

EXHIBIT A



Alexander S. Bardey, M.D.
Kate Termini, Psy.D.

FORENSIC-PSYCHIATRIC EVALUATION

RAMSEY-NOBLES v. KEYSER

March 2, 2018

Rebecca Ann Durden, Assistant Attorney General
Office of the Attorney General
Albany, NY 12224

Dear Ms. Durden,

At your request, I performed an independent review of the documents and records pertaining to the Ramsay-Nobles v. Keyser matter. Specifically, my aim was to assist you in gaining a full understanding of Mr. Karl Taylor's mental state in the time period preceding his death on April 13, 2015.

I reviewed the following sources of information:

1. Central New York Psychiatric Center Outpatient Records, dated 5/5/95-3/15/13; 4/1/13-4/13/15
2. Central New York Psychiatric Center Administrative Manual for Risk Management, dated 2/6/13
3. Central New York Psychiatric Center Core History, 8/20/13
4. Crisis Intervention Services Corrections-Based Operations Manual, dated 4/23/14
5. RCTP Observation Cell Consultation Note, date not indicated
6. RCTP Nursing Assessment, dated 1/29/15
7. DOCCS Mental Health Referral Form, dated 1/29/15
8. RCTP Observation Daily Progress Note, dated 1/29/15
9. Corrections Based Treatment Plan, dated 1/29/15
10. Psychiatric Progress Notes, dated 1/29/15; 2/4/15; 2/9/15-2/12/15; 2/17/15-2/18/15; 2/25/15
11. Emails, Various, dated 2/5/15-9/30/15
12. Inmate Claim Form, dated 4/7/15
13. County of Sullivan Office of the Coroner, Report of Autopsy, Margaret Prial, MD, dated 4/15/15
14. Statement Forms, dated 6/10/15; 6/16/15; 6/18/15
15. Incident Investigation Recommendations, dated 8/18/15

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16. Transcript Excerpt from Interview with Sin Ho Lee, dated 10/5/16
17. Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17
18. Julia Ramsay-Nobles v. William Keyser et al., Transcript of Videotaped Deposition of Seung Ho Lee, dated 1/10/18
19. Julia Ramsay-Nobles v. William Keyser et al., Transcript of Videotaped Deposition of Garrick Jackson, dated 1/29/18
20. Julia Ramsay-Nobles v. William Keyser et al., Transcript of Videotaped Deposition of Katie Sneckenberg, dated 1/29/18
21. Office of Mental Health Special Investigation Final Report, date not indicated
22. Legal History for Karl Taylor
23. Handwritten Notes, Karl Taylor, Various
24. New York State Commission of Correction Preliminary Report of the New York State Commission of Correction, date not indicated

REVIEW OF COLLATERAL DOCUMENTS

Central New York Psychiatric Center (CNYPC)

Mr. Taylor was first admitted to Central New York Psychiatric Center (CNYPC) in 1995. Throughout his hospitalization, he expressed anger towards individuals he believed to be responsible for his conviction for the index offense. He was withdrawn, believed that the staff was developing a “plot to hurt him,” and was “preoccupied with his constitutional rights.”¹ He was discharged in May 1995 with the diagnosis of Delusional Disorder, Persecutory Type; Polysubstance Dependence; and Antisocial Personality Disorder. In 2000, he was referred for an emergency evaluation at CNYPC after he threw feces at staff members and was observed with feces in his hair. During his hospitalization, he refused to shower and believed that the porters were adding drugs to his food.² He was discharged back to the correctional facility after he continued to refuse his prescribed medications of Haldol and Ativan.

On October 22, 2009, Mr. Taylor was transferred to CNYPC from the Attica Correctional Facility. While incarcerated, he was observed to be “...barking like a dog. Acting bizarre, delusional, withdrawn and refusing to engage with or speak to staff/treatment team. History of behavior problems and violence towards others.”³ Upon admission, Mr. Taylor presented as guarded, suspicious, paranoid, and disorganized and was responding to internal stimuli.⁴ He remarked, “...I don’t know why I was sent here. I feel great, do you understand that I don’t want any medication?”⁵ Throughout his

¹ Central New York Psychiatric Center Core Evaluation, dated 5/16/95

² Central New York Psychiatric Center Progress Notes, dated 6/24/00

³ Central New York Psychiatric Center Core History, date not indicated

⁴ Central New York Psychiatric Center Core History, date not indicated

⁵ Central New York Psychiatric Center Core History, 8/20/13

hospitalization, he was treated with Zyprexa, Depakene syrup, and both an oral and intramuscular dose of Risperdal, which he consistently refused. While a nurse was attempting to administer his medication, Mr. Taylor became volatile, elevated his voice, and remarked, "I don't take meds and never have and you people are stealing our children for the military and prison to keep the fucking n*ggers in their place-drugging us and raping us...you're always looking for an excuse to touch us."⁶ His treatment team regularly encountered difficulties while administering Mr. Taylor his medication, as he often had to be manually restrained, and there were multiple instances when his aggressive behavior necessitated the emergency administration of tranquilizing medications. His diagnoses at the time of discharge in May 2010 were Schizoaffective Disorder, Polysubstance Dependence, and Antisocial Personality Disorder.⁷

During a therapy session on July 12, 2013, Mr. Taylor became upset when he was informed that he could be written up for his continuous refusal to attend groups with a clinician who asked "him to give her space during group...He was not receptive to discussion of boundaries or other people's perspectives."⁸ He further noted, "...What if she (referring to the clinician) says something like that to me again and I get pissed and slap the shit out of her? You can look at my record and see that when I feel threatened by someone, I attack."⁹ Throughout 2013, Mr. Taylor expressed his preference to remain in his cell in order to "...avoid the shit out there" referring to his desire to avoid engaging in negative interactions with peers or staff members.¹⁰ From late 2013 to March 2014, he was observed to be more "pleasant overall," did not manifest signs of thought or mood disturbance, and exhibited a "mild increase in his pressure of speech" when discussing his rationale for not wanting to leave his cell or be transferred out of the Residential Mental Health Treatment Unit (RMHU).¹¹ Mr. Taylor's paranoia and delusional thought processes became evident, however, when he reported that he was innocent and that his arrest and previous disciplinary issues "have been fabricated and he has been set up."¹²

