

# Sacramento County Public Health Advisory Board

## Meeting Minutes

June 6, 2018 (12:07 PM - 1:25 PM)

## Meeting Location

Primary Care Center  
4600 Broadway  
Sacramento, CA 95820  
Conference Room 2020

## Moderator:

Dr. Steven Orkand

## Scribe:

Theresa Vinson

## Board Attendees:

Felicia Bhe, Jofil Borja, Sandy Damiano, Paula Green, Steve Heath, Olivia Kasirye, Farla Kaufman, Barbara Law, Steve Orkand, Phillip Summers, Kathleen Wright, Jack Zwald, Jeff Rabinovitz

## Board Members Excused:

Martha Moon, Emmanuel Petrisor, Cristina Slee, Kimberly Sloan

## Board Members Absent:

## Guest Speakers:

**Beau Henneman, Director, Special Programs**  
**Anthem Blue Cross**  
Healthcare for Homeless

**Kristina Clinton, MS, Health Program Coordinator**  
**Sacramento County**  
Medi-Cal Dental Advisory Board Update (MCDAC)

**Jofil Borja, California Transportation Commission and PHAB Member**  
Changes in Pedestrian and Bicycle Traffic Control in Sacramento

**Guests:** Sherri Chambers, Pam Gandy, Pam Harris, Chris Husing, Fernay Jackson,

**Meeting Opened** at 12:05 PM

### **Welcome and Introductions**

Dr. Orkand welcomed PHAB members and guests.

### **Minutes Review**

Minutes from the May meeting were approved.

### **PHAB Vacancies and Appointments**

PHAB is completely staffed at this time.

### **Public Health Division, Olivia Kasirye**

The Board of Supervisors voted to continue funding the Hearts for Kids Program.

### **Primary Health Services Division, Sandy Damiano**

The Board of Supervisors voted to approve the Budget which includes:

- Drug Medi-Cal Organized Delivery System Waiver
- Mental Health Services Expansion for Homeless
- Transition Age Youth Program to continue Mobile Crisis efforts

Most of the growth in the County budget was within the Department of Health's budget. See the Board of Supervisors webpage June 5, 2018 for more information.

## Presentation A

**Beau Henneman, Director, Special Programs**  
**Anthem - Healthcare for Homeless**

Anthem has commercial, Medicare and Medicaid divisions providing services in 29 counties to approximately 1.3 M members within California.

In Sacramento there are close to 180K Medi-Cal members

### Sacramento Population Overview

- **178,552 Medi-Cal Members**
  - 42% TANF < 19
  - 18% TANF > 19
  - 28% ACA
  - 9% SPD
  - 3% Duals
- **Contracted Medical Groups**
  - River City Medical Group
  - Imperial Health
  - Hill Physicians
  - North CA Phys Medical Group



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The bulk of membership in Sacramento is part of our Temporary Assistance for Needy Families (TANF) population. 28 percent of members in Sacramento fall under the Affordable Care Act (ACA), a small segment of services for seniors with disabilities, and a small segment of people who qualify for both and are getting Medi-Cal and Medicare.

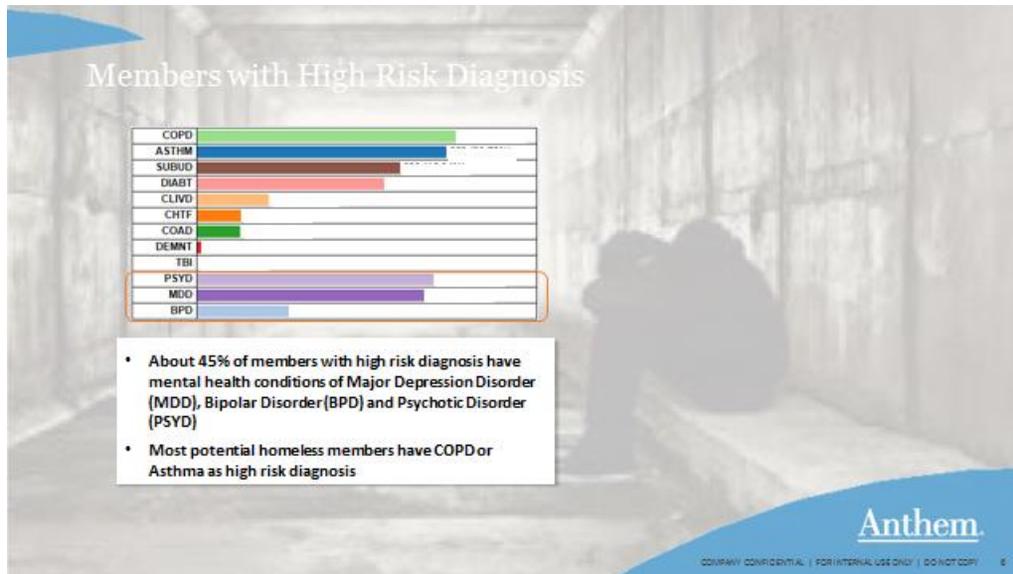
This is a best guess attempt to figure out what the homeless population looks like in Sacramento. The homeless initiative is still very new and in the very early stages. This is a population that Anthem does not have a lot of experience with as they have been carved out of that membership for a long time. Anthem is now working to get a grasp on who the

