



# City of New York

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## OFFICE OF THE COMPTROLLER

**Scott M. Stringer**  
**COMPTROLLER**



## **MANAGEMENT AUDIT**

**Marjorie Landa**

Deputy Comptroller for Audit

Audit Report on the Department of  
Health and Mental Hygiene's Follow-up  
Efforts on the Provision of Mental  
Health Services to Discharged Inmates

MG13-096A

**November 20, 2014**

<http://comptroller.nyc.gov>



THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
1 CENTRE STREET  
NEW YORK N.Y. 10007-2341

SCOTT M. STRINGER  
COMPTROLLER

November 20, 2014

**To the Residents of the City of New York:**

My office has audited the Department of Health and Mental Hygiene's (DOHMH's) follow-up efforts in connection with the mental health treatment of discharged inmates designated as class members under a 2003 settlement agreement, known as *Brad H. v. City of New York* (the *Brad H.* Settlement). We audit City programs such as this to increase accountability and ensure compliance with regulations.

The audit found that DOHMH did not conduct required follow-up for 11 percent of the SPMI inmates discharged during our review period regarding the status of their mental health appointments. Accordingly, we found that DOHMH could improve the mandated follow-up it performs under the *Brad H.* Settlement. In addition, we recommended that DOHMH consider expanding its follow-up to include all class members (both those designated Seriously and Persistently Mentally Ill, known as SPMI, and those without the SPMI designation) for whom discharge plans are created, so that the agency can better evaluate the program's effectiveness.

To address these issues, the audit recommended that DOHMH ensure that it maintains contact with all discharged SPMI inmates within 30 days of their release and documents the results of these attempts, and also consider reallocating its resources to expand its follow-up efforts beyond the current requirements of the *Brad H.* Settlement.

The results of the audit have been discussed with DOHMH officials, and their comments have been considered in preparing this report. Their complete written response is attached to this report.

If you have any questions concerning this report, please e-mail my audit bureau at [audit@comptroller.nyc.gov](mailto:audit@comptroller.nyc.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Scott M. Stringer".

Scott M. Stringer

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# THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER MANAGEMENT AUDIT

## Audit Report on the Department of Health and Mental Hygiene's Follow-up Efforts on the Provision of Mental Health Services to Discharged Inmates

MG13-096A

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### EXECUTIVE SUMMARY

The audit's objective was to determine whether the Department of Health and Mental Hygiene (DOHMH) made adequate follow-up efforts in connection with the mental health treatment of discharged inmates designated as class members under a 2003 settlement agreement, known as *Brad H. v. City of New York* (the *Brad H. Settlement*).

Pursuant to the *Brad H. Settlement*, DOHMH must provide discharge planning services to those inmates in New York City jails who are deemed or designated to be plaintiff class members.<sup>1</sup> Discharge planning services include an assessment of inmates' needs for ongoing mental health treatment and, based upon the needs identified by DOHMH mental health staff, the creation of an individual plan of care for all class members.

Also according to the terms of the *Brad H. Settlement*, DOHMH must maintain contact with discharged inmates categorized as Severely and Persistently Mentally Ill (SPMI) for up to 30 days following their release from jail. The *Brad H. Settlement* does not explicitly require follow-up with discharged individuals who are not categorized as SPMI. However, DOHMH is not precluded by the *Brad H. Settlement* from performing any other follow-up that the agency deems appropriate in its implementation of the discharge planning program.

### Audit Findings and Conclusions

DOHMH should improve the mandated follow-up it performs under the *Brad H. Settlement*. In addition, it should consider leveraging the money and resources it has devoted to complying

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<sup>1</sup> By an order dated August 8, 2000, the Supreme Court, New York County, certified the 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. Excluded from the class are inmates who are seen by mental health staff on no more than two occasions during their confinement in any City Jail 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.

with the *Brad H.* Settlement to expand its follow-up to include all class members (both SPMI and non-SPMI inmates) for whom discharge plans are created so that the agency can better evaluate the program's effectiveness.