In a therapy session on May 21, 2014, Mr. Taylor discussed the verbal altercations he had engaged in with some of the porters. He noted that the altercations were not "ongoing as patient claimed that he let them know where he stands and that he will not play their games (i.e. extortion). The examples that patient provided seem to have been interpersonal conflicts that one would assume were resolved and came to their natural conclusion, but patient seems to have the impression that they have not been fully resolved and may turn into something greater."¹³ Mr. Taylor was transferred to an observation cell on the RMHU on May 27, 2014 after an incident occurred during which he was burned with hot water. The staff indicated that it was unclear if he was "targeted" by another inmate or if "he harmed

⁶ Central New York Psychiatric Center Progress Note, dated 10/23/09

⁷ Central New York Psychiatric Center Core History, 8/20/13

⁸ Central New York Psychiatric Center Primary Therapist Progress Note, dated 7/12/13

⁹ Central New York Psychiatric Center Primary Therapist Progress Note, dated 7/12/13

¹⁰ Central New York Psychiatric Center Progress Note, dated 1/9/14

¹¹ Central New York Psychiatric Center Progress Note, dated 3/14/14

¹² Central New York Psychiatric Center Primary Therapist Progress Note, dated 3/28/14

¹³ Central New York Psychiatric Center Primary Therapist Progress Note, dated 5/21/14

himself' by throwing the water on himself. When inquired about the incident, Mr. Taylor's mood shifted abruptly, he became angry, and purported that "...he had warned ICP staff about interpersonal issues he was having, that his side of the story was not believed...and that he will never come out for programs as long as he remains on this block."¹⁴

In late October 2014, he was observed talking to himself in his cell, "looking at cutouts of scantily-clad women, and talking in a lewd way," which suggested that he was sexually preoccupied.¹⁵ Throughout December 2014 and January 2015, Mr. Taylor was more easily agitated, difficult to establish rapport with, and perseverated on how "security 'goes after n*ggers' and 'all anyone has to do is say that a n*gger is looking at a white woman and they will get beat up by Security.'"¹⁶ His presentation and behaviors continued throughout February 2015. He perseverated on the fact that he was a victim, requested to be placed in protective custody, and remarked to staff, "You are only here to defend them (the staff) and no matter what I say you will always believe the staff," demonstrating delusional and paranoid thought processes.¹⁷ Throughout February 2015, Mr. Taylor continued to refuse meeting with clinicians, at times became belligerent when approached by staff members, used inflammatory language, and stated that his mood was "beautiful." As a result, his treatment team recommended transferring Mr. Taylor to CNYPC for a higher level of psychiatric care due to his "significant psychiatric decompensation." On April 9, 2015, Mr. Taylor's primary therapist reported that he had been known to exhibit "odd behavior, which can increase when staff is present...this appears to [be] an aspect of patient's baseline behavior."¹⁸

Sullivan Correctional Facility (SCF) Records

Throughout 2009, Mr. Taylor served time in the SHU on multiple occasions due to various behavior violations, including assault on an inmate, fighting, violent conduct, refusing a direct order, harassment, and unhygienic act.¹⁹ After he was discharged from CNYPC in May 2010, he was placed in the Specialized Treatment Program and readjusted to Sullivan Correctional Facility (SCF) "adequately," however, he continued to refuse medications. Mr. Taylor's medications were discontinued on 4/22/12 and he "...remained stable without them."²⁰ In August 2013, he was transferred to the residential mental health unit (RMHU) with the assignment of nine months of time in the SHU for "stalking/violent conduct/harassment/threats."²¹

Mr. Taylor was transferred to the RMHU on January 29, 2015 after he stopped maintaining his personal hygiene (had not showered for 60 days), stopped engaging in

¹⁴ Central New York Psychiatric Center Primary Therapist Progress Note, dated 6/13/14

¹⁵ Central New York Psychiatric Center Primary Therapist Progress Note, dated 10/31/14

¹⁶ Central New York Psychiatric Center Primary Therapist Progress Note, dated 12/23/14

¹⁷ Central New York Psychiatric Center Daily Progress Note, dated 2/5/15

¹⁸ Central New York Psychiatric Center Primary Therapist Progress Note, dated 4/9/15

¹⁹ Central New York Psychiatric Center Core History, 8/20/13

²⁰ Central New York Psychiatric Center Core History, date not indicated

²¹ Central New York Psychiatric Center Core History, 8/20/13

therapeutic or unit activities, and refused to leave his cell or remain compliant with medications.²² During his initial therapy session, Mr. Taylor endorsed the delusional belief that he was in the Marines and did not need to shower “because he was taught how to clean himself without a shower and was not offensive...also reported that he is an ‘officer trained in sex crimes against children and old people.’”²³ In addition, he presented as paranoid regarding the COs who attempted to make him clean his cell and stated that he was being harassed by a CO who was “trying to jump me; he keeps telling me to clean my cell...All I am doing is trying to protect myself.”²⁴ Mr. Taylor declined to participate in additional therapy sessions, remained resistant to medications, was observed to be hyperverbal with a labile mood, spoke to the wall (possibly responding to internal stimuli), and was hostile and confrontational to the staff members.²⁵ After 14 days in the unit, Mr. Taylor did not demonstrate any improvements in his symptoms, mood, or mental status. As a result, the staff recommended his transfer to CNYPC for further psychiatric observation and treatment.

