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-THIRD REGULAR REPORT OF THE COMPLIANCE MONITORS

June 28, 2024

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

BRAD H., *et al*.,	:	
	:	
Plaintiffs,	:	
	:	
-against-	:	Index No. 117882/99 IAS Part 47
	:	Justice Paul A. Goetz
THE CITY OF NEW YORK, *et al*.,	:	
	:	
Defendants.	:	

Fifty-Third Regular Report of the Compliance Monitors
June 28, 2024

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

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

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Exhibit 1 Appropriateness Case Summaries

Defined Terms and Acronyms Used in Reports

ACT	Assertive Community Treatment
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
GPMED	Class Members housed in GP who are prescribed Brad H. medications
GPNOMED	Class Members housed in GP who are not prescribed Brad H. medications
GRVC	George R Vierno Center
H+H	Health and Hospitals Corporation, New York City
HRA	Human Resources Administration, New York City
I/A	Intake/Assessment Shelter
ICM	Intensive Case Management
IIS	Inmate Information System
IMT	Intensive Mobile Treatment
MA	Medicaid
MGP	Medication Grant Program

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

I. Introduction

This constitutes the Fifty Third Regular Report of the Monitors. The report covers defendants' compliance with the Stipulation and orders of this Court for the reporting period of July through December 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. (NYSCEF Doc No. 103)

Compliance

Table 1: Compliance Findings, Report 53[2]

Description	Agency	PI	Finding	Section	Compliance
Appropriateness of SMI assessment	CHS	2.4	Compliant	V.D	94%
Timeliness of DCP	CHS	3.3		V.C	94.80%
Timely Completion of Prescreen	CHS	4.1.1		V.C	95.80%
Timely Completion of Prescreen by ANS	CHS	4.1.2		V.C	100%
Submission of MA applications by ANS when prescreen was completed in jail	CHS	5.2.1		V.C	100%
Provision of MGP Card on Release Date	CHS	5.3.1		V.C	92.40%
Provision of MGP Card at ANS	CHS	5.3.2		V.C	100%
Timely Activation of Medicaid	HRA	6.1		V.C	99%
Timely Unsuspension of Medicaid	HRA	6.2		V.C	99.60%
Provision of Medications by ANS-day of release	CHS	7.1.2		V.C	100%
Provision of Medications by ANS-after day of release	CHS	7.1.3		V.C	100%
Provision of Appointments	CHS	8.1		V.C	93.60%
Provision of Appointments by ANS	CHS	8.2		V.C	100%
Provision of Referrals	CHS	8.3		V.C	99.30%
Processing and Pending of PA Applications	HRA	9.3		V.C	100%
Provision of Transportation	CHS	11.1		V.C	100%
Provision of Transportation by ANS	CHS	11.2		V.C	100%
Follow-up contacts re: Appointments	CHS	12.0.1		V.C	92.20%
Follow-up contacts re: Referrals	CHS	12.0.12		V.C	99.10%
Follow-up contacts re: Housing	CHS	12.0.2		V.C	95.00%
Offer of assistance re: Housing	CHS	12.0.3		V.C	100%
Follow-up contacts re: Appointments by CTCM	CHS	12.1		V.C	100%
Follow-up contacts re: Referrals by CTCM	CHS	12.2		V.C	100%
Follow-up contacts re: Housing by CTCM	CHS	12.3		V.C	100%
Offer of assistance re: Housing by CTCM	CHS	12.4		V.C	100%
Direct Placement in Program Shelters	DHS			V.G	****[3]
Time of Release	DOC			V.H	97.80%
Timeliness of Initial Assessment	CHS	1.1	Noncompliant	V.C	80.80%
Timeliness of CTP	CHS	3.1		V.C	65.30%
Timeliness of CTP – MO	CHS	3.1.1		V.C	79.40%
Timeliness of CTP – GP	CHS	3.1.2		V.C	57.90%
Appropriateness of Appointment/referral	CHS	3.2		V.D	56%
Appropriateness of Case Management	CHS	3.2		V.D	70%
Appropriateness of Supportive Housing	CHS	3.2		V.D	44%
Submission of MA Application	CHS	5.1		V.C	69.40%
Provision of Medications and Prescriptions upon Release	CHS	7.1.1		V.C	89.00%
Provision of Emergency Benefits	HRA	9.1		V.C	0%
Submission of PA Application	CHS	9.2		V.C	60.40%
Submission of HRA 2010e Application	CHS	10.1		V.C	79.50%
Forwarding of Supportive Housing Approvals	CHS	10.2		V.C	81.80%
Timely release of Parole Violators	DOC			V.I	****[4]

[2] The shaded lines indicate findings for the PI's that reflect data from September-December 2023. The unshaded lines refer to PIs for which data was available for the entire reporting period, July-December 2023. See section V.B.
[3] See Section V.G below.
[4] See Section V.I below.

Key Findings and Developments during this Reporting Period

1. As of June 13, 2024, the NYC jail population was 6,351, and the class member population was 3,518. The class is now larger than it 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 two years, class members have constituted the majority of the DOC population;
    b. Over one in five people incarcerated in the NYC jail system has a serious mental illness.

2. While the fill rate for permanent social work staff increased by 50%, 38% of social work positions remained unfilled by permanent staff (see Section III.A).

3. The production rate for mental health services continued to fall, remaining below 50 percent during most of this reporting period, whereas rates of production for reentry services remained static at just over 70 percent (see Sections V.C and V.D).

4. Of the 120 cases in the appropriateness cohort, defendants released 13 (11%) class members without a CTP and/or without a DCP.

5. CHS remained compliant for SMI assessments at 94%. Performance remained static for appointment/referral (56%). While showing 15% improvement over the previous reporting period, CHS remained non-compliant for provision of case management (70%) and supportive housing (44%) (see section V.D).

6. Defendants began producing performance data derived from the agreed upon data dictionary and approved coding (see Section V.B; also see the Stipulation so-ordered by Justice Goetz on July 18, 2023, ¶3). We report unqualified findings concerning compliance based on those data starting with September, 2023. (Sections V.B and V.C as well as Table 1, Footnote 2 above and Table 4 below)

7. Defendants have begun to demonstrate improved attention to assisting class members with applying for and reinstating their SSA benefits, and they have begun to improve how they report on these efforts as well (See Section V.E).

8. During the reporting period, we held a number of constructive meetings, including

    a. Meeting with CHS and class counsel, February 16, 2024
    b. FindHelp demonstration, March 26, 2024
    c. Meeting with DOC and class counsel, April 10, 2024
    d. Meeting with forensic unit leadership and class counsel, April 18, 2024

    See below for discussion regarding these meetings.

    In addition, an all-parties' meeting was scheduled for May 21, 2024 but was postponed by CHS on May 20, 2024 without explanation. Subsequently, the meeting was rescheduled for July 23, 2024. As such, the parties were unable to use the originally

scheduled meeting to work with us to attempt to resolve issues arising from the findings and recommendations in the draft of this report prior to our finalizing the report.

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 52, pp 10-12.

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."

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 51st 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. Recently, CHS informed us that "the Social Work and Re-Entry Procedures Manual is currently being updated and CHS will provide a red-lined version when available" (Defendants response to information request, Report 53, April 4, 2024).

Additionally, defendants modified their policy from requiring that SW submit a 2010e application "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)

In their comments to the draft 52nd 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.

While we support the concept of ensuring that supportive housing applications be complete and of high quality, we have continued to recommend that their policy set some timeframe within which these applications are to be completed and submitted. 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.[5] 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.[6]

In their comments to the draft 53rd report, class counsel suggested that "Defendants… update the Social Work and Re-Entry Procedures Manual to require that Class Members who are ineligible for assistance obtaining Social Security Benefits because their release dates are more than 120 days in the future be offered assistance once they are less than 120 days from release."

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 HRA 2010e applications and

[5] See, e.g., cases 85, 101, 123 and 133.
[6] See, e.g., Report 49 at 21 and Report 52 at 12.

for following up regarding soon-to-expire HRA 2010e approvals to ensure that SW staff attend properly to the housing needs of class members.

Additionally, with regard to class counsels' suggestion vis-à-vis SSA applications, we suggest that this be discussed at the next all parties' meeting, currently scheduled for July 23, 2024.

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) Defendants subsequently informed 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). They now inform us that "Policy Directive 4575 recently underwent minor revisions. It is now in final draft, and HRA anticipates publication of the policy in the near future" (Defendants' response to information request, Report 53, April 4, 2024).

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 five caseworker positions.[7]

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 52, pp 13-14

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

Table 2: Staffing of SW positions as of April 4, 2024

	# of allocated positions	# of positions filled		# who left since 10/12/23	# hired since 10/12/23	# currently in the hiring process	# of vacant positions	Permanent staffing rate
		Permanent	Temporary					
SW Supv.	11	10	0	1	1	0	1	91%
SW	39	24	5	2	10	3	15	62%
Caseworkers	13	13	0	1	1	0	0	100%
Clerical	6	6	0	0	0	0	0	100%

In the last report, CHS reported 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 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)

With respect to social work staffing, these efforts have borne fruit: CHS has improved in the social work staffing line, increasing their permanent staffing by 50%, from 16 to 24. They hired 10 new SW staff between April and October, 2023, while losing only two staff during that timeframe. They are currently in the process of onboarding three more SW staff.

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

Additionally, they achieved 100% fill rate for caseworkers, which, as noted above, they accomplished by eliminating five empty positions.[8]

While improving with regard to the SW staffing rate, 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 52, pp 14-15.

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). It appears that CHS has abandoned this project.

Forensic Unit Trainings: On January 18, 2024, H+H informed us that "The Bellevue and Elmhurst social work teams will be attending the Feb 8th training: 'creating effective housing packets for justice-involved individuals,'" conducted by CUCS. They provided

[8] In their comments to the draft 53rd report, class counsel noted that, given the census trends (see Section IV.), "it is surprising that Defendants chose to *reduce* the number of discharge planning positions." They suggested that we "require Defendants to explain how this staffing change will affect the provision of discharge planning services." We suggest that this be discussed at the next all parties' meeting, currently scheduled for July 23, 2024.

the power point used for this training, confirming that it is a training we previously observed and have discussed in prior reports (see, e.g., report 48, pp. 23-24).

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 V.I below), they will need to train staff to act in accordance with the mandates of those requirements.

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.[9] Figure 1 demonstrates that, for the past two years, class members accounted for a steadily increasing majority of the population of the New York City jail system.

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

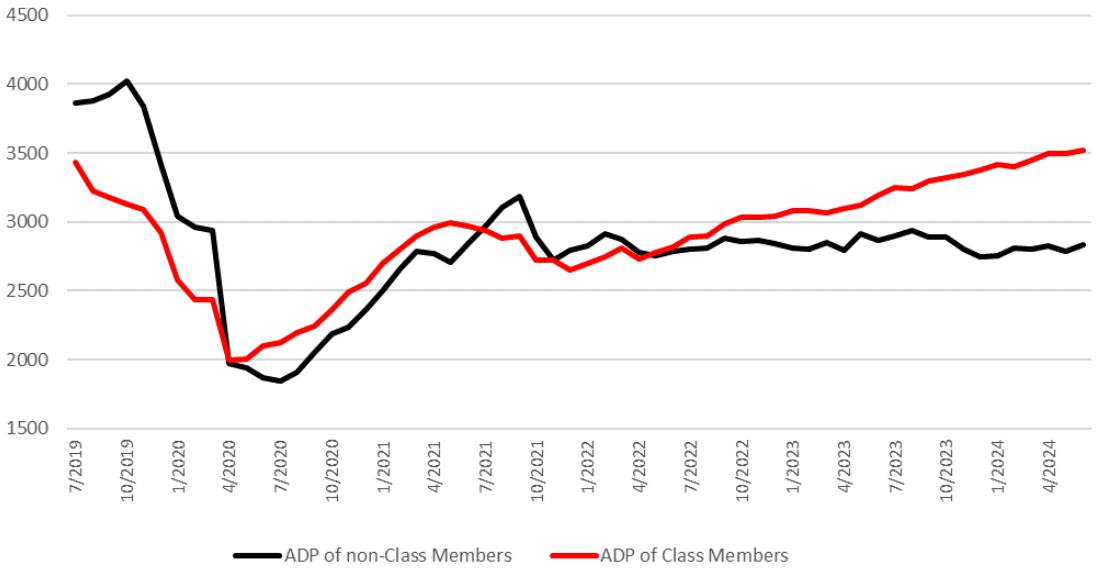

Figure 1: Class Member ADP and non-Class Member ADP, July 2019-June 2024.

Over the past year, class members have accounted for between 52.4% and 56.5% of the DOC population, which, since May 2023, has generally surpassed 6,000. 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.[10] Recently, the class member population surpassed 3,500, and as of June 13, 2024, there are 3,518 class members. This is the largest the class has been since we began tracking the census in July 2019, when there were 3,430 class members, thus surpassing the class membership prior to the population decreases related to both bail reform and the COVID pandemic. As shown in the graph above, the non-class member population appears to have stabilized at about 2,800-2,900 since COVID, but the class member population has rebounded and continues to increase.

[10] 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.

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:

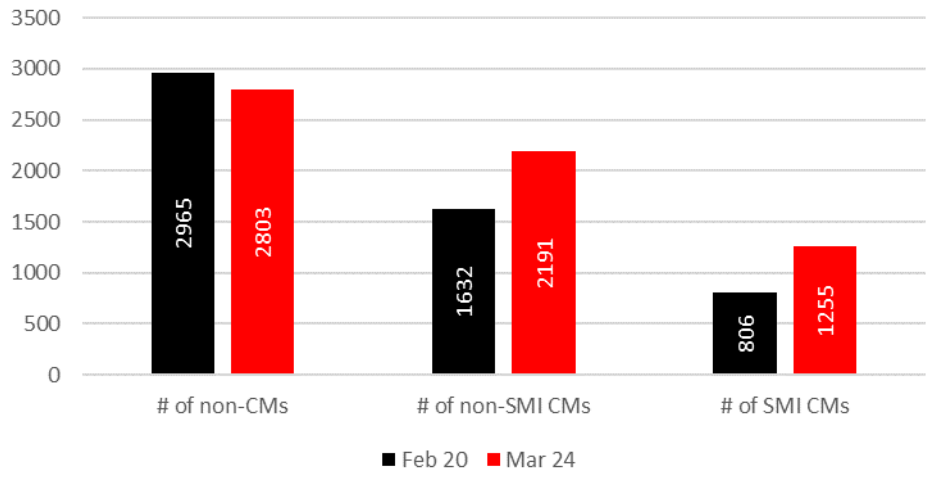

Figure 2: Population changes from February 2020 to March 2024

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

Table 3: Changing prevalence of SMI among the DOC population

	% of population that is SMI
Feb 20	14.92%
Jul 20	13.92%
Nov 20	15.94%
Mar 21	15.76%
Sep 21	15.78%
Mar 22	15.69%
Sep 22	17.90%
Mar 23	17.64%
Aug 23	18.57%
Mar 24	20.08%

One of every five 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. Since June 2022, class members have constituted the majority of the DOC population, and the absolute size of the class is over 44% larger than it was prior to the onset of the COVID-19 pandemic. The SMI population exceeds its pre-pandemic level by 56%. This underscores the importance of not losing focus on DCP in the midst of the current crisis.

V. 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 52, pp 19-20; 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)

On February 16, 2024, we met with the Parties, and we again reviewed the reasons we require access to the EMR. During this meeting, several possible solutions were again raised, including technical "blocks" on our access to records to which we have no right to access, as well as our signing an attestation that we would only review records to which we are entitled under the Stipulation. Defendants agreed to consider these potential solutions. We expect that this will be on the agenda for future meetings.

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 October 24, October 31 and November 29, 2022. On December 5, 2022, CHS provided an updated data dictionary based on the agreements reached in those discussions, and we provided comments 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 were to begin reporting data[11] 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 52nd 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."

Therefore, in the next section, we provide unqualified compliance findings for PIs for which reports are generated from the CHS EMR for September-December 2023.

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

[11] 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. We discussed this with the parties our meeting on February 16, 2024. To date, we have not received a response from defendants regarding our request.

planning. The Stipulation also permits the monitors to establish other performance goals as necessary to effectuate the terms of the Stipulation.

Key References: ¶¶49, 100, 140-147; Report 38, Appendix 4 (current PIs); Report 49, Exhibit 1 (current thresholds).

Compliance Summary: For this reporting period, defendants' compliance with the PIs is as follows:

Table 4: Performance Data, Report 53.

(1) Bolded PI's indicate those for which defendants were noncompliant.

(2) Non-shaded lines indicate PIs for which unqualified data from CHS was available from September-December 2023 only.

(3) Shaded PI's indicate data drawn from sources other than the CHS data system and include data for the entire reporting period.

	Measure	Defendants' Performance		Threshold
1.1	**Initial Assessment: seen within 72 hours of referral (MH)**	**1574/1948**	**80.8%**	**95%**
3.1	**Timeliness of CTP (MH)**	**784/1200**	**65.3%**	**90%**
3.3	Timeliness of DCP **(SW)**	853/902	94.6%	90%
4.1.1	Timely completion of Medicaid prescreening **(SW)**	1088/1136	95.8%	90%
4.1.2	Timely completion of Medicaid prescreening **(ANS)**	66/66	100%	85%
5.1	**Completion and submission of MA applications within 5BD of prescreen (SW)**	**34/49**	**69.4%**	**90%**
5.3.1	Provision of MGP card on release date **(SW)**	257/278	92.4%	85%
5.3.2	Provision of MGP card on first ANS visit **(ANS)**	16/16	100%	90%
6.1	Timely Activation of Pending Medicaid Benefits **(HRA)**	110/111	99.1%	90%
6.2	Timely Unsuspension of Medicaid Benefits **(HRA)**	476/478	99.6%	90%
7.1.1	**Provision of medications (7d) and prescriptions (21d) to CMs who require them at the time of release from jail (SW)**	**444/499**	**89.0%**	**95%**
7.1.2	Provision of medications to CMs released at Court who appear the same day at ANS (CHS pharmacy procedure) **(ANS)**	22/22	100%	95%
7.1.3	Referrals for medications for CMs released at Court who appear on days 2-30 at ANS (referral to community provider procedure) **(ANS)**	2/2	100%	95%
8.1	Provision of appointments to CMs with known release dates **(SW)**	233/249	93.6%	90%
8.2	Provision of appointments to CMs who appear at ANS **(ANS)**	16/16	100%	90%
8.3	Referrals for continued MH care for CMs without known release dates **(SW)**	409/412	99.3%	90%
9.1	**Provision of Emergency Benefits (HRA)**	**0/1**	**0%**	**95%**
9.2	**Timely Completion/submission of PA applications (SW)**	**55/91**	**60.4%**	**90%**
9.3	Processing and Pending of PA Applications on day of receipt **(HRA)**	292/292	100%	85%
10.1	**Submission of HRA 2010e applications (SW)**	**31/39**	**79.5%**	**90%**
10.2	**Forwarding of Supportive Housing Approvals (SW)**	**18/22**	**81.8%**	**90%**
11.1	Provision of transportation from jail to residence or shelter **(SW)**	10/10	100%	90%
11.2	Provision of transportation from ANS to residence or shelter (**ANS)**	5/5	100%	90%
12.0.1	Follow-up contacts: SMI appointments **(SW)**	59/64	92.2%	85%
12.0.12	Follow-up contacts: SMI referrals **(SW)**	106/107	99.1%	85%
12.0.2	Attempted follow up contacts: appropriateness of housing **(SW)**	171/180	95.0%	85%
12.0.3	Assistance offered re: improving housing situation per follow up contacts **(SW)**	9/9	100%	85%
12.1	Follow-up contacts: MH appointments **(CTCM)**	36/36	100%	85%
12.2	Follow-up contacts: MH referrals (**CTCM)**	96/96	100%	85%
12.3	Attempted follow up contacts: appropriateness of housing **(CTCM)**	97/97	100%	85%
12.4	Assistance offered re: improving housing situation per follow up contacts **(CTCM)**	28/28	100%	85%

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

Key References: Report 52, pp 25-27.

Production rates: Production rates during the reporting period were as follows:[12]

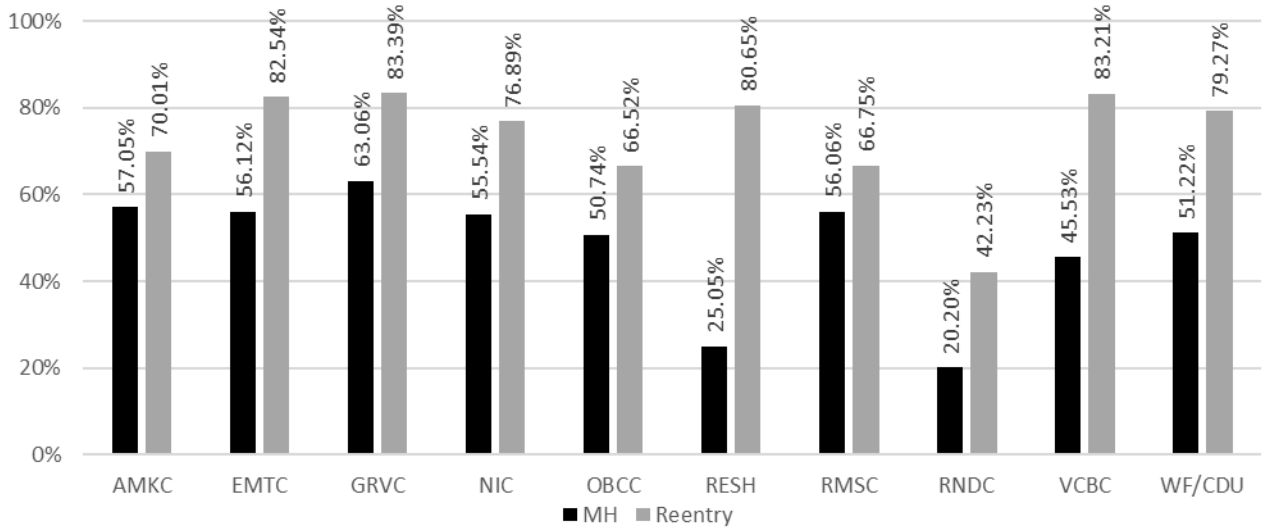

Figure 3: Production rates for mental health and reentry services, by jail, July-December 2023

- For mental health services, the overall production rate was 48.2%, 4.5% lower than the last reporting period.
    - Production rates varied from 20.2% at RNDC to 66.2% at GRVC.

- For reentry services, the overall production rate was 70.3%, about 3% lower than the last reporting period.
    - Production rates varied from 42.2% at RNDC to 83.4% at GRVC.

Comparing this graph to Figure 3 in our Fifty-Second report, it is evident that the drivers of the lower rates in both mental health and reentry production were RESH, RMSC, and RNDC. We note that both AMKC and VCBC were closed during this reporting period.

[12] CHS production reports are available at https://www1.nyc.gov/site/boc/reports/correctional-health-authority-reports.page. These reports 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.

Table 5: Production rate differences in 53rd reporting period compared with the 52nd reporting period.

	AMKC	EMTC	GRVC	NIC	RESH	RMSC	RNDC	VCBC	WF/CDU
MH	**-3.44%**	0.88%	4.72%	10.83%	**-16.81%**	**-5.91%**	**-7.76%**	0.00%	3.53%
Reentry	**-0.34%**	6.30%	8.12%	1.14%	n/a[13]	**-14.56%**	**-22.10%**	14.30%	5.84%

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:

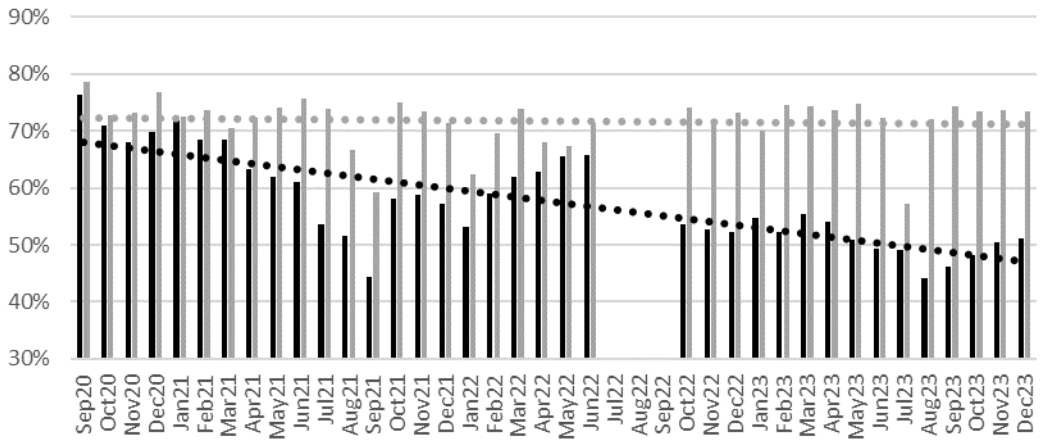

Figure 4: Monthly production rates, September 2020-December 2023.[14] The black bars represent MH production, and the gray bars represent Reentry production.

Notably, mental health production continued to drop during the early portion of this reporting period, reaching a nadir of 44.2% in August, since which time it has rebounded slightly, exceeding 50% in November and December.

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

[13] No reentry services were provided at RESH during the 52nd reporting period, rendering comparison with the current report impossible. See Report 52, p25, footnote 10.

[14] Data was unavailable at the Board of Corrections website for the third quarter of 2022 at the time we filed our 51st report. Review of data now available for the months of July, August and September 2022 indicates that reentry production remained stable, at around 74%, while MH production fell dramatically, from 66% in June 2022, to 53% in July, 2022, where it has remained since.

performance goals under the Stipulation. This was again evident in the current cohort of cases reviewed for appropriateness. Defendants simply cannot provide a mental health or social work service if the class member is not produced. When class members are not produced for initial assessments and treatment plans, they frequently do not receive timely DCP services as a result (see Section V.D).

On April 10, 2024, we met with DOC and class counsel to discuss, among other things, the low production rates. DOC expressed concerns that the production data that we present (which is provided to BOC by CHS[15]) may not fully and accurately reflect the degree to which DOC attempts to produce class members for mental health and reentry appointments. Defendants agreed to explore this further at a higher level of the organization and with DOC's CHS partners as needed. In any event, accurate data is required, and to the extent that DOC is not producing class members for appointments, as the current data indicates is occurring at unacceptably high rates, it is part of a constellation of impediments to compliance with the Stipulation that must be addressed.

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 48% of the time and for reentry appointments 70% of the time clearly hinders CHS's ability to comply with their obligations under the terms of the Stipulation.

[15] Prior to the 44th report, CHS was providing production numbers to us directly, but they stopped doing so at the time of the 44th report, instead "encourag[ing] the Monitors to continue to utilize the reports available on the NYC Board of Correction website" (Response to information request, report 46)

Discussions of Specific Performance Measures

As noted above, beginning with September 2023, defendants have provided data using the approved coding. Defendants' report as follows:

1.1 Timely Completion of Initial Assessment (Mental Health)

Subject: Upon referral (either at intake to jail or upon later referral), mental health staff must conduct an initial evaluation of the class member. This event begins the assessment process which ultimately leads to the discharge plan.

Key References: ¶¶15, 142(a).

Threshold/Expectation: 95%

Compliance: 1574/1948, 80.8%, Noncompliant.

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 class member's housing level.

Key References: ¶¶5, 16, 17, 142(d); Mental Health Policy MH 5; Report 52, pp 27-28.

Threshold/Expectation: 90%

Compliance: Compliance overall was 65.3%

- Compliance in MO (7-day requirement): 331/417, 79.4%, Noncompliant
- Compliance in GP (15-day requirement): 453/783, 57.9%, Noncompliant

3.3 Timely Completion of Discharge Plan (SW)

> **Subject:** Upon completion of a CTP, or no later than 30 days before discharge, defendants are required to complete the Discharge Plan (DCP).

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: Amended Stipulation ¶18.1, Social Work and Re-Entry Procedures Manual, Section 3.6; Report 52, pp 28-29.

Threshold/Expectation: 90%

Compliance: 853/902, 94.6%, Compliant

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 52, pp 29-30.

Threshold/expectation: 90%

Compliance: 1088/1136, 95.8%, Compliant

5.1 Completion and submission of Medicaid application (jail) within five business days of prescreening (SW)

Subject: The timely completion and submission of Medicaid applications for eligible class members increases the likelihood that eligible class members will be discharged from City Jails with active Medicaid to pay for any needed treatment in the community. Defendants are required to complete the application within six business days from the date of the CTP, and to submit it to HRA within two business days of completion.

Key References: ¶¶5, 64 and 142(g); Social Work and Re-Entry Procedures Manual, Section 3.4.

Threshold/expectation: 90%

Compliance: 34/49, 69.4%, Noncompliant.

5.3 Provision of MGP Card on Release Date (SW)

Subject: Defendants are obligated to provide MGP cards upon release to class members who have applied for, but who have not yet received, Medicaid. MGP permits class members to have the means to pay for psychotropic medication and related monitoring pending a determination about the Medicaid benefits.