members are and what needs to be done to make sure they are getting the healthcare and any other services they need, including housing, etc. The majority of health plans do not know who their homeless members are, Anthem included. All health plans receive claims data, addresses, Medi-Cal aid category, etc., but there is nothing in the data that says the member has been or is homeless.

Late in 2017, Anthem attempted to guesstimate where their homeless members are. They looked at members using County addresses or addresses that belong to shelters or members using the same address. This was utilized as a starting point, and the numbers were developed. It has provided helpful data that is being utilized to put interventions in place. Anthem is working to refine the numbers now however, whether the numbers are right or not, the percentage of where the Anthem homeless members are seems to line up. Anthem has approximately 60,000 homeless members in Los Angeles, a large population; the next largest homeless population of Anthem members are living in Sacramento.



Anthem has started dissecting the population, taking a look at their needs. It was found that many that are considered 'high-risk' with many common diagnosis such as, COPD, Asthma, Substance Use Disorder, Diabetes, and Congestive Heart Failure. Also, a large portion of them had some sort of mental health disorder such as Bipolar Disorder, Major Depression Disorder, etc.



See the slide below for common trends of potential homeless (as stated previously, these are not verified homeless).

When reviewing age, the number of senior population start to decrease and the bulk of population are between the ages 20 and 40.

The population of Anthem’s membership in the seniors and persons w/disabilities grouping is very low, and is probably another common issue of the homeless population because for many years (until the expansion program was developed), many homeless individuals did not have access to Medi-Cal. The expansion program provided access, however a larger percentage of these members should have been receiving Medi-Cal long before because they have a disability. They were never advised or encouraged to apply for Medi-Cal.

Many seniors are showing up in the expansion population, but should more likely be re-classified as a senior with disability.

## Other Common Trends

- Most Rx
  - Antidiabetics
  - Anticonvulsants
  - Antiasthmatic
  - Anticoagulants
  - Anti-infective Agents
  - Antihypertensives
- Less than 50% of members under 18 had immunizations or annual wellness visits
- About 36% of potential homeless had any Medical claims in 2016.

Potential Homeless Members by Age



Potential Homeless Members by Aid Category

ACA-EXP	16,391 (45.0%)
MAIN-TANF<19	10,671 (29.3%)
MAIN-TANF19+	7,354 (20.2%)
MAIN-SPD-MC	1,837 (5.0%)
MAIN-DUALS	204 (0.6%)
Grand Total	36,457 (100.0%)

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Though Los Angeles had more potentially homeless members, the Sacramento homeless members are costing more money which means they are using more services in Sacramento than they are in Los Angeles; this information surfaced in the data. Much of the costs were associated with in-patient services or services received while hospitalized and, Emergency Room use; in-patient Behavioral Health and in-patient OB and Nursery were also included.

## Challenges

- **No clear way to identify and track homeless members**  
Historically Anthem has never had access to the Homeless Management System (HMS) that all Counties use. The State does not provide any information as to the homeless largely because the State does not have a good way to identify who and/or where the homeless populations are.
- **Disconnect between providers**  
Anthem has some contracted hospitals who have set up specific interventions for homeless individuals cycling in, whether they are connecting them to a medical respite program or some other housing program because they don't want to re-admit them; there are penalties for high re-admission rates. Very specific interventions are happening

with some provider groups, and even at some clinic levels to help with housing and homeless needs. Currently, Anthem is setting interventions as well, however, there is no clear indicator that these individuals have received services once they come in to the facility. A stronger link with contracted providers to make sure Anthem is working cohesively is needed, this still needs to be addressed.

Earlier in 2018, Anthem started the Homeless and Housing Initiative. Anthem is only five months into this program, and it is not something that can be fixed quickly; it will take time. Recent efforts toward this initiative include:

- Two staff members hired, and are solely dedicated to working on this initiative
- A Housing Program Manager was hired, and is based in Sacramento County
- A Housing Specialist was hired to help put together the initiative, and build relationships with contracted providers, and to help move forward with some of the work, as well as planning

Community based providers also play a very important role because they are serving the homeless population. This is a huge gap for Anthem because historically this was not Anthem's membership, so there was no need to interact with these providers. That has since changed and Anthem now needs to forge relationships with the community based providers, serving this population, this is a huge gap, but Anthem is working to close the gap.