As reflected in DOHMH's *Brad H.* tracking database, DOHMH did not conduct required follow-up for 11 percent of the SPMI inmates discharged during our review period regarding the status of their mental health appointments. As also reflected in the database, DOHMH conducted no follow-up for 82 percent of the non-SPMI inmates discharged during the same period. Although the *Brad H.* Settlement does not require DOHMH to monitor discharged non-SPMI inmates' participation in their treatment plans, follow-up efforts would allow the agency to determine the degree of participation by discharged inmates, as well as the impact that the program has on recidivism. DOHMH, despite spending nearly \$10 million on the creation of discharge plans over a three-year period, has limited assurance that the discharged inmates with mental health treatment plans actually obtain the services outlined in those plans. Without this information, DOHMH cannot accurately assess the program's success.

## Audit Recommendations

To address the issues raised by this audit, we make four recommendations:

1. DOHMH should ensure that it maintains contact with all discharged SPMI inmates within 30 days of their release and that it documents the results of these attempts.
2. DOHMH should consider reallocating its resources to expand its follow-up efforts beyond the current requirements of the *Brad H.* Settlement.
3. DOHMH should consider following up with all discharged inmates for whom Comprehensive Treatment Discharge Plans have been created, both SPMI and non-SPMI, to identify those who follow and complete their treatment plans (rather than only determining whether discharged SPMI individuals attend an initial treatment session).
4. DOHMH should consider analyzing the impact that the provision of mental health services to discharged inmates has on recidivism rates for released inmates in need of such services.

## Agency Response

In their response, DOHMH officials disagreed with all four audit recommendations offered in the report, stating that they were already in compliance with the *Brad H.* Settlement. However, as we note in the audit report, by only adhering to the terms of the *Brad H.* Settlement in the strictest sense, DOHMH has limited assurance regarding the effectiveness of the program. In fact, DOHMH officials acknowledged during the course of the audit that they do not monitor the effectiveness of the program. By not doing so, DOHMH is unable to determine the degree to which the program is helping those it was designed to assist or ensure that the funds expended to administer the program—nearly \$10 million in Fiscal Years 2011-2013—are being utilized in an effective manner. Accordingly, we urge DOHMH to reconsider its response and implement the audit's recommendations.

# AUDIT REPORT

## Background

In April 2003, the Supreme Court of the State of New York approved a settlement in the class action lawsuit known as *Brad H. v. City of New York* (the *Brad H. Settlement*). This settlement resolved a lawsuit in which it was alleged that the City failed to provide mental health planning services to mentally ill inmates held in custody at New York City correctional facilities.<sup>2</sup> As part of the *Brad H. Settlement* terms, the Health Care Access and Improvement Division of DOHMH must provide discharge planning services to those inmates in New York City jails who are deemed or designated to be plaintiff class members. The discharge planning program aims to ensure that discharged inmates are connected to mental health care and supportive services so that they can maintain the continuity of the mental health treatment they received while in New York City correctional facilities, allowing for an easier transition from incarceration back into the community. During our audit period, Fiscal Years 2012 to 2013, DOHMH spent nearly \$10 million on the program.

According to DOHMH's discharge planning policies, the discharge planning services consist of five key elements:

1. Planning for clinically appropriate mental health services that the inmate can participate in upon release from jail;
2. Assisting eligible inmates to apply for entitlements (Medicaid, Public Assistance Benefits, and Food Stamps);
3. Assisting SPMI clients to secure supportive housing through the Human Resources Administration (HRA);
4. Referring homeless clients to the Department of Homeless Services (DHS) emergency shelter system; and
5. Transporting SPMI inmates to appropriate housing or shelter.

Discharge planning services include an assessment of inmates' need for ongoing mental health treatment and, based upon the needs identified by DOHMH mental health staff, the creation of an individual plan of care for all class members. Information on each class member is entered into a database created by DOHMH's following the Settlement (the *Brad H.* database) based on the discharge planning process.

