the Forty-Fourth Report, p. 6 and Exhibit 1.

Compliance: During this reporting period, 49 class members presented to the DHS shelter system (8.2 per month), an 84% monthly decrease from the 200 class members who presented to shelters during the 42nd reporting period (50 per month). Of these 49 class members, 29 (40%) were SMI, but none were 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=0)		NOT both Sentenced and SMI (N=49)	
	Day of release	After day of release	Day of release	After day of release
Program Shelter	0	0	3	15
I/A Shelter	0	0	2	29
% placed in program shelter	N/A	N/A	60%	34%%

Eighteen class members were directly placed in program shelters, including three who presented on the day of release. Fifteen of the class members who presented initially to the I/A shelter were later transferred to program shelters, between 1 and 49 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 are also frequently 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 51, pp 56-57.

Threshold/Expectation: 95%

Compliance: During the current reporting period, defendants released 313 of 320 (98%) eligible class members during daylight hours. One class member was released late from RNDC in February. Six class members were released late from EMTC, one in January, and five in May. 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 51, 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. Prior data reports did not provide case specific reasons for late release, and we requested that defendants improve their data reports to provide case specific information regarding the requirements of paragraph 32.1 noted above. They previously provided 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.” (Defendants response to information request, report 51)

On October 12, 2023, defendants provided a dataset providing information relevant to the time of release for parole violators between May 2022 and June 2023, thereby covering the current reporting period. One hundred and thirty-one class members were released during the reporting period, of whom 44 were released between 8am and 5pm,

while the remaining 87 were released outside of daylight hours. No reasons were provided for the late releases in the dataset.

At this time, defendants are not compliant with the obligation to provide us with the complete and transparent information that we need in order to determine if they are making best efforts to fulfill their obligations under ¶32.1. Defendants did not report on “the circumstances resulting in the delay” for any of the late releases. Additionally, they have not provided any information regarding cases involving non-DOC escorts or on their efforts to “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.” Without case-by-case information that includes these details, defendants are unable to demonstrate whether releasing 44 of 131 class members constitutes best efforts to meet the requirements of ¶32.1.

VII. Conclusion

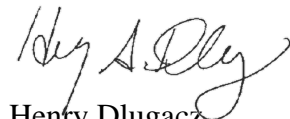
The overall dysfunction in the city jails, combined with the low levels of production of class members for MH and SW appointments and the high vacancy rate among the various social work/reentry lines, have contributed to defendants’ continuing poor performance in completing basic tasks and to their noncompliance with many of the requirements of the stipulation. Delays in completing mental health assessments, CTPs and DCPs resulted in 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 previously produced a data dictionary that is acceptable to class counsel and to the monitors. During this reporting period, they completed the coding necessary for data reporting, and they engaged in a productive process to facilitate our expert's review. On September 22, 2023, we notified the parties that we approved this coding, triggering the court ordered 45 day period for defendants to begin producing data utilizing the approved coding based on the agreed upon data dictionary. Defendants began producing data with the new coding for the September PI data, and we will make unqualified compliance determinations for the performance indicators starting with September data in the next report.


This concludes our Fifty-Second 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, Jan GPMEDS 6, was a 31 year old man who was incarcerated from November 30, 2022, to January 19, 2023. He was housed in GP at the time of his timely CTP on December 15, 2022. He was diagnosed with cocaine-induced anxiety and cocaine use disorder, and was determined not to be SMI. His timely DCP was completed on December 22, 2022 and he was provided with a referral to Realization Center, where he was confirmed to have been receiving treatment prior to incarceration.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 2, Jan GPMEDS 61, was a 62 year old man who was incarcerated from November 15, 2022, to January 12, 2023. He was housed in GP at the time of his timely CTP on December 2, 2022, at which time he was diagnosed with schizoaffective disorder and substance use disorders and was determined to be SMI.

His timely DCP was completed on December 8, 2022. The DCP documented that he reported recently receiving psychotropic medications prescribed by Kings County Hospital, although this was not verified in the Community Medication Fill records.¹ The class member requested and received a referral back to Kings County Hospital for ongoing treatment and was referred to CRAN for transitional case management services. The DCP notes the possibility that he was eligible for a higher level of case management, but a referral was not completed at the time of the DCP “due to a lack of information.” The social worker’s plan was to see the class member again in 30 days. The class member had an active HRA 2010e approval, through March 16, 2022, and the approval was obtained and forwarded to CRAN and to four housing providers on December 20, 2022. Social work also arranged for an appointment with the SSA field office in Brooklyn.

An ACL of January 10 provided him with an appointment to Sun River in Brooklyn without any explanation for the change in program from Kings County. Although there was documentation that the ACL was provided to the patient, CRAN did not receive it and appeared unaware of the change in referral to Sun River. There was no indication that social work attempted to contact either Kings County or Sun River to ascertain their willingness and capacity to accept the referral.

Findings:

Referral/appointment: inappropriate (no contact with either program, no explanation why Sun River replaced Kings County Hospital)

SMI: appropriate

Case Management: inappropriate (poor integration between social work and CRAN: CRAN did not receive the ACL and was unaware of Sun River’s role during extended outreach efforts;

¹ “Community Medication Fill” refers to an online resource clinicians can access to determine medications recently prescribed to patients in NYC.

social work did not adequately follow up on its plan to further assess for a higher level of case management)

Supportive Housing: appropriate

Case 3, Jan GPMEDS 78, was a 23 year old man who was incarcerated from November 13, 2022 to January 23, 2023. He was housed in GP at the time of his CTP, which was completed 14 days late on December 20, 2022. He was diagnosed with other specified trauma and stressor disorders and substance use disorders and was determined not to be SMI. His timely DCP was completed on December 28, 2022; he declined both a referral for ongoing treatment at Woodhull Hospital (a prior provider) and a shelter referral because he was waiting for an offer for residential treatment that had been mentioned by his attorney as a possibility.

An ACL dated January 19 indicated that the class member had received an ATI to Odyssey House. Staff provided the requested medications and prescriptions to facilitate the ATI placement.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 4, Jan GPMEDS 164, was a 32 year old man who was incarcerated from November 16, 2022 to January 20, 2023. He was housed in MO at the time of his CTP, which was completed 4 days late on November 28, 2022. He was diagnosed with other specified bipolar and related disorder and was determined to be SMI. At his timely DCP on December 5, 2022, he was very symptomatic and declined referrals for community mental health treatment and CRAN. The SW documented his possible eligibility for FACT level case management and AOT as well. While he denied being undomiciled, and therefore declined a supportive housing application, record review indicated he could not return to his previous living arrangement and would possibly be homeless upon release. The plan was to reassess the class member in 30 days, when he might be more clinically stable. This 30 day follow up did not occur.

An ACL of January 20, the day of his release on bail, showed that the class member accepted a referral to St. John's Episcopal CMHC. The ACL, which was provided to the CM, listed walk in hours.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: inappropriate (SW did not reoffer a CRAN referral or follow up regarding the potential need for SPOA/AOT)

Supportive Housing: inappropriate (SW did not reoffer assistance with supportive housing)

Case 5, Jan GPMEDS 186, was a 57 year old man who was incarcerated from September 1, 2022 to January 20, 2023. He was housed in GP at the time of his CTP, which was completed 3 days late on September 28, 2022. He was diagnosed with other specified trauma and stressor disorder and cocaine use disorder, and was determined not to be SMI. Although the record contained a note of October 12, 2022 indicating that the class member was seen for discharge planning and his "...discharge plan [was] in progress," his DCP was completed 10 days late on October 17, 2022. At that time, he accepted a referral to Third Avenue Family Health Center in

the Bronx. He was given a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. SW noted that he did not expect to be homeless on release.

Numerous prescriber notes in November and December 2022 documented auditory hallucinations, tangential thinking, and paranoia with accompanying adjustments in the class member's medications. The notes also indicated that he should be considered for a diagnostic change, which occurred on December 14, 2022; he was diagnosed with schizoaffective disorder and was now determined to be SMI. The clinician indicated that he required a referral to social work. On December 23, 2022 social work offered the class member a public assistance application (which he declined), indicating their awareness of the SMI change. The TPR of January 11 retained the SMI yes determination. There were no additional follow up visits by social work following the change in SMI status and so he was not offered case management services.

A December 9, 2022 letter from Fortune Society indicated that he was accepted to Freedom House transitional housing which would include case management services and "...other supports." A January 20 note documented that CASES intake assessment team was working with the class member concerning an ATI and that he had an expected release from court on January 20. This was supported by an letter from CASES.

It is noteworthy that CHS staff were largely unaware of the change in plan as indicated by a subsequent follow up contact to Family Health Center and not to CASES.

Findings:

Referral/appointment: inappropriate (no contact) → appropriate (ATI)

SMI: appropriate

Case Management: inappropriate (SW did not return to reoffer case management after he was changed to SMI → appropriate (ATI)

Supportive Housing: ineligible

Case 7, Jan MO 110, was a 47 year old man who was incarcerated from December 10, 2022 to January 18, 2023. He was housed in GP at the time of his timely CTP on December 20, 2022. He was diagnosed with post-traumatic stress disorder ("PTSD") and was determined to be SMI. He did not receive a DCP.

Findings:

Referral/appointment: inappropriate (no DCP)

SMI: appropriate

Case Management: inappropriate (no DCP)

Supportive Housing: ineligible (there was documentation that he was living in a private home prior to arrest)

Case 8, Jan MO 9, was a 30 year old man who was incarcerated from October 1, 2022 to January 13, 2023. He was housed in MO at the time of his timely CTP on October 7, 2022. He was diagnosed with schizoaffective disorder, other specified trauma and stressor disorder, and cocaine use disorder, and he was determined to be SMI. SW completed a DCP by chart review form on October 19, 2022. Two days later, on October 21, 2022, social work completed a full DCP, 2 days late, but 84 days before release. SW referred him to his prior provider, Coney Island Hospital, where he reported being connected to the ACT and to a MICA program. SW provided him with a referral form, but there is no indication that they attempted to contact either program to confirm his involvement with them or to ascertain their capacity and willingness to accept the

referral. The class member declined a CRAN referral saying that he would prefer to continue with his ACT program. The DCP indicated that the social worker would submit a SPOA referral “if appropriate.” He was not homeless.

According to the PSYCKES report extracted on October 24, 2023, he had been discharged from the Coney Island ACT program in July 2022 because he was “lost to contact.”

A mental health progress note of November 16, 2022 documented the class member’s report that he had a projected release date of January 15. This did not result in a referral to social work to update his discharge plan. However, on December 14, 2022, social work offered the class member an appointment with SSA, demonstrating their awareness of his projected release date. A social work note on the following day documented that the class member was deemed eligible for SPOA services, but that he could not “...be assigned due to incarceration.” The record contained no social work 30-day follow up notes, and social work did not follow up with SPOA concerning an assignment as his projected release date drew closer.

On January 12, social work provided the class member with an ACL listing “CRAN Brooklyn” under case management, a service he had refused at the time of his DCP. It was not clear if he was reoffered a CRAN referral at that time or if this simply reproduced the reference to “CRAN Brooklyn” in the case management section of the DCP. The ACL reiterated the prior referral to Coney Island Hospital but did not provide an appointment.

Findings:

Referral/appointment: inappropriate (no appointment after sentence became known, no contact)

SMI: appropriate

Case Management: inappropriate (no follow up re: SPOA approval as his release date neared, no attempt to contact the prior ACT/case management program to confirm involvement)

Supportive Housing: ineligible

Case 10, Jan MO 45, was a 26 year old transgender woman who was residing in a shelter prior to incarceration. She was incarcerated from November 28, 2022 to January 18, 2023 and was housed in MO at the time of her timely CTP on December 13, 2022. She was diagnosed with other specified disruptive/impulse control/conduct disorder and marijuana use disorder, and was determined not to be SMI. At her timely DCP on December 15, 2022, she accepted a referral to Community Counseling and Mediation. SW provided her with a referral form, but there is no indication that SW attempted to contact the program to ascertain its capacity and willingness to accept the referral.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 11, Jan MO 58, was a 40 year old man who was incarcerated from November 11, 2022 to January 12, 2023. He was housed in MO at the time of his CTP, which was completed 2 days late on November 22, 2022. He was diagnosed with other specified trauma and stressor disorder and substance use disorders, and was determined not to be SMI. His DCP was attempted on December 30, 2022, 28 days after the deadline, and he refused all DCP services.

The record contained a letter from JCAP (dated December 29, 2022) to the Legal Aid Society Parole Revocation Unit (LAS PRDU) indicating their acceptance of the class member. An email

of January 12 from the LAS PRDU indicated that he was released to JCAP on his own recognizance. The record contained a signed ACL indicating this plan.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 12, Jan MO 71, was a 27 year old undomiciled man who was incarcerated from December 15, 2022 to January 17, 2023. He was housed in MO at the time of his timely CTP on December 23, 2022. He was diagnosed with schizophrenia and marijuana use disorder and was determined to be SMI. His timely DCP was completed on January 4, 2023. The DCP noted the class member's reported history of more than ten psychiatric hospitalizations, his active connection with CASES IMT in Manhattan and an active AOT order with Puerto Rican Family Institute as the AOT monitor. He was referred to Emma Bowen Community Services Center without a rationale for not referring him back to his prior provider and without effort to contact the program to ascertain its willingness and capacity to accept the referral. Social work did not make referrals to CRAN or contact his prior case management provider or AOT monitor, nor did they complete a supportive housing application despite the class member's lack of housing.

Findings:

Referral/appointment: inappropriate (no effort to contact prior provider, no explanation for not referring back to prior provider)

SMI: appropriate

Case Management: inappropriate (no effort to contact prior case management provider, failed to refer to CRAN after he accepted the referral)

Supportive Housing: inappropriate (no 2010e application after he agreed to it)

Case 13, Jan MO 90, was a 28 year old undomiciled man who was incarcerated from December 14, 2022 to January 24, 2023. He was housed in MO at the time of his timely CTP on December 21, 2022. He was diagnosed with schizophrenia and cannabis use disorder and was determined to be SMI. At his timely DCP on December 20, 2022, he accepted a referral to Metropolitan Hospital for community mental health treatment but declined both a referral to CRAN and a supportive housing application. A 30-day social work follow up note of January 18, conducted while the class member was on the "lunch line," indicated that he "reported no changes to his DCP at this time" and that he was refusing to "interact with the social worker or any person on the treatment team at this time."

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 14, Jan MO 109, was a 36 year old man who was incarcerated from September 6, 2022 to January 4, 2023. He was housed in BHPW at the time of his timely CTP on September 12, 2022. He was diagnosed with schizoaffective disorder and substance use disorders, rule out cluster B personality traits. He did not receive an SMI determination at BHPW. Social work missed the 7 business day timeline for completing the DCP, but they completed an unexpected release form

on September 30, 2022, 96 days prior to release. The BHPW staff referred him to the Bellevue Hospital Walk-in Clinic. On October 19, 2022, SW referred him to CRAN. They also explained that they were not submitting an HRA 2010e during this hospitalization because they believed he would be getting an ATI.

He was released from the PW on November 29, 2022. A CTP was completed in jail on December 6, 2022, and he was diagnosed with schizoaffective and amphetamine use disorders and was determined to be SMI.

On December 8, 2022 the class member refused all discharge planning services saying that he thought he had received an ATI and wanted to talk to his attorney. The CRAN record contained a note of December 21, 2022 indicating that CRAN would "...assist ... class member to get into a HASA residence at the Hamilton HASA Center...135th Street." A social work note the following day stated that he "already has" CRAN and had accepted community mental health referrals. The CRAN record contained an email from the jail social worker dated December 23, 2022 indicating that the following arrangements had been made for the class member: a medical appointment at Lincoln Hospital, connection with a pharmacy for community medication and connection with HASA to request shelter so he could be placed in an SRO upon discharge. The email, which was not contained in the CHS record, also documented that CRAN was making an appointment for SSA.

A DCP update of January 4, the day of release, indicated the appointment with SSA arranged for January 24 and that the class member accepted an appointment at Lincoln Hospital for January 24 and at Sun River for January 5. SW provided the class member with an ACL documenting these various appointments as well as the HASA housing arrangement.

Overall, this case demonstrated good coordination between both hospital and jail-based social work and CRAN who also connected with the class member's defense counsel to provide this class member with the range of services he required.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible (but jail social work, CRAN and LAS social work did a good job collaborating to get him back into HASA housing, at least for shelter)

Case 17, Jan MO 129, was a 33 year old man who was incarcerated from April 3, 2021 to January 12, 2023. His initial mental health assessment took place on April 10, 2021 with disposition of GP with follow up although he was placed on suicide watch during this housing in the GP setting. He was transferred to MO on April 14, 2021, remaining on suicide watch. His timely CTP took place in the MO on April 20, 2021. He was diagnosed with bipolar 1 and was determined to be SMI. His timely DCP was completed on April 26, 2021. He reported engagement with an ACT program where he received injectable medications; however, he could not provide contact information for the program. He also reported homelessness. He declined a community mental health referral, as well as CRAN and an HRA 2010e. The social worker indicated that he contacted SPOA and AOT to inquire if the class member had active services. The plan was to reoffer services "within 7 days."

A peer specialist from the class member's IMT contacted social work on August 27, 2021 and again on September 23, 2021. Numerous subsequent notes indicated ongoing contact between social work and the IMT.

The class member was not produced for an attempted 30/90 day follow up of September 1, 2021 but when he was seen on September 7, 2021, he remained quite symptomatic. No changes to his DCP were made at that time. However, the class member was reoffered and accepted services on October 8, 2021; a discharge plan update of October 12, 2021, provided a referral to CASES Nathaniel clinic, Bronx CRAN, and his prior IMT. The class member accepted an HRA 2010e, but the chart indicates that SW never completed or submitted the application. The record contained no indication that social work contacted CASES to ascertain its willingness and capacity to accept the referral, but the record elsewhere indicates ongoing contact with the IMT.

After that point, numerous disruptions in follow up occurred. DOC did not produce the class member for a 30 day follow up on January 10, 2022, and CHS cancelled the one scheduled for January 20, 2022. He was again not produced for a 30 day follow up on March 15, 2022.

On March 29, 2022, CRAN and Bronx Defenders exchanged emails indicating this criminal defense counsel was attempting to get him accepted into an ATI via mental health court.

At a 30 day follow up of June 9, 2022, the class member informed social work that the court had agreed to give him a residential program, but as of August 10, 2022, his defense counsel informed CRAN that they were still working on getting his case transferred to mental health court. His case was eventually sent to mental health court, as documented in an October 27, 2022 note in the CRAN record.

In the meantime, in a September 6, 2022, progress noted, SW documented that he had been discharged from his IMT the previous week.

A TPR of November 8, 2022 noted that he requested "... to see discharge planning regarding programming options." He was referred to social work.

A December 6, 2022 letter from Argus Community to Bronx TASC indicated his acceptance at Harbor House. At this point he had still not seen social work regarding these developments, but at his next TPR on December 28, 2022 the mental health clinician documented that patient said "I'm waiting to speak with my attorney. I have been recommended for Harbor House." The clinician spoke to a social work supervisor "who agreed to follow-up."

No social work follow up ensued, but on January 9, 2023, social work documented that "Writer received an email from Forensic Case Manager from Bronx MH TASC.... [H]e potentially will be released to enter residential treatment at Harbor House on 1/12/2023. Writer requested a formal medication request should this discharge be confirmed."

That same day, a note documented the medication request and that the class member would be transported to the program by the sheriff. This plan for Harbor House was documented on an aftercare letter of January 10, and the CRAN record indicated that the class member made intake there on January 12.

Findings:

Referral/appointment: inappropriate (no contact with CASES, and while he had active IMT for a time, the IMT closed the case, leaving CASES as the only referral) → appropriate (ATI)

SMI: appropriate

Case Management: inappropriate (SPOA application not filed after he was discharged from IMT; while social work wrote that they would wait for a release date, they should have filed the SPOA to get a level of care determination, even though actual placement would require a known release date) → ineligible (ATI)

Supportive Housing: inappropriate (HRA 2010e was not completed or submitted after class member accepted it) → ineligible (residential ATI)

Case 18, Jan MO 130, was a 29 year old man who was incarcerated from April 23, 2022 to January 10, 2023. He was housed in MO at the time of his CTP, which was completed 1 day late on May 4, 2022. He was diagnosed with schizophrenia and was determined to be SMI. At his timely DCP on May 11, 2022, he declined a referral because he was planning on returning to Harbor House for treatment upon release; he was referred to Brooklyn CRAN. He reported prior HASA housing and refused supportive housing assistance. A 30-day social work follow up note of June 7, 2022 resulted in no update to the class member's DCP. On August 12, 2022 RCS noted that "client has an open HASA case, client will be discharged to Harbor House... next court date 9/13/22."