There are a couple states that are a step ahead of Anthem with regard to what is being done about homelessness. These states have also spent the past two years involved in relationship building; showing up at local community meetings and talking with providers before the intervention materialized.

### Homeless/Housing Initiatives 2018

- **Dedicate Resources to Housing and Homelessness**
  - Housing Program Manager
  - Housing Specialist
- **Focus on Housing/Homeless Provider Relationship Building**
  - Develop key partnerships (i.e., Brilliant Corners, **Mercy Housing**, Alameda Point Collaborative, Contra Costa Housing and Homeless Services, **City Of Sacramento**, **Lutheran Social Services Northern California**, **Sacramento Steps Forward**, National Health Foundation, City of Pomona, and United Way)
- **Improve identification and tracking of homeless members**
  - Obtain access to HMIS/CES systems
  - Incorporate internal system changes to flag and track members
  - Refine analysis methodology



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## Health Homes

### What is a Health Home?

An **integrated** (physical and behavioral), **person-centered**, service delivery system for populations with complex, chronic conditions intended to improve outcomes by reducing fragmented care and promoting patient-centered care. Six (6) core services include:

1. **Comprehensive Care Coordination**
2. Comprehensive Care Management
3. Health Promotion
4. Transitions in Care
5. **Housing Navigation and Tenancy Support**
6. Support for the member and family members
7. Referrals to community services and supports



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### Health Homes and Housing Services

- **Individual Housing Transition Services**
  - Conducting a tenant screenings and housing assessments
  - Developing individualized housing support plans
  - Assisting with the housing application and housing search processes
  - Identifying resources to cover expenses such as security deposit, furnishings, adaptive aids, moving costs, etc.
  - Assisting in arranging for and supporting the details of the move
- **Individual Housing and Tenancy Sustaining Services**
  - Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations
  - Education and training on the roles, rights and responsibilities of the tenant and landlord
  - Coaching on developing and maintaining key relationships with landlords/property managers
  - Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action
  - Advocacy and linkage with community resources to prevent eviction
  - Assistance with the housing recertification process

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## Implementation

Counties	Implementation date for members with eligible chronic conditions and SUD	Implementation date for members with serious mental illness
San Francisco	July 1, 2018	January 1, 2019
Alameda	July 1, 2019 (WPC 7/1/18)	January 1, 2020 (WPC 7/1/18)
Santa Clara	July 1, 2019	January 1, 2020
Fresno	July 1, 2019	January 1, 2020
Los Angeles	July 1, 2019	January 1, 2020
<b>Sacramento</b>	<b>July 1, 2019</b>	<b>January 1, 2020</b>
Tulare	July 1, 2019	January 1, 2020

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## Anthem's WPC Goals/Efforts

- Participation in Governance/Steering Committee Meetings
- Participate in data exchange efforts to facilitate coordinated care
- **Generating referrals to WPC services for members who meet target population criteria**
- **Leverage and coordinate with WPC providers (FQHCs, CHWs, Housing Providers) for member care**
- **Participation in WPC Multi-Disciplinary Team Meetings and coordination of services with WPC partners**
- Producing and managing utilization data to establish baselines, measure outcomes, and assist in program evaluation
- Work towards long term sustainability and program integration



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## WPC – Whole Person Care

## Presentation B

### Jofil Borja, California Transportation Commission and PHAB Member Changes in Pedestrian and Bicycle Traffic Control in Sacramento

The City and County of Sacramento is seeing an increase in road improvements, streets, etc. Roads are being repaved and improved, hopefully streamlined. Recently, attention has been given to several improvements on certain streets from highly traveled corridors, specifically Q Street. A buffered protected bike lane, normally on the left of the driver, has now been shifted to the right. Cars have been moved a few feet for a buffered bike lane, now parked cars are closer to the intersection removing the bike lane, ultimately to provide for more cyclist safety. With improvements parking protected bikeways are designed so there is space for a bike, and a parked car. Pedestrians will have to look for oncoming traffic. The buffered protective lanes are very nice, and they currently being used in Berkeley, CA and Seattle, WA; they appear to be a great solution, but some are of the opinion they are also a public health issue and cause for concern. Sacramento City Public Works is expanding, and expected to bring more protected bike lanes to Sacramento streets. Cyclists and pedestrians are being impacted so it is quite a dramatic shift and, as such, PHAB is being asked to look at this objectively, and identify (if possible), room for additional improvement for all. Some streets with the new protected bike lanes are missing safety areas for pedestrian crossing (13<sup>th</sup> and Q), and some lack appropriate signage. This discussion and request seeks permission from the Sacramento County Public Health Advisory Board (PHAB) to send a letter to the City Public Works Department regarding the protected bike lanes, etc.

