



DEPARTMENT OF CORRECTION AND REHABILITATION

Isiah Leggett
County Executive

Arthur M. Wallenstein
Director

PRRS Community Advisory Committee Quarterly Meeting Minutes Thursday, March 6 2014 @7:30am

Meeting Focus: "Healthy Reentry: Access to Health Care"

Thirty individuals including community residents, current PRRS clients, DOCR (PRRS & MCCF) staff and representatives from: White Flint Public Safety Committee, Randolph Civic Association, State Attorney's Office, MD Community Supervision (parole and probation), MC Police, MC Drug Court, MC Council, MC Executive Office, HHS, National Coalition of Prison Ministries, Catholic Charities' Welcome Home, Wells-Robertson House, Bethesda Cares, People Encouraging People, Prince Georges County, UMD Master's Graduate Student, employers, and other organizations.

- 1. Welcome and Introductions:** CAC Co-chairs Dr. Diane Scott-Jones and Thomas DeGonia II, Esquire convened the meeting at 7:35am by asking each of the 30 attendees to briefly introduce themselves.
- 2. Chief's Report:** In his 6-page report (attached), PRRS Division Chief Stefan LoBuglio highlighted four major updates and changes to the PRRS program since the previous CAC meeting on December 5, 2013. They included the selection of 17-year DOCR veteran Tyrone Alexander for PRRS Reentry Services Manager position; PRRS' efforts to establish a state law which codifies the right of PRRS to allow Residents to use cell phones; the County Executive's decision to place the \$7 million renovation of the PRC Dietary Center and energy conservation project on the 5-year County Capital Improvement Plan; HHS and DOCR's efforts to submit a federal grant application to improve services for incarcerated individuals with serious and persistent mental health issues; and the selection of Fred Chandler as the new coordinator of Catholic Charities' Welcome Home program.
- 3. Access to Health Care:** HHS/MCCF Kay Wong provided an overview of how the Affordable Care Act (ACA) improves services and access to health care for the incarcerated population. The ACA allows these individuals to sign-up for insurance 30 to 60 days prior to their release which then provides insurance coverage immediately upon release. In addition, the Act provides free health care for those earning below 138% of federal poverty through the expansion of Medicaid eligibility, improves outreach to homeless individuals with mental health conditions who are at risk of homeless through a federal program administered by US HHS's SAMHSA program called SOAR; and generally improves coverage for behavioral health conditions. At MCCF, Reentry Services Manager Kendra Jochum explained they are assisting the population sign-up for these programs. At PRRS, Reentry Services Manager Tyrone Alexander mentioned that clients are driven to HHS sites where ACA "navigators" assist them enroll in insurance plans. Separate from ACA, DOCR provides its population with a 30-day supply

of medication at the time of release. All individuals in custody have access to health care provided by a nursing staff and contracted physicians. The DOCR pays all costs for medical care including pharmaceuticals.

In the discussion that followed, several concerns were raised regarding ACA: health care gaps include adult dental care and eye care; deductibles differ significantly among the different ACA plans; some physicians may opt out of serving subscribers of different insurance plans and Medicaid; and younger individuals do not have the urgency to sign-up for plans. Representatives from Bethesda Care and PEP reminded the group that individuals with serious and persistent mental health issues are challenging to serve even with improved access to health care and require a different outreach and support regimen.

A PRRS Resident in attendance recommended improved health education of court-involved individuals which could include information on managing chronic health conditions and the importance of having health insurance. Jimmy Frazier-Brey, Division Manager of Homeless Services for the City of Gaithersburg mentioned the success at the Wells-Robertson House of having wellness programs include significant peer support and peer leadership. PRRS Community Health Nurse Marcia Durant discussed the health education that she provides to PRRS clients both in a group settings during orientation and one-on-one in the facility. As more court-involved individuals have a greater prevalence of mental health conditions, several attendees discussed the need for the courts, correctional agencies, and the provider community including outreach organizations to better coordinate efforts to ensure that the most challenging of clients remain compliant with medication and are supported in other critical areas necessary for their "healthy" reentry back into the community.

- 4. Adjournment:** The co-chairs adjourned the meeting at 9:10am after reminding the participants that the next CAC meeting was scheduled for June 5, 2014 and will focus on physical and mental health treatment.

2014 CAC Quarterly Meetings:

Healthy Reentry

Thursday, March 6, 2014: Accessing Health Care

Thursday, June 5, 2014: Physical/Mental Health Treatment

Thursday, September 11, 2014: Healthy Relationships

Thursday, December 4, 2014: Spiritual/Emotional Health