The discharge planning program is voluntary for all class members. Although all inmates assessed as requiring mental health treatment are encouraged to accept discharge planning services, they retain the right to decline such services. Upon their release, individuals who received discharge planning services are given an aftercare letter, a community referral form, and an individual discharge plan. According to the terms of the *Brad H. Settlement*, within three days of the release, or within three days of a scheduled mental health appointment, DOHMH staff are required to contact the community-based treatment agency to which a discharged SPMI inmate has been referred in order to determine whether the individual is participating in the program. If DOHMH learns that the discharged SPMI inmate attended the first session, then there is no explicit requirement for additional follow-up to ensure that the individual attends

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<sup>2</sup> Specifically, the plaintiffs claimed that the City had not been making the necessary efforts to ensure that mentally ill inmates released from prison were capable of making the transition back into society.

future sessions. If the discharged SPMI inmate does not go to the first scheduled appointment, DOHMH staff are required to attempt contact with the individual for up to 30 days after release from jail or until the individual attends a treatment session, whichever is sooner. The *Brad H. Settlement* does not mandate the minimum number of times that follow-up calls should be made within those 30 days nor does it mandate that DOHMH monitor the extent to which the discharged SPMI inmate follows the post-discharge treatment, even within the 30-day post-release period. For non-SPMI inmates who have received treatment plans, the *Brad H. Settlement* does not require follow-up to determine whether they are participating in the program. DOHMH, however, is not precluded by the *Brad H. Settlement* from following up with these individuals or from taking other steps that the agency may deem appropriate in its implementation of the program.

## Objective

The objective of this audit was to determine whether DOHMH made adequate follow-up efforts to monitor the continued mental health treatment of discharged inmates designated as class members under the Settlement.

## Scope and Methodology Statement

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. This audit was conducted in accordance with the audit responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

The scope of this audit was Fiscal Years 2012 and 2013. Please refer to the Detailed Scope and Methodology at the end of this report for the specific procedures and tests that were conducted.

## Discussion of Audit Results with DOHMH

The matters covered in this report were discussed with DOHMH officials during and at the conclusion of this audit. A preliminary draft report was sent to DOHMH officials and discussed at an exit conference held on June 2, 2014. On October 9, 2014, we submitted a draft report to DOHMH officials with a request for comments. We received a written response from DOHMH officials on October 24, 2014.

In their response, DOHMH officials disagreed with all four audit recommendations offered in the report, stating that they were already in compliance with the *Brad H. Settlement*. By limiting their goal to only fulfilling the *Brad H. Settlement* terms, however, DOHMH has less assurance that the program is effective. In fact, DOHMH officials acknowledged during the course of the audit that they do not monitor the effectiveness of the program. By not doing so, DOHMH is unable to determine the degree to which the program is helping those it was designed to assist or ensure that the funds expended to administer the program—nearly \$10 million in Fiscal Years 2011-2013—are being utilized in an effective manner.

In its response, DOHMH does not address the concern that it is not effectively tracking whether the program is being utilized by the population it is intended to help. As we acknowledge in the report, the *Brad H. Settlement* puts few requirements on DOHMH for maintaining follow-up contact with inmates after they are discharged. However, with limited oversight of the plans provided to discharged inmates, DOHMH has limited assurance that the time, money and effort put into creating these plans are achieving the program's goals and that the plans are being used by those individuals in need of mental health services. We therefore urge DOHMH to reconsider its response and implement the audit's recommendations.

The full text of DOHMH's response is included as an addendum to this report.



## FINDINGS AND RECOMMENDATIONS

DOHMH should take steps to improve its follow-up of mental health services to discharged inmates as required under the *Brad H. Settlement*. Furthermore, DOHMH should consider expanding its follow-up for all class members (both SPMI and non-SPMI inmates) for whom discharge plans are created so that the agency can better evaluate the program's overall effectiveness.

According to information recorded in the *Brad H.* database, DOHMH did not perform the required follow-up for 11 percent of SPMI inmates who were released from jail during our review period to determine whether they made their initial mental health appointments. For those with whom DOHMH did perform follow-up, the agency did not evaluate whether the discharge plan was adhered to or whether the services were actually provided.

Furthermore, as reflected in the database, DOHMH did not follow-up with 82 percent of the discharged non-SPMI inmates for whom treatment plans were created regarding the status of their appointments. While the *Brad H. Settlement* does not require follow-up for non-SPMI inmates, doing so would enable the agency to track the discharged inmates' degree of program participation. Absent information about participation by all discharged inmates with treatment plans, DOHMH has limited assurance that discharged inmates needing mental health treatment obtained the assistance and services outlined in their discharge plans. Consequently, despite the nearly \$10 million spent on creating discharge plans over a three-year period, DOHMH is unable to perform a meaningful evaluation of the success of the program.

