

## Taskforce Meeting Notes 2/4/26

Attendees: Natalie Fiorenza (NYCDS), Dori Lewis (LAS), Ethan Lin (LAS), Camila Rueda-Labrador (LAS), Chanel Lopez (NYS), Michael Griffin (CCHR), Nicole Levy (CHS), Chelsea Chard (DOC), Valerie Greisokh (DOC), Alberto Santus (DOC), Sahar Moazami (City Council), Matthew Graham (NYC Commission on Gender Equity), Jemarley McFarlane (BOC),

- Updates:
  - Ronald: We launched a TGNCNBI Empowerment Fund and we're selecting award recipients of a fund totalling 2 million dollars.
  - Michael Griffin: We're welcoming Christine Clark, a new board member.
  - Valerie: DOC has a broader contract with Destination Tomorrow which will enhance services.
- Who is included in the SCDU determination unit, and what roles do they play in placement decisions?
  - Valerie: LGBTQ Affairs, PREA, and Rosie's leadership.
  - Dori: Does CHS get input?
  - Valerie: No, not at this time.
  - Dori: Any consultation with CHS? Even informally?
  - Valerie: Not on the decision panel, but we communicate with CHS on a regular basis.
  - Natalie: If CHS isn't included, does that mean medical needs are not taken into consideration?
  - Valerie: The decision is not a medical decision, which is why CHS isn't formally part of the decision process. LGBTQ Affairs is a part of the decision-making and so we do take into account what individuals share with us regarding their needs.
  - Michael: If someone raises gender dysphoria as an accommodation, does that get taken into consideration?
  - Valerie: Sometimes CHS gives us referrals, and those referrals start the placement consideration process.
  - Natalie: Wouldn't this placement decision be a medical decision if someone is diagnosed with gender dysphoria, and isn't it true that the determination committee can't override medical decisions?

- Valerie: SCDU isn't involved in medical decisions.
- Nicole: As Valerie said, we make the referral and the decision is made by the panel. The decision of denial is not a refutation of medical diagnosis.
- Natalie: I'm thinking in cases of MO, DOC would have to adhere to the medical determination. Wouldn't it be similar in this case? If the doctor said someone has a diagnosis of gender dysphoria and needs to be placed in gender-aligned housing, isn't it within CHS' power to say this placement is required?
- Nicole: MO units are run jointly with CHS, but that's not the case with gender-aligned housing, so there isn't a parallel here. In general, our therapeutic housing is designed around specific clinical interventions, such as medication access, but not specific to a particular diagnosis or identity. Additionally, even when CHS makes determinations about medical and MH housing, ultimately, DOC can override those decisions because of safety or security decisions.
- Michael: What is the makeup of the reconsiderations panel? Is it the same as the SCDU?
- Valerie: Yes, it's currently the same committee.
- Dori: So the reconsideration panel is made of the same people reviewing the same information? How does that work?
- Valerie: Sometimes there is new information that emerges between denial and reconsideration, so the committee would review the new information to see if a different decision should be reached.
- Dori: Could you explain the role of PREA on the committee versus security versus LGBTQ affairs?
- Valerie: LGBTQ Affairs meet with individuals to make sure individuals' voices are taken into account. PREA makes investigations into allegations and makes sure housing decisions are PREA-compliant. Rosies' leadership would consider how placement would affect security and how it affects management's safety.
- Camila: Why do you think placement denial wouldn't exacerbate gender dysphoria?
- Nicole: I'm not a medical professional, so I can't speak to the impact that placement denial would have on gender dysphoria, but CHS' general position is that healthcare providers should not medicalize gender identity. CHS is sensitive to the specific clinical needs of transgender patients and has systems to address all patients' medical and mental health needs, which may include therapeutic housing, but gender-aligned housing is ultimately determined by DOC.

