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IN MEMORIAM
DISTRICT ATTORNEY KENNETH P. THOMPSON
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Kings County Re-Entry Task Force
Bi-Monthly Meeting of August 2, 2017 – Minutes

Meeting Date:	Wednesday, August 2, 2017	
Meeting Time:	12:30 pm – 2:30 pm	
Meeting Location:	Office of the Kings County District Attorney 350 Jay Street, 19 th Floor – Bob Kaye Room, Brooklyn, NY 11201	
Attendees: <small>(From Attendance Sheet signatures)</small>	<ul style="list-style-type: none"> AHRC NYC: F. Louis AMERICA WORKS OF NY: A. Cisse, M. Reichert, A. Smitherman BMS FAMILY HEALTH & WELLNESS CENTER: E. Rodriguez BREAKING GROUND STREET TO HOME: B. Melewski BRIDGING ACCESS TO CARE: D. Osman BRIGHTPOINT HEALTH: K. Barrett BRONX LEBANON HIGHBRIDGE WOODYCREST HEALTH CENTER: L. Vicente THE BURNING HOUSE PROJECT, INC.: M. Blackman CENTER FOR APPELLATE LITIGATION: S. Karlin CHURCH OF GETHSEMANE / PROJECT CONNECT (SEE FIRST PRESBYTERIAN CHURCH) COLUMBIA COLLABORATIVE RESEARCH NETWORK: Dr. D. Goddard-Eckrich, S. Poznansky COMMUNITY ACTION NETWORK: S. Gillette COMMUNITY CARE PROJECT: R. Amaker COMMUNITY SERVICE SOCIETY: J. Whiting CROWN HEIGHTS SCIENCE YOUTH: K. Pollock THE DOE FUND / READY, WILLING & ABLE: W. Glenn DREAMS YOUTHBUILD & YOUNG ADULT TRAINING PROGRAM: L. Baugham-Farmer 	<p style="text-align: center; background-color: black; color: white; margin: 0;">KINGS COUNTY RE-ENTRY TASK FORCE</p> <p>KINGS COUNTY DISTRICT ATTORNEY'S OFFICE Christopher Owens, Co-Chair Designate Director, The Re-Entry Bureau Norma Fernandes, Case Manager Andrea Johnson, Case Manager Constance Johnson, Consultant</p> <p>NYS DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS) Audrey Thompson, Re-entry Manager, Brooklyn Region</p> <p>NYS DIVISION OF CRIMINAL JUSTICE SERVICES Margaret Chretien</p> <p style="text-align: center; background-color: black; color: white; margin: 0;">KINGS COUNTY DISTRICT ATTORNEY</p> <p>ComALERT Maria Abadia, Program Administrator Kelly Burns, Case Manager Yukia Napoleon, Case Manager Rebecca Moore, SYEP Intern Amanda Barrett, SYEP Intern</p>

