

## **CCJBH Diversion and Reentry Meeting Minutes**

September 15, 2023

3:00 - 5:00 PM

In-Person and MS Teams Meeting

**Workgroup Purpose:** The meeting discussed efforts and resources to support the BH/JI population in getting streamlined access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

### **Councilmember Advisors:**

Tony Hobson, PhD *Behavioral Health Director, Colusa County*

Mack Jenkins, *Chief Probation Officer, Retired, San Diego County*

Stephen Manley, *Santa Clara County Superior Court Judge*

### **CCJBH Staff:**

Staff Members Present: Brenda Grealish, *Executive Officer, Council on Criminal Justice and Behavioral Health (CCJBH)*, Elizabeth Vice, Kamilah Holloway, Jessica Camacho Duran, and Emily Grichuhin

### **I. Welcome & Introductions**

Ms. Grealish welcomed participants to the meeting and gave an overview of the agenda.

### **II. Division of Adult Parole (DAPO) Transitional Case Management Program**

Fahm Saelee, *Staff Services Manager I, DAPO, CDCR*

Sandy Blackburn, *Supervisor, DAPO, CDCR*

Ms. Saelee provided an overview of the Transitional Case Management Program (TCMP) run by the Division of Adult Parole (DAPO). Before 2014, TCMP assisted incarcerated individuals with HIV and a mental health diagnosis. It utilized the Correctional Clinical Case Management System (Triple CMS) as well as the Enhanced Outpatient Program (EOP). Once the Affordable Care Act (ACA) was implemented in 2014, TCMP began assisting all incarcerated individuals who met the income requirements. TCMP now assesses all releasing incarcerated individuals for Medi-Cal eligibility and applications. The program offers pre-release benefit application assistance to eligible incarcerated individuals transitioning to parole or post-release community supervision (PRCS). It employs 63 benefit workers stationed across CDCR institutions to aid inmates in applying for medical, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Veteran Affairs (VA) benefits. TCMP benefit workers receive a list of inmates set to be released within the next 120 days from CDCR's Strategic Offender Management system (SOMS). These workers conduct face-to-face interviews and review case files to complete benefit applications. For SSI and SSDI, they assess eligibility and initiate disability claims at least 90 days before an

inmate's expected release date, gathering required information and consent forms to submit the appropriate benefit applications on the inmate's behalf.

Ms. Blackburn began presenting and discussed the pre-release benefits assistance process, particularly Social Security. She began by explaining TCMP's roles and responsibilities in the pre-release benefits application process, with a focus on inmates releasing within the timeframe of zero to 120 days before release. TCMP serves as the authorized representative for inmates who agree to participate in their voluntary services. This authorization allows TCMP to submit applications on behalf of the inmates, maintain communication with relevant agencies, and collect and submit medical evidence for disability determination. TCMP benefit workers can access inmates' medical records through Cerner, their case management duties, and their communication with Social Security Administration, disability determination services, and parole agents. Additionally, parole agents are notified when inmates initiate benefit applications and receive updates on the application status.

The TCMP benefit workers have a two-part screening process before offering their services. The first phase involves a database review of SOMS to identify inmates with pre-determined disabilities such as developmental, mental health, or physical disabilities. Medical information is obtained through Cerner, and relevant durable medical equipment and communication needs are noted. The second phase is the interviews with inmates to gather more detailed information about their self-reported disabilities. It's important to note that TCMP screens all inmates, whether they have or don't have a pre-existing disability code in SOMS, to ensure equal access to their services. The screening process does not involve evaluations or assessments of disability severity, nor does it determine eligibility for benefits. TCMP's primary role is to collect the necessary data for benefit applications based on a combination of database reviews and inmate self-reports.

Ms. Blackburn reviewed the benefits application process, where participation is voluntary, and inmates must consent to the services with no guarantee of benefits. Inmates must meet certain criteria to be approved for Social Security benefits, just like anyone applying for the same benefits. For those who agree to participate in TCMP's benefit assistance service, assistance is provided for various aspects of the Social Security process. For inmates who are applying for the first time or reapplying, TCMP automatically applies for both SSDI and SSI. TCMP also assists with reinstatements for inmates who had Social Security benefits before their incarceration but had their benefits suspended due to their custody status. They check with the local Social Security designated person to determine if the benefits can be reinstated or if a new application is required. Additionally, TCMP provides assistance for aged claims. Inmates ages 65 and older, based on their age rather than a disability, may be pre-approved for benefits. TCMP confirms this with their designated Field Office representative.

