

Meeting - January 3, 2024 12-2pm

Mik facilitated

Saloni and Rachel took notes

Attendance:

Mik Kinkead (he/him) – The Legal Aid Society

Rachel Golden (she/they) – Golden Psychology

Sahar Mozami (they/them) – City Council

Chelsea Chard (she/her) – Department of Correction

Valerie Greisokh (she/her) – Department of Correction

Michael Griffin (he/him) – City Commission on Human Rights

Lucas Marquez (he/they) – Brooklyn Defender Service

Jenn Lambert (she/her) - NDSNY

Saloni Sethi (she/her) - Office to End Gender Based Violence

Natalie Fiorenzo (she/her) – New York County Defender Service

S. Pearson (she/her) – Board of Correction

Nicole Levy (she/her) – Correctional Health Services

Dori Lewis (she/her) – volunteer at The Legal Aid Society

Announcements:

- H+H has partnered with the Institute for Human Identity to develop and deliver an advanced clinical training program for mental health professionals – LGBTQ+ mental health training project, comprehensive three (3) month long program focused on mental health challenges and disparities for queer and trans people
 - Program is voluntary for the time being, Nicole to follow up on whether it will stay that way or be mandated

We have a few hypos for DOC and CHS:

1) Someone is in DOC custody and has been sentenced. They are transgender and have already served sixty (60) days and have another sixty (60) days to serve. Where would their reentry planning be at this point? What further steps would be taken?

High level overview of approach to reentry

- DOC works closely with MOCJ, which contracts with about ten (10) orgs that provide services to people in custody (Women's Prison Association, FedCap, Fortune, etc.)
- Specific providers have presence in specific facilities, where they meet with residents to identify needs and plan for reentry
- Closely monitor people with upcoming release dates to ensure connection to providers
- Reentry planning begins when you come in the door, so part of the program team's overall roles is to help start thinking about what is needed to facilitate reentry

For TGNCNBI people:

- Work closely with LGBTQ+ coordinators at DOC to ensure they are being connected to services
- MOCJ would know more about specific services but providers are required to provide culturally responsive services
- CHS/LGBTQ coordinators and CBO program staff work closely to ensure connections to services for those whose release dates are coming up

Follow up question: Sounds like DOCs role is largely coordination in the reentry process

- Yes, that is correct, and it's based on the idea that warm handoffs are more successful, so meeting a social worker at a facility may facilitate ongoing connection
- Where DOC does play a role is when release dates are upcoming and there isn't an opportunity to meet with a provider directly – in those cases DOC staff will get involved to complete paperwork and/or set up video conferences/phone calls with community-based providers
- In each facility there is an ED of Programs that oversees programs – may have a program assistant or reentry coordinator or program coordinator that may assist with reentry planning if a CBO provider is not available
 - This could include meeting with the person, completing a transition plan, connecting to housing and/or connecting with CBO providers

Follow up question: What is the status of these programs given current funding issues

- That's a question for MOCJ since they oversee CBO contracts
- For the programs that DOC provides in-house, those that begin upon entering the facility are still being provided despite budget constraints and budget cuts

Follow up question: How often are providers on site and how often do they meet with residents to plan for reentry?

- Each provider is different and schedule is different so it varies
- MOCJ might have additional data if program is reporting on this
- CHS: Intake process now includes ATI screening as well

Follow up question: More information about transition plan – is there a document or a form?

- Developed in collaboration with CBO providers that covers key pieces of transition including employment, social services, housing, etc. with a major focus on housing

→**DOC will follow up to see if they can share transition planning doc**

2) Someone is in DOC custody and has been sentenced. They are transgender and have already served sixty (60) days but have a state sentence for two (2) years. Where would their reentry planning be at this point? What further steps would be taken?

- Specifically: what happens between the individual, DOC, and DOCCS concerning their placement, treatment, and rights as a TGNCNBI person?

We get flyers from Osborne, documents from family(?) planning that people can have when they are going up state. For people who are interested in housing based on gender identity, they can support the person in communicating with DOCCS to facilitate that transfer, but cannot control what DOCCS does even though they are communicating with the DOCCS folks. DOC takes a statement to share with DOCCS (Liz does this) and that would ultimately hopefully inform how people are housed. During a weekly visit or through the tablet people can make a request to have an appointment with an LGBTQ coordinator or they can talk to the coordinator when the coordinator makes a tour through the housing areas.

- What does CHS do to ensure continuity of medical care upon a move to DOCCS?

- What information is available for a person regarding differences in acceptable hair styles and hairpieces, how often an individual has access to a razor etc?

3) A transgender person is in DOC custody and the DA has declined to prosecute their case. Where would their reentry planning be at this point? What further steps would be taken?

Want to make sure that discharge or reentry planning is starting at day 1. Want to make sure that this planning is on tablets so people know what is happening. For example every housing area in Rosies is assigned to Housing Works or Women's Prison Association, so folks know these orgs are there to help them. There are posters and information on tablets about housing assistance so that if folks think they might be going home, "let's talk." Also have connections book and the LGBTQ resource guide so that folks can have that as soon as possible. Connections guide also available at reentry center. For smartphone qualifying folks, they also have an icon for connections on the phone.

