Meeting - September 6, 2023 12-2pm *and* July 5, 2023 12-2pm

**Please note: the July and September meetings both covered questions regarding medical care and the notes overlapped. These two meetings have been combined for reading ease simplicity*

Attendees

Mik Kinkead (**notes** he/him - Legal Aid) July and September
Rachel Golden (**facilitator** they/she -Golden Psychology) July and September
Matt Graham (he/him - Commission on GE) September
Valerie Greisokh (she/her - DOC) September
Deb Lolai (she/her - BxD) July and September
Liz Munsky (she/her - DOC) July and September
Lucas Marquez (he/they - Brooklyn Defender Service)
Nicole Levy (she/her - CHS) July and September
Grace DeTrevarah (she/her - Osborne) September
Kandra Clark (she/her - Exodus Transitional Community) July and September
Michael Griffin (he/him - NYC Commission on Human Rights) July and September
Sahar Moazami (they/them - City Council) July and September
Ronald Porcelli (they/them - UNITY) September
Kimberly Mckenzie (she/her - SRLP) July and September
Heather Burgess (she/her - BOC) July and September
Chelsea Chard (she/her - DOC) July and September
Natalie Fiorenzo (she/her - NYCDS) July and September
Dori Lewis (she/her - retired Legal Aid) July
Sarah Milner-Barry (she/her - Commission on Gender Equity) July
Lucas Marquez (he/they - Brooklyn Defender Service) July
Jennifer Lambert (she/her - Neighborhood Defender Services) July

Meeting Notes

Went straight into asking questions on the Medical Chapter. In July, Nicole was waiting for more information on ReEntry so we skipped those questions but in September fully answered all ReEntry questions and the remaining questions for DOC.

Drafting Committee: Health and Wellness Section updates
Information and Policy

Has CHS clarified the process for accessing sick call and medical and mental health care appointments? What is the current process and how is it shared with people in custody?

CHS/Nicole: The process is explained during medical intake and reiterated during clinical encounters. Also there will be a new intake brochure created and distributed at intake. They can call health triage line, tell any DOC officer, and the triage line is available on the weekly COVID fliers. People can call using tablets. CHS schedules appointments or addresses concerns/requests administratively, based on clinical need. **Note: Between July and September this was created and is distributed at RMSC and EMTC.**

Natalie: Reminder that tablets don't always work, people don't always have access to tablets (they break etc.).

Do people have access to tablets in all housing units including restrictive?
DOC: they have tablets no matter where they are

CHS: After clearance by DOC (given institutional garments) people go to the medical intake at EMTC or RMSC. Physical, vital signs, medical history, mental health Qs etc.

If someone is currently on HRT, HRT is available to continue immediately at intake. HRT is mandatory and has to be provided in a certain time frame, of course, cognizant of the patient's last dosage.

How is dosage determined?
CHS: For patients with mental health concerns providers do a lot to obtain outside records and get accurate info, CHS will have to get back to us on HRT dosage. May be collateral from outside providers and self-reported. Our nurses and physicians have access to NYCHHC charts thru electronic records and all internal records are required to be consulted.

If someone wants their information to be a bit more private how can they do that?
CHS: they can send requests on tablets which are private.

What is the average length of wait between a person requesting transgender, intersex or gender-affirming mental and medical care and the person actually receiving the care?
CHS: we don't really track that, unfortunately the lag depends on external factors such as jail operations

Can you tell us more about what process they use for accessing HRT? Informed consent model? There are a lot of gatekeeping models to access HRT/gender affirming care, so I'm wondering what process is used to get this care
CHS: don't know the exact language around consent, patients are free to disclose as much as they want, but they may not feel comfortable doing so during intake process because arrival at jail can be disorienting and very stressful

What are the current mechanisms available to incarcerated people for directly reporting concerns to CHS? Please list them all.
CHS: Attorneys, advocates, families, etc can all contact the Patient Relations department. Patients can share concerns about their health care with a CHS staff person directly, or they can call the CHS Health Triage Line, contact CHS' Patient Relations department, or 311 to make a complaint or request. All complaints and requests are shared with CHS Patient Relations for investigation. Family, attorneys, advocates etc. can also contact Patient Relations directly. Sexual abuse/harassment concerns have additional reporting pathways (e.g. Sexual Abuse Advocacy Program Hotline; PREA hotline). I have requested info about timeline re: waiting for an answer on the complaints, I know we try to solve and investigate with a 7-day timeline but not sure when that 7 days starts.

When patients appeal care decisions and denials are the appeals informed by an independent medical review and opinion?
CHS: Patient RN Investigator investigates - patient chart, recommendation for the action, forward recommendation to facility staff, followed to resolution. If substantiated then case is reviewed by interdisciplinary quality improvement committee Several RN investigators, RN investigator is a fulltime job, not asked to do other things.