Ms. Blackburn addressed the common questions related to the time it takes to complete the benefit application process for inmates. The time required for the interview and the overall benefit application process can vary widely due to several factors, with a primary one being the inmate's level of functioning. Inmates with developmental disabilities or severe mental illness may struggle to understand and respond during the interview. They may require more prompting and redirection using effective communication techniques. Inmates with physical disabilities may have difficulty sitting for extended periods of time, so breaks are provided during the interview. In extreme cases, a secondary interview may be necessary to complete the process. The goal is to meet inmates where they are in terms of their abilities and needs. Additionally, the paperwork collection is extensive, as it includes gathering up to 15 years of work history, finding information from outside medical sources used in the community, and reviewing CDCR medical files. The extent of the paperwork can vary depending on how long the inmate has been in the system and involves relevant case management duties.

TCMP benefit workers collect both non-medical and medical evidence to submit to Social Security. For non-medical evidence, they gather up to 15 years of work history, which may determine eligibility for SSDI or SSI based on income or work credits. They fill out forms Social Security Administration (SSA) 8000 and SSA 8001 to provide financial records to Social Security. Ms. Blackburn emphasized that even if inmates meet the income or work credit criteria, they must still be approved based on medical evidence. For this evidence, TCMP workers utilize CDCR medical records, including assessments, evaluations, lab work, and any relevant information pertaining to the case. They also collect information from outside medical sources, such as emergency room visits, clinics, doctors, hospitals, and more, which is added to the online application. This information allows Disability Determination Services (DDS) to request further medical evidence from these sources. In addition, there is a detailed questionnaire for adult inmate information. It focuses on the inmate's day-to-day functioning, including activities of daily living, participation in groups, recreation, socialization with other inmates, medication usage, ability to manage money, and educational history. All of this information is self-reported by the inmate. The combined data from the questionnaire and medical records not only inform DDS about the presence of a condition or disability but also on how the inmate functions with that disability.

After the inmate interview, TCMP workers complete the online application, utilizing medical records and data gathered during the interview. They mail original copies of authorization forms and SSA 8000/8001 forms to the designated field representative and they submit medical records to DDS. At times, DDS or Social Security may have questions about a case, and TCMP responds to these inquiries. In some instances, multiple interviews with the inmate are required to collect additional information or address discrepancies in legal names, Social Security numbers, or dates of birth, as the information on file at Social Security may not always match CDCR records. Resolving these discrepancies can be challenging and may cause delays or hinder the submission

of an application. When an inmate is about to be released, typically within 30 days or less, an exit interview is conducted to provide the inmate with an update on their application status and post-release instructions.

Ms. Blackburn highlighted strengths, including aiding inmates with the difficult process of completing an application. This includes submitting medical records and responding to case inquiries. Ms. Blackburn recognized the challenges of discrepancies in legal information, lack of following through with the inmate post-release, and difficulty in obtaining pre-release outcomes.

### **III. California Department of Social Services**

Holly Smith, *Professional Relations Specialist, CDSS*

Ms. Smith, from the California Department of Social Services (CDSS), reviewed the general criteria for determining disability. SSA reviews the eligibility portion, which includes income requirements, work history, current work activities, and other resource-related details. If an applicant is currently working and earning substantial gainful activity (SGA), they may not qualify for disability benefits. SSA contracts with states to perform the medical decision part. The case then goes to the state agency to request medical evidence. The definition of disability includes the inability to engage in SGA or previous work due to a medical condition and the condition must last at least one year or result in death. The disability determination process does not cover partial disability, instead focusing on total disability and short-term disability.

Ms. Smith then explained the step-by-step procedure for qualification by the Disability Determination Services (DDS).

1. Those who are working in 2023 and earning more than \$1,470 a month qualify as having a disability. This number is \$2,460 for those who are blind. People can still qualify if they are not working or performing SGA, but they cannot make over the designated amount per month.
2. The condition must be severe to qualify as a disability, meaning it lasts at least 12 months and limits the person's ability to work.
3. DDS refers to the Blue Book, a list of medical conditions that are considered severe and qualify as a disability. Ms. Smith discussed the example of a stroke and described the effects that are considered severe. If a person's condition can be found in the Blue Book, they qualify as having a disability.
4. If a person's medical condition is not listed in the Blue Book, DDS determines whether the individual can complete work from their past. If they can, they do not have a qualifying disability. If they cannot do past work, DDS moves on to Step 5 of the procedure for qualification.
5. DDS reviews the individual's conditions, characteristics such as age, education level, and skills to determine whether the individual can do other work instead of

their past work. For example, people over 50 are less likely to be able to do other work. Those who are able to do other work do not qualify for disability services.