At a 30-day follow up note of December 12, 2022 social work documented that the class member's attorney was attempting to get him accepted into Samaritan Village because of the long wait list at Harbor House. However, a January 4 letter from the Brooklyn Mental Health Court noted his planned release to Harbor House on January 10, requesting that CHS assist by providing walking medications, an MGP card, and an ACL, and that his Medicaid be reactivated. This plan was documented in an updated DCP of January 6 and an ACL of January 10, and social work acted to facilitate this plan.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: appropriate → ineligible (ATI)

Supportive Housing: ineligible (HASA housing) → ineligible (ATI)

Case 19, Jan MO 141, was a 50 year old man who was incarcerated from October 19, 2022 to January 23, 2023. He returned to jail following a four year hospitalization at Kirby Forensic Psychiatric Center for competency restoration. He had previously resided at Bronx Psychiatric Center's Transitional Living Residence ("TLR") for 20 years. He was housed in MO at the time of his CTP, which was completed 8 days late on November 4, 2022. He was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. Various notes documented the class member's minimal response to intensive treatment including three antipsychotic medications. His timely DCP was completed on November 9, 2022. He was referred to CASES and CRAN, and the SW indicated that she would also be submitting applications to SPOA and AOT. A supportive housing application was submitted on his behalf the same day. SW provided the class member with a referral form and contacted CASES to ensure that they would accept the referral. SW did not initiate referrals to SPOA or AOT.

Social work 30 day follow up notes of December 19, 2022 and January 18 indicated that the class member "... reports no changes to his discharge plan at this time." A SW note of January 18 documented a planned interview with ICL Hope Center, and a SW note of January 20 showed that an interview with ICL took place concerning "housing in the future".

The class member was civilly discharged on January 23. An aftercare letter the day after his release documented referrals to CRAN, SPOA, AOT and CASES as well as the civil discharge.

On January 25, social work emailed CRAN to inform them that the class member had been taken to Lincoln Hospital after release from jail, attaching a copy of the aftercare letter. That same day, a psychiatrist from Lincoln reached out to CRAN to "inquire [as to] next steps." CRAN engaged with social work in an effort to problem solve and also contacted Cornerstone, who agreed to see him for intake and possible admission. Later that day, a social work supervisor informed CRAN that they were "trying to connect client back to Bronx Psychiatric Center" and, after talking with the staff at Lincoln, that the "client should be ready to go to Bronx Psychiatric

Center by the end of the week.” The following day, January 26, CRAN spoke with the social worker at Lincoln indicating that the Cornerstone referral would not necessarily result in admission and reminded them of ongoing efforts to obtain a bed at Bronx Psychiatric Center for the class member.

By January 31 the CRAN record documented that he would be admitted to Bronx Psychiatric Center TLR the following day with outpatient follow up at Lincoln outpatient department. CRAN remained in contact with OMH and the social worker at Bronx Psychiatric and confirmed that he was engaging in the admission process at the TLR and that they would be escorting him to his outpatient appointments.

Following his civil discharge to Lincoln Hospital, CRAN and social work collaborated with hospital staff to prevent him being released to the street which would likely have resulted in a bad outcome. They were eventually able to reconnect him with Bronx Psychiatric Center with follow up at Lincoln Hospital. This type of arrangement should have occurred prior to his release. While the initial referrals met many of the technical requirements of the monitoring they would not have this class member’s need for intensive, comprehensive follow up and so were not sufficiently individualized to meet his needs.

Fortunately, the psychiatrist and social worker at Lincoln recognized the severity of this class member’s impairment and reached out to CRAN and social work to assist in creating a more appropriate discharge plan. As noted, once this was set in motion, CRAN and social work collaborated with this, but it should have occurred prior to release.

Findings:

Referral/appointment: inappropriate (Class member had very severe, treatment refractory illness, and needed more than the baseline discharge plan that would meet many SMI class members’ needs)

SMI: appropriate

Case Management: inappropriate (needed more intensive case management than CRAN)

Supportive Housing: inappropriate (while staff met the technical requirements regarding the HRA-based supportive housing process, he really needed the TLR – supportive housing would not have met this class member’s needs)

Case 20, Jan MO 173, was a 24 year old man who was incarcerated from June 5, 2021 to January 23, 2023. He was housed in MO at the time of his CTP, which was completed 32 days late on July 30, 2021, after multiple prior CTP appointments did not happen because the class member was not produced by DOC (5 times) or the appointment was canceled by CHS (3 times). He was diagnosed with other specified schizophrenia and substance use disorders, and was determined to be SMI. At his timely DCP on August 5, 2021, he declined all DCP services. A 30-day follow up of October 19, 2021 documented the class member’s desire to “...understand what is happening with legal case before putting together a DCP.”

A week later, a social work note of October 25, 2021 indicated that the class member accepted CRAN, a mental health referral, and SPOA but refused an HRA 2010e. An October 29, 2021 addendum to the DCP indicated that he accepted referrals to CASES Nathaniel clinic (the referral documented the program’s walk in hours) and to CRAN. He also accepted a SPOA referral, but social work did not apply due to lack of documentation of “history.” Supportive housing was not addressed. The record contains a referral form for CASES and CRAN, including documentation on November 20, 2021 of an assigned CRAN case worker.

A note of November 4, 2021 documented social work’s referral to OnTrack, an early psychosis program, noting that the program would be arranging for a video conference. A 30-day

follow up note of December 3, 2021 reiterated the CRAN, CASES, OnTrack and SPOA referrals. The CRAN record indicated that on December 10, 2021, the CRAN case worker emailed SW that the class member had accepted assistance with supportive housing, but there is no indication that SW returned to offer the class member assistance in completing a 2010e.

Social work subsequently documented, on January 12, 2022, that the class member's attorney was attempting to arrange an interview for the class member for a "treatment program." Social work follow ups on April 4, 2022 and June 9, 2022 did not result in updates to his DCP. Except for repeated notes concerning CRAN's requests for updated record, there were no further social work contacts with the class member for the remainder of his incarceration.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (SW did not follow up regarding supportive housing after CRAN informed SW of his acceptance)

Case 23, Jan MO 175, was a 28 year old man who was incarcerated from September 6, 2022 to January 9, 2023. He was housed in MO at the time of his timely CTP on September 16, 2022. He was diagnosed with schizoaffective disorder and cocaine use disorder and was determined to be SMI. Social work missed the 7 business days timeline for completing the DCP, but it was completed on October 14, 2022, 87 days prior to release. The class member refused all assistance.

The class member was hospitalized at BHPW from October 20 until December 14, 2022. The social work services at the hospital were not well coordinated with those of the jail-based staff. On October 21, 2022 the social worker incorrectly documented that the class member had not yet been seen for discharge planning while in jail prior to his hospitalization. An unexpected release form of the same day stated that the class member resided in a rented apartment prior to incarceration suggesting that he had a place to live upon release; this was in contrast to the jail record which repeatedly indicated that he had an apartment through City FEPS² but that he expected to be homeless when discharged. The hospital social worker also referred the class member to "Staten Island Outpatient clinic" without providing an address or any other specifics concerning the referral.

The jail record contained a letter from Fidelis to Bellevue approving him for ACT level care in Queens County (while the letter is undated, the date on the fax banner was November 29, 2022). A 30-day follow up note of January 4 noted that the class member "did not request any changes be made to his DCP," advising SW that his attorney anticipated that he would be sent to state prison. The SW made no mention of the approval for ACT. An aftercare letter was prepared on January 9, the day of his release, when he again declined all services and was a "civil discharge" to Elmhurst hospital.

² City FEPS is a rental assistance program operated by HRA.

Findings:

Referral/appointment: inappropriate (no action on the ACT approval from his managed care organization)

SMI: appropriate

Case Management: inappropriate (no action on the ACT approval)

Supportive Housing: ineligible

Case 24, Jan GPNOMEDS 76, was a 32 year old man who was incarcerated from September 25, 2022 to January 12, 2023. He was housed in GP at the time of his CTP, which was completed 14 days late on October 27, 2022. He was diagnosed with adjustment disorder and substance use disorders, and was determined not to be SMI. At his timely DCP on November 7, 2022, he was referred to Samaritan Daytop in Queens for community treatment. There is no indication that SW contacted the program to ascertain its capacity and willingness to accept the referral. Additionally, according to HRA, his Medicaid case was closed on the state exchange during his incarceration, and there is no indication that staff were aware of this or acted to remedy this by offering him assistance with a new Medicaid application.

Findings:

Referral/appointment: inappropriate (no contact, did not offer new Medicaid application)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Samaritan Daytop is a well-known program that CHS regularly refers patients to and there is no need for CHS to call this provider before every single referral. The patient's Medicaid was active and a new application was not needed.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

With regard to the class member's Medicaid status, while his Medicaid prescreen did result in a determination that his Medicaid was active as of the date of the prescreen (early in his incarceration), HRA reported that his "MA Status" was "HX-CL," indicating that his Medicaid case was closed on the state exchange, as noted in the summary above. As CHS staff were unaware of this information, this case indicates a need for CHS and HRA to explore ways to enhance communication with the state exchange to ensure that class members have access to Medicaid upon release.

Case 25, Jan MO 185, was a 26 year old man who was incarcerated from October 12, 2022 to January 26, 2023. He was housed in MO at the time of his timely CTP on October 17, 2022. He was diagnosed with adjustment disorder, other specified trauma and stressor disorder and substance use disorders, and was determined not to be SMI. Social work missed the 7 business day timeline for completing the DCP, but it was completed on November 3, 2022, 84 days prior to release. He was referred to Realization Center in Brooklyn for community mental health and substance abuse treatment. There is no indication that SW contacted the program to ascertain its willingness and capacity to accept the referral.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Realization Center is a well-known program that CHS regularly refers patients to and there is no need for CHS to call this provider before every single referral.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 28, Feb GPMEDS 129, was a 53 year old man who was incarcerated from November 30, 2022 to February 10, 2023. He was housed in GP at the time of his CTP, which was completed 17 days late on January 4, 2023. He was diagnosed with PTSD, other specified bipolar and substance use disorders, and was determined to be SMI. At his timely DCP on January 6, he declined all DCP services offered stating that he wanted to await his next court date and speak with his attorney before engaging in discharge planning.

A letter from Phoenix House dated February 6 indicated that he was accepted to that program as an ATI with a planned release from court on February 10, requesting that CHS provide an e-prescription. An ACL of February 9, which was signed by the class member, documented the plan for release to Phoenix House. An updated DCP of the same day indicated that he continued to decline other DCP services because of the ATI to Phoenix House. The social worker indicated that this ATI was discussed with the class member.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 29, Feb GPMEDS 142, was a 44 year old man who was incarcerated from May 19, 2020 to February 17, 2023. He was housed in GP at the time of his CTP, which was completed 29 days late on July 4, 2020. He was diagnosed with adjustment disorder mixed and was determined not to be SMI. Social work missed the 7 business day timeline for completing the DCP, but it was completed on July 15, 2020, 947 days prior to release. His DCP documented his desire to return to his previous treatment provider upon release but that the class member was unable to recall the name or address of the provider. The social worker documented that "...further exploration will be done to ascertain [p]rovider." He provided contact information for his wife, and SW contacted the class member's wife and learned that he had recently applied for SSI. SW ultimately referred the class member to Jacobi Hospital walk in clinic on July 17, 2020.

A 90- day follow up note of May 10, 2021 documented the class member's expectation that his parole would "max out" in December of that year. The record contained no further social work activities or revisions to his DCP. The class member remained incarcerated for a considerable period of time due to the complexity of his charge, which he contested; he eventually prevailed at trial and was released to the community.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 30, Feb GPMEDS 201, was a 60 year old man who was incarcerated from July 27, 2022 to February 10, 2023. He was housed in GP at the time of his late CTP of October 7, 2022. He was diagnosed with schizoaffective disorder and substance use disorders, and was determined to be SMI. At his timely DCP on October 19, 2022, he was noted to be “open to services” but “unable to engage due to possible intoxication.” He was also noted to be eligible for SPOA, CRAN, and a community mental health referral. He refused housing, indicating that he had a place to live. The plan was for the social worker to “follow up with the client at a later date to re-offer DCP services.” However, SW did not see him again during the incarceration.

Findings:

Referral/appointment: inappropriate (social work should have returned to reoffer DCP after he was no longer “intoxicated”)

SMI: appropriate

Case Management: inappropriate

Supportive Housing: ineligible

Case 31, Feb GPNOMEDS 7, was a 22 year old woman who was incarcerated from December 1, 2022 to February 14, 2023. The class member refused her initial mental health assessment on December 3, 2022 and again on December 8, 2022. She participated in the initial assessment on December 13, 2022, at which she informed staff that she had a case manager through the Osborne Society. She was housed in GP at the time of her CTP, which was 1 day late on December 29, 2022. She was diagnosed with adjustment disorder and marijuana use disorder, and was determined not to be SMI. At her timely DCP on December 30, 2022, she was referred to Osborne Association. She was not given a referral form, and there is no indication that SW attempted to contact the provider to confirm that they would accept the referral.

A February 3 letter from Samaritan Village indicated that the class member was to enter intensive residential treatment there and requested that CHS provide her with walking medications and a prescription for refills. A note of February 8 documented this plan as did a discharge plan update of the following day and an ACL of February 10, which was provided to the class member.

Findings:

Referral/appointment: inappropriate (no referral form, no contact) → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 33, Feb MO 42, was a 31 year old man who was incarcerated from January 21 to February 25, 2023. He was housed in MO at the time of his timely CTP on January 27, 2023. He was diagnosed with schizoaffective disorder and was determined to be SMI. His DCP, completed on February 9, 2023, was 2 days late and only 16 days prior to release. He was referred to CRAN and to Sun River HUB. SW contacted Sun River to ascertain its willingness and capacity to accept the referral, and they provided him with a referral form. He also accepted assistance with

supportive housing, but SW did not submit the application until February 24, one day prior to release, precluding HRA from responding prior to his release, and therefore precluding SW from taking any further action in regard to the class member's housing needs.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (delayed application)

CHS Response:

Supportive Housing: The patient's release was unexpected and the housing application was submitted by the Social Worker prior to discharge. It would be helpful for the Monitors to explain how the DCP being completed in 9 instead of 7 days had a clinical impact on this patient.

Monitors' Response:

See ¶18.1 of the amended Stipulation regarding the timeframe required to complete the DCP.

With regard to the finding regarding supportive housing, this is an example of why defendants' decision to revise their policy to eliminate the deadline they had previously required for the completion of these applications is ill-advised. See Report, Section II.A.

Case 34. Feb MO 45, was a 66 year old man who was incarcerated from December 8, 2022 to February 6, 2023. He was housed in MO at the time of his CTP, which was completed 17 days late on January 10, 2023. He was diagnosed with other specified trauma and stressor disorder and adjustment disorder, and was determined not to be SMI. At his timely DCP on January 20, 2023, he was referred to Samaritan Village, a prior provider (at his request). There is no indication that SW contacted the program to ascertain its willingness and capacity to accept the referral. Although he was determined to not be SMI, he also accepted and received a referral to CRAN for transitional case management services because he "...may benefit from additional... services..."

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible (we agreed as of 3/10/23 to not routinely request the provision of CRAN records for non-SMI class members)

Supportive Housing: ineligible

CHS Response:

Samaritan Village is a well-known program that CHS regularly refers patients to and there is no need for CHS to call this provider before every single referral.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 35, Feb MO 51, was a 28 year old man who was incarcerated from December 23, 2022 to February 6, 2023. He was housed in MO at the time of his CTP, which was completed 1 day late on January 4, 2023. This class member, who was in danger of eviction from his residence, reported no record of treatment in the community. He was diagnosed with adjustment disorder and substance use disorders, and was determined not to be SMI. At his timely DCP on January 9, 2023, he was referred to Samaritan Village for outpatient community treatment. The social worker contacted the program to ascertain its capacity and willingness to accept the referral and provided the class member with a referral form. The location was consistent with his request for a program located in Queens.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 36, Feb MO 69, was a 51 year old man who was incarcerated from December 1, 2022 to February 14, 2023. He was housed in MO at the time of his timely CTP on December 7, 2022. He was diagnosed with other specified trauma and stressor disorder and was determined not to be SMI. At his timely DCP attempt on December 16, 2022, he declined the discharge planning services offered.

On December 9, 2022 the class member was discharged from the MO with a revised diagnosis of substance induced mood disorder. An RCS note of December 30, 2022 said that he would "...reside at Fortune Society the Castle." A social work 90-day follow up note of February 8 took place in the context of an upcoming projected release of February 14. On February 9, the social worker confirmed that he would be going to Fortune Society upon release. An updated DCP of February 9 reflected this plan as did an ACL of February 14, which was provided to the class member.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 37, Feb MO 73, was a 29 year old man who was incarcerated from December 28, 2022 to February 2, 2023. He was housed in MO at the time of his CTP, which was completed 5 days late on January 13, 2023. He was diagnosed with PTSD and substance use disorders and was determined to be SMI. At his timely DCP on January 25, 2023, he reported two prior providers: Fulton Medical Group and Acacia Network. SW was unable to contact Fulton Medical Group because they had a "non-working number." SW therefore referred the class member to Acacia Network in the Bronx for community treatment, but there is no indication that they attempted to contact Acacia to confirm that they would accept the referral. SW did provide the class member with a referral form. The class member declined an HRA 2010e but accepted a referral to CRAN for transitional case management. He reported that he lived with his cousin in the Bronx and sometimes stayed with a girlfriend in Brooklyn; he declined assistance with supportive housing, but the social worker indicated that he agreed to "explore his options during his 30 day follow up." However, the class member was released from incarceration well before this follow up was due.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

CHS Response:

As the Monitors note, the DCP was timely and patient refused appointment/referral at that time. Patient was subsequently released, as such Social Work did not have the opportunity to reengage.

Monitors' Response:

This comment does not apply to case 37.

Case 38, Feb MO 85, was a 33 year old man who was incarcerated from January 13 to February 17, 2023. He never received a CTP or DCP. The case was mislabeled as MO – the class member was housed in GP during his entire incarceration. The initial mental health assessment of January 13 diagnosed major depressive disorder recurrent in partial remission and substance use disorders but concluded he was not SMI. The associated note documented a significant prior history of treatment and prior treatment with numerous psychotropic medications. No functional assessment was conducted. The initial psychiatric assessment of February 13 documented a significant history of psychiatric treatment and noted that the class member minimized his history and did not report many current symptoms. The prescriber diagnosed the class member with unspecified anxiety, and substance use disorders. The assessment also indicated the need to engage with OPWDD given his history of special education, and the prescriber suggested a possible referral for neuropsychological testing.

An aftercare letter of February 17 showed that although he signed the ACL, he refused a referral.

Findings:

Referral/appointment: inappropriate (no DCP, refused only on day of release)

SMI: inappropriate (the initial mental health assessment and Psych basic were quite ambiguous regarding his diagnosis. There were significant indicia of a history of severe mental illness. Staff did not complete a CTP and that would have been the proper forum to address the diagnostic ambiguity)

Case Management: ineligible

Supportive Housing: ineligible

Case 39, Feb MO 96, was a 44 year old woman who was incarcerated from December 10, 2022 to February 2, 2023. She was housed in MO at the time of her CTP, which was completed 1 day late on December 21, 2022. She was diagnosed with schizoaffective disorder and cocaine use disorder and was determined to be SMI. At her timely DCP on December 22, 2022, she was referred back to her prior provider, CASES IMT, for treatment and case management. The social worker contacted the program to ascertain its capacity and willingness to accept the referral. An AOT application was also submitted. She was not homeless. A 30-day follow up note on January 20 documented her next court date of February 16, but did not result in any revision to her DCP.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

Case 40, Feb MO 102, was a 32 year old man who was incarcerated from June 4, 2022 to February 1, 2023. He was housed in MO at the time of his timely CTP on June 12, 2022. He was diagnosed with schizoaffective disorder and substance use disorders and was determined to be SMI. At his timely DCP on June 22, 2023, he accepted referrals to his prior provider, Sun River, and to CRAN. He also accepted assistance with supportive housing in the context of PSYCKES documentation that he was living in supportive housing at the time of arrest.