<p>THE FAMILY CENTER: V. Presley FEDERAL BUREAU OF PRISONS: C. Bramble, E. Rogers FIRST PRESBYTERIAN CHURCH (BROOKLYN HEIGHTS): D. Ehlke, J. Ehlke [SEE CHURCH OF GETHSEMANE] THE FORTUNE SOCIETY: J. Dawson, A. Travers FRIENDS OF ISLAND ACADEMY: K. Mill, A. Sanders FRIENDSHIP BAPTIST CHURCH: Min. C. Royall</p> <p>HEALTHCARE CHOICES: J. Vazquez HOUSING WORKS: L. Lewis, L. Rojano, B. Smith-Rice, R. Skinner, S. Weston <i>J. Livingston</i> MEDGAR EVERS COLLEGE OASIS BEACON: W. Boone MOBILIZATION FOR JUSTICE (FORMERLY MFY): T. Kessler</p> <p>NYC CLERGY ROUNDTABLE: Rev. Q. English NYC HOUSING AUTHORITY: S. Figuereo NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE: J. Phillips NYC DEPARTMENT OF PROBATION: S. Exantus, D. Modeste NYS DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION: Imam M. Abdulmubdi (Queensboro), D. Barometre (Queensboro), Bishop J. Jones (Queensboro) NYS DEPARTMENT OF HOMES AND COMMUNITY RENEWAL: G. Davids, B. Hewitt</p> <p>PREP FOR PROSPERITY: N. Jenkins QUEENS COUNTY RE-ENTRY TASK FORCE: H. Lila READY, WILLING & ABLE [SEE THE DOE FUND] REALIZATION CENTER: W. Molina RESOURCE COUNSELING CENTER: M. Gonzalez</p> <p>SAMARITAN VILLAGE: M. Johnson, W. Wingate SERENDIPITY 1: C. Bowden SUNY BROOKLYN EDUCATIONAL OPPORTUNITIES CENTER: Z. Dunson, D. Marshall, T. Williams STRONG HOUSE LLC: J. Smith THREE QUARTER HOUSE TENANT ORGANIZING PROJECT: D. Gonzalez</p>	
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ITEM ITEM DESCRIPTION AND ACTION ITEMS		
1	Call to Order	The meeting was called to order by Mr. Christopher R. Owens, KCRTF Co-Chair designate, at 12:40 pm.
2	Opening Remarks & Presentation of Minutes	<p>Mr. Owens acknowledged the excellent attendance by those in the audience.</p> <ul style="list-style-type: none"> • Mr. Owens stated that the minutes are posted on the website, and apologized for the delays. • Mr. Owens asked that names and contact information be forwarded for individuals who plan to attend meetings. No special permission is required to attend the meetings, however. • Mr. Owens stated that the pre-release component of the CRTF's work has improved greatly. There have been 80 cases since the case conferences started to become more aggressive (bi-weekly meetings are now taking place regularly) and the overall trend for intakes is positive.
3	Coordinator's Report	<p>Mr. Owens modified the agenda in the interest of efficiency.</p> <ul style="list-style-type: none"> • The quarterly report for the three-month period ending June 30th was just filed. There were 52 intakes, 47 individuals who were enrolled and engaged as of the 45-day benchmark, very few cognitive behavioral intervention (CBI) enrollments were either started or completed. He acknowledged that CBI participation was far below desired levels due to factors such as the client's willingness to make a full commitment to attend sessions and general including scheduling issues. "We are not where we want to be, but we are learning." • Regarding the Case Conference Committee, Mr. Owens stated that the intakes are definitely trending upwards due to the pre-release case conferences. • Mr. Owens acknowledged that staffing issues have adversely impacted on productivity, including Dr.