Key References: ¶69; Social Work and Re-Entry Procedures Manual, Section 3.18.

Compliance Threshold: 85%

Compliance: 257/278, 92.4%, Compliant.

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 52, pp 30-31.

Compliance Threshold: 90%

Compliance:

Medicaid Activation (6.1): 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 6: Timing of Medicaid Activation (P cases), Report 53

# of Days after release	# of cases	%
0	0	0.0%
1	8	7.2%
2	81	73.0%
3	8	7.2%
4	7	6.3%
5	2	1.8%
6	4	3.6%
7	0	0.0%
>7	1	0.9%
Total	111	

Defendants reported meeting the required timeframe in 99% of cases and were compliant for the reporting period.

Medicaid Unsuspension (6.2): 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 7: Timing of Unsuspension of Medicaid (IC cases), Report 53

# of Days after release	# of cases	%
0	21	4.4%
1	413	86.4%
2	30	6.3%
3	9	1.9%
4	3	0.6%
>4	2	0.4%
Total	478	

Defendants reported meeting the required timeframe in 99.6% of cases and were compliant during the reporting period.

7.1 Provision of Medications (7 days) and Prescriptions (21 days) at the Time of Release (SW)

Subject: Class members who are receiving psychotropic medications at the time of their release directly from a City Jail should be provided with a supply of medications and electronic prescriptions to ensure continued availability of needed medication in the period of time closely following release.

Key References: ¶¶52 and 142(h); Social Work and Re-Entry Procedures Manual, Sections 3.17, 3.19-3.21; Nursing Policy 97.

Compliance Threshold: 95%

Compliance: 444/499, 89.0%, Noncompliant.

8.1 Provision of Appointments to CMs with Known Release Dates (SW)
8.3 Provision of Referrals to CMs without known release dates (SW).[16]

Subject: Class members whose release dates are known or become known to discharge planning staff at least one business day prior to release are to receive appointments for ongoing mental health care upon release in accordance with specified criteria. All other class members are to receive a referral to a program that can provide ongoing mental health care.

Key References: ¶¶45 and 142(i); Social Work and Re-Entry Procedures Manual, Section 3.6.

Compliance Threshold: 90%

Compliance:

Measure 8.1: 233/249, 93.6%%, Compliant
Measure 8.3: 409/412, 99.3%, Compliant

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.

[16] These two measures address the provision of these appointments and referrals; the appropriateness of the appointments and referrals is addressed in Section V.D below.

Key References: ¶85, HRA PD #06-03-ELI; Report 52, pp 31-32.

Compliance Threshold: 95%

Compliance: Defendants provided reports for April-June 2023. During these months, one class member appeared at a Job Center in May seeking emergency benefits, which were not granted. No explanation for the decision not to grant the benefit was provided. Defendants were noncompliant for the months of April-June 2023.

9.2 Completion and Submission of PA Application within 5 business days of CTP (SW).

Subject: This assesses the timely completion and submission of PA applications for eligible class members. The amended Stipulation added the requirement that SNAP applications be completed and submitted in a timely manner as well, and SNAP and PA applications are completed in a combined application.

Key references: ¶78; Social Work and Re-Entry Procedures Manual, Section 3.5.

Threshold/expectation: 90%

Compliance: 55/91, 60.4%, Noncompliant.

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 45, p 73; Report 52, p 39.

Compliance Threshold: 85%

Compliance: 292/292, 100%, Compliant. Defendants have reported 100% compliance since the 46th report.

10.1 Submission of HRA 2010e Application (SW)[17]

Subject: Defendants are required to complete and submit supportive housing applications for eligible class members.

Key references: ¶89; Social Work and Re-Entry Procedures Manual, Section 3.7.

Threshold/expectation: 90%

Compliance: 31/39, 79.5%, Noncompliant.

10.2 Forwarding of Supportive Housing Approvals (SW)

Subject: Paragraph 89 requires defendants to "cause the approved application and all other necessary documents to be submitted to appropriate housing providers and/or the SPOA Agency."

Key References: ¶89; Social Work and Re-Entry Procedures Manual, Section 3.7.

Compliance Threshold: 90%

Compliance: 18/22, 81.8%, Noncompliant

11.1 Transportation (SW)

Subject: Defendants are obligated to provide transportation to class members who are SMI to their residence or shelter, and from an intake/assessment shelter to a program shelter.

Key References: ¶101; Social Work and Re-Entry Procedures Manual, Section 3.14; Report 4, Appendix 3.

Threshold: 90%

Compliance: 10/10, 100%, Compliant[18]

[17] This measure addresses only the submission of supportive housing applications for those Class Members believed by social work staff to be eligible for the service; the appropriateness of the supportive housing is addressed in Section V.D below and, in more detail, in Exhibit 1.

[18] In their comments, class counsel expressed concern that "Defendants only transported ten Class Members during this reporting period. During the four months covered by the 42nd Report, Defendants transported 42 Class Members – more than four times the number of Class Members transported during this reporting period."

12 Follow-up measures (SW and CTCM)

Subject: Defendants are to follow-up with certain class members regarding their appearance at a community mental health program after release and regarding the adequacy of their housing after release.

Key References: ¶¶49 and 100, Social Work and Re-Entry Procedures Manual, Section 3.22; CRAN Manual, CTCM 10.

Threshold: 85%

Compliance: In the table below, the shaded lines reflect CTCM's obligations vis-à-vis the follow-up requirements, while the unshaded lines reflect the follow-up requirements for jail-based discharge planning staff. See ¶¶49 and 100 for an explanation of the obligations that adhere to these different sets of personnel.

Table 8: Compliance rates for follow-up measures, Report 53

	Measure	Description	Compliance	Finding
Jail SW	12.0.1	Follow-up contacts regarding appointments	59/64, 92.2%	Compliant
	12.0.12	Follow-up contacts regarding referrals	106/107, 99.1%	Compliant
	12.0.2	Follow-up contacts regarding housing	171/180, 95.0%	Compliant
	12.0.3	Offer of Assistance re: housing	9/9, 100%	Compliant
CTCM	12.1	Follow-up contacts regarding appointments	36/36, 100%	Compliant
	12.2	Follow-up contacts regarding referrals	96/96, 100%	Compliant
	12.3	Follow-up contacts regarding housing	97/97, 100%	Compliant
	12.4	Offer of Assistance re: housing	28/28, 100%	Compliant

* * * * * *

Summary: During the period from September-December 2023, defendants were compliant for PIs 3.3, 4.1, 5.3, 6.1, 6.2, 8.1, 8.3, 9.3, 11.1 and 12; they were noncompliant for measures 1.1, 3.1.1, 3.1.2, 5.1, 7.1, 9.1, 9.2, 10.1 and 10.2.

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 52 pp 33-46.

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 56 percent (67/120) of eligible cases, appropriate SMI determinations in 94 percent (113/120) of cases, appropriate referrals for case management in 70 percent (39/56) of eligible cases, and submitted and forwarded supportive housing applications in 44 percent (15/34) of eligible cases. As a result, defendants were again compliant for SMI assessments but remained 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, 51class members received appropriate assessment and discharge planning for all tasks for which they were eligible, as compared to 57 such class members in the 52nd reporting period.

Table 9: Summary of Appropriateness Findings Report 53

		Appointment/ Referral	SMI	Case Management	Supportive Housing
Eligible	Appropriate	69	113	39	16
	Inappropriate	51	7	17	18
Ineligible or Not Rated		0	0	64	86
Total cases		120	120	120	120
Defendants' compliance		**58%**	**94%**	**70%**	**47%**
Compliance threshold		90%	90%	90%	85%

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

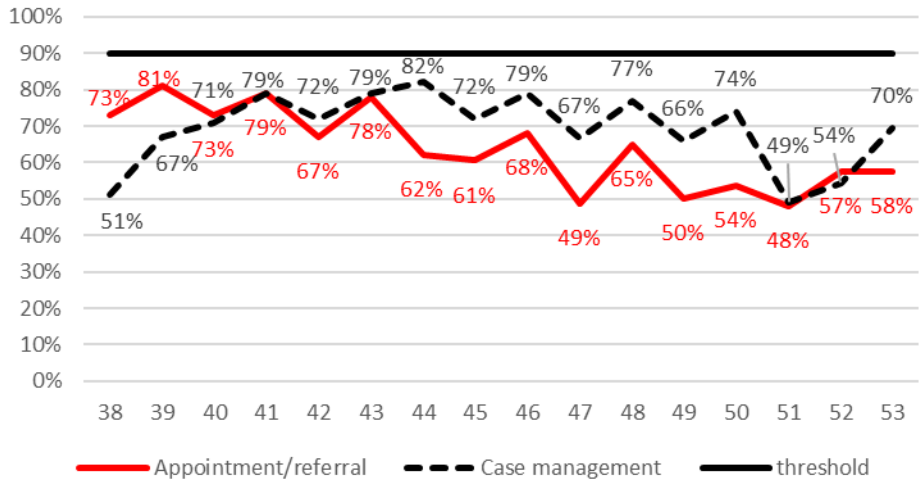

Figure 5: Compliance with Appropriateness Measures: Appointments/Referrals and Case Management, Reports 38-53

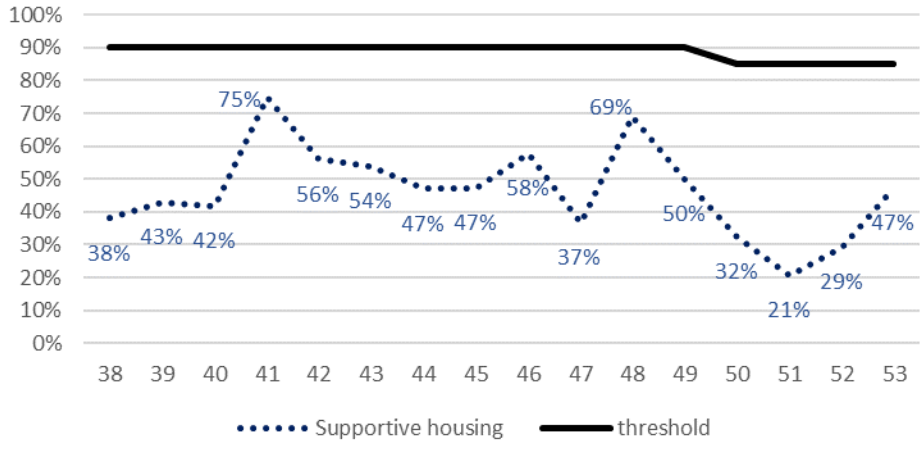

Figure 6: Compliance with Appropriateness Measures: Supportive Housing, Reports 38-53

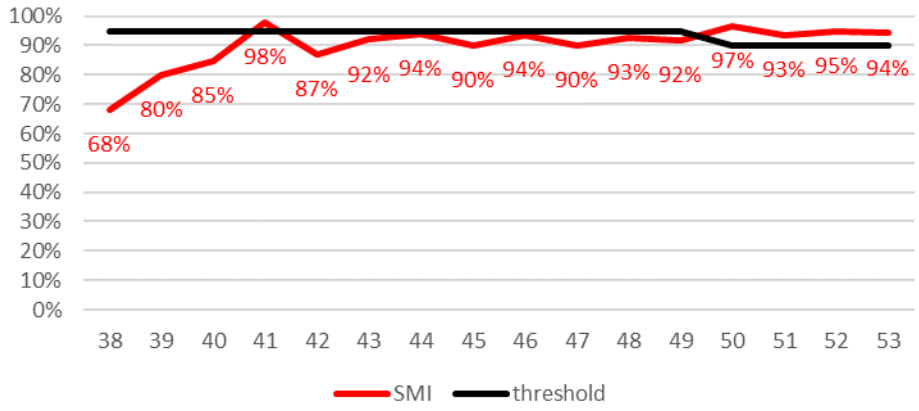

Figure 7: Compliance with Appropriateness of SMI Determinations, Reports 38-53

As compared to the 52nd reporting period. Defendants' performance increased for case management and supportive housing, increased slightly for appointment/referral, and decreased slightly for SMI assessment:

- Appointment/referral +1%
- SMI determination -1%
- Case management +15%
- Supportive housing +18%

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

- While still noncompliant, defendants demonstrated a 15% improvement in compliance for case management and an 18% improvement for supportive housing.
- Overall, continued improved attention to the identification of class members with potential intellectual disabilities and checking on class member's status with OPWDD (e.g., cases 9, 38, and 108) although some cases should have led to contact or follow up with OPWDD that did not occur (e.g., case 44).
- Cases where CHS contacted the class member's family members and obtained information useful to assessment and/or discharge planning (e.g., case 135), or where CHS obtained collateral information from treatment providers that was useful in creating appropriate DCP (e.g., cases 3, 16 and 139).
- Increased frequency of cases in which class member engaged in or were offered an interview by a supportive housing provider *while still incarcerated* (e.g., case 3 where a housing interview occurred during the incarceration; also, cases 84 and 86, in which the completion of the 2010e led to the development of an ATI that included a supportive housing placement).

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

- Breakdown in some basic discharge planning functions without which appropriate discharge planning cannot occur:
  - Continuation of the problem of class members being released without a CTP (cases 36, 39, 44, 62, 93, 100, 122, 143, and 150)[19]
  - Continuation of the problem of class members being released without SW completing a DCP (cases 39, 44, 62, 80, 93, 100, 113, 122, 130, 143, 150, and 157.[20]
  - Not providing the class member with a referral indicating where to attend ongoing mental health treatment following release as indicated by lack of documentation in the record (e.g., cases 8, 13, 14, 15, 17, 27, 29, 48, 74, 76, 77, 81, 90, 102, 105, 125, 151, and 153). See also case 147, where SW provided the class member with a referral form to the wrong program. Additionally, see case 53 in which the class member did not receive a referral form at the time of the initial DCP; he was subsequently granted an ATI.
  - Not effectuating a planned referral for SMI class members to CRAN for transitional case management following release (e.g., cases 11, 12, 15, 63, 73, 96, 98 and 152).[21]
  - Lack of follow-up concerning needed assistance with supportive housing for unhoused class members with SMI:
    - Not submitting planned HRA 2010e applications for supportive housing (e.g., cases 76, 149, and 153),
    - Not following up on the lack of a response from HRA to a submitted application (e.g., cases 36, and 147), or
    - Receiving an approval letter from HRA but not forwarding it to housing providers so that they could consider the class member for

[19] In their comments to the draft 53rd report, class counsel objected to our consideration of "records other than the CTP" in assessing the appropriateness of the SMI designation in most of these cases.

> "Defendants are obligated to complete timely CTPs, assess SMI at the time the individual is determined to be a Class Member, and document the SMI designation in the Class Member's Mental Health Record. (Settlement ¶¶ 16-18, 26.) The Monitors should not have to deduce Defendants' determination of SMI status based on records other than the CTP…. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment."

[20] In some instances, the case was ultimately rated as appropriate because of a subsequent ATI, for example cases 62, 93, and 150.

[21] CHS previously informed us that they implemented a change in their process in August 2023 to ensure that "all referrals are sent properly to CRAN." (Defendants response to information request, Report 52. See also Report 52, footnote 21). During the current reporting period, twice as many class members in the cohort were released without the CRAN referral having been executed as compared with the 52nd reporting period.

housing (e.g., cases 18, 36, 118 where the request for the approval letter was made by the Mental Health Court).

- Not following up regarding needed actions:
  - After receiving a rejection to the HRA 2010e application or a request for additional information (e.g., cases 67 (rejection) and 123 (request for additional information).
  - After a change in the class member's SMI status (e.g., case 152)
  - After request from Mental Health Court for an application (e.g., case 118)
  - After expiring initial approval (e.g., case 144)
  - After prior approval by HRA (e.g., case 106)
  - After early refusal by undomiciled SMI CM (e.g., case 75)
  - Not forwarding approval timely to housing providers (e.g., case 81 where approval was not forwarded until well after the class member's release)
- Delay in submitting HRA 2010e [e.g. case 38 (although extended incarceration and ATI mitigated harm to class member), case 85 and 101 (where delay may have precluded class member from taking advantage of an offered interview with a housing provider), and cases 123 and 133]

- Problems with ongoing contact with class members to assess the possible need for revisions to the DCPs. (e.g., case 31 who was not seen after a "turnaround", case 39 where lack of production by DOC interfered with planned SW follow up, case 86 who was not seen for regular follow up, case 105 who was not seen by SW for follow up after the mental health clinician noted the request, and case 116 who had no follow up by SW after an initial refusal for some DCP services)
- Continuing failure to contact programs to confirm that they would or could accept a referral (e.g., cases 2, 8, 14, 27, 29, 32, 35, 48, 49, 51, 55, 58, 66, 75, 76, 90, 95, 99, 102, 104, 105, 106, 110, 112, 123, 125, 126, 133, 135, 151, 153 and154. This was the sole reason for a finding of inappropriateness in cases 2, 66, 75, 84, 87, 99, 106, 110, 112, 126, 135 and 154.

- 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:
  - Not modifying the DCP in the context of new information (e.g., case 31 where the CM was not seen after a "turnaround")
  - Lack of follow up in the context of SPOA initially declining to accept the CM for case management services (e.g., case 88)

    - Not reoffering services after initial refusal (e.g., cases 15, 63, and 116 with respect to supportive housing application, and/or e.g., cases 9 and 116 with respect to referral).
    - Not providing sentenced class member with an appointment (e.g., cases 88, and 123)
- Continued inconsistency in contacting sources of collateral information such as significant others where it would be helpful to creation of an individualized DCP.
    - See cases 3, 16 and 139, in which SW contacted CM's prior provider and confirmed their ongoing involvement with the class member.
    - But see
        - Case 8 (where contact should have been made to clarify the CM diagnosis and SMI status as suggested by the jail-based psychiatrist,
        - Case 9 (where the class member had sustained his charges while a patient in a state hospital and where detailed collateral information regarding diagnosis, decisional capacity, and treatment and discharge needs beyond medications would have been helpful),
        - Case 15 (where SW did not contact the shelter based case manager to ascertain whether a new HRA 2010e application was required),
        - Case 32 (where the CM's wife was not contacted to obtain information concerning his treatment needs and community providers),
        - Case 98 (where contact with the CM's IMT or CAMBA should have been made to see if his housing placement had been lost and a new HRA 2010e application required),
        - Case 135 (where contact with the class member's prior provider would have been useful in understanding the class member's community-based treatment history), and
        - Case 147 (where contact with his IMT could have provided useful information).
- Other cases demonstrated continued difficulties with tailoring the DCP to the individual, for example:
    - Insufficient rationales for referrals (e.g., cases 15, 35,49, and 113) or a change in appointment or referral without sufficient rationale (e.g., cases 29, 77, and 113)
    - Referral that did not meet the class member's individualized needs (e.g., case 77 with respect to referral, and cases 67, 96, and 147 with respect to case management including AOT)

- Additionally, three cases were mislabeled as either GP or MO (e.g., cases 2, 57, and 87).[22]

Discussion:

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

- creation of a discharge plan prior to class member's release
- providing the class member with a referral form for community treatment
- 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). Problems with integration led to deficits in discharge planning with respect to the provision of appointment and referrals (e.g., cases 9, 105, and 116), SMI determination (e.g., case 84) case management (e.g., cases 9 and 116) and supportive housing (e.g., case 116).

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

- A jail system in an overall state of crisis
- A growing population of incarcerated people, more than half of whom are class members, with an increasing prevalence of class members with SMI (see section IV)

[22] While we noted several other cases in the draft 53rd report, they were labeled properly based upon CHS's conservative coding decision to assign MO labels to class members who did not have a CTP during the incarceration.

- Ongoing problems with production of class members by DOC for social work and mental health sessions (70 percent and 48 percent respectively; see Section V.C)
- While significantly improved as compared to the 52nd reporting period, ongoing problems with social work staffing levels with only 62% (24/39) 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, other agencies, and significant others*: A specific driver of non-compliance remains the failure to contact providers to ascertain their capacity and willingness to accept a 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.

   Putting this commonsense objective into practice in a manner acceptable to the parties has proven problematic over many reporting periods. After an initial discussion of a new resource, FindHelp.org, at an all parties meeting of February 16, 2024, CHS arranged for a demonstration of the resource which took place on March 26, 2024, CHS arranged for class counsel and the monitors. This program permits users to select mental health and substance use treatment resources, and many other kinds of assistance, based on zip code, age, clinical needs, and a variety of other factors. The platform managers review or "curate" programs regularly. Additionally, clinical programs themselves can take "ownership" and are marked as having done so, indicating that "they are helping to ensure the information is accurate and up-to-date." For many programs, the next step is to contact the program by phone, but in some cases, a referral may be made either directly through the FindHelp platform or

via a live link to the program's website for creating referrals or appointments. CHS users can enter notes for internal CHS purposes if they learn something that will be useful to other CHS users, and any user can send a message to FindHelp if they learn information that requires that a program's listing be updated or corrected.

CHS began using this resource in February 2024. They believe that FindHelp addresses the deficits of previous systems they have attempted to utilize in lieu of placing a telephone call to ascertain a program's willingness and capacity to accept a referral. We believe that this resource will be very valuable in *reducing* the need for phone contacts *for every* referral, especially because CHS users can enter information into FindHelp that other CHS users can see, and because users can provide real-time feedback regarding programs to FindHelp so that the platform can be updated.

An ongoing theme in the cases reviewed is the need for social work and mental health clinicians to contact collateral sources of information such as prior treatment providers and significant others which can be sources of information invaluable in the creation of an individualized DCP. Some of the cases reviewed demonstrated the useful information that can be obtained by doing so.

Case 16 was a 25 year man diagnosed with adjustment disorder who was initially assessed to not be SMI. CHS was in communication with his AOT team which indicated that the "inmate is an AOT consumer with an active court order…. AOT consumer is receiving mental health treatment services from ICL Brooklyn Prospect IMT." A subsequent treatment plan review changed his diagnosis to bipolar 1 and substance use disorders and confirmed that he was SMI. Here the communication

with a collateral source aided in adjusting the treatment team's diagnostic and SMI determination and ensuring appropriate DCP.

In case 117, SW worked creatively to address the atypical needs of a 72 year old man diagnosed with unspecified schizophrenia who also had a likely neurocognitive disorder with several possible etiologies, including a long history of substance use, Parkinson's disease, and tertiary neurosyphilis. Jail-based mental health staff and social work arranged for his transfer to Bellevue Hospital where he could receive the needed assessments to determine appropriate placement after release. He was eventually transferred to Coler Hospital, an H+H facility providing short and long term skilled nursing services.

In case 135, a 38 year old SMI women diagnosed with bipolar and cannabis use disorders referred to Bleuler Psychotherapy Center, SW did not contact the program at the time of referral. However, following the class member's release, SW conducted the required follow up and was informed that the "patient was cut from their patient list due to missing all of their dated appointments… and… has yet to reconnect with the program." It would have been useful to have been aware of this information at the time the referral was made both with respect to assessing the appropriateness of the referral and in discussions with the class member concerning the importance of attending treatment. SW also contacted the class member's mother after her release: her mother indicated that she had been "recently evicted from her apartment due to her recent incarceration. Patient reportedly has an appointment with HRA a regarding a 'One Shot Deal.'" This case illustrates the type of information that would have been useful in crafting an individualized discharge plan that can be obtained by speaking

directly with a program and with a class member's support system. In this case, these contacts did not occur until it was too late to be helpful to the class member.

Case 9 cried out for contact with collaterals which did not occur. He was a 21 year old man diagnosed with schizoaffective disorder and moderate intellectual disability who had been arrested during his hospitalization at a state psychiatric hospital. The class member had a history of both acute and residential treatment starting at age 5 as well as a full scale IQ of 72, although he was unknown to OPWDD. Multiple mental health notes contained the statement:

> "Given his limitations, more history will be obtained via collateral contacts and obtaining psych records from the residential facilities and acute care facilities will have to be obtained."

Subsequently, he refused all discharge planning, and the SW noted that

> "Due to the class member's cognitive limitations and lack of adaptive functioning he is unable to actively participate in discharge planning services…. It is unclear where he will live in the community."

Nonetheless, there were no documented efforts to contact his parents or to obtain information from South Beach Hospital beyond confirming his medications. As a result, SW simply relied on his refusal of services despite the assessment that he was unable to particulate in discharge planning and so was unaware as to whether he had a substitute decision maker or whether a process to appoint one was required. Contact with collaterals would likely have provided the answer to these key questions. He was ultimately released to his mother's home without services in place, and he was re-incarcerated two months after release.

In four cases,[23] class members who prescreened as having had active Medicaid subsequently had their Medicaid cases closed on the state exchange during the course of their incarceration (or in one case, shortly before he was remanded). SW did not become aware of this information and therefore could not assist in submitting a new application or otherwise helping the class member obtain the insurance coverage they would need to pay for their treatment, including medications, after release. While in these cases, this did not affect the appropriateness findings, it points to a need for CHS and HRA to attempt to develop mechanisms to communicate and receive relevant information in a timely manner from the state exchange in order to assist class members with their DCP needs.

2. *Forensic units*

   a. EHPW: In the information response for the current report, defendants informed us that "EHPW re-opened as of January 22, 2024…. There were no transfers to Kirby in this reporting period."

   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.

      Defendants provided us with the following data:

[23] Cases 28, 45, 141 and 157.

Table 10: Referrals to supportive housing and case management by Forensic Unit staff, July 2021-December 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
53	234	1	6	5

The data for the current report indicate that Bellevue social work staff referred 6 (3%) of the 234 patients to CRAN during the current reporting period, 5 (2%) of these class members to SPOA, and provided 1 (0.4%) of these class members with a 2010e application during the current reporting period.

On April 18, 2024, we held a meeting with forensic unit leadership and with class counsel. The forensic unit leadership reminded us that class members who come from jail often already have some services in place, sometimes including CRAN, SPOA and 2010e applications, and they need not initiate these anew. Additionally, they noted that when class members are admitted to the forensic units, they are usually acutely and severely ill and often refuse to engage in discussions regarding their aftercare needs. Many of these class members stabilize and return to jail quickly, with an average length of stay of two weeks. Finally, with regard to SPOA, forensic unit leadership informed us that DoHMH informed them that they cannot submit SPOA applications for class members who do not have a known release date.[24] Separately from these specific services, we

[24] We routinely see records where CHS submits SPOA applications for class members who do not have known release dates. The responses in these cases from SPOA typically indicates that the class member has been approved for a specific level of case management but cannot be assigned a slot until they are released, or until there is a known release date.

learned that there is a "Brad H" section in the medical record where their efforts regarding discharge planning are documented.[25]

Subsequent to the April 18, 2024 meeting, and in their comments to the draft report, defendants informed us that

- "Bellevue will begin to track CRAN, SPOA and 2010e referrals that have already been initiated. The plan is to start June 1, 2024.
- "The SPOA director confirmed that CHS referrals go on a 'pending list.' Accordingly, the forensic units may still refer patients regardless of known release date. Bellevue will begin to make such referrals."

We recommend that Elmhurst engage in these practices as well.

With regard to the "Brad H section" of the medical record, defendants offered to meet with us "to review a selection of patient records to allow Bellevue to demonstrate its discharge planning efforts, where those efforts are reflected in the record, and why certain stipulated services could not have been provided." Given that defendants have initiated new approaches to the provision of case management and supportive housing services, we suggested waiting until these approaches have been implemented before engaging in these joint reviews.

Based on this information, we will hold our recommendation regarding a corrective action plan in abeyance.

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

[25] Forensic unit staff have not historically provided us with this section when sending records for our review.

by the court or by parole. Our approach to all of these cases, which we combine 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. Many of these cases require little action on the part of the SW staff beyond providing the class member with information about the ATI and ensuring he or she receives medications. However, on occasion, the ATI provider, or the court overseeing the class member's criminal case, makes specific and relatively unusual requests, such as assistance with supportive housing, Medicaid, or other benefits; we rate such cases based on SW's responsiveness to these specific requests required to facilitate the ATI. See, e.g. cases 23 and 118. The following analysis demonstrates defendants' compliance when considering the discharge planning developed directly by CHS and then when considering the intervening ATI involvement:

Table 11: Change in compliance after consideration of ATI intervention

	Appointment/Referral		Case Management		Supportive Housing	
	PreATI	ATI	PreATI	ATI	PreATI	ATI
Appropriate	45	69	48	39	21	16
Inappropriate	68	51	22	17	23	18
Ineligible	7	0	50	64	76	86
Total	120	120	120	120	120	120
Compliance	40%	58%	69%	70%	48%	47%
Change	**+18%**		**+1%**		**-1%**	

The intervention of an ATI increased defendants' compliance by 18% for appointment/referral. Compliance increased by 1% for case management and decreased by 1% for 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 52, pp 47-51.

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 48 class members who met the above criteria. Fourteen of these accepted assistance and were "provided follow up instructions by SSA"[27] or, in two cases, were provided with a phone

[26] See https://www.ssa.gov/ssi/spotlights/spot-prerelease.htm.
[27] These cases include cases 83 and 145.

interview that resulted in specific follow up instructions. Thirty-two class members declined assistance. In one case, SSA did not respond to attempted contacts by the SW. Finally, in case 133, the class member accepted assistance with an SSA application, but on the day of the scheduled telephone interview, he was not feeling well and requested that the appointment be rescheduled for a different day. SW did not return to reschedule the appointment.