The individual will receive a letter in the mail, either from the SSA with the decision regarding their eligibility, or from the state of California requesting more information.

#### **IV. Behavioral Health Reintegration**

*Alexa Wasserman, Chief Psychologist, DAPO, CDCR*

Dr. Wasserman presented on the Behavioral Health Reintegration (BHR) program. BHR was previously known as the Parole Outpatient Clinic (POC) and was established in the 1950s in response to eligibility restrictions for individuals on parole, which denied them access to some mental health services. With the Mental Health Services Delivery Act, individuals on parole gained access to county behavioral health services without restrictions, allowing them to choose where they receive services. In 2017, the decision was made to rename the program from POC to BHR to better align with its functions. BHR transitioned from a clinic to a case management model of clinical support. BHR is staffed with forensically trained licensed clinical social workers, PhD psychologists, and psychiatrists who are all CDCR employees. This allows them to have direct access to institutional information and collaborate with parole agents and individuals without the need for formal releases of information. BHR clinics are embedded in every Parole complex throughout the state, providing a unique and accessible collaboration between agents, clinicians, individuals, and their families. The program offers immediate service availability upon release and performs pre-release functions.

The main mission of BHR is to provide specialized and accessible behavioral health services for the justice-involved population. Their primary goal is to offer immediate transitional support for individuals leaving custody and entering the community to prevent disengagement and to reduce the risk of reincarceration or deteriorating stability. BHR aims to support successful reintegration into the community by encouraging self-navigation and independence. They aim to avoid handholding and focus on equipping individuals with the necessary skills and tools to navigate life on their own after completing parole supervision. In addition to providing linkages to support services, BHR assesses and develops individuals' self-navigation abilities.

BHR is designed to provide behavioral health services to individuals under parole supervision. It is not limited to those with serious mental health designations but is open to any parolee with identified needs that can benefit from support. BHR serves individuals who may not have had their needs identified pre-release but require assistance post-release, even if it's not related to mental health. The program aims to act as a safety net, offering a quick and reactive response to address issues like disengagement from community resources and mental health deterioration.

Originally, BHR used the consistent 3 to 5 years of parole to work with individuals and transition them into the community. Because parole terms have become shorter, often around a year or less, BHR has adapted to provide immediate support and clinical case

management. The goal is to mitigate the risk of clients falling through the cracks due to disengaged services. BHR's immediate access to institutional information and collaboration with parole agents helps address urgent needs and provides clinical support, which allows for linkages and referrals to other resources to be made while, recognizing that delays can occur. This approach ensures a smoother transition for individuals reentering the community.

BHR works under the Department of Corrections and Rehabilitation's Department of Adult Parole Operations. They engage in pre-release planning with institutions and attend collaborative meetings to discuss care management for individuals before their release. Upon an individual's release, BHR immediately assesses and stabilizes any urgent needs. They also plan for the individual's long-term requirements by using various screening tools, reviewing institutional records, and considering readiness for change.

BHR's approach is tailored to each person's abilities and limitations. They encourage individuals to self-navigate through processes like the Social Security disability application. For those who need more support, BHR provides assistance. The program focuses on psychosocial assessments, considering the whole person, and trauma-informed care. They create individualized reentry plans, prioritizing a person's abilities, readiness, and support systems. While promoting self-navigation, BHR is available to provide clinical interventions, therapy, family integration, substance use treatment, and other support services. Collaborative case management with agents, families, and relevant agencies ensures comprehensive care tailored to individual needs and functional abilities.

The referral process for the BHR program includes automatic referrals for individuals who were part of the mental health program in prison. BHR focuses on transitional work, linking individuals to external resources, and then likely closing their case upon parole discharge. Due to shorter parole terms, they aim to keep individuals in their program until they complete their parole by conducting maintenance checks every quarter for stability. The BHR program is open to individuals with identified needs, which may include income security, obtaining identification, securing housing, addressing substance use, mental health, and medical needs. They handle crisis interventions, and individuals can also self-refer for substance use treatment, including Medication-Assisted Treatment (MAT). The program collaborates with community transition and male community reentry programs, particularly for lifers and court walkers who bypassed institutional time and need transitional services upon release.