#### Improving traffic safety for cyclists



## Downtown Sacramento seeks to expand

### CURRENT PROJECTS

The City has many active transportation (walking and bicycling) and complete streets projects underway. Please see below for a list of projects with links to project pages, where applicable.

#### Downtown Bicycle and Pedestrian Safety Projects - SPRING 2018!!!

The City is working on bicycle and pedestrian safety improvements on the Grid this year. The project will include parking protected bikeways and pedestrian crossing improvements. The project is expected to be installed in May 2018.

The bikeways include:

- P Street from 9th to 15th Streets: Parking protected bikeway
- Q Street from 9th to 15th Streets: Parking protected bikeway
- 10th Street from Q to I Streets: Combination of buffered bike lane and parking protected bikeway
- H Street from 13th to 15th Streets: Bike lane
- I Street from 12th to 13th Streets: Bike lane

*What is a parking protected bikeway?*

These bikeways will allow people of all ages and levels to bike the grid, separated from moving traffic. They will also improve pedestrian safety by increasing sight lines and reducing the number of travel lanes to cross.

Source: <https://www.cityofsacramento.org/Public-Works/Transportation/Programs-and-Services/Bicycling-Program/Current-Projects>



### But in practice... we could:

- improve visibility for crossing pedestrians and cyclists
- add bollards, markings, or crossing white lines for bike and ped
- continue outreach to outside commuters i.e. Yolo Bus, E.G. Transit



13<sup>th</sup> & P. Signs are visible for cyclists and parking.



13<sup>th</sup> & Q, crossing pedestrian and cyclist.

**PHAB Vote:** It was proposed that PHAB send a letter of inquiry to Sacramento City Public Works regarding recent changes in the bicycle lanes in the city. After brief discussion, it was decided to invite a representative to speak before PHAB.

Note: **This presentation was *not* made on behalf of California Transportation Commission (CTC) and reflects the opinion of the presenter only.**

## **Presentation C**

**Kristina Clinton, MS, Health Program Coordinator  
Medi-Cal Dental Advisory Board Update (MCDAC)**

The role of the MCDAC committee is not to pass policy. Rather, the role of the Medi-Cal Dental Advisory Committee serves to provide oversight and guidance to improve:

- Denti-Cal Utilization rates
- Delivery of Dental Care Services
- Prevention and Education

MCDAC Membership include: First 5 Sacramento Commission, Sacramento County Department of Health Services, Sacramento Public Health Officer, Sacramento District Dental Society, California Dental Association, Beneficiaries, Community Dental Clinics, Dental Providers, Pediatrician or Family Practice, MD. Public Health Advisory Board, Advocates, Members at Large, Dental Plan Representatives.

Currently, recruiting for a PHAB Member to join MCDAC; once filled, MCDAC will be fully staffed.

## MCDAC Accomplishments -- 2017

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- Collaborated with stakeholders on strategies to improve utilization services for all beneficiaries by 5% each year.
- Worked with DHCS to improve data transparency, timeliness and reporting.
- Teamed up with dental plans to provide community presentations on how to access Dental Managed Care.
- Hosted CA Legislative Staff Site Visit by demonstrating the Virtual Dental Home at Twin Rivers USD and Amador County.
- Provided guidance on the implementation of Sacramento County Dental Transformation Initiative Dental Project Pilot.
- Recruited beneficiaries to provide testimony at the Little Hoover Commission Hearing

In July, MCDAC will present to the Sacramento County Board of Supervisors to share the 2017 MCDAC Accomplishments, as well as our list of goals for 2018. In general, many beneficiaries of Medi-Cal do not realize they have dental insurance so utilization rates and how to increase the utilization rate will also be discussed.

### Upcoming MCDAC Meeting Dates 2018 (2pm-4pm)

June 7  
August 2  
October 4  
December 6

Location: First % Community Room 2750 Gateway Oaks

<http://www.first5sacramento.net/Meetings/Pages/Medi-CalDentalAdvisoryComm.aspx>

**Public Comment**

There was none.

The meeting was adjourned at 1:31 PM.

Submitted by Theresa Vinson, Scribe and Dr. Steven Orkand, Chair

**Next Meeting of PHAB****August 1, 2018, 12:00 PM - 1:30 PM**

Primary Care Center, Conference Room 2020

4600 Broadway

Sacramento, CA 95820