- Natalie: Is CHS consulted on removal from RMSC?
- Nicole: I don't have insights on this. I'll defer to DOC.
- Chelsea: Generally speaking, DOC is the agency making housing decisions and we consult with CHS for mental health housing areas because it gives them different access to mental health clinicians. As it relates to a security movement or housing placement, we're not consulting CHS on all of those unless there's a mental health component, such as suicide watch. Even if CHS makes a decision that someone needs a higher mental health placement, CHS is not dictating this decision to DOC. DOC makes the decision based on security concerns. The day-to-day placement is solely within DOC's authority.
- Dori: So if someone has a Gender Dysphoria diagnosis and a medical practitioner says that gender-aligned housing is necessary for this person's mental health, DOC won't place them in gender-aligned housing if there are security concerns?
- Chelsea: CHS doesn't share medical diagnosis with us so this is not information we would have.
- Nicole: CHS can make a recommendation on placement but won't share medical information.
- Dori: What is recommended by CHS is that someone benefits from gender aligned housing, but CHS won't tell DOC why?
- Chelsea: I don't know how the conversations go, but we have to be careful here. CHS cannot share protected health information with us and everyone agrees that's a good thing. As it relates to diagnosis, CHS can't share that information with us unless the person signed a HIPAA form to give that information to us, which we assume they don't. Just to be clear, some people might be identifying as transgender but don't have that gender dysphoria diagnosis. CHS would make a recommendation on such a basis, but won't be sharing treatment recommendation or medical diagnosis.
- Valerie: Sometimes we make referrals based on the needs of the client - sometimes it relates to housing but sometimes not - sometimes it's about access to services.
- Natalie: What's in SCU in terms of gender services that's different from what's in GP in Rosies?
- Valerie: SCU units receive the same care - counselors, recreation, etc. SCU get additional services. The LGBTQ+ coordinator has a regular presence in the unit to provide support in addition to programming. That's specific to SCU. Destination

Tomorrow is another one. We have now a contract with them to provide gender responsive re-entry programming. There's also a pride event, a World AIDS event, and a resource fair. There are specialized events and services that SCU receives that are a little different or enhanced compared to other units. Also now that we have a broader contract we can provide services beyond SCU.

- We know the DOJ is planning to change the PREA regulations as it pertains to TGN CNBI people. Are you planning to revise your standards or practices in response?
  - Chelsea: We don't know what is going to come of this yet. For anyone who doesn't know, the DOJ sent out a memo to PREA auditors directing them to not assess certain things. PREA isn't employed by DOJ so they can make a different decision. We're undergoing PREA audits at the moment. What is in the DOJ memo and what PREA auditors are told to start ignoring is giving us some indication of what they're planning to amend. The federal regulations aren't law but codes, they will undergo their revisions - they're not consulting with impacted agencies, and they'll send draft rules. Impacted agencies review them and can provide commentary. The only thing that can stop the draft rules from going into effect is a congressional act. It's a long process and I don't have a timeline to share. We don't know if we're making revisions until we see the rules. There is a removal of references to transgender people but it would still allow for the city and state to make regulations within that. Based on the reading of the EO, if there are prohibitions, that's where city agencies get into trouble. I anticipate that NYC as a whole isn't going to change its own policies to get in line. When there is a policy that conflicts it generally becomes a litigation matter with the federal government. Once things go into litigation there's going to be a pause. There are a lot of unknowns right now. I can anticipate what NYC is going to do in response but it's up to the lawyers. It's not our goal as an agency to come into compliance since it's not in anyone's interest to move backward on this, but if it involves a lawsuit then it's not just about DOC then it's a larger city-wide issue. ACS runs youth detention center and that falls under PREA guidelines. The state's eligibility and determination is different regarding housing so this will also be a state issue as well. I would anticipate that people don't want to go backwards on that. It's unclear what the final rule would be. It's a wait and see at this point. But it's certainly on our radar and it's something to be guided by the law department, not just DOC.
  - Dori: Regarding PREA audits, I wasn't aware of ongoing ones. Will they be made public and when are they expected to be made public?
  - Chelsea: These are always made public once finalized but the timeline isn't up to us but up to the auditor. Each jail gets audited in turn and it takes a while.

- Dori: Has DOC been audited before?
- Chelsea: Yes we started that process in 2018 or 2019, but it stopped during the pandemic. At that point there was voluntary compliance. It was our intention to go through all the facilities at the time, but the COVID happened so we've been working to re-establish that process. There is one audit on RMSC published in 2019 since that was the only one we got through at that point.
- Natalie: Do you know how long the audits typically take? Are we talking a year or six months?
- Chelsea: Probably closer to a year. It's not like a report but they work with us to alleviate concerns they've found prior to publication, which is why it takes so long.
- Natalie: Does DOC have any comment on how their minimum standards will be affected by this?
- Chelsea: It's on the federal government to pursue us on this. I don't know what happens if a rule gets promulgated while we're in the middle of an audit. It's truly unclear to me how long these rule changes at the federal level takes.
- How are cisgender women with maximum security classifications housed?
  - Chelsea: For anyone with max classification there are regulations on how we must house them. Max classification individuals, generally speaking, cannot be in a dorm setting and must be in a cell, and can't be mixed with low-classification individuals.
  - Dori: If a cisgender woman who is considered violent with bad disciplinary records and has enemies in Rosies, how do you deal with that compared to a trans woman who you'd keep out of Rosies?
  - Chelsea: Separation orders apply to everyone. We don't have restrictive housing in the women's facility. We're not experiencing the same level of violence among the women's population so that's part of the background that went into that decision. Years ago we took those units offline. Keep in mind that this is getting into territory that's not within our control and some of these would be changing. I'm not sure if that answers the question but classification and eligibility for restrictive housing is the same across the board. Restrictive housing is more like an element of location than anything else.
  - Dori: So what happens if a cis woman breaks the rules and gets into a fight. Would you transfer her to another county? How do you deal with it?