These issues are discussed in more detail below.

### DOHMH Can Improve Follow-Up with Discharged SPMI Inmates

Our analysis found no evidence that DOHMH followed up as required on behalf of 165 (11 percent) of the 1,521 SPMI inmates with discharge plans to determine whether they had initially participated in the treatment program, though the *Brad H. Settlement* mandates that DOHMH provide such follow-up. As reflected in the *Brad H.* database, there were a total of 23,728 inmates identified as class members during the period covering Fiscal Years 2012 and 2013, of which 5,244 were SPMI.<sup>3</sup>

As part of the *Brad H. Settlement*, DOHMH must complete an inmate's initial mental health assessment within three days after an inmate is referred to the mental health unit. If the assessment indicates that the inmate needs mental health services, DOHMH has 7-15 days from the assessment date to complete a Comprehensive Treatment and Discharge Plan (CTDP).<sup>4</sup> Of the 5,244 SPMI class members, 1,521 were eligible for follow-up with their discharge plan.<sup>5</sup> Of these 1,521, the *Brad H.* database contained no evidence that DOHMH had contacted 165 (11 percent) within the first 30 days following discharge, either the discharged individuals or the treatment agencies to which they had been referred. The *Brad H. Settlement*

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<sup>3</sup> These inmates had a total of 33,423 arrests during this period.

<sup>4</sup> DOHMH has seven days for inmates housed in the mental observation unit and 15 days for inmates housed in general population.

<sup>5</sup> Of the 5,244 SPMI class members, 3,964 had appointments or referrals, of which 1,521 were eligible for follow-up with their discharge plan. To arrive at the number of 1,521, we followed DOHMH's procedures and excluded inmates who did not have a discharge plan prepared for them due to an early release, were released to other facilities, were not released to the community, declined all discharge planning services, or refused community service appointments or referrals.

requires this follow-up to confirm whether the discharged inmates have gone to their first mental health appointments.<sup>6</sup> Of the 165, the database shows that DOHMH contacted only 25 (15 percent) of these discharged inmates or their service providers; however, the database reflects that the contacts concerned housing, not mental health services. Performing mental health follow-up allows DOHMH to encourage former SPMI inmates to attend appointments. Without such encouragement, there is an increased risk that individuals with the greatest need for mental health services may not receive them.

## Recommendation

1. DOHMH should ensure that it maintains contact with all discharged SPMI inmates within 30 days of their release and that it documents the results of these attempts.

**DOHMH Response:** DOHMH disagreed with this recommendation, stating that it is not in the best interest of discharged individuals nor required by the *Brad H. Settlement*. DOHMH stated that it “works within the framework of the *Brad H. Settlement* which specifies that DOHMH must coordinate care between the jail and the community and ensure that patients have engaged in their initial point of care. Although there are instances in which DOHMH must attempt to contact individual patients (e.g., when a SPMI Class Member does not appear at their community program), the stigma of monitoring and oversight from jail based service providers is significant. We believe that the current approach of focusing on connection to care at the program level, instead of individual patient contact, is appropriate. Furthermore, it should be noted that the Comptroller’s findings show that DOHMH achieved an 89% rate of follow-up during this period as per the requirements of the *Brad H. Settlement*. While there is room for improvement, this high number reflects the seriousness with which DOHMH takes the provision of mandated services under the Settlement.”

**Auditor Comment:** This recommendation is intended to address the fact that we found no evidence that DOHMH had the required follow-up contact with 11 percent of the population eligible for post-discharge follow-up. The follow-up for these individuals is required by the terms of the *Brad H. Settlement*. Contacting all of the required discharged SPMI inmates to ensure that they are receiving the mental health treatment they need is in the best interest of these individuals and far outweighs the possibility of any stigma, perceived or otherwise, that may be associated with the contact. We urge DOHMH to perform the required follow-up contact with all discharged SPMI inmates who are eligible for the post-discharge follow-up – either via the service provider or directly with the individual.

