

Process and Evaluation Workgroup

Meeting Minutes

March 3, 2021

In attendance:

Rodney Brooks: Alameda County Public Defender's Office

Bob Britton: Faith in Action East Bay (FIABEB) Live Free

Lt. Baker: Alameda County Sheriff's Office

Dr. Chaffin, Alameda County Behavioral Health

Shauna Conner: Alameda County Probation Department

Charlie Eddy, Alameda County Behavioral Health

Janene Grigsby: Alameda County Probation Department

Shahidah Lacy: Alameda County Supervisor Keith Carson's Office

Sophia Lai: Alameda County Behavioral Health

Joey Mason: Alameda County Probation Department

Jean Moses: Faith in Action East Bay (FIABEB) Live Free

Rashad Eady: Alameda County Behavioral Health

Sarah Oddie: Alameda County Supervisor Wilma Chan's Office

Brian Rivera: Alameda County Sheriff's Office

Shawn Rowland: Building Opportunities for Self-Sufficiency (BOSS)

Richard Spiegelman: Faith in Action East Bay (FIAEB) Live Free

Darryl Stewart: Alameda County Supervisor Nate Miley's Office

The meeting started with an approval of the minutes.

The group working on connecting people to Medi-Cal gave a brief update on their progress.

A summary of their report is below:

- Members of the group met with the Santa Clara County Executive Officer to get an update on their re-entry program which includes connecting recently released people to Medi-Cal.

- Pre-COVID-19, Santa Clara County Social Services employees entered the jail escorted by deputies to meet with inmates who they knew would be released within 30 days (or shorter), to explain both Medi-Cal reinstatement and enrollment.
- Santa Clara County staff never covered all the inmates in the jail, just those known to Behavioral Health or Care Connect thus, there were gaps.
- There were people released from court who might leave without getting connected to Medi-Cal.
- Members of the staff also met with Andrea Ford of Alameda County Social Services who was very cordial and invited us to meet at any time.
- The Medi-Cal process is becoming more automated, so it could be done electronically in the future.

Shahidah from Supervisor Carson's Office reported:

- She met with the Chair of Social Services (SSA) and the Health Care Services Agency to get a better understanding of the population leaving Santa Rita Jail who need to be connected to Medi-Cal. In 2019 approximately 943 were released needing Medi-Cal insurance who had a history with Medi-Cal, and 900 who had no history of Medi-Cal but were probably not eligible in the first place.
- Of the 900 we are dealing with, the easiest way to get people enrolled is to work with a non-profit to do the applications; approximately 2 people leave the jail each day who need enrollment which does not justify a county full time staff person stationed at the jail.
- Determinate release dates can be planned for, but we do not know how to work with those without release dates.
- Nine Hundred is not insignificant, we do not want to wait two years for CalAIM
- The Health Care Services Agency would love to do it, but it must be done by Social Services, 900 people is a significant number who need to be walked through the Medi-Cal process, but it is not something that can be done effectively with SSA staff.
- Now we need to figure out the best way to do this, justifying public costs.
- We need to monitor what is moving forward, finding a CBO to do the enrollment, getting Social Services to update us to discuss the plan which is required by CalAIM.

Next Deputy Rivera and Dr. Chaffin gave an update on the process of releasing people from Santa Rita Jail. A summary of what he said is below:

- A jacket (all the essential information about the inmate who is leaving is assembled.)
- Internal Records Deputies sign off on the jackets.
- A Sergeant will review the paperwork and then will sign off on the jacket.
- Next it goes to a Release Deputy.

- When that person is ready to be released, we bring them to the release “holding tank.”
- A confirmation of the arm band (which has the inmates personal information) is done to make sure it is the right person, a fingerprint on fast ID is also done to confirm the identity.
- In addition, personal questions are asked i.e.: address, SSN, PFN, etc. to ensure the match.
- Inmates are given the safe landing forms to connect with the trailer where they can go for additional help for shelter, Medi-Cal enrollment, etc.
- If they need medication, their in-custody packet is flagged so medication can be secured prior to release.
- We provide the Safe Landing trailer flyers, but a lot of inmates discard it prior to even leaving the building.
- If we are aware of a Behavioral Health client’s upcoming release date (they tell us or staff will check), we arrange for them to pick-up a 30-day supply in our pharmacy or in the community.
- The Sheriff only manages Behavioral Health medications; WellPath addresses the medical needs of other inmates.
- Sometimes people go out of the County after being released or do not have the ability to access a pharmacy, in those cases we do an in-kind gift of the medications, by flagging the jacket and giving them a 30-day supply directly; we often see the medications discarded in the trash outside of the jail.
- Our staff will tell patients if you suddenly get released, you can contact us M-F 8-4 to call in a prescription – for 30 days

