**Process and Evaluation Workgroup**

**Meeting Minutes**

**March 6, 2019**

**In attendance:**

**Rodney Brooks:** Alameda County Public Defender’s Office

**Bob Britton:** Oakland Community Organizations

**Neola Crosby,** Alameda County Probation Department

**Sophia Lai:** Alameda County Behavioral Health Services

**Rashad Eady:** Alameda County Behavioral Health Services

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

**Deep Kaur:** Bay Area Legal Aid

**Nancy Halloran:** Alameda County Health Care Services Agency

**Valerie Edwards:** Alameda County Health Care Services Agency

The meeting started with introductions and a review of the February meeting minutes.

Members of the group who regularly attend the meetings, briefed newcomers about the current workgroup activities: addressing challenges to the Sherriff’s policies regarding access to Santa Rita and North County Jails.

Rodney then introduced Nancy Halloran and the Valerie Edwards who were invited to brief workgroup members about previous attempts to facilitate Medi-Cal enrollment for county residents exiting Santa Rita North County Jails.

Nancy gave a summary of the Alameda County’s Whole Care Initiative, which is designed to address pressing county issues by working with various department, the highlights of the discussion is listed below:

* Whole Person Care addresses the needs of high utilizers of multiple systems (HUMS)
* This is a 5-year pilot; currently in the 4th year (based on calendar)
* Population focus: homeless (within last 2 years), clients who have experienced psychiatric emergencies, hospital emergencies, criminal justice system involvement, substance use disorders and clients with complex conditions.
* The initiative tries to engage clients across housing, substance use, mental health, physical health, criminal justice and other services/service providers.
* The goal is to make one overarching system rather than separate systems to ease navigation for clients.
* 6 Critical changes the initiative is addressing
  + Care coordination
  + Care integration – Medi-Cal managed care providers
  + Housing & homelessness support
  + Data exchange – community health record / social health information exchange
  + Behavioral health crisis response
  + Consumer and family experience improvements

After the presentation, the group engaged in general discussion which is summarized below:

* **Neola:** How much in housing funds can an individual receive?
* **Nancy:** This is just getting started, and it’s not clear.
* **Valerie:**
* For timeliness of renewal of Medi-Cal – Alameda County is 58th (last) in the State.
* Our office is trying to work with Social Services to improve communications.
* There is a lack of agreement/understanding about how to improve the Medi-Cal system.
  + Social Services has made some good changes – which could be better publicized.
* Current efforts to develop solutions working across county agencies include
  + Meeting with Alameda Health Systems and the Alameda Alliance.
  + Initiating a Medi-Cal problem solving workgroup; which meets regularly.
* Identified issues with Medi-Cal enrollment:
  + There is discrepancy between State and the local information.
  + Trying to provide culturally responsive assessments.

After Valerie outlined their current work and the identified challenges, the was some additional discussion.