For folks not in Rosies, there are providers assigned for those facilities. Other partnerships include Fortune Society and Fedcap. Youth Justice Network and others for emerging adults. For a trans woman in a "men's" facility they have options for organizations that could be assigned who are a better fit. Osborne is a main reentry provider for one of the large men's facilities.

777# is support line- or they can stop at reentry service center to get help with prescriptions for reentry. Can also connect with case managers with CRAN services onsite. Unpredictability of release so have people at the ready to meet- 8am to midnight (?) with folx.

Can we see what is available on the tablet? Could we see a tablet. DOC will get back to us.

MOCJ flier- reentry network flier is what is available, we could get it from them.

For people who qualify for specialized discharge process - contact with mental health or SMI diagnosis is usually qualifying for this.

Re-Entry Policy and Practice Questions

1. Has DOC formed partnerships – formal or informal – with any TGNCNBI-welcoming organizations that support reentry? (Has CHS?)

Yes, Liz has been in touch with partners and potential partners for programming. Planning a resource fair- in late feb or march- SRLP, GMHC, Callen lorde, etc. See it as an opportunity to start partnerships and have ongoing presence at the facility.

Yes, CHS refers patients to many TGNCNBI-welcoming providers, including Osborne Association and NYC Health + Hospitals.

2. In what ways is a person informed of how to retrieve property (especially IDs) from police precincts, DA custody, and DOC custody? Where is this information available?

Chelsea not entirely sure, if in PD or DA custody not sure of property. From Rikers, folx pass through cashier to get small property items. They are informed at the point of discharge how to get property. Also have posters in areas where folx walk through as they are leaving the island. If confiscated at another point, not sure, Chelsea will check. Mik believed law library has police department property retrieval form. Not sure if that is shared anywhere that that is what you need to do. Need to check the Person in Custody handbook to see if that information is also available. Someone who has an unplanned discharge may have to come back to the island to retrieve property.

What about IDs for picking up property? For folx coming back to island to pick up they can have issues retrieving property because of lack of ID. Is there a way to facilitate this? Often folx have their name on ID that is different than the name that is with Rikers due to name change or misspelling. Has led to issues getting property from DOC.

3. When was the Inmate Handbook last updated? Where and how is it available? Does the Handbook provide information on the process of obtaining gender-aligned identification that accurately reflects a person's name and gender marker?

May have talked before- but most recent version was published in 2019. Because it is a public set of rules city agencies have to go through processes to publish information (arduous and time consuming) to make small changes. If there are outdated pieces of information, DOC hands out pamphlets and updates- due to how arduous changes are. Can access this online- if outside DOC. It is also on tablet and can get a copy during intake. Likely available in law libraries as well.

4. Has a position on a property navigator (or seminal title) been created to assist people in the retrieval of property?

No it doesn't, but individuals can connect during discharge process with folx who can help. Can talk about how to work that in. Not an official title in this moment.

5. Where is the New York Public Library ("NYPL") publication Connections currently available? On the tablet? In physical form?

On the tablet. In physical form widely available on request in new admission areas and in Rosies. There is also a shorter reentry brochure made available with connections at admission.

Do deliver a copy of connections to all program staff in all facilities. They are looking at NYPL website to see if a new copy has been published. DOC works with print shop to print a large volume.

6. Do individuals receive physical copies of Connections upon release?

On the phone and can request, DOC tries to make available.

CHS makes the Connections guide available in print at the Reentry Center. Patients can request a hard copy/photocopies of any sections of interest. For patients that receive a free smartphone from CHS, the guide also comes loaded on the device as an icon on the home interface.

- *Follow-up question by Mik: I used to work with CUCS/One Stop in our offices at EMTC and RMSC. We had copies of Connections to distribute but we were told to treat them like gold because they would always run out before the year was up. Are people still able to access the book through CUCS? And is CUCS back in the jails now?*

Still partner with public benefits folx, CUCS has a presence and an officer assigned. So reentry provides this service.

7. Have DOC and CHS created an interagency policy to assist individuals in the re-entry process?

No, but we elaborate on our collaborative work later.

8. Have DOC and CHS created an interagency re-entry team to ensure that:

- The re-entry recommendations adopted by the Department are being implemented?
- A point-person or point-people for TGNCNBI re-entry issues has been identified and is being included on re-entry planning for all self-identified TGNCNBI people?
- DOC and CHS have reviewed contracts with all re-entry service providers to ensure that:
 - Their staff are meeting basic minimums for training on TGNCNBI knowledge and are in compliance with NYC Human Rights Law concerning non-discrimination;
 - Any DOC contract provider (such as Fortune Society, Osborne Foundation, etc.) for re-entry services has a TGNCNBI issue-area coordinator;
 - A TGNCNBI person is assigned a re-entry service provider who maintains contact and follows them throughout their time in DOC even if the individual is transferred outside of their initial housing unit. This is needed in order to address the current practice of assigning in-dorm re-entry service providers by housing unit and not maintaining contact if transferred.

