

**Healthcare Services for Undocumented Immigrants  
Stakeholder Meeting  
June 24, 2015**

**Participants**

BHC Advocates – Kim Williams, Kelly Bennett-Wofford, David Ramirez, Amy Williams

FQHCs/Clinics – Bob Kamrath, Miguel Suarez, Raquel Simental, Nenick Vu

Hospitals/Medical Society – Ashley Brand, Kris Wallach

SaLMA – Glennah Trochet

DHHS Primary Health – Sandy Damiano, Marcia Jo, Steve Golka, Karen Giordano

**Introductions, Welcome and Agenda Review**

**June Budget Hearing**

Sandy Damiano thanked all for participation in stakeholder process and positive support at the Budget Hearings. *Special thanks to BHC for their dedication and advocacy since Budget Hearings for FY 14-15.* Their testimony initiated the Board and community discussion about healthcare for the residents who are undocumented.

**Program FY 15-16**

- Reviewed and discussed the program parameters as approved by the Board. Essentially the same programmatically as the June 9<sup>th</sup> board item. Several participants reiterated the hope to serve those over 64 years of age. We are not able to change the criteria at this time but can track desired elements for the future based on funding.
- 19 – 64 years of age, last resort, use of county eligibility; Medi-Cal process; primary care delivery at the county clinic;
- New funding - \$1.5M for specialty, \$400K for administration (which includes other costs). Most of the other \$5M was in existing budget for DHHS and will be redirected. Donated services to be leveraged are valued at approximately \$1.5M.

**Program Name**

- Brainstorm: Sacramento Alliance, Sac Alliance, Healthy Sacramento, Sacramento Health 4 All, Salud del Corazon (health from the heart), Salud Para Todas (health for all), Sac Salud. Avoid use of the word “partnership” due to similar name already used.
- Please send suggestions via email.

**Staff Post-Budget Work**

- Eligibility Guidelines/Process: Have met with Eligibility once. First we will be reviewing applicable aid codes and process. There will not be a medical necessity requirement. Will need to write user friendly documents

- Pharmacy: This is in development. Recap – will utilize low cost retail. We are also reviewing applicable Patient Assistance Programs and will have a very limited county formulary. It will include diabetic medication and supplies. Not sure what else at this time. We have looked at the mental health piece. Antidepressants are on the retail formularies. We are in early conversations with County Behavioral Health to donate limited atypical medications. Once this piece is fleshed out we will bring it back to the group.
- Internal Operations: Education, primary care, supports, pharmacy, etc. Have not yet started on internal operations work.

Specialty:

Specialty is difficult for Medi-Cal and commercial lines of business. All want specialty access. This is also the most complex component of the program.

- Inclusion/exclusion criteria - needs to be fully developed. The exclusion list is based on Fresno program and review with consultant. This list was reviewed in stakeholder meetings. Will work with physicians to get an initial inclusion list then hospitals/Medical Society.
- SPIRIT (Hospital/Medical Society) – Donated surgeries. Meetings have not yet started.
- Outpatient Specialty Clinic – Will be based at County. Collaboration of Hospitals / Medical Society/County. Meetings have not yet started. We also don't know if some specialty will be based at physician offices.
- Contracted Specialty – Limited funds. Will release a procurement shortly. This will go out on the general healthcare distribution list so will be transparent.

Overall, FQHCs currently benefit from SPIRIT and will continue to do so. The overarching SPIRIT program needs to be distinguished from the limited enrollment program. We should have more information available in a few months to bring back to the group. It will be a work in process since it involves start-up and there are many unknowns.

Patient Assistance/Navigation:

- Needs to be developed.
- Kelly noted that there are community programs that could be leveraged. Sandy would like information regarding specific programs and how much we would leverage. That would be beneficial. Bob noted that community navigators should refer to FQHCs for individuals not meeting new program requirements.
- Briefly discussed community navigation versus patient assistance which is internal to the program.

Metrics:

- Start program with metrics in place. Not yet started.

**Process Items:**

- Communication/Participation: Need consistent stakeholder attendance so that participants have the same information and that we can build off work of previous meetings.
- Electronic distribution list has been created. Please advise if anyone needs to be added or deleted. Send full contact information.
- Planning website <http://www.dhhs.saccounty.net/PRI/Pages/GI-Planning-for-the-Unisured.aspx>

### Meeting Frequency:

- Discussed meeting frequency and needs pre or post implementation
- Decided on monthly for next few months then will reassess.
- Disseminate meeting information prior to meeting when able to do so.

### **Next Steps**

- DHHS schedule next meeting to work on navigation and metrics, disseminate draft materials prior to meeting.
- Kelli will draft navigation document and submit to Sandy at least a week prior to the meeting date for dissemination. County will provide a rough draft of metrics.

### **Summary and Closure**

Sandy thanked all for involvement.