There were multiple indications that the class member had a projected release date in the record, but these were not adequately communicated or followed up on with respect to discharge planning. A clinician documented that the class member pled guilty, according to a mental health follow up note of December 6, 2022.³ A mental health follow up note of January 3 documented the class member's report of his upcoming release and his expectation that he would be transferred to a program. However, the next TPR of January 10 indicated that he was not "newly sentenced." A note of January 26 discussing possible SSA reinstatement for the class member, who did not have SSA prior to incarceration, was the first indication that social work was aware of his projected release date. The aftercare letter of January 31 restated the CRAN referral but, without explanation, changed the plan for continued mental health and substance use treatment to appointments at both the Samaritan Daytop Village Integrated Drug Treatment Program and the Institute for Family Health. The ACL notes that the class member was not involved in an ATI. The class member received these appointment forms as well as a copy of the aftercare letter reiterating the plan.

There were no 30-day follow up notes from social work in the record. The case evidenced significant integration problems within the treatment team. The TPRs did not identify changes in his status: notably his sentence that occurred at the end of November or beginning of December. The class member's report in early January of his expected release "at the end of next month," did not result in a referral to social work.

Findings:

Referral/appointment: inappropriate (no explanation for why the referral/appointment was changed from Sun River, which he wanted to return to, to Samaritan Village and to the Institute for Family Health)

SMI: appropriate

Case Management: appropriate

Supportive Housing: appropriate

Case 41, Feb MO 132, was a 28 year old man who was incarcerated from November 29, 2022 to February 23, 2023. He was housed in MO at the time of his timely CTP on December 1, 2022. He was diagnosed with bipolar 1 and antisocial personality disorder and was determined to be SMI. At his timely DCP on December 5, 2022, he requested a referral to return to his prior provider (a clinic at Staten Island University Hospital). However, the class member was referred to the emergency department rather than the clinic. The social worker did not contact the

³ IIS data indicated that he had a projected release date of February 1 as early as the December 2, 2022, dataset.

program to ascertain its willingness and capacity to accept the referral; had that occurred, SW would have learned that the number provided was for the emergency room. SW did not provide a referral form to the class member. The social worker also referred the class member to CRAN for transitional case management services. He was not homeless.

A note of January 17 from the 730 team indicated that, per his attorney, the class member was awaiting a video interview for Odyssey House. The CRAN record contains follow up on this and other efforts to obtain placement for the class member especially following receipt of an email from Odyssey House documented in a note of January 18 suggesting other programs that might be better suited for the class member. He was subsequently rejected by Promesa and Camelot, both indicating that he required a higher level of care. Communication from Phoenix House indicated that they had a 2 to 3 month wait list.

Additional documentation in the CRAN record showed an adjournment of his case and the exploration of the possibility that the class member could reside with his cousin following release. CRAN emailed social work on February 9 requesting that they assist the class member with a Medicaid application to which social work responded that he already had active MA. Efforts to obtain a suitable placement continued. Eventually, the CRAN record documented an exchange between CRAN and the class member's defense counsel indicating that he could stay with his cousin and "will report to Realization Center for outpatient services... if possible, immediately after court but no later than 3:00pm."

The jail record indicated that SW was unaware of this plan. A psychiatry note of February 23 noted the class member's planned release from court that day. An aftercare letter of the same day reiterated the referrals to CRAN and Staten Island University and noted that the class member did not receive an ATI. At that point he did have active Medicaid.

The CRAN record indicated that, on February 24, the class member came to the office and confirmed that he had completed his intake screening at Realization Center.

Overall, this case demonstrated poor integration between social work and CRAN. SW was completely unaware of the significant work CRAN was doing on the class member's behalf: work that had dispositive impact on his ultimate DCP and which was not reflected in the ACL. While it may be appropriate in some instances for CRAN to take on a leading role in creating a DCP for a particular class member, they should keep social work informed of their actions so that SW can reinforce CRAN's efforts to meet the class member's post release needs.

Findings:

Referral/appointment: inappropriate (it is not appropriate to refer a class member to an emergency room for follow up in most cases. Had staff contacted the number listed, they would have learned it was an emergency room and may have provided an outpatient referral. No referral form was given)

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

Case 42, Feb MO 135, was a 35 year old, undomiciled, man who was incarcerated from August 27, 2022 to February 27, 2023. He was housed in MO at the time of his timely CTP on September 1, 2022. He was diagnosed with PTSD and substance use disorders and was determined to be SMI. At his timely DCP on September 8, 2022, he declined all DCP services.

There were extensive efforts to obtain an ATI for this class member but with considerable conflicting information. A court liaison note of September 30, 2022 documented the class member's report that he was being screened for a MICA program by TASC and that he

participated in a video conference the preceding week. However, a court collateral note of the same date indicated that TASC and CRAN were not working with him, but instead that he was in a treatment court STEP program.

Then, on October 6, 2022, the class member informed court liaison staff that he was working with a staff member of the Brooklyn mental health treatment court. That same day, that same court staff member indicated a lack of awareness of this and indicated that they were “looking into his case.”

At a 30-day follow up of December 16, 2022, the social worker documented that the “class member reports no change to DCP,” and there were no updates to the DCP.

On February 17 the Brooklyn Mental Health Court requested medications in preparation for the class member’s release to an ATI at Argus Striver House, planned for February 27. A letter from the mental health court of the same day documented this plan as did a letter from Argus. Social work documented this plan in an ACL on February 21 which they provided to the class member.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 43, Feb MO 185, was a 32 year old man who was incarcerated from October 28, 2022 to February 10, 2023. He never received a CTP or DCP. At this initial psychiatric assessment of October 31, 2022, he was noted to have no reported history of mental health treatment, which was confirmed by the lack of relevant records in PSYCKES. At that time, he was given a diagnosis of polysubstance abuse and was determined not to be SMI. An ACL, signed by the class member, was prepared on February 10, and the class member declined a referral for community treatment. Despite the lack of CTP, our assessment of the information available in the record indicates that the class member was likely correctly determined to be not SMI.

Findings:

Referral/appointment: inappropriate (no DCP, refused only on day of release)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 44, Feb MO 186, was a 46 year old man who was incarcerated from July 15, 2022 to February 23, 2023. He was housed in MO at the time of his timely CTP on July 22, 2022. He was diagnosed with other (or unknown) substance-induced bipolar and related disorder with moderate or severe use disorder, rule out bipolar disorder, and he was determined to be SMI. In an addendum on July 29, 2022, the diagnosis was changed to bipolar 1 disorder. His timely DCP was completed on July 27, 2022. Social work referred him to Sun River, the Hub and to CRAN. SW provided him with a referral form, but there is no indication that they attempted to contact Sun River to confirm that they would accept the referral. He declined a supportive housing application indicating that he had a “housing voucher.” Nonetheless, social work documented having submitted an HRA 2010e on August 8, 2022. No application or approval was in the record.

A TPR of August 31, 2022 reverted to the diagnosis of other (or unknown) substance-induced bipolar and related disorder with moderate or severe use disorder, added other specified

trauma and stressor disorder, and changed the SMI determination to no with the following rationale: “Following longitudinal observations, bipolar disorder has been ruled out.” This decision was reviewed by a supervisor on September 2, 2022.

During a mental health session of October 13, 2022, the class member told the clinician that he had been offered an ATI. A CRAN note on October 18, 2022 documented that “[t]he client reported that the DA is optimistic in looking at a residential program but it’s still too soon.” At a TPR of November 1, 2022 the class member reported that he anticipated being transferred to Odyssey House.

On December 13, 2022, CRAN documented further information including an email from the Manhattan Drug Court that he had been accepted to mental health court, and an email from the Legal Aid Society that “I would like to do a bail application for him. The first thing the judge will ask me is if he has a place to live”.

CRAN responded on December 14, 2022 that they

“unfortunately cannot set him up with housing while he is incarcerated. Our re-entry services usually come into place once our clients are released. However, if he has a 2010E housing packet (which most times can be completed by social work’s at Rikers depending on clients MH history) we can send that packet out to housing agencies if there were to be a projected release date for the client.”

However, there was no indication that CRAN reached out to social work regarding the need for the class member’s HRA 2010e approval.

Subsequently, a letter of February 13 from Argus documented his acceptance to Striver House. An after care letter of February 22 documented an ATI to Striver House arranged by the Manhattan Drug Court, with the plan for the class member to be released from court the following day. An addendum noted that he was aware of the plan which was also documented in a discharge plan update of February 23.

The CRAN record contained an email from court personnel that the class member was released from court “but left our escort on the train so is currently AWOL.”

Findings:

Referral/appointment: inappropriate (no contact) → appropriate (ATI)

SMI: appropriate (staff explained why he was not SMI, and their decision is supported by the PSYCKES report which does not indicate serious mental illness over the prior 5 years)

Case Management: appropriate → appropriate (CRAN stayed involved despite ATI and despite SMI change)

Supportive Housing: inappropriate (did not execute the supportive housing application after he accepted it, and poor integration between CRAN and social work when Legal Aid asked about the need for housing in the context of a bail application) → ineligible (residential ATI)

Case 45, Feb MO 188, was a 37 year old man who was incarcerated from November 4, 2022, to February 10, 2023. He was highly symptomatic on intake, and he was immediately placed on suicide watch in the MO, where he remained housed when his CTP was timely completed on November 10, 2022. He was diagnosed with bipolar 1 and substance use disorders and was determined to be SMI. Later that same day, he was transferred to BHPW. He remained at BHPW throughout the rest of his incarceration.

The hospital SW completed a psychosocial assessment on November 11, 2022, noting that his ACT team at South Beach had “submitted AOT application 6-7 months ago; ongoing investigation as it reportedly takes 9-10 months to process.” The SW also offered him an unexpected release form on this date indicating a referral to Metropolitan outpatient walk-in

clinic. This form did not reference his prior ACT program. The class member refused to sign the form.

The hospital SW documented weekly meetings with the class member throughout the rest of his hospitalization. Some of these notes include information relevant to discharge planning efforts. On November 30, 2022, the SW noted that the 730 evaluation had been delayed. She commented “if found fit, [attorney] will pursue him being released from custody to continue treatment with his ACT team and live at home.” On December 28, 2022, SW “reached out to AOT coordinator... for an update on application.” The following week, on January 4, 2023, SW documented that the “AOT investigation was closed on 12/15/22 as they determined that patient’s incarceration and/or hospitalization at a forensic PC would likely be long term.”

By January 24, a psychiatrist documented significant clinical improvement, with normalizing mental status. One week later, on January 31, SW documented that he

“had his 730 exam and has since been feeling less anxious. Patient anticipates that he may be released at his court date on 2/10/23.... [U]pon release, he plans to work with his ACT team and return to living with his mom.... Additionally, he should follow up at SSA office for benefit application as appropriate. SW Team will continue to work with patient to form safe individualized discharge plan.”

On February 6, a psychiatrist documented that “[h]e remains hopeful that he will be released at his next court hearing.... plans to contact his ACT team today.” Later that day, SW “spoke with patients attorney, ACT team, and mother... regarding community discharge planning.” The ACT team requested clinical information. The SW documented a plan for the class member to live with his mother and continue with his ACT team. She also documented that “ACT team is in [communication] with AOT regarding the application they submitted.”

Upon his release on recognizance on February 10, he was transferred to a civil unit overnight, and he was discharged from the hospital the next day when his mother came to pick him up.

Based on this review, his DCP, was only completed on February 6, 2023, 76 days late and just 4 days before release.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

Case 46, Feb GPMEDS 52, was a 42 year old woman who was incarcerated from September 17, 2022, to February 16, 2023. She was housed in GP at the time of her timely CTP on September 27, 2022. She was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined not to be SMI. At her timely DCP on September 28, 2022, she was referred to Realization Center (per her request). The social worker contacted the program to ascertain its capacity and willingness to accept the referral and provided her with a referral form.

Her TPR of November 21, 2022 documented that “she is expecting to be involved with Queens TASC when she is released....” A 90-day follow up note of December 27, 2022 did not mention the class member’s involvement with TASC, but a note of the same day concerning a follow up to an Urban Justice Center (UJC) inquiry stated that “Patient reported she is working with TASC for an ATI program however social worker will [r]each out to her attorney for collaboration of services.” A social work progress note of December 29, 2022 (also in response to the inquiry by UJC) noted that among other things, “Medicaid should be suspended but should

reactivate within 7-8 business days,” indicating the social worker’s lack of awareness that the stipulation requires suspended Medicaid to be reactivated within 4 business days of release.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 47, Feb GPMEDS 55, was a 53 year old man who was incarcerated from August 12, 2022 to February 15, 2023. He was housed in GP at the time of his CTP, which was completed 31 days late on October 4, 2022. He was diagnosed with other specified bipolar disorder and cocaine use disorder and was determined to be SMI. Social work missed the 7 business day timeline for completing the DCP, but it was completed on October 20, 2022, 118 days prior to release. SW referred him to the Bridge per his request and provided him with a referral form. SW attempted to contact the program to determine if they would accept the referral. SW also referred him to CRAN, but the class member refused a 2010e, stating that he “has an active Supportive Housing application.” The record contains a 2010e response to a staff member at Sing Sing indicating an approval from 11/24/21-11/23/22.

At a 30-day social work follow up on December 8, 2022, the class member mentioned a possible program. He also “expressed concern about loss of his supportive housing. DCP will follow up to see if his HRA 2010e is still active.” On January 9, social work submitted a supportive housing application which was approved the following day; the approval was forwarded to CRAN and three housing providers.

A letter of February 1, from Argus community, documented the class member’s acceptance to Striver House. This was followed by a February 9 letter from the Manhattan Drug Court documenting his acceptance into Striver House and requesting that CHS provide the class member with walking medications. An addendum to his DCP the following day documented the ATI as outlined by the court and noted his planned intake on February 15. On February 10 social work also created an ACL, signed by the class member, documenting this plan.

Findings:

Referral/appointment: appropriate → appropriate (ATI)

SMI: appropriate

Case Management: appropriate → ineligible (ATI)

Supportive Housing: appropriate → ineligible (residential ATI)

Case 48, Feb GPNOMEDS 160, was a 61 year old man who was incarcerated from December 17, 2022 to February 15, 2023. The initial screen indicated that the class member had a history of involvement with OPWDD. This was not pursued, and the remainder of the record casts doubt on the possibility that the class member had an intellectual or developmental disability. The clinical formulation of the initial mental health assessment conducted on December 19, 2022 stated that the class member would be diagnosed with bipolar 1 disorder, but the assessment later documented a primary diagnosis of dysthymia. This was reviewed by a clinical supervisor on February 13 who adopted the dysthymia diagnosis and determined that the class member was not SMI.

He was housed in GP at the time of his CTP, which was completed 30 days late on February 2, 2023 after numerous missed and cancelled appointments. The CTP documented his functional impairments as “incomplete education, ruptured family relationships, substance abuse, lack of

social supports, and criminal justice involvement.” He was noted to have a history of mood symptoms including low mood, isolation, lack of interest in activities, low self-esteem, low energy, feelings of worthlessness and difficulty concentrating. He was diagnosed with dysthymia and substance use disorders, and was determined to be SMI. The CTP was reviewed by a supervisor on February 13 when SMI designation was changed to “no” indicating that the determination that the class member was SMI was a “mistake.”

By the time of his timely DCP on February 13 the class member had already been accepted into a residential treatment program as an ATI with an anticipated intake of February 15. A letter from Acacia network dated February 8 indicated that El Regreso was holding a bed for the class member effective February 15. A letter from the Brooklyn court’s “enhancement part” of February 9 indicated that the class member would be released to El Regreso on February 15. The aftercare letter of February 13 documented that plan as did a discharge plan.

Findings:

Referral/appointment: inappropriate (no early DCP due to delayed CTP) → appropriate (ATI)

SMI: inappropriate (the supervisor could have changed the SMI to no but only by clearly documenting the absence of functional impairment. Dysthymia is a category 2 diagnosis which is presumptively SMI, but if the pt is not severely functionally impaired can be re-rated not SMI. The supervisor did not do this. The initial CTP was not a “mistake” as the clinician documented the diagnosis as well as functional impairments and made the correct rating. This action by the supervisor reflects a continued misunderstanding of the SMI definition even at the supervisory level within Social Work.)

Case Management: inappropriate (no early DCP) → ineligible (ATI)

Supportive Housing: inappropriate (no early DCP) → ineligible (residential ATI)

Case 50, Mar GPMEDS 60, was a 29 year old man who was incarcerated from November 4, 2022 to March 2, 2023. He was initially seen for a mental health screen on November 16, 2022, but no follow up was recommended. He was seen again on December 1, 2022, at which time he entered into mental health treatment.

He was housed in GP at the time of his timely CTP on December 14, 2022. The clinician confirmed the diagnoses of PTSD and cannabis use disorder initially made at the IMHATP. The CTP included the following consideration of his functioning:

“Diagnostically, given the noted reports of gross trauma experiences and functional impairment (difficulty managing impulses, poor frustration tolerance, hypervigilance, experiencing ongoing trauma sxs etc.) thus resulting in his inability to remaining in the community due to his emotional reactivity; the diagnosis of PTSD appeared suggestive at this time. Additionally, given his increased use of marijuana to manage his mood dysregulation and emotions, the diagnosis of Cannabis use disorder- severe will be added. Pt however will be classified SMI-NO as it appeared he was functioning adequately in the noted domains listed below.... Pt reported ‘Some’ impairment in functioning in jail via problems with others/ DOC and coping inadequately with his current stressors. He however had been able to work as a property caretaker, residing with his family before his arrest and reportedly attending counseling services while in the community. He also noted his current girlfriend was expecting another child.”

The clinician incorrectly determined that he was not SMI. There is no indication that a supervisor reviewed the CTP.

At his timely DCP on December 22, 2022, he was referred to Acacia Network, which was contacted to ascertain its capacity and willingness to accept the referral. SW provided him with a referral form. He was noted by social work to be “in danger of being evicted,” but, because he was viewed as not SMI, he was not offered assistance with supportive housing or case management.

On February 10, 2023, the class member was seen by a prescriber who changed the diagnosis to other specified trauma and stressor disorder, marijuana use disorder and antisocial personality disorder and started him on medications. The prescriber did not provide a rationale for the diagnostic change or address the documented functional limitations.

This case demonstrated the need for better treatment team integration. The treatment team did not engage in efforts to reconcile these disparate diagnostic assessments with implications for an accurate SMI rating.

Findings:

Referral/appointment: appropriate

SMI: inappropriate (diagnosis of PTSD must be SMI yes, unless approved by two layers of supervisory review. Those reviews were not done in this case. Additionally, all such cases are to be sent to us *sua sponte* for review. Finally, the explanation itself is ambiguous and is in no way dispositive of a clearcut rating as not SMI. Additionally, the psychiatric assessment changed the diagnosis to other specified trauma and stressor disorder, a category 3 diagnosis, but this did not prompt a process of reconciling the diagnosis and coming to a new decision – which could have resolved the diagnostic ambiguity.

Case Management: inappropriate

Supportive Housing: inappropriate (the record noted that the was “in danger of being evicted”)

Case 51, Mar GPMEDS 82, was a 26 year old woman who was incarcerated from December 13, 2022 to March 2, 2023. At her PsychBasic, the prescriber documented a history of significant trauma and the presence of all required symptom domains for PTSD, but she nonetheless concluded that the class member did not have PTSD, instead making the diagnosis of other specified trauma and stressor disorder.

She was housed in GP at the time of her CTP, which was completed 2 days late on January 2, 2023. She was diagnosed with other specified trauma and stressor disorder, cocaine-induced bipolar disorder, and cocaine and opioid use disorders. The clinician documented that her functional impairments stemmed from her substance use disorders, and they determined that she was not SMI. At her timely DCP on January 5, 2023, she was referred to Greenhope for community mental health and substance use treatment per her stated “preference.” SW provided her with a referral form and attempted to contact the program to confirm that they would accept the referral.

An updated DCP of January 12 referred the class member to Exodus Transitional Community, “to address her dual diagnosis.” The social worker attempted to contact the program and provided the class member with a referral form indicating the program’s information. However, Exodus does not have a mental health treatment program or dual diagnosis treatment capacity. Her last TPR of February 27, documented that the class member was “accepted to a Greenhope program.” There was no social work follow up or further involvement and the record does not document how this acceptance came about.

