

Regular Meeting of the
Santa Clara County Health Authority
Executive/Finance Committee

Thursday, July 22, 2021, 10:30 AM – 12:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(408) 638-0968
Meeting ID: 987 9967 7951
Passcode: ExecFin21
<https://zoom.us/j/98799677951>

AGENDA

| | | | |
|--|--------------|-------|--------|
| 1. Roll Call | Ms. Murphy | 10:30 | 5 min |
| 2. Public Comment Members of the public may speak to any item not on the agenda; two minutes per speaker. The Executive/Finance Committee reserves the right to limit the duration of the public comment period to 30 minutes. | Ms. Murphy | 10:35 | 5 min |
| 3. Meeting Minutes Review minutes of the May 28, 2021 Executive/Finance Committee Meeting. Possible Action: Approve May 28, 2021 Executive/Finance Committee Minutes | Ms. Murphy | 10:40 | 5 min |
| 4. CEO Update Discuss status of current topics and initiatives. | Ms. Tomcala | 10:45 | 15 min |
| 5. Fiscal Year 2021-2022 Plan Objectives Review draft FY'22 Plan Objectives. Possible Action: Approve FY'22 Plan Objectives | Ms. Tomcala | 11:00 | 10 min |
| 6. Government Relations Update Discuss local, state, and federal legislative and policy issues impacting the Plan and its members. | Mr. Haskell | 11:10 | 10 min |
| 7. Quality Update Discuss CY'20 HEDIS Rate Analysis | Dr. Nakahira | 11:20 | 20 min |
| 8. May 2021 Financial Statements Review May 2021 Financial Statements. Possible Action: Approve the May 2021 Financial Statements | Mr. Jarecki | 11:40 | 10 min |

9. Special Project Funding Request

Ms. Tomcala

11:50 10 min

Consider funding request for Safe Relationships in East San Jose, a project of Next Door Solutions to Domestic Violence (NDS).

Possible Action: Approve funding expenditure for the NDS project, Safe Relationships in East San Jose, from the Board Designated Special Project Fund for CBOs

Announcement Prior to Recessing into Closed Session

Announcement that the Executive/Finance Committee will recess into Closed Session to discuss Item No. 10 below:

10. Adjourn to Closed Session

12:00

a. Anticipated Litigation (Government Code Section 54956.9(d)(3)):

It is the intention of the Executive/Finance Committee to meet in Closed Session to confer with Legal Counsel regarding significant exposure to litigation based on receipt of a claim pursuant to the Government Claims Act: one case.

b. Contract Rates (Welfare and Institutions Code Section 14087.38(n)):

It is the intention of the Executive/Finance Committee to meet in Closed Session to discuss plan partner rates.

11. Report from Closed Session

Ms. Murphy

12:25 5 min

12. Adjournment

12:30

Notice to the Public—Meeting Procedures

- Persons wishing to address the Executive/Finance Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Rita Zambrano 48 hours prior to the meeting at (408) 874-1842.
- To obtain a copy of any supporting document that is available, contact Rita Zambrano at (408) 874-1842. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Regular Meeting of the

Santa Clara County Health Authority Executive/Finance Committee

Thursday, May 27, 2021, 11:30 AM – 1:30 PM

Santa Clara Family Health Plan - Teleconference

6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present

Bob Brownstein
Dolores Alvarado
Dave Cameron
Liz Kniss
Sue Murphy

Staff Present

Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira D.O, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Lori Andersen, Director, Long Term Services & Supports
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Rita Zambrano, Executive Assistant

1. Roll Call

Dolores Alvarado, Chair, called the meeting to order at 11:36 am. Roll Call was taken and a quorum was established.

Ms. Alvarado asked the Committee and staff to take a moment of silence to honor those in the community who were severely impacted by the VTA shooting tragedy.

2. Public Comment

There were no public comments.

3. Approve Consent Calendar and Changes to the Agenda

Ms. Alvarado presented the Consent Calendar and indicated all items would be approved in one motion.

a. Approve minutes of the April 22, 2021 **Executive/Finance Committee** Meeting

b. Approve **Claims Policies**

- CL.06 Inpatient Admission
- CL.10 Provider Dispute Resolution
- CL.12 Coordination of Benefits and Medicare-Medi-Cal Crossover Claims
- CL.19 Processing of Rehabilitation Therapies Claims
- CL.20 Processing of Inpatient Psychiatric Facility and Outpatient Behavioral Mental Health Claims
- CL.23 Overpayment Recovery
- CL.24 Timely Processing of Non-Clean Claims

- CL.25 Direct Member Reimbursement
- CL.26 Claim Development of Non-Clean Non-Contracted Medicare Claims
- CL.27 Non-Medical Transportation Services

c. Approve **Finance Policies**

- FA.01 Finance-General
- FA.02 Cash & Cash Receipts
- FA.03 Cash Disbursements
- FA.04 Accounts Receivable & Revenue
- FA.05 Payroll & Employee Expenses
- FA.06 Fixed Assets & Depreciation Expense
- FA.07 Investments
- FA.08 Treasury & Debt
- FA.09 Financial Close & Reporting
- FA.10 Medical Expense & Incurred-But-Not Paid (IBNR)
- FA.11 Healthcare Economics

d. Approve **Quarterly Investment Compliance Report**

It was moved, seconded, and the Consent Calendar was unanimously approved.

Motion: Ms. Kniss

Second: Mr. Brownstein

Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

4. CEO Update

Christine Tomcala, Chief Executive Officer, presented the updated SCFHP COVID-19 Summary, noting 6,333 members have tested positive, 1,781 were hospitalized, and 191 are deceased. In addition, she presented data on the percentage of SCFHP members by age band who received at least one COVAX dose compared to the county, and a breakdown of the percentage of members who received a vaccine by ethnicity. It was noted that the Hispanic, African Ancestry, and American Indian communities had lower COVAX percentages than the 47% Plan average for members age twelve and up. Ms. Tomcala further reported that 841 individuals had been vaccinated at the Blanca Alvarado Community Resource Center (CRC), and noted we started offering a gift card incentive to encourage people to get vaccinated. She also reported staff are actively conducting robocalls and direct outreach to encourage individuals to get their vaccine and to provide assistance with scheduling appointments and transportation. Discussion ensued regarding potential opportunities to assist members in overcoming vaccine hesitancy.

Ms. Tomcala noted a tentative plan to reopen the office after Labor Day. She also reported that the Plan participated with Supervisor Ellenberg in a press conference supporting her proposal on Black Infant Health, which the Board of Supervisors subsequently approved.

5. Government Relations Update

Tyler Haskell, Director of Government Relations, provided an update on federal and state issues affecting the Plan and related advocacy actions. He discussed the infrastructure legislation being debated in Congress, which could contain provisions relating to telehealth and prescription drug pricing. Mr. Haskell also gave an update on the State budget, which was recently modified to include significant enhancements to the Medi-Cal program. Finally, Mr. Haskell discussed other, non-budget legislation relating to CalAIM, COVID-related provider payments, and a statewide health information exchange.

6. March 2021 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the March 2021 financial statements, which reflected a current month net surplus of \$4.5 million (\$7.0 million favorable to budget) and a fiscal year-to-date net surplus of \$16.4 million (\$21.6 million favorable to budget). Enrollment increased by 1,854 members from the prior month to 276,842 members (4,683 members favorable to budget). The year-to-date membership growth due to COVID-19

has exceeded budget due to the extended duration of the pandemic and will be sustained for a longer period of time due to the continued public health emergency. Revenue reflected a favorable current month variance of \$16.9 million (18.6%) largely due to (1) additional capitation received due to the delayed carve-out of Medi-Cal pharmacy from managed care, and (2) increased enrollment due to the suspension of disenrollment's, and (3) higher capitation rates than budgeted. Medical Expense reflected an unfavorable current month variance of \$11.0 million (12.54%) largely due to (1) additional expenses due to the delayed carve-out of Medi-Cal pharmacy from managed care (offsetting the associated increased pharmacy revenue), (2) lower than planned FFS utilization reflected in reductions in incurred-but-not-reported (IBNP) reserves, (3) lower than planned Long Term Care (LTC) enrollment and utilization, and (4) retroactive adjustments to capitation expense. Administrative Expense reflected a favorable current month variance of \$1.1 million (19.3%) due largely to the one-time release of an accrual. The balance sheet reflected a Current Ratio of 1.23:1, versus the minimum required by DMHC of 1.00:1. Tangible Net Equity of \$225.1million, which represented approximately two months of the Plan's total expenses, included unrestricted net assets of \$180 million. Year-to-date capital investments of \$3.8 million were made, predominately construction expenses of the Blanca Alvarado Community Resource Center.

It was moved, seconded and the March 2021 Financial Statements were **unanimously approved**.

Motion: Mr. Cameron

Second: Ms. Kniss

Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

7. COVID-19 Funding Request

Ms. Tomcala presented a funding request for \$100,000 from the YMCA of Silicon Valley to support their Expanded Summer Nutrition Program for Children and Families in the lowest-income neighborhoods. The program would coordinate the distribution of approximately 155,880 meals and snacks to children, and they partner with Second Harvest Food Bank to provide meals for adults in those families.

It was moved, seconded and the YMCA funding request for \$100,000 to support the Expanded Summer Nutrition Program was **unanimously approved**.

Motion: Ms. Murphy

Second: Ms. Kniss

Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

8. Adjourn to Closed Session

a. **Contract Rates** (Welfare and Institutions Code Section 14087.38(n)):

The Executive/Finance Committee met in Closed Session to discuss plan partner rates.

9. Report from Closed Session

Ms. Alvarado reported the Executive/Finance Committee met in Closed Session to discuss plan partner rates.