Comparing the current last two reporting periods to prior reporting periods, it appears that defendants are attending more closely to class members' needs vis-à-vis SSA applications:

- Report 48 1 application
- Report 49 1 application
- Report 50 0 applications
- Report 51 1 application
- Report 52 7 applications
- Report 53 14 applications

In addition, defendants reported that 20 otherwise eligible class members were "not in timeframe."[28] 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

[28] Case 67 was included in this group. He was not offered assistance with SSA benefits until 2 weeks prior to his release, as his release date did not become known until about 3 weeks prior to his release. However, his request was for reinstatement of prior benefits, not a new application, and he was included in the wrong dataset.

they are less than 120 days from release.[29] 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.

Five cases reviewed in the appropriateness cohort were sentenced and SMI and were included in the defendants' new application dataset.[30] Cases 83 and 145 were provided with an application and given instructions on how to follow up with SSA, as noted above. Case 67 was "not in timeframe," also noted above. Case 88 declined assistance with SSA benefits. Case 133 accepted the assistance, but did not feel well on the day of the appointment, as noted above.

Cases 14 and 95 were sentenced and SMI and did not report prior SSI, but they were not included in the defendants' data regarding new SSI applications and were apparently not offered assistance with an SSA application.

In two cases, defendants provided the required phone interview.

Finding and Recommendation: The data during the current reporting period indicates improved attention to the needs of class members vis-à-vis new SSA applications. 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. Additionally, more class members who accept should be offered assistance with a phone interview.

[29] See Section II.A. above regarding class counsels' suggested policy language to guide staff in meeting their obligations vis-à-vis SSA benefits applications.
[30] Cases 67, 83, 88, 133 and 145. Cases 67, 88 and 145 reported prior SSA benefits and should have been offered assistance with reinstatement rather than a new application.

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 six class members who met the above criteria, and who they provided with referrals to a local SSA Field Office. Starting in September, defendants modified the dataset to include the date on which they learned of a class member's sentence, which is a significant improvement and which allows us to better understand their reports.[31] This indicates that they also assisted four other class members for whom they had less than 30 days notice with referrals to a local SSA Field Office, including one who they reported learning of the sentence date only on the date of release.

In addition, in July, defendants provided three class members with appointments at Field Offices, as they are directed to do by their policy manual.

Cases 101 and 123 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

[31] Unfortunately, defendants stopped providing this information in January 2024. On March 26, 2024, we requested that they resume providing this information in the reinstatement datasets. In their comments to the draft 53rd report, defendants confirmed that "the 'sentence date' is retrieved from DOC's IIS system and CHS understands this to be the date when a patient was sentenced by the court. CHS further agreed that it will continue to provide the 'sentence date' in its monthly Reinstatement reports." Class counsel, in their comments, suggested that this information also be included in the New Application datasets as well, and we will discuss this with CHS in the coming reporting period.

among the sample of charts we review. During July-December 2023, at least 38[32] (32%) of the 120 records we reviewed included documentation that the class member reported active or pending SSA benefits prior to incarceration. Five[33] of these class members were both SMI and sentenced at some point during their incarceration rendering them eligible for reinstatement. Two appear on defendants' reinstatement dataset, and the other three appear on the new application dataset.

* * * * *

Discussion: On November 25, 2019, we received a draft Pre-Release Agreement from defendants. On March 4, 2020, CHS sent a draft MOU to SSA and requested a demonstration of the online application (Response to information request, report 45). "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). "CHS is still awaiting feedback from the Social Security Administration regarding the drafted agreement" (Defendants' response to information request, Report 53, April 4, 2024).

[32] Cases 2, 15, 18, 27, 30, 44, 50, 51, 54, 57, 63, 67, 74, 75, 81, 85, 88, 96, 98, 99, 101, 102, 112, 113, 118, 123, 125, 126, 136, 137, 139, 145, 146, 148, 149, 152, 153 and 156.
[33] Cases 67, 88, 101, 123 and 145.

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.

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 52, p 51.

Performance: Defendants provided datasets indicating that 37 veterans were identified during the current reporting period. Twenty-five of these class members reported already being connected to the VA. Two class members accepted referrals for assistance in obtaining VA benefits, one of whom was successfully referred to the VJO and had a VA benefits application submitted, and the other of whom was determined to be ineligible by VJO. Ten class members refused assistance with being connected to the VA.

Case 102, a class member who reported having served in the Army for "a few months," was included in the monthly VA report. He refused assistance with VA benefits, but he reported a prior connection with the VA Health System and was referred back to the VA for aftercare.

Case 154 informed the initial screener that he had a history of military service, though he subsequently denied this when seen by SW. However, he also informed CRAN that

"he was in the military and was released under 'general conditions.'" He does not appear on the VA datasets, indicating that he was not offered assistance in seeking VA benefits to which he may have been entitled under the Stipulation.

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 52, pp 51-53.

Compliance: During this reporting period, 54 class members presented to the DHS shelter system (9 per month). Of these 54 class members, 29 (54%) were SMI, but none were sentenced. Their placements upon presentation to DHS are summarized in the table below:

Table 12: Placement of Class Members in Shelter System

	Both Sentenced and SMI (N=0)		NOT both Sentenced and SMI (N=54)	
Placed in	Day of release	After day of release	Day of release	After day of release
Program Shelter	0	0	3	26
I/A Shelter	0	0	2	23
% placed in program shelter	N/A	N/A	60%	53%%

Twenty-nine class members were directly placed in program shelters, including three who presented on the day of release. Ten of the class members who presented initially to the I/A shelter were later transferred to program shelters, between 4 and 33 days after their entry into the shelter system. Of the 39 class members who were initially placed into or later transferred to program shelters, 21 were placed into mental health shelters.

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 52, pp 53.

Threshold/Expectation: 95%

Compliance: During the current reporting period, defendants released 357 of 365 (98%) eligible class members during daylight hours. Five class members were released late from EMTC, two in August and one each in September, October, and December. Two class members were released late from RNDC in November and December. One class member

was released late from GRVC in November. 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 52, pp 53-55.

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 April 5, 2024, defendants provided a dataset providing information including the time of release for parole violators between May 2022 and December 2023, thereby covering the current reporting period. One hundred and seventy-six eligible class members were released during the reporting period, of whom 42 were released between 8am and 5pm, while the remaining 134 were released outside of daylight hours. No reasons were provided for the late releases in the dataset, nor was any information provided 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."

DOC reported that they are "working on this and anticipate providing a response next week" (Defendants' response to information request, Report 53, April 4, 2024).

On April 10, 2024, we met with DOC and with class counsel to discuss this issue, and DOC indicated that they would confer internally to determine how best to provide the data needed to understand their compliance with obligations under ¶32.1.

While the reinitiation of discussions regarding how parole violators are released is promising, defendants at this time 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. Without case-by-case

information that includes the details noted above, defendants are unable to demonstrate whether releasing 42 of 176 class members constitutes best efforts to meet the requirements of ¶32.1.

VI. **Conclusion**

The overall dysfunction in the city jails, a continuously growing class membership with an increasing prevalence of SMI class members, continued difficulties with production of class members for MH and SW appointments, and, though improving, a 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, and we have begun reporting unqualified performance data based on the new coding.

This concludes our Fifty-Third 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,

/S/ Henry Dlugacz

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 2, July GPMEDS 21/**Case 54**, September GPMEDS 27 was a 47 year old undomiciled woman, who was incarcerated twice during this reporting period, first from January 11 to July 5, 2023 and again from July 20 until September 28, 2023.

During the first incarceration, she was housed in MO[1] at the time of her timely CTP on January 21. She was diagnosed with other specified schizophrenia and cocaine use disorder and was determined to be SMI. Her timely DCP was completed on January 24. At her second incarceration, her diagnoses and SMI determination remained the same although she was housed in GP at the time of her timely CTP on July 27. Her timely DCP was completed on August 2. The summary of the two incarcerations is presented jointly, but each incarceration was rated as to the appropriateness of discharge planning activities.

A Medicaid prescreen noted that her benefits were active with an end date of "9999", and per HRA, she was "HX-AC." The January 24 DCP noted a previous incarceration ending in June 2022 and documented a history of multiple hospitalizations, as well as outpatient and correctional-based mental health treatment, a current connection with Safe Options Support's Bronx Care Coordination Team; the DCP also noted that the class member was waited listed for FACT. She was referred to CASES Nathaniel clinic. While the DCP indicates that SW contacted the SOS Care Coordination team, there is no indication that SW contacted CASES to confirm that they would accept the referral. She was also referred to CRAN for transitional case management services, and she accepted assistance with a supportive housing application. HRA approved her 2010e on February 1 and SW forwarded the approval to CRAN and two housing providers; the class member was informed of this at a 30 day follow up on February 24 when no other updates were made to the DCP. At a 30 day follow up on March 24, she informed SW that she was "expecting to be mandated to programming through court" on June 13, her next court date. At a 30 day follow up of April 25, the class member still expected to be mandated to a treatment program by the court; a 30 day follow up on May 25 documented no updates or revision to the DCP. A 30 day follow up of June 27 did not document what occurred at her June 13 court dated but noted that the class member was still "hopeful she will be either released or mandated to treatment through court."

The CRAN record contained an email dated July 5 from the class member's attorney informing CRAN that she was to be "released to supervised release pending sentencing on an MDC program which will cover treatment and mental health needs." CRAN advised the attorney that the class member could come into the office for assistance. Her attorney later informed CRAN that, as of July 6, the day following her release, the class member was residing with her sister in Brooklyn; she did not receive an ATI for residential treatment.

As noted above, on July 20, 2023, 15 days after her release, the class member was reincarcerated until September 28, 2023. Her Medicaid prescreen of July 21 indicated that her Medicaid had been closed, and that she had only a brief period of coverage from July 1 to July 9, notwithstanding the prescreen during the first incarceration that indicated ongoing, active coverage. In any event, SW completed a new Medicaid application on July 25. The initial psychiatric assessment and treatment plan of July 24 noted her recent incarceration and DCP

[1] The case is incorrectly labeled as a GP case.

including previous referrals in 2022 to CASES Nathaniel ACT and Brooklyn CRAN. Her CTP was completed on July 27, noting her recent release. She was diagnosed with schizophrenia spectrum and other psychotic disorder and cocaine use disorder and determined to be SMI.

Her timely DCP was completed on August 2 when she was referred to Kings County Behavioral Health and CRAN. SW contacted Kings County to confirm that they would accept the referral and provided the class member with a referral form. She was noted to be connected with Safe Options Support, to receive SSI, to be waitlisted for FACT services, and to have been living with her sister without a lease prior to her reincarnation. SW forwarded the pre-existing HRA 2010e approval to CRAN and to two housing providers.

A September 1 letter from Argus Community indicated that she was accepted for residential treatment at Harbor House. The Manhattan Drug Court approved her for an ATI at Harbor House with expected released from court on September 14. Submission of an e-prescription was requested. An updated DCP of September 8 documented this plan as did an ACL of the same date which was provided to the class member. For reasons that were not documented, she remained incarcerated until September 28. While OHIS contacted Kings County after her release, the CRAN record contained confirmation that the class member made intake at Harbor House as planned.

Findings (Case 2):

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

Findings (Case 54):

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

> ***CHS Response****: CHS disagrees with the Monitors' finding for Referral [in case 2]. CASES 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Case 3, July GPMEDS 49, was a 45 year old, undomiciled woman who was incarcerated from February 15 to July 17, 2023. She was housed in GP at the time of her timely CTP on March 1. She was diagnosed with schizoaffective disorder, other specified trauma and stressor disorder, and alcohol and marijuana use disorders and was determined to be SMI. Her timely DCP was completed on March 2, when she was referred to the Osborne Association in Brooklyn and VIP Community services in the Bronx. SW provided the class member with a referral form to VIP, but there is no indication that they attempted to contact either provider to confirm that they would accept the referral. SW also referred her to CRAN for transitional case management services; a referral to SPOA was not made at that time as the class member was not thought to have a sufficient history of inpatient treatment to warrant more intensive case management

services. Social work submitted an HRA 2010e supportive housing application on March 3 and received a determination letter from HRA on March 6 which found the class member eligible for supportive housing; social work forwarded the approval to multiple housing providers including the Jewish Board and to her prior provider, Community Access Bronx IMT.

Two days later, on March 8, SW updated the DCP to reflect the class member's recent involvement with the IMT. SW contacted the IMT to confirm that she could return and provided the class member with a referral form for the IMT. At a 30 day follow up on March 30, the class member reported having had a telephone screening with the Jewish Board for a possible housing placement. The outcome of the interview was pending.

A May 11 letter from the Osborne Association indicated her acceptance for residential placement with intake scheduled for June 5. At a 30 day follow up on May 29, the class member reported that she expected to be released on June 2. She was not released on June 2 or on June 5. At a 30 day follow up on July 4, the class member was noted to be working with Bronx TASC for a possible outpatient ATI, with her next court date scheduled for July 10. A July 10 letter from the Osborne Association indicated that she was accepted for residential treatment with intake scheduled for July 17. An updated DCP of July 13 documented this plan for an ATI. CHS provided medications and prescriptions, as requested, to facilitate placement in the residential program. The class member was also provided with an updated ACL reflecting the new plan.

Findings:

Referral/appointment: appropriate (following the change to IMT) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (ATI)
Supportive Housing: appropriate → ineligible (residential ATI)

Case 4, July GPMEDS 72, was a 27 year old, undomiciled man who was incarcerated from December 17, 2022 to July 11, 2023. He was housed in GP at the time of his CTP, which was completed 8 days late on January 11, 2023. He was diagnosed with bipolar II disorder, other specified trauma and stressor disorder and substance use disorders and was determined to be SMI. His timely DCP was completed on January 13 when he declined all discharge planning services because he expected to receive an ATI.

A court collateral note on January 25 and a 30 day follow up on March 30 both noted the Legal Aid Society was working on attaining an ATI, possibly a residential placement. During a 30 day follow up of April 21, the class member reported that his legal team had "…secured a bed date of 05/04 to attend Samaritan Village." This was confirmed by an April 24 letter from Samaritan Village noting his acceptance and requesting that CHS provide e-prescriptions. The ATI was documented in an ACL of May 3.

However, for reasons not documented, the class member remained incarcerated past his expected release date and was seen for a 30 day follow up on May 25. SW documented that

> "Patient denies any changes to his current DCP as he states he is still awaiting to go into an ATI placement, inpatient program through the courts. Patient reports having his NCD of 05/30 where he is expecting to be interviewed by the courts. Pt reports he was informed that Samaritan Village is only securing his bed date until 05/30 so he is hoping to be able to be released from court to attend the program. Patient reports even though he was found appropriate for Samaritan Village he was informed that the courts need to screen him due to entering into treatment court."

He remained incarcerated on July 7 when CHS received a request for an e-prescription and SW documented that "[a]s per [social worker] with The Legal Aid Society, patient has been

screened, assessed and found suitable for residential treatment. As a result, the court has required residential treatment as a condition of release. It is anticipated he will be released from court 07/11/2023 to enter Samaritan Village…. Only Community meds were requested." CHS sent the requested e-prescriptions and the class member was eventually released to the ATI on July 11.

Findings:

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

Case 8, July MO 56, was a 28 year old man who was incarcerated from May 12 to July 14, 2023. He was housed in MO at the time of his timely CTP on May 20, 2023. He was diagnosed with adjustment disorder, and marijuana use disorder and was determined to be SMI. The CTP documented information from chart review inclusive of his incarceration in 2022 noting that the class member had presented as paranoid and agitated stating "I violated an Order of Protection…. because an entity and negative energy was following me." It also documented information from the class member's initial mental health assessment of May 17 where he reported that two weeks prior to his arrest, he went to Richmond University Medical Center because was "feeling anxious." The psychiatrist prescribed risperidone; follow up was scheduled for next week. The CTP noted his functional impairments to include "lack of employment, history of paranoia and anxiety, history of involvement with the criminal justice system."

The class member was discharged from the MO on May 25. The discharge note indicated that bipolar disorder had been ruled out and that the class member had "no known history of SMI apart from self-report." A subsequent psychiatric note of May 27 conducted a comprehensive review of the class member's history including PSYCKES, which resulted in a diagnosis of other specified schizophrenia. The psychiatrist noted that "[f]amily involvement and discharge planning is critical – [the class member] has given consent to share information – this should also include the outpatient psychiatrist."

However, on May 30 another psychiatrist reviewed the case and modified the diagnosis to substance-induced psychosis, rule out "underlying psychosis", because of his "minimal" outpatient treatment.

His timely DCP was completed on May 30 with a plan for referral to Richmond University Medical Center Behavioral Health consistent with his request for a provider located in Staten Island. SW did not provide the class member with a referral form or attempt to contact the provider to ascertain that they would accept the referral. Although he was not considered to be SMI at the time, SW referred him to CRAN because he "wanted case management assistance when he is released." Additionally, despite viewing him as ineligible for supportive housing, submitted a pre-screen to Freedom House because he expected to be homeless upon release.

Overall, despite a case conference, the treatment providers had disparate assessments of the class member's diagnosis and SMI status. In light of this uncertainty, and the class member's documented consent, staff should have attempted to obtain information from his outpatient treatment providers for diagnostic clarification and continuity of care after release.

After he was released, he engaged with CRAN and TASC, who connected him with a different mental health provider, at his request. He was documented to be living with his family.

Findings:
Referral/appointment: inappropriate (no referral form, no contact)
SMI: inappropriate (clinicians engaged in a case conference to discuss the diagnosis, but there was no effort to reach out to his community providers to further understand the class member's history and the evolving nature of his mental illness. He had seen a psychiatrist at Richmond University Medical Center two weeks prior to admission who diagnosed him with schizophreniform disorder. At minimum, staff should have reached out to the outpatient provider to obtain more information regarding his presentation prior to arrest. After the case conference, which resulted in a diagnosis of "substance induced psychosis, rule out underlying psychosis" they should have made efforts during the remaining six weeks of his incarceration to further clarify his diagnosis. In the end, he received the services he required, but only because SW referred him to CRAN notwithstanding his SMI-no status and because CRAN connected with him and got him a different treatment provider)
Case Management: appropriate
Supportive Housing: ineligible

Case 9, July MO 76, was a 21 year old man who was incarcerated from March 16 to July 18, 2023. He was housed in MO at the time of his timely CTP on March 23, 2023. He was diagnosed with schizoaffective disorder and moderate intellectual disability. He was determined to be SMI. The CTP documented that the class member had been hospitalized in South Beach Psychiatric Hospital where he was arrested and transferred to Rikers Island. It further recounted a history of both acute and residential treatment starting at age 5 as well as a full scale IQ of 72. When decompensated, the class member was reported to present with "auditory hallucinations, paranoia, odd and bizarre and aggressive behaviors." SW documented on March 20 that the class member was "unknown to OPWDD."

The CTP of March 23 stated that "Given his limitations, more history will be obtained via collateral contacts and obtaining psych records from the residential facilities and acute care facilities will have to be obtained." This statement reappears in eight subsequent TPRs. Although staff did contact South Beach to obtain information about the class member's medications, there was no documented effort to contact his parents or to obtain additional information from South Beach even when it appeared that he would be returning there.

His timely DCP was completed on March 28, 2023 when he refused discharge planning services. The SW noted that "Due to the class member's cognitive limitations and lack of adaptive functioning he is unable to actively participate in discharge planning services…. It is unclear where he will live in the community." The DCP documented contact information for the class member's parents and a recent treatment provider, but there is no indication that SW attempted to contact any of these individuals to assist in creating a DCP. At 30 day follow up appointments of April 21, May 24, and June 22, which occurred cell-side due to his ongoing poor behavioral control, SW did not document any follow up regarding his DCP needs or any attempt to contact collaterals.

A court collateral note indicated that "class member is expected to be transferred to South Beach Psychiatric Center in the days following his court hearing on 7/18." However, instead he was released on his own recognizance. OHIS follow up on July 21 indicated contact with the class member's mother who confirmed that he was living with her.

Data received from CHS indicates that the class member was reincarcerated on September 8.

Findings:

Referral/appointment: inappropriate (if SW believed that he was incapable of meaningfully participating in DCP, they should have reached out to family class member to determine if the patient had a guardian, or other surrogate decision-maker, in which case they could work with that person on DCP. If he did not have a guardian and they believed he was incapable, they could have initiated a guardianship process or similar process or taken other steps to create a plan.)
SMI: appropriate
Case Management: inappropriate (see above)
Supportive Housing: ineligible

Case 11, July MO 85, was a 44 year old man who was incarcerated from February 19 to July 15, 2023. There were numerous delays in performing required tasks.

- On March 1 CHS rescheduled the psych basic noting that the class member "reported 'voices' to his HIV physician."
- CHS rescheduled his CTP on March 8.
- On March 15 DOC did not produce the class member for initial psychiatric assessment.

Different clinicians documented varying assessments of the class member. The results of a mental status examination documented in a MH progress note on March 23 noted auditory hallucinations and possible delusions, illogical, paranoid, tangential, and tearfulness. It was also noted that "he had a stroke in February," and had poor memory. He was placed on suicide watch, transferred to C71 and diagnosed with other specific trauma and stressor disorder.

When the initial psychiatric assessment was performed the following day, he was not assessed as thought disordered. The prescriber did note depression and anxiety and started sertraline. He was diagnosed with adjustment disorder with mixed features and other specified trauma and stressor disorder and admitted to C71 for close follow up.

He was housed in MO at the time of his CTP, which was completed 18 days late on March 27. He was diagnosed with rule out other specified schizophrenia spectrum and other psychotic disorder and other specified trauma and stressor disorder and was determined to be SMI. SW missed the 7 business day timeline for completing the DCP but completed it on April 6, 100 days prior to release. At his DCP he accepted a referral to Samaritan Village to provide a "structured/supervised" approach to his mental health and substance use treatment. SW contacted the program, and, while they recommended making an appointment, they indicated that they would accept the referral as a "walk in." SW planned to make a referral to Bronx CRAN, but the record contained no documentation that the referral was executed. Although he refused assistance with a supportive housing application, the class member accepted a referral to the Bellevue Men's shelter as he was "unsure about his prior apartment upon his release."

He was transferred to GP on April 26, appearing clinically stable. However, when seen by a clinician on May 10, he appeared to have deteriorated, demonstrating flat affect and appearing oddly related and internally preoccupied. He reported constant auditory hallucinations and was returned to C71 where he was assessed the following day by a nurse practitioner who admitted him but did not change his medications. He saw a prescriber on May 24 who remained uncertain about the nature and etiology of his psychotic symptoms. The class member was maintained on the MO throughout the remainder of his incarceration where he remained stable.

The class member signed an ACL on July 14 which reiterated the referral to Samaritan Village; while noting that he had accepted a CRAN referral, the ACL also documented that it was "unclear if referral was made." SW did not follow up with CRAN or initiate a new referral.[2]

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

Case 12, July MO 87, was a 32 year old man who was incarcerated from March 3 to July 27, 2023. He was housed in MO at the time of his CTP, which was completed 2 days late on April 12. He was diagnosed with bipolar 1 disorder, other specified trauma and stressor disorder, and substance use disorders, and he was determined to be SMI. SW missed the 7 business day timeline for completing the DCP, but it was completed on April 23, 95 days prior to release. At his DCP, consistent with information obtained from the Legal Aid Society social worker, he was offered and received a referral to RevCore where he had been referred for outpatient treatment prior to arrest. He was offered and accepted a referral to Queens CRAN for transitional case management, but the record contained no indication that the referral was executed.[3] He was not homeless.

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

Case 13, July MO 99, was a 33 year old, undomiciled man who was incarcerated from April 28 to July 5, 2023. He was housed in MO at the time of his CTP, which was completed 14 days late on May 29. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI. His timely DCP was completed on May 30. At his DCP he requested a referral to Harlem East Life Plan where he had been previously treated. SW contacted the program to confirm that he could return but did not provide a referral form to the class member. He was also referred to the Bellevue Men's Shelter.

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

Case 14, July MO 110, was a 39 year old, undomiciled man who was incarcerated from April 2 to July 28, 2023. He was housed in MO at the time of his CTP, which was completed 27 days late on May 18, 2023. He was diagnosed with other specified trauma and stressor disorder and was determined to be SMI. The clinician completing the CTP documented the following functional assessment:

[2] Per email from CHS on September 19, 2023, there was no CRAN file for this class member.
[3] Per email from CHS on September 19, 2023, there was no CRAN file for this class member.

> "Pt has difficulties in the community with having a lack of family support, being homeless and not employed as well as lacking insight to his mental illness, poor compliance with MH tx/meds and h/o inpatient psychiatric hospitalizations. He also has functional impairment due to incarceration exhibiting less sleep, more agitation, engaging in less physical activity, more impulsive and feeling stressed."

The CTP noted that PSYCKES included the following historical diagnoses: schizophrenia, delusional disorders, other specified impulse control disorder and alcohol and cannabis related disorders. The class member had been hospitalized for ten days for "paranoia" at Bellevue in November 2022, at which time he was diagnosed schizophrenia and was treated with risperidone and hydroxyzine in addition to intramuscular lorazepam for aggressive behaviors. Chart review revealed a history of paranoia, internal preoccupation, disorganized thoughts, being oddly related, increased energy and verbal as well as physical aggression. While retaining the diagnosis of other specified trauma and stressor disorder, the TPR of June 15 changed this determination to SMI-NO without explanation and, specifically, without consideration of his functional status.

His timely DCP was completed on May 22, 2023. At this time, he refused a mental health referral; he was not offered case management or supportive housing assistance because he was thought to not be SMI. At a 90 day follow up on July 13 he "denied a need for an appointment but requested information relating to Catholic Charities and anger management services." SW updated the DCP on this date, indicating a referral to Catholic Charities. However, SW did not provide him with a referral form, and there is no indication that they attempted to contact the program to confirm that they would accept the referral. When SW tried to provide him with an ACL on the day of release, he refused to engage.

Findings:

Referral/appointment: inappropriate (no contact, no referral form)
SMI: inappropriate (changed SMI to no without rationale for the change)
Case Management: inappropriate (not offered as thought to be SMI-No)
Supportive Housing: inappropriate (although undomiciled, not offered as considered to be SMI-No)

Case 15, July MO 147, was a 30 year old, undomiciled man who was incarcerated from March 5 to July 20, 2023. He was housed in MO at the time of his timely CTP on March 10, 2023. He was diagnosed with major depressive disorder and with alcohol and cannabis use disorders, and was determined to be SMI.

His timely DCP was completed on March 20 when he accepted referrals to Realization Center and Brooklyn CRAN. He refused assistance with supportive housing noting that he could return to the Atlantic Men's Shelter and work with his case manager there to secure a housing voucher. SW did not provide a referral form to the class member for Realization Center and noted that "[w]riter was informed that provider is accepting new patients at this time." Additionally, there was no documentation in the in record indicating that the CRAN referral was effectuated.[4].

At a 30 day follow up contact of May 9, the class member reported a prior case manager at TASC and indicated that he was considering moving to Florida with his family although he had no immediate plans to do so. The class member "want[ed] to follow up with his case manager at the Atlantic Men's Shelter to inquire about his case" and signed a consent for the SW to contact the case manager. The SW did not reoffer supportive housing or contact the case manager.

[4] Per email from CHS on September 27, 2023, there was no CRAN file for this class member.

SW did not see the class member again until the day of release, July 20, when they provided an ACL changing the referral to Bellevue Hospital outpatient mental health clinical for treatment of cooccurring mental health and substance use disorder. The ACL did not address case management or supportive housing services. There is no indication that SW attempted to contact Bellevue to confirm that they would accept the referral.

Findings:

Referral/appointment: inappropriate (no referral form for Realization Center, and unclear if the SW contacted the program to ensure they would accept the referral; no documented explanation for changed referral to Bellevue on the day of release. class member asked SW to contact the shelter case manager, but this did not occur.)

SMI: appropriate

Case Management: inappropriate (signed consent for CRAN, but no CRAN referral was executed.)

Supportive Housing: inappropriate (SW should have reoffered supportive housing and should been in contact with the shelter case manager to see if he needed a new 2010e)

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. The patient refused supportive housing application, as documented in his chart under "refusal appended" and stated that he will work with the case manager at the shelter regarding his housing voucher.*

Monitors' Response: Although CHS is correct in noting that the class member initially refused supportive housing assistance, SW should have contacted the shelter case manager once the class member agreed to have them do so. This contact would have aided the SW in determining whether the class member needed further assistance with supportive housing.