Findings:

Referral/appointment: inappropriate (Exodus does not provide MH treatment)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 55, Mar GPNOMEDS 203, was a 56 year old man who was incarcerated from January 18 to March 7, 2023. He was housed in GP at the time of his CTP, which was 18 days late on February 22, 2023. He was diagnosed with other specified trauma and stressor disorder and substance use disorders, and was determined not to be SMI. SW completed a DCP by chart review form on March 3 after he had not been produced by DOC on two occasions. As social work did not meet with this class member during his incarceration, he did not receive DCP services.

Findings:

Referral/appointment: inappropriate (was not produced and social work could not offer him services; no DCP)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 56, Mar MO 6, was a 20 year old man who was incarcerated from June 21, 2022 to March 23, 2023. He was housed in GP at the time of his timely CTP on August 2, 2022. He was diagnosed with other specified schizophrenia and other specified trauma and stressor disorder and was determined to be SMI. He was only transferred to MO upon completion of his CTP. Social work missed the 7 business day timeline for completing the DCP, but it was completed on August 19, 2022, 216 days prior to release. He was referred to Realization and was provided with a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. He accepted a CRAN referral, and there is a CRAN referral form in the medical record but defendants advised us that there was no CRAN file for this case.⁴ He also accepted supportive housing.

At the first 30 day follow up visit, on December 19, 2022, SW noted that he had previously accepted a supportive housing application, and they submitted the application on December 20, 2022. The application was approved, and the approval was sent to two providers on January 3, 2023.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: inappropriate (social work did not execute the CRAN referral)

Supportive Housing: appropriate

Case 57, Mar MO 11, was a 25 year old man who was incarcerated from November 26, 2022 to March 10, 2023. He was housed in GP at the time of his CTP, which was completed 43 days late on March 9, 2023. He was diagnosed with substance use disorders and determined not to be SMI. At his timely DCP on March 10, 2023, he refused services; although his DCP was timely

⁴ Email from CHS, 5/22/23.

with respect to the CTP, the delayed CTP resulted in the class member not being offered services until the day of release.

Findings:

Referral/appointment: inappropriate (refused only on day of release)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 60, Mar MO 40, was a 43 year old undomiciled man who was incarcerated from July 1, 2022 to March 28, 2023. He was housed in MO at the time of his timely CTP on July 4, 2022. He was diagnosed with schizoaffective disorder bipolar type and substance use disorders; he also was noted to have a low IQ and poor adaptive functioning and to have an OPWDD inquiry pending. He was determined to be SMI. His timely DCP was completed on July 20, 2022. He was referred to the Bridge for community mental health treatment, and the SW stated that “this provider has been verified.”⁵ SW provided him with a referral form. SW also referred him to CRAN for case management services; they noted that he was “KNOWN to OPWDD [but] is not currently connected to a Care Coordination Organization.” He accepted assistance with supportive housing, but the application was deferred until it was known whether he would be eligible for ID housing. In an addendum on October 19, 2022, SW documented that as of that date “no information was provided therefore caseworker will complete clients HRA on 10/20/22.” However, there is no indication in the record that SW submitted the application.

Later prescriber and supervisor notes adopted the diagnosis of mild intellectual disability.

By March 15 the class member had been accepted into a residential ATI at Harbor House with intake scheduled on March 28 as documented in letters from the Brooklyn Mental Health Court and Argus Community. A March 22 note documented the plan for the ATI and a request for medications. An aftercare letter reflecting the plan was created on March 22 although not signed until March 29. A referral form of March 23 also reflected this plan for the ATI.

Findings:

Referral/appointment: inappropriate (no clear statement that the program accepted this specific referral) → appropriate (ATI)

SMI: appropriate

Case Management: appropriate → ineligible (ATI)

Supportive Housing: inappropriate → ineligible (residential ATI)

Case 63, Mar MO 121, was a 39 year old man who was incarcerated from February 3 to March 17, 2023. He did not receive a CTP or DCP. At his initial mental health assessment, he was diagnosed with adjustment disorder with mixed anxiety and depressed mood as well as substance use disorders, and determined not to be SMI. His initial psychiatric assessment was scheduled for February 12 but was cancelled by CHS. It was completed on February 14, when he reported past diagnoses of bipolar disorder, anxiety disorders and endorsed a trauma history. He denied a history of psychiatric hospitalizations, but acknowledged a distant history of outpatient treatment. He reported having had no treatment in the previous five years. The diagnoses and SMI designation from the initial mental health assessment were adopted.

⁵ This statement does not clearly indicate that the SW confirmed that the provider had the capacity and willingness to accept this specific referral.

Bridge orders were written on February 27 because he was not produced by DOC and again on March 9 because his appointment was rescheduled by CHS.

His only contacts related to discharge planning occurred on February 23 when he received an orientation and on March 17, the day of his release, when he refused a referral for community treatment. Despite the lack of CTP, our assessment of the information available in the record indicates that the class member was likely correctly determined to be not SMI.

Findings:

Referral/appointment: inappropriate (no DCP, refused referral on day of release)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 64. Mar MO 127, was a 40 year old man who was incarcerated from January 2 to March 21, 2023. He was housed in MO at the time of his CTP, which was completed 6 days late on January 17. He was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. At his timely DCP on January 24, he refused a referral for community treatment and was noted as meeting criteria for SPOA and ACT. Social work did not attempt to contact his current ACT program. The ACT program, however, was active in reaching out to CHS staff. On January 23, ACT contacted staff to provide clinical collateral information indicating his continued involvement with the program, reporting that he was due for a long-acting injectable antipsychotic on January 26. ACT staff reached out to the mental health court on January 27 reiterating that the class member was overdue for his long acting injectable psychotropic medication; the mental health court in turn provided this information via a “court collateral” contact.

There are no subsequent SW contacts in the medical record.

Findings:

Referral/appointment: inappropriate (social work did not attempt to coordinate care with the class member’s ACT program)

SMI: appropriate

Case Management: inappropriate (social work did not attempt to coordinate care with the class member’s ACT program which remained engaged during this incarceration)

Supportive Housing: ineligible

Case 65. Mar MO 157, was a 19 year old man who was incarcerated from November 15, 2022 to March 13, 2023. He was housed in MO at the time of his timely CTP on November 17, 2022. He was initially diagnosed with opioid induced anxiety and alcohol use disorder, and was determined not to be SMI. At his timely DCP on November 17, 2022, social work provided a referral to Silverlake Behavioral Health in Staten Island for community treatment. He was noted to have refused a referral to CRAN. A TPR of November 30, 2022 added the diagnoses of other specified trauma and stressor disorder and other specified disruptive, impulse-control and conduct disorder; these additions, which did not impact the SMI determination, were well explained.

There was insufficient communication among the treatment team around the issue of the class member’s known release date⁶ and the need for social work to see him to provide an appointment. He told a prescriber on November 30, 2022 that he expected to be released in

⁶ IIS data indicated that he had a projected release date of March 13 as early as the November 18, 2022, dataset.

February, and he later told a prescriber on December 16, 2022 that he expected to be released in March. TPRs of December 20, 2022 and January 13, 2023 demonstrated no awareness of his sentence or projected release date and did not initiate a referral to social work for updated DCP. The TPR of February 24 notes that he is “looking forward to his release on March 13, 2023,” but this did not result in a referral to social work for an updated DCP providing an appointment.

However, an aftercare letter of March 9, signed by the class member on March 13, included an appointment to Silverlake for March 17 at 10am.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 66, Mar MO 168, was a 34 year old man who was incarcerated from June 27, 2022 to March 21, 2023. He was housed in MO at the time of his timely CTP on July 5, 2022. He was diagnosed with schizoaffective disorder-bipolar type and substance use disorders and was determined to be SMI. At his timely DCP on July 8, 2022, he refused a referral, and he was noted to have an active supportive housing approval through November 2022. He was referred to CRAN for transitional case management. The plan also noted that a senior clinician from the CASES ATI intake assessment team informed the social worker that the class member had been found eligible for CASES Nathaniel ACT during his recent hospitalization at Kirby and requested that the social worker submit an AOT referral because his previous order had expired in December 2021. Social work did not submit the requested referral.

A social work note of July 18, 2022 documented that

“Writer provided patient’s recent records to CASES ATI Intake Assessment Team. Per [CASES clinician], she submitted his HRA 2010e packet to BCHS Ivy House and is working on applications to other supervised community residences. She is looking into transitional respites as an alternative while he awaits placement in a long-term residential facility. He has a scheduled court appearance on 7/22.... [She] is coordinating a SPOA referral with Brooklyn Community Housing & Services. They want to coordinate a screening.”

A 730 mobile team note of October 18, 2022 documented that per the Brooklyn Mental Health Court, the class member had a pending residential placement, and that he was being referred to supportive housing because he could work with CASES Nathaniel ACT if housing was obtained. This was followed by a November 9, 2022 letter from the court indicating that he was to be released on November 15 to go to a supportive housing program, ICL Prospect Residence, with follow up at CASES ACT. This plan was reiterated in an aftercare letter.

However, a note of November 14, 2022 documented a difficulty with the plan noting that ICL needed “to process his SSA form and conduct a SARS assessment due to his criminal legal history.... SARS assessment takes up to a week to process.”

ICL ultimately did not accept the class member as documented in a February 7 note by the 730 team; that same note also documented other pending placements but also noted that the ATI team wanted the class member to be taken off of clonazepam due to concerns about medications with abuse potential. A March 14 letter from the Brooklyn Mental Health Court indicated his acceptance at Argus with a planned release of March 21; Argus requested that CHS forward prescriptions and medications. A note the following day indicated his acceptance at

Harbor House with his release rescheduled for March 21. An aftercare letter of March 17 documented this plan.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: inappropriate (social work did not carry out the AOT referral requested by the ATI personnel) → ineligible (ATI)

Supportive Housing: inappropriate (did not reapply after prior approval expired) → ineligible (residential ATI)

Case 67, Mar MO 169, was a 30 year old woman who was incarcerated from January 31 to March 16, 2023. She was housed in MO at the time of her timely CTP on February 14, at which time she was diagnosed with schizophrenia, impulse control disorder and unspecified intellectual disability. She was determined to be SMI. At her timely DCP on February 14, the class member refused assistance with mental health referrals and supportive housing. Social work made note of her receipt of services from OPWDD, including Tri County Care and Shield of David, prior to incarceration. No CRAN referral was made as that would duplicate already available services.

Social work was in contact with the class member's "court team" and was informed that TASC and OPWDD met with the class member and agreed that she would eventually be placed in an independent living situation. The court had indicated that "if they gave CM another opportunity for ATI, they want to place her in some form of residential placement. Subsequent follow up by social work noted that in addition to her current care coordination, the class member had crisis services for individuals with intellectual disabilities in place. CHS also discussed the class member with OPWDD during a case conference. A 30-day follow up note of March 14 documented that she was still working with TASC and OPWDD. There is no indication that SW was requested to assist in the development of an ATI. Overall, social work demonstrated good coordination with OPWDD, TASC and the class member's community providers.

Findings:

Referral/appointment: ineligible

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

Case 68, Mar MO 181, was a 36 year old man who was incarcerated from October 10, 2022, to March 15, 2023. He was housed in MO at the time of his timely CTP on October 14, 2022. He was diagnosed with schizoaffective and substance use disorders and was determined to be SMI. At his timely DCP on October 21, 2022, he accepted a referral to Fortune Society, CASES Nathaniel Clinic and Manhattan CRAN. The DCP noted that CASES Nathaniel clinic accepted walk ins. He accepted a supportive housing application, which was approved on November 2, 2022. CRAN requested the approval, and SW provided it to them on January 31, 2023.

At a TPR on October 25, 2022, the clinician changed the class member's diagnosis to other specified trauma and stressor disorder, substance use disorders, with a rule-out for bipolar 1 disorder, and changed the SMI status to "no". The clinician explicitly noted the relationship of his abnormal auditory experiences to an early childhood trauma: "he had woken up at the age of 4 with his brother, age 3, who had passed away. He... talks to his brother every day...." Several clinicians documented a partial syndrome that did not meet full criteria for PTSD. All subsequent

TPRs retained these definitive diagnoses, and the rule out for bipolar disorder was eventually dropped in the TPRs, though some clinical and prescriber notes retained this rule out.

Subsequent communication between CRAN and SW indicate ongoing uncertainty as to the diagnosis, specifically as it related to his possible ineligibility for CRAN, but an agreement was reached to “keep case open... as he may need additional supports regardless of the ultimate diagnosis.”

On December 16, 2022, CRAN noted a projected release date of March 15, and they emailed SW to ask if an appointment could be made, or if they needed to wait until closer to his release. On December 30, 2022, CRAN emailed SW, noting that they would be working on obtaining an appointment for him.

On January 25, 2023, CRAN emailed SW, indicating that they “attempted to schedule an appointment for [the class member] at CASES and Fortune Society as he has a projected release date, but at this time they take walk-in from 8-5PM.⁷ Do you have any updates on his supportive housing application?” On January 31, SW provided CRAN with the 2010e approval, and CRAN indicated that they would be making referrals to housing programs.

On January 31, CRAN referred him to Housing Works, subsequently obtaining an appointment for the class member for March 16.

SW made no updates to the DCP at a 90 day follow up visit on February 2. They informed the class member “on next steps for his HRA Application process.”

SW prepared an ACL on March 9 that included an appointment on March 17 at CASES and a referral to Fortune Society.

CRAN met with the class member the next day to go over his DCP, and the class member “reported he would be getting picked up by Fortune Society upon release.” CRAN also confirmed the March 16 appointment at Housing Works. According to the Housing Works staff member, “an uber [will] pick up client at Bellevue Mens shelter at 10am.”

Prescriptions were sent to a pharmacy in Queens, presumably based on his address at intake. However, the record indicates that there was an order of protection and that he could not return to this address.

On the afternoon of March 15, CRAN spoke by phone with the class member while he was at Fortune Society for intake. He confirmed that he would stay at the Bellevue shelter and would keep his appointment at Housing Works the next day. Two weeks after release, Fortune Society confirmed that he was connected with services.

Findings:

Referral/appointment: appropriate (though he did not sign a referral form or ACL, his conversations with CRAN pre and post release indicate clearly that he was aware of his DCP)

SMI: appropriate (the change to other specified trauma and stressor disorder was very well documented, and though they documented that the SMI rating would be different from the CTP, they continued to treat him as if he was SMI for DCP purposes: they did not close out the CRAN case, and they continued to work on supportive housing)

Case Management: appropriate

Supportive Housing: appropriate

Case 69, Mar GPMEDS 38, was a 34 year old transgender women who was incarcerated from December 4, 2022 to March 24, 2023. She never received a CTP. At her initial mental health

⁷ It is not clear from the context whether these walk-in hours refer to CASES, Fortune Society, or both.

assessment of December 6, 2022, she was diagnosed with substance use disorders and cocaine-induced depression and was considered not to be SMI. She reported having only received psychiatric treatment during prior incarcerations. At her initial psychiatric assessment, she reported that she did not follow up with mental health treatment after her prior incarcerations. She was diagnosed with other specified trauma and stressor related disorder and substance use disorder and again determined to not be SMI. Despite the lack of CTP, our assessment of the information available in the record indicates that the class member was likely correctly determined to be not SMI.

Social work saw the class member for a DCP on December 21, 2022, 92 days late but missing the 7 business day timeline. At the DCP, per the class member's request, social work attempted to refer her back to prior program (El Regreso) but, upon contact, the program indicated the need to "wait for approval from benefits department." Therefore, on December 22, 2022, social work referred her to PAC Program. An hour later that same day, PAC reported that they could not accept the referral because the class member did not have a social security number and her Medicaid was inactive. Social work then referred her to Realization Center and provided the class member with the referral. SW provided the class member with a referral form and confirmed the program's willingness and capacity to accept the referral.

A 90-day follow up note of February 27 documented the class member's projected release date of March 24 but made no revision to the DCP. However, a DCP update of March 10 provided an appointment to Realization Center. She signed an aftercare letter with the appointment information. Social work's efforts to contact the programs to which they intended to refer the class member for continued community treatment yielded critical information, which allowed them to make an appropriate appointment.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 70, Mar GPMEDS 50, was a 51 year old transgender woman who was incarcerated from February 14 to March 20, 2023. She was housed in GP at the time of her timely CTP on March 5. She was diagnosed with cocaine induced depression and marijuana use disorder, and was determined not to be SMI. At her timely DCP on March 8, she was referred to Realization Center. The social worker confirmed both that the program had the capacity and willingness to accept the referral and the walk in hours, which were provided to the class member.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 71, Mar GPMEDS 202, was a 39 year old man who was incarcerated from October 27, 2022 to March 16, 2023. He was housed in GP at the time of his CTP, which was completed 25 days late on December 7, 2022. He was diagnosed with adjustment disorder and substance use disorders, and was determined not to be SMI. At his timely DCP on December 12, 2022, he was referred to Bridge Back to Life in Brooklyn. The social worker spoke with the intake coordinator

who confirmed the program's capacity and willingness to accept the referral, and they provided the class member with a referral form.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 73, Mar MO 120, was a 55 year old, undomiciled, man who was incarcerated from July 28, 2022 to March 17, 2023. He was housed in MO at the time of his timely CTP on August 5, 2022. He was diagnosed with schizophrenia and alcohol use disorder, and was determined to be SMI at that point.

A psychiatry note of August 11 changed the diagnosis to delirium and the SMI determination to no. The class member was treated at the BHPW from August 12 to August 19, 2022 where they ruled out delirium and determined that his confusion was chronic and was likely caused by dementia which they noted was documented in PSYCKES as early as 2019. His discharge diagnosis was unspecified mood disorder. While in the hospital, the class member refused to sign the unexpected release form.

At his DCP, which was completed on August 25, 2022, 9 days late but 204 days prior to release, the class member declined a referral for community treatment.

Upon return to jail, TPRs of August 23, 2022 through September 6, 2022 continued the diagnosis of delirium and the determination that he was not SMI, although some add an alcohol use disorder. A medication reevaluation of September 6, 2022 noted the presence of paranoid thoughts and started Abilify but did not change the diagnosis. However, following a case conference, a TPR of September 19, 2022 added back the diagnosis of other specified schizophrenia and rule out cognitive disorder while retaining the SMI no designation; the plan was to attempt to obtain collateral information.

There was no change in diagnosis or SMI determination at multiple TPRs until December 13, 2022 when he was changed to SMI yes, a designation that carried through TPRs throughout the remainder of his incarceration. However, mental health did not document that the class member was newly determined to be SMI and did not refer him to social work at that time.

Because he had a seizure apparently related to this refusal of medication, on January 4 the class member was assessed for decisional capacity with the determination that did "...not have decisional capacity...." TPR's in January and February 2023 reinstate the delirium diagnosis, while retaining the diagnosis of other specified schizophrenia and rule out cognitive disorder.

Despite the change to SMI yes in mid-December 2022 and a notation at this last TPR of March 7 that he was been re-referred to social work, there were no further social work contacts.

This class member, who lacked decision-making capacity and had seizures apparently related to his refusal of medication, required highly individualized treatment and aftercare planning which should have considered referral to a skilled nursing facility. In this context, the lack of social work follow up following this SMI yes determination is highly concerning.

Findings:

Referral/appointment: inappropriate (refused initially, but social work never returned after he was determined to be SMI)

SMI: appropriate (they diagnosed him with both organic and functional severe mental illness and designated him SMI for the last four months of the incarceration)

Case Management: inappropriate (no social work involvement after change to SMI)

Supportive Housing: inappropriate (class member was undomiciled; no social work involvement after change to SMI)

Case 74, Mar MO 197, was a 43 year old man who was incarcerated from January 5 to March 13, 2023. He was housed in MO at the time of his CTP, which was completed 4 days late on January 20. He was diagnosed with bipolar 1 disorder and determined to be SMI. At his timely DCP on January 31, he was referred to Fortune Society. SW provided the class member with a referral form and confirmed that the program would accept the referral. Social work planned to refer the class member to CRAN as well as SPOA but did not effectuate either referral; there is no CRAN file for this case.⁸ An HRA 2010e was submitted on February 6, although the accompanying note indicated that the class member was not homeless. The application was approved the following day and the approval transmitted to housing providers.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: inappropriate (CRAN did not receive referral, social work assessed the class member as requiring a higher level case management but did not effectuate a SPOA referral)

Supportive Housing: appropriate

Case 75, Mar MO 232, was a 21 year old man who was incarcerated from February 24 to March 28, 2023. At the initial assessment on March 3, he was diagnosed with PTSD and determined to be SMI. At a psychiatric assessment on March 15, the diagnosis of PTSD was retained, and the prescriber also diagnosed the class member with substance use disorders. DOC did not produce the class member for a CTP on numerous occasions:

- March 14, 13:46: not produced
- March 14, 20:45: CHS rescheduled
- March 16: rescheduled
- March 17: rescheduled
- March 20, 21 and 22: not produced
- March 23: at a visit
- March 24: rescheduled
- March 27: not produced.