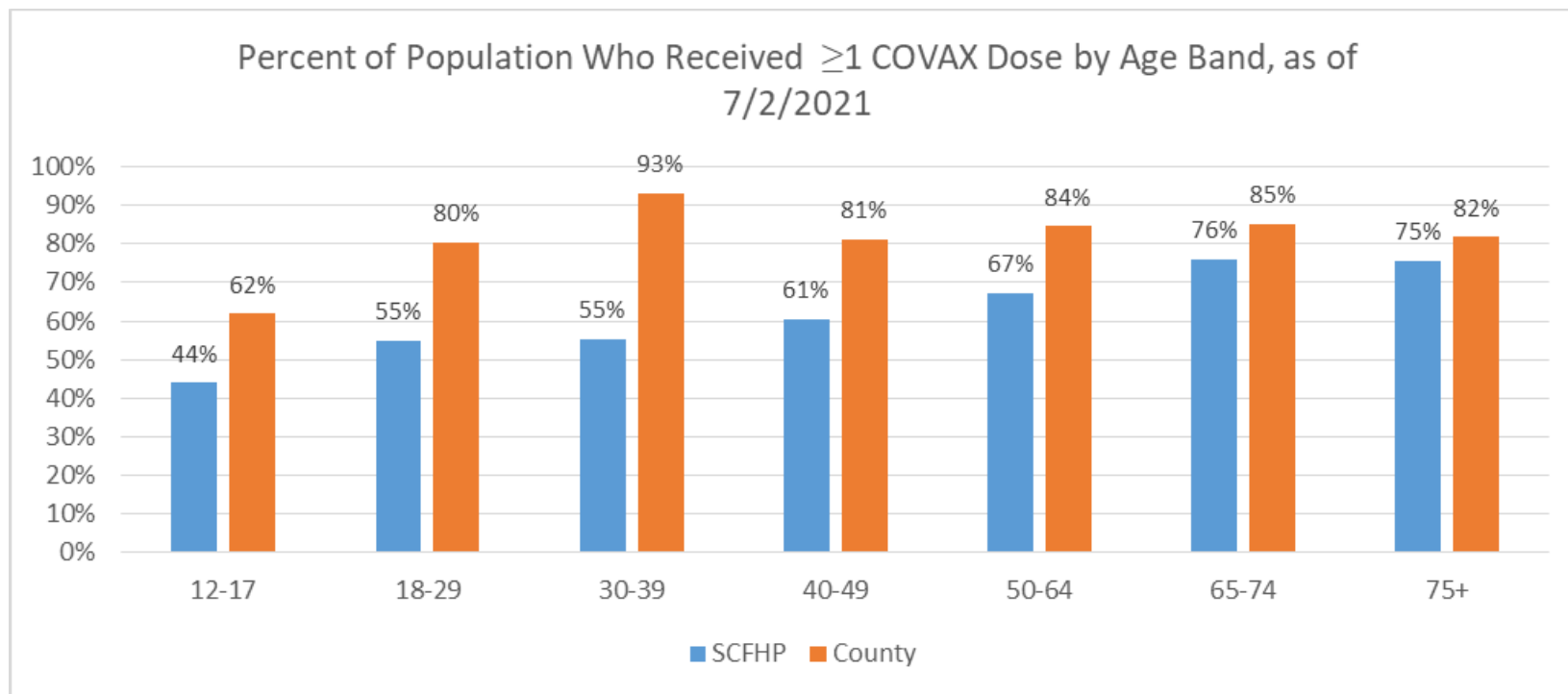
10. Adjournment

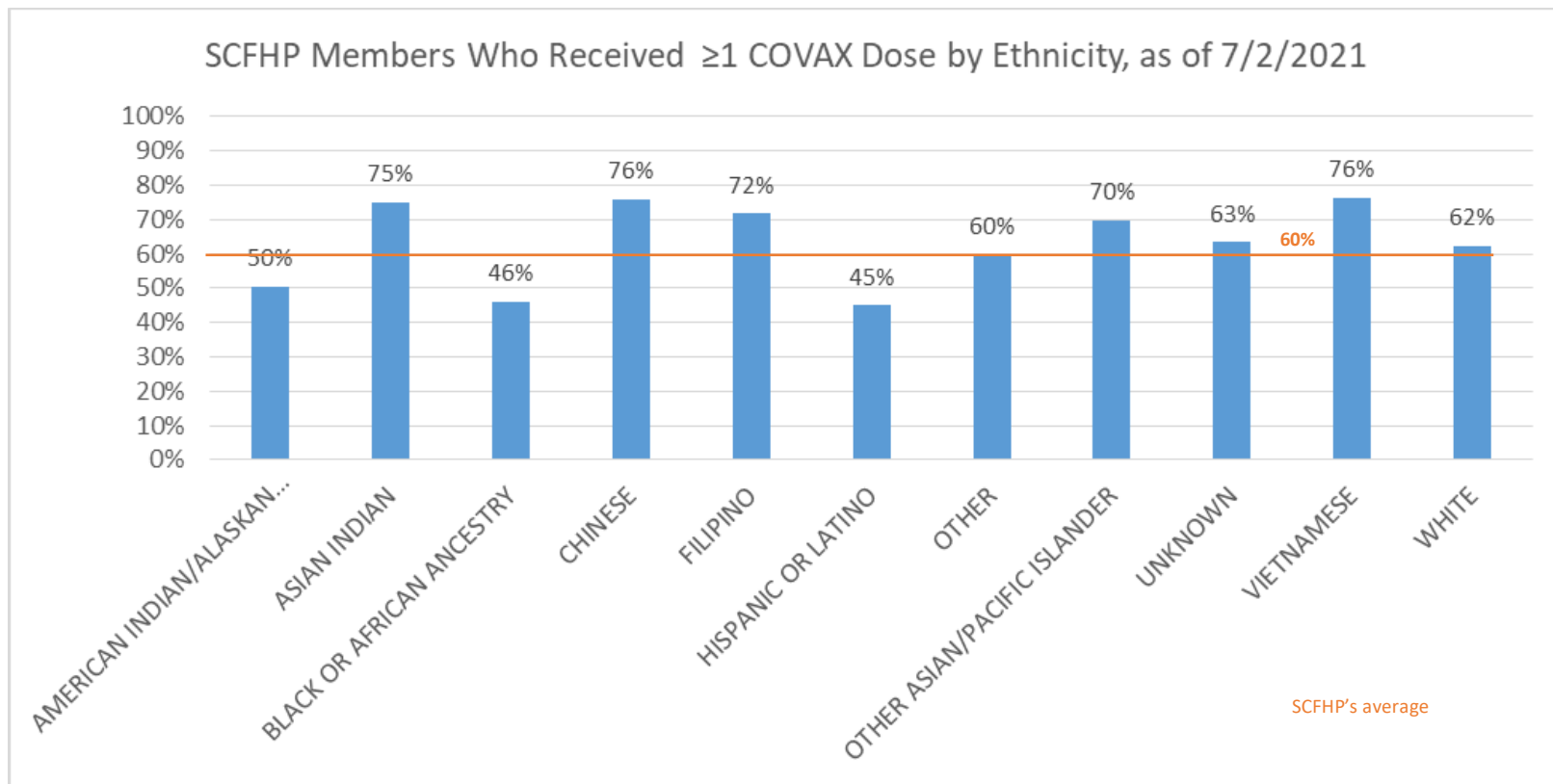
The meeting was adjourned at 1:15 pm.

Susan G. Murphy, Secretary

SCFHP COVID-19 Summary – July 15, 2021

| Group | Focus Area | Activities and Metrics |
|---------|--------------|---|
| Members | Statistics | <p>Data as of 7/15/2021</p> <ul style="list-style-type: none"> • 6,437 members positive • Cumulatively 1,791 members hospitalized • 191 deceased (101 SNF and 90 non-SNF), representing 11.2% of County-reported total (total membership equals about 12% of the County population) |
| | Vaccinations | <ul style="list-style-type: none"> • 14,476 members partially vaccinated; 115,115 members fully vaccinated • Mailed flier cobranded with County Public Health Department to 8,230 non-vaccinated Medi-Cal, non-Kaiser, members age 65+ with information about how to get vaccinated, including how to access transportation • Mailed letter to 16,900 non-vaccinated members age 16-64 with information on how to schedule a vaccine appointment, vaccine safety, and transportation • Held six vaccine clinics, fully vaccinating a total of 872 individuals • Called 458 non-vaccinated members residing near the CRC to promote the COVAX clinic • Completed robocalls on 5/4 to 2,944 non-vaccinated CMC members to provide vaccine appointment contact info and offer transportation • Completed robocalls on 5/20 to 103,057 non-vaccinated members age 16+ to provide vaccine appointment contact info and offer transportation • Completed second robocall campaign to 11,360 members age 12-15 on 7/12 to provide vaccine appointment contact info and offer transportation • Completed outreach calls to 1,042 members age 21+ (in independent physician network), offering to help schedule appointments for those unvaccinated • Conducting outreach calls to parents and guardians of 780 members age 12 for well care visit reminders and sharing information on where/how to schedule COVID vaccine appointment if member is unvaccinated (expected completion is late August) |







Santa Clara Family
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Blanca Alvarado
Community Resource Center

CRC Update

Exec/Finance Committee

July 22, 2021

What is happening at the SCFHP Blanca Alvarado Community Resource Center?

