

**UNDOCUMENTED IMMIGRANTS
STAKEHOLDER GROUPS SUMMARY
KEY THEMES ACROSS GROUPS**

Revision: April 23, 2015

Post-Board Workshop Meetings with Stakeholder Groups (N = 5)

Notes were taken at each of the stakeholder meetings. The contact for each group was asked to review the notes for accuracy. This document captures themes from those meetings.

03/27/15 ADVOCATES

Building Healthy Communities (BHC), Sacramento Covered, Sacramento Area Congregations Together (Sac ACT), Legal Services of Northern California (LSNC)

03/27/15 MEDICAL SOCIETIES

Sierra Sacramento Valley Medical Society (SSVMS) / Sacramento Latino Medical Association (SaLMA)

03/31/15 FQHCs

Capitol Health Network (CHN), Federally Qualified Health Centers (FQHC) representatives. Also in attendance Planned Parenthood, BHC, and Mexican Consulate Health Education

04/06/15 HOSPITAL SYSTEMS

Dignity Health, Kaiser, Sutter Health, UCD, Hospital Council

04/07/15 UCD TEACH

TEACH faculty, residents, students

General Themes

- All embrace providing health care coverage or services to the population of undocumented immigrants.
- There are needs for primary care, specialty care, non-emergency hospital based services, medication, labs, and diagnostic testing.
- Preventative and primary care as well as continuity of care are important. They are also less costly in the long run.

Perceived Service Gaps (groups endorsing/five groups)

- Primary care medical homes: access and capacity (5/5)
- Specialty care, particularly outpatient specialty follow-up (5/5)
- There are access issues for primary care and specialty care for insured populations - such as Medi-Cal. (5/5)
- Pharmaceuticals (5/5)
- FQHCs sliding fee scale charges present a barrier (4/5)
- FQHCs do not have adequate capacity to meet current demands (4/5)
- FQHCs are not financially strong or robust compared with many other counties (3/5)
- FQHC accountability (3/5)

- Behavioral Health, Substance Abuse Services, Dental (3/5)

Special Needs

- Linguistically and culturally appropriate health services
- Education and assistance – eligibility & enrollment, healthy living, chronic disease management, types of services, how to navigate services
- Education and reassurance to decrease fears and increase comfort when seeking health services
- Transportation

Sacramento differs from Fresno in the following ways

Sacramento

- Lacks a robust FQHC network
- Access to primary care and specialty care is very impacted

Fresno

- Has an agreement with the major hospital system and specialty network
- Specialty network appears more involved and has better access in safety net services (Medi-Cal, uninsured)
- They have been serving undocumented immigrants and have better data on population estimates and needs.
- They have targeted a special fund for this program.
- Fresno Contracts for Medi-Cal rates (specialty; hospital). Unclear at this time if Sacramento can contract for these rates.

Potential Options

- A coverage program (Options 1 – 3) is preferred to meeting a service gap (Option 5 – Fresno like model).
- Some groups preferred a program with County Clinic/UCD TEACH at the PCC as the hub. Also possible to place a specialty clinic there in partnership with UCD TEACH and/or SPIRIT. Expand with experience.
- Geographic access would be ideal. If FQHCs participate, accountability is needed.
- Hospital Partners noted services would be a step in the right direction but stressed need for organizational structures, clinic with capacity (such as county/TEACH).
- Hospital Partners strongly advocated for a workable program size for quality control. Noted LIHP was effective.
- FQHCs presented a document regarding a payment methodology for their FQHCs.

What services / efforts could organizations contribute?

- Enhance SPIRIT. SPIRIT worked best with County Clinic due to organizational structure and volumes.
- Medical Society and Hospital Systems expressed need for strong structure with SPIRIT and/or Primary Care/Specialty Services
- Hospitals could donate more specialty if there was follow-up and continuity.
- Enhance UCD TEACH/County partnership (primary care, subspecialties, other teaching programs such as FNP or Pharm Residents)