The class member never received a CTP or DCP. At the social work orientation on March 15, the class member declined assistance with public assistance or food stamps because he said they were already in place. No other social work contacts ensued.

Although the case was labeled an “MO” case the class member remained in GP during his entire incarceration.

⁸ Email from CHS, 6/20/23.

Findings:

Referral/appointment: inappropriate (no DCP)

SMI: appropriate

Case Management: inappropriate (no DCP)

Supportive Housing: inappropriate (no DCP)

Case 76, Mar MO 241, was a 29 year old man who was incarcerated from October 17, 2022 to March 21, 2023. He was housed in MO at the time of his CTP, which was conducted 6 days late on October 31, 2022. He was diagnosed with schizophrenia and was determined to be SMI. Social work attempted to see the class member for discharge planning services on November 3, 2022, and again on November 9, 2022, but he was in court on both occasions. Social work conducted a DCP on November 10, 2022, missing the 7 business day timeline but completing it 131 days prior to release.

At the DCP, the class member reported a current AOT order and connection with an ACT team, and he declined both CRAN referral and a supportive housing application. The PSYCKES extract confirmed that he had an active ACT at the Bridge with an AOT order due to expire in February 2023. The social worker documented contact with SPOA to inquire about active services for this class member and planned a referral to the Bridge. SW did not provide the class member with a referral form.

At a 30-day follow up of March 8, he declined any changes to his DCP as he preferred that his legal team make recommendations in this regard.

Findings:

Referral/appointment: inappropriate (referral not provided to class member)

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

Case 78, April GPMEDS 17, was a 39 year old woman who was incarcerated from December 5, 2022 to April 10, 2023. She was housed in GP at the time of her timely CTP on January 10, 2023. She was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined not to be SMI. At her timely DCP on January 12, 2023, she accepted a referral to VIP Community Services. The social worker provided her with a referral form and confirmed the program's willingness and capacity to accept the referral.

There was a subsequent letter on March 29 documenting her acceptance to Samaritan Village's residential treatment program and requesting that CHS send her medications to a designated pharmacy. CHS forwarded her prescriptions to the requested pharmacy. An April 3 note mistakenly identified the ATI as Phoenix House. An aftercare letter of April 4 documented the TASC referral to Samaritan Village which was also reiterated in an updated DCP of the same date noting that she would be released from court on April 10.

Findings:

Referral/appointment: appropriate → appropriate (ATI – while the note on April 3 erroneously said Phoenix House, all other references were to Samaritan Village. CHS sent meds to the correct pharmacy)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 79, April GPMEDS 98, was 30 year old man who was incarcerated from December 15, 2022 to April 14, 2023. He was housed in GP at the time of his timely CTP on December 29, 2022. He was diagnosed with amphetamine use disorder and substance induced mood disorder, and was determined not to be SMI. At his timely attempted DCP on January 6, 2023, the class member declined a referral for community treatment, reporting that he was awaiting an ATI program.

The class member had a projected release date of April 14.⁹ The record contained no indication that social work returned to this class member to offer him an appointment until the day prior to his release when he was provided with an aftercare letter dated April 13. At that time, he accepted an appointment (scheduled for prior to 2pm on April 14, the day of his release) with Create Inc. for “inpatient” substance use treatment. A social work note of April 14 indicated that would “seek mental health services from his previous provider and would engage in treatment on his own upon release.” SW provided him with an ACL documenting this information.

Findings:

Referral/appointment: appropriate (while it would have been better to see him earlier and to do a full DCP to document a more detailed rationale for referral, social work was able to obtain information indicating he needed to be at the program prior to 2pm)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 82, April GPNOMEDS 84, was a 44 year old man who was incarcerated from February 8 until April 27, 2023. He was housed in GP at the time of his CTP, which was completed six days late on March 2. He was diagnosed with adjustment disorder with anxiety and was determined not to be SMI. His timely DCP was completed on March 6. He was referred to the East New York Mental Health Clinic. The program was contacted to confirm that they would accept the referral, and the class member was provided with a referral form.

On April 20, SW contacted his referral agency to seek an appointment, after learning that the class member had been sentenced. The record includes an e-mail confirmation that an appointment was provided for the class member on May 18. An updated DCP on the date of release documented this plan, and the class member received a new referral form and an aftercare letter.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 83, April GPNOMEDS 143, was a 56 year old man incarcerated from June 9, 2022, until April 4, 2023. He was housed in GP at the time of his CTP, which was completed 30 days late on August 1, 2022. He was diagnosed with other specified trauma and stressor disorder and was determined not to be SMI. His timely DCP was completed on August 10, 2022. He was referred to Harlem East Life Plan and was provided with a referral form. However, there is no indication that SW attempted to contact the program to confirm that they would accept the referral. He was

⁹ IIS data indicated that he had a projected release date of April 14 as early as the March 10, 2023, dataset.

seen on one more occasion by social work, on October 19, 2022, in relation to a potential ATI. However, he was not seen again by social work, and there is no indication in the record that he received an ATI.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Harlem East Life Plan is a well-known program that CHS regularly refers patients to and there is no need for CHS to call this provider before every single referral.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 84, April MO 12, was a 33 year old man incarcerated from October 25, 2022, until April 12, 2023. He was initially housed in MO on suicide watch, from October 26 until November 2, 2022. However, on November 2, 2022, he was transferred to GP. Because of this transfer, his CTP, which was completed on November 4, 2022, was timely. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined not to be SMI. A DCP by chart review template was completed on November 23, 2022, seven days late. SW returned to see the class member on December 6, 2022, completing a DCP that they did not sign until December 28, 42 days after the due date, but 105 days before release. At this point, SW referred him to Housing Works and provided him with a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. SW did not see him again during this incarceration.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Housing Works is a well-known program that CHS regularly refers patients to and there is no need for CHS to call this provider before every single referral.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 85, April MO 22, was a 53 year old man incarcerated from March 23 until April 25, 2023. He was housed in MODO at the time of his timely CTP on March 27. He was diagnosed with schizoaffective disorder and substance use disorders and was determined to be SMI.

On April 5, a psychiatrist documented his “quick resolution of symptoms, following detox and start of medications, that makes substance induced mood/psychosis most likely, not chronic

psychotic disorder.” She modified the diagnosis to cocaine induced psychosis and substance use disorders.

His DCP, completed on April 19, 2023, was 14 days late and only six days before release. Despite the diagnostic change noted above, SW considered him SMI and offered all relevant services. The class member refused case management, citing his active case with another case management entity, and he refused a supportive housing application. He accepted a referral to Postgraduate and was provided with a referral form. However, there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Post Graduate at 1775 Grand Concourse is a DOHMH CONNECT Clinic created for the purpose of meeting the needs of the reentry population (“Intakes new clients recently released from New York City jails within one hour of walking in to clinic during all hours that clinic is open”). This program specifically does not require advance coordination of referrals and has established capacity to serve walk in patients.

Monitors’ Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 86, April MO 28, was a 42 year old man incarcerated from March 2 until April 13, 2023. He was housed in GP throughout his incarceration. At his IMHATP on March 2, he reported brief, correctional-based treatment but denied having been prescribed medications. He denied community-based mental health treatment. No psychiatric diagnosis was made, but the clinician commented about his “low mood, excessive worry, and racing thoughts.” At the PsychBasic on March 28, he reported prior psychiatric treatment starting 6 years previously, including a 3-day hospitalization in Florida because he was “unrespectful” toward his family. More recently, he was at Elmhurst for one day for “hearing voices and seeing things.” According to a PSYCKES record (presumably from a prior incarceration, as it was not included in the record CHS provided for review), he was treated with medication for anxiety in 2018. He reported current depressive and anxiety symptoms but denied psychotic symptoms. He was diagnosed with adjustment disorder with depression and anxiety and with alcohol use disorder, and he was determined not to be SMI. He never received a CTP or a DCP. Despite the lack of CTP, our assessment of the information available in the record indicates that the class member was likely correctly determined to be not SMI.

Findings:

Referral/appointment: inappropriate (no DCP)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 87, April MO 63, was a 32 year old man incarcerated from February 9 until April 10, 2023. He was housed in MO at the time of his CTP, which was completed two days late on February 19. He was diagnosed with schizoaffective disorder and was determined to be SMI. His timely DCP was completed on the evening of February 27.¹⁰ He was referred to his prior ACT program as well as to CRAN. SW attempted to reach his ACT program but was “unable to get through.” SW provided him with a referral form. He also accepted supportive housing, but the application was not completed during the incarceration.

CRAN was very active with this class member during and immediately after his incarceration. They attempted to find a treatment provider, contacting several, including Jewish Board (“they are not accepting referrals”), Richmond University (“client would have to walk in to engage in services”), and South Beach outpatient (“they are not accepting referrals”).

The class member’s housing status was also unclear, and the CRAN record indicates that his mother had an order of protection, but also that she was willing to house him at some point. On March 31, CRAN documented the possibility that he would be going to Fortune Society for transitional housing. The class member expressed his preference not to return to his mother's home. On April 5, CRAN contacted Fortune Society and learned that there was a one to two-month wait list for transitional housing. On the same date, CRAN emailed SW in the jail:

“In an effort to coordinate services, I am reaching out to you for assistance and/or update. He could potentially be released tomorrow or next court date 4/13/23. I spoke with Fortune Society regarding [the class member’s] status with their Transitioning Housing. They have screened him and will place him on their waiting list. He will remain on their waiting [list] for up to 2 months. My request is to find out if you been able to complete a 2010e with [the class member], if so, can you please forward a copy of the 2010e to me?”

Two days later, on April 7, CRAN again emailed SW, noting that

“He will be released on Monday 4/10/23. In an effort to coordinate and assist with a smooth transition into the community I would like to request your assistance with the following: Can you please send his medications to: St. George Pharmacy?

On April 10, CHS sent e-prescriptions to St. George Pharmacy.

The class member was released on recognizance on April 10 with a court-approved plan to return to his mother with an ankle monitor and a curfew. CRAN was continuing to work on a treatment referral. Despite his release, he was detained at Queens “holding” until April 12, at which point he was released to his mother. On this date, his mother requested that his medications be sent to a different pharmacy, and CHS accommodated this request.

Findings:

Referral/appointment: inappropriate (no contact with program. Although SW attempted to contact the prior ACT the evening they completed the DCP, they were unable to reach the program and should have circled back during daytime hours)

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (2010e was not submitted) → ineligible (court approval to live with mother)

Case 88, April MO 81, was a 53 year old man incarcerated from October 20, 2021 until April 6, 2023. He was housed in MO at the time of his timely CTP on October 25, 2021. He was

¹⁰ The DCP was initiated at 7:50 pm and signed at 8:15 pm.

diagnosed with schizoaffective disorder and cocaine use disorder, and he was determined to be SMI. His timely DCP was completed on October 26, 2021. SW determined that he was a prior patient of the Bridge FACT program, but when they contacted this program, they were told that the program would be closing his case as he had no projected release date. SW referred him to the Bridge clinic and provided him with a referral form, but there is no indication that SW attempted to contact the clinic to confirm that they would accept the referral. SW also completed a SPOA application and referred the class member to CRAN. SW submitted a 2010e application which was approved on November 1, 2021.

On November 22, 2021, SW received an e-mail confirming that the class member had been discharged from the FACT program.

During a 30 day follow-up contact on December 6, 2020, the class member was too disorganized to discuss discharge planning rationally.

In January, 2022, the class member was transferred to the custody of the US Marshals to deal with a federal probation issue. He remained in their custody for about a month, during which CRAN closed his case as he was outside of the jurisdiction. CRAN did not reopen the case when he returned, and social work did not refer him back to CRAN during the remainder of his incarceration.

The class member was hospitalized at BHPW from March 31 until May 25, 2022 due to acutely worsening mental state. He was stabilized on medication during this hospitalization. He did not receive any substantive discharge planning while on the forensic unit, and he declined the offered unexpected release form on April 1, 2022.

Numerous SW and 730 mobile team notes during the spring, summer and early fall of 2022 indicated a potential ATI. On November 24, 2022 a 730 mobile team note indicated that he “was accepted into Bx-TASC as part of ATI on a Bx case and this mandate will be part of the condition for NY county as well. [The class member] we'll be receiving treatment at Harbor House.” It took several months for the ATI to be fully developed.

On February 27, 2023, a 730 mobile team note indicated that he had a video conference at Harbor House and was pending placement.

On March 2, a SW note indicated that he had recently had an interview with Samaritan Village. A letter from Samaritan Village on March 13 indicated that he had been accepted into the intensive residential treatment program with a scheduled admission date of March 27. A subsequent letter on March 24 modified the admission date to March 30. A SW note of April 5 documented that his intake date had been pushed off until April 6. CHS provided the requested e-prescriptions. The class member was provided with an aftercare letter documenting this plan.

Findings:

Referral/appointment: inappropriate (contacted Bridge FACT, but not Bridge clinic) → appropriate (ATI)

SMI: appropriate

Case Management: inappropriate (CRAN closed the case and SW did not re-refer; SW did not execute the SPOA referral that they knew he needed) → ineligible (ATI)

Supportive Housing: inappropriate (did not reoffer 2010e after it expired in 11/2022) → ineligible (residential ATI)

Case 89, April MO 88, was a 30 year old man incarcerated from January 13 until March 14, 2023, and then reincarcerated as a “turnaround”¹¹ from March 14 until April 27, 2023. For the purposes of this review, we are considering the two incarcerations together as a continuous “episode of care.”

At the time of his IMHATP on January 30, he was referred to the GP detoxification unit. At his timely CTP on February 10, he was diagnosed with schizoaffective disorder and was determined to be SMI. At his timely DCP on February 22, he was referred to Housing Works. The program was contacted to confirm that they would accept the referral, and he was provided with a referral form. He was also referred to CRAN. He was not homeless.

After his turnaround on March 14, he remained housed in GP throughout the remainder of his incarceration. His diagnosis and SMI status did not change.

An aftercare letter on the day of release indicated that “client is being mandated to a new outpatient program” at the Family Court building. According to the CRAN record, this was arranged by the Manhattan drug court and did not require any action by SW; therefore, we rated the case based on the initial DCP without consideration of the superseding mandate.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

Case 90, April MO 110, was a 40 year old man incarcerated from December 14, 2022 until April 26, 2023. He was housed in MO at the time of his timely CTP on January 3, 2023. He was diagnosed with posttraumatic stress disorder, complicated bereavement, and cocaine use disorder. He was determined to be SMI. His timely DCP was completed on January 5. He was referred to Gouverneur and was provided with a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. He was also referred to CRAN. He was not homeless.

According to IIS, he had a projected release date in mid-May, but he was released three weeks earlier on April 26 with a release code indicating court action that released him without notice.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

Case 91, April MO 127, was a 27 year old man incarcerated from January 31, 2022 until April 5, 2023. He was housed in a MO at the time of his CTP, which was completed two days late on February 9, 2022. He was diagnosed with schizophrenia and cannabis use disorder and was determined to be SMI. His timely DCP was completed on February 14, 2022, at which time he refused services but was referred for AOT and for SPOA/SPACT.

¹¹ A “turnaround” describes a detainee who is released on one case but who is immediately reincarcerated on a different case.

At a TPR on February 21, 2022, the class member “indicated he may get an ATI residential program and will be working with TASC and has some sort of assessment interview with them already.”

A second DCP was completed on February 25, 2022, indicating that the class member “is now accepting services after encouragement from 730 MT and attorney.” At this time, he was referred to his prior provider, CASES, at his request. SW contacted the program to confirm that they would accept the referral and provided him with a referral form. He was also referred to CRAN and accepted an offer of a supportive housing application. The supportive housing application was completed on March 11, 2022, but it was rejected a few days later because it was incomplete. It was resubmitted on March 18, 2022 and approved on March 22, 2022. The approval was sent to CRAN and to three housing providers on March 31, 2022, as well as to the housing SPOA on April 5, 2022.

The 730 mobile team documented their engagement with Legal Aid social work on April 15, 2022, noting that Legal Aid was also working on housing options.

The housing SPOA responded on April 19, 2022, providing three potential housing referral sites.

At a 30 day follow up on April 21, 2022, there were no DCP updates.

At a 30 day follow up on May 26, 2022, SW documented an upcoming supportive housing interview with TSI on June 13, 2022. However, the interview was interrupted “due to network shutting down” and was rescheduled for June 27, 2022. On this date, the assessment was completed, with the provider indicating that they would get back to SW and the class member with a decision. They did so on July 20, 2022, indicating that he was not eligible for their program.

In a social work note on August 11, 2022, SW documented a housing interview by PIBLY.

On September 19, 2022, the 730 mobile team documented that the “ADA wants inpatient treatment in place for [the class member] prior to release. SW from LAS Referred patient to Harbor House.” A month later, on October 17, 2022, the 730 mobile team documented that harbor house was “willing to work [with] him.”

Several notes during the fall and winter of 2022-23 document the pending ATI placement.

On March 14, 2023, a letter from the mental health court indicated that the class member “has been accepted to Phoenix House... and they are prepared to admit him following his court appearance” on April 5. The letter, and subsequent documentation from Phoenix House, requested medications and prescriptions and an MGP card, which CHS subsequently provided. SW completed an aftercare letter and an updated discharge plan on April 4, and the class member received a copy of the aftercare letter as well as a referral form.

Findings:

Referral/appointment: appropriate → appropriate (ATI)

SMI: appropriate

Case Management: appropriate → ineligible (ATI)

Supportive Housing: appropriate → ineligible (residential ATI)

Case 92, April MO 131, was a 26 year old man incarcerated from February 14 until April 26, 2023. He was housed in MO at the time of his timely CTP on February 22. He was diagnosed with other specified schizophrenia and cannabis use disorder and was determined to be SMI. His timely DCP was completed on March 3. He was referred to Flushing Hospital. The program was contacted to confirm that they would accept a referral, but the class member was not provided with a referral form. He was also referred to CRAN. He accepted a supportive housing

application which was submitted on March 10 come up but there is no indication that HRA responded or that SW followed up regarding their lack of response.

The class member was transferred to GP on March 21. There was no indication in the medical record that SW followed up with the class member after this time.

Findings:

Referral/appointment: inappropriate (the CM was not given a referral form)

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (SW did not follow up regarding the lack of response from HRA)

Case 93, April MO 134, was a 33 year old man incarcerated from October 25, 2022 until April 12, 2023. He was housed in MO at the time of his CTP, which was completed one day late on November 3, 2022. He was diagnosed with stimulant induced psychosis and stimulant dependence. He was determined not to be SMI. He received a timely DCP on November 10, 2022. He was referred to the Harlem East Life Program and to Fortune Society, and he was given referral forms to both programs. However, there is no indication that SW attempted to contact either program to confirm that they would accept the referral.

The class member was transferred to GP on November 25, 2022.

At a medication reevaluation on February 24, 2023, the class member reported that he was “anticipating going to a program next month.”

At a TPR on March 10, a clinician wrote that the class member was “waiting for a bed at Harbor House.” It is unclear how this came about as there are no subsequent SW notes in the record. He was not seen by SW after his initial DCP in November, 2022. While MH was aware of the possible ATI nearly two months before his eventual release, they never referred him back to SW for updated discharge planning or to discuss his potential changing needs.

Findings:

Referral/appointment: inappropriate (no contact with programs, no follow up after the CM’s situation changed in light of the possible ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Harlem East Life Program and Fortune Society are well known programs that CHS regularly refers patients to and have a focus on reentry. We do not believe that CHS needs to call [sic] these providers before every referral. It would be helpful for the Monitors to explain how the CTP being completed in 8 instead of 7 days had a clinical impact on this patient.

Monitors’ Response:

See ¶16 of the amended Stipulation regarding the timeframe required to complete the CTP for class members housed in MO.

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 95, April MO 148, was a 45 year old man incarcerated from December 16, 2022, until April 10, 2023. He was housed in MO at the time of his timely CTP on December 23, 2022. He was diagnosed with substance induced psychosis and substance use disorders. He was determined not to be SMI. He received a timely DCP on January 4, 2023. He was referred to Fortune Society, and he was given a referral form documenting his referral. However, there was no indication that SW attempted to contact the program to confirm that they would accept the referral.