In-Person Services

- COVID-19 Vaccination clinics - Increasing access for our hard-to-reach communities (over 1,000 vaccines administered to date)
- Application Assistance Program, transitioned from The Health Trust, onboarding Community Health Workers
- Secured certification from Covered California as Enrollment Entity

Virtual Programming (Started in June)

- New Member Orientations for both Medi-Cal and Cal MediConnect members

Developing In-Person & Virtual Programming – (Coming August 2021)

- Health & Wellness Classes - Offered in English and Spanish

Welcome!
Lidia Valencia
Community Health Worker



Vaccine Line



Vaccine Cards



Vaccine Administration Stations



Observation



SCFHP and PHD staff greeting residents coming to CRC for vaccinations



San Jose Councilwoman Magdalena Carrasco – District 5



Virtual & In-Person Programming

Rethink Your Drink
summer program
with SCC Public
Health Department



Santa Clara Family Health Plan Yesterday at 12:00 PM · 🌐

Special thanks to Jocelyn Dubin from [County of Santa Clara Public Health Department](#) for hosting an interactive Rethink your Drink session on 6/17 at our Blanca Alvarado Community Resource Center. Jocelyn informed us of the risks of consuming high-sugar beverages and shared alternative healthy options. We hope to have you back soon! [#healthyhabits](#) [#wellness](#)



6 1 Comment 1 Share

Like Comment Share

Community Building:
Motivational Interviewing to combat
COVID-19 vaccine hesitancy



META (Mujeres Empresarias Tomando Acción)

CRC Planning Process

What is a CRC Planning Process?

- Identifying health and social needs of members and East San Jose residents
- Community-led process
- Trauma informed and healing centered
- Committed to equity and social justice



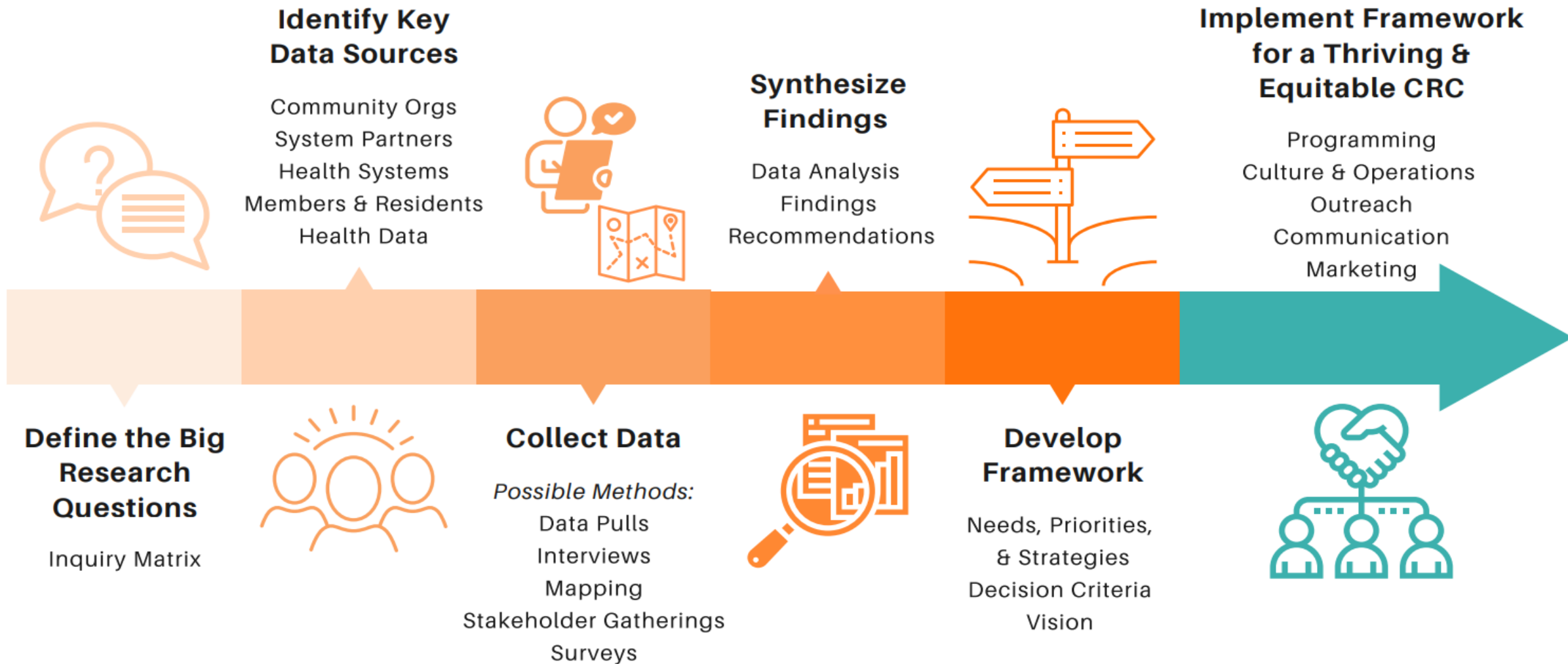
Designing a community resource center that creates the conditions to maximize our potential as a community, without leaving anyone behind.

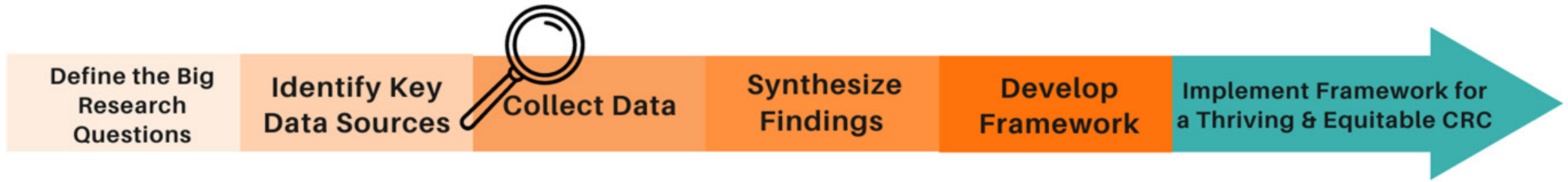
PROCESS ROADMAP



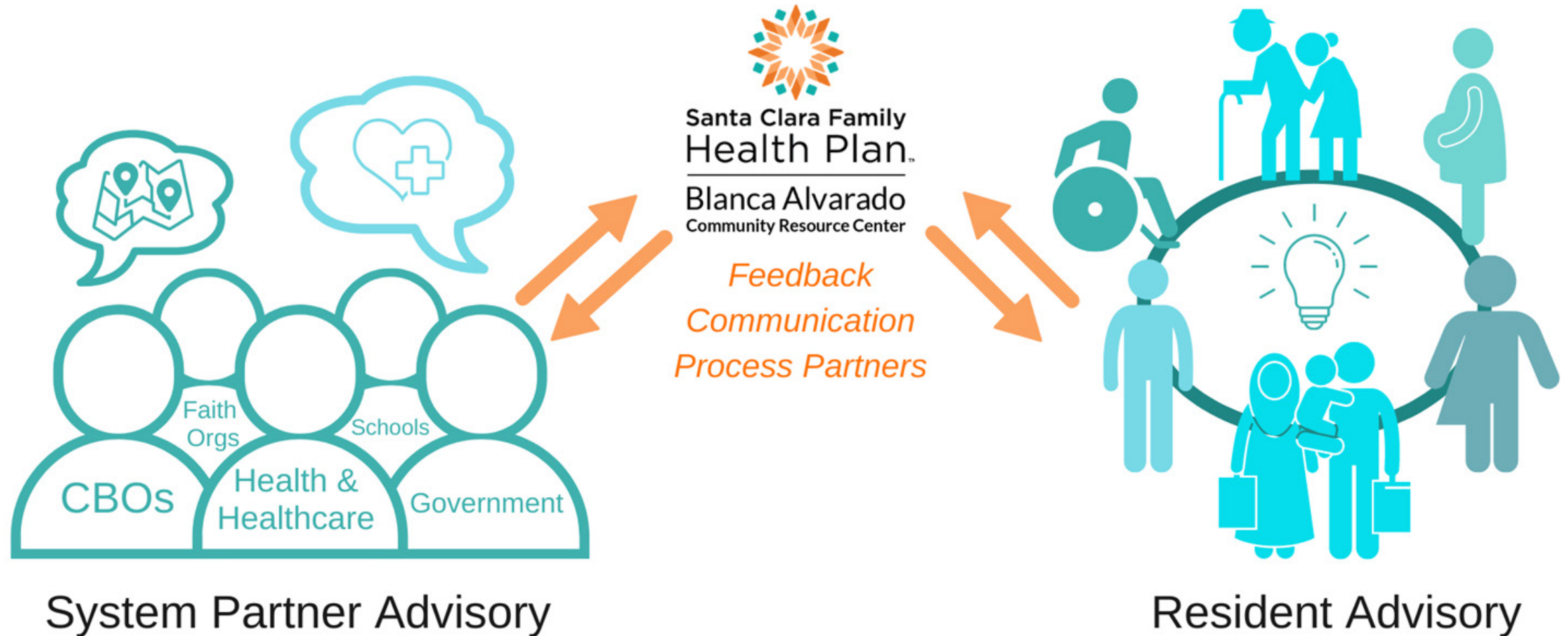
Santa Clara Family Health Plan™

Blanca Alvarado
Community Resource Center





Process Advisory Bodies



**CRC System Advisory Group
List of Members**

| Organization | Name & Title |
|---|---|
| American Heart Association | Dionisio Palencia , Senior Community Impact Director |
| First 5 of Santa Clara County | Zulema Inai , Director, Family Strengthening & Support |
| The Health Trust | Maria Garcia , Director of Programs |
| Amigos de Guadalupe | Maritza Maldonado , Executive Director |
| Veggielution | Solandyi Aguilar , Food Distribution Coordinator |
| ICAN | Quyen Vuong , Executive Director |
| Parents Helping Parents | Claudia Harty , Program Manager |
| Silicon Valley Independent Living Center | Tricia Kokes , Former Board Member of SVILC |
| Healthier Kids Foundation | Laura Clendaniel , Director of Operations |
| City of San Jose – Office of Race Equity | Zulma Marcel , Director – Office of Race Equity |
| City of San Jose – Parks, Recreation & Neighborhood Services | Laura Buzo , Recreation Superintendent |
| Santa Clara County – Division of Equity & Social Justice | Dr. Arcel Blume , Director – Office of Cultural Competency |
| Santa Clara County – Public Health Department | Maritza Rodriguez , Manager – PEACE Partnership. |
| Santa Clara County – Behavioral Health Department | Alicia Anderson , Program Manager |
| North East Medical Services | Jessica Ho , Government & Community Affairs Manager |
| Community Health Partnership | Victoria Partida , Enrollment Lead |
| Gardner Family Health Network | Maribel Montanez , Development Director |
| Regional Medical Center of San José | TBD |
| Emmanuel Baptist | Pastor Jason Reynolds , Senior Pastor |
| Eastside Union High School District | Dr. Chaunise Powell , Director of Students & Family Engagement |
| Honorary Member | Elisa Marina Alvarado , LCSW |

CRC Resident Group



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Blanca Alvarado
Community Resource Center

Selecting Residents

- Nominations from community partner organizations
- Prioritize diverse identities and lived experiences
- Geographic proximity to CRC

Centering Resident Voice

To ensure the CRC is relevant to the community it must be grounded in *actual* resident perspectives, needs, experiences, and cultures (not what we assume them to be).