During a therapy session on January 22, 2015, Mr. Taylor refused to discuss his treatment plan, continued to speak about racism, and remarked, “n*ggers and what white people will do to them, particularly Security, and that all this writer would have to do is accuse him of threatening her and he would get beat up.”²⁶ He further reported that he believed the COs wished to “jump me, set me up, rape me,”²⁷ continued to endorse paranoid thoughts and use inflammatory language, and remained “very racially preoccupied.” On February 2, 2015, Mr. Taylor was observed talking to the wall in his cell and referred to one of the treatment team members as a “white female bitch.”²⁸ On February 18, 2015, while refusing to leave his cell for an interview, Mr. Taylor stated that “coming out of his cell for [an] interview will make prejudiced people lie...denies having mental illness and refuses meds.”²⁹ On March 23, 2015, Mr. Taylor, while speaking with his therapist, became hostile, reaffirmed that he was not leaving his cell, and remarked, “say whatever you want, I’m not talking to you, if a white woman gets in the way, they need n*ggers to give them a job, I gave you a chance to do your job, and you didn’t want to be bothered.”³⁰ Furthermore, he believed that the staff in the correctional facility were “in collusion” with the Department of Corrections to “keep a black brother down.”³¹

Mr. Taylor’s psychiatric decompensation in February 2015 is further corroborated by correspondence between various staff and treatment team members at SCF:

²² RCTP Observation Cell Consultation Note, date not indicated

²³ RCTP Observation Cell Consultation Note, date not indicated

²⁴ RCTP Observation Daily Progress Note, dated 1/29/15

²⁵ RCTP Observation Cell Consultation Note, date not indicated

²⁶ Office of Mental Health Special Investigation Final Report, date not indicated, p.13

²⁷ Office of Mental Health Special Investigation Final Report, date not indicated, p.15

²⁸ Office of Mental Health Special Investigation Final Report, date not indicated, p.17

²⁹ Office of Mental Health Special Investigation Final Report, date not indicated, p.19

³⁰ Office of Mental Health Special Investigation Final Report, date not indicated, p.21

³¹ Office of Mental Health Special Investigation Final Report, date not indicated, p.26

“Mr. Taylor has not showered in 60 days and states he is a trained Marine (delusion) and so has been trained to not need showers...He is refusing medications and treatment and has remained in his RMHU cell with the exception of his first interview. He does engage cell side but becomes paranoid and delusional with pressured speech within minutes. He may need admission to CNYPC.”³²

...emphasize his behavior and verbal insults/threats make him a target for aggression by others.³³

Given his behavior and threats make him a target for victimization by other inmates, inpatient level of care seems appropriate.³⁴

*...His speech is pressured and always inflammatory (making very racist statements and referring to himself and other Black people as N*ggers. Mr. Taylor continues to refuse medications and interviews...has NO insight into his mental illness...Currently speech is pressured and loud when you attempt to engage him in any type of conversation. Without medication there does not appear to be much that will change for this patient...Mr. Taylor has had no tickets since 2013 when he was ticketed for Violent Conduct, Stalking, and Harassment and given 8 months SHU time.”³⁵*

A psychiatric progress note, dated February 18, 2015, indicates that Mr. Taylor reported that he needed to “protect myself. They beat me up.”³⁶ In late February 2015, he further stated that a prejudicial CO on his cellblock assaulted him and that he needed to be placed in protective custody.³⁷

Mr. Taylor’s chronic psychotic symptoms, which significantly impacted on his perception of his surroundings and his ability to regulate his emotions and behaviors, is further corroborated by the deposition of Mr. Garrick Jackson, a former member of Mr. Taylor’s treatment team:

“Q. Did you view Mr. Taylor’s chronic hostility as a risk to his safety?

A. Yes

Q. And the safety of others?

A. Yes.

Q. Was that risk heightened by the fact that he had paranoid delusions and anti-social personality disorder?

A. Yes...

Q. At the bottom, it says ‘Mr. Taylor is seen cell side and is either mute, hostile, neutral with staff. He continues to have no insight into his current mental health issues and remains paranoid and delusional.’ As far as you know, was that accurate?

A. Yes.

³² Email, Kristie Sneckenberg, dated 2/5/15

³³ Email, Venkateswara Inaganti, MD, dated 2/12/15

³⁴ Email, Venkateswara Inaganti, MD, dated 2/19/15

³⁵ Email, Kristie Sneckenberg, dated 2/5/15

³⁶ Psychiatric Progress Note, dated 2/18/15

³⁷ Psychiatric Progress Note, dated 2/25/15

Q. In your view what would the combination of hostility and paranoid delusions mean for Mr. Taylor's ability to return safely to ICP?

A. It would be high risk.

Q. A high risk of?

A. For incident.”³⁸

Complaint

According to the amended complaint, Ms. Julia Ramsay-Nobles is seeking redress for the death of her brother, Mr. Karl Taylor, who was previously incarcerated at the Sullivan Correctional Facility (SCF). The complainant is claiming that the defendants' actions violated the rights afforded to Mr. Taylor under the Eighth and Fourteenth Amendments.

Although Mr. Taylor was diagnosed with a severe mental illness while he was incarcerated, he spent many years in solitary confinement before he was transferred to SCF in November 2015, where he was housed in the mental observation unit.³⁹ It is alleged that Mr. Taylor was denied adequate medical and mental health treatment, which caused his psychiatric stability to deteriorate. In addition, Mr. Taylor was allegedly “repeatedly provoked and harassed by Correction Officers (COs)...including CO Bruce Tucker, who had a history of abusing inmates suffering from mental illness.”⁴⁰ As Mr. Taylor's mental health declined, he was less able to “cope with the abuse endured from CO Tucker and other officers.”