Case 16, July MO 165, was a 25 year old man who was incarcerated from May 27 to July 13, 2023. He was housed in MO when his CTP was attempted timely on June 2. The CTP was done by chart review only as in person assessment could not be done "due to altercation… on the units." He was diagnosed with adjustment disorder and substance use disorders and was determined to not be SMI. An in-person psychiatric assessment of the following day retained the adjustment disorder diagnosis but determined that the class member was SMI. In a clinical collateral note, communication from his AOT team indicated that "inmate is an AOT consumer with an active court order…. AOT consumer is receiving mental health treatment services from ICL Brooklyn Prospect IMT." A TPR of June 15 gathered additional history and changed his diagnosis to bipolar 1 and substance use disorders and confirmed that he was SMI.

On June 13, SW assisted the class member in completing a Medicaid application.

His DCP, completed on June 23, missed the seven business day deadline and was completed only 20 days prior to release. The SW noted his active AOT order and current IMT via ICL Brooklyn Prospect. SW contacted the IMT and referred him back for continuing treatment and case management services. He also accepted a referral to CRAN, though there is no indication that SW followed through in referring him to CRAN.[5] He reported housing in the Bronx and so was ineligible for assistance with supportive housing.

On the day of release, SW contacted his IMT "to inform them of the patient's release…. She will schedule the patient to be seen tomorrow at his supportive housing apartment." A few days after release, SW confirmed that he had reengaged with the IMT.

[5] Per email from CHS on September 19, 2023, there was no CRAN file for this class member.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate (while SW did not execute the CRAN referral, they were in contact with his IMT and confirmed their continuing engagement with the class member up through and after the point of release)
Supportive Housing: ineligible

Case 17, July MO 168, was a 29 year old man who was incarcerated from May 15 to July 6, 2023. He was housed in MO at the time of his timely CTP on May 22. He was diagnosed with schizophrenia and was determined to be SMI.

His DCP was attempted timely on May 18 when he presented as suspicious, guarded and paranoid and refused to engage with the SW. He refused an appointment for ongoing mental health treatment after release, CRAN services, and supportive housing assistance, reporting that he had been living with his uncle prior to incarceration.

A June 12 mental health progress note stated that the clinician "[d]iscussed with patient benefits of having re-entry services and supports to maximize chances of success and lowering risk of recidivism. Patient expressed ambivalence towards certain services but willing to discuss further with writer and DCP SW."

On June 14, SW partially completed a new DCP referring the class member to CRAN, SPOA and AOT. The following day, an additional DCP was completed, referring the class member to CRAN, SPOA/FACT, AOT and also to TSI for mental health treatment. SW contacted TSI to confirm that they would accept the referral but did not provide the referral to the class member; SW also completed SPOA and AOT applications on June 15. He refused assistance with supportive housing. A SW follow up of June 22 led to no updates to the discharge plan. On June 29, SPOA indicated that the class member had been assigned to the Jewish Board of Family and Children Services for care coordination.

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

Case 18, July MO 170, was a 33 year old, undomiciled man who was incarcerated from March 11 to July 13, 2023. He was housed in MO at the time of his timely CTP on March 20. He was diagnosed with schizoaffective disorder and marijuana use disorder and was determined to be SMI.

His timely DCP was completed on March 29. At that time, he indicated that prior to arrest he had been residing in a shelter located on Clay Street in Brooklyn, receiving SSI and food stamps, and attending a mental health program the name of which he could not recall. He accepted a referral to Northwell Health in Far Rockaway for ongoing mental health treatment after release, CRAN Brooklyn for transitional case management and an HRA 2010e application for supportive housing. The documentation the record was unclear as to whether the SW contacted Northwell to ascertain that they would accept the referral, noting only that the provider "has been verified." The location of the provider was not geographically convenient to the Clay Street Shelter. Although the HRA 2010e was submitted on April 6, SW did not receive a response from HRA and did not follow up regarding this.

At a 30 day follow up of June 12, the class member reported having been accepted to an inpatient program and that he was awaiting an opening. He was noted to be "[s]atisfied with his exit plan." A July 3 letter from the Brooklyn Mental Health Court indicated his upcoming release from court to Argus Community for residential treatment on July 13. Medications and prescriptions were requested. An ACL of the same day, which was provided to the class member, documented this plan. CHS provided the requested medications and prescriptions.

Findings:

Referral/appointment: inappropriate (unclear if program was contacted, and program distant from his last known address or the intake/assessment shelter) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (ATI)
Supportive Housing: inappropriate (no response from HRA, SW did not reach out) → ineligible (residential ATI)

Case 20, July MO 182, was a 32 year old man who was incarcerated from May 31 to July 6, 2023. He was housed in MO at the time of his timely CTP on June 4. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI.

His DCP, completed on June 21, 2023, missed the seven business day deadline and was completed only 15 days prior to release. The class member, who requested a referral for ongoing mental health treatment after release located in Brooklyn, was referred to New York Psychotherapy and Counseling Center; SW contacted the program to ascertain that it would accept the referral and provided the class member with the referral document.

Findings:

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

Case 21, July GPMEDS 53, was a 49 year old, undomiciled man who was incarcerated from May 29 to July 7, 2023. He was housed in GP at the time of his timely CTP on June 14, 2023. He was diagnosed with adjustment disorder with mixed anxiety and depressed mood and cocaine use disorder and was determined to be not SMI.

His timely DCP was conducted on June 23 when he was provided with a referral to CASES Nathaniel Clinic. SW completed an ACL on June 30 in preparation for his projected release of July 7. An addendum to the ACL of July 6 stated that "Clinic was outreached prior to client's release. Client is instructed to contact CASES next week for confirmation of intake appointment." The class member signed this July 6 ACL and the subsequent addendum. An additional addendum to the ACL of July 10 (3d after he was released) stated: "Client's CASES appointment has been scheduled for Wednesday July 26, 2023, at 9am…. This appointment is scheduled to be in-person and client is advised to arrive 15 minutes prior to appointment time."

Findings:

Referral/appointment: appropriate (There is a July 10 addendum indicating staffs' awareness that, notwithstanding the walk-in hours, they should have arranged a definitive appointment

for the class member. However, the walk-in hours of M-F 9am-4pm are quite extensive and we are considering them as an "appointment equivalent")
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 23, July GP NOMEDS 94, was a 28 year old man who was incarcerated from October 24, 2022 to July 10, 2023.

The Medicaid pre-screen conducted October 26, 2022 indicated that the class member's Medicaid was to expire on December 31, 2022. While the medical record does not indicate that SW took action to assist with reactivation or a new application, the HRA data indicates that a new application was filed on his behalf, as he is listed as having "pending" Medicaid, which was activated on July 12, two days after his release.

He was housed in GP at the time of his CTP, which was completed 11 days late on December 20, 2022. He was diagnosed with adjustment disorder with anxiety, and marijuana use disorder and was determined to be not SMI.

His timely DCP was completed on December 30, 2022 when he was referred to his prior provider, Housing Works. SW contacted the program to ascertain that he could return.

A June 30 letter from the Brooklyn Mental Health Court indicated the class member's acceptance at Argus/Striver for residential treatment. The Court required that CHS send prescriptions to a specific pharmacy, and made the following additional requests:

> "Additionally, for housing purposes, upon inmate being released from Riker's Island, we'll be looking into housing opportunities for our mutual client. We are requesting the following items: Supportive Housing Package, Supportive Housing Determination Letter, Aftercare letter, MGP card, and his Medicaid reactivated. His date of release is Monday, July 10th 2023."

An ACL of July 3 documented the plan for residential treatment upon release, but this was not provided to the class member. He was, however, scheduled to go directly from court.

Findings:
Referral/appointment: appropriate → inappropriate (residential ATI)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible → inappropriate (did not respond to request from mental health court regarding supportive housing)

***CHS Response**: CHS disagrees with the Monitors' findings for Referral and Supportive Housing. Completion of ATI should have made this case appropriate for referral/appointment and supportive housing.*

Monitors' Response: As noted above, the Mental Health Court made specific requests of SW in order to effectuate the ATI, to which SW did not fully respond. Therefore, we are not changing the rating for supportive housing. However, as the request for information related to supportive housing was specifically requested "for housing purposes," we are changing the rating for referral to appropriate.

Revised Findings:
Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible → inappropriate (did not respond to request from mental health court regarding supportive housing)

Case 25, July MO 14, was a 41 year old man who was incarcerated from October 25, 2022 to July 19, 2023, returning from Mid-Hudson where he had been hospitalized since August 2022. He was housed in MO at the time of his timely CTP on November 1, 2022. He was diagnosed with other specified schizophrenia and alcohol use disorder and was determined to be SMI.

His timely DCP was completed on November 7, 2022. It noted prior referrals to SPOA, AOT and CRAN in May 2022, but that the CRAN case had been closed due to the intervening hospitalization. SW submitted a new CRAN referral. The class member declined assistance with supportive housing because he expected to receive an ATI placement. The plan was to revisit his housing needs following the class member's upcoming court date and possible confirmation of the ATI. He accepted a referral to the Jewish Board for ongoing mental health treatment following release, but SW did not provide the referral to the class member. There is no indication that SW contacted the program to ascertain its willingness to accept the referral.

Although a 90 day follow up of January 11 did not update the DCP, a 30 day follow up on March 3 indicated that the district attorney had agreed to the ATI. A 730 mobile team note of April 14 stated that the class member's case had been moved to the Manhattan Mental Health Court. At a 30 day follow up on May 12, SW documented that his case was moving toward an ATI and that the class member's brother was assisting him in securing an apartment. SW did not offer assistance with supportive housing at that time, but SW notes indicated that an HRA 2010e was submitted on June 1, and that it was approved and sent to CRAN, SPOA and three providers on June 7. SW sent the approval to two providers on June 14. A 30 day follow up note of June 16 indicated that the class member had an interview at Fountain House.

A letter from Fortune Society of July 6 indicated his acceptance into transitional housing; subsequent communication from Fortune noted his acceptance for residential treatment at Freedom House and requested e-prescriptions.

The July 17 ACL indicated referrals to Fortune Society transitional housing and to Kings County Hospital and Fortune Society for mental health treatment. The class member was provided with referral forms as well as the ACL. A discharge plan update of the same day indicated that he was to be released on July 19 into transitional housing and was mandated to MICA treatment at Kings County Hospital. On July 17 SW also noted that the class member had was scheduled for screening for possible housing with Jewish Board but that the screening could not take place because of technical problems with the videoconferencing platform.

Findings:
Referral/appointment: inappropriate (no contact, no referral form) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (ATI)
Supportive Housing: appropriate → appropriate (he was mandated only to transitional housing, so having active 2010e should be helpful for ultimate housing placement)

Case 27, August GPMEDS 9, was a 29 year old transgender woman who was incarcerated from May 2 to August 21, 2023. She was housed in GP at the time of her timely CTP on May 29,

2023. She was diagnosed with substance induced psychosis, other specified trauma and stressor disorder, substance use disorders and was determined to be not SMI. Review of PSYCKES revealed multiple historical diagnoses including schizoaffective disorder, gender dysphoria, borderline personality disorder and various substance related diagnoses. She did not present with significant functional impairments at the time of her CTP although she did report receiving SSI related to "psychiatry." Attempts to clarify her diagnostic picture was complicated by her reported continued use of substances while on the unit as documented, for example, in a note of June 14.

Her timely DCP was completed on May 30, 2023 when she requested a referral back to her previous community provider, Apicha Community Health Center which was noted to offer LGBTQ+ specific services. SW did not provide her with a referral form, and there is no indication that they attempted to contact the program to ascertain its acceptance of the referral. A 90 day follow up of June 30 made no revisions to the DCP.

Findings:

Referral/appointment: inappropriate (no contact, no referral form)
SMI: appropriate (not clear that she had a functional psychosis because she was still using substances during incarceration)
Case Management: ineligible
Supportive Housing: ineligible

Case 28, August GPMEDS 24, was a 33 year old woman who was incarcerated from June 22 to August 15, 2023. She was housed in GP at the time of her timely CTP on July 9, 2023. She was diagnosed with schizoaffective disorder and cocaine use disorder and was determined to be SMI.

Her DCP, completed on July 31, missed the seven business day deadline and was completed only 15 days prior to release. She was referred to her prior provider, CASES FACT, and SW contacted the program to confirm her engagement with the program. Although she reported a residence prior to incarceration, the class member indicated that she expected to be undomiciled after release. SW was aware of a prior supportive housing approval due to expire on October 2, 48 days after release, but they neither forwarded the approval to case management or housing providers, nor did they initiate a new supportive housing application in light of the upcoming expiration.

An August 7 letter from Samaritan Village indicated that the class member was mandated to residential treatment and scheduled for release on August 15. The letter requested that CHS provide medications and an MGP card. An ACL and an updated DCP, both on August 9, reflects this plan. SW provided the ACL to the class member.

The class member prescreened as having active Medicaid with no expiration date on June 27. According to HRA, the class member's Medicaid was closed on the state exchange on August 13, 2 days prior to release. However, both FACT and, later, the residential ATI, are well placed to assist him in reapplying for Medicaid benefits.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (residential ATI)
Supportive Housing: inappropriate (class member's 2010e was due to expire 48 days after release and SW did not reapply) → ineligible (residential ATI)

Case 29, August GPMEDS 65, was a 32 year old man who was incarcerated from January 1 to August 9, 2023. He was housed in GP at the time of his timely CTP on February 28. He was diagnosed with bipolar 1 and substance use disorders and was determined to be SMI.

His timely DCP was completed on March 2, and he was referred to Bellevue Hospital for continued mental health treatment upon release and to Manhattan CRAN for transitional case management services. There is no indication that SW attempted to contact Bellevue to confirm that they would accept the referral. The class member expected to be undomiciled upon release; although he accepted a referral to the Bellevue Shelter, he declined assistance with supportive housing.

At a 30 day follow up on May 9, the class member noted that his attorney was working to get him accepted to an ATI program but that he had not been accepted to multiple programs due to "compliance issues" with his psychotropic medications. SW also noted that the "client remains amenable to the initial MH referral to Damian Family Care Ctr," although there is no indication in the record prior to this point that he had been referred to this provider. There is no indication that SW attempted to contact Damian to ascertain its willingness to accept the referral, and SW did not provide the class member with a referral form. A 30 day follow up of August 2 noted the class member's hope that he would go to ATI at his next court date but otherwise made no revisions to the DCP. This note copied the language regarding Damian from the earlier 30 day follow up note and indicated an upcoming court date on August 9.

While the CRAN records indicated that the class member eventually enrolled in services with Fortune
Society, SW was not involved in this referral which presumably was arranged by the court or his criminal defense counsel.

Findings:

Referral/appointment: inappropriate (no contact with Bellevue or Damian; no referral form for Damian; no explanation of the change in referral from Bellevue to Damian)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 30, August GPMEDS 171, was a 57 year old man who was incarcerated from May 2 to August 28, 2023. He was housed in GP at the time of his CTP, which was completed 87 days late on August 14, 2023. He was diagnosed with other specified trauma and stressor disorder, other specified anxiety disorder and was determined to be not SMI.

His timely DCP was completed on August 15. SW noted that the class member had been "…screened, assessed and found suitable for residential treatment. As a result, the court has required residential treatment as a condition of release." He was expected to enter Samaritan Daytop Village following his August 16 court date. The DCP noted that only e-prescriptions were requested to facilitate this placement. A medication revaluation note of August 14 further documented the class member's awareness of this plan, noting the he was "looking forward to being released on Wednesday 8/16/2023 to Samaritan Village. The patient is mandated to complete 90 days."

Findings:

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

Case 31, August GPMEDS 247, was a 36 year old man who was incarcerated on November 19, 2022. He was "released" on March 15, 2023 but was rearrested without leaving jail as a "turnaround" and remained incarcerated until August 8. He was housed in GP at the time of his CTP, which was completed 58 days late on January 30. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI.

His timely DCP was completed on February 8 when, after requesting a provider for ongoing mental health treatment located in the Bronx, he was referred to the Grand Concourse location of the Postgraduate Center for Mental Health (PCMH) in the Bronx, a CONNECT program.[6] SW provided him with a referral form, but there is no indication that they attempted to contact the provider to confirm that they would accept this specific referral. This DCP suggests that he had active Medicaid, though there is no prescreen during the first portion of his incarceration.

SW did not return to see the class member after his "turnaround" on March 15.

After the turnaround, the OHIS Medicaid prescreen of March 16 indicated that he had active coverage until April 30, so that by the time of eventual release to the community in August he would have required a new application. However, the HRA dataset indicates he had active Medicaid, coded as WMS-AC, upon release.

Findings:

Referral/appointment: inappropriate (SW did not contact the program, and they did not see him at all after the turnaround)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 32, August GPNOMEDS 239, was a 53 year old man who was incarcerated from July 13 to August 22, 2023. At his IPATP, he reported engaging in treatment with a provider in Brooklyn whose name he could not recall. He was housed in GP at the time of his timely CTP on July 24. He was diagnosed with substance induced anxiolytic-induced anxiety disorder and substance use disorders and was determined to be not SMI.

His DCP, competed on August 7, missed the seven business day deadline and was completed only 14 days prior to release. He requested a referral to a MICA outpatient program in Staten Island, his borough of residence prior to incarceration and where he expected to return to live with his wife upon release, and was referred to Richmond University Medical Center. His wife's name and telephone number were noted on the DCP. There is no indication that SW attempted to contact Richmond University Medical Center to ascertain its acceptance of the referral, nor did the SW attempt to contact the class member's wife to obtain collateral information related to his treatment needs and prior providers. On August 14, he told a MH clinician about a prior provider in Brooklyn noting a specific location and that his wife took him for appointments. The wife's name and number were included in the same note, yet this did not prompt the clinician to either contact the wife or refer him back to SW for follow up.

[6] In an effort to better understand the status of the CONNECT programs, on March 11, 2024, we submitted a series of questions to defendants. To date, defendants have not provided the requested information.

Findings:
Referral/appointment: inappropriate (no contact, no effort to obtain collateral information from wife regarding the class member's prior provider)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 35, August MO 52, was a 33 year old woman who was incarcerated from July 30, 2023 to August 31, 2023. She was housed in MO at the time of her timely CTP on August 7. She was diagnosed with other specified schizophrenia spectrum, other specified trauma and stressor disorder, substance use disorders and was determined to be SMI.

Her DCP was completed timely on August 10 when she "requested referral for psychiatric treatment with a provider located near to her shelter [located at 200 Tillary Street in Brooklyn." She was referred to New York Psychotherapy and Counseling at 102 Pilling Street in Brooklyn which was not contacted to ascertain that they would accept the referral. There was no adequate rationale as to why SW referred her to a treatment provider located over four miles from her permanent shelter when multiple providers are considerably more geographically convenient and there are treatment providers co-located in same building a CRAN at 175 Remsen Street which is just over half a mile from her shelter. She also accepted a referral to Brooklyn CRAN and assistance with supportive housing. The CRAN referral was effectuated; a HRA 2010e application was submitted to and approved by HRA and forwarded by SW to two housing providers.

Findings:
Referral/appointment: inappropriate (insufficient rationale for referral to distant program, program not contacted)
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate

Case 36, August MO 66, was a 41 year old man who was incarcerated from May 19 to August 15, 2023. At his IMHATP on May 20, he was diagnosed with adjustment disorder and with substance use disorders, and he was determined to be not SMI. At his PsychBasic on June 6, he was diagnosed with other specified schizophrenia, other specified trauma and stressor disorder, and substance use disorders, and he was determined to be SMI. He never received a CTP. He was housed in GP at the time of his CTP throughout this incarceration.

His timely DCP was completed on June 8. SW referred him to Bridge Outpatient Clinic and CRAN, and he accepted assistance with supportive housing. SW contacted the Bridge to ascertain that they would accept the referral and provided him with the referral. SW submitted the 2010e application on June 15, but there is no indication that HRA responded or that SW followed up with HRA regarding their non-response.

There were no 30 or 90 day follow up notes.

On August 9, a letter from Fortune Society indicates his acceptance to Freedom House transitional housing. SW noted this housing placement in an August 15 addendum to the DCP. On August 11, the Manhattan Drug Court requested medications and e-prescriptions, which were noted to have been provided in the ACL on August 15.

However, the CRAN record contained documentation that the class member had been referred to Realization Center with an intake scheduled for August 17. This development apparently occurred outside of the awareness of SW staff.

Findings:

Referral/appointment: appropriate → appropriate (MDC/EAC made referral to Realization Center per CRAN record, and he was provided by jail with walking medications and referrals. This was not clearly documented – apparently jail staff had no knowledge of the Realization Center referral, reflecting poor coordination between jail staff, CRAN and the MDC/EAC staff who arranged the ATI)

SMI: appropriate (the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating)

Case Management: appropriate

Supportive Housing: inappropriate (staff did not follow up regarding the lack of a response to the HRA 2010e application from HRA) → inappropriate (because he is going to "emergency transitional housing," he required an active 2010e for more definitive housing after transitional placement)

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

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

Case 38, August MO 99, was a 30 year old man who was incarcerated from March 29 to August 30, 2023. He was housed in MO at the time of his timely CTP on April 7. He was diagnosed with schizoaffective disorder and substance use disorders and was determined to be SMI. His timely DCP was conducted on April 11. He had a history of treatment at Kirby for restoration of fitness, and he was noted to be known to OPWDD (though not currently qualifying for services) and to have an active AOT order from Rochester requiring a new referral "in order to establish AOT services in NYC." Prior to incarceration he was receiving services from Visting Nurse Services IMT where he wished to return upon release. The SW contacted the IMT to ascertain that they remained willing to work with him. The class member did not want a referral to CRAN because of his involvement with the IMT. He accepted assistance with an HRA 2010e. SW submitted the application on May 2, and HRA approved it on May 4. SW sent it to his IMT and AOT personnel and to two housing providers on May 9.

The class member was transferred to BHPW on May 12. He was offered an unexpected release form on May 15 referring him to Metropolitan Hospital, the Bellevue Men's Shelter and

the HRA Access Center on 16th Street. He was noted to be "unable to sign" and refused all discharge planning services. The SW note of the same day indicated that they were unable to engage him in any meaningful fashion; SW did contact his prior IMT to confirm their involvement as well as his attorney who informed them that the class member's case was adjourned until June 7 and that he was to be screened for participation in Mental Health Court. In a note of May 25, the hospital SW noted the DCP that had been completed on Rikers Island. The class member was discharged to return to Rikers Island on June 1.

A 30 day follow up note of June 5 indicated awareness of the June 7 court date; no revisions to the DCP were made. At a 30 day follow up on July 18, there were again no updates to the DCP. An August 16 letter from Harbor House indicated the class member's acceptance to that program for long term residential placement, and requested that CHS send medications to a specified pharmacy which they did on August 24. An ACL documented this plan and a note of August 30 indicated that the class member was "being d/c directly to ATI from court."

Findings:

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

Case 39, August MO 135, was a 36 year old man who was incarcerated from June 2 to August 22, 2023. At his IMHATP on June 3, he was diagnosed with other specified trauma and stressor disorder and substance use disorders, and he was sent to the MO for suicide watch. A PsychBasic on June 7 confirms the diagnosis. He was determined to be not SMI.

He did not receive a CTP or a DCP.

Mental Health discontinued the suicide watch on June 9, and he was seen for social work orientation on June 9. Staff reviewed PSYCKES on June 14 noting prior diagnoses including schizophrenia, major depressive disorder and substance use disorders, but the PSYCKES report also indicates a minimal history of behavioral health treatment. Following two bridge orders, the class member was seen for a medication revaluation on July 10 when he said that he expected to receive a program at his next court date.

Despite the lack of a discharge plan, he was scheduled for a 30 day follow up appointment on July 13, but he was not produced by DOC. On July 20 he signed consents to release his record to the Center for Court Innovation.

There are no subsequent SW contacts in the medical record.

Findings:

Referral/appointment: inappropriate (no DCP)
SMI: appropriate (the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating)
Case Management: ineligible
Supportive Housing: ineligible

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

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

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

Case 44, August MO 210, was a 42 year old undomiciled man incarcerated from June 9 until August 24, 2023. He had just recently been released on May 25, 2023, and he is included as case 118 in our 52nd report. During that incarceration, he did not have a CTP or a DCP. He was noted to be "potentially eligible for OPWDD," but there were no efforts to pursue this further. Ultimately, he was referred to Samaritan Village outside of the awareness of the mental health and social work team.

He was housed in GP throughout the instant incarceration. At his IMHATP on June 12, he was diagnosed with substance induced psychotic disorder and substance use disorders and was determined to be not SMI. He was not seen for a PsychBasic on June 18 due to "CHS Rescheduled." There were numerous missed visits for a variety of medical issues throughout his incarceration. On August 7, he was seen by the psychiatrist who noted a prior diagnosis of schizophrenia but concluded that he had an adjustment disorder and substance use disorders. He was restarted on buspirone and melatonin at his request. He was again determined to be not SMI. Staff did not provide either a CTP or DCP.

Once again, at the very end of the instant incarceration, SW became aware that an outside agency had arranged for a residential ATI, this time to Odyssey House. SW prepared an ACL documenting this plan, and the medical provider forwarded e-prescriptions to the requested pharmacy. Otherwise, SW had no involvement with his release plan or with the discharge planning process.

This is now the second incarceration during which he remained incarcerated long enough to have had a CTP and a DCP but during which neither was completed. CHS conducted no discharge planning during these two incarcerations. Additionally, during both incarcerations, clinical staff engaged in only minimal efforts to understand his diagnostic or treatment history prior to the incarcerations.

Findings:

Referral/appointment: inappropriate (no DCP)

SMI: inappropriate (there was no CTP to fully assess the class member, and there is no indication that clinicians reviewed in detail prior information such as his prior diagnosis of severe mental illnesses, or of the possible eligibility for OPWDD as noted by PSYCKES in previous incarceration)

Case Management: ineligible

Supportive Housing: ineligible

Case 45, August MO 226, was a 25 year old man who was incarcerated from June 14 to August 29, 2023. He was housed in MO at the time of his timely CTP on June 18. He was diagnosed with other specified bipolar disorder and was determined to be SMI.

SW missed the 7 business day timeline for completing the DCP, but it was completed on June 29, 61 days prior to release. At the DCP, he was referred to his prior provider, Samaritan Daytop Village. SW gave him a referral form and contacted the provider to confirm that he could return. The class member declined a referral to CRAN. He reported stable housing and so was not eligible for an HRA 2010e but was "…open to revisiting a HRA application if his housing cannot be preserved until his release." SW indicated that they would follow up with the class member closer to his release or should additional information come to light.

The class member prescreened as having active Medicaid with no expiration date on June 18. According to HRA data, the class member's Medicaid was closed on the state exchange on August 18.

SW saw the class member for a 30 day follow on August 23, six days prior to his release. The "SW reviewed DCP with patient and he did not want to make changes at this time." SW was unaware of his having lost his Medicaid benefit.

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

Case 48, July GPNOMEDS 179, was a 58 year old man who was incarcerated from June 5 to July 12, 2023. He was housed in GP at the time of his timely CTP on July 7. He was diagnosed with other specified disruptive, impulse-control and conduct disorder and was determined to be not SMI.

His timely DCP was completed on July 12. At that time, he reported that his case had been dismissed and that he "…was waiting for parole to issue him an ankle bracelet before he is released." He accepted a community mental health referral and, although he was not SMI, a referral to CRAN transitional case management. He was referred to Housing Works, East New York Community Health Center. SW did not provide him with a referral form, and there is no indication that they contacted the provider to ascertain whether they would accept the referral.

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

Case 49, July MO 112, was a 37 year old man who was incarcerated from May 4 to July 19, 2023. He was housed in MO at the time of his timely CTP on May 8. He was diagnosed with other specified trauma and stressor disorder and marijuana use disorder and was determined to be not SMI.

His timely DCP was completed on May 18. While he had earlier requested a referral in Brooklyn, he was referred to Bailey House Inc Park Avenue Health Center in Manhattan, a CONNECT program. SW provided him with a referral form, but there is no indication that they contacted the provider to confirm that they would accept this specific referral.

Findings:
Referral/appointment: inappropriate (no contact; unclear rationale for referring to Manhattan-based provider; although he was undomiciled, he requested a provider in Brooklyn)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 50, August MO 19, was a 36 year old woman incarcerated from May 31 until August 17, 2023. She was housed in MO at the time of her CTP on June 10, one day late. There is no documentation as to the reason for this delay. She was diagnosed with schizophrenia and was determined to be SMI. At her timely DCP on June 14, she was referred to her prior ACT team. SW contacted the program to confirm that she could return, and they provided her with a referral form. She was noted to have a supportive housing approval through November 20, 2023, which SW sent to her ACT team and to two providers.

At a 30 day follow up on July 15, there were no updates to the DCP. SW was in contact with her attorney and her ACT team.

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

Case 51, August MO 124, was a 34 year old woman incarcerated from March 21 until August 7, 2023, returning from a hospitalization at Mid-Hudson. She was housed in MO at the time of her CTP on April 2, four days late for no documented reason. She was diagnosed with schizoaffective disorder and was determined to be SMI. At her timely DCP on March 30, she was referred to Brooklyn Connected Care PROS. SW provided her with a referral form, but there was no indication that they contacted the provider to confirm that they would accept the referral. SW also referred her to CRAN. She refused supportive housing assistance.