Honoring Residents

- Prioritize good communication methods
- Meet technological needs so everyone can stay engaged
- Provide interpreters
- Food at in-person meetings
- Compensation for time
- Public acknowledgment of contributions

Resident Duties

- Meet throughout the process
- Design and support data collection
- Sense-make through data analysis
- Co-develop CRC framework

FY 2021-22 FOCUS

Drive Quality Improvement & Reduce Health Disparities

DRAFT

| | Plan Objectives | Success Measures |
|---|--|--|
| 1 | Lead improvement in the health of communities impacted by disparities | <ul style="list-style-type: none"> Pursue bold initiative(s) to address community health disparities in collaboration with community partners Collaborate with community & system partners on programs/services/resources at the CRC to advance health/well-being of members & residents Explore South County community resource center Implement YMCA membership benefit for Medi-Cal and CMC members Expand health education offerings and participation for members and community Raise Plan visibility in community and with elected officials |
| 2 | Pursue benchmark quality and health equity | <ul style="list-style-type: none"> Increase screenings to $\geq 11,000$ developmental & $\geq 9,500$ blood lead (< 6 yrs), and $\geq 7,500$ trauma (< 65 yrs), implement process to ID positive screens, and expand provider education & engagement regarding referrals Achieve HEDIS average performance score of 2.30 for Medi-Cal and 2.02 for Cal MediConnect Pursue reduction in HEDIS outcome disparities by network and ethnicity on ≥ 2 metrics Develop roadmap for NCQA Distinction in Multicultural Health Care Successfully pass NCQA re-survey of CMC by March 2022 Execute 100% of Medi-Cal NCQA Delegation Agreements by June 2022 Implement CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) by January 2022 Create a Population Health Management (PHM) strategy that aligns with CalAIM and NCQA Increase behavioral health prevention and treatment in schools |
| 3 | Enhance compliance program and delegation oversight | <ul style="list-style-type: none"> $\geq 95\%$ of metrics on Compliance Dashboard in compliance Update delegate agreements to strengthen compliance enforcement |
| 4 | Foster membership growth and retention | <ul style="list-style-type: none"> Increase Medi-Cal market share to 80% Achieve net increase of 835 Cal MediConnect members Establish provider/delegate satisfaction baseline, by line of business, by March 2022 Evaluate provider network access at a delegate level by March 2022 Implement new provider payment vendor solution by November 2021 Execute preparatory steps for Dual Eligible Special Needs Plan (D-SNP) implementation January 2023 |
| 5 | Achieve budgeted financial performance | <ul style="list-style-type: none"> Achieve FY 2021-22 net surplus of \$8.6 million (0.6% of revenue) Maintain administrative loss ratio $\leq 7\%$ of revenue |
| 6 | Seek to be an Employer of Choice | <ul style="list-style-type: none"> Achieve average of overall ratings on employee satisfaction survey that exceeds norm of CA plans surveyed Provide unconscious bias training to all staff, and diversity & sensitivity training to management |

Critical Priority



Santa Clara Family
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Unaudited Financial Statements
For The Eleven Months Ended May 31, 2021

Agenda

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Financial Highlights



| | MTD | | YTD | |
|--------------------------------|----------------|-------|-----------------|-------|
| Revenue | \$109 M | | \$1.16 B | |
| Medical Expense (MLR) | \$98 M | 89.6% | \$1.07 B | 92.4% |
| Administrative Expense (% Rev) | \$5.1 M | 4.7% | \$59.2 M | 5.1% |
| Other Income/(Expense) | \$262K | | \$373K | |
| Net Surplus (Net Loss) | \$6.5 M | | \$29.2 M | |
| Cash and Investments | | | \$623 M | |
| Receivables | | | \$509 M | |
| Total Current Assets | | | \$1.14 B | |
| Current Liabilities | | | \$935 M | |
| Current Ratio | | | 1.22 | |
| Tangible Net Equity | | | \$238 M | |
| % of DMHC Requirement | | | 699.0% | |

Financial Highlights

| | |
|--------------------------------|---|
| Net Surplus (Net Loss) | <ul style="list-style-type: none"> ▶ Month: Surplus of \$6.5M is \$9.2M or 334.2% favorable to budget of \$2.8M loss. ▶ YTD: Surplus of \$29.2M is \$39.8M or 374.7% favorable to budget of \$10.6M loss. |
| Enrollment | <ul style="list-style-type: none"> ▶ Month: Membership was 281,235 (11,445 or 4.2% higher than budget of 269,790). ▶ YTD: Member Months YTD was 2,970,966 (846 or 0.03% higher than budget of 2,970,120). |
| Revenue | <ul style="list-style-type: none"> ▶ Month: \$109.5M (\$18.7M or 20.5% favorable to budget of \$90.8M). ▶ YTD: \$1.16B (\$102.5M or 9.7% favorable to budget of \$1.06B). |
| Medical Expenses | <ul style="list-style-type: none"> ▶ Month: \$98.1M (\$9.7M or 11.0% unfavorable to budget of \$88.4M). ▶ YTD: \$1.07B (\$62.5M or 6.2% unfavorable to budget of \$1.01B). |
| Administrative Expenses | <ul style="list-style-type: none"> ▶ Month: \$5.1M (\$262K or 4.9% favorable to budget of \$5.4M). ▶ YTD: \$59.2M (\$2.1M or 3.4% favorable to budget of \$61.3M). |
| Tangible Net Equity | <ul style="list-style-type: none"> ▶ TNE was \$237.8M (represents approximately two months of total expenses). |
| Capital Expenditures | <ul style="list-style-type: none"> ▶ YTD Capital Investments of \$3.8M vs. \$6.9M annual budget, primarily Community Resource Center. |



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Detail Analyses

Enrollment



- Total enrollment of 281,235 members is 11,445 or 4.2% higher than budget. Since the beginning of the fiscal year, total enrollment has increased by 27,360 members or 10.8%.
- Medi-Cal enrollment has been increasing since January 2020, largely due to COVID (beginning in March 2020 annual eligibility redeterminations were suspended and enrollment continues to increase).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 11.5%, Medi-Cal Dual enrollment has increased 4.3%, and CMC enrollment has grown 11.1% also due largely to the suspension of disenrollments.

| | For the Month May 2021 | | | | For Eleven Months Ending May 31, 2021 | | | | Δ | |
|------------------|------------------------|----------------|---------------|--------------|---------------------------------------|------------------|------------|--------------|--------------------|---------------|
| | Actual | Budget | Variance | Variance (%) | Actual | Budget | Variance | Variance (%) | Prior Year Actuals | FY21 vs. FY20 |
| Medi-Cal | 271,246 | 260,301 | 10,945 | 4.2% | 2,864,681 | 2,868,506 | (3,825) | (0.1%) | 2,595,330 | 10.4% |
| Cal Medi-Connect | 9,989 | 9,489 | 500 | 5.3% | 106,285 | 101,614 | 4,671 | 4.6% | 92,404 | 15.0% |
| Total | 281,235 | 269,790 | 11,445 | 4.2% | 2,970,966 | 2,970,120 | 846 | 0.0% | 2,687,734 | 10.5% |

Santa Clara Family Health Plan Enrollment By Network May 2021

| Network | Medi-Cal | | CMC | | Total | |
|---|----------------|-------------|--------------|-------------|----------------|-------------|
| | Enrollment | % of Total | Enrollment | % of Total | Enrollment | % of Total |
| Direct Contract Physicians | 33,634 | 12% | 9,989 | 100% | 43,623 | 16% |
| SCVHHS ¹ , Safety Net Clinics, FQHC ² Clinics | 136,199 | 50% | - | 0% | 136,199 | 48% |
| Palo Alto Medical Foundation | 7,338 | 3% | - | 0% | 7,338 | 3% |
| Physicians Medical Group | 46,224 | 17% | - | 0% | 46,224 | 16% |
| Premier Care | 15,966 | 6% | - | 0% | 15,966 | 6% |
| Kaiser | 31,885 | 12% | - | 0% | 31,885 | 11% |
| Total | 271,246 | 100% | 9,989 | 100% | 281,235 | 100% |
| Enrollment at June 30, 2020 | 244,888 | | 8,987 | | 253,875 | |
| Net Δ from Beginning of FY21 | 10.8% | | 11.1% | | 10.8% | |