What is CHS's current procedure for handling denial of health care appeals?
CHS: If request is made in the clinic then addressed on site in real time. Patients can also call Health Triage Line or call 311. CHS Patient Relations handles the complaint.- how is this information shared with patients? The process is explained is a soon-to-be released CHS intake brochure. **Note: was released between July and September meetings**

Has CHS updated Med 24B Transgender Care Policy since we were last shown it in 2020?
CHS: June 2022 was updated!! patients who have undergone gender reassignment surgery may have post surgery needs that should be consulted with specialists and mh. They should be further sent to medical director at their facility."

- Q: can you share that with the task force
- A (from CHS): CHS generally does not share policies outside of the agency, will have to check on this.
- Q: can re-assignment be updated to affirming?
- A (from CHS): should be no problem

CHS: The policy is verbally shared by clinician leadership giving guidance on a case by case basis, but it's all available on the CHS shared drive and our staff are expected to be familiar with it. CHS is in the process of developing a pamphlet for patients which will include contacting CHS and the LGBTQIA+ Initiatives team. Hope to make it available on tablet too. Pamphlet is being developed for physical handling and on tablet. No posters yet, may be other formats coming down. A poster etc might be more widely spread and available.

- Q: what about posters? This would be good so that people who may need it but are not identified by staff would know they have this option. Ideally would be available in other languages and verbally
- A (from CHS): I can take that idea back to the team.

Is the Transgender Care Policy part of an orientation to CHS or verbally shared at any point?
CHS: Not yet. If someone shares a need then there is a face to face verbal conversation but no it's not shared publicly. The Policy is internal clinician guidance that clinicians can refer to at any time and should be familiar with.

My understanding is that RMSC and AMKC have more providers for TGNCNBI health care than other facilities, do you know if there's a difference in wait time btw facilities? Has there been any sort of coordinated training across facilities for how to assist someone who wants GAC (gender affirming care)?

CHS: Patients can discuss GAC with a provider during any appt, they can call the health triage line if they want to schedule something. We work to schedule off-island surgeries asap but

coordination is challenging for many reasons i.e. transport, court, length of stay, specific recovery needs, this is not as timely as our patients and clinicians would like them to be

- Q: Is it possible to get an update from Dr. Subedi on gaining access to surgery? May be helpful for him to join the meeting. I know that timing of stay and access to providers are both very difficult hurdles
- CHS: I can take that request back to him

Could we break it down not only by facility but by type of GAC? (i.e. surgery, hrt, mh)
CHS: Not sure if we can provide that level of detail but appreciate the question

Who is currently able to meet with a CHS re-entry planner?
CHS: Reentry support phone line access via jail and when in community - all available in the new intake patient brochure which is distributed to patients at EMTC and RMSC. Patients with mental health treatment or determined by staff to be especially vulnerable get individualized reentry plans: Especially Vulnerable includes 65+, pregnant persons, intersex, trans, survivors of IPV etc (reentry planners meet in clinical setting and they are individualized) don't have a general figure at this time

- Q: Nonprofits used to have to report services. Will CHS or DOC have to report this?
- A: Not known at this time.
- Comment: Maybe we want to propose a bill on this? We could work with other organizations such as the Rikers Island Public Memory project?

Does a certain event trigger a meeting with a re-entry planner? (for example, the 7th day of being in custody, a known end of sentence date? etc)?
CHS: Nothing necessarily "triggers" - based on meetings with patient and the frequency of visits will vary based on circumstance and need

What does meeting with a re-entry planner potentially include? Can we see a blank intake form or other questionnaires used by re-entry planners when they meet with clients?
CHS: May include items such as completing a Medicaid app, do an intake with off-island contact info, be informed of CHS services that continue in community. Staff may also make referrals to community based treatment, housing, other needs they might have. Some example questions might be: do you have Medicaid? If you don't have a phone who in community can we call?

Can we see a blank intake form?
Not given clearance to share it.

CHS: Reentry Service Center has opened since the July Task Force meeting - can help with prescriptions no appointment needed, no reservations, staff is there 9am to midnight, case manager from SMI org can also connect there (SMI org is CRAN – Community Re-entry Assistance Network) The plan to open was in place for 2-3 years. Working on getting the word out to patients. Flyers are going up. Conversations between reentry service providers and social workers. Big signs are up, Nicole has photos of it, loved ones can go into the trailer too. There is coffee and granola bars.

DOC: Update that 2 of 3 coordinators for the LGBTQIA+ Initiatives Team have been hired! Full-fledged for about past two weeks in the facilities. Specially trained and have the LGBTQ+ Reentry Guide on them. Weekly or bi-weekly depending on capacity. Liz will send us an email intro. These folks will be connected to the "Gender Related Services Team" which is a CHS team - clinicians, human service providers, trained to serve the trans community, cis women with IPV concerns and more. They have a one-pager too. And are joining New Admission orientation.