* **Neola:** I went to a meeting two years ago in San Leandro, and they were discussing people who end up in SRJ and go to the hospital, get their Medi-Cal turned on.
* **Valerie:** Yes, that is something we can do for those clients.
* **Valerie:** Most people who have Medi-Cal don’t have SSI, but most people with SSI do have Medi-Cal.
* **Sophia:** My understanding was the Sheriff tells State to suspend Medi-Cal.
* **Deep:** The State needs a date to suspend Medi-Cal – is the Sheriff actively providing that? It may be helpful for people to get the paperwork completed early before release. What can Alameda County Sheriff & Social Services do?
* **Valerie:** We have not had any success in getting the Medi-Cal turned on before people leave the jail. Apparently, the Sheriff needs extra staffing to get Social Services staff in there.
* **Rodney:** There is a level of clearance you could get where you don’t need that escort.
* **Valerie:** Social Services also does not have the staffing to go to jail to do this, we have an expired list for that classification, so they can’t hire new people. It is hard to get people to go into the jail; their union also needs to agree to the work.
* **Valerie:** Santa Clara has solved this most likely because Health Care and Social Services are the same agency, so there is more collaboration.
* **Valerie:** Currently, part of our successes is defined by how quickly we can connect people to Medi-Cal after leaving jail.
* **Nancy:** Good data, may be able help us with this issue. There was a pilot issue in 2015.
* **Sophia:** My colleague mentioned this effort – that it would have involved the Sheriff/ Social services collecting a couple more data points pre-release to establish eligibility.
* **Nancy:** I have heard Monterey County pays for 30 days of medication if the inmates is discharged and not on Medi-Cal
* **Valerie:**Political will is where you could be the most useful to advocate for changes. In Monterey the Sheriff allowed people into do enrollment, so they only had to provide 3 days of medication upon release.
  + Alameda County contracts medical provider; LA shifted from contractor to county health department.
  + **Nancy:** Alameda Health System is not part of the County, so that makes our situation different
  + **Valerie:** Maybe the Sheriff could be incentivized to reconsider medical provider
* **Nancy:** The costs are important to analyze – who’s paying, can we save the County money.
  + Alameda Health System is interesting since they must pay for reimbursement if people aren’t on Medi-Cal
  + The Alameda Health Alliance also has an incentive for people to be on Medi-Cal
* **Rodney:** You mentioned successes in connecting people quickly when they enter, rather than just when people are in jail.
* **Valerie:** That would require getting better training and assistance with 211, etc.
* **Neola:** Lori Cox said that the union is the issue since she can’t get staff stationed at SRJ but if we used a CBO in the trailer (proposed to be placed adjacent to the jail), we can get around the problems and have their Medi-Cal turned on when they leave, this seems like a better interim approach
* **Valerie:** Agreed that it would be better with the trailer, this would require working with Social Services – other staff could be doing this and uploading into Social Service’s info
* **Deep:** San Francisco funds a similar process through “Pre-Trial Diversion” A organization is contracted with Human Services Agency; two non-county staff do the work.
* **Valerie:** Roots also does this.
* **Nancy:** We have funding to pay for benefits enrollment work.
* **Valerie:** People need three things for enrollment: ID, Medi-Cal, and TB test
* **Deep:** Doesn’t jail do TB testing?
* **Charlie:** There’s a Health Committee on the BOS; where are they on this?
* **Valerie:** There’s a hearing on this Monday at the Health Committee.
* **Charlie:** we’ve talked about using the jail report as a foundation for campaigns; some issues are prenatal care / births in jail, and Medi-Cal enrollment this seems like a possible campaign.
* **Rodney:** We need to be better informed – doesn’t make sense to invite Supervisor Chan’s representative until we have more information.
* **Neola:** can we put someone inside the jail?
* **Rodney:** Is Social Services opposed to having a third party do enrollment?
* **Valerie:** They’re not necessarily altogether opposed, but in conversations with Andrea Ford, new applications need to be electronically uploaded into their system. It needs to be hooked into the County feed. Andrea asked who would pay for this? We have the funds, but we need Social Services and the Sheriff to work together.
* **Neola:** We have a meeting for Program & Services – we could discuss then. But can you check with Social Services & Sheriff to see if they’re willing.
* **Valerie:** I’m happy to talk about it.
* **Neola:** What about doing the computer upload in the Transition Center?
* **Sophia:** A lot of people don’t have access to Transition Center.
* **Neola:** Can you find out if Social Services would be upset about paying CBO to do this?
* **Nancy:** We can ask.
* **Bob:** This is one of our top OCO priorities.
* **Sophia:** Should this topic be a priority for this Committee?
* **Rodney:** How many people are impacted by this – Medi-Cal? Deep can you do a bit of research?
* **Deep:** I raised this issue because it seemed like there wasn’t really a system. Since the Sheriff comes to this table, I wanted to see if we could also try to address related issues such as this.
* **Charlie:** I think this should be our next area since it would impact so many people.
* **Rodney:** I agree.
* **Deep:** Research that may be helpful – who pays for this and how can we provide bridge medications?

After the discussion the group agreed on the following next steps:

* Valerie will talk to Social Services about whether they could work with a CBO hired by Probation to provide Medi-Cal enrollment paperwork pre-release services.
* Deep and Rodney will meet to talk about next steps.

The meeting adjourned at 12:12 PM