Subsequently, there were numerous notes in both the jail medical record and the CRAN record indicating that she planned to return to Chicago. This plan was reflected in 30 day follow up notes on April 29, May 30, June 30, and August 2, but on none of these occasions did SW (or CRAN) attempt to connect her with any program for treatment or case management in Chicago.

Findings:
Referral/appointment: inappropriate (no contact with PROS, no effort to connect her with treatment programs in Chicago where she planned to return following release)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 52, July GPNOMEDS 111, was a 49 year old man incarcerated from March 3 until July 5, 2023. He was housed in GP at the time of his CTP. His CTP scheduled for March 22 was rescheduled and did not occur until May 11, 49 days late. He was diagnosed with adjustment disorder mixed, other specified trauma and stressor disorder, and opioid use disorder, and he was determined to be not SMI. Functionally, he was described as having a "H/O supportive housing through Fortune Society, poor recent work history, poor mental treatment compliance in the community and multiple incarcerations."

At his timely DCP on May 21, he was referred to his prior program, Fortune Society. SW contacted the program to confirm that he could return and provided him with a referral form.

Findings:

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

Case 53, August MO 154, was a 30 year old man incarcerated from May 30 until August 21, 2023. He was housed in MO at the time of his timely CTP on June 2. He was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. At his timely DCP on June 9, he was referred to Bridge Back to Life. SW contacted the program to confirm that they would accept the referral. At the time of the DCP, they did not provide him with a referral form. The class member accepted a referral to CRAN, and SW noted that he "meets criteria for SPOA services…. This referral will be submitted on his behalf." SW did not follow through on either the CRAN[7] or the SPOA referral. The class member accepted assistance with a supportive housing application, which SW submitted on his behalf on June 23. HRA approved the application on June 26, and SW forwarded the approval to CRAN and to two housing providers on July 6.

Subsequently, the class member was "found suitable for residential treatment. As a result, the court has required residential treatment as a condition of release. It is anticipated he will be released from court 08/14/2023 to enter; CASES Nathaniel ACT…. Only Community eRx was requested." The DCP was updated on August 10 to reflect this plan, and the class member was provided with an ACL also reflecting this plan.

Findings:

Referral/appointment: inappropriate (no referral form) → appropriate (ATI)
SMI: appropriate
Case Management: inappropriate (did not follow through with CRAN or SPOA referrals) → appropriate (ATI to ACT)
Supportive Housing: appropriate → ineligible (residential ATI)

Case 54, September GPMEDS 27. See **Case 2**.

Case 55, September GPMEDS 114, was a 37 year old man incarcerated from October 10, 2022, until September 14, 2023. He was housed in GP at the time of his CTP on November 23, 17 days late for no documented reason. He was diagnosed with PTSD and with alcohol and cannabis use disorders. He was determined to be SMI. His DCP was completed on December 23, missing the seven business day deadline but 265 days before release. He was referred to the Fordham Community Mental Health Clinic, rather than to his prior provider, Essen Clinic. SW provided him with a referral form to Fordham. However, SW did not explain why they were not referring him back to his prior provider, nor did they contact Fordham to confirm that they would accept the referral. SW also referred him to CRAN. The class member was not homeless.

Other than two notes indicating SW contact with CRAN, on January 17 and June 7, 2023, there are no further SW contacts with this class member.

[7] Per email from CHS on November 21, 2023, there was no CRAN chart for this case.

After release, CRAN successfully engaged him on October 5 via an outreach letter to his house where he lived with his wife. Over the next week, they engaged him and arranged for both primary care and mental health appointments, and they also assisted with a Food Stamp application and vocational services as per his request.

Findings:

Referral/appointment: inappropriate (no contact with provider, no rationale for not referring him to prior provider)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 56, September GPMEDS 122, was a 23 year old woman incarcerated from February 22 until September 15, 2023. She was housed in GP at the time of her timely CTP on March 8. She was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI. At her timely DCP on March 9, she was referred to Harlem East Life Plan and was provided with a referral form. The SW documented that "SW was informed HELP can assist with individual/group therapy as well as medication management if needed and provided walk-in hours as M_F [sic] 7am-5pm." We inferred that this indicated that SW contacted the provider to confirm that they would accept the referral.

At a 90 day follow up on June 7, there were no changes made to the discharge plan.

Findings:

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

Case 57, September GPMEDS 175, was a 38 year old woman incarcerated from August 1 until September 20, 2023. She was housed in MO[8] at the time of her timely CTP on August 13, and the case is incorrectly labeled as a GP case. She was diagnosed with other specified schizophrenia and substance use disorders and was determined to be SMI. Her DCP was completed on August 23, missing the seven business day deadline and only 28 days before release. She was referred to her prior provider, Transitional Services of NY. SW contacted the provider to confirm that she could return and provided the class member with a referral form. SW also referred her to CRAN. She refused assistance with supportive housing, noting that she has "stable housing," though she had previously informed the clinician at her CTP that she did not want to return home and was planning to go to a shelter instead.

According to a CRAN note on September 13, she "will not be homeless upon release as she is supposed to be released to an inpatient treatment program." However, there was no other indication of an ATI in the jail or CRAN records.

[8] The case is incorrectly labeled as a GP case.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible (though it would have been preferable for the SW to have directly addressed the class member's statement at CTP that she was planning to reside in a shelter rather than returning to her prior living situation)

Case 58, September GPMEDS 203, was a 42 year old man incarcerated from September 14, 2021, until September 26, 2023. He was housed in GP at the time of his CTP on October 18, 2021, 14 days late for no documented reason. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI.

His DCP was completed on November 22, 2021, missing the seven business day deadline but 673 days before release. He was referred to the Institute for Family Health Mount Hope Family Practice. SW provided him with a referral form, but there was no indication that they contacted the provider to confirm that they would accept the referral.

At a 90 day follow up on November 24, 2022, SW did not update the DCP, but they did provide him with another copy of the referral form to the Institute for Family Health.

There were no other SW contacts in the medical record until the day of release, when he was provided with medications and an MGP card.

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

Case 60, September GPNOMEDS 109, was a 60 year old man incarcerated from July 20 until September 7, 2023. He was housed in GP at the time of his timely CTP on August 4. He was diagnosed with cocaine induced bipolar disorder, and cocaine and alcohol use disorders, and he was determined to be not SMI. His DCP was completed on August 24, missing the seven business day deadline and only 14 days prior to release. His DCP is ambiguous in that on one page it says he requested a referral in the Bronx and on another in Manhattan. He was referred to Bailey House in Manhattan and was given a referral form. There was no indication that SW attempted to contact the provider to confirm that they would accept the referral.

Findings:
Referral/appointment: inappropriate (no contact, ambiguity concerning his preferred location)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 61, September MO 3, was a 34 year old man incarcerated from May 22 until September 8, 2023. He was housed in MO at the time of his timely CTP on May 25. He was diagnosed with schizoaffective and substance use disorders. At his timely DCP on May 29, he was referred to Kings County Hospital. 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 and SPOA, and SW submitted a supportive housing application on his behalf on May 31. HRA approved the application on June 5, and SW forwarded the approval to CRAN and to three housing providers.

A letter from the mental health court on July 18 indicated that the class member would be released to live at Project Hospitality with treatment arranged at Bridge Back to Life. He was also going to be evaluated by CASES. This letter indicated that he would be released on August 8.

However, according to a 730 mobile team note on August 22, his release was delayed by the mental health court because "CASES wanted more time to officially approve patient for an ACT team."

SW prepared an ACL on September 8 indicating that he was released from court with a plan to reside at Project Hospitality and to attend treatment at both Bridge Back to Life and CASES ACT.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → appropriate (ATI includes ACT)
Supportive Housing: appropriate → appropriate (Project Hospitality is temporary housing placement only)

Case 62, September MO 12, was a 23 year old man incarcerated from July 12 until September 26, 2023. He was placed in GP after his IMHATP on July 20, where he was diagnosed with adjustment disorder with depressed mood and substance use disorders. These diagnoses were maintained at his PsychBasic on July 27. Both evaluators concluded that he was not SMI. He did not have a CTP or a DCP. He was never housed in MO.

On September 12, an e-prescription request was received, indicating that

> "As per… Manhattan Treatment Court, patient has been screened, assessed and found suitable for a treatment program. As a result, the court has required residential treatment as a condition of release. It is anticipated he will be released from court 09/26/2023, upon discharge patient will reside at his pervious address…. Patient will provided [sic] with Medication Assisted Treatment and Outpatient [redacted] Treatment at Argus Community."

E-prescriptions were sent to the requested pharmacy. An ACL on September 25 documented this plan.

Findings:

Referral/appointment: inappropriate (no DCP) → appropriate (ATI)
SMI: appropriate (the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating)
Case Management: ineligible
Supportive Housing: ineligible

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

assess the quality of that assessment. Without a CTP documenting the Class Member's SMI designation, cases should be found inappropriate for SMI assessment.

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

Case 63, September MO 15, was a 23 year old man incarcerated from May 25 until September 5, 2023. He was housed in MO at the time of his timely CTP on May 31. He was diagnosed with schizoaffective disorder and was determined to be SMI. At his timely DCP on June 7, he was referred to his prior provider, CASES FACT. SW contacted the provider to confirm that he could return and provided the class member with a referral form. The class member reported that he was not homeless.

At a 30 day follow up on July 18, the class member reported that he "is able to return to the home, however a member from his FACT team encouraged to apply for supportive housing. As such patient is now accepting supportive housing and CRAN referral."

The class member was hospitalized on the Bellevue forensic unit from August 16 until August 24, due to worsening clinical symptoms. He was stabilized with medication changes and returned to jail. The hospital SW reiterated the initial discharge plan outlined above but was unaware of his subsequent acceptance of supportive housing or CRAN.

There is no indication that either the jail or the hospital SW referred the class member to CRAN or initiated a supportive housing application.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: inappropriate (SW did not execute the CRAN referral after the class member accepted it. While he was engaged with FACT, these programs discharge their clients after a certain length of incarceration, and CRAN transitional case management is an important backup should that occur.)

Supportive Housing: inappropriate (did not offer to complete a 2010e after he accepted it)

***H+H Response**: This patient was not eligible for a SPOA application because he already had a FACT team. The patient also reported that he planned to live with his family and declined the HRA 2010e.*

Monitors Response: We agree that a SPOA application was unnecessary. With regard to supportive housing, the class member initially refused but later accepted a 2010e application at the prompting of his FACT provider, as noted in our initial case review. Neither the jail nor the hospital SW staff followed up by returning to him to initiate the application, though our primary concern relates to the inaction of jail SW staff who were aware of his acceptance at least 7 weeks prior to his release.

Case 66, September MO 25, was a 33 year old woman incarcerated from January 28 until September 20, 2023. She was housed in MO at the time of her timely CTP on February 9. She was diagnosed with unspecified bipolar and cannabis use disorders. She was determined to be SMI. At her timely DCP on February 11, she was referred to Harlem East Life Plan. SW

provided her with a referral form, but there was no indication that they attempted to contact the provider to confirm that they would accept the referral. She was referred to CRAN. SW submitted a supportive housing application on her behalf on February 14 which was approved on March 9. SW forwarded the approval to CRAN and to two housing providers.

At 30 day follow ups on March 11, April 12 and May 10, there were no updates to the DCP.

At a 30 day follow up on June 14, she reported that she hoped to be granted an ATI. A month later, on July 17, she reported having been interviewed by CASES for an ATI placement. She advised CRAN on August 16 that "she has a placement to CASES, possibly an ACT team." At a 30 day follow up on August 23, SW noted that "she completed an interview with ATI program, Nathaniel Community Success via CASES."

However, according to an ACL prepared on the day of release, she did not get an ATI. She was instead released on bail, and the previous referral to Harlem East Life Plan was reiterated. The ACL noted she was referred to the Franklin Women's shelter in the Bronx, but she requested transportation to an address in Jamaica (though she could not be transported due to "short notice"), and her e-prescriptions were sent to a pharmacy at Lenox and 125th Street. She was provided with a copy of this ACL.

CRAN contacted the class member's emergency contact on September 21, and she indicated that the class member was in a shelter. The class member came into the CRAN office on September 22, and CRAN arranged an appointment for her at Harlem East Life Plan, provided her with a letter to take to the SSA office, and assisted her in getting to Fortune Society, where "they were expecting her and a bed was available."

Findings:

Referral/appointment: inappropriate (no contact with Harlem East Life Plan)
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate

> ***CHS Response****: CHS disagrees with the Monitors' finding for Referral. 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Case 67, September MO 32, was a 38 year old man incarcerated from January 3 until September 1, 2023. He was housed in MO at the time of his CTP on January 6, five days late. He was diagnosed with other specified schizophrenia, other specified trauma and stressor disorder, and cocaine use disorder, and he was determined to be SMI. At his timely DCP on January 27, he was referred to Interborough and to CASES. SW contacted these programs to confirm that they would accept the referral and provided him with referral forms. SW also referred him to CRAN and documented that he met criteria for SPOA/ACT. SW did not submit a SPOA application. He reported that he was not homeless.

The record indicates that there was some uncertainty as to his diagnosis, with considerations of PTSD and intellectual disability being raised by various providers during the course of his

incarceration. PTSD was eventually adopted, but no cognitive testing was pursued. This uncertainty did not affect his SMI determination.

At a 30 day follow up on March 8, "he reported he may be offered an outpatient program at his NCD but he's unsure." There was no update to the DCP.

On April 25, the class member informed CRAN that he had taken a plea and was given a year, anticipating release in September. On May 3, CRAN contacted Fortune Society and was told that he could apply for their transitional housing 30 days prior to release.

On July 5, he accepted a supportive housing application and SW submitted it. According to the application, he reported he could not return to his mother's house. On July 7, HRA a rejected the application, but no reason was documented.

On August 8, the class member informed a prescriber that "he will be getting released in September to transitional housing."

At a 30 day follow up on August 10, SW documented a projected release date of September 2, noting that he was "working with Fedcap, CRAN, and Fortune Society for community services."

On August 18, he accepted a referral to SSA for assistance with benefit reinstatement.

A clinical collateral note on August 31 indicated that FEDCAP "confirmed the client can re-engage with Fedcap LINK and his previous services… no appt necessary and the client can walk in for services."

SW prepared an ACL on September 1, providing an appointment to Housing Works, and they provided a copy of this to the class member. SW wrote a note explaining the change from Interborough to Housing Works: Interborough suggested that "the patient would be a better fit for the HousingWork [sic] Connect clinic." SW contacted Housing Works, submitted a referral form, and obtained an appointment.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: inappropriate (SW did not follow through with a SPOA application)
Supportive Housing: inappropriate (SW did not re-apply for supportive housing after the initial application was rejected)

Case 68, September MO 68, was a 52 your old class member variably referred to as a man and as a trans woman. They were incarcerated from July 27 until September 21, 2023. They were housed in MO at the time of the CTP on August 8, four days late. They were diagnosed with adjustment disorder mixed, other specified trauma and stressor disorder, bereavement, and substance use disorders, and they were determined to be not SMI. Functional impairments included "H/o drug and alcohol abuse, h/o incarceration, h/o correctional MH treatment." At their timely DCP on August 17, they refused a mental health referral.

A letter from JCAP on September 6, indicated that they were accepted for long term residential treatment with admission scheduled for September 21. The drug court requested e-prescriptions and walking medications, which were provided. A DCP update was prepared on September 19, outlining this plan.

Findings:

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

Case 72, September MO 117, was a 44 year old man incarcerated from June 13 until September 1, 2023. At his IMHATP on June 16, he was diagnosed with delusional disorder, methamphetamine abuse, other specified disruptive impulse-control - and conduct disorder, and alcohol abuse, and he was designated SMI. There were specific descriptions of his psychosis in this assessment, and the delusions were described as "persistent and chronic."

He received a second IMHATP on June 19, where his diagnosis was changed to amphetamine induced psychotic disorder and alcohol use disorder, and his SMI designation was changed to "no." There is no explanation for the diagnostic change or the change in his SMI designation.

He was housed in MO at the time of his timely CTP on June 22. He was diagnosed with amphetamine induced psychotic disorder and other substance use disorders and was determined to be not SMI.

Subsequently, at his PsychBasic on June 23, he was diagnosed with other specified schizophrenia and substance use disorders, and was determined to be SMI. However, after a team meeting on June 26, the diagnosis reverted to substance induced psychosis, and his SMI designation to "no."

At his timely DCP on July 2, he was referred to Interborough. SW provided him with a referral form, but there was no indication that they attempted to contact the program to confirm that they would accept the referral.

The class member was discharged from MO on July 3.

On July 29, a clinician documented severe paranoia, documenting numerous delusional beliefs. He was returned to MO, and a civil hold was placed. The diagnosis of delusional disorder was reinstated, but no statement as to his SMI status was included in this note. Later that day, once he was in the MO, a clinician documented that his "reported delusional thinking was not observable once Pt arrived on MO housing unit. Suggesting possible goal directed presentation of psychotic SXS on behalf of Pt." Nonetheless, the diagnosis of delusional disorder was retained, and on August 3, a prescriber increased his antipsychotic dose. A TPR on August 9, reiterated the diagnosis of delusional disorder but indicated that he was not SMI.

On August 30, SW completed an ACL documenting an appointment at Interborough, and SW provided him with a copy of this ACL.

Findings:

Referral/appointment: appropriate (once the appointment was provided)
SMI: inappropriate (delusional disorder is a category 2 diagnosis,[9] which is presumptively SMI unless there is a clear explanation why the class member is not SMI. There was no such explanation in this case.)
Case Management: inappropriate (not offered due to incorrect SMI rating)
Supportive Housing: ineligible (class member was not homeless)

Case 74, October GPMEDS 44, was a 41 year old man incarcerated from May 8 until October 11, 2023. He was housed in GP at the time of his CTP on July 3, 33 days late. There were no documented reasons for this delay. He was diagnosed with other specified trauma and stressor disorder and was determined to be not SMI. At his timely DCP on July 10, he was referred to Upper Manhattan Mental Health. SW contacted the program to confirm that they would accept the referral, but they did not provide the class member with a referral form.

[9] A description of the four diagnostic categories may be found in our 46th Report at Page 48, and in subsequent reports.

On August 29, SW received a letter from the mental health court indicating that he had been mandated for admission on September 14 to Camelot residential treatment, requesting medications, e-prescriptions to a specified pharmacy, and an MGP card. SW prepared an ACL on September 12 documenting this plan, but there was no indication that he was provided with a copy of the ACL.

For reasons that were not documented, he remained incarcerated well beyond September 14, but other than a bridge order on October 2, continuing his medications, there were no further contacts with MH or SW. Ultimately, he was released on recognizance on October 11, but there was no documentation as to his release plan at that time.

Findings:

Referral/appointment: inappropriate (he was not provided with a referral form or with a copy of the ACL; there is no documentation that was released to the ATI on October 11)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 75, October GPMEDS 47, was a 47 year old man incarcerated from September 27, 2022, until October 17, 2023. He was housed in GP at the time of his timely CTP on October 13, 2022. He was diagnosed with other specified schizophrenia and substance use disorders. He was determined to be not SMI, a decision that was reviewed and approved by a supervisor. A PsychBasic the same day resulted in a SMI "yes" designation. At his first TPR on November 15, 2022, he was determined to be SMI, and this was erroneously noted not to have changed since the last treatment plan (the CTP). He remained SMI through the rest of his incarceration.

At his timely DCP on October 13, 2022, he was considered SMI, and he was referred to his prior provider, St. Barnabas. SW provided him with a referral form, but there was no indication that they attempted to contact the provider to confirm that the class member could return. SW also referred him to CRAN. He refused assistance with supportive housing.

At 30 day follow ups in November and December 2022, the class member reported that his attorney was talking about seeking an ATI. No updates were made to his DCP.

At a 30 day follow up on May 4, the class member reported that his attorney was optimistic regarding mental health court. He also reported that he was scheduled to have a video interview for a program the next day. No update was made to his DCP.

At his next 30 day follow up on June 5, the class member reported that he was still waiting for an ATI. There was no update made to his DCP.

There are no subsequent SW notes until the day of release.

Numerous CRAN notes throughout this period also indicate that his attorney was working on a program. However, on September 28, CRAN documented that the class member

> "reported that his mother… will be bailing him out tomorrow. He reported that he wants to reconnect with CASES to be connected to a MICA outpatient program. The client specifically requested Nathaniel Clinic. The writer reported that she could assist in reconnecting the client to CASES." There was no indication that CRAN followed up on this information, either by assisting directly in engaging with CASES, or by informing SW of this information.

There was no indication that CRAN shared this information with SW.

Ultimately, he was released on bail three weeks later, on October 17, and at this point, SW reengaged by providing him with an ACL reiterating the referral to St. Barnabas.

On November 6, the class member walked into the CRAN office reporting that he was still homeless.

Findings:

Referral/appointment: inappropriate (no contact with St Barnabas)
SMI: appropriate (once corrected at TPR)
Case Management: appropriate
Supportive Housing: inappropriate (SW did not reoffer him assistance with supportive housing after early refusal)

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. St. Barnabas 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Case 76, October GPMEDS 100, was a 38 year old man incarcerated from June 14 until October 25, 2023. He was housed in GP at the time of his CTP on August 3, 30 days late. There was no documentation as to the reason for this delay. He was diagnosed with other specified bipolar disorder, other specified schizophrenia, and substance use disorders and was determined to be SMI. At his timely DCP on August 13, he was referred to Postgraduate Center for Mental Health (PCMH) in Manhattan. SW did not provide him with a referral form, and there was no indication that they attempted to contact the provider to confirm that they would accept the referral. He accepted a referral to CRAN as well as a supportive housing application.

This class member was also case 103 in report 52. During that incarceration, which lasted from April 5 until May 11, 2023, he was diagnosed similarly and was referred to Realization Center and CRAN although, because of his short length of stay, CRAN was unable to engage him during his incarceration and could not locate him in the community after release. He also accepted supportive housing, but no application was completed.

SW did not complete the 2010e that he had, again, accepted. Additionally, during this incarceration, there was no indication that SW executed a CRAN referral.[10]

This unfortunate man had two incarcerations in quick succession, both times receiving an inappropriate DCP.

Findings:

Referral/appointment: inappropriate (no contact with provider, no referral form)
SMI: appropriate
Case Management: inappropriate (SW did not execute a CRAN referral)
Supportive Housing: inappropriate (SW did not submit 2010e)

Case 77, October GPMEDS 144, was a 29 year old man incarcerated from February 6 until October 6, 2023. He was housed in GP at the time of his timely CTP on April 21. He was diagnosed with other specified trauma and stressor disorder, adjustment disorder mixed, and cannabis use disorder. He was determined to be not SMI. At his timely DCP on April 26, he was

[10] Per email from CHS on December 18, 2022, there was no CRAN chart for this case.

referred to Richmond University Medical Center. SSW contacted the program to confirm that they would accept the referral, but they did not provide the class member with a referral form.

In an addendum to the DCP on October 5, SW provided the class member with an appointment at NAMI NYC Staten Island on October 10 for "outpatient MH services." SW also noted this information on an ACL. There was no explanation of the reason for this change in the outpatient referral, and there was no indication that SW provided the ACL to the class member.

Findings:

Referral/appointment: inappropriate (SW did not provide referral form or ACL to class member; no explanation of the change from RUMC to NAMI; to our knowledge, NAMI provides helpful advocacy and supportive services but is not a mental health treatment provider)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 78, October GPMEDS 229, was a 49 year old woman incarcerated from September 13 until October 30, 2023. She was housed in GP at the time of her timely CTP on September 26. The IMHATP, PsychBasic, and CTP all document a very significant trauma history as well as symptoms in all domains required for a PTSD diagnosis. Additionally, mental health staff were aware of and cited the PSYCKES documentation which included a historical diagnosis of PTSD. The CTP noted functional limitations including "inability to comply with social norms, maintain housing or employment [sic] illicit substance use." Despite this, she he was diagnosed with unspecified trauma and stressor disorder and substance use disorders and was determined to be not SMI.

At her timely DCP on September 27, she was referred to Realization. SW contacted the program to confirm that they would accept the referral and provided the class member with a referral.

A note on October 27 indicates an e-prescription request related to her being mandated to an ATI at Samaritan Village, and an updated DCP documents this plan.

Findings:

Referral/appointment: appropriate → appropriate (ATI)
SMI: inappropriate (no explanation for not diagnosing PTSD given the documentation summarized above. She should have been considered SMI)
Case Management: inappropriate (due to inappropriate SMI designation → appropriate (ATI)
Supportive Housing: inappropriate (due to inappropriate SMI designation → appropriate (residential ATI)

Case 80, October GPNOMEDS 106, was a 27 year old man incarcerated from August 30 until October 4, 2023. He was housed in GP at the time of his CTP on September 21, 9 days late. He was diagnosed with adjustment disorder and was determined to be not SMI. SW completed a social work orientation on October 2 but did not provide the class member with a full discharge plan.

Findings:

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

Case 81, October MO 10, was a 33 year old man incarcerated from October 24, 2022 until October 5, 2023, having returned from Kirby. He was housed in MO at the time of his CTP at the time of his timely CTP on October 27, 2022. He was diagnosed with schizoaffective and substance use disorders and was determined to be SMI. At his timely DCP on November 2, 2022, he was referred to Metropolitan Hospital. SW did not provide him with a referral form, and there was no indication that they attempted to contact the provider to confirm that they would accept the referral. He accepted referrals for CRAN, SPOA, and AOT, though only the CRAN application was submitted at this time.[11] He accepted assistance with supportive housing as well, though SW did not at that time submit the housing application to HRA.

At a 30 day follow up on December 19, 2022, there was no update to the discharge plan.

CRAN attempted to engage with the class member on numerous occasions in December and January, without success. CRAN ultimately closed their case on January 30.

On January 24, the 730 mobile team documented that the class members attorney was "trying for ATI."

In March, the 730 mobile team documented the class member's engagement in the mental health court where he was undergoing an evaluation for an ATI.

Also in March, SW submitted a supportive housing application and a SPOA application. The SPOA application indicated that an AOT application was "in progress." HRA approved the 2010e on March 15, 2023, but SW did not at that time forward the approval to CRAN or to housing providers.

Numerous notes in the spring of 2023 documented a possible pending ATI, but contemporaneous 30 day follow up notes did not update the DCP.

On May 8, the 730 mobile team documented that the class member "declined the ATI offer" and, according to attorney, would be entering a plea.

However, six weeks later, on June 20, during a TPR, the class member reported that he was "taking the plea deal" and indicated his preference for a program placement.

At 30 day follow ups in June, July, and August, there were no updates to the discharge plan.

On September 19, SW received a letter from the mental health court case manager indicating that he was going to be mandated to Harbor House residential treatment and would need e-prescriptions, walking medications, and an MTP. He was scheduled to be released to Harbor House on September 25. For reasons not documented in the medical record, he was not released on this date, but he was released on October 5 to be escorted to Harbor House, as documented by the 730 mobile team on October 10.

On October 19, two weeks after release, SW sent his supportive housing approval to SPOA, CRAN, AOT and two housing providers.

Findings:

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

SMI: appropriate

Case Management: appropriate → ineligible (ATI)

Supportive Housing: inappropriate (approval not forwarded until well after release) → ineligible (residential ATI)

[11] The record includes an AOT application dated 8/4/21, but this cannot be correct as it references a 2022 admission to Kirby.

Case 82, October MO 35, was a 33 year old man incarcerated from June 25 until October 13, 2023. He was housed in MO at the time of his CTP on July 10, two days late. He was diagnosed with adjustment disorder, other specified trauma and stressor disorder, and cocaine use disorder. He was determined to be not SMI. At his timely DCP on July 17, he was referred to Housing Works. SW contacted the program to confirm that they would accept the referral, and they provided him with a referral form.

Findings:

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

Case 83, October MO 109, was a 35 year old woman incarcerated from July 1 until October 10, 2023. She was housed in MO at the time of her timely CTP on July 16. She was diagnosed with major depression, cocaine induced psychosis, and cocaine abuse, and she was determined to be SMI. At her timely DCP on July 18, she was referred to Bronx REAL Center PROS. SW provided her with a referral form, but there is no indication that they attempted to contact the provider to confirm that they would accept the referral. She was also referred to CRAN, but she refused a supportive housing application because she reported that she was eligible for housing through HASA.

On July 24, she informed CRAN that she was "getting released into an inpatient program." CRAN indicated they reached out to her attorney to confirm this information.

At a 30 day follow up on August 15, SW documented that she had been sentenced to six months at court on the previous day. SW did not update the discharge plan.

On September 8, she accepted assistance with SSA benefits, and on September 19, she engaged in a phone interview with SSA.

At a 30 day follow up on September 12, SW documented that she would be released on October 10 and would be transported by Fortune Society.

At a TPR on October 3, a clinician documented that "she will be going to Providence House, a transitional house in Brooklyn, and will be spending two years there."

An updated DCP on October 4 did not include any information regarding either Fortune Society or Providence House, but indicated that she would be going to the Franklin Women's Shelter. The updated DCP did indicate an appointment at Bronx REAL PROS on October 18.