The complaint summarizes the incident on April 13, 2015 as follows:

“On the morning of April 13, 2015, CO Tucker was verbally abusive to Mr. Taylor...escalating a routine confrontation to the point where Mr. Taylor feared for his safety. Mr. Taylor called for help and requested to be taken to a protective mental health area where he would be safe. CO Tucker then took out his baton and hit Mr. Taylor. Mr. Taylor took the baton, and struck CO Tucker on the forearm. Shortly thereafter, Mr. Taylor was restrained by multiple officers, including Defendants, and handcuffed. Defendants beat and choked him on the cell block. Mr. Taylor was then restrained and taken to the hallway, which was not visible to inmates in the cell block, and the Defendants beat him further. Mr. Taylor was then transported to the Sullivan Infirmary, passing through a hallway while Defendants continued to beat him...”⁴¹

After enduring unprovoked blows from CO Tucker, Mr. Taylor took CO Tucker's baton, and hit CO Tucker with it on his forearm. COs Witte and Topel then tackled Mr. Taylor. One of them grabbed Mr. Taylor's legs and another grabbed him around his neck. Together, the COs restrained

³⁸ Julia Ramsay-Nobles v. William Keyser et al., Transcript of Videotaped Deposition of Garrick Jackson, dated 1/29/18, p.112-114

³⁹ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.2

⁴⁰ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.2

⁴¹ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.2

Mr. Taylor, forcing him to the ground, facedown. After Mr. Taylor had been restrained facedown, a group of additional officers arrived upon the scene, and handcuffed him. Defendants and these officers further beat, punched, kicked, and otherwise struck Mr. Taylor, even though he was handcuffed and fully restrained. One or more of the officers shouted racial epithets at Mr. Taylor...Mr. Taylor told the Defendants and the officers that he could not breathe. Other inmates who could see and hear what was happening from their cells started yelling words to the effect of 'he can't breathe' and 'he's not resisting...The officers continued to beat and choke Mr. Taylor in the hallway while he was fully restrained...Mr. Taylor was then dragged to the Sullivan Infirmary, leaving a blood trail through parts of the hallway...'”⁴²

Mr. Taylor’s autopsy report indicated that he suffered “blunt impact injuries of the head, torso, and extremities as well as compression of neck injuries,” which included contusions on his forehead, a laceration above his left eye, and a “subarachnoid hemorrhage...of the left temporal lobe of the brain.”⁴³ He later succumbed to his injuries. His death was ruled as a homicide in the autopsy report.⁴⁴

In detailing the actions of the defendants’, the complaint states that Mr. Taylor was “singled out” for abuse by the COs who “would routinely isolate, harass, provoke, and inflict arbitrary punishments on Mr. Taylor in the form of physical acts and verbal abuse...these individuals attempted to provoke Mr. Taylor so that his reaction would supposedly justify their violent, punitive response.”⁴⁵ As a result of the alleged physical and verbal abuse he suffered, Mr. Taylor refused to leave his cell to receive mental health or medical services. This resulted in the deterioration of his mental health, and “he suffered from auditory and/or visual hallucinations.”⁴⁶ In January 2015, he was transferred to an observation cell in the RMHU for closer monitoring of his symptoms and presentation. The following month, his treatment team determined that it was necessary to transfer Mr. Taylor to CNYPC for further psychiatric treatment due to his decompensation and non-compliance with his treatment regimen at SFC. His treating psychiatrist, Dr. Lee, did not authorize the transfer. Instead, he discharged Mr. Taylor from the RMHU on April 8, 2015.⁴⁷

After Mr. Taylor was taken to the infirmary, the COs allegedly informed certain inmates that they would be placed in solitary confinement “if they spoke to investigators

⁴² Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.11-13

⁴³ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.2-3

⁴⁴ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.13

⁴⁵ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.8

⁴⁶ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.9

⁴⁷ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.10

about what had happened...Some inmates declined to speak with investigators or tell investigators what they had seen, for fear of retaliation.”⁴⁸

CONCLUSION AND FORMULATIONS

I completed an independent review of the available documents and treatment records pertaining to the Ramsay-Nobles v. Keyser matter. My aim was to assist in gaining a full understanding of Mr. Karl Taylor’s mental state in the time period preceding his death on April 13, 2015.

As summarized in detail in the body of this report, Mr. Taylor had a history of chronic psychiatric and behavioral issues that posed management difficulties to his treatment team and the facility’s staff. He consistently refused medications, became agitated and verbally (sometimes physically) assaultive with staff, required the emergency administration of tranquilizing medications on multiple occasions, and regularly used inflammatory language. Due to his psychotic disorder, most likely Schizophrenia, Mr. Taylor harbored paranoid delusions about individuals he believed had implicated him in his index offense and the staff members who he believed were plotting to harm him. His behaviors and perception of his environment were influenced by his persecutory beliefs, which remained untreated as Mr. Taylor continuously refused his medication. The reviewed records note that various members of Mr. Taylor’s treatment team indicated that his psychotic symptoms likely placed him at risk for victimization at the hands of other inmates and staff members.

From late 2014 to January 2015, Mr. Taylor’s symptoms persisted and impacted on his behaviors and interpersonal interactions to the extent that he was placed on the mental health observation unit within SCF. He routinely refused to meet with members of his treatment team, attend therapy or activity groups, or take his prescribed psychotropic medication. Furthermore, Mr. Taylor was observed responding to internal stimuli (auditory hallucinations), became more agitated in the presence of staff members, discontinued maintaining his personal hygiene, and requested to be placed in protective custody on multiple occasions. Although he was placed on the residential mental health treatment unit (RMHU) on January 29, 2015, Mr. Taylor’s symptoms remained unchanged during the three weeks he was under observation. As a result, his treatment team recommended transferring him to the Central New York Psychiatric Center (CNYPC) for a higher level of psychiatric care. Mr. Taylor, however, was discharged from the RMHU on April 8, 2015. The extensive documents provided for my review do not identify the rationale for Mr. Taylor’s discharge. On April 9, 2015, Mr. Taylor’s primary therapist noted that his severe psychotic symptoms, which were exacerbated by the presence of staff members, appeared to constitute his baseline level of functioning.