¹ SCVHHS = Santa Clara Valley Health & Hospital System

² FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD MAY-2021

| | | 2020-05 | 2020-06 | 2020-07 | 2020-08 | 2020-09 | 2020-10 | 2020-11 | 2020-12 | 2021-01 | 2021-02 | 2021-03 | 2021-04 | 2021-05 | FYTD var | % | |
|----------|--------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|---------|
| NON DUAL | Adult (over 19) | 25,253 | 26,299 | 27,066 | 27,877 | 28,269 | 29,181 | 29,835 | 30,327 | 30,750 | 31,307 | 31,711 | 32,106 | 32,577 | 6,278 | 23.9% | |
| | Child (under 19) | 95,145 | 96,173 | 96,605 | 97,359 | 97,629 | 98,409 | 98,930 | 99,012 | 99,172 | 99,377 | 99,557 | 99,872 | 100,245 | 4,072 | 4.2% | |
| | Aged - Medi-Cal Only | 11,044 | 11,207 | 11,227 | 11,178 | 11,229 | 11,263 | 11,328 | 11,385 | 11,463 | 11,451 | 11,459 | 11,509 | 11,535 | 328 | 2.9% | |
| | Disabled - Medi-Cal Only | 10,902 | 10,922 | 10,944 | 10,910 | 10,839 | 10,875 | 10,830 | 10,849 | 10,877 | 10,847 | 10,811 | 10,772 | 10,747 | -175 | (1.6%) | |
| | Adult Expansion | 72,546 | 74,553 | 76,262 | 77,701 | 79,263 | 80,654 | 82,060 | 83,250 | 84,477 | 85,477 | 86,677 | 88,035 | 89,361 | 14,808 | 19.9% | |
| | BCCTP | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 10 | 10 | 11 | 9 | 9 | -2 | (18.2%) |
| | Long Term Care | 398 | 405 | 402 | 406 | 407 | 409 | 389 | 393 | 388 | 380 | 373 | 375 | 367 | -38 | (9.4%) | |
| | Total Non-Duals | 215,299 | 219,570 | 222,517 | 225,442 | 227,647 | 230,802 | 233,383 | 235,227 | 237,137 | 238,849 | 240,599 | 242,678 | 244,841 | 25,271 | 11.5% | |

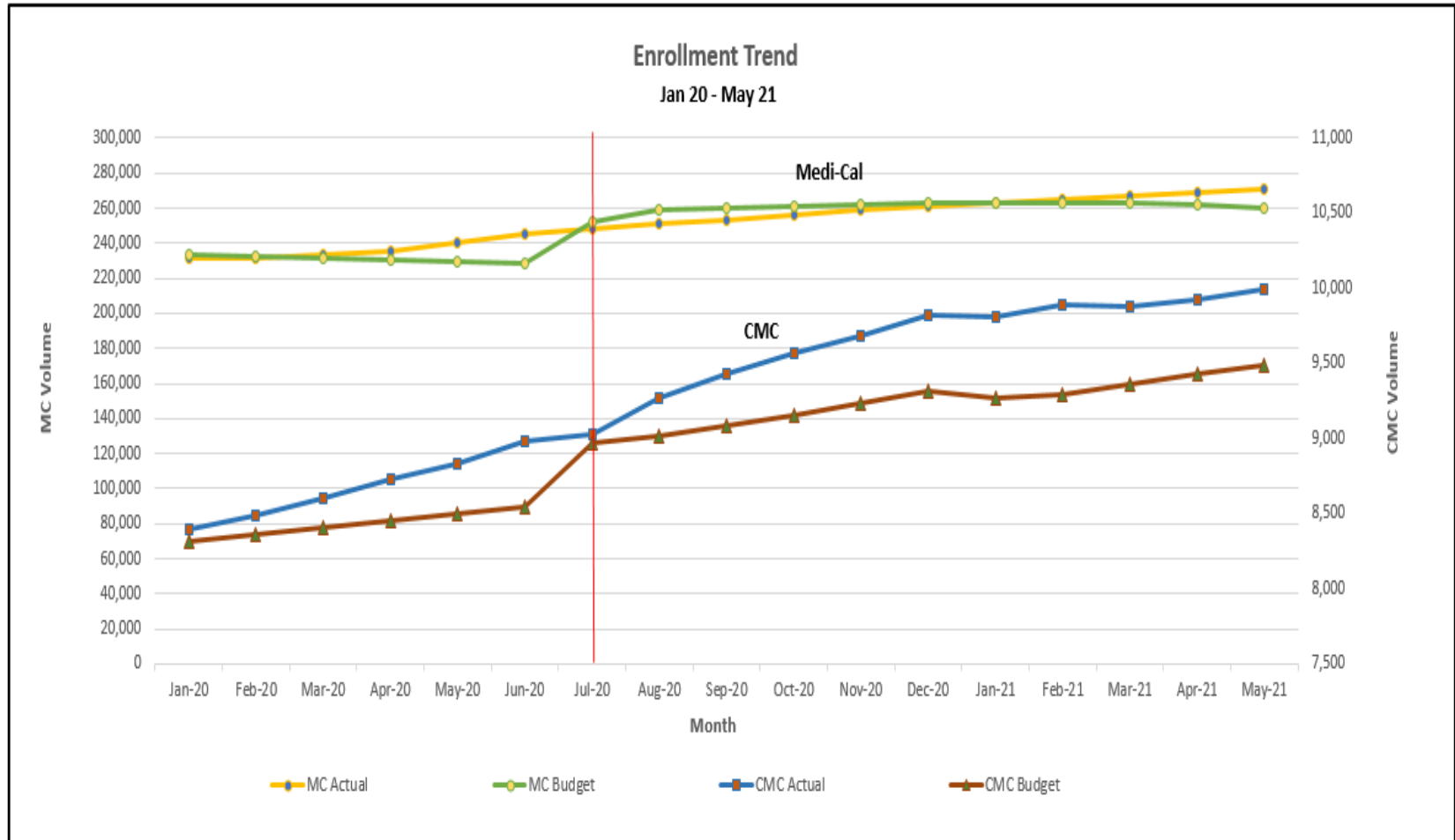
| | | | | | | | | | | | | | | | | |
|------|--------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|-------------|
| DUAL | Adult (21 Over) | 320 | 321 | 327 | 320 | 337 | 354 | 353 | 353 | 352 | 355 | 361 | 357 | 365 | 44 | 13.7% |
| | SPD (21 Over) | 23,595 | 23,508 | 23,641 | 23,686 | 23,654 | 23,687 | 23,760 | 23,988 | 23,899 | 24,155 | 24,206 | 24,168 | 24,146 | 638 | 2.7% |
| | Adult Expansion | 190 | 241 | 261 | 289 | 358 | 410 | 498 | 537 | 590 | 662 | 742 | 802 | 863 | 622 | 258.1% |
| | Long Term Care | 1,252 | 1,248 | 1,261 | 1,267 | 1,256 | 1,237 | 1,208 | 1,182 | 1,115 | 1,074 | 1,054 | 1,038 | 1,031 | -217 | (17.4%) |
| | Total Duals | 25,357 | 25,318 | 25,490 | 25,562 | 25,605 | 25,688 | 25,819 | 26,060 | 25,956 | 26,246 | 26,363 | 26,365 | 26,405 | 1,087 | 4.3% |

| | | | | | | | | | | | | | | | |
|-----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|
| Total Medi-Cal | 240,656 | 244,888 | 248,007 | 251,004 | 253,252 | 256,490 | 259,202 | 261,287 | 263,093 | 265,095 | 266,962 | 269,043 | 271,246 | 26,358 | 10.8% |
|-----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|

| | | | | | | | | | | | | | | | | |
|-----|------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| CMC | CMC Non-Long Term Care | 8,625 | 8,775 | 8,814 | 9,055 | 9,212 | 9,360 | 9,470 | 9,613 | 9,614 | 9,706 | 9,696 | 9,745 | 9,809 | 1,034 | 11.8% |
| | CMC - Long Term Care | 212 | 212 | 215 | 211 | 216 | 210 | 209 | 207 | 193 | 187 | 184 | 179 | 180 | -32 | (15.1%) |
| | Total CMC | 8,837 | 8,987 | 9,029 | 9,266 | 9,428 | 9,570 | 9,679 | 9,820 | 9,807 | 9,893 | 9,880 | 9,924 | 9,989 | 1,002 | 11.1% |

| | | | | | | | | | | | | | | | |
|-------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|
| Total Enrollment | 249,493 | 253,875 | 257,036 | 260,270 | 262,680 | 266,060 | 268,881 | 271,107 | 272,900 | 274,988 | 276,842 | 278,967 | 281,235 | 27,360 | 10.8% |
|-------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|

Enrollment Trend

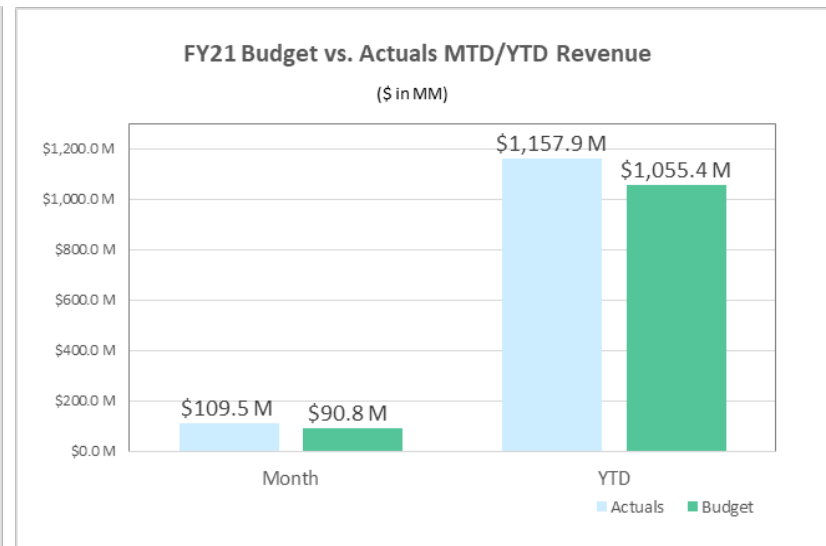
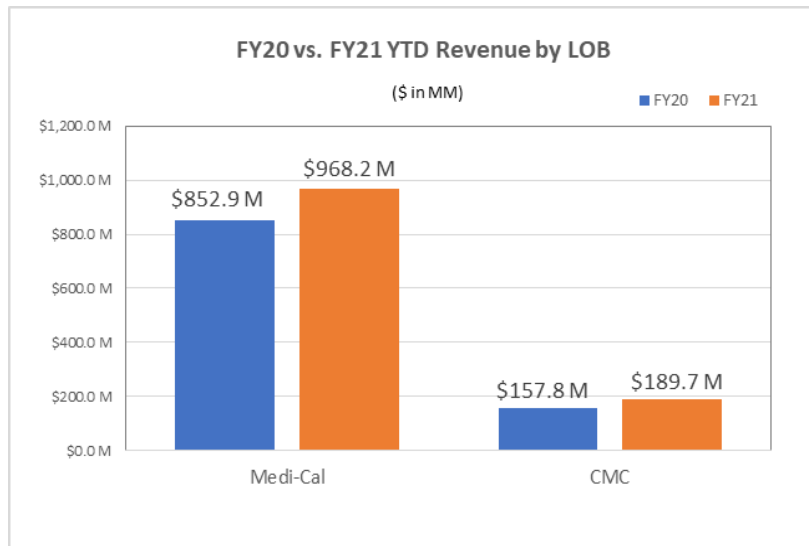