		<p>Seward’s medical leave and DOCCS personnel have also had issues.</p> <ul style="list-style-type: none"> Regarding the Public Education Committee, Mr. Owens announced that Ellen Edelman of Families, Fathers & Children, could not attend this meeting but wanted to share the announcement of the exhibition of art by children with incarcerated or formerly incarcerated relatives will be taking place at First Baptist Church of Crown Heights on the 1st of October. He stated that it was encouraging to see KCRTF participants partnering for projects. DCJS will be holding training sessions in the near future.
4	Introductions	Attendees introduced themselves and mentioned the work that their organizations are engaged in.
6	Reports / Concerns	Tabled.
7	Guest Presentations <i>(Please note that the excerpts presented hear were transcribed from an audio recording and may contain errors. Please bring any issues to our attention.)</i>	<p>THEME: “Health Homes And Incarceration”</p> <p>Panelists: Ann Travers; Beverly Smith-Rice; Lissette Rojano; Jose Vazquez</p> <p>Ms. Smith-Rice shared a poem:</p> <p style="text-align: center;">REBIRTH: RE-ENTRY TO A NEW LIFE <i>I take a deep breath and close my eyes. Like traveling down the birth canal, I’m ready to arrive. I’m ready to re-enter into the place I’ve been before. Nervous, scared, uncertain ... but I must walk through that door. I don’t know what’s up ahead, but there’s no turning back. I’ve got to believe that I’m on the right track to my future, my destiny, my purpose in life. I’m speaking it into existence; I’m speaking it despite what was and what has been. I’ve got to believe that I’m being put in a better position to win at this thing called life ... and not just exist I take a stand today to regain my life back ... I shall not be dismissed!</i></p> <p>MS. ANN TRAVERS (THE FORTUNE SOCIETY): What the heck is a “health home” (“HH”)? NYS has identified individuals receiving Medicaid who need additional assistance with accessing health care. Individuals with chronic and seriousness illnesses coming out of incarceration are particularly challenged. The HH “suite of services” concept is the targeting of these individuals to ensure that their care is accessed and coordinated – “we are their health care concierge.” The actual HH is a hospital; care management agencies do the outreach and information collection and coordinate with the HH. PROGRAM GOALS: To connect to care AND to reduce medical costs for New York State. FORTUNE GOAL: Get folks with needs connected to care until they can operate independently.</p> <p>MS. BEVERLY SMITH-RICE (HOUSING WORKS): HH sounded like the “ACT TEAM” concept in Westchester County. Individuals with challenges to accessing care are more likely to develop more severe challenges, leading to Emergency Room visits – less optimal outcomes and higher costs. Assisting with follow-up is key. At Housing Works (“HW”), the nomenclature creates expectations for housing and health care. HH is a care management service model. HW has a care manager who assists the client and must engage in regular follow-up, almost “ambulance chasing”, to ensure compliance with health planning. Partnering groups are a critical component to outreach success. HH is conceptually strong, but has implementation kinks. Staff must remain current on health care issues to respond appropriately to clients. There is a window of time to help a client when they present, and that positive actions take place and that the window needs to remain open. Diplomacy is required of every staff person. Re-entry is a mindset, not just a program. How will you be living once you are released? As a former corrections office, Ms. Smith-Rice stated that incarceration is like war – and PTSD is a real phenomenon. HW’s HH approach is designed to optimize exposure and understanding of health challenges pre-release to have a more seamless transition and hand-off and, therefore, a better outcome. HW has various health facilities and numerous programs, including resources that target women and transgender individuals. Multi-lingual resources exist as well. Housing itself is the greatest challenge for many clients. HW is now able to monitor health-related behavior and compliance.</p> <p>MS. LISSETTE ROJANO (HOUSING WORKS): As a Care Manager, breaking stigmas for re-entry clients is very important. Staff will meet with clients outside of the office to assist with overcoming daily health barriers</p>

and maximizing compliance with the health plan. The most negative outcome is recidivation, unfortunately.

MR. JOSE VAZQUEZ (HEALTHCARE CHOICES): DOJ article (“Return Home”) presents statistics: 44% of state prisoners report a health problem, but 77% of that cohort never seeks medical assistance; 25% report chronic serious health issues, but only a small percentage receive necessary care while incarcerated – for whatever reasons. This increases the importance of receiving necessary care post-release. 70% of Healthcare Choices patients are formerly-incarcerated individuals, so there is a certain level of expertise and comfort regarding health care delivery. Article reports that more than 56% of incarcerated individuals report a mental health issue upon release. Every effort must be made to meet clients “where they are at” and that is difficult to do “if you haven’t been there.” Making one’s health a priority is difficult when you are concerned primarily about housing and employment. Healthcare Choices is an FQHC and provides HH services and other programs with a focus on patient-centered care. If we cannot provide the service, referrals will definitely be made to other providers – this is not a competition and we have to work together.

QUESTIONS:

“We have heard this approach before – where those with the greatest need are targeted – through Medicaid managed care. What makes you believe that Health Homes will be more effective than what came before?”