⁴⁸ Julia Ramsay-Nobles v. William Keyser et al., First Amended Complaint, Civil Action No. 16-CV-05778, dated 4/19/17, p.13-14

Ramsey-Nobles v. Keyser

It is my opinion, with a reasonable degree of medical certainty, that in the time leading up to and at the time of his death, Mr. Taylor was experiencing acute symptoms of his psychotic illness. The reviewed treatment records indicate that his paranoia, persecutory delusions, disorganized thought processes, and agitation were significantly impacting on his perception of his surroundings, reality testing, and ability to control his impulses and aggression. In such a psychotic mental state, he would have perceived the Correction Officer's actions as threatening to him, independent of whether actual harm was intended or unprofessional behaviors were exhibited.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Alex S. Bardey, M.D.", written in dark ink.

Alexander Sasha Bardey, M.D.

Diplomate in Psychiatry, American Board of Psychiatry and Neurology
Diplomate in Forensic Psychiatry, American Board of Psychiatry and Neurology
Clinical Faculty, Department of Psychiatry, New York University Medical Center
Adjunct Assistant Professor, Department of Psychiatry and Behavioral Sciences
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EDUCATION

1989 - 1992 Resident in General Psychiatry, NYU Medical Center, NY
1988 - 1989 Intern in General Psychiatry, NYU Medical Center, NY
1988 M.D., SUNY at Stony Brook Medical School, NY
1983 B.A., Harvard University, MA

LICENSURE AND CERTIFICATION

1996 Diplomate in Forensic Psychiatry, The American Board of Psychiatry and
 Neurology
1994 Diplomate in Psychiatry, The American Board of Psychiatry and Neurology
1989 New York State Medical License

PROFESSIONAL APPOINTMENTS

Senior Psychiatric Consultant
Nassau County Department of Mental Health,
Mental Retardation and Developmental Disabilities
2007 - Present

Participated in the development and implementation of the Nassau County Mental Health Court. Provide clinical leadership, perform psychiatric evaluations and risk assessments, and submit expert forensic-psychiatric reports. Co-lead weekly clinical-judicial meetings regarding ongoing court operations and member participation.

2002 - Present

Provide clinical leadership in Assisted Outpatient Treatment Program (Kendra's Law). Perform psychiatric assessments for eligibility and provide expert testimony in County Supreme Court. Oversee the implementation of the law and participate in programmatic development. Lead and supervise clinical review team.

Senior Psychiatric Consultant
Brooklyn Mental Health Court
Brooklyn Domestic Violence Court
2002 - 2007

Provide consultative psychiatric services to the New York State Unified Court System and the Center for Court Innovation. Perform psychiatric evaluations, risk assessments and submit expert reports to the Court in order to determine eligibility for participation in the specialized court project and support applications for housing, treatment and case management services.

Alexander Sasha Bardey, M.D.

Private Forensic Practice

New York, NY

1993 - Present

Qualified as an expert in Psychiatry and Forensic Psychiatry in Criminal, Civil, Family, and Supreme Courts in New York, Kings, Queens, Richmond, Bronx, Westchester, Nassau and Suffolk Counties, as well as in Federal Courts in the Eastern and Southern Districts of New York and Criminal and Civil Courts in New Jersey, Massachusetts and Connecticut. Consult with attorneys from the United States Attorney's office, the New York District Attorney's office, The Federal Defender Program, the Capital Defender Program and The Legal Aid Society in Criminal and Civil matters.

Private Clinical Practice

New York, NY

1992 - Present

Provide psychiatric evaluations and treatment, specializing in pharmacological management of affective and psychotic disorders.

Director of Psychiatry

Rikers Island, Prison Health Services, Inc.

2000 - 2002

Administer and clinically oversee for the NYC Health and Hospitals Corporation - Correctional Health Services' contracted private vendor. Manage contract compliance including monitoring and reporting of behavioral health utilization, performance indicators and quality assurance projects. Ensure the provision of clinical services within the guidelines of regulatory and funding agencies including the NYC Department of Public Health, NYS Office of Mental Health, NYS Office of Alcoholism and Substance Abuse Services, NYC Commission on Correction, and NYS Board of Corrections. Regarding the integrated provision of healthcare services, serve as liaison with the NYC Department of Corrections, Human Resources Administration, Department of Homeless Services and the NYC Mayor's Office. Direct clinical and administrative oversight for a staff of 200 clinical full-time staff.

Director, Assisted Outpatient Treatment Program (Kendra's Law)

Bellevue Hospital, NY

1999 - 2000

Administer a hospital based forensic initiative. Develop program implementation, policy and procedures. Design and maintain a NYC grant funded budget. Provide data coordination and reporting of utilization and statistical measures to NYS Office of Mental Health and NYC Department of Mental Health and Mental Retardations Services. Supervise clinical and support staff.

Associate Director, Division of Forensic Psychiatry

Bellevue Hospital, NY

1995 - 2000

Deputy direct the division of Forensic Psychiatry, including provision of clinical and evaluation services. Manage and supervise psychiatric and support staff. Oversee JCAHO and DMH survey preparations, and report UR/QA initiatives. Provide clinical

Alexander Sasha Bardey, M.D.

supervision of forensic psychiatric fellows, psychiatric residents, and medical students.