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<sup>6</sup> DOHMH contended that the follow-up effort for 23 inmates is documented in the inmates’ electronic medical records to which we did not have access. The agency also contended that the follow-up effort for another 2 inmates is documented in the database, but we found insufficient evidence to support this claim.

## Other Issue

### DOHMH Has Limited Information Regarding the Program's Effectiveness

Through our discussions with DOHMH officials, we learned that the agency does not monitor the degree to which individuals follow their treatment plans after they are discharged. This is particularly true for non-SPMI inmates who receive treatment plans.

As reflected in the *Brad H.* database, during Fiscal Years 2012 and 2013, 3,880 discharged non-SPMI inmates had CTDPs completed on their behalf. The *Brad H.* database contained no evidence that DOHMH attempted to follow-up with 3,173 (82 percent) of the discharged inmates within this group. Even with discharged SPMI inmates for whom some follow-up is mandated, we found no evidence that DOHMH evaluated the degree to which the discharge inmates adhered to their discharge plans or whether services were actually provided. DOHMH has stated that it has no legal obligation to make any contact with discharged inmates who are not categorized as SPMI, nor is it required to perform any additional follow-up for discharged SPMI inmates beyond what is specifically mandated in the *Brad H.* Settlement. While the requirements of the *Brad H.* Settlement are not in dispute, we note that increased follow-up efforts would increase the likelihood that discharged patients will obtain needed mental health treatment. In addition, absent follow-up, DOHMH is less able to determine to what extent the program is successful or functioning as intended.

Over a three-year period, the City has spent nearly \$10 million<sup>7</sup> to create discharge plans for individuals but has done little to determine whether the plans were actually followed and if so, their effectiveness. While discharged individuals cannot be compelled to seek treatment in most instances, the *Brad H.* Settlement also puts few requirements on DOHMH for maintaining follow-up contact after discharge. Thus, time, money, and effort have been expended on the creation of discharge plans and yet little effort has been made to ensure that the plans are followed or to evaluate the effectiveness of the program itself. New York City Comptroller's Directive 1, §5, advises that "Senior management should consistently track major agency business achievement indicators and compare them to agency plans, goals and objectives." Good business practices make it prudent for agency officials to assess the outcome of the agency's time, efforts and financial resources.

Notwithstanding the terms of the *Brad H.* Settlement, DOHMH is not precluded from leveraging the resources it has devoted to the court-ordered program or from expanding follow-up efforts to more effectively monitor the extent to which discharged inmates receive the recommended mental health services. As further noted in Directive 1, §5, "[m]anagement, throughout the organization, should be comparing actual functional or activity level performance data to planned or expected results, analyzing significant variance and introducing corrective action as appropriate." An expansion of DOHMH's monitoring efforts could help the agency determine the degree to which discharged inmates took advantage of the discharge plans, assess the overall effectiveness of those plans in helping individuals transition back to their communities, and evaluate to what extent such treatment reduces recidivism rates. DOHMH could then use this information in efforts to improve the post-release planning and services it provides going forward.

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<sup>7</sup>For Fiscal Years 2011 to 2013, the personnel cost of the discharge planning was \$9,937,378. This included \$7,191,313 for DOHMH discharge planners, \$1,904,012 for DOHMH social/case workers, and \$842,053 for court monitors.

Our review of the database showed a 26 percent recidivism rate for our two-year scope period (July 1, 2011, through June 30, 2013). Given the above limitations, however, DOHMH cannot determine whether there is a correlation between former inmates' compliance with their post-discharge mental health treatment plans and their recidivism. While there are other factors that may have an impact on recidivism, such as job opportunities, housing policies, police practices, education, and family circumstances, it is reasonable to consider that mental health care may be a significant factor.

DOHMH officials cited a lack of resources as one of the reasons that they do not perform follow-up of non-SPMI inmates. Nevertheless, there can be safety risks to not determining whether individuals in need of mental health services receive such services following their release from jails.

## Recommendations

2. DOHMH should consider reallocating its resources to expand its follow-up efforts beyond the current requirements of the *Brad H.* Settlement.

**DOHMH Response:** "DOHMH disagrees with the auditors' position that there are available resources for the expansion of follow-up efforts beyond the requirements of the *Brad H.* Settlement.