However, an ACL on October 6 provided her with an appointment at the SUNY Downstate Start Program and indicated that she would be residing at Providence House, very close to Downstate. She was provided with a referral form to the Start Program.[12] She was also provided with a copy of this ACL.

An updated DCP on October 6 indicated that her placement at Providence House was arranged by the Women's Prison Association. The update included her appointment at the Start Program.

[12] We believe it likely, based on context, that this was actually a referral to the STAR Program (see https://www.starprogram.nyc/).

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

Case 84, October MO 125, was a 35 year old woman incarcerated from June 9 until October 2, 2023. She was housed in MO at the time of her timely CTP on June 17. She was diagnosed with schizophrenia and was determined to be SMI. At her timely DCP on June 22, she was referred to her prior provider, Kings County Hospital. She was provided with a referral form, but there was no indication that SW contacted the provider to confirm that she could return. She accepted a CRAN referral but declined assistance with supportive housing. A SW note on this same day documented contact from her defense counsel indicating that she was jailed for an alleged probation violation and "Probation and the Judge are willing to give her another chance if she agrees to do a residential program."

At a 30 day follow up on July 25, she accepted assistance with supportive housing. This was documented in an updated discharge plan as well.

On July 29, SW documented that "class member has recently been assigned to CASES Brooklyn IMT II."

SW submitted the supportive housing application on August 4.

On August 14, CRAN documented that "client is accepted for IMT with CASES, however, it is unclear if the court will be amendable [sic] since it is outpatient treatment. [Her BDS social worker] is also working on client's Supportive Housing Application, if the court will be amenable to Supportive Housing + IMT."

SW documented that the application was approved on August 22 and was sent to CRAN and to two housing providers on September 5.

A supervisor reviewed a TPR on August 24, documenting as follows:

> "Pt's diagnosis is under review by the MH team. R/O personality disorder. There are observable borderline traits and general PD characteristics present (impulsivity, emotional dysregulation, relationship difficulties, fear of abandonment, affective instability, intense anger, physical fights) that cause significant dysfunction and are pervasive across multiple domains of pt's life. Pt also presents with a subtle but persistent paranoia, which may also stem from trauma and underlying PD. R/O Borderline Personality Disorder, R/O SMI-No"

At a 30 day follow up on August 31, SW documented that the class member was to have a video interview with Osborne Association but it was cancelled for technical reasons and was to be rescheduled.

On September 5, the class member was transferred from MO to GP, and the supervisor wrote

> "Over the past three months in MO housing, pt has not presented with any acute psychotic symptoms that require MO level of care. Pt's mood and affective instability, impulsivity, paranoia, and disorganized thoughts seem more to stem from character pathology as opposed to an underlying psychotic or mood disorder. Diagnosis: Borderline PD"

On this same date, the supervisor wrote the following in a TPR:

> "During this admission, pt has presented with mood swings, irritability, poor impulse control, and aggression, as well as mild disorganization and paranoid [thought process]. Pt exhibits some traits of paranoid personality disorder (distrust

and suspiciousness of others and their intentions; a few notes in CHS and hospital records indicate expressed concerns people are trying to hurt/kill her) and many borderline personality disorder traits (pattern of unstable relationships, self-image, and affects; impulsivity; affective instability; recurrent physical fights; intense anger and difficulty controlling anger). She has not presented with symptoms of perceptual distortions. Not many psych-related hospitalizations, and the few that have occurred likely were in the context of substance use, in conjunction with pt's interpersonal and self-regulating difficulties described above. Pt's presentation may be influenced by childhood trauma, however, there are no significant observed or reported symptoms of a trauma-related disorder. Pt's diagnosis is being updated to Borderline Personality Disorder, altering pt's SMI status to SMI-No."

He did not comment as to the class member's functioning, nor did he appear to consider the potential role of her being on an antipsychotic medication throughout the incarceration.

On September 12, the same supervisor wrote the following:

"[G]iven pt's difficulties adjusting in GP, her level of care is being changed to MO for increased support. Should the infirmary keep her for medical reasons, MH will f/u with pt there. Should she be medically cleared, she will be transferred to an MO unit. The pt she assaulted last week on the MO has been transferred. Pt can become quickly dysregulated, aggressive, and disorganized, making her ability to function in GP (and most/all housing areas thus far) difficult. MH will continue to engage pt around personal reflection and distress tolerance skills."

He retained the diagnosis of borderline personality disorder and did not comment as to her SMI designation.

At a TPR on September 21, the clinician noted the diagnosis of borderline personality and also determined that she was SMI, but they also erroneously noted that this status was unchanged from the prior TPR.

A SW note on September 22 indicated that she was "tentatively accepted into SUS Montrose permanent resident program…. Working with CASES IMT." A letter from SUS on this same date requested medications and a discharge summary and provided a move-in date of October 2. An e-prescription request on September 25 indicates that this plan arose out of a court mandated ATI. A DCP update was prepared on September 26, documenting this plan. The update indicated that she was not SMI, notwithstanding the most recent TPR which stated that she was SMI.

Findings:

Referral/appointment: inappropriate (no contact with provider)

SMI: inappropriate (there was an active disagreement among the members of the treatment team about her diagnosis and her SMI status that required resolution – a resolution that never occurred. The supervisor who documented the TPR on September 5 concluded, essentially, that because he was changing the diagnosis to borderline personality disorder, the class member was "automatically" not SMI. This was problematic because (1) the diagnostic change was made without adequately addressing her psychotic condition on admission and its resolution with antipsychotics, or (2) in the event that the diagnosis of borderline personality was accurate, she demonstrated lifelong maladaptation (i.e. severe dysfunction). The supervisor discharged the CM from the MO based on the view that her pathology was characterological in nature, something he did not reassess when she returned to the MO a week after discharge from the MO and his recognition that she was unable to function in any GP housing area. The later TPR reverted to SMI yes but apparently did not review the

previous TPR. Overall, this sequence of events demonstrated a breakdown in the treatment team as well as a continuing misunderstanding of the need to consider functional impairments for people with category 3 diagnoses.)

Case Management: appropriate (CRAN assisted with effectuating the ATI)

Supportive Housing: appropriate (the completion of the 2010e was necessary to develop this ATI which included supportive housing)

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. Completion of ATI should have made this case appropriate for referral/appointment.*

Monitors' Response: CHS is correct. We are changing the finding for referral to appropriate based on SW staff facilitating the ATI.

Revised Findings:

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

SMI: inappropriate (there was an active disagreement among the members of the treatment team about her diagnosis and her SMI status that required resolution – a resolution that never occurred. The supervisor who documented the TPR on September 5 concluded, essentially, that because he was changing the diagnosis to borderline personality disorder, the class member was "automatically" not SMI. This was problematic because (1) the diagnostic change was made without adequately addressing her psychotic condition on admission and its resolution with antipsychotics, or (2) in the event that the diagnosis of borderline personality was accurate, she demonstrated lifelong maladaptation (i.e. severe dysfunction). The supervisor discharged the CM from the MO based on the view that her pathology was characterological in nature, something he did not reassess when she returned to the MO a week after discharge from the MO and his recognition that she was unable to function in any GP housing area. The later TPR reverted to SMI yes but apparently did not review the previous TPR. Overall, this sequence of events demonstrated a breakdown in the treatment team as well as a continuing misunderstanding of the need to consider functional impairments for people with category 3 diagnoses.)

Case Management: appropriate (CRAN assisted with effectuating the ATI)

Supportive Housing: appropriate (the completion of the 2010e was necessary to develop this ATI which included supportive housing)

Case 85, October MO 137, was a 25 year old man incarcerated from August 22 until October 25, 2023. He was housed in MO at the time of his timely CTP on August 30. He was diagnosed with other specified schizophrenia and substance use disorders and was determined to be SMI. At his timely DCP on September 8, he was referred to CASES Nathaniel clinic. SW contacted the program to confirm that they would accept the referral and provided the class member with a referral form. He was also referred to CRAN. SW submitted a supportive housing application on October 6 which was rejected by HRA on October 10. SW resubmitted the application on October 18. HR approved the application on October 19, and SW sent the approval to two housing providers on October 23, including ICL and Jewish Board.

On October 25, SW documented that they "received correspondence from Jewish Board Supportive Housing program, requesting pt's release date. Pt does not have a release date at this time. Program was advised accordingly." The class member was released from court later that day.

Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (the month-long delay in submitting the application precluded the class member from the possibility of engaging with a potential housing provider)

CHS Response*: CHS disagrees with the Monitors' finding for Supportive Housing. The delay in submitting the supportive housing application did not have any bearing on the ability to connect this patient with the Jewish Board for supportive housing.*

Monitors' Response: On re-reviewing the case, we are changing the rating to "appropriate" for supportive housing, because it is not clear from the documentation that Jewish Board was ready to offer the class member an interview. However, this case is an example of the shortcoming of CHS's policy that does not require staff to respond to homeless class members' housing needs within a specified timeframe. Had SW submitted the application earlier, they would have had more time to work with Jewish Board and other housing providers to attempt to find housing for this class member.

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

Case 86, October MO 140, was a 33 year old man incarcerated from March 14 until October 16, 2023. He was housed in MO at the time of his timely CTP on March 22. He was diagnosed with schizoaffective disorder and was determined to be SMI. According to the CTP, he had been living in supportive housing through Postgraduate prior to incarceration. The CTP clinician contacted staff at Postgraduate who provided information and who also indicated that he was a PROS participant.

A clinical collateral note on March 22 indicated he was assigned to VNS ACT and was on AOT in the Bronx.

His DCP was completed on April 3, missing the seven business day deadline but 196 days before release. He refused referrals for mental health treatment and case management as well as for a supportive housing application. He was noted to be on both AOT and an ACT caseload.

SW did not see him again until September 8, when they provided A DCP update. This update notes his prior involvement with VNS ACT, AOT, and Postgraduate PROS, as well as his prior housing placement at Postgraduate. However, the SW did not attempt to contact any of his providers, and they appeared to cut and paste or otherwise copy information from the initial DCP indicating that the class member could not remember or provide names of his providers or caseworkers. At this DCP update, SW provided him with a referral to "Intake/CONNECT" at Postgraduate, noting that "this provider has been verified." They provided the class member with a referral form. SW submitted SPOA and AOT application on September 12. They also submitted a supportive housing application on September 11. HRA approved the application on September 12, and SW forwarded the approval to AOT and to two housing providers, ICL and Pibly.

On September 20, ICL contacted SW "regarding release date to schedule housing interview. Pt does not have a release date at this time."

On October 4, SW documented that VNS ACT closed his case, but that "he is still waitlisted for IMT."

In an e-prescription request on October 10, "As per… Legal Aid Society, patient has been screened, assessed and found suitable for residential treatment. As a result, the court has required residential treatment as a condition of release. It is anticipated he will be released from court 10/16/2023 to enter congregate supportive housing at 1282 Shakespeare Ave Bronx, NY 10452 (Postgraduate Mental Health Center)…; Only Community eRx were requested." An ACL on this date documented the plan, and this ACL was provided to the class member. SW prepared a DCP update documenting this plan as well. An updated e-prescription request on October 13 indicated that he would be getting treatment from Samaritan Village.

Findings:

Referral/appointment: inappropriate (no indication that SW confirmed that the provider would accept this specific referral) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → ineligible (ATI)
Supportive Housing: appropriate (while SW should have contacted his prior housing provider, they did submit a new application on his behalf) → appropriate (ATI included a supportive housing placement)

Case 87, October MO 162, was a 25 year old man who was incarcerated from February 4 until October 18, 2023. He was housed in GP at the time of his CTP, which was completed seven days late on February 28. He was not sent to MO until March 2, after the CTP had been completed. He was diagnosed with schizophrenia and substance use disorders and was determined to be SMI.

His timely DCP was completed on March 2. He was referred to Mental Health Providers of Western Queens. SW confirmed that the program would accept the referral, and the class member was given a referral form. He was referred to CRAN, but he refused a supportive housing application.

On June 13, the class member told his CRAN caseworker that he had been "offered an ATI and is working with Queens TASC." However, jail-based staff were unaware of the eventual ATI placement until September 29, when a prescriber noted that "he was offered a program at Harbor House." On the day of release, they were asked to provide, and provided, e-prescriptions for the class member. They had no other involvement in the implementation of the ATI.

Findings:

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

Case 88, October MO 171, was a 42 year old man incarcerated from February 22 until October 20, 2023. He was housed in MO at the time of his timely CTP on February 28. He was diagnosed with schizophrenia, post-traumatic stress disorder, and substance use disorders and was determined to be SMI. He was seen for a DCP on March 10, missing the seven business day deadline but 224 days before release. However, he refused all offered services. He was determined to be eligible for both CRAN and SPOA.

At 8:30 day follow up on April 11, he was offered and accepted referrals for both community mental health treatment and SPOA, but he continued to refuse CRAN and a supportive housing application. A DCP update was completed on April 24, indicating that a SPOA application had been completed but he was determined to be ineligible and requesting a reapplication closer to his release date.

A second DCP update was completed on May 23, documenting SW's awareness of his projected release date of October 22. He was given a referral to Kings County outpatient, and the SW confirmed that the program would accept the referral. He was provided with a referral form. He continued to refuse CRAN and supportive housing. SW did not initiate a reapplication for SPOA at this time.

At 30 day follow up visits on June 6 and September 15, no changes were made to the DCP.

In a SW progress note on October 17, SW documented that

> "Writer attempted to meet with Patient cell-side regarding upcoming scheduled released date for 10/20/23, at with time Patient was observed sitting on his bed writing in his book. As Writer attempted to engage Patient he began screaming angrily stating 'Leave me alone, leave me alone'. As such Writer was not able to re-engage Patient regarding eligible DCP services that that he is entitled to."

SW Completed an ACL on the day of release, at which time the class member refused an appointment.

Findings:

Referral/appointment: inappropriate (no appointment was provided for this sentenced class member, who was only offered an appointment on the day of release)

SMI: appropriate

Case Management: inappropriate (unclear why SPOA would find him ineligible given his presentation, but SW did not follow up with the SPOA recommendation to reapply closer to his release date)

Supportive Housing: ineligible

***CHS response**: CHS disagrees with the Monitors' finding for Case Management. CHS made numerous attempts, on June 6, 2023, September 15, 2023, and October 17, 2023, prior to the patient's release date to engage and discuss post-release plans with this patient. Each time the patient refused to participate.*

Monitors' Response: As outlined in the summary above, we are aware of the numerous refusals of CRAN. However, the class member accepted a SPOA referral and was rejected by SPOA with a recommendation to reapply closer to release; SW did not follow up regarding this recommendation.

Case 90, October MO 193, was a 28 year old male/transgender female who was incarcerated from February 14 until October 31, 2023. The class member was housed in MO at the time of their CTP on February 28, five days late. They were diagnosed with schizoaffective disorder and were determined to be SMI. Their timely DCP was completed on March 8. They were referred to Fortune Society, but they were not given a referral form, and there is no indication that SW attempted to contact the program to confirm that they would accept the referral. They were referred to CRAN, SPOA, and AOT, and SW noted that the class member "has an AOT referral under investigation." They refused supportive housing noting that they were already connected to HASA.

At a 30 day follow up, on April 13, SW documented that the class number was satisfied with the previous referral but noted that they were hoping for a program at the next court date in May.

In a SW progress note on May 9, SW documented that "client has been deemed eligible for services but cannot be assigned at this time due to incarceration." As the email address from which this information was learned is from the domain @health.nyc.gov, we assume this information came from SPOA.

At a 30 day follow up on August 16, the class member reported that "he is going to a program." There were no other updates to the DCP.

On September 5, SW documented contact from the AOT team requesting an update.

At a medication reevaluation on October 6, the class member reported that "he might be leaving today and will follow up at Kings County Hospital.

On October 20, SW again documented a request for an update from the AOT team.

At a TPR on October 25, a clinician documented that "he may get a program… lawyer did discuss some programs."

In a 30 day follow up note on October 26, there were no updates to the DCP, and no mention of a program.

Notes in the record from after release indicate he may have received an ATI, but there is no other relevant information in either the jail medical record or in the CRAN record.

Findings:

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

Case 91, October MO 194, was a 38 year old man incarcerated from May 28 until October 30, 2023. He was housed in MO at the time of his timely CTP on August 1. He was diagnosed with other specified schizophrenia and cannabis use disorder and was determined to be SMI. At his timely DCP on August 3, he was referred to Realization Center. SW contacted the program to confirm that they would accept the referral, and they provided the class member with a referral form. He was also referred to CRAN. He accepted a supportive housing application which was submitted on August 30 and approved on August 31. SW forwarded the approval to CRAN and to two housing providers. The class member was seen twice for 30 day follow ups come up but there were no updates to the DCP.

Findings:

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

Case 92, October MO 207, was a 49 year old man incarcerated from January 23 until October 17, 2023. He was housed in MO at the time of his CTP on January 31. He was diagnosed with other specified trauma and stressor disorder, a mixed adjustment disorder, and opioid use disorder. He was determined to be not SMI, although the clinician noted "functional impairments… evidenced by homelessness, emotional dysregulation, substance use."

SW missed the seven business day timeline for completing the DCP, but it was completed 249 days prior to his release. He was referred to the Bridge outpatient program and was given a

referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

The class member had recently been released from jail, on January 19, and during this previous incarceration, he had been referred to CRAN. CRAN continued to work with him during the instant incarceration. CRAN reached out to the jail staff on June 19, reporting that they told him he was not doing well and had suicidal thoughts.

At a 90 day follow up on July 3, SW offered him a CRAN referral. The class member reported that he was "anticipating a release in the future to a program."

On October 10, SW learned that the class member had been accepted for a mandated residential program arranged by the Brooklyn mental health court. SW provided him with an ACL summarizing this information and arranged for the requested e-prescriptions to be submitted for him.

Findings:

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

Case 93, October MO 210, was a 44 year old man incarcerated from August 3 to October 3, 2023. He was seen for his initial assessment on August 16, at which time he was housed in MO. He was transferred to GP on August 23.

On August 30, his CTP was not done because "CHS rescheduled," and the CTP was rescheduled for September 9. He did not receive a CTP.

At his initial mental health assessment, he was diagnosed with adjustment disorder and substance use disorders. At his PsychBasic, he was diagnosed with substance use disorders only.

The class member did not receive a DCP.

On September 26, SW received a letter from the Manhattan treatment court indicating that he was being mandated to Acacia Network for residential placement. The letter requested medications, e-prescriptions, and MGP. SW documented having provided these services in an ACL dated October 18, two weeks after he was released.

Findings:

Referral/appointment: inappropriate (no DCP) → appropriate (ATI)
SMI: appropriate (the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating)
Case Management: ineligible
Supportive Housing: ineligible

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

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

Case 94, September GPNOMEDS 40, was a 20 year old man incarcerated from May 4 until September 29, 2023. When initially seen by mental health on May 25, he was determined not to need any further follow up. He was seen again on June 7 after he was sentenced, and again was determined to need no further follow up. He was seen a third time on June 29, after he reported having PTSD, and once again he was determined not to need further mental health follow up. On August 1, he was seen for a fourth time and again was determined not to need follow up. Finally, on August 16 he was seen for an initial assessment, and on this occasion, the clinician recommended further clinician follow up.

He was housed in GP at the time of his CTP, which was completed 11 days late on September 11. There is no indication in the medical record as to the reason for the delay. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI.

At his timely DCP on September 14, he was provided with an appointment at VIP. He was given an ACL that included his appointment information.

Findings:

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

Case 95, September MO 38, was a 28 year old man incarcerated from January 10 until September 7, 2023. He was housed in MO at the time of his CTP on January 24, six days late. He was diagnosed with other specified schizophrenia and rule out schizotypal personality disorder and was determined to be SMI. He received a timely DCP on January 29, at which time he refused all services.

He was not seen again by social work until August 25 when a second DCP was created. At this time, was known to have a projected release date of September 7. He accepted a referral to CASES but was not offered an appointment. He was given a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. He also accepted a referral to CRAN and a supportive housing application. The application was initially submitted on August 31, and it was returned by HRA the next day seeking further information, which was provided. The application was approved by HRA on September 5 and was sent to two housing providers on that day.

On September 5, a note appended to the second DCP indicates that he was provided with an appointment at Bailey House. An ACL completed the next day indicated that he was provided a walk in appointment at this program. The class member signed the ACL.

At his initial Medicaid prescreen on January 11, the result indicated that he last had an active Medicaid in New York in 2018 and that a new application was needed. The SW completing the second DCP indicated that a Medicaid application was "pending." However, there was no other indication in the record that a Medicaid application had been submitted. HRA data for this class member indicated that HRA did not receive an application.

After release, CRAN contacted CASES to try to find the class member and were told that "client's insurance was inactive and therefore they were unable to move forward with the client." CRAN also attempted to contact Bailey House, and they received a response that the "number is not in service."[13]

Findings:

Referral/appointment: inappropriate (no contact with either CASES or Bailey House; SW did not offer him a Medicaid application, which apparently precluded CASES from working with him)
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate

Case 96, September MO 76, was a 48 year old man incarcerated from July 15 to September 11, 2023. He was housed in MO at the time of his CTP at the time of his CTP on August 2, 10 days late. He was diagnosed with schizoaffective disorder and was determined to be SMI. He was transferred to GP on August 18.

SW prepared a discharge plan for him on August 23, missing the seven business day deadline and only 19 days before release. He "declined a mental health referral maintain that he was connect to an ACT team via Mount Sinai Hospital [sic]." SW contacted the ACT team. SW also offered him a referral to CRAN, suggesting a misunderstanding of the scope of services provided by ACT. He accepted the referral to CRAN, but this apparently was not executed.[14] SW also noted that he met AOT criteria, but they did not initiate a referral to AOT. He declined a supportive housing application, reporting that he was housed in "BRC transitional housing."

Findings:

Referral/appointment: appropriate (the class member declined assistance with returning to his prior ACT team, and therefore the SW saw him as "refusing" and did not provide a referral form. SW and the prescribers were in contact with his ACT program, who indicated that they were remaining involved with him. The class member knew who his providers were and we concluded that even though no referral was given, the work done by SW and the MH clinicians resulted in an appropriate MH referral.)
SMI: appropriate
Case Management: inappropriate (did not follow through with either AOT or CRAN referrals)
Supportive Housing: ineligible

Case 98, August MO 41, was a 41 year old man incarcerated from September 14, 2022, until August 11, 2023. He was housed in MO at the time of his timely CTP on September 21, 2022. He was diagnosed with schizoaffective disorder and substance use disorders and was determined to be SMI. His DCP was completed on October 21, 2022, missing the seven business day deadline but 294 days before release. He was referred back to his IMT, and SW contacted the program to confirm that they would accept the referral. He was not given a referral form. He was referred to CRAN as well. He was also noted to already be on AOT. He reported living in supportive housing, but there is no indication that SW contacted the supportive housing provider to determine if he could return.

[13] The number listed in the medical record is identical to the number provided by defendants to us via email on May 16, 2023. An internet search revealed that this remained the number at this program as of January 8, 2024.
[14] Per email from CHS on January 19, 2024, there was no CRAN chart for this case.

The PSYCKES extract confirmed that he was under an AOT order from May 17, 2022, that he had been living in supportive housing since late 2019, and that he had been on the IMT caseload since late 2021.

SW contacted his IMT caseworker to discuss housing on October 28, 2022. The caseworker indicated that "he may be at risk of losing the apartment, but the IMT team is prepared to advocate for him should this occur."

During a medication reevaluation on February 1, 2023, the class member indicated that he may be going to a program placement. On March 1, the class member told the same prescriber that, though he does not want to go to a program, he indicated that he would do so "because his ACT team recommends it."

On April 20, SW documented that "Patient's social worker from Queens Defenders requested writer meet with patient to discuss housing options as some things have recently changed." SW indicated that they could not do so on this date because the class member was in court.

In a progress note on July 7, SW indicated that the class member was expected to be released on July 10 but also noted severe clinical instability. The class member "did not seem to comprehend that he no longer has his supportive housing home and was unwilling to consent to a new shelter referral or answer questions for a housing application." An ACL signed on July 21 also indicated that he was expected to be released on July 10 from court to return to his IMT. However, he was not released on this date.

On July 13, SW documented sending records to the IMT at their request.

On August 16 (five days after he was released on recognizance), SW documented contacting the IMT and being "informed that client has made contact and is expected to meet with client for follow up on 8/16/2023." SW agreed to provide records upon receiving appropriate consents.

There were no 30/90 day follow up notes in the medical record, and there was no indication that SW executed the CRAN referral.[15]

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: Inappropriate (SW needed to stay involved as it was foreseeable that he would need to reapply. The reoffer was not made until he had decompensated and was clinically unstable. SW should have maintained ongoing contact with IMT and/or CAMBA to determine when he lost his placement so they could have timely reapplied.)

Case 99, August MO 81, was a 39 year old man incarcerated from June 14 until August 9, 2023. He was housed in MO at the time of his timely CTP on June 22. He was diagnosed with schizoaffective and substance use disorders and was determined to be SMI. His DCP was completed on July 5, missing the seven business day deadline but 35 days before he was released. He was referred to CASES Nathaniel Clinic and was given a referral form, but there is no indication that SW attempted to contact the program to confirm that they would accept the referral. He was referred to CRAN and later was referred to SPOA. He was not homeless.

[15] Per email from CHS on January 17, 2024, there was no CRAN chart for this case.

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

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. CASES Nathaniel Clinic 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Case 100, August MO 175, was a 32 year old man incarcerated from July 5 until August 10, 2023. He was seen for an initial mental health assessment on July 9, where he was diagnosed with other personality disorder and substance use disorders. At his PsychBasic, he was diagnosed with substance use disorders only.

Initially housed in MO, he was transferred to GP on July 17.

The class member did not have either a CTP or a DCP.

Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate (the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating)
Case Management: ineligible
Supportive Housing: ineligible

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

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

Case 101, August MO 198, was a 25 year old man incarcerated from June 11 until August 31, 2023. He was housed in MO at the time of his timely CTP on June 17. He was diagnosed with schizoaffective disorder and cocaine use disorder and was determined to be SMI.

He was transferred from MO to GP on July 3.

SW provided the class member with a DCP on July 5, missing the seven business day deadline but 57 days before release. At this point, he was known to have a projected release date of August 31. He was given a referral to VIP Community Services, and the SW noted that he "will be scheduled an appointment closer to his release date." SW provided him with a referral form and contacted the program to confirm that they would accept the referral. He was referred to CRAN, though the referral form was not submitted to CRAN until the day of release. He accepted a supportive housing application which was not submitted until August 23 and approved on August 24. SW forwarded the approval to CRAN and to three housing providers (including ACMH) on August 31.

In the DCP, SW noted that they did not provide assistance with SSI/D benefits because he was "sentenced within 30/120 days… not eligible for SSA due to the length of his incarceration." On August 30, SW documented that he "declined [assistance with reinstatement] expressing that he has SSA benefits already, and will be going directly to the office."

SW provided the class member with an ACL on the day of release indicating that they provided him with an appointment at VIP on September 5.

On September 7, SW was contacted by ACMH: "social worker received an email from ACMH indicating that the patient had prior housing services with them. Writer was asked if the patient is still interested in housing there, and was able to establish an appointment for him to engage in the housing interview on Thursday, September 14th at 10am."

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: inappropriate (the referral was not submitted until the day of release, at which point CRAN was unable to connect with the class member)

Supportive Housing: inappropriate (the delayed housing application precluded the class member from taking advantage of the offered housing interview)

***CHS Response**: CHS disagrees with the Monitors' findings for Supportive Housing and Case Management. While there was a delay in submitting the referral, at the time of this patient's release it was documented, in the August 31, 2023 Aftercare letter, that CHS made efforts to discuss and coordinate with CRAN on this patient's reintegration into their program, as they were already familiar with him because of their recent contacts with this patient.*

Monitors' Response: While the IPATP for the instant incarceration indicates that the class member was a previous CRAN client, the CRAN record subsequent to the instant incarceration is completely devoid of any indication that they were "familiar with him because of their recent contacts with this patient." While it is true that the SW documented that she "coordinated with Bronx CRAN regarding the patient's release" on the day of release, it is also true that SW delayed the submission of the CRAN referral by 8 weeks, precluding CRAN from establishing a relationship with the class member while he was still incarcerated. The aftercare letter on the day of release was a good attempt by SW to scramble to make up for the earlier failure to timely submit the CRAN referral, but it did not fully remediate that failure.

CHS did not explain their disagreement with our finding for supportive housing. While SW did submit the application and forward the approval to CRAN and to housing providers, they

waited 7 weeks from the DCP to do so, and this prevented the class member from taking advantage of the offered interview, as explained above.

Case 102, September MO 14, was a 65 year old man incarcerated from August 8 until September 28, 2023. He was returned from Kirby Forensic Psychiatric Center. He was housed in MO at the time of his timely CTP on August 18. He was diagnosed with other specified schizophrenia, other specified personality disorder, and substance use disorders. He was determined to be SMI. At his timely DCP on August 28, he was referred to the VA. However, he was not given a referral form, and there was no indication that SW attempted to contact the program to confirm that they would accept the referral. He was referred to SPOA on September 1 and to CRAN on September 12. He refused assistance with supportive housing.

