



**Regular Meeting of the
Santa Clara County Health Authority
Consumer Advisory Committee**

Tuesday, December 13, 2016

6:00 – 7:00 pm

**210 E. Hacienda Avenue
Campbell, CA 95008**

Minutes - APPROVED

Committee Members present:

Waldemar Wenner, M.D.
Danette Zuniga
Hung Vinh
Myrna Vega
Rachel Hart
Tran Vu
Margaret Kinoshita
Rebecca Everett (Guest)
Angeli Gonzaga (Guest)
Danielle Moua (Guest)
Brittney Perez (Guest)

Staff Present:

Laura Watkins, Director, Marketing and
Communications
Chelsea Byom, Marketing and Communications
Manager
Sherita Gibson, Marketing Coordinator
Andres Aguirre, Quality Improvement Manager
Sherry Holm, Behavioral Health Program Manager

1. Roll Call

Dr. Waldemar Wenner, Chairperson, called the meeting to order at 6:06 pm. Introductions were completed and a quorum was established.

2. Public Comments

There were no public comments.

3. Meeting Minutes

Minutes of the September 13, 2016 meeting were reviewed. **It was moved and seconded to approve the September 13, 2016 meeting minutes. The minutes were approved as presented.**

4. Health Plan Updates – Laura Watkins

Ms. Watkins presented enrollment updates as follows: Medi-Cal enrollment is about same as last month at 269,893 members. Cal MediConnect enrollment went down slightly due to no longer having passive enrollment. The decrease of only 50+ members means we are seeing stabilization of enrollment due to various outreach efforts and internal process improvements. Healthy Kids

enrollment is continuing to decrease. As of December 1, we have just under 2,600 members enrolled in Healthy Kids, with fewer than 1,000 members enrolled through the traditional Healthy Kids application process. We estimate about 500 of these kids enrolled through the traditional Healthy Kids application process are eligible for either Healthy Kids through C-CHIP or eligible for Medi-Cal, and should be enrolled in one of those programs instead of the traditional Healthy Kids program. We continue to conduct outreach to help these families apply.

We have implemented streamlined enrollment for Cal MediConnect. This means that Medi-Cal members who are eligible can now call SCFHP for assistance in enrolling in Cal MediConnect. This process has been in place for about 3 weeks.

Consumer Advisory Committee Charter was approved by the SCFHP Governing Board at the 9/22/2016 meeting.

5. Group Needs Assessment Results – Andres Aguirre

Mr. Aguirre discussed the goals of the Group Needs Assessment (GNA) and how data is gathered. He shared three major findings:

1. In the Medi-Cal population of seniors and persons with disabilities, Asian members were diagnosed more frequently with Type II diabetes, Hypertension, and Hyperlipidemia when compared to other ethnicities.
2. In the Medi-Cal adult population, Asian members were diagnosed more frequently with Type II diabetes, Hypertension, and Hyperlipidemia in the sub population when compared to other ethnicities.
3. In the Medi-Cal child population, Hispanic children were most frequently diagnosed with Acute Upper Respiratory Infections, Cough, and Unspecified Fever when compared to other ethnicities.

Mr. Aguirre explained these findings are based on what the member defined as their ethnicity at time of enrollment. Ms. Kinoshita asked if the data was for the whole state or just Santa Clara County. Mr. Aguirre stated it was for SCFHP members only.

Next steps are to meet with health education team members that are within QI to look at developing interventions that will address chronic disease health education in a culturally appropriate manner. Additionally, we will work to improve utilization of the 24-hour Nurse Advice line in Spanish for our child members through our website and in certain geographic areas.

The CAC members and guests asked questions about the results of the GNA and engaged in discussion with Mr. Aguirre.

Mr. Aguirre explained that HEDIS is a tool that measures three different areas: 1) Preventive care for children; 2) Counter-disease measures; and 3) Women's Health measures. He agreed to come back and explain HEDIS in more detail at a future meeting.

Mr. Aguirre said the QI department is targeting completion of GNA next steps in the first six months of 2017, but there are no regulatory requirements on the timeframe for next steps.

4. Mental and Behavioral Health Benefits – Sherry Holm

Ms. Holm reported that SCFHP has a dedicated Behavioral Health Department, set up about a year ago. The department includes BHT services for Autism, behavioral health services for substance use disorders, and mental health. She noted that behavioral health services involve an intricate relationship with county and primary care clinics.

Ms. Holm explained that basic health care around depression, anxiety, or situational reactions are handled in primary care clinics. In primary care clinic offices, doctors can do a brief assessment of substance use issues. Some clinics have psychology, psychiatry, and case workers on staff, while some do not.