Below is a summary of the discussion by the workgroup after the presentation:

- Are we offering meds to any subgroup?
- Clients get medications if they are high risk and most likely will not navigate the system outside; we don’t do this for higher functioning patients because significant amounts of medication are found in the trash bin.
- Often clients will not stay around and wait for medication, it can take a couple of minutes or longer to get it to them, so people leave without it. A challenge is we cannot reuse them, so we dump the unused medications.
- Even when ordering medications in the pharmacy, 20% - 25% do not pick them up when they leave custody.
- It is disappointing that people are not taking medication.
- People without a release date are really challenging – they are the ones who need to contact us; the staff at the Safe Landing trailer often lets them know who to call.
- **Question:** Who pays if they are not on Medi-Cal?

- **Answer:** All of the medication is covered by Alameda County Behavioral Health, including the 30-day pick up available in the community, we tell this to all our clients.
- Several people do not want medication due to the stigma of Mental health, especially in the African American community.
- I have heard that there are unpleasant side effects.
- There are many factors for non-compliance; many people have adjustment disorders – difficulty sleeping etc. So, a lot are for sedatives and sleep medications.
- When a lot of people leave, they don't need or want them.
- We also have people with poor insight into mental health, so they will not use medication outside of jail and will turn to other substances.
- We try to link people as much as we can, but we cannot force people to take medications inside or outside jail.
- I think it is about being proactive and talking with people about medications and sitting and waiting with them for 1-3 hours.
- We need to educate clients that the medications are important.
- Being in jail helps people see the benefits.
- Sometimes people who say they feel normal on meds so they stop taking them because they felt great, when they are off and tragic circumstances can happen.
- To clarify with wait times, the main issue is when we do not know when they are going to be released. For those we do know, then it should be pretty fast – 5-10 minutes.
- Is Alameda County Behavioral Health looking mainly at behavioral health meds? Is there someone who works with the full scope of health-related meds, or just on mental health related meds?
- Alameda County Behavioral Health only handles psychotropic medications, but we coordinate with WellPath's discharge planners, so we know someone who is getting out and needs medication.
- At one time Criminal Justice Mental Health used to get meds at release, is there a reason for not trying to get more medications out?
- These are the hardest people to work with as far as release and medications. There are going to be significant changes for Behavioral Health, especially with more discharge planners, so they will be able to coordinate; right now, we do not have the capacity.
- Our pharmacy is not 24 hours. We can only do 9-5, so that is a limiting factor. The population has grown exponentially, and the percentage who are prescribed psychotropic medication has increased.
- The percentage of individuals with serious mental illness/high acuity has increased significantly since Public Safety realignment.

- Is this an area where the new Behavioral Health staff and the new Sheriff's staff can assist?
- Sounds great if they can help with medication.
- Is the Justice Involved Mental Health Initiative working with people when leaving custody? Can we make recommendations around using AB 109 funds?
- A lot of post-release reentry services might not be aware of mental health issues and other needs.
- Social Services has an RFQ out for people to do Medi-Cal and CalFresh enrollment
 - It would be great to have peer mentors from CBOs, they could be more effective.
- Jail reinstates Medi-Cal for people who go to the hospital and they suspend it when they come back.
- People have presented on this; it is a loophole.
- It is not a given that the County needs to turn off Medi-Cal as soon as someone gets into the jail.

The group then began to discuss next steps:

- Discussion of specialized staff to assist with the gaps in connecting to essential resources for successfully transitioning out of Santa Rita Jail. This may include case managers to assist with medication.
- The group on Medi-Cal reinstatement will have an additional update.
- An update from Social Services on CalAIM.

The meeting adjourned at 11:58.