Findings:

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

Case 104, September MO 108, was a 60 year old man incarcerated on a parole violation from May 15 until September 22, 2023. He was housed in MO at the time of his timely CTP on May 22. He was diagnosed with adjustment disorder with depression, and he was determined to be not SMI. At his timely DCP on June 1, he was referred to his prior provider, Goddard Riverside at 84 Bowery, and he was given a referral form. There was no indication that SW attempted to contact the program to confirm that they would accept the referral.

Several early progress notes document what appears to be symptoms of psychosis and a thought disorder. When he was seen by a prescriber on May 26, he did not demonstrate psychotic symptoms, and the prescriber noted only a "vague history of auditory hallucinations." The prescriber noted a prior diagnosis of major depression and treatment with risperidone and mirtazapine during prior incarcerations. The prescriber retained the diagnosis of adjustment disorder, noted history of substance use, and began him on aripiprazole and melatonin.

There is no further indication that the class member demonstrated psychotic or other severe psychiatric symptoms during the course of this incarceration.

Findings:

Referral/appointment: inappropriate (no contact with provider, and neither the agency's website or FindHelp indicate that they have a downtown location)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 105, September MO 52, was a 28 year old man incarcerated from June 27 until September 14, 2023. He was housed in MO at the time of his timely CTP on July 5. He was diagnosed with other specified schizophrenia and was determined to be SMI. At his timely DCP on July 14, he was referred to CSEDNY. He was not given a referral form, and there is no indication that SW attempted to contact the program to confirm that they would accept the referral. He was referred to CRAN on August 3. He was not homeless.

At a TPR on September 7, the class member told the clinician that he had questions and wanted to speak with discharge planning. The clinician noted the request, but SW did not see him again prior to release.

Findings:
Referral/appointment: inappropriate (no referral form, no contact with program, and SW did not follow up after he requested to see them again)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 106, September MO 88, was it a 33 year old man incarcerated from August 21 until September 28, 2023. He was housed in MO at the time of his CTP on September 4, six days late. He was diagnosed with other specified schizophrenia and substance use disorders and was determined to be SMI. At his timely DCP on September 6, he was referred to Sun River (CONNECT) and was given a referral form. SW noted that "this provider has been verified," but there is no indication that SW attempted to contact the program to confirm that they would accept this specific referral. He was also referred to CRAN. SW noted an active HRA 2010e which was said to have been submitted on 4/18/24, though we infer that this is the expiration date related to a prior approved application. There is no indication that SW attempted to obtain this approval or forward it to CRAN and/or housing providers.
Findings:
Referral/appointment: inappropriate (no indication that SW confirmed that the provider would accept this specific referral)
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (no indication that SW followed up regarding the prior approval)

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. Sun River CONNECT 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Case 107, October GPNOMEDS 199, was a 56 year old woman incarcerated from April 19 until October 13, 2022. The class member was housed in GP throughout her incarceration. A CTP was completed by chart review only on May 9, and she was assigned a diagnosis of adjustment and substance use disorders. She was determined to be not SMI. At her timely DCP on May 12, she declined a mental health referral.

At a 90 day follow up on September 2, the class member accepted a referral to Osborne Association and was given a referral form. Later, on October 5, she was given an appointment for October 17 at 9:00 AM. She was provided with a referral form and an ACL containing this information.

Findings:
Referral/appointment: appropriate (while Osborne is not a MH provider, they do provide substance use disorder services and other relevant services. Given her clinical presentation, this is an appropriate referral that should be able to meet her clinical needs.)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 108, October MO 139, was it a 34 year old man incarcerated from July 10 until October 14, 2023. He was housed in MO at the time of his CTP on July 25, six days late. He was diagnosed with other specified schizophrenia, rule out borderline intellectual functioning, and cannabis use disorder. He was determined to be SMI. SW provided him with a DCP on August 7, missing the seven business day deadline but 68 days prior to release. He was referred to his prior provider, Community Counseling and Mediation (CCM), and he was given a referral form and an aftercare letter indicating this referral. SW contacted the provider to confirm that he could return. He refused a referral to CRAN, and he was not homeless. SW determined that he was "unknown to OPWDD."
Findings:
Referral/appointment: appropriate
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 110, November GPMEDS 102, was a 32 year old transgender man who was incarcerated from June 30 until November 20, 2023. He was housed in GP at the time of his timely CTP on July 16. He was diagnosed with other specified bipolar and substance use disorders. He was determined to be SMI. At his timely DCP on July 18, he was referred to Samaritan Village and was given a referral form. There is no indication that SW attempted to contact the program to confirm that they would accept the referral. He was referred to CRAN. While the CRAN referral was dated July 18, the first note in the CRAN record is dated October 31. He was not homeless.

The jail medical record included three 30 day follow up notes, on August 14, September 20, and October 11. There were no updates to the DCP.

On October 20, a TPR indicated that an ATI might be developed for the class member. On November 20, CRAN documented learning from TASC that the class member was being released to Odyssey House.
Findings:
Referral/appointment: Inappropriate (no contact)
SMI: appropriate
Case Management: Inappropriate (delayed CRAN referral precluded meaningful CRAN involvement)
Supportive Housing: ineligible

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. 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.*

CHS also disagrees with the Monitors' finding for Case Management. The patient's CRAN chart (November 22, 2023) indicated that he was already working with and receiving services through TASC.

Monitors' Response: With regard to the obligation to contact programs, see ¶¶44 and 46 and our discussion in the report, Section V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

With regard to our finding for CRAN, the only references to TASC in the jail medical record are in two TPRs, on September 22 and October 20, 2023. In these notes, the class member "shared concern that TASC has not contacted them." There is no documentation that this information was shared with SW staff or that SW was aware of it. Had SW become aware of the potential TASC involvement, it might have negated our concerns about the delayed CRAN referral. We are not changing our finding in this case.

Case 112, November GPMEDS 124, was a 27 year old man incarcerated from July 28 until November 10, 2023. He was housed in GP at the time of his CTP which was completed on August 30, 17 days late. He was diagnosed with other specified trauma and stressor disorder and substance use disorders. He was determined to be not SMI. SW completed a timely DCP on September 1, providing the class member with a referral form to Mt. Sinai/Beth Israel. There was no indication that SW attempted to contact the program to confirm that they would accept the referral.

Findings:

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

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. Mt Sinai/Beth Israel 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Case 113, November GPMEDS 142, was a 45 year old woman incarcerated from October 12 until November 29, 2023. She was housed in GP at the time of her timely CTP on November 3. She was diagnosed with other specified trauma and stressor disorder and substance use disorders. She was determined to be not SMI. She did not receive a DCP.

According to an ARNT note dated November 7, the class member was "awarded an alternative to incarceration. Pt. Also has a TASC worker Staten Island." There is no documentation indicating that SW was aware of or involved in this ATI.

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

Case 116, November MO 4, was a 46 year old man incarcerated from February 17 until November 3, 2023. He was housed in MO at the time of his timely CTP on February 27. He was diagnosed with other specified bipolar disorder, paranoia, and rule out intermittent explosive disorder. He was determined to be SMI.

SW provided a DCP on March 10, two days late but 238 days prior to release. He refused referrals for mental health and for case management indicating that "he prefers to wait until he gets more information about his case." He reported recently having obtained a NYCHA apartment.

He was seen for regular MH follow up and TPRs through the spring and summer. On July 26, he was transferred to GP.

At a medication reevaluation on September 15, "[h]e state[d] that he is trying to contact NYCH about his lease that will expire in December. He report[ed] that he is hoping that the shelter system will be able to help him with housing once released from jail." This did not prompt a referral to SW.

On October 18, he was seen by mental health for "radical changes in behavior." He reported that he could not stay in the dorm and wanted a transfer to MO. At his next TPR on October 23, the clinician documented that he was "adjusting to new housing" and that he "inquired about other housing." At a medication reevaluation that same day, he reported that he had not been taking his medication "because I am in a dorm setting…. I have to be aware of my surroundings." He was "advised to discuss his housing problem with a social worker."

On the day of release, he was provided with an ACL, but no reoffer of DCP services was made. There are no 30/90 day follow up notes or any other indication that SW saw him between the date of his DCP and his release.

Findings:
Referral/appointment: inappropriate (did not reoffer DCP after initial refusal, did not offer assistance with contacting attorney to find out about his case, no 30/90d follow up attempts or other SW contacts)
SMI: appropriate
Case Management: inappropriate (as above)
Supportive Housing: inappropriate (as above. Additionally, treatment team did not function adequately when he reported problems with his public housing. He should have been referred to SW to address this.)

Case 117, November MO 14, was a 72 year old man incarcerated from September 18 until November 21, 2023, returning from the second of two Mid-Hudson Forensic admissions since his initial incarceration in March 2022. He was housed in MO at the time of his CTP at the time of his CTP on October 2, six days late. The delay can be partially accounted for by a medical admission at Bellevue from September 27-30. He was diagnosed with unspecified schizophrenia and was determined to be SMI. Many clinical notes suggest a neurocognitive disorder with several possible etiologies, including a long history of substance use, Parkinson's disease, and tertiary neurosyphilis. It is unclear why these diagnoses were not included in the CTP.

At his timely DCP on October 10, he was referred to CASES Nathaniel clinic. SW gave him a referral form and contacted the program to confirm that they would accept the referral. He was also referred to CRAN. SW submitted a supportive housing application on October 11, and the application was approved on October 12 and sent to CRAN and to four housing programs. SW also referred him to ICL Medical Respite.

The class member was sent back to Bellevue in mid-October after he fell. He was admitted to the MICU for severe hyponatremia.

On November 14, SW documented an upcoming court date on November 16, where the court was permitting him to appear virtually from BHPW (where he was again, or still, housed) to plead his case out. SW was engaging with Coler to determine if he was eligible for a skilled nursing facility.

According to a CRAN note on November 28, he remained hospitalized at Bellevue. He was undergoing medical and physical therapy assessments to determine the appropriate medical level of care. As of the last CRAN note, he remained hospitalized at Bellevue as of December 14, and was still undergoing assessments as to the appropriate level of care.

According to his OHIS Medicaid prescreening, his Medicaid was due to expire on November 30, 2023.

Findings:

Referral/appointment: appropriate (SW and clinical providers initiated a process that led to his placement at Bellevue for a medical determination as to the appropriate level of care)
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate (while he ended up medically/clinically inappropriate for supportive housing, SW remained engaged as the case proceeded)

Case 118, November MO 57, was a 65 year old man incarcerated from June 21 until November 27, 2023, returning from Mid-Hudson Forensic Hospital. He was housed in MO at the time of his timely CTP on June 29. He was diagnosed with schizophrenia and was determined to be SMI. At his discharge plan the same day, he was referred to his prior provider, metropolitan hospital. SW provided him with a referral form and contacted the provider to confirm that he could return. He was referred to CRAN, SPOA/FACT, and AOT. SW submitted a 2010e application on July 5. The application was returned on July 7 requesting further criminal justice history and was resubmitted on July 11. HRA approved the application on July 12, and SW sent the approval to two housing providers but not to CRAN.

In a number of notes from August through November, the 730 Mobile Team document the class member's engagement with the mental health court and ultimately his referral to and acceptance by a residential program. The 730 Mobile Team emailed CRAN on November 6, indicating that the class member was "next in line for a bed at Harbor House." This information was not documented in the jail medical record. However, the jail record does include a letter from Argus Community on November 7 indicating that he had been accepted for residential placement, and a letter from the mental health court on November 21 confirming this placement and requested medications, the supportive housing approval, an aftercare letter, MGP and reactivated Medicaid.

SW documented this plan in an updated discharge plan on November 23, indicating that he would be escorted from court. The class member was provided with a referral form and an aftercare letter documenting this information. On the day of release, the court requested assistance with transport, which CRAN was able to provide.

Findings:
Referral/appointment: appropriate → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → appropriate (CRAN assisted in implementing the ATI)
Supportive Housing: appropriate → inappropriate (no indication that SW followed up with the mental health court's request to provide a copy of the housing approval)

***CHS Response**: CHS disagrees with the Monitors' finding for Supportive Housing. Completion of ATI should have made this case appropriate for referral/appointment and supportive housing.*

Monitors' Response: As outlined above, the mental health court explicitly requested a copy of the supportive housing approval, and there is no indication that SW provided it.

Case 119, November MO 114, was a 55 year old man incarcerated from January 19 until November 30, 2023. He was housed in MO at the time of his CTP, which was completed 16 days late, after numerous attempts which the class member refused. It was completed on February 19 with only minimal participation from the class member. He was diagnosed with schizophrenia and substance use disorders and was determined SMI.

He refused all offered discharge planning at his timely discharge plan on February 21, but the SW indicated that they would be submitting an AOT application. SW also noted that the class member was previously assigned to CASES ACT during a prior incarceration in 2022. They called the program and left a voicemail to determine his current status with them.

SW attempted a 30 day follow up on March 31, but the class member was sleeping and would not come to the clinic. SW completed a 30 day follow up on May 2, documenting "no changes required. Current plans are appropriate."

When seen by a mental health clinician on May 9, the class member advised the clinician that "he thinks the court wants him to be in a drug program."

In TPRs on June 22, September 8, and September 29, the class member reported expecting to be transferred to a program but did not provide any further information. During his TPR on October 5, he reported that he was "looking forward to court next week because he'll be finding out if he's accepted at the program."

SW met with him for a 30 day follow up on November 6, noting no updates to the discharge plan but indicating that they emailed the defense attorney for an update.

A note documenting e-prescription requests on November 24 indicates that he was accepted at Harbor House for residential placement, to be released on November 30. These medications were sent to the requested pharmacy.

SW documented this plan in an updated DCP and in an aftercare letter on November 27.

Findings:
Referral/appointment: inappropriate (SW did not follow up to determine his status with CASES ACT) → appropriate (ATI)
SMI: appropriate
Case Management: inappropriate (SW did not follow up to determine his status with CASES ACT, nor did they submit the AOT application) → ineligible (ATI)
Supportive Housing: ineligible

Case 122, November MO 163, was a 22 year old man incarcerated from October 8 until November 9, 2023. He was housed in GP throughout his incarceration. At his IMHATP on October 10, he was diagnosed with adjustment disorder with anxious mood and ADHD. He was determined to be not SMI. These diagnoses were modified at his PsychBasic on October 17 to ADHD and other mixed anxiety disorders. He did not have a CTP. A medication reevaluation note on October 31, a historical diagnosis of bipolar disorder is considered, but the prescriber concluded that this diagnosis "does not appear to be backed up by the data."

The class member did not receive a DCP.

Findings:

Referral/appointment: inappropriate (no DCP)
SMI: appropriate (the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating)
Case Management: ineligible
Supportive Housing: ineligible

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

Case 123, November MO 177, was a 43 year old man incarcerated from March 19 until November 9, 2023. He was housed in MO at the time of his timely CTP on March 28. He was diagnosed with schizophrenia and was determined to be SMI. At his timely DCP on April 6, he was referred to CASES, and a referral form was given to him. Other than noting that "this provider has been verified, there is no indication that SW attempted to contact the program to confirm that they would accept this specific referral. He was referred to CRAN on April 7, but he was not assigned a CRAN caseworker until mid-August. He accepted a supportive housing application which was not submitted until August 30. HRA responded on September 5, indicating that they could not complete their review due to "incomplete psychiatric history" and "it does not appear the applicant had significant functional impairments within the past year that are the result of a serious mental illness. It is not clear the applicant meets the SOMH criteria of serious mental illness."

The class member was sentenced to a city year as documented in a May 18 mental health progress note.

At a 30 day follow up on June 14, SW documented that he was sentenced and scheduled to be released in November. A few days later, on July 19, SW documented a projected release date of November 11.

At a 30 day follow up on August 29, the class member declined assistance with an updated discharge plan because "he has money and doesn't need services."

A CRAN note on September 12 indicated that he expressed interest in reactivating his SSI benefit. CRAN was aware of his projected release date of November 11. There is no indication that CRAN provided this information to staff in the jail, and the November data set for reinstatement indicates that he refused assistance. Other than a declination form on the day of release, the jail medical record does not include any reference to his having been offered assistance with reinstatement or his refusal of such an offer.

On October 16, SW "met with patient to inform him that The fortune Society [sic] have some transitional housing that might be helpful for patient. Patient agreed and signed consent for writer to submit a pre-screening form to The fortune Society [sic]." Three weeks later, on November 8, SW "received an email from… Fortune Society, stating that patient needs to go to main intake office in Long Island City to complete a housing screening when he is in the community. Patient was informed that once released, he can go to their location for a housing screening."

On November 8, SW apparently became aware of the HRA request for additional information vis-à-vis the class member's application for supportive housing.

Because of the holiday the class member was released on November 9. At this point, he refused an appointment. SW prepared a note indicating that the class member "expressed understanding that he will go to Fortune Society's main intake office… to complete a housing screening." SW also encouraged him to follow up with CRAN. SW noted that he was being released on a civil commitment, but an hour after this note, MH lifted the civil hold, noting that there was "no indication for civil d/c."

Findings:

Referral/appointment: inappropriate (no indication that SW confirmed that the provider would accept this specific referral; did not give him an appointment after he was sentenced despite seeing him several times between May and November)

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (application delayed for no documented reason, and SW did not respond to HRA's request for further information in support of the application)

Case 124, November MO 193, was a 20 year old man incarcerated from August 31 until November 22, 2023. He was housed in MO at the time of his CTP on September 12. His CTP was three days late after he could not be seen on September 8 due to "safety issues on the unit," and after CHS rescheduled the appointment twice, on September 10 and September 11. He was diagnosed with adjustment disorder and cannabis use disorder and was determined to be not SMI. At his timely DCP on September 15, he was referred to Upper Manhattan Mental Health. SW contacted the provider to confirm that they would accept the referral and provided him with a signed aftercare letter.

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

Case 125, November MO 194, was a 42 year old man incarcerated from August 29 until N8, 2023. He was housed in MO at the time of his timely CTP on September 6th. He was diagnosed with schizoaffective and substance use disorders and was determined to be SMI. His DCP was completed on September 21, missing the seven business they deadline but 48 days before release. He was referred to Fortune Society. However, SW did not provide a referral form, and there is no indication that they attempted to contact the program to confirm that they would accept the referral. He was also referred to CRAN, but he refused assistance with supportive housing.

At a TPR on September 20, the class member reported that his attorney was working on a program. Some CRAN notes also suggest that the class member was being considered for a program. However, there is no indication in either the medical record or the CRAN record that a program was assigned.

Findings:
Referral/appointment: inappropriate (no contact with provider, class member did not receive a referral form)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 126, November MO 209, was a 51 year old man incarcerated from September 5 until November 21, 2023. He was housed in MO at the time of his timely CTP on September 10. He was diagnosed with other specified bipolar disorder and was determined to be SMI. At his timely DCP on September 19, he was referred to CCM and was given a referral form. However, there was no indication that SW attempted to contact the program to confirm that they would accept the referral. He was also referred to CRAN and accepted a supportive housing application.

The class member was transferred to GP on September 26.

CRAN made several attempts to engage the class member, but the class member consistently refused intake. CRAN closed their case on October 26.

On October 4, SW submitted the 2010e application which was approved on October 11. On October 18, SW sent the approval to CRAN and to two housing providers.

On the day of release, SW provided the class member with an aftercare letter and referral forms indicating that they were referring him to both CCM and to Kings County walk in clinic, as well as to the SSA Field Office. There was no indication that SW attempted to contact either program to confirm that they would accept the referral.

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

Case 127, November MO 235, was a 59 year old man incarcerated from September 13 until November 9, 2023. He was housed in MO at the time of his timely CTP on September 23. He

was diagnosed with adjustment disorder and alcohol use disorder and was determined to be not SMI. The clinician noted functional impairments including "past legal history, psych admissions, multiple instances of CPEP/ER treatment, and substance intoxication/abuse."

At his timely DCP on October 3, he refused a referral, indicating that he expected to get an ATI.

At a TPR on October 4, His diagnosis was modified to include other specified trauma and stressor disorder, but he remained not SMI.

On November 6, clinicians received an e-mail indicating "As per [staff from] STEP/MBTC Drug Court, patient has been screened, assessed and found suitable for residential treatment. As a result, the court has required residential treatment as a condition of release. It is anticipated he will be released from court 11/9/2023 to enter Samaritan Daytop Village OASAS licensed Fox Run Intensive Residential Treatment program." SW prepared an ACL and a DCP update documenting this information, and the class member was provided with a copy of the aftercare letter.

Findings:

Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate (while there was some uncertainty as to his actual diagnosis, the record indicates that he was not SMI)
Case Management: ineligible
Supportive Housing: ineligible

Case 128, November MO 241, was a 29 year old man incarcerated from October 5 until November 21, 2023.

According to a Court Collateral note on October 10, the class member had been engaged with the mental health court at the time of his rearrest for a new charge. His mental health court caseworker provided "his residence contact information to pass along to the treatment team if needed. He is also on the list to be screened for CASES ACT team."

He was housed in MO at the time of his timely CTP on October 15. He was diagnosed with schizoaffective and other specified trauma and stressor disorders and was determined to be SMI. At his timely DCP on October 23, 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. SW also referred him to CRAN.

The class member inform the SW that "prior to incarceration he was living with project renewal…. he is able to return there upon release since his lease ends on 7/14/22 [sic]." However, he also accepted a new 2010e application, which SW submitted on October 23. The application was approved on October 24, and SW forwarded the approval to CRAN and to two housing providers.

During a medication reevaluation on November 2, the class member "reports he went to court yesterday and through email correspondence through court advocate, patient has a tentative release date of 11/21…. Patient will be followed by an ACT team and return to Bedford Greenhouse (Project Renewal - Bronx)." The residential placement was confirmed by staff from the mental health court via email on November 16. SW provided the class member with an ACL containing information regarding the residential placement.

Findings:
Referral/appointment: appropriate (though it would have been preferable for SW to have reached out to SPOA and/or CASES to clarify his situation) → appropriate (ATI)
SMI: appropriate
Case Management: appropriate (though it would have been preferable for SW to have reached out to SPOA and/or CASES to clarify his situation) → ineligible (ATI)
Supportive Housing: appropriate → ineligible (residential ATI)

Case 129, Aug GPNOMEDS 162, was a 32 year old man incarcerated from December 15, 2022 until August 11, 2023. After refusing an IMHATP on December 16, 2022, he had his IMHATP completed on January 5, 2023, at which point continuing MH treatment was recommended. He refused a CTP on January 20, and no further MH follow up was recommended.

He was referred to mental health again and had an IMHATP on March 3. He was housed in GP at the time of his CTP on April 3, 2023, 16 days late. He was diagnosed with other specified trauma and stressor disorder and opioid use disorder and was determined to be not SMI. At his timely DCP on April 7, he was referred to Fortune Society. He had a projected release date of August 13. SW 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 subsequently prepared an ACL on August 7, documenting an appointment at Fortune Society on August 21. As we provided the class member with a copy of this ACL.

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

Case 130, November GPMEDS 63, was a 40 year old man incarcerated from September 27 until November 1, 2023. He was referred to MH on September 27, in part because his defense attorney expressed concern regarding his mental health needs, but he did not have his initial assessment (a PsychBasic) completed until October 9. The record does not explain the delay. He was housed in GP at the time of his CTP on October 30, six days late; again, the record does not explain the delay. He was diagnosed with adjustment disorder and substance use disorders and was determined to be not SMI. He was not provided with a discharge plan.

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

Case 131, November GPMEDS 197, was a 23 year old woman incarcerated from August 1 until November 27, 2023. The class member was housed in GP at the time of her timely CTP on August 15. Consistent with both the IMHATP and the PsychBasic, she was diagnosed with other specified trauma and stressor disorder and cannabis use disorder, despite documentation of what appeared to be full PTSD and full major depressive syndromes. She reported over 20 hospitalizations and current homelessness, and the clinician noted that her "symptoms cause significant distress which is evidenced by her inability to comply with social norms and involvement in the criminal justice system." However, she was determined to be not SMI. The

CTP included information that she had previously received mental health treatment at Jewish Family Services.

At her timely DCP on August 17, SW referred the class member to VIP Community Services and provided the class member with a referral form. SW did not explain why they were not referring her to her prior provider, and there is no indication that SW attempted to contact the program to confirm that they would accept the referral.

In a Court Collateral note on August 24, Legal Aid informed the jail providers of prior diagnoses including bipolar disorder, PTSD, anxiety, and depression and requested that her medications be reassessed. She was seen again for a medication evaluation on August 29, but the diagnoses were not changed. Some slight modifications were made to her medication.

In a Clinical Collateral note on October 13, the class member's TASC case manager again passed on concerns regarding her medication regimen, noting that the class member was "taking additional medications in the community which have not been provided." She was seen again for a medication evaluation on October 18, and while her medications were increased, no new medications were added, and there is no indication that the clinician attempted to identify or contact the class member's previous community provider.

The class member consented to a PSYCKES review on August 2, but there is no indication that any effort was made to obtain this record for review, or to otherwise contact the class member's prior providers or obtain prior medical records.

On November 20, clinicians received an e-prescription request indicating that the class member would be going to Greenhope via a court mandated ATI. An updated DCP on November 21 documented this plan.

Findings:

Referral/appointment: inappropriate (no contact, no explanation why the class member was not being referred back to her prior provider) → appropriate (ATI)

SMI: inappropriate (no effort to contact prior providers or to obtain PSYCKES report, incorrect diagnosis made despite documentation of full posttraumatic stress and major depressive syndromes along with documentation of functional impairment and despite two outreaches by community advocates regarding her diagnosis – including a history of category 1 diagnoses – and treatment needs)

Case Management: inappropriate (due to inappropriate SMI rating) → ineligible (ATI)

Supportive Housing: inappropriate (due to inappropriate SMI rating → ineligible (residential ATI)

Case 132, November GPNOMEDS 153, was a 31 year old man incarcerated from September 6 until November 3, 2023. He was housed in GP at the time of his timely CTP on September 22. He was diagnosed with other specified trauma and stressor disorder and was determined to be not SMI. His DCP was completed on October 11, missing the seven business day deadline and only 23 days before release. He was referred to CASES. SW contacted the program to confirm that they would accept the referral and provided the class member with a referral form and an ACL.

Findings:

Referral/appointment: appropriate

SMI: appropriate

Case Management: ineligible

Supportive Housing: ineligible

Case 133, November GPNOMEDS 173, was a 45 year old man incarcerated from September 17 until November 9, 2023. He was housed in GP at the time of his CTP on October 12, seven days late. He was diagnosed with schizoaffective disorder, unspecified trauma disorder, and cocaine induced depression.

At his timely DCP on October 18, the class member reported having previously received mental health treatment at Woodhull and was reported to have accepted a mental health referral. However, the referral form he was given indicated that he was provided with a referral to Highland Park MH Clinic. There is no indication that SW attempted to contact either Woodhull or Highland Park to confirm that they would accept a referral for this class member. SW also provided him with a referral to CRAN, and they submitted a supportive housing application on October 18. The application was approved on November 3 and was sent to CRAN and to SUS and Jewish Board, two supportive housing providers.

At a 30 day follow up on October 1, he was noted to be somewhat thought disordered, but there was no follow up regarding his DCP.

SW prepared an ACL on November 6, providing the class member with a walk in appointment at Woodhull on November 13. There is no indication why the clinical provider was changed.

On November 9, the day of release, SW emailed CRAN indicating that "SUS will like to set up an interview for next week and the Jewish Board will like to set up an interview for November 17 [sic]."

The class member presented to CRAN on several subsequent occasions after his release and was provided with more information and advocacy regarding housing options, including supportive housing.

Findings:

Referral/appointment: inappropriate (no rationale for the initial referral or for the change from initial to final referral, no contact with either program)
SMI: appropriate
Case Management: appropriate
Supportive Housing: appropriate (though the delayed CTP contributed to his missing opportunities for potential housing interviews prior to his release)

Case 135, November MO 238, was a 38 year old woman incarcerated from September 29 until November 3, 2023. She was housed in MO at the time of her CTP on October 10, one day late. she was diagnosed with bipolar and cannabis use disorders and was determined to be SMI. At her timely DCP on October 11, she was referred at her request to her prior provider, Bleuler Psychotherapy Center, where she had been seen in May and June 2023. She was given a referral form, but there is no indication that SW attempted to contact the provider to confirm that they would accept the referral. SW also referred her to CRAN. She informed SW that she was not homeless.

According to the CRAN assessment on October 24, "Clt was living in her own apartment prior to arrest…. Clt was using a voucher to pay for her apartment, but she currently owes rent. Clt is not sure if she can return here upon release. Clt is interested in housing services." There is no indication that CRAN transmitted this information to SW.

On November 9, SW reached out to Bleuler to conduct the required follow up of their earlier referral, and they were informed that "patient was cut from their patient list due to missing all of their dated appointments… and… has yet to reconnect with the program." SW also contacted the class member's mother who indicated that she had been "recently evicted from her apartment

due to her recent incarceration. Patient reportedly has an appointment with HR a regarding a 'One Shot Deal.'"