Work very closely with CHS to provide services based on people's needs. CHS has a robust team that takes the lead in services provision. Partner with MOCJ funded nonprofits to provide robust planning. This comes up in placements for transitional housing- greenhope etc. DOC works closely with CHS to make sure that med records are shared and placement in transitional housing is appropriate. HIPAA forms signed as needed. CHS' Gender-Related Services team works closely with LGBTQ unit when folks need resources. No official inter-agency team but do work closely.

Is there an interagency policy or understanding about what reentry should cover?

Each agency has its own policies in DOC. DOC and CHS have different goals to help folks. But no policy exists, always in close collaboration at all times.

When a DOC or CHS person is providing a connection between an incarcerated person and a provider with a service provider. Are staff empowered or trained to address outside provide violations of the law regarding human rights violations etc, e.g. not taking a trans woman because of her identity to a women's housing provider. ?

Years ago had feedback from folks in custody who had negative experience with a housing provider- issues were addressed. However, count on city/ MOCJ to vet providers. Have addressed issues in the past when got feedback about inappropriate referrals or unfair treatment.

CHS staff are trained to report all concerns about patient treatment and care to their supervisors who would work with human resources, operations, and clinical leadership, as appropriate, to address.

Overall would welcome feedback related to feedback and partnerships.

Funding is so tight that they do not want to waste it on service providers that are not adequate. There is also a reentry community liaison at CHR that is available. Always available for trainings.

9. (If the team was created) has at least one member of the DOC LGBTQ+ Initiatives team been appointed to this Re-Entry Review team?

10. Has DOC instituted a "Re-Entry checklist" for all people within DOC?

11. (If yes) how has the institution of this checklist been received?

12. The Task Force suggested a proposed policy for TGNCNBI people being transferred between DOC and DOCCS custody. Has that policy been actioned? What steps have or have not been actioned? Specific objections or concerns?

DOC has a set of resources to prepare people in custody for transition upstate along with warm handoff. Do have people in custody provide a statement if desired for placement and transition. Provided to DOCS with all other information. DOCCS also has resources and information for folx. Some are available publicly on DOCCS website. DOC has own FAQ. Can we see it?

- The policy included a suggestion that DOC develop a transfer checklist for TGNCNBI People so that they know what items they can and cannot bring into state custody (i.e. a binder, a dilator). Was this developed?

13. When does DOC inform the TGNCNBI person of the placement decision with DOCCS?

- what supports are available for a person who finds that their safety concerns were not addressed and they will be moved to gender mis-aligned facilities?

- does anyone else get informed?

Not sure how placement decisions are made. Communicate through DOCCS. Is it possible to have DOCCS and DOC align so that there is someone there to talk with and process rejections. DOC is limited in what they can do to advocate for people being housed according to gender. Can't be in a position to advocate. Can only provide additional information.

Is there a way to collaborate with Camila Osses to facilitate placement in a gender aligned placement.

Frustrating all around- often people are placed in ways that are frustrating to DOC as well- program completion is ignored, or a person is placed far from home.

14. What steps has DOC and CHS taken to partner with TGNCNBI led organizations to assist with cultural divides between DOC and coming home and DOC and DOCCS?

While CHS does not “partner” with any outside organizations, CHS refers patients to many TGNCNBI-welcoming providers. CHS welcomes recommendations for specific TGNCNBI-led organizations that take referrals.

15. Has CHS established a 24-hour helpline to assist people upon release looking for ongoing care?

CHS makes our PORTline reentry helpline available during normal business hours. The Reentry Center on Rikers Island is available Monday-Friday 8am-midnight.

16. Has CHS hired any post-release advocates to assist patients with ongoing medical care upon release?

CHS makes PORTline reentry helpline available during normal business hours. The Reentry Center on Rikers Island is available Monday-Friday 8am-midnight. CHS also makes CRAN services available to all individuals that have been in NYC DOC custody at any point in the previous two years.

17. At this moment, if someone refuses a meeting with a re-entry planner is that refusal recorded? (if it is recorded, follow-up questions are: how recorded, who reported to, is it randomly reviewed?)

CHS- it depends, but also want to note that patients can refuse services at any moment, and can call to re-request services any time in the future.

DOC does not know why medical appts are happening- no info with escort- but refusal does go on record. Refusal one day is not a refusal overall. For DOC medical refusals- it is a form- may also be video (Chelsea will check the policy). Robust system for recording refusing to attend. Definitely on paper. Chelsea will check on other ways.

18. The Task Force would like a complete list of the skills training and certifications available for a person in DOC custody to earn, as well as a list of all job placement opportunities advertised within the NYC jails over the past 6 months.

DOC offers a wide variety of job skills and trainings and hours-long courses to prep for certain jobs or to get certifications. Chelsea can send blurb- cosmetology, nail technology, music engineering, etc. Certification courses- food handlers, mold remediation, cpr first aid, etc.

Mik noted that there were job postings regularly- greenhope- green contracting etc.

19. For BOC, is there any additional reporting on re-entry that you currently receive that you believe would be helpful for the Task Force to review?

Transition at BOC, one person left, and one person is on leave, trying to figure out who will take on tasks.