Dr. Wasserman mentioned some of the services BHR provides, including Case Management Reintegration, Psychiatric Medication Management, Teletherapy, Mental Health Crisis Intervention, and Benefit Assistance. BHR supports those with VA along with those with Social Security.

Dr. Wasserman emphasized that that BHR and TCMP are both part of the same system and work in tandem. TCMP starts in the institution, and BHR picks up where TCMP left

off after the individual's release. The goal is to ensure that the progress made inside the institution isn't lost and to facilitate a smooth transition for the person. BHR's database integrates with TCMP's, allowing BHR clinicians to see the status of benefit applications, such as VA, general relief, and Social Security. BHR assists with applications that TCMP initiated in prison or starts new one's post-release. While TCMP has a Memorandum of Understanding (MOU) with Social Security, BHR navigates differently after release. They also help individuals update their addresses, especially if they are homeless, to ensure they receive essential notifications. BHR's work extends to post-release evaluations, addressing updated information, and functioning outside of an institution. They involve clinicians (psychiatrists and psychologists) to assess mental health-related disabilities. In cases of medical disabilities, they provide guidance to connect individuals with medical professionals in the community. BHR's goal is to offer ongoing guidance and advocacy, ensuring the person's needs are met during and even beyond their parole term. BHR also responds to requests from attorneys to provide additional information through questionnaires to support individuals in the appeals process.

Dr. Wasserman discussed areas of improvement for BHR. Firstly, while there is already strong collaboration, BHR aims to further enhance communication and collaboration with TCMP to make the process more efficient. The program also wants to evolve its communication practices to streamline the process and minimize unnecessary delays. Additionally, BHR aims to figure out how to make their entire process more efficient and effective, potentially shortening the time it takes to complete the various steps. BHR also wants to better understand the criteria used by DDS evaluators so that their initial assessments align with these criteria, potentially reducing the need for additional assessments. The program hopes to improve database implementations and tracking processes. This would allow for better monitoring of the program's efforts and help streamline internal processes. Finally, in situations where specific forms require signatures from medical professionals like MDs or psychologists, BHR hopes to adjust internal processes to address potential delays caused by this requirement. This might involve clarifying roles and authorizations within the program.

## **V. Social Security Administration**

Joshua Cohen, *Management Analyst, SSA*

Keith Thompson, *Public Affairs Specialist, SSA*

Mr. Cohen and Mr. Thompson shortened their presentation to avoid repeating information from previous presentations. Mr. Cohen presented links to the [reentry procedure for the nation](#) and the [pre-release process](#). He mentioned an agreement covering all CDCR incarceration facilities as well as a field office in the region of those facilities.

Mr. Thompson described the SSA as a point of contact when individuals are unable to reach their local SSA field offices. They also deal with media relations as well as conduct presentations and outreach efforts. Mr. Thompson highlighted the importance

of understanding the differences between various disability benefit programs, such as SSDI and SSI. He emphasized that people often get confused about the type of benefits they are receiving, and it's crucial to be clear about the eligibility criteria for each program. He also emphasized Ms. Smith's description of eligibility criteria, including age and work history, because SSA qualifications for determining disability may be different than workers' compensation and the VA. Mr. Thompson described the expedited processing for certain disability conditions, which can significantly speed up the disability determination process for individuals with specific conditions. They also apply determination rules differently based on the individual's age and work ability.

Mr. Thompson briefly reviewed the five-step process for evaluating disability and emphasized that assessing disability is complex, with lengthy interviews and challenging questions. He recognized the efforts of those who sit with individuals to gather the necessary information for disability applications because it is crucial for disability examiners to make accurate decisions based on specific criteria. He mentioned the importance of understanding that once someone is entitled to benefits, their family members may also be eligible for benefits. These include current or former spousal benefits, especially for those of a certain age or with dependent children. Mr. Thompson also emphasized the significance of considering the broader family context during the interview and disability determination process. It's crucial to gather information about extended family members, spouses, and children, as this information is essential for making accurate benefit decisions. Additionally, Social Security must be aware of any outstanding warrants and the type of offense committed when someone is applying for benefits. If an individual has an outstanding warrant for a particular type of offense, like flight to avoid prosecution or escape from custody, they cannot receive Social Security benefits. According to Mr. Thompson, it is common to discover such issues later, which may result in overpayments that need to be addressed. Similarly, if an applicant is convicted of a crime, they must inform Social Security, despite the possibility of their systems detecting the crime. Having this information upfront helps the technicians' reviewing applications to make more informed decisions and avoid complications related to eligibility and overpayments.