Findings:

Referral/appointment: inappropriate (no contact)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible (though CRAN should have informed SW of her interest in housing options)

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. Bleuler is a 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Additionally, the information obtained via the follow-up contact that the class member had been "cut from their patient list" exemplifies exactly why contacting programs can be quite important and helpful, even when those programs are known to CHS, and even when class members have had previous experience with the provider. This case illustrates the type of information that can be obtained by speaking directly with a program or a class member's support system. Such information can be essential to crafting an individualized discharge plan.

Case 136, December GPMEDS 67, was a 40 year old man incarcerated from October 23 until December 5, 2023. He was housed in GP at the time of his timely CTP on November 7. He was diagnosed with substance induced mood and anxiety disorders and was determined to be not SMI. He reported a prior provider, Catholic Charities, but he had not attended this program since mid-July, 2023. At his timely DCP on November 17, he was referred to NY Psychotherapy and Counseling Center. SW contacted the program to confirm that they would accept the referral and provided him with both a referral form and an aftercare letter.

Findings:

Referral/appointment: appropriate (while SW did not explain why they did not refer him back to his prior provider, he had stopped attending that program, and the selected program was close to his home and appropriate for his needs)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 137, December GPMEDS 80, was a 36 year old woman incarcerated from June 7 until December 12, 2023.

On June 9, the class member signed a consent to obtain PSYCKES information, but there is no PSYCKES report in the medical record.

She was housed in GP at the time of her timely CTP on June 24. She was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to

be not SMI, despite documentation of all of the symptom domains required for a diagnosis of PTSD. She was noted to have symptoms that "cause significant distress which is evidenced in her involvement with the criminal justice system, inability to comply with social norms or maintain housing."

At her timely DCP on June 30, she was referred to Realization Center. SW provided her with a referral form, but there is no indication that we attempted to contact the provider to confirm that they would accept the referral.

At a 90 day follow up on October 11, SW documented that "she may get an ATI program with Greenhope or Odyssey House."

On November 14, SW documented an e-prescription request: "as per Legal Aid, patient has been screened, assessed and found suitable for residential treatment. As a result, the court has required residential treatment as a condition of release. It is anticipated he will be released from court 11/20/2023 to enter Odyssey House Residential Program. Community eRx only was requested." The class member signed an aftercare letter the next day regarding this ATI, and the DCP was updated on November 17 to reflect this plan.

However, for reasons that were not documented in the medical record, she was not released on November 20, and at a TPR on November 22, "Pt. reports that on her last court date 11/20/2023, "she was told she will be discharged on her next court date: 12/12/2023."

Findings:

Referral/appointment: inappropriate (no contact with provider) → appropriate (ATI)
SMI: inappropriate (numerous notes document what appears to be a full PTSD syndrome. Additionally, the class member reported a history of numerous diagnoses including schizophrenia and bipolar disorder as well as PTSD. There was no indication that MH or SW attempted to obtain the PSYCKES report or otherwise identify and contact collateral information sources. However, MH and SW were aware that during prior incarcerations she was not considered to be SMI. Taking the record as a whole we cannot affirmatively conclude that the diagnosis/SMI assessment was incorrect, but we rate the SMI determination inappropriate because defendants did not adequately investigate to determine her correct diagnosis and SMI status)
Case Management: ineligible
Supportive Housing: ineligible

Case 138, December GPMEDS 123, was a 35 year old man incarcerated from October 17 until December 15, 2023. He was housed in GP at the time of his timely CTP on October 27. He was diagnosed with other specified trauma and stressor disorder and substance use disorders and was determined to be not SMI. At his timely DCP on November 2, he was referred to the TRI Center. 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 139, December GPMEDS 197, was a 42 year old woman incarcerated from August 24 until December 20, 2023. She was housed in GP at the time of her timely CTP on September 7. She was diagnosed with schizophrenia and cocaine use disorder and was determined to be SMI. At

her timely DCP on September 6, she was referred to her prior ACT program, New Horizons. SW contacted the provider to confirm that she could return and provided the class member with a referral form. SW also submitted A supportive housing application on September 8. The application was approved on September 11 and was sent to her ACT team and to two housing providers.

Several notes in October, November, and December suggest that a program placement was being considered, but there is no indication in the medical record that she was mandated to treatment and, if so, what that mandated treatment plan was.

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

Case 140, December GPMEDS 200, was a 29 year old man incarcerated from August 26 until December 4, 2023. He was referred to mental health on October 25 after his attorney's social worker requested that he be seen to assess for medication needs. He was housed in GP at the time of his timely CTP on November 3. He was diagnosed with adjustment disorder with anxiety and with cannabis use disorder and was determined to be not SMI. At his timely PCP on November 15, he was referred to Create Inc, a residential treatment program; this program was arranged by the mental health court. SW was in contact with mental health court regarding this program and provided the class member with a referral form. A SW progress note on November 20 indicated that he had been accepted into a different residential program and was scheduled to be released from court on December 4.

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

Case 141, December GPNOMEDS 233, was a 24 year old man incarcerated from November 11 until December 22, 2023. He was housed in GP at the time of his timely CTP on November 24. He was diagnosed with adjustment disorder with anxiety and with cannabis use disorder, and he was determined to be not SMI. SW completed a DCP on December 15, missing the seven business day deadline and only seven days before release. He was referred to the Bowery Mission, and we provided him with a referral form. However, there was no indication that SW attempted to contact the provider to determine if they would accept the referral.

The class member's prescreen was completed on November 15, indicating active Medicaid with no expiration date. According to HRA, the class member's Medicaid was closed on the state exchange on November 17. SW was unaware of his having lost his Medicaid benefit, documenting active Medicaid in the DCP completed a month after his Medicaid case had been closed.

Findings:
Referral/appointment: appropriate (The class member had minimal MH and no psychiatric needs. Referral to the Mission was tailored to his specific needs, and contact with a provider like this is not needed)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

Case 143, December MO 40, was a 20 year old man incarcerated from August 31 until December 27, 2023. He was initially assessed by mental health on September 12, at which time he was housed in GP. The clinician diagnosed him with other specified trauma and stressor disorder, adjustment disorder with depressed mood, and substance use disorders, and determined that he was not SMI. He was not seen again by MH until November 20, when he had a PsychBasic; the prescriber made a diagnosis of adjustment disorder with depressed mood and substance use disorders and also determined that he was not SMI. He did not have a CTP or a DCP.
Findings:
Referral/appointment: inappropriate (no DCP)
SMI: appropriate (the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating)
Case Management: ineligible
Supportive Housing: ineligible

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

Case 144, December MO 45, was a 30 year old man incarcerated from May 9 until December 19, 2023. He was held in MO at the time of his timely CTP on May 15. He was diagnosed with schizophrenia and was determined to be SMI. At his timely DCP, he refused a mental health referral but accepted a referral to CRAN. SW noted a prior supportive housing approval to expire on December 1, 2023. SW transmitted this approval to CRAN and to two housing providers on June 23.

SW saw the class member for 30 day follow up visits on June 22 and July 19, at which time there were no updates to the DCP.

On July 24, the 730 mobile team indicated that a program offer may be forthcoming, and on August 15, CRAN referred the class member to Argus Community. However, SW documented no updates at the 30 day follow up on August 17.

On August 22, the 730 mobile team documented that "CRAN is currently looking into Harbor House placement." However, on August 30, Argus responded to CRAN that "we cannot move forward with this client at this time. He has been placed on civil commitment due to noncompliance with his meds, decomposition [sic], and unprovoked violence. He is not stable enough for treatment."

On September 19, CRAN provided updated medical records and requested that Argus reconsider their decision. Argus responded the same day indicating that they would arrange for a video conference with the class member on October 12. On October 25, Argus informed CRAN that they have "accepted client and he is being put on their wait list."

SW documented no updates at the 30 day follow up on October 27.

On December 4, the class member's attorney informed CRAN that he was "officially being offered an alternative to incarceration," end CRAN responded that a bed would be available at Harbor House on December 19.

In a 30 day follow up on December 14, SW documented that "he is waiting to get into a program." On December 19, SW provided an ACL documenting his ATI to Harbor House.

Findings:

Referral/appointment: ineligible → appropriate (ATI)
SMI: appropriate
Case Management: appropriate → appropriate (CRAN was a driving force in the development of the ATI plan)
Supportive Housing: inappropriate (needed new application as the extant approval expired 12/1/23) → ineligible (residential ATI)

Case 145, December MO 65, was a 42 year old woman incarcerated from September 13 until December 1, 2023. She was housed in MO at the time of her CTP on September 29, one day late. She was diagnosed with schizoaffective disorder, unspecified trauma disorder, and substance use disorders. She was determined to be SMI. At her timely DCP on October 3, she refused all offered services.

At her Medicaid prescreening on September 15, she was noted to have active Medicaid which was due to expire on September 30. Her PSYCKES report, dated September 22, confirmed this expiration date, also noting that she was an SSI recipient. While there was no indication in the medical record that SW assisted her in submitting a new Medicaid application, HRA data indicates that she had her Medicaid suspended and subsequently reactivated one business day after her release.

The class member was transferred to GP on October 13.

The class member was seen for a 30 day follow up on November 3, and SW documented that her defense counsel recommended that she be referred to CRAN. An updated DCP was prepared on November 17, at which time the class member accepted a CRAN referral but refused mental health treatment referral and a supportive housing application. In this DCP update, SW documented that no action was needed with regard to Medicaid and also indicates that the class member reported not receiving SSI benefits. However, a SW offer of DCP services form completed on November 16 indicated that she accepted assistance with SSI benefits, and a SW note on the same day indicated that "SSA office is attempting to find an appropriate interview date for CM."

On November 20, the class member was seen by UJC, and SW documented:

> "Pt was seen today for UJC inquiry. Pt elected an appointment for outpatient mental health treatment with her previous provider Paul's Place in Manhattan if pt is not accepted for services she elected a new provider in the Bronx since she will be residing at Franklin Women's Shelter in that borough. Pt elected an HRA 2010e Supportive Housing application be submitted on her behalf. Pt was informed she has CRAN transitional case management services…. Pt was informed her Medicaid is active, she declined Public Assistance/Food Stamp application."

SW submitted the supportive housing application on November 24. HRA approved the application on November 27, and SW forwarded the approval to CRAN and to two housing providers.

On November 30, the class member was given an appointment to VIP Community Services and was given an ACL that included this appointment. Also on this date, SSA provided her with an appointment on December 15, and SW provided this information to her.

Findings:

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

Case 146, December MO 79, was a 34 year old man incarcerated from May 2 until December 21, 2023. He was housed in MO at the time of his timely CTP on May 8. He was diagnosed with schizoaffective disorder and was determined to be SMI. At his timely DCP on May 12, he was referred to CCM. SW contacted the program to confirm that they would accept the referral, but they did not provide the class member with a referral form. He was also referred to CRAN, SPOA, and AOT. He refused a supportive housing application.

SW documented no updates to the DCP at a 30 day follow up on June 22.

In a TPR on July 3, the class member reported that he expected to have a video conference with a possible program.

SW documented no updates to the DCP at a 30 day follow up on July 18.

On July 24, a clinician documented the class member's request to see SW in a mental health progress note.

On September 5, the 730 mobile team documented that he was to undergo an "ATI screening."

During a TPR on September 11, the class member reported that he "expects to be placed in Harbor House soon."

On September 14, the 730 mobile team documented information obtained from the class members attorney, who is "working on ATI with a likely mandate of 12-18 months residential placement."

On October 13, the 730 mobile team documented a communication from the mental health court, indicating that he is "pending review at Harbor House and other referrals were submitted."

On October 19, the class member asked CRAN about SSI and was told that "CRAN could not reinstate his SSI but could give some guidance." There was no indication that CRAN informed SW of the class member's interest in SSI reinstatement.

SW documented no updates to the DCP at a 30 day follow up on October 27. However, at the next 30 day follow up on December 14, SW noted that he is "pending release and… is next in line for a bed."

A letter from the mental health court on December 19 indicates that he was accepted by Harbor House and requested e-prescriptions, MGP, Medicaid reactivation, and an ACL. These were provided.

Findings:

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

Case 147, December MO 92, was a 30 year old man incarcerated from November 16 until December 22, 2023.

Review of the initial medical screens, the IPATP and the CTP, indicates that the class member was an active participant in an IMT and that he has prior ACT involvement. The NP who completed the IPATP spoke with the IMT staff to confirm his medications.

He was housed in MO at the time of his timely CTP on November 23. He was diagnosed with PTSD and substance use disorders. He was determined to be SMI.

At his timely DCP on December 2, he was referred to New Pathways Counseling, and SW confirmed that the program would accept the referral. However, the referral form he was given indicated that he was referred to Catholic Charities, not New Pathways. SW responded in the negative to the query contained in the DCP form Was patient receiving services in the community… prior to incarceration?" The SW apparently did not contact the IMT to determine if the class member could return.

SW also referred the class member to CRAN, noting that "records do not reflect the required amount of psychiatric hospital utilization needed to substantiate referrals for SPOA/AOT" although IMT is provided only to individuals with very intensive needs.

SW submitted a 2010e on December 6, but there is no response from HRA in the medical record.

The class member was transferred to GP on December 6. There is no further SW involvement until the day of release, when SW prepared an ACL indicating he had been referred to New Pathways.

Findings:

Referral/appointment: inappropriate (The class member should have been referred back to his prior IMT, unless he declined or unless SW obtained a clear indication that the program would not take him back or had closed his case. Additionally, the referral form did not match the information in the DCP as to the program they did refer him to. Finally, New Pathways does not appear to meet the needs of SMI individuals.)
SMI: appropriate
Case Management: inappropriate (see above – should have been referred back to prior IMT. CRAN would not be sufficient for an IMT recipient.)
Supportive Housing: inappropriate (SW did not follow up regarding the non-response from HRA)

Case 148, December MO 94, was a 39 year old man incarcerated from May 31 until December 11, 2023. He was housed in MO at the time of his timely CTP on June 6. He was diagnosed with schizophrenia and was determined to be SMI. At his timely DCP on June 14, he was referred to Bailey House, a CONNECT provider. SW provided him with a referral form, but there is no indication that they attempted to contact the provider to confirm that they would accept the

referral. SW also referred him to CRAN and found that he met criteria for an AOT application. The class member accepted a supportive housing application, but there was no indication that SW submitted this application.

His Medicaid prescreening result indicated that he last had active Medicaid in 2019 and needed a new application. This information was confirmed in the PSYCKES extract. However, the SW erroneously documented "no action needed" at the DCP. Subsequently, a second prescreening was done on December 12, with a result of IC (suspended), suggesting that although there is no Medicaid application in the record, one was in fact submitted on his behalf.

On June 21, the 730 mobile team indicated that he would be receiving a "possible ATI for 18 months." Subsequent 730 mobile team notes reiterated this information and indicated that in mid-July he had been referred to the mental health court.

SW documented this as well in a 30 day follow up on August 18.

On October 19, CRAN documented that he had been interviewed by Harbor House.

In a 30 day follow up note on November 30, SW documented that he was awaiting a bed at Harbor House.

A letter from the mental health court on December 4 indicated that he had been accepted by Harbor House and was scheduled for admission on December 11. The letter requested e-prescriptions, MGP, ACL and reactivated Medicaid. These were provided, and an ACL of December 5 summarizes this updated plan.

Findings:

Referral/appointment: inappropriate (no contact with provider) → appropriate (ATI)
SMI: appropriate
Case Management: inappropriate (did not submit AOT application) → ineligible (ATI)
Supportive Housing: inappropriate (did not submit 2010e application) → ineligible (residential ATI)

Case 149, December MO 115, was a 35 year old man incarcerated from October 26 until December 19, 2023. He was housed in MO at the time of his CTP on November 13, 11 days late. He was diagnosed with schizoaffective and substance use disorders and was determined to be SMI. At his timely DCP on November 15, he was referred to Sun River. SW contacted the program to confirm that they would accept the referral and provided the class member with a referral form. SW also referred the class member to CRAN. The class member accepted a supportive housing application, but there was no indication that SW submitted an application on his behalf.

On November 29, the class member informed CRAN that he "could stay w his mother upon release but would prefer to find housing for himself." The record does not indicate whether CRAN provided this information to SW.

Findings:

Referral/appointment: appropriate
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (SW did not submit a 2010e)

Case 150, December MO 117, was a 31 year old man incarcerated from October 18 until December 14, 2023. He was referred STAT to MH on October 19, but the IMHATP was delayed due to "CHS rescheduled" on October 22, and it was completed on October 23. He was housed in GP at this time and throughout his incarceration. He was diagnosed with adjustment disorder

with anxiety and depression and with substance use disorders and was not SMI. He refused a PsychBasic on October 30 and November 6. He refused a CTP on November 2 and on December 1, and it could not be done on November 16 because he was "on the yard." He never had a CTP or a DCP.

On November 8, SW received a letter from Odyssey House indicating that he was "provisionally accepted." Also On this date, SW received an e-prescription request from TASC, indicating that he "has been… found suitable for residential treatment…. He will be released from court 11/9/23 to enter Odyssey House."

For reasons not documented in the medical record, he was not released. On November 13, after TASC contacted the jail, he was evaluated by a prescriber who completed a PsychBasic, confirming the above diagnoses and SMI rating. TASC submitted a second e-prescription request on December 8, indicating an updated release date of December 12.

Findings:

Referral/appointment: inappropriate (no DCP) → appropriate (ATI)
SMI: appropriate (the assessments and other documents in the record include sufficient information for us to make a determination as to the appropriateness of the SMI rating)
Case Management: ineligible
Supportive Housing: ineligible

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

Case 151, December MO 153, was a 27 year old man incarcerated from January 5 until December 7, 2023. Initially housed in GP, he was transferred to MO on January 28 due to suicidal ideation. Both his IMHATP and his CTP indicated that he reported prior hospitalizations as an adolescent and more recent follow up with CASES as an outpatient where he was treated for "anger management, depression, and insomnia." The class member signed a consent to obtain PSYCKES records on January 31. The PSYCKES extract indicated a prior diagnosis of major depression as well as cannabis use disorder, but it did not support his report of recent treatment for mental health conditions, at least those that would have been paid by Medicaid.

He was housed in MO at the time of his CTP on February 1, 11 days late. He was diagnosed with adjustment disorder, other specified trauma and stressor disorder, and substance use disorders. He was determined to be not SMI. At the time of his timely DCP on February 8, he was referred to his prior provider, CASES. There was no indication that SW attempted to contact

the provider to confirm that they would accept the referral, and SW did not provide the class member with a referral form.

The class member was sent to GP on March 6, but he returned to MO on March 15, for "feeling very depressed." His diagnosis was not changed, but he was started on an antidepressant. He remained in MO until May 19, when he was sent back to GP.

On May 26, he was once again admitted to MO, now reporting "feeling depressed… hearing voices telling him to kill himself." He reported that he had been hoarding medication with a plan to overdose. A prescriber noted that while "he claimed he hear voices, pt. does not appear internally preoccupied, not responding to internal stimuli, no symptoms of mania. Patient appears goal directed to return to MO unit/preferred housing area." His diagnosis was not changed. He was discharged from MO on June 9, and he remained in GP for the remainder of his incarceration.

By October 11, he had stopped taking the antidepressant, and he was removed from the prescriber's caseload. On October 30, at a TPR, he declined further MH treatment and was not seen by MH again during the incarceration.

Findings:

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

> ***CHS Response****: CHS disagrees with the Monitors' finding for Referral. CASES 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Case 152, December MO 181, was a 68 year old man incarcerated from May 26 until December 20, 2023. He was housed in MO at the time of his timely CTP on June 2. He was diagnosed with, among other things, "[redacted] Induced Depressive Disorder (ICD-296.23) (ICD10-F32.2),[16]" and "[redacted] Disorder – Severe (ICD-292.81[17]) (ICD10-[redacted])." He was initially determined to be SMI because he was diagnosed with major depression, an automatically qualifying, category 1 diagnosis. He was noted to have the following functional limitations: "he has never developed any romantic relationships, used mood altering [redacted] to self-medicate, could not pay his rent and 'lost' his 'apartment', also stopped attending a 'senior center', developed legal issues as well." A TPR on June 22 changed him to not SMI because he "does not have a qualifying diagnosis," despite carrying the same ICD9 and ICD10 codes signifying a diagnosis of major depression. This was reiterated at TPRs on July 5 and July 19, but on August 4, he was changed back to SMI at a TPR. He remained SMI at eight subsequent TPRs, each of which was reviewed by a supervisor.

[16] 296.23 is the ICD9 code for major depressive disorder, single episode, severe, without psychotic features. F32.2 is the ICD10 code for the same diagnosis.
[17] 292.81 is the ICD9 code for Drug-induced delirium.

SW completed a DCP on June 22, missing the seven business day deadline but 181 days before release. He was referred to Interfaith. SW contacted the provider to confirm that they would accept the referral, but they did not at this point provide him with a referral form. The SW completing the DCP considered him to be not SMI but referred him to CRAN because he was "on an MO unit."

The DCP notes that "Pt provided consents [for PSYCKES] but a report is pending generation." The record does not contain a PSYCKES extract.

At a 30 day follow up on August 9, SW did not update the DCP, and they did not respond to his new SMI status as of the August 4 TPR.

A SW note on September 8 documented that "Upon chart review it was determined the client is SMI Yes but was only offered SMI-No services. The SW will follow up to re-offer SMI Yes DCP services." However, a few weeks later, on October 6, she filed an addendum stating "'ERROR' Client is designated SMI No." No DCP update was provided, and the class member was not seen again by SW until an ACL was completed on December 20, the day of release.

The ACL indicates that he was SMI, but the SW simply reiterated the prior referral to Interfaith. At this point, they provided the class member with a referral form and with a copy of the ACL. SW attempted follow up contacts after his release, indicating their recognition that he was SMI.

There is no CRAN chart for this class member.[18]

Findings:

Referral/appointment: appropriate

SMI: appropriate (While the process was not well organized, staff ultimately determined that he was SMI. In part because of the disorganized process in coming to the conclusion that he was SMI, his ultimate status as SMI did not transmit successfully to the social work staff, suggesting inadequate communication within the treatment team.)

Case Management: inappropriate (did not refer to CRAN despite stating they planned to do so, or after he was changed to SMI)

Supportive Housing: inappropriate (did not offer 2010e after he was changed to SMI)

Case 153, December MO 189, was a 43 year old man incarcerated from October 12 until December 6, 2023. He was housed in a MO at the time of his timely CTP on October 25. He was diagnosed with schizophrenia and substance use disorders and was determined to be SMI. At his timely DCP on November 2, he was referred to Puerto Rican Family Institute. There was no indication that the SW attempted to contact the provider to confirm that they would accept the referral, and SW did not provide the class member with a referral form. He was referred to CRAN. While he accepted assistance with supportive housing, there was no indication that SW submitted an application on his behalf.

Findings:

Referral/appointment: inappropriate (no referral form, no contact with provider)

SMI: appropriate

Case Management: appropriate

Supportive Housing: inappropriate (application not submitted)

Case 154, December MO 214, was a 41 year old man incarcerated from August 23 until December 18, 2023, having returned from Central New York Psychiatric Center where he had

[18] Per email from CHS on February 6, 2024.

spent five months pursuant to a competency restoration order.[19] He was housed in MO at the time of his timely CTP on August 25. He was diagnosed with schizoaffective disorder and was determined to be SMI. At his timely DCP on August 29, he was referred to CASES and was provided with a referral form. SW noted that "this provider has been verified," but there was no indication that SW contacted the provider to confirm that they would accept this specific referral. SW also referred the class member to CRAN, SPOA, and AOT. The class member declined assistance with supportive housing.

The class member informed the medical screener that he was in the military, though he later denied military service when seen by SW. He informed CRAN that "he was in the military and was released under 'general conditions.'" The class member does not appear on the VA dataset.

On September 28, the class member informed CRAN "that he's going to be homeless at the time of his release and would like to be connected to housing." The class member reiterated this need to CRAN on November 2 and November 14. It is unclear if CRAN transmitted this information to SW, and at 30 day follow ups on October 5, November 6, and December 6, SW did not update the DCP.

On November 16, the 730 mobile team noted that "his legal team is working on a program," but there was no indication in the medical record that this came to fruition.

According to a SW note on December 19, "Pt was unexpectedly released from court yesterday. CRAN, SPOA, and AOT have been advised. MGP Request was submitted and approved. Writer outreached to Bellevue Hospital CPEP; however, was advised the pt was not produced to the CPEP for evaluation."[20]

Findings:

Referral/appointment: inappropriate (no indication that SW confirmed that the provider would accept this specific referral)
SMI: appropriate
Case Management: appropriate
Supportive Housing: inappropriate (class member repeatedly indicated a need for housing to CRAN, but CRAN did not transmit this to SW, or, if they did, SW did not act on it)

***CHS Response**: CHS disagrees with the Monitors' finding for Referral. CASES 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 V.D.1. We encourage the parties to continue the fruitful discussions regarding the role of FindHelp or other ways to operationalize these requirements.

Case 155, December MO 238, was a 26 year old woman incarcerated from June 1 until December 20, 2023. She had previously been mandated to treatment and was released from Rikers in March 2023, but she was reincarcerated after failing to comply with the mandate.

[19] According to IIS, he was incarcerated on the instant Book and Case Number from October 10, 2022 until December 18, 2023. For our purposes, the period from the time of his return from OMH to his release to the community will be the focus of our review.

[20] The class member reportedly had a civil commitment hold in place, based on a MH progress note from August 25, 2023.

She was housed in MO at the time of her timely CTP on June 10. She was diagnosed with schizoaffective and cocaine use disorders and was determined to be SMI. At her timely DCP on June 14, she refused a mental health referral and a case management referral, indicating that she was hoping for another treatment mandate. She had a supportive housing approval through June 28, 2023, but she refused assistance with the new application as well, again indicating that she was hoping for a mandate.

At a 30 day follow up on July 15, she reiterated that she was hoping for a treatment mandate.

At a TPR on July 21, she reported that her case had been adjourned and "she is pending some sort of evaluation for an inpatient program."

30 day follow ups over the next four months documented the development of a treatment mandate through the mental health court, and on December 4, SW noted that "she has been accepted into Harbor House and is hoping to be released to the program after her next court date on 12/20." On December 14, e-prescriptions were provided by request, and the next day, an MGP was provided. An ACL on December 15 documented the ATI, and she was provided with a copy of this ACL.

Findings:

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

Case 156, November MO 46, was a 41 year old woman incarcerated from July 13 to November 13, 2023. She was housed in MO at the time of her timely CTP on July 21. She was diagnosed with schizophrenia and cocaine use disorder and was determined to be SMI.

At her timely DCP on July 26, she was referred to FOA FACT. SW contacted the program to confirm that they would accept the referral, and they provided her with a referral form. She reported that she was not homeless.

According to a SW note on July 28, "as per Federation of Organizations ["FOA"] FACT, CM has not been officially admitted to their program due to the possibility of inpatient treatment at this time."

At a 30 day follow up on August 31, SW noted that she was "in the process of being admitted to Fed of Org FACT and is working with Queens CRAN and TASC Mental Health for treatment disposition." A few days later, on September 5, SW documented that she had been enrolled in FACT.

However, according to a 730 mobile team note on September 8, her criminal court judge "didn't agree to Supervised Release with FACT services. The judge inquired regarding the status of a Harbor House referral."

Subsequently, on September 27, SW documented a communication from the class member's attorney that she could return to her mother's home if approved for an ankle monitor.

During a TPR on October 26, the class member indicated that she expected to be released at her next court date in November "to a program for mental health and substance use." According to an e-prescription request on November 13, the class member was expected to be released to Harbor House. However, a 730 mobile team note on November 20 indicated that she had been released on recognizance from court and "was going to reside with her mother and be followed by ACT services."

Findings:
Referral/appointment: appropriate (while there is some question about what her actual DCP was, both ACT and Harbor House were appropriate to her needs)
SMI: appropriate
Case Management: appropriate
Supportive Housing: ineligible

Case 157, December GPNOMEDS 23, was a 30 year old man incarcerated from November 7 until December 14, 2023. He was not produced for a CTP on November 22 and refused a CTP on November 24. He was housed in GP at the time of his CTP on November 30, six days late. He was diagnosed with unspecified trauma and stressor related disorder and was determined to be not SMI. He was not produced for a DCP on December 5, having been transferred to a different unit, and he never had a DCP completed. He was offered a referral on the day of release, at which time he refused.

According to the class member's prescreen, conducted on November 13, the class member had active Medicaid on the state exchange covering the period from November 1, 2023 until November 30, 2023. However, according to HRA, his Medicaid case was closed on the state exchange on November 2, 2023.

Findings:
Referral/appointment: inappropriate (no DCP, refused only at time of release)
SMI: appropriate
Case Management: ineligible
Supportive Housing: ineligible

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 28th day of June 2024, I caused to be served upon the parties named below the FIFTY-THIRD 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 28th
day of June 2024

/S/ Henry A. Dlugacz

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