ACADEMIC APPOINTMENTS

2003 - Present Adjunct Assistant Professor in Psychiatry and Behavioral Sciences, New York Medical College
1992 - Present Clinical Instructor in Psychiatry, NYU School of Medicine
1989 - 1992 Assistant Clinical Instructor in Psychiatry, NYU School of Medicine

ADDITIONAL PROFESSIONAL POSITIONS

1993 - 1995 Attending Psychiatrist, Division of Forensic Psychiatry, Bellevue Hospital
1992 - 1993 Attending Physician, Division of Consultation-Liaison Psychiatry, Bellevue Hospital
1992 - 1993 Attending Physician, St. Francis Residence
1990 - 1992 Attending Physician, Psychiatric Admitting Office, Bellevue Hospital

COMMITTEE ASSIGNMENTS

1996 - 1997 JCAHO Task Force, Bellevue Hospital
1996 - 1997 Search Committee for Medical Director in Psychiatry, Bellevue Hospital
1993 - 1994 Advisory Council to the Executive Director, Bellevue Hospital
1992 - 1994 Faculty Academic Affairs Committee, Bellevue Hospital
1989 - 1991 Admissions Committee, Department of Psychiatry, NYU School of Medicine

TEACHING EXPERIENCE

2004 - 2010 Course Director, Forensic Psychiatry, St. Vincent's Catholic Medical Center, NY
1999 - 2000 Supervising Psychiatrist, NYU Forensic Psychiatry Residency, Department of Psychiatry, NYU School of Medicine
1999 - 2000 Supervising Attending Psychiatrist, Elective in Telepsychiatric Consultation, NYU School of Medicine
1995 - 1999 Director, Medical Student Education, Division of Forensic Psychiatry, Bellevue Hospital
1995 - 1999 Lecturer in the Forensic Psychiatry Course to Psychiatry Residents, NYU Department of Psychiatry
1994 - 1999 Lecturer in Suicide Prevention and Management Seminar for the Department of Corrections
1994 - 1999 Lecturer in Psychopharmacology Course in the Psychology Department, Bellevue Hospital
1993 - 2002 Supervising Attending Psychiatrist, Tisch Hospital
1993 - 2000 Supervising Attending Psychiatrist, Forensic Psychiatry Fellowship, NYU Department of Psychiatry
1992 - 2000 Psychopharmacology Supervisor, Psychopharmacology Clinic, Bellevue Hospital
1992 - 1994 Psychotherapy Supervisor, Mental Hygiene Clinic, Bellevue Hospital
1991 - 1993 Supervising Attending Psychiatrist, Psychiatric Emergency Room, Bellevue Hospital
1991 - 1992 Instructor in a didactic course on psychopathology, NYU School of Medicine

Alexander Sasha Bardey, M.D.

1990 - 1991 Instructor in a didactic course on human behavior, NYU School of Medicine

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

1995 - Present American Board of Forensic Examiners
1990 - Present American Medical Association
1992 - 1995 American Group Psychotherapy Association

PUBLICATIONS AND EDITORSHIPS

Bardey A.S. and Berger R.H. (1997). Confidentiality and Privilege. Primary Psychiatry, 4 (8), 19 - 26.

Bardey A.S. and Berger R.H. (1997). Informed Consent. Primary Psychiatry, 4 (9), 9 - 21.

Bardey A.S. and Berger R.H. (1997). Malpractice. Primary Psychiatry, 4 (10), 14 - 21.

Bardey A.S. and Berger R.H. (1997). Dangerousness. Primary Psychiatry, 4 (11), 14 - 21.

Bardey A.S. and Berger R.H. (1997). Telemedicine and Telepsychiatry. Primary Psychiatry, 4 (12), 14 - 16.

Bardey A.S. and Berger R.H. (1998). Malingering. Primary Psychiatry, 5 (2), 24-36.

PRESENTATIONS

Bardey, A.S., Witek, A (2012). Introducing the Use of Psychotropic Medications with Adults and Children, Nassau County's 3rd Annual Conference on Co-Occurring Disorders, Hofstra University, Hempstead, NY.

Bardey, A.S., Dolan, J. (2012). Nassau County Welcome and Overview of Mental Illness, CORE Training Series for New Residential Staff. Mental Health Association, Hempstead, NY.

Bardey, A.S. (2012). Psychiatric Disorders, Co-Occurring Disorder and Medications. Crisis Intervention Training, Nassau and Suffolk County Parole/Probation, Hempstead, NY.

Bardey, A.S. (2011). Psychiatric Disorders, Co-Occurring Disorder and Medications. Crisis Intervention Training, Hempstead Police Department, Hempstead, NY.

Bardey, A.S. (2010). Psychotropic Medications and Interactions with Street Drugs. Lecture to F-E-G-S Health and Human Services System, Hempstead, NY.

Bardey, A.S. et al. (2010). Nassau County Mental Health Court – Psychiatric Perspective. Continuing Legal Education presentation to the Nassau County Bar Association, Garden City, NY.

Bardey, A.S., Ruthen, H. (2008). Mentally Disabled People in Crisis. Presentation to the Nassau County Police Department, Garden City, NY.

Bardey, A.S., Lynch, C. (2008) Continuing Legal Education presentation to the Kings County District Attorney's Office., Brooklyn, NY.

Alexander Sasha Bardey, M.D.

Bardey, A.S. (2008). The case for Coercive Care – Kendra’s Law in Nassau County. Webinar to the office of Court Administration.

Bardey, A.S., Nolan, J. (2008 and 2006). Assessing for Serious Mental illness – Overview. Presentation to Nassau County Department of Social Services, Hempstead, NY.