The county behavioral health department is in the process of merging mental health services and drug and alcohol treatment. Currently, detox and residential treatment are provided through the Gateway Program. The county does triage for people who are coming in and having difficulties with a major diagnosis, homeless, or unemployed. These beneficiaries are referred to the county behavioral health clinics or the community based organizations. Momentum for Mental Health is the largest and provides full service care.

SCFHP is responsible for the payment of a number of services for mild to moderate diagnoses. This may also include the care for members who have a severe diagnosis but are currently stable. These members receive services through their PCP.

Ms. Holm provided key phone numbers and information about how to get help.

- **County Call Center:** Triage calls to connect callers to the appropriate level of help. May take a while and require the caller to call back. According to County policies, they must triage severe cases within 5 days. Triage will take 10-15 days for less severe cases.
- **Mental Health Urgent Care:** Provides services from 8am – 10pm, including offering services for children. Anyone can walk in and be seen by a clinician right away. If needed, patient can see a psychiatrist within a couple of hours.
- **Gateway Services:** Does assessment for substance use disorder and may ask the person to call back to determine if inpatient or outpatient care is needed. The substance abuse treatment is 100% county funded and is limited right now. Hoping for expansion soon.
- **SCFHP Customer Service:** Can help members get to county call center or to the SCFHP Behavioral Health department. If members have problems getting services, Customer Service can help troubleshoot issues and help file an appeal, if needed.
- **Suicide Prevention Hotline:** 24/7 support with well-trained people.

There is no limit to Medi-Cal benefits for behavioral health, and if the provider is contracted with the health plan, an authorization is not required to see an in-network provider. SCFHP is working to increase the number of agencies and individual providers contracted to provide these services.

Ms. Zuniga asked if there is a new list of providers for autism. Ms. Holm said they have some new contracted providers, but they can also do a letter of agreement with any provider who is willing to

work with SCFHP. Ms. Everett asked about a situation regarding her son. Ms. Holm offered some advice on how to move forward.

Dr. Wenner asked the CAC members for ideas on how the health plan can make the mental health phone numbers more available to others. Ms. Zuniga suggested that the number be added to the ID card. Ms. Watkins let the group know that the plan recently added this number to ID cards, showing an image of the redesigned ID card. Additional conversation was held about the ID cards for Healthy Kids C-CHIP members. Ms. Zuniga asked how Healthy Kids members enrolled through C-CHIP should renew their coverage. Ms. Watkins took this as an action item to follow up on, as this is a process managed by the state through Covered California, not a process managed by SCFHP.

Ms. Gonzaga asked about the plan's outreach for substance use disorder programs. Ms. Holm responded that there is no active outreach at this time and acknowledged that it takes a lot of support to get through the system. It helps to have a support person that can help the person get through the process.

5. CAC New Member Appointment Process

Ms. Watkins reviewed the process for accepting new members to the CAC.

6. Recent SCFHP Member Communications

Ms. Watkins reviewed recent communications from the health plan to members, including website postings, direct mail, and telephone calls. This will be a standing item on the CAC agenda.

Ms. Watkins also reviewed the new Medi-Cal and Healthy Kids ID Cards that now show the provider's name, phone number, clinic name and network name. The Santa Clara County Mental Health Services phone number has also been added to the cards.

7. Future Meetings and Agenda Items

2017 meeting dates were reviewed. Topic suggestions for the next meeting include HEDIS, differences between Healthy Kids C-CHIP and traditional Healthy Kids, mental health benefits/care for seniors and for children.

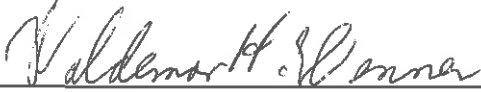
Dr. Wenner encouraged CAC members to reach out to Ms. Gibson if they have topic ideas so those can be put on the agenda for upcoming meetings.

Ms. Holm agreed to bring a list of mental health providers to the next meeting. Ms. Watkins offered to invite Laura Luna from County Mental Health Department to the next meeting. Discussion continued about the importance of accessing mental health services. Ms. Zuniga commented that providers are not always able to help parents connect with mental health resources, because the options vary based on insurance. Ms. Watkins said based on tonight's discussion, we will look at how SCFHP Marketing and Behavioral Health departments can work together to better communicate with members and providers about behavioral health services.

Ms. Kinoshita commented that the SCFHP website has been really helpful and very informational. Ms. Watkins thanked her for her feedback and invited all CAC members to offer suggestions for website content.

8. Adjournment

The meeting was adjourned at 7:15 pm.



Waldemar Wenner, MD

Consumer Affairs Committee Chairperson