- Budgeted enrollment, represented by the green & brown lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

Current month revenue of \$109.5M was \$18.7M or 20.5% favorable to budget of \$90.8M. The current month variance was primarily due to the following:

- MCAL Non-Dual revenue was \$16.5M net favorable to budget primarily due to the pharmacy carve-out delay (with associated medical expense increase) versus budget, coupled with favorable enrollment & rate variances in the primary categories of aid.
- CMC revenue was \$1.5M net favorable due to favorable current month enrollment and higher CY21 MCAL rate, offset by Medicare quality withhold and MCAL mix corridor accruals.
- MCAL Dual MLTSS revenue was \$753K favorable to budget due to higher CY21 MLTSS rate and favorable CCI Dual enrollment than expected.
- Supplemental kick revenue was \$93K net unfavorable to budget due to lower utilization in BHT and Maternity, partly offset by increased Health Home and Hep-C utilization.

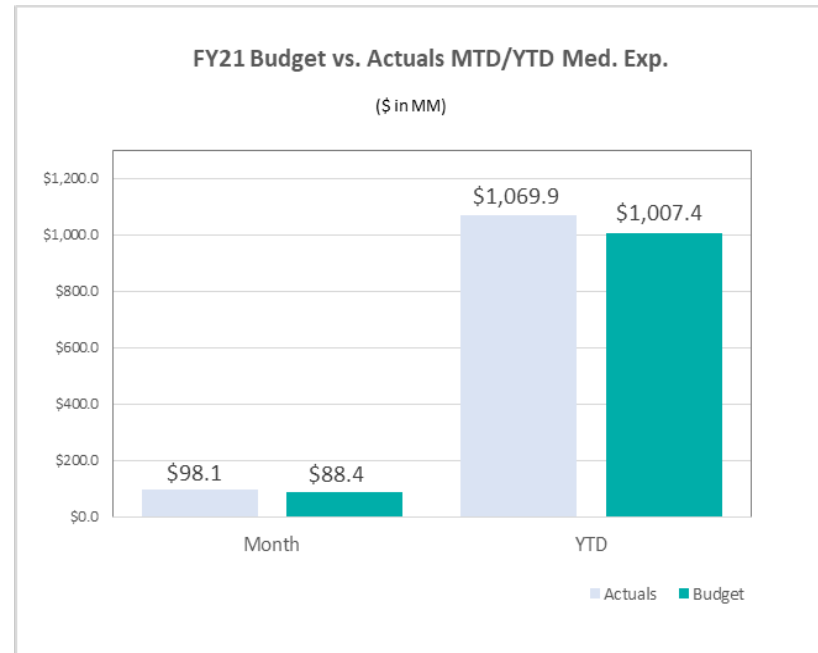
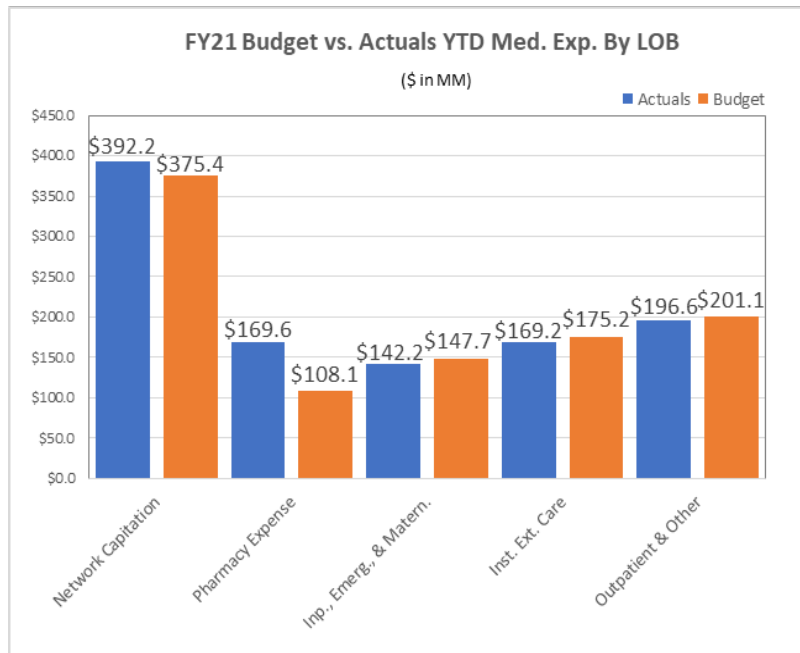


Medical Expense

Current month medical expense of \$98.1M was \$9.7M or 11.0% unfavorable to budget of \$88.4M.

The current month variance was due largely to:

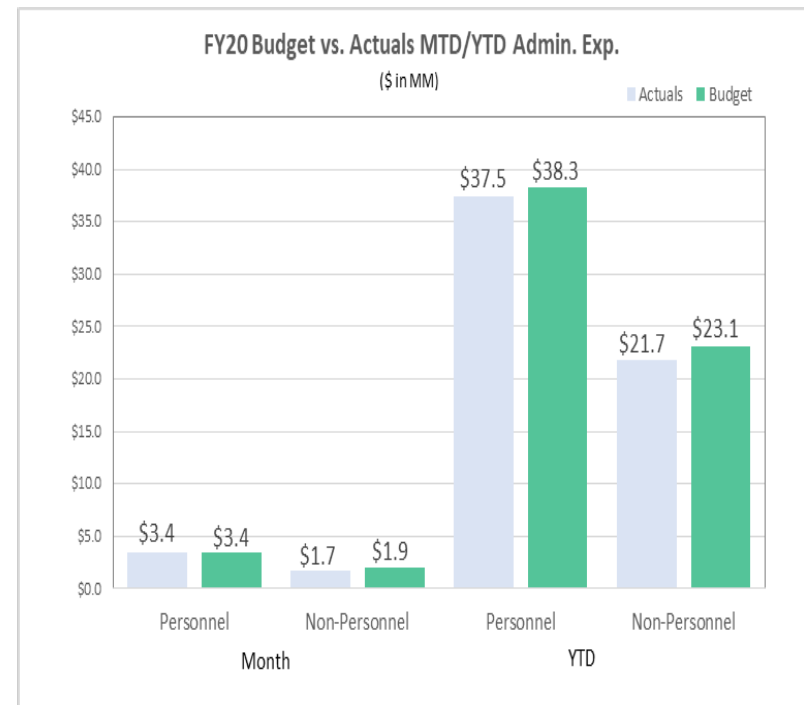
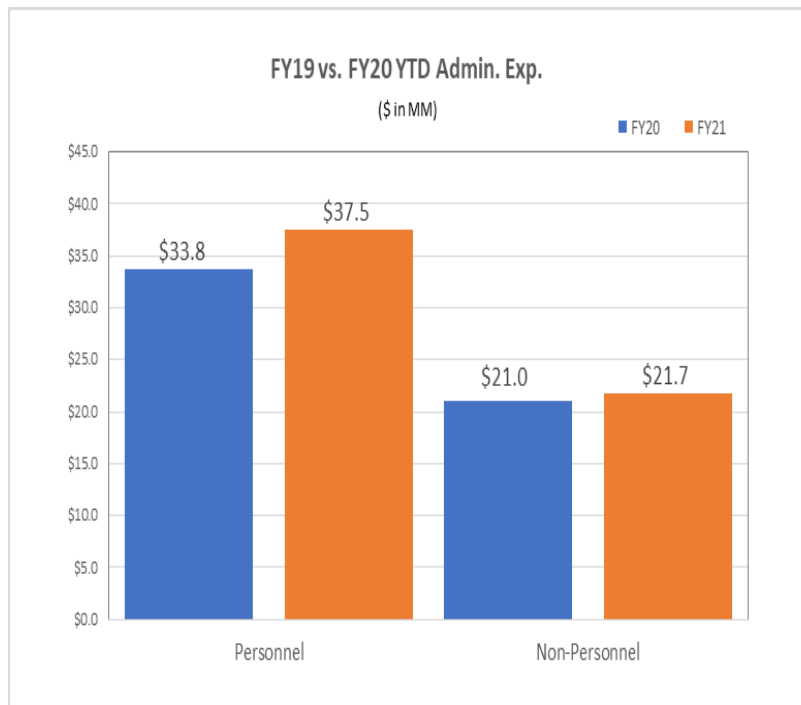
- Pharmacy expenses were \$13.1M unfavorable to budget due to postponement of the pharmacy carve-out from managed care (offset with favorable revenue variance).
- Fee-For-Service expenses reflected a \$5.6M or 12.1% favorable variance due to a general downward trend of utilization during COVID reflected in lower IBNR estimates and lower LTC enrollment & utilization.
- Capitation expense was \$2.2M or 6.3% unfavorable to budget due to higher CY21 capitation rates and increased enrollment.