Bardey, A.S. (2008). The case for Coercive Care – Kendra’s Law in Nassau County. Grand Rounds presentation at North Shore University Hospital at Manhasset, NY.

Bardey, A.S. (2007). Working with the Difficult to Engage Client. Presentation to the Mental Health Association of Nassau County, NY.

Bardey, A.S. (2007) Stop treating the Incarcerated Mentally Ill. Presentation to the World Association for Psychiatric Rehabilitation, NY.

Bardey, A.S. (2006) Mental Illness and the Criminal Justice System – An Unfortunate Alliance. Continuing Legal Education presentation to the Suffolk Bar Association, East Islip, NY.

Bardey, A.S. (2006). Working with the Challenging Client. Presentation to the Mental Health Association of Nassau County, NY.

Bardey, A.S. (2005). Assisted Outpatient Treatment: Five Year Update and Experience. Grand Rounds presentation at North Shore University Hospital at Glen Cove, NY.

Bardey, A.S., Zdanowicz, M. & Barr, H. (2004). Coercion and Treatment, Medical, Legal, and Ethical Issues. American Psychiatric Association Annual Meeting.

Bardey, A.S. (2003). Forensic Mental Health. Mental Health Judicial Conference. NY.

Bardey, A.S. (2003). Mad or Bad – the Mentally Ill in the Criminal Justice System. Presentation to the Legal Aid Society of New York.

Helfand, S., Bardey, A.S. & Rose, D.R. (2002). Disaster Counseling in an Urban Jail Setting. National Commission on Correctional Health Care - Clinical Updates in Correctional Health Care.

Bardey, A.S., Rose, D.S. & Collins, G. (2001). Mandated Outpatient Treatment in New York City: A Forensic Perspective. American Psychiatric Association Annual Meeting.

Rose, D., Bardey, A.S., Trujillo, M., & Abad, A.A. (2000). Implementing Outpatient Commitment in New York City: A Forensic Perspective. World Psychiatric Association Thematic Conference & Introductory Course on Legal and Forensic Psychiatry.

Bardey, A.S. (2000). The Implementation of Kendra's Law in New York. Harlem Hospital, Grand Rounds.

Bardey, A.S. (2000). The Implementation of Kendra's Law in New York. Gouverneur Hospital, Grand Rounds.

Alexander Sasha Bardey, M.D.

Bardey, A.S. (1997). The Use of Telemedicine in Psychiatry, Middletown Hospital, Grand Rounds.

ALEXANDER SASHA BARDEY M.D.
FORENSIC AND GENERAL PSYCHIATRY

EXPERT TESTIMONY AND DEPOSITIONS
2003-2017

Testimony in criminal cases

Date	Case	Jurisdiction	Legal Issue	Retained by
3/03	NY v. E. Levy	Westchester	Insanity	Defense
9/03	NY v. F. Gittens	New York	Insanity	Defense
12/03	NY v. C. Edwards	Kings	EED	Prosecution
11/03	NY v. Coleman	Westchester	Insanity	Defense
5/04	NY v. B. Perez	New York	Insanity	Defense
5/04	NY v. Foddrell	Westchester	Insanity	Defense
1/05	US. V. Brand	EDNY	Sex Offender	Defense
9/05	NY v. Pallonetti	Kings	EED	Defense
10/05	US. V. JP Clement	EDNY	Competency	Defense
4/06	NY v. T. Batson	Kings	Competency	Prosecution
11/06	NY v. R. Gonzalez	Kings	Insanity	Prosecution
6/07	NY v. R. Crique	New York	EED	Defense
10/07	NY v. R. Allende	New York	Insanity	Defense
1/08	NY v. E. MacFarland	Suffolk	Insanity	Defense
3/08	NY v. L. Harris	Kings	Mitigation	Defense
3/08	NY v. Jnnoel	Kings	Dangerousness	Prosecution
5/08	U.S. v. Casey	SDNY	Dim. Cap.	Defense
8/08	NY v. Espinal	New York	Competency	Defense
8/09	U.S. v. Correa	SDNY	Sex Offender	Defense
11/09	NY v. Martz	Nassau	Competency	Defense
1/10	NY v. Muhammad	Suffolk	Insanity	Defense
5/10	NY v. Kwas	Kings	EED	Prosecution
6/10	NY v. H. Williams	Bronx	Test. Capacity	Defense
10/10	NY v. T. Browne	Kings	Insanity	Prosecution
10/10	NY v. Crawford-Picket	Kings	Insanity	Prosecution
10/10	NY v. Brummel	Kings	EED	Prosecution
10/10	NY V. Walters	Kings	Dangerousness	Prosecution
12/10	NY v. Abraham	New York	Mens rea	Defense
7/11	NY v. T. Browne	Kings	Insanity	Prosecution
1/12	NY v. Coney	New York	Insanity	Defense
5/12	NY v. Liebowitz	Queens	Intent	Defense
6/12	NY v. Al-Haj	Kings	Insanity	Prosecution
2/13	NY v. E. Fields	Westchester	Competency	Court
6/13	NY v. S. Martinez	Suffolk	Competency	Defense
6/13	NY v. T. Mann	Kings	Dangerousness	Prosecution

Alexander Sasha Bardey, M.D.

