



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

## DHCS Care Coordination Project: Social Determinants of Health

### Background

It has been known for years that many factors impact an individual's health: genetic predispositions, social circumstances, environmental conditions, behavioral patterns, and medical care. It is also well known that most spending in health care goes to direct medical services instead of disease prevention, health promotion, and removing barriers to optimal health. Medicaid programs across the nation are beginning to think about how to address social determinants of health. According to Healthy People 2020, social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks<sup>1</sup>. Exposure to certain social determinants of health can be very impactful to health/behavioral health issues in both youth and adult populations (i.e., exposure to violence, extreme poverty, harassment, abuse). Multiple strategies are emerging to address social determinants of health in health care.

### Framing the Issue

DHCS contracts with managed care plans (MCP), mental health plans (MHP), Drug Medi-Cal Organized Delivery Systems (DMC-ODS) and dental plans to deliver the majority of Medi-Cal services. There are some medical services provided outside these managed care delivery systems, such as those delivered under 1915c waivers, California Children's Services, etc. Medicaid can, and in some areas already does, play an important bridging role between the federal, state, and community entities that support housing, environmental safety, nutrition, and health care<sup>2</sup>. The DHCS care coordination project provides an opportunity to explore how California can address social determinants of health in Medi-Cal. Specific stakeholder feedback regarding addressing social determinants of health are noted below:

- Historically, MCP case management has been clinically focused and doesn't always address the social needs/barriers of members, especially members experiencing homelessness.

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<sup>1</sup> <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

<sup>2</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2017/nov/addressing-social-determinants-health-through-medicare-managed#1>

- One way to better self-manage and have upward mobility is to address the social determinants of health, and DHCS should have a model of care that addresses social determinants of health and focuses on reducing disparities or inequities.

### Additional Information

Below is a list of some social determinants of health. Exposure to many of these factors are impactful to health/behavioral health issues in both youth and adult populations.

- Availability of resources to meet daily needs (e.g., safe housing, child care, and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Criminal justice and public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

### Discussion Questions

1. What are some of the most impactful ways of addressing social determinants of health?
2. Common elements of other Medicaid contractors' obligations around addressing social determinants of health are listed below. What are the current barriers for MCPs, MHPs, DMC-ODS, and dental plans for addressing social determinants of health?
  - a. Develop relationships with local community organizations to implement social determinant interventions (e.g., housing support services, nutrition classes, exercise equipment)
  - b. Contract with community organizations
  - c. Collaborate on community health needs assessments
  - d. Develop or access a community resource directory

- e. Evaluate member's health-related social needs
  - f. Refer person to appropriate community services
  - g. Follow up and assist with access to community services
  - h. Utilize data to address health disparities
  - i. Share information (e.g. health records) with community organizations
3. Hot-spotting, for example, targets individuals with complex care needs for intensive case management, including securing resources for housing, food, education, and employment.<sup>3</sup> Such models emphasize “bridging,” or improving care coordination, managing transitions, and finding ways to provide individuals and their communities with more stability to reduce or prevent serious health episodes and promote health<sup>4</sup>. Are MCPs, MHPs, DMC-ODS and dental plans using these techniques? What are the pros, cons, barriers, and considerations?
  4. States can create payment incentives or reimburse nontraditional services outside their contractual obligations. What payment mechanisms should DHCS explore for addressing social determinants of health?
  5. How would DHCS monitor plans' efforts toward addressing social determinants of health? Examples: written policies and procedures, demonstration of fund utilization, evaluation of select measures.

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<sup>3</sup> A. Gawande, “The Hot Spotters,” The New Yorker, Jan. 24, 2011.

<sup>4</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2017/nov/addressing-social-determinants-health-through-medicaid-managed#1>