Administrative Expense

Current month expense of \$5.1M was \$262K or 4.9% favorable to budget of \$5.4M. The current month variances were primarily due to the following:

- Personnel expenses were \$49K or 1.4% favorable to budget due to lower headcount than budget, partly offset by increased retirement and benefit expense accruals.
- Non-Personnel expenses were \$212K or 10.9% favorable to budget due to timing of budgeted spending in certain larger categories of expense.



Balance Sheet

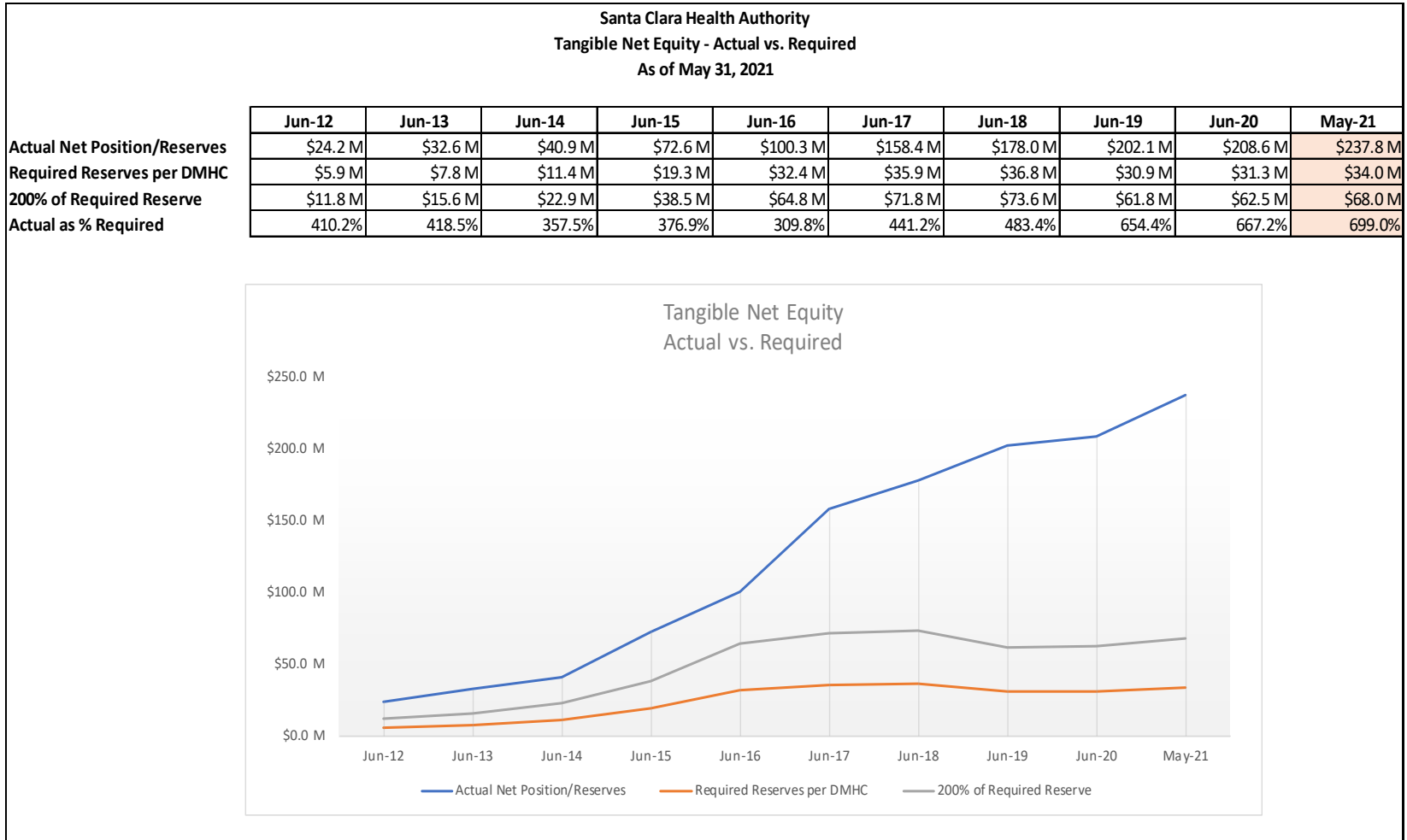
- Current assets totaled \$1.1B compared to current liabilities of \$935M, yielding a current ratio (Current Assets/Current Liabilities) of 1.22:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by \$289.4M compared to the cash balance as of year-end June 30, 2020 due to the timing of inflows and outflows. \$223M was disbursed from Wells Fargo account in mid June to hospitals for Directed Payments.
- Current Cash & Equivalents components and yields were as follows:

| Description | Cash & Investments | Current Yield % | Interest Income | |
|--------------------------------------|-----------------------------|-----------------|-------------------------|---------------------------|
| | | | Month | YTD |
| Short-Term Investments | | | | |
| County of Santa Clara Comingled Pool | \$157,280,089 | 0.85% | \$100,000 | \$1,321,175 |
| Wells Fargo Investments | \$433,685,663 | 0.06% | \$33,204 | \$294,457 |
| | <u>\$590,965,752</u> | | <u>\$133,204</u> | <u>\$1,615,632</u> |
| Cash & Equivalents | | | | |
| Bank of the West Money Market | \$100,753 | 0.10% | \$2,706 | \$16,125 |
| Wells Fargo Bank Accounts | \$31,983,351 | 0.01% | \$399 | \$5,726 |
| | <u>\$32,084,104</u> | | <u>\$3,105</u> | <u>\$21,851</u> |
| Assets Pledged to DMHC | | | | |
| Restricted Cash | \$325,000 | 0.18% | \$0 | \$1,238 |
| Petty Cash | | | | |
| | \$500 | 0.00% | \$0 | \$0 |
| Month-End Balance | <u><u>\$623,375,356</u></u> | | <u><u>\$136,309</u></u> | <u><u>\$1,638,721</u></u> |

- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- Overall cash and investment yield is lower than budget (0.26% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was \$237.8M - representing approximately two months of the Plan's total expenses.



Reserves Analysis

| SCFHP RESERVES ANALYSIS MAY 2021 | | | | |
|--|-----------------------|-------------------|----------------|------------------------|
| Financial Reserve Target #1: Tangible Net Equity | | | | |
| | Board Funds Committed | Approved Projects | Funds Expended | Balance |
| Unrestricted Net Assets | | | | \$193,205,224 * |
| Board Designated Funds (Note 1): | | | | |
| Special Project Funding for CBOs | \$4,000,000 | \$961,743 | \$662,727 | \$3,337,274 |
| Innovation & COVID-19 Fund | \$16,000,000 | \$4,690,000 | \$2,169,999 | \$13,830,001 |
| Subtotal | \$20,000,000 | \$5,651,743 | \$2,832,726 | \$17,167,275 |
| Net Book Value of Fixed Assets | | | | \$27,097,478 |
| Restricted Under Knox-Keene Agreement | | | | \$325,000 |
| Total Tangible Net Equity (TNE) | | | | \$237,794,977 |
| Current Required TNE | | | | \$34,018,200 |
| TNE % | | | | 699.0% |
| SCFHP Target TNE Range: | | | | |
| 350% of Required TNE (Low) | | | | \$119,063,700 |
| 500% of Required TNE (High) | | | | \$170,091,000 |
| Total TNE Above/(Below) SCFHP Low Target | | | | \$118,731,277 |
| Total TNE Above/(Below) High Target | | | | \$67,703,977 |
| Financial Reserve Target #2: Liquidity | | | | |
| Cash & Investments | | | | \$623,375,356 |
| Less Pass-Through Liabilities: | | | | |
| Hospital Directed Payments | | | | (179,965,525) |
| MCO Tax Payable to State of CA | | | | (18,230,781) |
| Whole Person Care / Prop 56 | | | | (55,671,419) |
| Other Pass-Through Liabilities (Note 2) | | | | (98,665,434) |
| Total Pass-Through Liabilities | | | | (352,533,159) |
| Net Cash Available to SCFHP | | | | 270,842,196 |
| SCFHP Target Liquidity (Note 3) | | | | |
| 45 Days of Total Operating Expense | | | | (140,750,199) |
| 60 Days of Total Operating Expense | | | | (187,666,932) |
| Liquidity Above/(Below) SCFHP Low Target | | | | 130,091,998 |
| Liquidity Above/(Below) High Target | | | | \$83,175,265 |

- **Unrestricted Net Assets represents less than two months of total expenses.**

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund for Special Projects of \$2.2M. In December 2019, the Governing Board also approved additional \$1.8M for Special Project fund (\$4M total) and \$16M for Innovation & COVID-19 Fund.

Note 2: Other Pass-Through Liabilities include HQAF, Rate Range IGT, and DHCS overpayments.

Note 3: SCFHP Target Liquidity is based on total monthly budgeted expenses.

