**Process and Evaluation Workgroup**

**Meeting Minutes**

**May 1, 2019**

**In attendance:**

**Rodney Brooks:** Alameda County Public Defender

**Sophia Cohn:** BayLegal

**Neola Crosby:** Probation Department

**Deep Kaur**: BayLegal

**Tim Smith:** Building Opportunities for Self -Sufficiency

**Doug Butler**: Alameda County District Attorney’s Office

**Darris Young:** Urban Strategies Council

**Charlie Eddy:** Urban Strategies Council

**Bob Britton:** Faith in Action

**Joey Mason:** Alameda County Probation Department

**Sophia Lai:** Alameda CountyBehavioral Health

The meeting opened with introductions.

Sophia Cohn from BayLegal distributed the hand out to accompany her the presentation regarding the Medi-Cal rules and the ability to have Medi-Cal turned on when leaving incarceration. A summary of the presentation and contents of the handout it listed below:

* **Current Medi-Cal Rules for County and State Inmates**
  + Individuals are ineligible for Medi-Cal while incarcerated.
  + Coverage is suspended when entering jail for one year.
  + When incarcerated for longer than one year, Medi-Cal coverage will end, and the individual must reapply once released.
  + If you quality for Medi-Cal through SSI, you may need to restart your SSI benefits before Medi-Cal coverage is reinstated.
  + Medi-Cal is automatically suspended for juvenile inmates.
  + There is automatic reinstatement for juvenile inmates – but only if incarcerated for less than a year.
* **Suspension, Prisoner Matching**
  + The California Department of the Health Care Services (DCHCS) uses an Incarceration Verification Program using the Nationwide prisoner match to identify people who are ineligible for Medi-Cal benefits due to incarceration.
* **Procedural Process for Verifying Incarceration** 
  + DHCS will send incarceration verification letters to those on Medi-Cal. Beneficiaries are identifies and contacted using addresses in MEDS, the database which lists who is eligible for; a county welfare department may also confirm eligibility.
  + Beneficiaries not responding within 10 days can have their benefits discontinued.

* **Medi-Cal Application Assistance for County Inmates**
  + County jail staff are supposed to inform the county when the inmate is released paroled or transferred.
  + AB 720 authorizes Board of Supervisors to designate an entity to assist a county inmate with an application for Medi-Cal however, only the county welfare agency can determine eligibility.
  + If no designated entity exists, county inmates must act on their own to complete applications.
* **Gaps in Coverage: Alameda County SSA does not have a process to facilitate Medi-Cal pre-release reinstatement or applications**
  + Applications can take up to 45 days for non-disability applicants and 90 days for those applying based on a disability or blindness.

**Members of the Workgroup started to ask questions:**

* + **Neola:** We should invite a representative from ROOTS Community Health Center to attend a future meeting because they provide pre-release applications for a small group of people leaving jail.
    - **Sophia Lai:** They have a limited contract with HCSA to provide health navigation.
    - **Neola:** California Forensic Medical Group (CFMG) hired Holvis Delgadillo to help people with certain medical conditions like diabetes enroll in Medi-Cal.
    - **Neola:** We should invite these groups to get a better sense of their experiences with enrolling incarcerated people in Medi-Cal.

**Sophia Cohn continued the presentation:**

**Timeframes connected to enrollment**

* Health Plan enrollment can take an extra 30 days on top of Medi-Cal coverage.
  + - * + Retroactive coverage is possible but not automatic.

**Members of the Workgroup began to engage in additional discussion:**

* + - **Neola:** I’ve heard finding providers who take Medi-Cal might be hard.
    - **Neola:** There are other entities working on having Medi-Cal turned on for Santa Rita Jail residents who are taken the emergency room.
    - **Sophia Cohn:** There is a specific coverage for those who have been taken to the emergency room.

**The Workgroup agreed upon some Strategies moving forward:**

* + It is key to facilitate a process of getting Medi-Cal turned on when exiting our, County facilities. The work must start while individuals are incarcerated.
  + Obtaining Federal Financial Participation (FFP) for dispending a 30-day supply of medication upon release is possible.

**The Workgroup then engaged in more general discussion:**

* + **Joe:** Is there any way people who are incarcerated can get information in advance of release?
    - **Sophia Lai:** There are programs for some people who are flagged with health issues.
    - **Joe:** It’s a challenge for people with mental health to get medications when they leave incarceration.
    - **Neola:** Inmates should receive two weeks of medication upon release.
    - **Sophia:** Alameda County Behavioral Health should provide medication in the interim; Sausal Creek does provide medication.
    - **Neola:** CVS pharmacies also has an MOU with California Forensic Medical Group that allows recently released individuals to receive a couple of weeks of medication.
      * **Deep:** That is only a 10-day supply.
    - **Darris:** Don’t some psych meds have to be administered by a professional?
  + **Joe:** CDCR was helpful in getting my medication and prescription passed onto my primary care provider after my release.
  + **Neola:** Can you/we get the contact of the Santa Clara County Coordinator (they have a program for enrolling people in Medi-Cal upon release from incarceration.)
  + **Darris:** There seem to be many barriers, and a lot of this has to do with how the State has set this up, it seems like the long-term solution may require state intervention, so I would suggest that we try to get people like Dorsey (Executive Director of All of Us or None.)
  + **Sophia Lai:** It is important to note that Medi-Cal is governed by a federal system, so may be harder to move.
  + **Darris:** We have a window of opportunity on the State level for criminal justice reform – and if there’s a county-level stalemate, it may be worth advocating at the State level.
  + **Neola:** There are many challenges on the local level.
  + **Charlie:** I think we need to move faster on this, rather than slower, we should organize an informational gathering, where we create a forum with all the stakeholders otherwise this committee could do research for a long time.
  + **Neola:** In the Program & Services Workgroup we talked about a CBO to providing these services so this could remove some of the financial pieces.
  + **Sophia Lai:** I think we could move faster, but we shouldn’t put everyone on the spot. Can we invite more people to each Process and Evaluation meeting?
  + **Charlie:** I’m not proposing a large forum, but a cross-sector discussion.
  + **Rodney:** Perhaps we should invite: Roots, CFMG, Santa Clara County, Social Services and other partners on this issue.
  + **Bob:** We should invite the Sheriff’s office.
  + **Rodney:** We are still in fact finding mode – there are people who know a lot more than this, that we do, we need come up to speed before meeting with the Sheriff.
  + **Neola:** We should have a separate meeting with the providers, THEN have a meeting with the Sheriff.
  + **Sophia Lai:** Do we know what is the percentage of people released without active coverage?
    - **Bob:** In March, we were learned at the bottom (58th out of 58 Counties) in getting people connected to Medi-Cal when leaving custody. We should show how this negatively impacts people.
  + **Deep:** We need to impress upon Social Services that these would be people who otherwise are applying for Medi-Cal. Our office has tried to escalate this issue and brought this issue to Social Services who don’t really see this as an issue because we’re not suspending people from coverage. But this is also about enrollment – so I do think it’s valuable to have a forum. We should invite Social Services to discuss impact
  + **Joe:** Ultimately people who fall through the cracks may will fall back on many other issues, i.e. recidivism, more people are harmed, etc. this negatively impacts our community.
  + **Darris:** Agreed.

The Workgroup agreed to invite 2-3 people who are knowledgeable about the issue to the next few future meetings.

The meeting adjourned at 12:03.