Mr. Cohen explained the SSI (Supplemental Security Income) program, which is needs-based and considers an individual's income and resources. He distinguished between earned and unearned income and emphasized that all types of income must be reported during the application process. Each source of income is evaluated individually to determine its impact on SSI benefits for that specific person. Monthly eligibility for payments is reviewed, and timely reporting of any income changes is essential to ensure accurate benefit calculations. Individuals can get SSI if they are over the age of 65, partially or completely disabled, and have limited income and resources. They must report all resources, and there are exclusions for certain resources that do not count against the individual's eligibility for SSI. There are also specific dollar limits for resources, with a limit of \$2,000 for an individual and \$3,000 for a couple. Staying within these limits can potentially make an individual eligible for SSI. The benefit amount for

SSI is dependent on the recipient's place of residence and living arrangements. It's crucial to keep SSA updated on both their current residence and preferred mail address, especially when transitioning from parole. Periodic reviews are conducted for both SSI and SSDI programs to assess continuing eligibility, and receiving correspondence from SSA is essential to take timely action in response to these reviews.

Mr. Cohen explained how SSA is concerned about unhoused or homeless individuals, and considers them a vulnerable population. SSA collaborates with non-profits, county agencies, and community individuals to assist homeless individuals in obtaining and maintaining their SSA benefits. This includes partnering with representative payees who manage the benefits on behalf of eligible individuals and ensure that the funds are used to support their care and basic needs, such as housing, food, and clothing.

Mr. Thompson described the various ways to apply for benefits. He highlighted the SSA's website, which has a screening tool to help determine eligibility and schedule appointments. The individual must be between the ages of 18 and 65, never been married, and a US citizen. He also provided the website links: [ssa.gov/disability](https://ssa.gov/disability) and [ssa.gov/ssi](https://ssa.gov/ssi), where applicants can go through the screening and request appointments. People can also call the SSA at 1-800-772-1213 to request in-person or phone appointments. Mr. Thompson mentioned that SSA plans to explore video services like MS Teams in collaboration with CDCR and benefit staff to enhance service delivery. He encouraged following their social media or visiting the Regional Public Affairs Office for more information, and Ms. Grealish added that there are more resources available on the CCJBH website.

### **Councilmember Discussion**

**Q:** Judge Manley asked Dr. Wasserman about the plans for working with the CalAIM implementation program, particularly regarding enhanced case management (ECM) for new medical benefits and whether there is a process established for collaboration with the counties. He asked how individuals leaving prison, who may have parole agents, will be referred for **ECM** and whether they will be directed to managed care plans through CalAIM to help them navigate the systems and access benefits.

**A:** Dr. Wasserman responded that there are ongoing discussions within the department about how the implementation will occur. Regarding BHR, the plan is for it to be bypassed, and have individuals referred to ECM providers, who will have a direct linkage to the necessary resources. Pre-release coordinators are being prepared to have information on an individuals' benefit status through TCMP. Overall, there will be a comprehensive package in place to support individuals' transitions from prison to ECM providers. The various entities, including TCMP and BHR, are collaborating to ensure the smooth passage of these resources.

**Q:** Judge Manley mentioned that many courts have a parolee rehabilitation calendar that works with parolees in violation of parole. He asked whether parole agents are required to ensure their parolees are referred to BHR. He clarified that his question

is about individuals at a stage where they have completed their parole violations and are being monitored by a judge for compliance with parole requirements while also needing services due to severe mental illness, substance abuse, or disability. He stated that he is concerned with the lack of a parole condition requiring parole agents to refer parolees for screening to determine their need for services, particularly from BHR. He mentioned that he has observed severely mentally ill and disabled individuals who aren't automatically referred to the needed programs despite meeting the criteria.