"DOHMH takes very seriously our responsibility to respond to the needs of the most vulnerable of patients discharged from jails, those largely captured by the *Brad H.* Settlement. We currently expend \$10 million per year towards achieving this primary objective. Were additional resources made available to DOHMH's Correctional Health Services, we would allocate those resources as necessary to improve patient care."

**Auditor Comment:** We do not suggest that DOHMH has readily available resources for the expansion of its follow-up efforts. However, due to the significance of this issue, we urge DOHMH to consider reallocating some of its existing resources to expand its follow-up efforts beyond the limited requirements of the *Brad H.* Settlement. If, however, DOHMH does not believe that the reallocation of existing resources is feasible, it should consider seeking additional resources. By expanding its monitoring efforts, DOHMH would be better able to determine the degree to which discharged inmates took advantage of the discharge plans and in turn, the agency would be able to assess the overall effectiveness of those plans in helping individuals transition back to their communities.

3. DOHMH should consider following up with all discharged inmates for whom Comprehensive Treatment Discharge Plans have been created, both SPMI and non-SPMI, to identify those who follow and complete their treatment plans (rather than only determining whether discharged SPMI individuals attend an initial treatment session).

**DOHMH Response:** DOHMH disagrees with the auditors' position, stating: "It is standard practice that once a confirmed hand-off occurs from one health care institution (e.g., hospital or jail health service) to another (e.g., community outpatient provider), the former no longer provides oversight or monitoring of that care. Particularly, when the transfer is from a jail to a community setting,

this oversight may bring stigma to patients and be seen as an unnecessary overreach of the criminal justice system.”

**Auditor Comment:** DOHMH overstates the intent of the recommendation. We are not recommending that DOHMH oversee or monitor the actual care that discharged inmates receive but rather that it merely ascertain whether or not the discharged inmates received that care. Following up with discharged patients would allow DOHMH to encourage participation with the program and, at the same time, provide DOHMH with the tools necessary to assess the overall effectiveness of the discharge planning program. As such, we urge DOHMH to reconsider our recommendation.

4. DOHMH should consider analyzing the impact that the provision of mental health services to discharged inmates has on recidivism rates for released inmates in need of such services.

**DOHMH Response:** DOHMH disagrees with this recommendation, citing that “socioeconomic and housing related issues are dominant contributors as compared with compliance to mental health treatment.” DOHMH officials also state that they are planning to conduct an “analysis of the impact of the provision of re-entry mental health services on clinical care outcomes.”

**Auditor Comment:** While DOHMH’s planned analysis may offer insight to the discharged individuals’ clinical care outcomes, it is also important to study the correlation between their compliance with the post-discharge mental health treatment plans and the degree of recidivism. Accordingly, we urge DOHMH to reconsider its response and implement this recommendation.

## DETAILED SCOPE AND METHODOLOGY

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. This audit was conducted in accordance with the audit responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

The scope of this audit was Fiscal Years 2012 and 2013.

To obtain information pertaining to the Settlement of *Brad H. v. City of New York* that resulted in the creation of the discharge planning program, we met with an attorney from the City's Law Department who had been involved with the lawsuit from its inception and reviewed pertinent documents. To gain an understanding of the discharge planning process and DOHMH's related responsibilities, we met with DOHMH's Assistant Commissioner of Correctional Health Services for Medical and the Assistant Commissioner of Correctional Health Services for Discharge Planning. We followed up the meetings with correspondence and obtained clarification pertaining to each stage of the discharge planning process: the creation of a comprehensive treatment and discharge plan; the involvement of the mental health services providers; the assignment of appointments and referrals; and DOHMH's follow-up responsibilities.

To obtain an understanding of the computer system DOHMH used to document the discharge planning process and to keep track of each class member, we met with officials from DOHMH's information technology department of health care access and improvement and observed a demonstration of information being entered into the *Brad H.* database. In addition, to determine the cost of the discharge planning program, we reviewed DOHMH expenditures pertaining to its discharge planners and the court monitors.