Travers: Greater cultural competency and closer relationships with clients can lead to better results than the more distant managed care program. Organizations with staff who have “walked the walk” and will “talk the talk” can have more of an impact with this particular population – credibility matters.

Smith-Rice: It’s all about immediate access to care, not simply making appointments down the line. It’s about constant contact to ensure compliance to build the trust relationship – being there matters.

Bowden (Serendipity): Strong, appropriate partnerships amongst organizations helps to ensure the success of HH work.

Vazquez: What can we do to get to the “why” behind a person’s health situation and compliance? Clients often do not wish to discuss their situations and struggles with the health care provider staff. Our approach is to get the patient to equate the importance of health care with all of the other needs and concerns. This requires having and/or developing strong staff who can communicate well to the clients.

“What are the factors that we should use to decide which HH provider is most appropriate for our work as an organization?”

Smith-Rice: We refer to Fortune when the client does NOT have a chronic illness due to the resources that are already on site. (Two years or less.)

“What’s the process we should use to determine which ‘releasees’ need HH and for those who need HH, which provider is the best?”

Travers: It’s client choice, plain and simple, and the social determinants of health that will determine the choice. Questions must be asked to ensure that the real client preferences are known.

Smith-Rice: When we perform the assessment and prepare the care plan, information may be missing, but as information is revealed, HW tries to provide services to assist with those issues that are creating problems. The Legal Department, for example, assists clients with housing issues.

“Will you come to our location to present and recruit client-patients?”

All providers agreed.

“Is there a way that HH providers can connect with individuals during the 120-day pre-release period rather than just upon release?”

		<p>Travers: Pre-release connections are always beneficial, of course. There are some legal requirements for health information (HIPAA compliance, etc.) and NYS discourages much pre-release patient recruitment in order to ensure that the patient has maximum choices. A discussion that starts within 60 days of release, but decisions really don't emerge until closer to that release point. Fortune sends a letter at the 30-day point to welcome individuals home.</p> <p><i>“What are the best questions to ask individuals who may have a criminal justice history to assist in finding appropriate health care providers?”</i></p> <p>Smith-Rice: Utilize meetings, networking, the internet for HH providers and contacts. I don't ask direct questions, sometimes, but go for general questions or let them talk first. Example: “Tell me what you want me to know about yourself?” Be relaxed with the inquiries, but be honest that some questions may be coming that require a bit more detail. First question is: “Would you like some coffee, tea or water?”</p> <p>Vazquez: Healthcare Choices uses its “Entitlements Division” aggressively to collect information and attempt to build a history prior to first contact – which helps to inform and shape the questions that are asked. Now, many patients have activated Medicaid upon their release for a facility, which makes it easier to move forward with assessments.</p> <p>Travers: “Do you have insurance? If you don't, do you need help getting it? Do you have a PCP? Do you have any pain?”</p> <p>Other responses:</p> <p>Engage the individual. “Have you eaten anything today? Are you thirsty?”</p> <p><i>“Is there a lock-in for HH selection? If you are unhappy with your HH, can you move easily?”</i></p> <p>Smith-Rice: Change can be made immediately, but steps are taken to ensure a real connection with the new provider so that follow-up will take place.</p> <p><i>“What is your agency's capacity to handle clients?”</i></p> <p>Generally no limits. If the client base increases, then staff is added.</p> <p>Smith-Rice: Ratio of clients to case manager is 60/1. Organizations use different ratios.</p> <p>“</p>
7	New Business / Events	
8	Adjournment	The meeting was adjourned at 2:30 pm.

NEXT MEETING IS ON WEDNESDAY, OCTOBER 4, 2017

2017 KCRTF meetings are proposed for 12:30 pm – 2:30 pm on these first Wednesdays

October 4th and December 6th

Please mark your calendars. Locations may vary.

**Corrections to these Minutes should be emailed to OwensC1@BrooklynDA.org
Information pertaining to events should also be emailed**