- A:** Dr. Wasserman clarified that she is not on the custody side of BHR but answered the question. She explained that individuals on parole who are released from prison as triple CMS or EOP and automatically have a parole condition to attend screening by BHR. This screening helps assess whether they need behavioral health services. The agent monitors this condition, ensuring that the individual receives some form of behavioral health service, and BHR usually handles the initial screening. However, individuals coming out of prison with other mental health needs may also be referred to BHR, allowing their clinician to gather information and determine their level of need. BHR serves as a resource to link individuals to the appropriate services, and the agents make referrals in the system to initiate screening by BHR when they have concerns. She noted that this process may change with CalAIM, as it might involve direct contact with behavioral health and county resources, potentially bypassing BHR.
- Q:** Judge Manley followed up and asked what BHR offers when there are no services in the community. Specifically, does BHR directly work with the individual?
- A:** Dr. Wasserman confirmed this and explained that BHR has licensed social workers, psychologists, and psychiatrists. Along with case management, BHR can provide clinical intervention including psychiatric resources and medication.
- Q:** Judge Manley asked if BHR also provides structural housing and residential treatment.
- A:** Dr. Wasserman responded by explaining that BHR does not have its own housing, but CDCR offers several programs and resources to help individuals find housing when they are released from prison. These programs include CTP (Correctional Transitional Program), parole service associates in the prison pre-release, and the Department of Rehabilitative Programs (DRP) STOP-funded programs (Specialized Treatment for Optimized Programming). Pre-release, parole service associates identify housing as a need and work to link individuals with suitable housing resources. Post-release, BHR clinicians help guide individuals to housing services in their communities, with a preference for non-CDCR funded programs that can sustain individuals after their parole ends. If immediate housing is needed, individuals are referred to CDCR-funded STOP programs under DRP. The Return Home Well program also offers additional funding for housing. CDCR staff, agents, and BHR clinicians collaborate to navigate the available housing resources, although

waitlists for some programs may exist. The primary goal is to ensure individuals have housing options to prevent homelessness upon release.

- Q:** Judge Manley asked what an average caseload is for clinicians working with an individual's parolee.
- A:** Dr. Wasserman stated that the current average is about 68, but it depends on the area. More remote areas can have an average of 100 to 110, but they are still able to maintain an average of 65 to 70.
- Q:** Mr. Jenkins asked Ms. Saelee what percentage of assessed releasing incarcerated individuals have medical eligibility.
- A:** Mr. Saelee stated that they do track this data, but she does not know herself. Instead, Ms. Grealish responded that 80% of releases are eligible and get awarded benefits.
- Q:** Mr. Jenkins mentioned the services BHR provides for the parolee population and the parolee role. He then asked Dr. Wasserman if she herself, along with BHR psychologists, psychiatrists, and social workers, are familiar with risk needs and responsivity. He also asked if Dr. Wasserman agrees that BHR is involved with a collaboration of risk needs and responsivity.
- A:** Dr. Wasserman confirmed that they are familiar with risk needs and responsivity and that it is a big part of BHR. Dr. Wasserman acknowledged that the responsivity aspect is lacking within CDCR and the system as a whole.
- Q:** Mr. Jenkins agreed that responsivity is lacking. He also expressed concern that the results of compass and compass reentry are not being applied as they should be.
- A:** Dr. Wasserman agreed with this concern and explained the importance of individualized and specific reentry plans that identify the person's readiness to change, their level of need, and the reasons why their needs aren't being met. The disconnect with responsivity often occurs due to factors like program availability, long waitlists, or the individual's restricted abilities. Dr. Wasserman mentioned that she wants to understand these issues and improve the responsivity piece. Peer navigation and messaging are specifically important to ensure the right individuals are delivering responsivity. Collaborative efforts and effective communication among team members are essential for providing responsivity and addressing the population's unique needs during the transitional and stabilization phases of reentry. Dr. Wasserman stated that she is exploring various response tools to better identify and respond to risks and needs, acknowledging that this is a challenging aspect of the process.
- Q:** Mr. Jenkins referenced the challenge described in Ms. Blackburn's presentation, that there is a lack of follow through post-release. He asked whether this involves the parole agents and how it does so. He added that he agrees with Judge Manley in that the parole agents should have a role in post-release connection.