The class member was transferred to GP on January 10.

A mental health progress note on January 31 noted continuing psychotic symptoms over a month after his incarceration began:

“Patient appears to be psychotic.... Patient will continue to maintain diagnoses and clinician will further assess and rule out Other Specified Bipolar DO or Delusional Though[t] Disorder and also assess for additional symptoms during next session.”

The clinician initiated a civil commitment at this time and referred him back to C71. He was reassessed at C71 where he appeared more stable and without symptoms, and he was returned to GP on February 9 with no change in his diagnosis. The civil commitment was discontinued at this time.

There were no subsequent SW notes in the record.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Fortune Society is a well-known program that CHS regularly refers patients to and there is no need for CHS to call this provider before every single referral. Additionally, Fortune Society offers walk-in hours.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 96, April MO 158, was a 38 year old woman incarcerated from February 20 until April 28, 2023. She was housed in MO at the time of her timely CTP on March 6. She was diagnosed with unspecified schizophrenia and substance use disorders and was determined to be SMI. Her timely DCP was completed on March 11, at which time she refused all services indicating she was hoping for a return to her previous ATI.

During a 30 day follow up on April 11, SW documented that the class member “returns to court on 4/19/23, at which time she expects to be re-mandated back to Phoenix House where she was receiving treatment prior to incarceration.” A letter from Phoenix House on April 17 indicated that she would be returning to the program on April 20 and requested medications. A letter from the mental health court on the same day confirmed this plan, noting that the sheriff would be transporting her from court and also requesting an MGP card. A court collateral note on April 19 documents a continuance until April 26 due to the unavailability of the class member’s attorney. SW prepared an ACL documenting this plan on April 22. For reasons that were unclear, she was not released until April 28.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 97, March GPNOMEDS 176, was a 23 year old man incarcerated from December 3, 2021 until March 31, 2023. He was housed in GP at the time of his timely CTP on February 18, 2022. He was diagnosed with adjustment disorder and cannabis use disorder and was determined not to be SMI. His timely DCP was completed on February 2, 2022. He was referred to Bowery Residents Committee. The program was contacted to confirm that they would accept the referral, and the class member was provided with a referral form.

At a 90 day follow up on June 8, 2022, SW provided the class member with another copy of his referral to BRC.

At a TPR on July 21, 2022, the class member informed mental health that “he has been sentenced to 2 ‘city bids.’” No projected release date was documented.

SW saw him again on March 28, 2023

“to review prospective planned release for 04/02/2023.... The client related interest in a new MH referral in The Bronx. Client was subsequently referred to Acacia Network- Park Ave Clinic- Bronx, 41-96 Park Ave, Bronx NY 10457. Client is scheduled for an intake appointment for 04/25/23 at 9:00am.”

SW prepared an aftercare letter documenting this appointment, which they provided to the class member.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 100, April GPMEDS 135, was a 22 year old woman incarcerated from March 23 until April 27, 2023. She was housed in GP at the time of her timely CTP on April 12. She was diagnosed with adjustment disorder and cannabis use disorder and was determined not to be SMI. In an addendum on April 13, the clinical supervisor added that “functional impairment in clinical formulation should indicate pt has significan[t] distress from anxiety and depressive symptoms warranting the diagnosis of adjustment disorder with difficulty coping.” Despite this, there is no indication in the medical record to suggest severe functional impairment or distress.

Her timely DCP was completed on April 14. She was referred to Realization and was provided with a referral form. SW documented that “SW confirmed pt can be referred for services.”

On April 27, a prescriber noted that the class member requested that medications be sent to a pharmacy in Stamford CT, which is where she reported living at the time of arrest.

Findings:

Referral/appointment: inappropriate (either she would live in New York and follow up at

Realization, in which case the pharmacy she selected is not convenient, or else she planned to

return to Stamford, Connecticut, in which case a referral to a program in the five boroughs is not convenient)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Patient was seen for initial DCP on 4/14. At this time, she reported to the Social Worker that prior to arrest she was living in CT but reported she would be homeless upon release, and accepted an NYC shelter referral. However, she was unexpectedly released from court on 4/27. As she was released from court, Social Work did not have the opportunity to meet with the CM upon release to review aftercare plans. Medication prescription was sent to CVS in Connecticut to ensure that the patient would have medication [sic] in the event she returned to Connecticut. Finally, all patients are made aware of CRAN and PORT services at time of orientation and throughout their incarceration (flyers are available on all patient tablets). The PORTline is also able to help redirect prescriptions and make new referrals to patients post-release. The Monitors refer to the lack of evidence suggesting “severe functional impairment or distress,” however they also cite that the addendum cited “significant,” not severe, distress.

Monitors’ Response:

Upon re-review of the record, we note that while the class member reported a prior address in Stamford, CT, she also reported homelessness, indicating that she could not return to that address. SW appropriately referred her to shelter and to a treatment program relatively convenient to the shelter. She was released with time served at court before a routine SW follow up would have been scheduled. We are changing the rating for referral/appointment to “appropriate.”

Revised Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 101, April GPMEDS 34, was a 40 year old man incarcerated from August 22, 2022, until April 21, 2023. He was housed in GP at the time of his timely CTP on September 6, 2022. He was diagnosed with substance induced psychosis and substance use disorders and was determined not to be SMI. His timely DCP was completed on September 15, 2022. He was referred to the Bedford Stuyvesant Family Health Center, his prior provider, and was provided with a referral form. There is no indication that SW attempted to contact the program to confirm that they would accept the referral.

On September 30, 2022, a clinician completed a TPR, changing his diagnosis to other specified trauma and stressor disorder and substance use disorders, but retaining his SMI no status. Subsequent mental health notes and TPRs varying include or exclude the diagnosis of a trauma disorder.

In a medication reevaluation on December 8, 2022, the prescriber summarized his history which includes a prior diagnosis of bipolar 2 disorder. The prescriber noted symptoms including

“easily agitated, irritable, difficult time adjusting to dorm.” The class member appeared anxious and reported auditory hallucinations of people calling his name. Despite this history and clinical picture, the prescriber maintained the diagnosis of substance induced psychosis and substance use disorders. The prescriber also noted that he had been sentenced.

The same prescriber saw him on January 10, 2023, noting that his clinical condition had improved. He remained stable, without significant psychiatric symptoms, through the rest of the incarceration.

SW saw him for a 30 day follow up on January 16, at which time he reported being satisfied with his prior referral. His sentenced status was also documented in this note.

SW completed an aftercare letter on April 18, providing the class member with an appointment at Bedford Stuyvesant FHC on May 4 at 11 AM. They provided this ACL to the class member.

Findings:

Referral/appointment: appropriate (SW contacted the program in order to obtain a specific appointment)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 103, May GPMEDS 81, was a 38 year old man incarcerated from April 5 until May 11, 2023. He was housed in GP at the time of his timely CTP on April 7. He was diagnosed with other specified schizophrenia, other specified trauma and stressor disorder, and substance use disorders, and he was determined to be SMI. His timely DCP was completed on April 26. He was referred to Realization and was provided with a referral form, but there was no indication that SW attempted to contact the program to confirm they would accept the referral. He was referred to CRAN and accepted a supportive housing referral, but the 2010e application was never submitted.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (2010e was not submitted)

CHS Response:

Realization Center is a well-known program that CHS regularly refers patients to and there is no need for CHS to call this provider before every single referral.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 104, May GPMEDS 110, was a 40 year old man incarcerated from September 19, 2022 until May 8, 2023. He was housed in GP at the time of his CTP which was completed 29 days late on November 7, 2022. He was diagnosed with adjustment disorder, opioid induced mood disorder, and opiate use disorder. He was determined not to be SMI. His timely DCP was completed on November 9, 2022. He was referred to Acacia Network. SW contacted the program to confirm that they would accept the referral and provided the class member with a

referral form. On the day of release, he was provided with an aftercare letter documenting the referral as well.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 106, May GPMEDS 195, was a 44 year old man incarcerated from November 18, 2022, until May 30, 2023. He was housed in GP at the time of his timely CTP on February 23, 2023. He was diagnosed with an adjustment disorder and was determined not to be SMI. His timely DCP was completed on February 24. He was referred to Acacia Network. SW contacted the program to confirm that they would accept the referral and provided the class member with a referral form.

The class member's prescreen result on November 19, 2022, was that he required a new application. At the time of his DCP, the application was said to be "pending." Although HRA data indicates that he refused Medicaid, there is no documentation in the medical record that he was offered such assistance, or that he refused once offered.

Findings:

Referral/appointment: inappropriate (never offered assistance with Medicaid)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

This was a documentation error. On December 1, 2022, there is a documented refusal of Medicaid application, see attachment.

Monitors' Response:

Defendants provided new documentation not included in the record they provided for our review that supports their statement that he had refused Medicaid as of December 1, 2022. However, he was not a class member at that time. He was not referred to mental health until February 1, 2023, at which time he was assessed and enrolled in mental health services. As we noted above, when seen by SW on February 24, 2023, he was determined to be in need of a new application, which was listed as "pending" in response to the prompt "Medicaid Application Submitted?" There is no indication that SW followed up by offering him assistance with a Medicaid application once he had become a class member, in early February, 2023.

Case 110, May MO 34, was a 51 year old man incarcerated from March 28 until May 3, 2023. He was housed in MO at the time of his timely CTP on April 6. He was diagnosed with substance induced bipolar disorder, uncomplicated bereavement, and cocaine and cannabis use disorders. The clinician documented that he was "currently displaying clinically significant distress/impairment that is observable by others.... Functional impairment is evident by his ongoing mental health issues, numerous arrests, and inability to maintain shelter." He was determined to be SMI.

At a medication reevaluation on April 19, a prescriber changed his diagnosis to other specified bipolar disorder. This diagnosis was provisionally maintained at a TPR on the same day.

His DCP was completed four days late on April 21, only 12 days before release. He was referred to Samaritan Village, and SW contacted the program to confirm that they would accept the referral. However, SW did not provide the class member with a referral form. SW documented that they “will make a referral to CRAN,” but there is no indication that they ever did so. CRAN had no record for this class member.¹² The class member declined the offer of a supportive housing application.

Findings:

Referral/appointment: inappropriate (the CM was not given a referral form)

SMI: appropriate

Case Management: inappropriate (SW did not execute the CRAN referral)

Supportive Housing: ineligible

Case 111, May MO 57, was a 56 year old man incarcerated from April 12 until May 19, 2023. At his IMHATP on April 14, he was diagnosed with other specified bipolar and substance use disorders. However, at his PsychBasic, the diagnosis was changed to substance-induced anxiety and substance use disorders. He was housed in MO the time of his timely CTP on April 19. He was diagnosed with substance induced anxiety and substance use disorders and was determined not to be SMI. At his timely DCP on April 27, he was referred to OnPoint NYC and was given a referral form. SW did not attempt to contact the program at this time, but they did attempt to contact the program on the day of release, without success. On the day of release, SW completed an ACL that provided referrals to both OnPoint NYC and to Metropolitan Hospital as a backup, noting Metropolitan’s walk-in hours.

Findings:

Referral/appointment: appropriate (outpatient programs with walk-in hours can be expected to accommodate all comers, precluding the need for contact in specific cases)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 113, May MO 65, was a 32 year old man incarcerated from October 18, 2022 until May 15, 2023. He was housed at the Bellevue Hospital Forensic Unit at the time of his timely CTP on October 27, 2022. He was diagnosed with a mood disorder, rule out major depression with psychosis, rule out generalized anxiety disorder, rule out adjustment disorder. No SMI status was assigned at the hospital. When offered an unexpected release form on October 27, he was “unable to sign.”

The class member was discharged from the forensic unit on January 11. Upon his release from the hospital, the hospital SW noted the following aftercare plans, thus missing the 7 business day deadline but 124 days prior to release: follow up treatment at Interboro Canarsie, his prior provider, with whom the hospital SW communicated during the hospitalization. The hospital SW did not provide him with a referral form. The hospital SW also discussed CRAN with the class member, who refused to sign the necessary forms. He planned to return to his family’s home in Brooklyn and was not offered a supportive housing application.

¹² Email from CHS 7/10/2023.

After he returned to jail, he received a CTP on January 13, at which time he was diagnosed with major depression with psychotic features and was determined to be SMI. He subsequently had a DCP on January 24 at which time he was referred to CRAN and to SPOA for ACT. He was approved for ACT by his Medicaid managed care organization (“MCO”). SW reiterated the referral back to Interboro. SW also contacted his mother to confirm that he could return to live with her.

SW Provided the class member with an aftercare letter at the point of release outlining this plan.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate

Supportive Housing: ineligible

Case 114, May MO 122, was a 46 year old man incarcerated from January 19 until May 17, 2023. He was housed in MO at the time of his timely CTP on January 25. He was diagnosed with posttraumatic stress disorder and cannabis use disorder and was determined to be SMI. At his timely DCP on January 31, he was referred to Sun River Hub. He reported that he had been sentenced, but no appointment was provided or offered at this time. There is no indication that SW attempted to contact the program to confirm that they would accept the referral. SW did not at this time provide the class member with a referral form. SW also referred the class member to CRAN. The class member was not homeless.

Subsequently, the class member told a prescriber on February 6 that he had lost his housing and his employment. He also reported to CRAN on February 10 that he expected to be homeless upon release.

On March 15, the class member asked CRAN to refer him to the Fortune Society for a “21 week [vocational] program and possible housing assistance.” On that same day, CRAN advised SW that the class member “will be homeless at the time of his 5/17 projected release.” By email, CRAN asked SW to clarify his housing status and to provide information about the status of a supportive housing application. CRAN also sent an e-mail to Fortune Society asking how he could be referred.

At a 30 day follow up on March 16, SW documented that there were no changes or updates to the DCP.

On March 21, Fortune Society advised CRAN that they would initiate a video conference with the class member. CRAN subsequently notified SW that Fortune Society would be doing a “housing screening in the second or third week of April.”

On March 28, CRAN e-mailed the social work supervisor regarding the ambiguity of his housing situation and of the upcoming evaluation by a Fortune Society.

On May 10, CRAN again emailed SW regarding his upcoming release, reiterating their question regarding the status of his supportive housing application.

SW completed an aftercare letter on May 16, at which time they obtained an appointment for the class member at Sun River on May 25. They provided the class member with a copy of the ACL.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (despite CRAN's repeatedly expressing concerns about the class member's housing status, SW never returned to the class member to offer him a supportive housing application)

Case 115, May MO 124, was a 34 year old man incarcerated from June 12, 2021, until May 25, 2023. His CTP was completed on June 25, 2021, three days late. He was housed in MO at that time and was diagnosed with other specified trauma and stressor disorder, antisocial personality disorder, and substance use disorders. He was determined not to be SMI despite showing "impairments in multiple areas of functioning, such as housing, vocational, legal, [REDACTED], interpersonal relationships, and academic" [redaction in original]. At his timely DCP on July 2, 2021, he was referred to the South Bronx Hospital Adult Outpatient Behavioral Health Clinic and was provided with a referral form. There was no indication that SW attempted to contact the provider to confirm that they would accept the referral.

During the early months of his incarceration, he was on and off suicide watch several times; although prescribers were treating auditory hallucinations with olanzapine and nightmares with prazosin, there was no change to his diagnosis or SMI status.

When he was seen on September 21, 2021, the prescriber increased the olanzapine dose to "better address command auditory hallucinations."

On September 27, 2021, the prescriber documented hypomania and grandiose thinking, again increasing the olanzapine.

The class member was sent to the Bellevue emergency room on October 18, 2021. The ER staff noted that there was "nothing in his history per Rikers Island to indicate severe mental illness.... Malingering is suspected."

At a 90 day follow up on November 23, 2021, SW documented that his defense team was looking into a possible program placement.

At a TPR on January 20, 2022, a clinician changed his diagnosis to other specified bipolar disorder and determined that he was SMI. Subsequently, on January 31, 2022, SW offered him a public assistance application, indicating their awareness that his SMI status had changed to yes.

At his next TPR on February 4, 2022, a clinician reverted to the prior diagnosis of other specified trauma and stressor disorder, and determined that he was not SMI. They did not explain this change.

On February 10, 2022, SW documented that they "met with patient and offered DCP/reentry services but is awaiting clinical clarifications on his diagnosis and SMI status."

The next day, SW again met with him in context of an inquiry by the Urban Justice Center, noting that he was not SMI and therefore was ineligible for certain services.

At his next TPR, on February 16, 2022, the clinician again diagnosed him with bipolar disorder but retained his status as not SMI. The clinician did not document an explanation for why he was not SMI notwithstanding the diagnosis.

At a 90 day follow up on February 25, 2022, SW documented that there were no updates to the DCP.

At subsequent TPRs, there is variation in the diagnosis, at times concluding that he had bipolar disorder and at other times not including this diagnosis.

At a medication reevaluation on August 3, 2022, the prescriber diagnosed him with schizoaffective disorder. The TPR completed on this same date also included this diagnosis and determined that he was SMI.

During a 30 day follow up on October 19, 2022, the class member accepted a CRAN referral but deferred on a supportive housing application because he anticipated an ATI.

A court collateral note of November 29, 2022, indicates that he was being evaluated for an ATI at harbor house. Six months later, on May 16, there is a letter from the program indicating his acceptance into Harbor House and requesting prescriptions. SW completed an aftercare letter on May 17, indicating that he would be going to Harbor House from court on May 23. This was also documented in an updated DCP on May 17.

Findings:

Referral/appointment: inappropriate (no contact) → appropriate (ATI)

SMI: appropriate

Case Management: appropriate → ineligible (ATI)

Supportive Housing: ineligible (residential ATI)

Case 116, May MO 126, was a 35 year old man incarcerated from June 12, 2022 until May 25, 2023. His IMHATP indicated that he was known to OPWDD for various indicia of delayed development. He was housed in an MO at the time of his timely CTP, at which time he was diagnosed with moderate intellectual disability and was determined not to be SMI. The clinician completing his CTP included information from his father who also served as his representative payee and legal guardian, and who reported a long history of behavioral and cognitive problems. However, a SW note on July 11, 2022, indicated that while he had been known to OPWDD, he last received services from the agency in 2001 and would need to reestablish eligibility. His DCP was completed on July 22, 2022, one day late but 306 days before release. He refused a referral at this time. He was subsequently redetermined to be SMI, and SW reoffered all services to him on August 5, 2022, but he refused. There is no indication in the medical record that MH staff made SW aware that the class member had a guardian or that either MH or SW attempted to clarify the scope of the father's guardianship over his son and to involve the father, as appropriate, in discharge planning.

On August 29, 2022, the class member was sent to the hospital for further diagnostic assessment and a possible order for treatment over objection. He was seen in the CPEP and while he appeared concrete and irritable, he denied any complaints and he was not hospitalized.

On September 22, 2022, "the patient was discussed with OPWDD," but the note contains no information as to the content of that discussion.

On September 27, 2022, the class member was again referred to the hospital as jail clinicians believed he needed a higher level of care. He was again seen in the CPEP, and once again he was not admitted.

On September 28, 2022, the class member signed consents for clinical staff to obtain information from OPWDD.

During a 30 day follow up on November 9, 2022, the class member again refused all discharge planning services.

The class member was again discussed with OPWDD on November 16, 2022, but the note again contains no information as to the content of the discussion.

On November 18, 2022, an addendum to the initial DCP indicates that he accepted a referral to CRAN in light of an upcoming court date. However, he would not fully engage in a discussion of other potential DCP services. SW also

“submitted a Fortune Society housing referral on behalf of patient. Writer was informed that a ‘court advocate will reach out to [the class member] to conduct a housing screening. If eligible for our program, his referral will be added to our current wait list, which has a turn around time of about 4-6 weeks currently.’”

On December 13, 2022, SW received a letter from OPWDD confirming that he has an intellectual disability and is “eligible to apply for OPWDD services.” The next day, SW spoke with staff at the Queens Developmental Disability Regional Office (“DDRO”) regarding potential services and care coordination.

SW continued to discuss the class member periodically with OPWDD at regular case conferences, but most notes contain no details as to the content of these discussions.

At a TPR on January 23, 2023, the clinician noted that “at this time, patient is currently awaiting further aftercare treatment services to be established, specifically with OPWDD.”

On February 3, 2023, Fortune Society requested records to further assess his application.