We received DOHMH's *Brad H.* database that covered class members with arrest dates for Fiscal Years 2012 and 2013. To assess DOHMH's follow-up efforts pertaining to discharged individuals, we reviewed the *Brad H.* database for Fiscal Years 2012 and 2013. Using the information in the *Brad H.* database, we calculated the number of inmates who were assessed as needing further treatment for mental illness. From this population, we identified those persons for whom a discharge plan should have been created by subtracting the following categories of inmates: those who had declined services offered to them; those who were released prior to the creation of a discharge plan; those who were released to other facilities; and those who were still detained at the time of our review. We then ascertained the number of discharge plans that DOHMH created for SPMI as well as for non-SPMI inmates and whether DOHMH noted its follow-up efforts within the *Brad H.* database. We also calculated the recidivism rates for our two-year scope period and requested information regarding the extent to which DOHMH conducted a program evaluation.



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH  
Commissioner

Oxiris Barbot, M.D.  
First Deputy  
Commissioner  
[obarbot@health.nyc.gov](mailto:obarbot@health.nyc.gov)

Gotham Center  
42-09 28<sup>th</sup> Street  
CN-28c, WS 8-46  
Queens, NY 11101-4132  
347.396.4005 tel

October 22, 2014

Marjorie Landa  
Deputy Comptroller for Audit  
Office of the New York City Comptroller  
1 Centre Street, Room 1100  
New York, NY 10007-2341

Re: Audit Report on the Department of Health and Mental Hygiene's Follow-up Efforts on the Provision of Mental Health Services to Discharged Inmates  
Audit Number MG13-096A

Dear Deputy Comptroller Landa:

The NYC Department of Health and Mental Hygiene (DOHMH) reviewed the draft report on the Department of Health and Mental Hygiene's Follow-up Efforts on the Provision of Mental Health Services to Discharged Inmates issued on 10/9/2014. The objective was to determine whether DOHMH made adequate follow-up efforts in connection with the mental health treatment of discharged inmates designated as class member under a 2003 settlement agreement, known as *Brad H. v. City of New York*.

DOHMH disagrees with the auditors' recommendations. The attached response details DOHMH's position in regard to the auditors' findings and recommendations.

We appreciate the efforts and professionalism of your staff during the audit. If you have any questions, please contact Sara Packman, Assistant Commissioner for Audit Services at (347) 396-6679.

Sincerely,

Oxiris Barbot, MD

cc:

Mary T. Bassett, MD, MPH, Commissioner, DOHMH  
Sonia Angell, M.D., MPH, Deputy Commissioner, Prevention and Primary Care, DOHMH  
Sara Packman, Assistant Commissioner, Audit Services, DOHMH  
Homer Venters, M.D., MS, Assistant Commissioner, Correctional Health Services, DOHMH  
Eric Zimiles, M.A., MCRP, Assistant Commissioner, Administration and Operations, DOHMH  
George Davis, Director, Mayor's Office of Operations

**RESPONSE TO THE NEW YORK CITY COMPTROLLER'S AUDIT OF  
THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S  
FOLLOW-UP EFFORTS ON THE PROVISION OF MENTAL HEALTH SERVICES TO  
DISCHARGED INMATES  
AUDIT NUMBER MG 13-096A**

The Department of Health and Mental Hygiene (“DOHMH” or “Department”) reviewed the draft report on the DOHMH’s follow-up efforts on the Provision of Mental Health Services to Discharged Inmates and thanks the auditors for the opportunity to respond. The objective of the audit was to determine whether the Department of Health and Mental Hygiene made adequate follow-up efforts in connection with the mental health treatment of discharged inmates designated as class members under a 2003 settlement agreement, known as *Brad H. v. City of New York* (“the Settlement”). The scope of the audit was Fiscal Years 2012 and 2013.

The audit concluded with the following recommendations to DOHMH: to expand the scope of Discharge Planning services beyond what is required by the *Brad H* Settlement (both by contacting discharged Class Members directly and by performing follow-up for non-SPMI Class Members) to reallocate resources it has devoted to complying with the settlement to non-mandated services, and to perform an analysis of the delivery of mental health services and related criminal justice implications. The Department appreciates the Comptroller’s considered analysis of this important and necessary City service. After careful review, however, DOHMH disagrees with the Comptroller’s recommendations for the reasons cited below.