- A:** Ms. Blackburn responded that she focuses on pre-release work, so she doesn't have detailed information on the post-release aspects of custody. However, their office notifies agents of the benefits initiated and the status on the TCMP side. They've also set up a hotline to assist parolees in finding out the status of their applications, accessing new resources, and navigating different benefit agencies. A Community Resource Specialist in their office helps parolees navigate these processes. She emphasized that her only post-release knowledge is of the small post-release component on their side.
- Q:** Dr. Hobson expressed appreciation for the BHR program as a whole. He asked how they manage having a caseload size of 60.
- A:** Dr. Wasserman responded that there are differences in caseload size due to the varying levels of need among clients. They range from those who require minimal service, like those in triple CMS, to individuals with higher dosages of service needs, such as those in EOP. The shift to a new program model is designed to be more responsive to the specific needs of clients, focusing on their level of need at any given time. This allows for adjustments in the dosage aspect of service provision, enabling clients to phase up or down based on their current requirements. Agents collaborate to assess the situation and adjust the service level accordingly. The staff deals with a wide range of needs and situations, from community programs to full-service partnerships. They are also working on community-based resources and making the services more preemptive and community-oriented, even sending clinicians into the field to meet clients where they are. This approach addressing the diverse needs of the client population helps manage the caseload size.
- Q:** Dr. Hobson commented that there is a similar variety in caseload with community behavioral health. He then asked where BHR clinics are located, specifically whether there is any north of Sacramento.
- A:** Dr. Wasserman responded that there are clinics in every parole office throughout the state, including locations north of Sacramento like Redding and Chico.

### **Public Comments**

- Q:** A participant referenced data from the California Rehabilitation Oversight Board (C-ROB) report, which tracks the status of SSI applications submitted for individuals in CDCR based on their housing and mental health service needs. He highlighted that for EOPs there were about 1,000 applications submitted in the 2021-22 fiscal year, and only approximately 12% were approved. This means that nearly 88% of applications were either pending or denied. In the prior year, the approval rate was even lower, at 7.5%. The participant asked how to improve these approval rates, as the current numbers could be significantly higher.
- A:** Ms. Saelee responded by noting the challenges with the approval and pending status of applications, particularly related to SSI applications. BHR, DAPO, and TCMP are working together with quarterly meetings to address barriers in the system of care

and the application process. They are also implementing MOUs to ensure data is analyzed at the division and statewide levels to yield more favorable outcomes. Some of the barriers are confirming diagnoses and reaching doctors for information, but they are actively trying to work through these. Ms. Blackburn discussed another factor, that 2020, there have been numerous cases where inmates' release dates have changed due to various reasons, including expedited releases based on credits and milestones. Ideally, applications should be submitted 90 days before release to allow ample time for processing by Social Security and DDS. However, they aim to accommodate every inmate, even those with just one day left before release, so some SSI applications are submitted on very short notice. Ms. Grealish added that there is a possibility of the screening tool mentioned by Mr. Thompson being a factor. Because it was only made available a few months ago, it may not be as valid and effective as it should be. It could be picking up false positives. She clarified that she is not sure that the screening tool plays a role in the participant's issue, but it is something to consider.

**Q:** The previous participant also commented that the approval rate data has not changed much over time, and approximately one-third of the population with violent and serious offenses end up on the streets as homeless individuals, which poses a significant challenge in the application process for benefits like SSI. He suggested reviewing and improving the current application process to address these issues.

**A:** Dr. Wasserman responded that one area to improve is tracking on BHR's end to recognize where disruption comes from and where change is needed. This is specifically for those that are discharged to parole because a separate approach would be needed for those discharged to PRCS.

**Q:** A participant recommended creating a future agenda item for the side conversation on responsivity.

**A:** Ms. Grealish agreed and stated they will follow up with this idea when planning the calendar year of 2024.

**Q:** A participant asked if the Social Security program will be available for PC 290 registrants.

**A:** Ms. Grealish confirmed that it is available for everyone, including PC 290 registrants.

**Q:** A participant commented that the warm handoff process needs to be improved as some of the assessments are 10 years old or older.

**A:** Ms. Grealish acknowledged this and referenced the work happening with Cal AIM and outpatient services providers.

## **VI. Announcements**

The next Full Council Meeting will be on October 27, 2023, from 2:00-4:30 PM. For more information, please visit the CCJBH website. The next [Juvenile Justice Workgroup](#)



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and [Diversion and Reentry Workgroup](#) meetings will be held virtually via MS Teams on November 17, 2023.

**VII. Adjourn.**