On February 21, 2023, the class member met with SW and with the CHS clinical coordinator for IDD population

“to go over MH treatment program referral and consent form. Patient will be referred to: Premier HealthCare, Member of the YAI Network.... Patient agreed to enroll into Care Design and signed consent forms.”

There were no updates to the discharge plan at the next 30 day follow up contact on April 13.

On April 19, CRAN documented that

“Client was brought up as new client by social work during biweekly CRAN/CHS case conference. Social work informed CRAN that client is eligible for OPWDD services and has been referred to Fortune Society for housing and services as well. Client's legal team is hoping to have client released closer to the end of April as OPWDD services will not begin until the first of the month. Client also cannot start Fortune Society treatment services until he receives a plan from OPWDD, so social work asked CRAN to help bridge treatment gap if client is released before he can receive OPWDD or Fortune Society services.”

On May, 2, 2023, the CHS clinical coordinator for IDD population documented that

“A case conference was held for this patient with OPWDD, Care Design CCO, Legal, and Fortune Society; the premise of the meeting was to discuss the possible discharge plan for this patient and what services he would receive in the community. At this time this patient is pending a bed via Fortune Society but has not been designated to a specific location. This patient is eligible for OPWDD and referred to Care Design for enrollment for services but cannot receive services due to the fact he is still incarcerated. Fortune Society has not made a final decision whether this patient will be allowed into their program based on his OPWDD involvement and dx but his case will be under review with them. Patients NCD is 05/08/2023.”

The next day, on May 3, CRAN documented that he had now been accepted by the Fortune Society. They also noted that his legal team wanted to postpone release to the end of the month to minimize the period of no funding after release.

On May 4, SW

“facilitated a call between patient and... Front Door Facilitator at NYS Office for People with Developmental Disabilities. Patient spoke to [facilitator], he was cooperative and answered all questions appropriately. He completed the required

DDP2 assessment.... Writer was informed that the next step is for Care Design to submit completed Waiver Packet.... [P]atient has been accepted for bed placement with Fortune's Society Transitional Housing Program.”

SW completed an aftercare letter on May 23 noting that he would be placed in transitional housing at Fortune Society and would have back up with CRAN. There is no indication that he would have any treatment services.

On May 25, CRAN documented that he “was placed in Fortune Society’s new facility in Brooklyn.”

Findings:

Referral/appointment: inappropriate (although there was some discussion about referring him to Premier/YAI, there is no indication that this referral was ever made)

SMI: appropriate

Case Management: appropriate (This case demonstrated very good persistence in seeking a connection with OPWDD despite the class member’s initial negative responses, getting him found eligible, and working with both OPWDD and CRAN to coordinate a release that would minimize the gap between jail and his subsequent treatment in the community.)

Supportive Housing: ineligible

Case 117, May MO 151, was a 29 year old man incarcerated from July 29, 2022 until May 9, 2023. He was housed in MO at the time of his CTP on September 2, 2022, which was completed 10 days late. He was diagnosed with bipolar disorder and was determined to be SMI. At his timely DCP on September 13, 2022, he was referred to Catholic Charities. He was provided with a referral form that included information about walk in hours at this provider. He was also referred to CRAN. The SW noted that “hospitalization dates and locations could not be verified at this time to warrant a SPOA/AOT referral. Should more information be made available regarding prior crisis and hospitalizations, a SPOA/AOT referral can be made by re-entry team.” SW submitted a 2010e application on October 11, 2022. The application was approved the next day and forwarded to CRAN and two housing providers.

The class member was not seen again by SW during the incarceration.

During a TPR on April 11, 2023, the class member reported having had an interview with a potential ATI program and said that they offered him a slot. He reiterated this information when seen by a MH clinician on May 1. He was apparently released to this program, but there are no subsequent social work notes in the record documenting any involvement with the ATI.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: appropriate (While social work did not further assess to determine whether he needed a higher level of case management, he remained clinically fairly stable without medication during this incarceration, suggesting that he did not require a higher level of case management.)

Supportive Housing: appropriate

Case 118, May MO 171, was a 41 year old undomiciled man incarcerated from April 15 until May 25, 2023. He was housed in GP at the time of his initial mental health assessment on April 18, at which time he was diagnosed with opioid induced depression and with substance use disorders and was determined not to be SMI. He reported being on SSI for learning disabilities, and according to the PSYCKES extract, he was noted to be “potentially eligible for OPWDD.”

He was seen for a PsychBasic on May 19, at which time he was diagnosed with adjustment disorder, cocaine induced psychosis, opioid induced depression, and substance use disorders, and he was determined to be SMI. He had neither a CTP nor a DCP during his incarceration. He was housed in GP throughout his incarceration.

On May 25, there are notes indicating that he was released to Samaritan Village, but there is no indication that SW was involved in the development or implementation of an ATI.

Findings:

Referral/appointment: inappropriate (no DCP)

SMI: inappropriate (MH did not complete a full functional assessment or otherwise resolve the ambiguous SMI determinations in the face of indications of potential OPWDD eligibility and a prior diagnosis of a psychotic disorder resulting in hallucinations and psychiatric hospitalizations.)

Case Management: ineligible

Supportive Housing: ineligible

Case 119, May MO 176, was a 24 year old woman incarcerated from November 29, 2022, until May 18, 2023. She was housed in MO at the time of her timely CTP on December 13, 2022. She was diagnosed with schizoaffective and substance use disorders, and was determined to be SMI. At her timely DCP on December 9, 2022, she was referred to her previous ACT team. SW contacted the ACT team to confirm they would take her back, and they provided her with a referral form. She was also noted to be under a current AOT order. She was not homeless.

At 30 day follow-ups on January 10 and February 14, 2023, she was noted to be symptomatic and not taking her medication as prescribed. She was still on the ACT caseload, but as of February 14, a 730 evaluation was pending.

During a 30 day follow up on March 14, she was noted to be doing better and taking her medications. SW noted that she had interviewed with Harbor House and was awaiting a bed.

During an April 14 30 day follow up, she was again somewhat symptomatic but reported that she expected to be mandated to a program when she next went to court on April 27.

When next seen by SW for a 30 day follow up on May 16, she was more symptomatic. SW noted that she was still on the ACT caseload and made no comment about a potential ATI. She was to be in court on May 18

E-prescriptions were sent to Family Pharmacy Solutions,¹³ but there are no other notes near the point of discharge related to her ATI. However, there are documented follow up calls to the class member's mother and to her ACT team confirming that she was admitted to Harbor House at the point of release.

Findings:

Referral/appointment: appropriate → appropriate (ATI)

SMI: appropriate

Case Management: appropriate → ineligible (ATI)

Supportive Housing: ineligible

Case 120, May MO 179, was a 32 year old man incarcerated from March 14 until May 23, 2023. During his STAT IMHATP on March 16, he was noted to be “internally preoccupied and odd... seems to go into a zone.” Mental status exam was notable for delusions, auditory hallucinations, paranoia, internal preoccupation, constricted affect, and guardedness. The clinician diagnosed

¹³ This is one of several pharmacies commonly used by ATI programs.

him with other specified trauma and stressor disorder but also noted “rule out of SMI thought and mood disorder.”

He was housed in MO at the time of his timely CTP on March 20. He was diagnosed with adjustment disorder, mixed, with anxiety and depression, and was determined not to be SMI. At his timely DCP on March 29, he was referred to Housing Works. SW contacted the program to confirm that they would accept the referral and provided the class member with a referral form. Additionally, while the DCP noted that he did not meet criteria to be referred to CRAN, he was, nonetheless referred to CRAN, who engaged with him on April 19 and noted that he “endorsed auditory hallucinations... that he described as negative and self debilitating.”

During a medication reevaluation on April 21, he appeared more thought disordered. The prescriber noted that a 730 evaluation had been ordered. The prescriber diagnosed the class member with other specified trauma and stressor disorder, rule out thought/mood disorder, and rule out underlying bipolar disorder and increased the dose of olanzapine.

Findings:

Referral/appointment: appropriate

SMI: inappropriate (there is ample evidence of severe thought disorder throughout his stay, but the treatment team did not engage in a process to clarify the diagnosis as numerous notes said they needed to do; their diagnosis and SMI determination was incorrect based on the medical record.)

Case Management: appropriate

Supportive Housing: inappropriate (numerous notes indicated he was homeless, but because of the inappropriate SMI designation, he was never offered assistance with supportive housing)

Case 124, April GPMEDS 152, was a 31 year old woman incarcerated from November 8, 2022, until April 19, 2023. She was housed in GP at the time of her timely CTP on December 10, 2022. She was diagnosed with amphetamine induced depression and amphetamine use disorder and was determined not to be SMI. At her timely DCP on December 14, 2022, she was referred to TRI Center and was given a referral form. There is no indication that SW attempted to contact the program to confirm that they would accept the referral.

At a 90 day follow up on March 17, 2023, the class member reported having court on March 29, but there was no update to the discharge plan.

During a TPR on April 2, the class member “reports that she will be released on 4/19 and will be attending CASES.” There is no indication as to how this referral came about or whether this was a mandated program.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 125, April MO 4, was a 58 year old man incarcerated from March 20 until April 27, 2023. He was referred STAT for a mental health assessment on March 21. He was seen on this date but declined to participate in the assessment. Review of records from prior incarcerations (including PSYCKES) indicated a distant history of treatment for depression and substance use, including medications, in 2014-2016. No records were found in other sources available (including EPIC, which includes records in H+H hospitals). He was determined not to need mental health follow up.

On April 7, a court collateral note indicated that the social worker from his defense attorney's organization expressed concern regarding his symptoms of anxiety and depression, as well as a history of PTSD, and requested that he be seen by a psychiatrist. He was seen for his initial assessment on April 13. He reported a psychiatric hospitalization in the 1990s for depression and PTSD, and he more recently engaged in outpatient substance use and mental health treatment. His mental status exam was normal, and he indicated his desire to restart medication. He was diagnosed with other specified trauma and stressor disorder and substance use disorders at this assessment and was determined not to be SMI. He did not have a CTP but did have a DCP done on April 26. He was provided with an appointment at Fortune Society on May 9 and received a referral form and an aftercare letter outlining this appointment. He was housed in GP throughout this incarceration. Despite the lack of CTP, our assessment of the information available in the record indicates that the class member was likely correctly determined to be not SMI.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 126, May GPMEDS 84, was a 58 year old man incarcerated from December 27, 2022, until May 17, 2023. He was housed in GP at the time of his CTP on January 13, 2023, which was completed one day late. He was diagnosed with unspecified trauma disorder and substance use disorders and was determined not to be SMI. The clinician noted that

“patient’s functioning appeared to be impaired (i.e., inability to maintain housing, employment, relationships) and being exposed to trauma, due to history of violence and multiple incarceration; however, the patient is SMI-NO as his functioning has not been significantly impaired, however SMI-YES diagnosis PTSD should be ruled out.”

Subsequent mental health contacts do not suggest a more severe mental illness.

At his timely DCP on January 20, the class member was referred to his prior provider, Family Health Center, and was provided with a referral form. SW did not contact the provider because the class member refused to permit them to do so, but he did indicate that they could contact the provider at a later time “prior to his release date.”

At a 90 day follow up on April 13, there class member refused any changes to the discharge plan.

On April 28, SW received letters from Odyssey House and from the Drug Court indicating that he had been mandated to Odyssey House and indicating that he would be released on May 17. An aftercare letter on May 15 documented this plan.

Findings:

Referral/appointment: appropriate → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 127, May GPMEDS 128, was a 25 year old woman incarcerated from March 10 until May 4, 2023. She was housed in GP at the time of her timely CTP on March 20. She was diagnosed with cocaine induced depression and opioid use disorder and was determined not to be SMI. At her timely DCP on March 21, she was referred to Samaritan Village. SW contacted the program

to confirm that they would accept the referral and provided the class member with a referral form.

On April 28, SW received a letter indicating her acceptance into mandated treatment at Samaritan Village and requesting medications and prescriptions. An updated DCP was created on May 1 noting her ATI to residential treatment at Samaritan Village. This plan was also documented on an aftercare letter on May 3.

Findings:

Referral/appointment: appropriate → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 128, May GPNOMEDS 7, was a 37 year old man incarcerated from January 12 until May 5, 2023. He was housed in GP at the time of his CTP, which was completed 58 days late on March 27. The CTP had been rescheduled twice by CHS, on January 28 and again on February 22. He was diagnosed with an adjustment disorder and was determined not to be SMI.

At his timely DCP on April 5, he was referred to Henry Street Settlement. While he had a known release date of May 5, he was not provided with an appointment. He was given a referral form, and SW contacted the program to confirm that they would accept the referral. He was subsequently provided with an aftercare letter on May 4, but this also provided a referral and not an appointment.

Findings:

Referral/appointment: inappropriate (no appointment for sentenced class member)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 129, May GPNOMEDS 23, was a 23 year old man incarcerated from January 15 until May 11, 2023. He was referred to mental health on January 16 but was not seen until February 22 after numerous cancellations and one refusal. He was housed in GP at the time of his timely CTP on March 6. He was diagnosed with other specified trauma and stressor disorder and was determined not to be SMI. At his timely DCP on March 7, he was referred to Bellevue Outpatient Mental Health and was provided with a referral form. He was also later given an aftercare letter. There is no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Bellevue is a NYC Health + Hospital facility that CHS regularly refers patients to and there is no need for CHS to call this provider before every single referral.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 130, May MO 20, was a 41 year old man incarcerated from March 28 until May 4, 2023. He was housed in MO at the time of his timely CTP on April 3. He was diagnosed with schizoaffective disorder and rule out malingering and was determined to be SMI. At his timely DCP on April 12, he was referred to MHA of Dutchess County and was provided with a referral form. There was no indication that SW attempted to contact the program to confirm that they would accept the referral. He also agreed to referrals to CRAN and to SPOA for ACT placement. The CRAN referral was only completed on May 1, and no SPOA application was completed.¹⁴ He was not homeless.

An aftercare letter completed on May 4 indicated that SW had obtained an appointment for the class member at MHA of Dutchess County for May 8. The class member was provided with a copy of this ACL.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: inappropriate (delayed referral precluded CRAN from engaging prior to release, and the SPOA application was never completed)

Supportive Housing:

Case 131, May MO 125, was a 49 year old man incarcerated from September 15, 2022 until May 15, 2023. He was housed in MO at the time of his CTP, which was completed four days late on September 28, 2022. He was diagnosed with bipolar disorder and was determined to be SMI. At his timely DCP on October 4, he was referred to his prior provider¹⁵ at Metropolitan Hospital and was provided with a referral form. There is no indication that SW attempted to contact the provider at this point to confirm that they would accept the referral. SW also referred the class member to CRAN. The class member accepted a supportive housing application, which the SW did not complete until April 21. The application was approved on May 8, and the approval was forwarded to CRAN and to three providers.

The class member was discharged from MO on October 15, 2022, but he returned on February 4, 2023 after becoming paranoid and psychotic.

According to a mental health note on February 17, he had been sentenced and anticipated going home in May. Numerous subsequent mental health notes confirmed this information.

He was again discharged from MO on March 27.

During a 30 day follow up on April 13, SW documented an anticipated release date on May 15. They reviewed the referral to Metropolitan Hospital and also noted a pharmacy in Tribeca. The class member reported he might be able to live with his parents in Brooklyn.

A collateral contact note on May 2 indicated that he was involved with the Bridge “SOS Team 2.”¹⁶

¹⁴ Defendants should have completed a SPOA application for Dutchess County, available at <https://www.dutchessny.gov/Departments/DBCH/Docs/Single-Point-of-Access-Form-SPOA-Application.pdf>.

¹⁵ Numerous notes in the medical record refer to the class member’s psychiatrist by name.

¹⁶ “Safe Options Support” or “SOS” are programs established by the state to address homelessness. While they are operated by programs that also provide direct clinical care, the SOS is not itself a treatment provider but rather

On May 5 and again on May 9, SW attempted to contact Metropolitan to make an appointment, but the phone was not answered.

An aftercare letter prepared on May 12 reiterated the referral to Metropolitan and also noted the involvement with the Bridge SOS team. SW provided the class member with a copy of this aftercare letter, and noted that they were “unable to secure an appointment.”

Findings:

Referral/appointment: inappropriate (no appointment for sentenced class member. Inability to reach Metropolitan should have prompted a rethinking of the plan. There was no effort to contact the class member’s psychiatrist directly.)

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (the long delay between the DCP in October and the eventual application in late April was inconsistent with SW policy regarding assisting class members in applying for supportive housing)

Case 132, June GPMEDS 34, was a 31 year old man incarcerated from October 26, 2022, until June 6, 2023. He was housed in GP at the time of his timely CTP on December 7, 2022. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined not to be SMI. At his timely DCP on December 13, 2022, he was referred to CASES Nathaniel Clinic. SW provided the class member with a referral form and noted that “the programs the client accepted were outreached and the client can engage in treatment upon release.”

During a 90 day follow up on March 15, 2023, the class member “reported he may be accepted into a program if they have a bed available for him.”

SW documented in a note on April 25 that

“as per [Legal Aid], client has been screened as a potential candidate for electronic monitoring and housing has been secured with Fortune Society (Freedom House)... Client was also provided with an updated mental health referral closer to Freedom House (Acacia Network – Promesa...).”

SW provided the class member with an updated referral form indicating the referral to Promesa.

Findings:

Referral/appointment: appropriate → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 133, Jun GPMEDS 108, was a 38 year old man incarcerated from December 27, 2022, until June 14, 2023. He was housed in GP at the time of his CTP, which was completed 18 days late on January 30, 2023. He was diagnosed with an adjustment disorder and substance use disorders and was determined not to be SMI. He refused a referral during his timely discharge plan on February 6.

During a 90 day follow up on May 5, there were no updates to the DCP. He was noted to have court on June 14.

provides “linkage” to behavioral and other healthcare providers. See <https://cbcare.org/innovative-programs/nyssos/> and https://cbcare.org/wp-content/uploads/2023/06/Safe_Options_Support_One_Pager.pdf.

On June 8, a prescriber noted that the class member reported that his lawyer is “trying a program for me.” SW received a letter on June 13 from Elmcors accepting him for residential substance use treatment, with medication assisted treatment to be provided by VIP. SW wrote an addendum to the discharge plan on June 14 indicating that he was going to this ATI.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 134, Jun GPMEDS 155, was a 38 year old man incarcerated from August 12, 2022, until June 15, 2023. He was housed in GP at the time of his CTP, which was completed 20 days late on September 19, 2022. He was diagnosed with other specified trauma and stressor disorder, opiate induced depression, and substance use disorders. He was determined not to be SMI. At his timely DCP on September 27, 2022, he was referred to CASES and was provided with a referral form. He was later provided with an aftercare letter on the day of release. There is no indication that SW attempted to contact the program to confirm that they would accept the referral.

During a 90 day follow up on March 22, 2023, the class member expressed that he was hoping for a program. However, there is no indication in the record that this ever came to fruition.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Cases is a program commonly used by the Social Work department and regularly accepts new patients, there is no need to contact them before making every referral.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 137, Jun GPNOMEDS 227, was a 36 year old man incarcerated from April 31, 2018, until February 26, 2019, and then reincarcerated as a turnaround from March 26, 2019 until June 22, 2023. For the purposes of this review, we are considering the two incarcerations together as a continuous “episode of care.”

The class member was housed in GP at the time of his timely CTP on December 31, 2018. He was diagnosed with adjustment disorder and was determined not to be SMI. At his timely DCP on January 2, 2019, he was referred to Gotham East New York, an A-list program at the time.¹⁷ SW did not provide him with a referral form.

SW updated the DCP on February 15, 2019, providing the class member with an appointment at Gotham East New York, citing a projected release date of February 14, 2019.

¹⁷ Until July 2019, defendants maintained an “A-list” which included programs that social workers did not need to contact for each referral. See Report 42 at page 24 for a detailed discussion of the “A-list” and defendant’s abandonment of this approach to meeting the requirements of ¶¶44 and 46.

The class member was not released as expected but was detained as a turnaround. The class member discontinued mental health services in June of 2019. During a 90 day follow up on October three, 2019, SW documented no changes to the discharge plan.

There were no further mental health or social work contacts in the record until December 21, 2022, at which time the class member requested to see mental health. He was seen by a clinician on February 15, 2023, when he complained of anxiety and sleep disturbance. He was diagnosed with other specified trauma and stressor disorder and was again determined not to be SMI. A CTP was completed on March 1, confirming this diagnosis and SMI determination. A DCP was completed on March 13, now referring him to CASES Nathaniel Clinic. SW provided him with a referral form, but there was no indication that they attempted to contact the provider to confirm that they would accept the referral.