Can you describe the process for a patient going from DOC custody to, for example, an assisted living facility or another medical or quasi-medical setting – what role does CHS re-entry play?
CHS: Assisted living facilities generally don't accept CHS patients - it's financial, how many Medicaid funded beds there are, most patients would have to self-cover the cost which isn't possible. Also supportive housing applications get filled out. CHS has a clinical court advocacy unit that might know more, general contact: CHSClinicalCourtAdvocacy@nychhc.org Defender orgs (esp social workers) do bulk of the ATI outreach, although CHS coordinates with the courts to prove need for ATI.

What gender-affirming medical devices does CHS currently approve?
CHS: CHS does not have an enumerated list. CHS has ability to prescribe anything then coordinate with DOC to approve on a case by case basis.

We do need to know whether some things will be accepted because – for instance - some surgeons won't approve surgery without knowing about access.
DOC: There have been 2 people who needed dilators. No one has been not approved for a dilator. Got approved the same day and only question was whether they would be approved for on person carry.

> TF Question: Can we work towards a system where it's automatic approval/DOC clearance that CHS doesn't need to seek info on? What might be on that list? Gaffs, compression wear, dilators, STP, packers, wigs?

DOC: If CHS makes a medical determination of need DOC does not overrule it. Even if the item is not on the "permissible list" – if CHS determines need then DOC does not overrule. There is the permissible items list, but no "approved medical device list". CHS approves a medical device, not DOC.

> TF Comment: But that doesn't align with the experiences of our clients. Literally have had clients produced to court without their canes despite still needing a cane. Others agree.
> DOC: a person might display that they don't need the device, or are using the device as a security risk then refer back to CHS
> TF: What about a wig approved as a medical device?
> DOC: Wigs are not permissible items
> TF: So how does the determination get made between what is a medical or permissible item?
> DOC: if it's medical that means CHS made that determination. CHS will have to get back to you

TF: there can be a gray area. at least on the stateside for example, you can only have specific frames for your glasses – DOCCS doesn't say "no glasses" they say "these are the safest frames" – it's a combined effort of DHS, DOCCS, coming together
DOC: There are other things like canes, that we work with CHS to identify appropriate devices. Case by case basis stuff
TF: Is there a policy, an interdisciplinary committee? How does that get determined?
DOC: There are some items we have a list for, and other things that are on an individual basis. Anecdotally, typically what we see is that if someone has a medical device, they need it and don't want it confiscated, they aren't typically causing trouble with them. We assess at intake.
TF: what is the process by which it is taken away?
DOC: if someone has a medical device confiscated they are escorted to CHS, or if they think they don't need it anymore
TF: They are escorted to CHS directly?
DOC: I'm not sure, I'd have to check the policy
TF: Who makes the ultimate determination?

- DOC: At the end of the day it is CHS's decision not the officer bringing them down
- TF: if CHS says they need it, and DOC says no, is there documentation on that decision?
- DOC: you're confusing permissible items and medical devices. If CHS says they need it, we will never say they don't need that. The permissible items list is really for what your loved ones can send you. This isn't inclusive of medical items for the most part
- Q: Can CHS recommend wigs?
- CHS: CHS clinicians have in some cases recommended wigs, but per DOC policy, wigs aren't permitted. For all other devices, if they are clinically indicated, our staff consults with DOC for clearance on a case-by-case basis.
- Q: when something is taken is there a timeframe for them getting it back?
- DOC: I would have to get back to you
- TF Comment: again, please be alerted that medical devices are confiscated and not returned, so if you can remember that when working on policies

So binders are about to be added to permissible items, that seems great. How do we get things equally as gender affirming as binders on the permissible items list so that people can get them without a prescription and without this gray area we're discussing?

DOC: A lot of that kind of stuff takes time. Of course there's some things that are a security issue that will not be considered period but that's just the process we have to go through. To highlight what it takes to get things on the permissible list, it has to be something that technically anyone could have access to, that's why there's sometimes limitations to what's on the list

- Q: Are you referring to the package directive?
- DOC: yes
- Q: Is it up to date online
- DOC: I believe so

- Q: What is the process when someone receives a package and an item is deemed not allowed? Cuz binders are pricey.
- DOC: Binders that will be available in custody are from XS-3XL at no cost! For those who get binders sent in from family, they can't have hard plastic on the back. It has to be the nylon/fabric ones.

Has anyone gained access to post-surgery chest compressors?
DOC: Hard to answer, no one has yet received top surgery and returned to custody and no one has come in post surgery so it is not yet a Q they have reached.

