

Summary of Prior Recommendations

Recommendation	Process	Content	Recommendation	Underlying Issue	Status
			<u>Organizational Matters</u>		
1	X	Restructure/reorganize DCP/MH organizational structure	Reduce fragmentation at higher and lower organizational levels, ultimately will positively impact on continuity of care	This has been completed by Defendants	
2	X	Implement defendants' plan to move all DCP staff to Rikers	Continuity of care, accountability		
3	X	Implement defendants plan to consolidate all discharge planning activities (currently divided among four different divisions) so that each discharge planner handles all activities for his/her caseload	coordination of care, accountability for DCP tasks and the DCP "product"		
4	X	Rewrite policies XI-A thru XI-F to reflect streamlined system of DCP	simplify the DCP system, improve continuity of care and accountability		
5	X	Reduce discharge planner's caseload size (can be done in part by compliance w/ recommendations above and in part by hiring new discharge planners)	Improve quality of discharge plan, coordination with MH staff		
6	X	Implement Defendants' plan to elevate clinical skill set of DCP staff	Improve quality of discharge plan, coordination with MH staff, and reduce refusals by class members		
7	X	Improve communication technology available to DCP staff (voice mail, email, fax)	Continuity of care, coordination with other providers		
			<u>Prison Ward Matters</u>		
8	X	Determination of class membership status for Prison Ward patients admitted directly from arrest	These individuals receive no or delayed discharge planning		
9	X	Class members on Prison Wards must be provided DCP services per Stipulation	There is no clear mechanism for the delivery of DCP to PW CMs at this time		
			<u>Medical Record Matters</u>		
10	X	Take steps to improve the overall quality, organization and maintenance of the medical records	continuity of care		
11	X	Plan for the development of an electronic medical record	continuity of care		
12	X	Improve response to requests for medical records from SPAN	continuity of care		
13	X	Provide live, realtime access to the Discharge Planning MIS for all discharge planners, located at Rikers, centrally and at SPAN. Should include ticklers or reminders of the many deadlines	continuity of care, improve coherence of the discharge planning activities		

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14	X	X	Take steps to remedy the absence of signed declination forms in charts of CMs who were elsewhere documented to have refused DCP	recordkeeping - reflects the overall poor state of the charts and calls into question Defendants' ability to reliably document DCP efforts	
			<u>Data Management</u>		
15	X		Implement defendants plan to improve data collection and reporting of all aspects of DCP mandated by this litigation	continuity of care, assist in required monitoring tasks	
			<u>Multi-Jail Matters</u>		
16	X		Proceduralize transfers so that the sending and receiving DCP staff can ensure continuity of care	continuity of care	
17	X		Evaluate "revolving door" cases: class members who "ping-pong" between PW, MO and GP.	improve quality of dcp services: these are the toughest cases	
			<u>Matters regarding Knowledge Base</u>		
18	X		Implement joint case conferences with MH and DCP staff	Continuity of care, coordination with other providers	
19	X		Continue to educate MH and DCP staff about the requirements of the stipulation	Clarification of roles of all staff and ensure that they provide required services	
20	X		Continue to educate defense counsel and other outside agencies regarding the requirements of the stipulation, including all aspects of jail-based and SPAN DCP efforts	Improve continuity across the CJ system	
21	X		Continue to educate MH and DCP staff about SPAN: have SPAN do inservices for staff when they do their inreach visits per ¶139	Improve continuity of care	
22	X		Continue to educate MH and DCP staff re: SPMI definition, including orientation and periodic inservice training	Improve compliance with SPMI-specific requirements and continuity of care for SPMI CMs	
			<u>Public Relations</u>		
23	X		Develop and post information about SPAN in prominent places (including clinics and MO housing areas) in all jails and in visiting areas	Improve compliance rates, reduce refusals	
			<u>Specific Deficits Identified by Monitors</u>		
24	X	X	Develop mechanism to provide release medications and rxs to CMs released at court	Improve continuity of care	

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25		X	Continue pilot project, and attempt to determine subpopulations for whom attorney contacts are more likely to be fruitful	continuity of care, with monitor's recognition that cold calls to attorneys are relatively low yield. Any success is contingent on adequate technology (esp voice mail, email - See recommendation 7)	
26		X	Evaluate the CTDP completion rate of ~60% identified in Report 3	high rate of noncompliance with a critical early datapoint	