Findings:

Referral/appointment: inappropriate (no contact)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

CHS Response:

Cases is a program commonly used by the Social Work department and regularly accepts new patients, there is no need to contact them before making every referral.

Monitors' Response:

With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section VI.D.1.

Case 138, Jun GPNOMEDS 228, was a 38 year old man incarcerated from January 8 until June 22, 2023. He was housed in GP at the time of his CTP, which was completed 13 days late on March 24. He was diagnosed with other specified trauma and stressor disorder and was determined not to be SMI. At his timely DCP on March 30, he was referred to Kings County Hospital Outpatient Mental Health. SW contacted the program to confirm that they would accept the referral and provided the class member with a referral form.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 140, Jun MO 9, was a 39 year old man incarcerated from July 12, 2022, until June 13, 2023. He was placed on suicide watch early in his incarceration, and he was noted to be extremely psychotic during this period of time. A PsychBasic was attempted on July 19, 2022, but the class member refused to engage. Despite this, and despite the extensive description of his severe psychotic symptoms in contemporaneous notes, the prescriber concluded that

“at this time, unable to support primary mental health issues. Will keep other specified disruptive impulse-control and conduct disorder dx. Consider r/o for personality disorder, substance induced disorders. However, as patient is 39 years old, no consistent treatment noted, and drug use it is more unlikely patient has underlying MH condition. Continue to observe for longitudinal study.”

He was housed in MO at the time of his CTP, which was completed one day late on July 22, 2022. The clinician documented a full page description of his acute and severe psychosis, and noted “functional impairments including homelessness, unemployment, limited social supports, and frequent arrests/incarcerations.” The clinician also documented impaired interpersonal relationships due to his mistrust of other people. The clinician concluded that the class member had schizotypal personality and substance use disorders. Despite noting the various functional limitations, they determined that the class member was not SMI.

His DCP was completed on August 3, 2022, two days late but 314 days before release. However, he did not participate in this DCP due to his symptoms which included irritability, aggressiveness, and poor boundaries.

On August 16, 2022, the class member was transferred to general population with a note indicating that he was “a bit oddly related at times, but he has not shown any signs of psychosis or mood symptoms.”

SW did not return to reoffer discharge planning to this class member.

Findings:

Referral/appointment: Inappropriate (the class member did not participate in the offered discharge plan, and SW never returned later in the incarceration when he seemed less symptomatic)

SMI: Inappropriate (there are explicit descriptions of a severely psychotic person in numerous assessments and notes. The class member had previously been diagnosed with schizoaffective disorder at Central New York Psychiatric Center. This historical diagnosis apparently was not considered or given adequate weight by the clinicians in jail, especially in light of the severe psychopathology and functional limitations that staff had observed and documented. Even if the diagnosis of schizotypal personality disorder were correct, this is a category 2 diagnosis that requires a detailed explanation as to why a decision was made that he was not SMI, especially in the context of the documented significant functional limitations.)

Case Management: inappropriate

Supportive Housing: inappropriate

Case 141, Jun MO 38, was a 39 year old man incarcerated from May 7 until June 21, 2023. He was housed in GP at the time of his initial assessment on May 17. During his initial assessment, the clinician documented numerous prior psychiatric and substance use diagnoses, but the formulation clearly explained the conclusion that his symptoms were largely, if not entirely, related to substance use, intoxication, or withdrawal. He was diagnosed with sedative-hypnotic induced anxiety disorder and substance use disorders. A CTP scheduled for May 31 was rescheduled on that day for June 7. However, he did not have a CTP, nor did he have a discharge plan. Despite the lack of CTP, our assessment of the information available in the record indicates that the class member was likely correctly determined to be not SMI.

Findings:

Referral/appointment: inappropriate (no DCP)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 142, Jun MO 67, was a 25 year old man incarcerated from July 6, 2022, until June 8, 2023. He was housed in MO at the time of his timely CTP on August 19, 2022. He was diagnosed with

other specified trauma and stressor disorder and substance use disorders and was determined not to be SMI. He was offered a timely DCP on August 24, but he refused to participate or meet with the social worker.

During a TPR on January 25, 2023, he reported having been accepted into mental health court and that he had been interviewed for a residential program. SW received a letter from the mental health court on June 2 indicating that he had been accepted at Phoenix House for residential placement and requesting e-prescriptions. This plan was documented in an addendum to the discharge plan on June 8. An aftercare letter was prepared outlining this plan, and while it was not provided to the class member, it was forwarded to mental health court staff, and it noted that he would be going directly to his program from court.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 143, Jun MO 76, was a 61 year old man incarcerated from March 16 until June 7, 2023. He was housed in GP at the time of his initial assessment on March 18, at which time he was diagnosed with schizoaffective disorder and substance use disorders and was determined to be SMI. This diagnosis was confirmed at his PsychBasic on March 27.

He did not have a CTP completed, after the following delays:

- 3/26/23: CHS rescheduled for 4/4/23
- 5/2/23: Not produced by DOC
- 5/3/23: Not produced by DOC
- 5/8/23: Refused from housing area

He did not have a DCP.

On April 7, SW received a letter from Phoenix House indicating that they had accepted him for a residential ATI and requesting e-prescriptions. He was scheduled for admission on April 26, and an aftercare letter was developed indicating this plan.

However, he remained incarcerated, and on June 1, SW received a second letter from Phoenix House indicating his acceptance with a scheduled admission for June 7. A second aftercare letter was prepared outlining this plan, and this aftercare letter included an indication that he was referred to CRAN. CRAN had no record for this class member,¹⁸ indicating that they never received a referral.

Findings:

Referral/appointment: inappropriate (no DCP) → appropriate (ATI)

SMI: appropriate

Case Management: inappropriate (no DCP, no CRAN record) → ineligible (ATI)

Supportive Housing: inappropriate (no DCP) → ineligible (residential ATI)

Case 144, Jun MO 89, was a 29 year old man incarcerated from March 28 until June 6th, 2022. He was housed in MO at the time of his CTP, which was completed two days late on April 11. He was diagnosed with adjustment disorder, other specified trauma and stressor disorder, and substance use disorders. At his timely DCP on April 20, he was referred to Housing Works East

¹⁸ Email from CHS, 8/2/2023.

New York Mental Health Clinic. SW provided him with a referral form and contacted the program to confirm that they would accept the referral.

On May 9, SW received a letter from Odyssey House indicating that they had accepted him into their residential treatment program and requesting medications, which a CHS provider e-prescribed to the requested pharmacy. An aftercare letter prepared on June 5 documented this plan, noting that he was to be transported by the sheriff to the residential program from court.

Findings:

Referral/appointment: appropriate → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 145, Jun MO 113, was a 30 year old man incarcerated from December 28, 2022, until June 12, 2023. He was housed in MO at the time of his CTP on January 6. The CTP was delayed by one day due to a court appearance. He was diagnosed with schizoaffective disorder and determined to be SMI.

On January 9, he was sent to BHPW because of problems with behavior and thinking. Clinicians noted a possible intellectual disability. At BHPW he declined to sign an unexpected release form on January 10. The hospital social worker obtained collateral information from Communilife, the class member's residential provider, learning that he could return but that the provider was referring him for a higher level of community-based care. He was noted to be non-adherent with ACT despite an active AOT order.

The class member was discharged from the hospital and returned to jail on February 7. His DCP was completed on February 9, 22 days late but 123 days before release. SW reconfirmed that he could return to his prior ACT. On February 21, SW documented that he was not known to OPWDD.

The class member remained clinically stable throughout the rest of the incarceration, and there are no subsequent social work contacts in the medical record.

Findings:

Referral/appointment: appropriate (while he refused assistance, SW confirmed he could return to his prior ACT)

SMI: appropriate

Case Management: appropriate (while he refused assistance, SW confirmed he could return to his prior ACT)

Supportive Housing: appropriate (while he refused assistance, SW confirmed he could return to his prior supportive housing)

Case 146, Jun MO 128, was an 18 year old man incarcerated from May 24 until June 25, 2023. He was housed in MO at the time of his timely CTP on May 31. He was diagnosed with posttraumatic stress disorder and substance use disorders and was determined to be SMI. At his timely DCP on June 8, he was referred to CASES and was provided with a referral form. The SW noted that "this provider has been verified." He refused a referral for case management and indicated that he had housing in Suffern, NY.

The class member's mother provided collateral information via fax on June 8, including a psychiatric evaluation by a provider in Yonkers from August, 2022, as well as a medication list from a program in Westchester County from December, 2022. According to the PSYCKES extract, he was connected to a health home in Rockland County as recently as April, 2023. There

is no indication that SW reached out to the class member's mother or to these prior providers to inform their DCP efforts.

Findings:

Referral/appointment: inappropriate (All references to his prior treatment and residence indicate that he was connected to providers and to housing in Rockland or Westchester County, mostly in Rockland County. The treatment team made no effort to communicate with his mother, nor did they appear to consider his prior treatment in other jurisdictions. When he indicated that he would be living with family, that offered an opportune time to conduct further inquiry and make appropriate referrals.)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 147, Jun MO 137, was a 36 year old man incarcerated from April 14 until June 8, 2023. He was housed in MO at the time of his CTP which was completed one day late on April 25. He was diagnosed with other specified schizophrenia and was determined to be SMI. At his timely DCP on May 4, he accepted a referral to CRAN but refused a mental health referral. He indicated that he was not homeless. No CRAN referral was submitted, and CRAN had no record for this class member.¹⁹

Findings:

Referral/appointment: ineligible

SMI: appropriate

Case Management: inappropriate (CRAN application not submitted)

Supportive Housing: ineligible

Case 148, Jun MO 154, was a 41 year old man incarcerated from March 21 until June 16, 2023. He was housed in MO at the time of his timely CTP on March 30. He was diagnosed with other specified personality disorder; other specified disruptive, impulse control, and conduct disorder; and substance use disorders. The clinician noted that

“symptoms have led to significant functional impairment in the community and Correctional Facility settings such as unemployment, accompanied with aggression, violent, and threatening behavior.”

He was determined to be SMI.

On April 4, SW received an e-mail containing detailed information regarding his engagement with his IMT prior to incarceration. The e-mail indicated that the program had been having great difficulty engaging with him over a number of months and indicated that he had been put out of his aunt's residence because of his problematic behaviors. The e-mail also indicated that he had been hospitalized on several occasions earlier in 2023.

At his timely DCP on April 13, he was referred back to his prior IMT, and the SW noted that “at this time, patient is connected to an IMT Team and is not in need of a SPOA referral. While he would benefit from an AOT referral, it will be reserved until further clarity regarding his legal case is obtained and/or the IMT Team would like it completed.”

¹⁹ Email from CHS, 8/2/2023.

SW did not provide the class member with a referral form. The class member reported that he was living in a shelter prior to arrest and accepted a supportive housing application, but it was never completed or submitted.

There are no subsequent substantive social work contacts in the medical record. There is no indication that SW or others on the treatment team remained in contact with the IMT provider, and when this provider was contacted a few days after release to determine if he had followed up with them, the IMT provider indicated that they were unaware that he had been released.

Findings:

Referral/appointment: inappropriate (no referral form, no effort to coordinate care with the IMT)

SMI: appropriate

Case Management: inappropriate (no effort to coordinate care with the IMT)

Supportive Housing: inappropriate (SW did not complete or submit a 2010e)

Case 149, Jun MO 157, was a 24 year old man incarcerated from January 11, 2022, until June 21, 2023. He was housed in MO at the time of his timely CTP on January 19, 2022. He was diagnosed with posttraumatic stress disorder and was determined to be SMI. At his timely DCP on January 13, 2022, he refused all discharge planning services. SW returned on January 28, 2022, to reoffer services, and he again declined.

On July 8, 2022, a court collateral note indicated that

“writer has made several attempts to get in contact with patients attorney to verify the accuracy of reported information and obtain updates on patients case movements but all efforts have been unsuccessful.... According to Webcrims, patient's first appearance in MD1²⁰ is scheduled for 7/19.”

A court collateral note on February 16, 2023, indicated that the Brooklyn Mental Health Court wanted his medications reevaluated because he was reporting command auditory hallucinations to their psychiatrist. He was not seen by a prescriber but had three bridge orders. Another court collateral note on April 12 reiterated the request for an update for the mental health court. He saw the psychiatrist on April 19 and denied experiencing the symptoms that had been reported by the mental health court. He indicated that he was satisfied with his current medications and no changes were made. SW provided an update to the mental health court the next day.

On June 9, SW received a letter from the mental health court indicating that he had been accepted for residential placement at Harbor House and requesting medications, prescriptions, an aftercare letter, an MGP card, and Medicaid reactivation. He was scheduled to be released to the program on June 21. This plan is documented in an aftercare letter written on June 15.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 150, Jun MO 217, was a 29 year old man incarcerated from April 24 until June 8, 2023. He was housed in MO at the time of his timely CTP on April 30. He was diagnosed with bipolar disorder and was determined to be SMI.

²⁰ MD1 signifies the Brooklyn Mental Health Court.

He was seen on May 1 for a PsychBasic, and the prescriber agreed with the diagnosis of bipolar disorder, adding diagnoses including cocaine use disorder and rule out cocaine induced bipolar disorder. The prescriber incorrectly concluded that he was not SMI.

SW offered him a PA application on May 11, signifying their understanding that he was SMI, but the class member refused.

His DCP was completed on May 17, 8 days late and only 22 days prior to release. He was referred to Bailey House. SW contacted the program to confirm that they would accept the referral and provided the class member with a referral form. He was referred to CRAN. However, he was not offered a 2010e at this point because the SW completing the DCP incorrectly viewed him as not SMI; he reported living in a shelter prior to arrest.

On May 25, CRAN emailed SW inquiring about the SMI status and suggested that he should be considered SMI based on the diagnosis of bipolar disorder. A clinician completed a TPR on this date and changed the SMI status to yes. However, SW did not see him again after this point.

Findings:

Referral/appointment: appropriate

SMI: appropriate (after correction)

Case Management: appropriate

Supportive Housing: inappropriate (SW should have returned to offer him a supportive housing application)

Case 152, May MO 36, was a 25 year old man incarcerated from March 7 until May 3, 2023. He was housed in MO at the time of his timely CTP on March 13. He was diagnosed with schizophrenia and was determined to be SMI. At his timely DCP on March 22, he informed SW that he had prior treatment at CASES Nathaniel Clinic and declined further assistance. SW unsuccessfully attempted to contact the program to confirm this information. The PSYCKES report does not include any billings for CASES, or any other outpatient provider. He was referred to CRAN, and, while SW viewed him as eligible for SPOA/ACT, they did not complete this application. He reported being homeless prior to arrest and accepted a supportive housing application, but SW never completed or submitted it.

Findings:

Referral/appointment: ineligible

SMI: appropriate

Case Management: inappropriate (SW did not submit SPOA application)

Supportive Housing: inappropriate (SW did not submit 2010e)

Case 153, Jun GPMEDS 201, was a 23 year old man incarcerated from December 22, 2022, until February 17, 2023, and then reincarcerated as a turnaround from February 17 until June 15, 2023. For the purposes of this review, we are considering the two incarcerations together as a continuous “episode of care.”

In his STAT IMHATP on December 22, 2022, he was diagnosed with substance induced mood disorder and substance use disorders. He was seen by a prescriber on January 9, 2023, at which time he was observed to be

“talking in a loud rapid tone, was easily distracted and fidgety.... Admits to experiencing periods of decreased need for sleep with increased energy.... H/o impulsiveness and frequent physical altercations.... At present he c/o poor sleep, poor concentration, feeling tense/“tight.””

He was diagnosed with other specified bipolar disorder and was determined to be SMI. The diagnosis was confirmed by a psychiatrist on January 17.

At his CTP, which was completed 31 days late on February 6, the diagnosis reverted back to substance induced mood disorder. The clinician stated that “there is no evidence that he meets criteria for a major depressive disorder or that he has ever been psychotic or manic.” He was determined not to be SMI at this time. There is no indication that the clinician reviewed the psychiatric notes from the previous month.

A TPR was completed the next day, February 7, and the clinician made a diagnosis of bipolar disorder and substance use disorder and determined that the class member was SMI.

However, a DCP was also completed on February 7, and considered only the substance related disorders. SW viewed the class member as not SMI. He refused to participate in discharge planning at this time. He was noted to have a place to live upon release.

The class member was sent to MO on February 8 but returned to GP on February 13. The treatment providers confirmed the bipolar diagnosis but noted that he was clinically stable and did not need MO housing. He was provided with an aftercare letter on February 16, as SW believed he was going to be released the next day. He was not given a referral.

After the turnaround, he had TPR's on February 23 and March 28, and his diagnosis remained bipolar disorder. At the latter TPR, he reported that he anticipated getting an ATI program.

During a 30 day follow up on April 3, the class member asked SW about an ATI, and SW informed him that these “programs are mandated by the court.”

At a TPR on May 12, “he states that he was accepted at Harbor House and will be getting this residential treatment program as an ATI.” SW noted this plan in a note on May 17, indicating that he would need medications forwarded to TASC. Subsequently, prescriptions were provided to the requested pharmacy.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: inappropriate (not offered because SW did not recognize him as SMI) → ineligible (ATI)

Supportive Housing: ineligible (not homeless) → ineligible (residential ATI)

Case 154, Jun GPMEDS 207, was a 41 year old man incarcerated from March 30 until June 15, 2023. He was housed in GP at the time of his timely CTP on May 10. He was diagnosed with adjustment disorder and substance use disorders and was determined to be not a SMI. At his timely DCP on May 19, he refused a referral.

On June 5, SW received a letter from Educational Alliance indicating his acceptance for admission on June 15. On June 9, the drug court requested that e-prescriptions be provided. An aftercare letter prepared on June 14 documented this plan.

Findings:

Referral/appointment: ineligible → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 155, Jun MO 37, was a 34 year old man incarcerated from April 2 until June 8, 2022. He was housed in MO at the time of his CTP, which was completed one day late on April 12. He was

diagnosed with schizoaffective and substance use disorders and was determined to be SMI. His DCP was completed on April 24, three days late but 45 days before release. He refused a referral, indicating that he had accepted a plea for an ATI. With regard to case management, the DCP is triply ambiguous:

- In one place, it states that SW “reserved submission” of a CRAN application.
- Elsewhere, it says that he “refused” case management.
- Finally, in a third place, it states that he “Was however referred to Queens CRAN.”

CRAN had no record for this class member.²¹ He was not homeless.

There are no subsequent social work contacts in the medical record. Specifically, there is no indication that he received an ATI or any other program placement.

Findings:

Referral/appointment: ineligible

SMI: appropriate

Case Management: inappropriate (SW appeared to believe he needed case management but did not return to submit an application)

Supportive Housing: ineligible

Case 156, Jun MO 63, was a 44 year old man incarcerated from May 3 until June 5, 2023. He was housed in GP throughout his incarceration. He was seen for a STAT IMHATP on May 6, where he reported a history of anxiety and depression for about 14 years, with only intermittent treatment during relatively brief periods of abstinence from substance use. He last received medications from a psychiatrist five years prior to incarceration, though he reported continuing to receive treatment with a general practitioner. He also reported a significant history of substance use treatment. He was diagnosed with cocaine induced depression and cocaine use disorder and was considered not SMI. He did not have a CTP or DCP during this incarceration. Despite the lack of CTP, our assessment of the information available in the record indicates that the class member was likely correctly determined to be not SMI.

On May 16, RCS²² documented that the class member had interviewed with Promesa. On June 1, the record contains a letter from Acacia Network indicating that the class member would be released from court to their program on June 5. This was confirmed by TASC, and e-prescriptions were requested. An aftercare letter was prepared on June 5 documenting this plan. The aftercare letter was forwarded to the TASC case manager.

A progress note on June 5 at 6:00 PM indicated that he was not produced for a CTP, hours after he left for court and his release.

Findings:

Referral/appointment: inappropriate (no DCP) → appropriate (ATI)

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

²¹ Email from CHS, 8/9/2023

²² RCS stands for “Re-entry Coordination System,” a re-entry service administered by CUCS (Center for Urban Community Services) on behalf of OMH/DOHMH.

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 21st day of December 2023, I caused to be served upon the parties named below the FIFTY-SECOND 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 21st
day of December 2023

/s/ Henry A. Dlugacz

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