- Chelsea: For any individual, regardless of gender or location, there are some individuals who we have challenges because they have engaged in behaviors that place them at great risk to themselves or others or to staff. And the availability of housing for them becomes extremely limited. In rare situations we have substitute jail orders and we send them to a different jurisdiction. That's not common but that's an option for those who can't be safely managed. This includes reasons like being high profile.
- Natalie: If a cisgender woman ever ran out of places to go in Rosies, they wouldn't be moved to a male facility on Rikers?
- Chelsea: You already knew the answer to that, you know what our policy is. It won't be productive to go through this again.
- Natalie: I don't understand how it's not just sex discrimination when you treat transgender women differently.
- Chelsea: I understand your position on that.
- Natalie: It's not a position, it's a fact.
- Camila: Can you explain why it's okay to discriminate against trans people? We hear that it's because of security reasons or that it's a DOC decision. You just said you're not looking to change the PREA regulations here in NYC. So what are you trying to do here? Actively trans people are being attacked so clarify why you're not housing people safely.
- Valerie: The department is dedicated to supporting LGBTQ people. I've been here over the years and when we started there was no LGBTQ unit. We also established Harmony House in addition to SCU. We have LGBTQ+ coordinators assigned to support people. It's unfair to characterize the department as not supporting the trans community. There are ongoing conversations about housing and supporting trans people. There are times when transgender people when people reach out to us about not feeling safe in their housing for various reasons. There's a lot happening on a daily basis. Many times we hear from you all and there is follow up happening after each inquiry. We're following up the SCU process, but there's more than what's available in SCU. There's also Harmony House which is appreciated by many people - many people thank us for establishing Harmony House.
- Chelsea: I don't think it's helpful to call out people's morality on this point and I understand everyone's position and we're not going to fully agree, this is why I'm saying it's not helpful to have some of these conversations as it gets very heated. To Valerie's point, a lot of work has been done over the years. I agree more work

can be done. We try to be a model for other agencies and push forward. This is a very nuanced and challenging policy area - trying to keep people safe in a system that isn't set up for that.

- Natalie: Personally, I'm not coming after you or Valerie. I'm not saying you're the problem, I'm trying to understand the policies and my issue is with DOC's policies and DOC as a whole. Again, when I say you I mean DOC. We try our best to advocate for the dignity and safety of our clients, and it doesn't feel like this is DOC's focus. For example, when we come to you about issues of assault, we don't see any compassion on DOC's end.
- Michael: I've reading this in the reasonable accommodations context - as CCHR I think it is incumbent on me to say to DOC staff that policies are policies and they do undergo periodic review. Policy can amount to a prima facie case of gender discrimination. I know PREA and other regulations complicate the reality of the situation but that doesn't mean it's not being sincerely talked about.
- Securing order: Are you still talking to OCA about the X marker?
  - Chelsea: We're still in conversation. It's not appropriate to share conversations between the agencies.
  - Dori: Progress on that would be great because people are still being placed in the wrong facility at intake.
- Have you considered opening an SCU for men in men's facilities?
  - Chelsea: It was considered in the past but not something we're considering now given immense capacity issues. It's not a good use of space at this point.
- What is the process for trans men to be placed in gender-aligned housing?
  - Chelsea: Same process for everyone. People can request transfer to SCU or Harmony House.
  - Camila: SCU is in a women's facility. There are trans men being misgendered because they are in a women's facility, can you speak to this?
  - Chelsea: There are many people who don't want to be in gender-aligned housing and many trans men often want to stay in the women's facility. There's nothing prohibiting trans men going through the same gender-aligned facility process. The process is the same for everyone.
  - Dori: Have trans men been housed in men's facilities?
  - Chelsea: It has happened on rare occasions.

- Dori: I didn't think it was an option, so thanks Chelsea.