Does CHS approve gaffs? Binders? Dilators? Lube? Post-surgery chest compression vests? Post-surgery body-compression shapewear? Upright pillows?
CHS: These are all possible to be approved on an individual basis based on patient needs, there is no one list of gender-affirming items that may be recommended

What access does a person who is on suicide watch or mental health observation have to medical devices and supports?
DOC: the teletype being sent to BOC to amend the permissible items list to include binders has binder as an undergarment, and undergarments are maintained in suicide watch so yes they would be allowed. Razors, for instance, get more strictly maintained regardless of gender identity. If you are in a suicide smock you might not keep your undergarments. Unsure if bras and underwear are considered ligatures. Staff will be trained on this.

Have there been documented cases of DOC approving the use of gender-affirming medical devices?
DOC: Yes chest binders, yes some instances of binders- will have an update from GRS soon. Also the two instances of dilators.

> **UPDATE:** Tele-type on permissible items directive, not a directive itself. Teletype has been completed and is in DOC rules - submitted only as chest binders.

Has DOC must revised Directives 4498R-A and 4000R-A18 to make menstrual products readily available to all individuals in custody who menstruate, regardless of the facility in which they are housed or their gender identity?
DOC: One instance of this, an intersex person in a men's facility provided with sanitary napkins. Are tampons available? No one is able to say. Pretty sure pads are. Tampons should be, not sure. No one knows how people access menstrual products. In women's facility sometimes freely available in the bathrooms, sometimes in the A station window that is freely reached into. You can also buy them via commissary. Liz has suggested she will add to the LGBTQ pamphlet that if you're in a men's facility you can request free menstrual pads including by going to the LGBTQ offices.

Has CHS staff trained staff in trauma-informed conflict resolution?
All of training is trauma informed so there is not a specific module on that alone. All training is internal as apart of onboarding, department heads also prompt staff to review and are up to date.

Does the training mention TGNCNBI people specifically? How so?

Just had one recently explaining to staff about what GRS provides - new handout about services for TGNCNBI people, medical clinician along with reentry provider have been training, and showing if you refer to GRS what they offer.

May we receive a copy of the training?
No CHS is not able to share.

The task force recommended that CHS pursue more TGNCNBI people to work in CHS and specifically work with people in the SCU or other specific units. Has this been done?
CHS: we have a clinical supervisor in RMSC who has a specific interest in this type of care. In terms of flagging people for care, those at RMSC who are marked in intake as TGNCNBI are brought to a physician who specializes in gender-affirming care A PIC could be referred to an interdisciplinary special cares team to come up with individualized care. We aren't hiring specifically TGNCNBI people for open positions but of course encourage those of all gender identities to apply

- Q: What would the process be in AMKC?
- A: I'm not sure how it works in other housing facilities
  - Comment: we should try to make intersex awareness and care a more active part of the conversation

Task Force recommended health care navigators that would make individualized health care plans and re-entry plans?
CHS: We have that new interdisciplinary team w/ physicians, social workers and mh workers but nothing specific for health care navigators. This team is in regular communication with Liz's team. Not an RMSC-specific team, available anywhere.

Task Force recommended an impact study on the impact of incarceration for TGNCNBI folks
CHS: Actually had some questions on this, we don't have a plan in place to do this study now but we want to know if this is supposed to be while in custody, after release, etc. If this study were to happen we could certainly be a part of it, but not lead it. Our research capacity is limited on the island.
Comment: Possible follow-up between Rachel and CHS.

What trainings have CHS staff received concerning the most recent (2022) Standards of Care published by WPATH?
CHS: CHS does not offer WPATH-specific training, but the 2022 Standards of Care—as well as guidance from Fenway Health and the University of California, San Francisco's Gender-Affirming Health Program-- inform our policies and procedures. The medicine service has also recorded and made available to all its staff multiple clinical trainings on gender-affirming care conducted by a CHS physician who specializes in delivering that care.

Additional September Items
- DOC data reporting bill was passed in August and is in the waiting period to be either signed or veto'd - passed almost unanimously and returned unsigned by the Mayor so it's good to go now

(https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5993802&GUID=0364417A-6AC9-4A51-BECC-114E888400A2&Options=ID|Text|&Search=transgender)
- There are some pending bills as well if anyone wants to join the working group on those items (housing and changes to the local law)
- Also, Mik is putting together a training with Ellie Epstein the Director of Reentry with CHS to address some questions and has good feelings
- No updates on securing order, SCU, or other forms when a person is transferred from court to DOC custody. DOC is actively engaging on this with OCA, "X" indicating a specialized intake process through RMSC is still possible but very preliminary and nothing is finalized
- Matt shares about the Love Rally on October 21 about a series of nationwide events that CGE is participating in
- Street harassment questionnaire sent out from CGE please share and fill out
- Also - a CGE person co-chairs a menstrual equity work group, which is working on access to products, including for incarcerated people. Matt can connect people.