7/13	NY v. Seroski	Nassau	SORA	Defense
8/13	NY v. Mann, T.	Kings	Dangerousness	Prosecution
10/13	NY v. Ashley	Nassau	Dangerousness	Prosecution
10/13	NY v. D. Brown	Kings	Insanity	Prosecution
2/14	NY v. J. Bohn	Queens	EED	Defense
5/14	NY v. S. Williams	Nassau	Intent	Prosecution
5/14	NY v. A. Bell	Kings	NGRI	Prosecution
5/14	U.S. v. R. Rodriguez	EDNY	Mens Rea	Defense
8/14	NY v. W. Tyson	Suffolk	Retention	Court
11/14	NY v. J. Falero	New York	Insanity	Defense
12/14	NY v. J. Schwartz	New York	Insanity	Defense
4/15	NY v. F. Lamarre	Nassau	Insanity/Danger	Prosecution
5/15	NY v. B. Paulino	New York	Insanity	Defense
3/16	NY v. J Nolan	New York	Intent	Defense
3/16	NY v. M. Hubsher	Nassau	Mens Rea	Defense
3/16	U.S. v. E. Lustig	EDNY	Dangerousness	Defense
4/16	NY v P. Nimmons	Bronx	Battered Woman's Syndrome	Defense
6/16	NY v. S. Andrews	Kings	Insanity	Prosecution
7/16	US v. J Kaliebe	EDNY	Diminished Capacity	Defense
9/16	NY v. J. Shea	Kings	Competency	Defense
11/16	NY v. Laufer	Queens	Criminal responsibility	Defense
12/16	NY v. Aniano	Nassau	Criminal Responsibility	Prosecution
3/17	USA v. J. Valerio	EDNY	Sentencing	Defense
4/17	NY v. Gilbert	Ulster	Criminal Responsibility	Defense
8/17	NY v. Potomont	Kings	EED	Prosecution
9/17	NY v. E. Santiago	Bronx	Witness Credibility	Defense
10/17	NY v. A. Anarbaev	Richmond	EED	Defense

Testimony in civil cases

Date	Case	Jurisdiction	Legal Issue	Retained by
1/06	NY v. S. Gordon	Nassau	Competency	Respondent
2/08	NY v. S. Abdullah	Westchester	Sex Offender	Respondent
10/07	NY v. Abbruscato	Richmond	Dangerousness	Court
12/07	NY v. Gershberg	Richmond	Retention	Court
3/08	NY v. S. Thomas	Richmond	Retention	Court

Alexander Sasha Bardey, M.D.

12/07	Kervick v. Silver Hill	Connecticut	Malpractice	Complainant
8/09	In re. Joseph Gibbs	Queens	Retention	Court
2/10	In re. Deivy Sanchez	Richmond	Retention	Court
3/10	D. Graham v. L. Portuondo	EDNY	Habeus Corpus	Respondent
3/10	NYPD in re charges and Specifications, Darryl Carr	New York	Fitness for Duty	Respondent
6/10	ACS v. Belton	New York	Fitness for Duty	Respondent
7/10	Abraham v. Abraham	New Jersey	Dangerousness	Defendant
10/10	Board of Education v. L. Weinstein	New York	Fitness for Duty	Defendant
8/11	In re. Jose Alvarez	New York	Retention	Respondent
6/12	In. re. Maria Gunji	Richmond	Retention	Court
8/12	NY Presbyterian v. Loffredo	Westchester	Retention	Court
8/13	Baily v. Pataki	SDNY	Retention/Damages	Defendant
5/14	Bailey v. Metropolitan	New York	Sexual Harassment	Defendant
6/14	In Re. Lukas	Nassau	Guardianship	Court
8/14	20 Fifth Avenue LLC v. Wertheimer	New York	Disability	Plaintiff
6/15	NY v. L. Fluegal	Richmond	330.20	Court
2/16	Islip BOE v. Pavek	Suffolk	Fitness for Duty	Respondent
12/16	Mack v. JCCA	New York	Personal Injury	Defendant
12/16	In Re. Adams, K	Onondaga	330.20	Prosecution
4/17	In Re. Pasker	Nassau	330.20	Court
5/17	In Re. Peeler	Monroe	330.20	Prosecution
10/17	In Re. Silvestri	Kings	Competency to contract	Plaintiff
1/17/18	Lighthouse Properties LLC v. Weizman	New York	Decisional Capacity	Petitioner

Depositions

Date	Case	Jurisdiction	Legal Issue	Retained by
12/03, 5/05	In re. Law & Graham	New York	Competency	Respondent

Alexander Sasha Bardey, M.D.

1/05	In re. Domingue	New York	Fitness to work	Respondent
12/06	In. re. J. Philip	New York	Fitness to work	Respondent
4/07	In re. Horrell	Westchester	Competency	Petitioner
9/09	Yarde v. United States	EDNY	Mental State	Plaintiff
1/11	Mental Disability Law Clinic v. Hogan, MD	Nassau	Malpractice	Defendant
1/14	Ciesielska v. Kadish	EDNY	Hostile Work Environment	Defendant
9/14	Andros v. Bell	New Jersey	Malpractice	Plaintiff
1/16	Randall v. Rutgers	New Jersey	Personal Injury	Defendant
6/16	Ray v. Zanius	New York	PI/PTSD	Defendant
11/16	Hsueh v. Dept. of Financial Services	New York	Personal Injury	Defendant
8/17	Bryant v. Steele	Nassau	Malpractice	Defendant

In addition, I have testified on an almost weekly basis in Nassau County Supreme Court in Kendra's Law applications since 2004. As such, I have been qualified as an expert in psychiatry on more than 500 occasions.



Alexander S. Bardey, M.D.
Kate Termini, Psy.D.

FEE SCHEDULE

March 5, 18

Case ID: Ramsay-Nobles v. Keyser	Expert: Alexander S. Bardey, MD TaxID #47-2811211; New York State License 179638
Attorney on Record: Rebecca Ann Durden	Issue: Expert Witness Fees

FEE FOR SERVICES PROVIDED

AGREED UPON RATES
\$300.00 PER HOUR
\$3,500.00 PER DAY FOR COURT APPEARANCE

A handwritten signature in cursive script, appearing to read "Alex Sasha Bardey" with a flourish at the end.

Alexander Sasha Bardey, M.D.