

# Proposition 47 Jail In-reach Local Advisory Committee Notes

January 17, 2024

<https://zoom.us/j/93783229281?pwd=NUhXVzFneXRuQ3E2OTdNWjQvWjh1dz09>

## LAC Members:

<input checked="" type="checkbox"/> Alison Lobb	<input checked="" type="checkbox"/> Matthew Henning	<input checked="" type="checkbox"/> Sean Kelson
<input checked="" type="checkbox"/> David Evans	<input checked="" type="checkbox"/> Melissa Struzzo	<input checked="" type="checkbox"/> Shannon Petersen
<input checked="" type="checkbox"/> Desiree Ohlstrom	<input checked="" type="checkbox"/> Michael Gause	<input checked="" type="checkbox"/> Sharmalee Rjakumaran
<input type="checkbox"/> Elizabeth Goldman	<input checked="" type="checkbox"/> Michael Merchen	<input type="checkbox"/> Judge Shelly Averill
<input checked="" type="checkbox"/> Lisa Elliot	<input type="checkbox"/> Monica Savon	<input checked="" type="checkbox"/> Sid McColley
<input checked="" type="checkbox"/> Lynne Slater	<input type="checkbox"/> Nour Maxwell	
<input checked="" type="checkbox"/> Mary-Frances Walsh		

Topic	Key discussion points	Next Steps
<b>Introductions</b>	LAC Members introduced themselves. (Matthew Henning joined by phone and was unable to unmute.)	
<b>Review of Agenda</b>	Sid McColley ran through the agenda: no questions or additions.	
<b>Overview of Prop 47 Jail In-Reach Program</b>	Sid gave an overview of the program.	
<b>Implementation Update:</b> ◇ <b>Successes</b> ◇ <b>Barriers</b> ◇ <b># of Referrals</b>	◇ Lisa Elliot reported a slow start, but a number of referrals. She suggested that "barriers" might be called "growing pains" because everyone is an individual, so it takes ongoing conversations to develop individual solutions.  ◇ Sid commented that BH and Interfaith Shelter Network are initiating weekly meetings to address issues as they come up. Since this is a grant-funded pilot program, we have the flexibility to learn as we go, being innovative and adaptive, as long as we are communicating and receiving approval for changes from the Board of State & Community Corrections (BSCC).  ◇ Dez asked how ECM fits into this work. ECM is both doing some of the same work as the Jail In-	David Evans recommended inviting Dez Ohlstrom to the Monday meetings and Dez concurred.

	<p>reach program and can also receive referrals from them. Rather than being redundant, the 2 programs working together can be synergistic and expansive.</p> <ul style="list-style-type: none"> <li>◇ David shared success with an individual with a history of misdemeanors, incompetent to stand trial, and a history of refusing services. They sent a referral to IFSN and also used ACCESS Sonoma, securing a bed for the individual through COTS. The next step is a referral to Whole Person Care or other Mental Health services.</li> <li>◇ Lisa shared success with a client they were able to pick up and get into one of their transitional houses with IFSN.</li> <li>◇ Sid asked Lisa how people are receiving conversations about what they have to offer. Lisa reported that, while not everyone wants services, the conversations are generally well-received.</li> </ul>	
<p><b>Data Collection</b></p> <ul style="list-style-type: none"> <li>◇ <b>Tools and Method</b></li> <li>◇ <b>BSCC Requirements</b></li> </ul>	<p>David reported that we are using Merative (formerly Watson Care Management) to collect data. This is the same tool used by IMDT. The interface includes treatment cards, and is designed to make data collection very fast and easy for providers, so as not to take time away from client care. Individuals in Jail In-Reach sign the IMDT ROI. Provider touchpoints and care can be shared with other providers on this platform.</p> <ul style="list-style-type: none"> <li>◇ Data points for Prop 47 include: Jail In-Reach Activities like motivational interviewing and warm hand-off; Output Data like treatments, education, and entitlements; Demographics including criminal justice interactions; and other points. The Prop 47 Client Information is based on a State-provided Excel spreadsheet (plus the outcome data specific to the grant</li> </ul>	

proposal), but entering data into Merative is much faster and easier. The report can then be generated and exported to Excel for reporting to the State.

- ◇ Beginning this year, we are tracking some specific client barriers and successes based on how participation in certain programs is helping clients. This will support our anecdotal and subjective experiences of certain programs helping individuals overcome certain challenges. About 20 specific barriers are being tracked.
- ◇ We are also tracking new success markers, like connecting to CalFresh.
- ◇ The new tracking is already helpful: a recent data pull showed that clients with certain issues had a high incidence of Domestic Violence.
- ◇ Mary-Frances Walsh asked if Well Path is using Merative. They are not.
- ◇ Alison Lobb asked if this EHR is available to other programs, like the JMHCP. David replied that the JMHCP is already embedded. He said that we were originally going to use this for more of our programs, but our switch to SmartCare may have changed that.
- ◇ Mary-Frances asked if we were capturing how long individuals were incarcerated and average length of stay. Merative doesn't currently capture that information, but we can get it from the Sheriff's Office.
- ◇ Sid reported that we are required to share the State spreadsheet quarterly. The Data will be without names. David worked with Merative to set up intakes and structure a report that we can pull to provide all the data that the State is requesting.

<p><b>Local Evaluation Plan Update</b></p>	<ul style="list-style-type: none"> <li>◇ The purpose is to ensure that the program can be evaluated based on goals and objectives identified in the work plan. As we evaluate, if we find that something is not working, we can pivot/redesign to better meet our program goals and objectives.</li> <li>◇ We submitted the Local Evaluation Plan on March 1 – Sid will be happy to share it.</li> <li>◇ One thing we haven't landed on is a definition of "recidivism." We need to refine that and give it to RDA to resubmit the Local Evaluation Plan to the State. Our Stepping Up Data Subcommittee is working on this definition.</li> </ul>	
<p><b>Discussion</b></p>	<p>Alison: One thing we are working on is a definition of "serious mental illness." I don't think that's exactly what we're looking for, but rather a definition of whom we're trying to serve. How do you count clients if you don't know that piece?  Sid: We should bring this to the Data Meeting next week.  Mary-Frances: I read a lot about changes for Medi-Cal benefits for people before release from jail. How is that working? Who is providing this service?  Mike Merchen: We have a CalAIM Justice group working on this. We have monthly meetings – Mary-Frances, you'd be welcome to come. Our full implementation was pushed to 2026, but we have some pieces in place. Currently it's being provided by a combination of our staff, which isn't ideal, and some contract staff.  David: In-Reach and Mental Health workers help with this, too, if individuals haven't started the process.</p>	<p>Bring up the question of defining our target population vs. defining "serious mental illness" to the Data Meeting.</p>
<p><b>Community Q&amp;A</b></p>	<p>No questions from the community.</p>	
<p><b>Next Meeting</b></p>	<p>April 17, 2024  RDA will be on the next meeting.</p>	