The following is DOHMH’s detailed response to the auditors’ findings and recommendations.

***Finding 1: DOHMH Needs to Improve Follow-Up with Discharged SPMI Inmates***

The auditors state that there is “no evidence that DOHMH followed-up as required on behalf of 165 (11 percent) of the 1,521 SPMI inmates with discharge plans to determine whether they had initially participated in the treatment program.”

Auditor’s Recommendation:

1. DOHMH should ensure that it maintains contact with all discharged SPMI inmates within 30 days of their release and that it documents the results of these attempts.

DOHMH Response:

DOHMH disagrees with the auditors’ proposal that DOHMH should maintain contact with all discharged SPMI inmates within 30 days of their release as this recommendation is neither within the best interests of our patients nor required by the *Brad H* Settlement.

DOHMH works within the framework of the *Brad H* Settlement which specifies that DOHMH must coordinate care between the jail and the community and ensure that patients have engaged in their initial point of care. Although there are instances in which DOHMH must attempt to contact individual patients (e.g. when a SPMI Class Member does not appear at their community program), the stigma of monitoring and oversight from jail based service providers is significant. We believe that the current



approach of focusing on connection to care at the program level, instead of individual patient contact, is appropriate. Furthermore, it should be noted that the Comptroller's findings show that DOHMH achieved an 89% rate of follow-up during this period as per the requirements of the *Brad H* Settlement. While there is room for improvement, this high number reflects the seriousness with which DOHMH takes the provision of mandated services under the Settlement.

***Finding 2: DOHMH Has Limited Information Regarding the Program's Effectiveness***

The auditors state that an expansion of post-discharge follow-up beyond the requirements of the *Brad H* Settlement could help DOHMH assess the effectiveness and post-discharge compliance of the discharge planning program and evaluate the effect of mental health treatment on recidivism rates.

Auditors' Recommendation:

2. DOHMH should consider reallocating its resources to expand follow-up efforts beyond the current requirements of the *Brad H* Settlement.

DOHMH Response:

DOHMH disagrees with the auditors' position that there are available resources for the expansion of follow-up efforts beyond the requirements of the *Brad H* Settlement.

DOHMH takes very seriously our responsibility to respond to the needs of the most vulnerable of patients discharged from jails, those largely captured by the *Brad H* Settlement. We currently expend \$10 million per year towards achieving this primary objective. Were additional resources made available to DOHMH's Correctional Health Services, we would allocate those resources as necessary to improve patient care.

Auditors' Recommendation:

3. DOHMH should consider following up with all discharged inmates for whom Comprehensive Treatment Discharge Plans have been created, both SPMI and non-SPMI, to identify those who follow and complete their treatment plans (and not simply determine whether discharged SPMI individuals attend an initial treatment session).

DOHMH Response:

DOHMH disagrees with the auditors' position that the scope of the post-discharge follow-up should be expanded beyond the requirements of the *Brad H* Settlement.

The mission of DOHMH's bureau of Correctional Health Services is to provide high quality care within the jail system and coordinate transfer of care to community providers. It is standard practice that once a confirmed hand-off occurs from one health care institution (e.g., hospital or jail health service) to another (e.g., community outpatient provider), the former no longer provides oversight or monitoring of that care. Particularly, when the transfer is from a jail to a community setting, this oversight may bring stigma to patients and be seen as an unnecessary overreach of the criminal justice system.

Auditors' Recommendation:

4. DOHMH should consider analyzing the impact that the provision of mental health services to discharged inmates has on recidivism rates for released inmates in need of such services.

DOHMH Response:

DOHMH disagrees with the auditors' position that it should perform an analysis of criminal justice outcomes and mental health services.

The causes of recidivism are multifactorial and the subject of much research. Studies show that socioeconomic and housing related issues are dominant contributors as compared with compliance to mental health treatment. While DOHMH is planning analysis of the impact of the provision of re-entry mental health services on clinical care outcomes, a study that focuses on recidivism would necessarily require involvement of other city and state agencies, including the Mayor's Office of Criminal Justice and various law enforcement agencies. As such, we disagree that that this recommendation is appropriate for an assessment of DOHMH's provision of *Brad H* services.