Capital Expenditures

- Fewer capital projects were undertaken during FY21 due to COVID and the remotely-deployed workforce.

| Expenditure | YTD Actual | Annual Budget |
|---------------------------|--------------------|----------------------|
| Community Resource Center | \$2,841,628 | \$3,507,100 |
| Hardware | \$341,065 | \$1,282,500 |
| Software | \$185,218 | \$1,194,374 |
| Building Improvements | \$470,770 | \$866,500 |
| Furniture & Equipment | \$1,520 | \$28,000 |
| TOTAL | \$3,840,201 | \$6,878,474 |



**Santa Clara Family
Health Plan™**

Financial Statements

Income Statement



Santa Clara County Health Authority INCOME STATEMENT For Eleven Months Ending May 31, 2021

| | May-2021 | | % of | | Current Month Variance | | YTD May-2021 | | % of | | YTD Variance | |
|--|-----------------------|---------------|-----------------------|---------------|------------------------|---------------|-------------------------|---------------|-------------------------|---------------|------------------------|---------------|
| | Actuals | Rev | May-2021 Budget | Rev | \$ | % | Actuals | Rev | YTD May-2021 Budget | Rev | \$ | % |
| REVENUES | | | | | | | | | | | | |
| MEDI-CAL | \$ 91,196,416 | 83.3% | \$ 74,012,873 | 81.5% | \$ 17,183,543 | 23.2% | \$ 968,180,783 | 83.6% | \$ 876,203,505 | 83.0% | \$ 91,977,277 | 10.5% |
| CMC MEDI-CAL | 3,833,041 | 3.5% | 2,946,869 | 3.2% | 886,172 | 30.1% | 41,234,644 | 3.6% | 32,228,217 | 3.1% | 9,006,427 | 27.9% |
| CMC MEDICARE | 14,449,449 | 13.2% | 13,858,495 | 15.3% | 590,954 | 4.3% | 148,448,868 | 12.8% | 146,920,292 | 13.9% | 1,528,576 | 1.0% |
| TOTAL CMC | 18,282,490 | 16.7% | 16,805,364 | 18.5% | 1,477,126 | 8.8% | 189,683,512 | 16.4% | 179,148,508 | 17.0% | 10,535,003 | 5.9% |
| TOTAL REVENUE | \$ 109,478,906 | 100.0% | \$ 90,818,237 | 100.0% | \$ 18,660,669 | 20.5% | \$ 1,157,864,294 | 100.0% | \$ 1,055,352,014 | 100.0% | \$ 102,512,280 | 9.7% |
| MEDICAL EXPENSES | | | | | | | | | | | | |
| MEDI-CAL | \$ 82,617,092 | 75.5% | \$ 72,694,907 | 80.0% | \$ (9,922,186) | -13.6% | \$ 899,058,220 | 77.6% | \$ 838,395,191 | 79.4% | \$ (60,663,029) | -7.2% |
| CMC MEDI-CAL | 2,898,271 | 2.6% | 3,067,904 | 3.4% | 169,633 | 5.5% | 31,805,631 | 2.7% | 33,256,844 | 3.2% | 1,451,213 | 4.4% |
| CMC MEDICARE | 12,622,008 | 11.5% | 12,684,264 | 14.0% | 62,256 | 0.5% | 138,998,309 | 12.0% | 135,730,295 | 12.9% | (3,268,014) | -2.4% |
| TOTAL CMC | 15,520,279 | 14.2% | 15,752,167 | 17.3% | 231,889 | 1.5% | 170,803,940 | 14.8% | 168,987,140 | 16.0% | (1,816,800) | -1.1% |
| HEALTHY KIDS | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 7,303 | 0.0% | 0 | 0.0% | (7,303) | 0.0% |
| TOTAL MEDICAL EXPENSES | \$ 98,137,371 | 89.6% | \$ 88,447,074 | 97.4% | \$ (9,690,297) | -11.0% | \$ 1,069,869,463 | 92.4% | \$ 1,007,382,330 | 95.5% | \$ (62,487,133) | -6.2% |
| MEDICAL OPERATING MARGIN | \$ 11,341,535 | 10.4% | \$ 2,371,163 | 2.6% | \$ 8,970,372 | 378.3% | \$ 87,994,831 | 7.6% | \$ 47,969,684 | 4.5% | \$ 40,025,147 | 83.4% |
| ADMINISTRATIVE EXPENSE | | | | | | | | | | | | |
| SALARIES AND BENEFITS | \$ 3,390,724 | 3.1% | \$ 3,440,167 | 3.8% | \$ 49,443 | 1.4% | \$ 37,469,915 | 3.2% | \$ 38,261,404 | 3.6% | \$ 791,490 | 2.1% |
| RENTS AND UTILITIES | 28,724 | 0.0% | 43,274 | 0.0% | 14,550 | 33.6% | 434,268 | 0.0% | 423,109 | 0.0% | (11,159) | -2.6% |
| PRINTING AND ADVERTISING | 32,804 | 0.0% | 77,429 | 0.1% | 44,625 | 57.6% | 249,747 | 0.0% | 822,946 | 0.1% | 573,199 | 69.7% |
| INFORMATION SYSTEMS | 199,655 | 0.2% | 354,989 | 0.4% | 155,334 | 43.8% | 2,961,383 | 0.3% | 3,778,878 | 0.4% | 817,495 | 21.6% |
| PROF FEES/CONSULTING/TEMP STAFFING | 901,471 | 0.8% | 830,217 | 0.9% | (71,253) | -8.6% | 10,469,448 | 0.9% | 10,312,159 | 1.0% | (157,290) | -1.5% |
| DEPRECIATION/INSURANCE/EQUIPMENT | 323,155 | 0.3% | 388,428 | 0.4% | 65,274 | 16.8% | 3,905,801 | 0.3% | 4,017,498 | 0.4% | 111,697 | 2.8% |
| OFFICE SUPPLIES/POSTAGE/TELEPHONE | 46,462 | 0.0% | 66,006 | 0.1% | 19,544 | 29.6% | 709,401 | 0.1% | 717,704 | 0.1% | 8,303 | 1.2% |
| MEETINGS/TRAVEL/DUES | 69,720 | 0.1% | 106,464 | 0.1% | 36,744 | 34.5% | 891,092 | 0.1% | 1,198,655 | 0.1% | 307,563 | 25.7% |
| OTHER | 131,893 | 0.1% | 79,417 | 0.1% | (52,476) | -66.1% | 2,122,132 | 0.2% | 1,781,437 | 0.2% | (340,695) | -19.1% |
| TOTAL ADMINISTRATIVE EXPENSES | \$ 5,124,609 | 4.7% | \$ 5,386,392 | 5.9% | \$ 261,784 | 4.9% | \$ 59,213,186 | 5.1% | \$ 61,313,789 | 5.8% | \$ 2,100,603 | 3.4% |
| OPERATING SURPLUS (LOSS) | \$ 6,216,927 | 5.7% | \$ (3,015,229) | -3.3% | \$ 9,232,156 | 306.2% | \$ 28,781,644 | 2.5% | \$ (13,344,106) | -1.3% | \$ 42,125,750 | 315.7% |
| GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE | \$ 65,750 | 0.1% | \$ 60,000 | 0.1% | \$ (5,750) | -9.6% | \$ 851,471 | 0.1% | \$ 660,000 | 0.1% | \$ (191,471) | -29.0% |
| GASB 68 - UNFUNDED PENSION LIABILITY | (156,500) | -0.1% | 75,000 | 0.1% | 231,500 | 308.7% | 1,445,958 | 0.1% | 825,000 | 0.1% | (620,958) | -75.3% |
| NON-OPERATING EXPENSES | \$ (90,750) | -0.1% | \$ 135,000 | 0.1% | \$ 225,750 | 167.2% | \$ 2,297,429 | 0.2% | \$ 1,485,000 | 0.1% | \$ (812,429) | -54.7% |
| INTEREST & INVESTMENT INCOME | \$ 136,309 | 0.1% | \$ 350,000 | 0.4% | \$ (213,691) | -61.1% | \$ 1,638,721 | 0.1% | \$ 3,850,000 | 0.4% | \$ (2,211,279) | -57.4% |
| OTHER INCOME | 34,997 | 0.0% | 33,668 | 0.0% | 1,329 | 3.9% | 1,031,254 | 0.1% | 367,260 | 0.0% | 663,994 | 180.8% |
| NON-OPERATING INCOME | \$ 171,306 | 0.2% | \$ 383,668 | 0.4% | \$ (212,362) | -55.4% | \$ 2,669,974 | 0.2% | \$ 4,217,260 | 0.4% | \$ (1,547,286) | -36.7% |
| NET NON-OPERATING ACTIVITIES | \$ 262,056 | 0.2% | \$ 248,668 | 0.3% | \$ 13,388 | 5.4% | \$ 372,545 | 0.0% | \$ 2,732,260 | 0.3% | \$ (2,359,715) | -86.4% |
| NET SURPLUS (LOSS) | \$ 6,478,983 | 5.9% | \$ (2,766,561) | -3.0% | \$ 9,245,544 | 334.2% | \$ 29,154,190 | 2.5% | \$ (10,611,846) | -1.0% | \$ 39,766,036 | 374.7% |

Balance Sheet



SANTA CLARA COUNTY HEALTH AUTHORITY
As of May 31, 2021

| | May-2021 | Apr-2021 | Mar-2021 | May-2020 |
|---|----------------------|----------------------|----------------------|--------------------|
| Assets | | | | |
| Current Assets | | | | |
| Cash and Investments | 623,375,356 | 393,293,437 | 520,024,777 | 332,309,770 |
| Receivables | 508,680,106 | 729,385,339 | 507,477,386 | 514,792,547 |
| Prepaid Expenses and Other Current Assets | 8,742,359 | 10,329,799 | 9,506,927 | 9,197,248 |
| Total Current Assets | 1,140,797,820 | 1,133,008,575 | 1,037,009,089 | 856,299,565 |
| Long Term Assets | | | | |
| Property and Equipment | 51,226,087 | 51,175,489 | 51,142,872 | 47,057,842 |
| Accumulated Depreciation | (24,128,608) | (23,795,734) | (23,463,932) | (20,488,117) |
| Total Long Term Assets | 27,097,478 | 27,379,755 | 27,678,940 | 26,569,725 |
| Total Assets | 1,167,895,299 | 1,160,388,330 | 1,064,688,028 | 882,869,290 |
| Deferred Outflow of Resources | | | | |
| | 8,402,260 | 8,402,260 | 8,402,260 | 9,237,609 |
| Total Assets & Deferred Outflows | 1,176,297,559 | 1,168,790,590 | 1,073,090,288 | 892,106,899 |
| Liabilities and Net Assets: | | | | |
| Current Liabilities | | | | |
| Trade Payables | 4,443,990 | 6,233,361 | 6,086,219 | 8,754,864 |
| Deferred Rent | 48,630 | 48,928 | 48,757 | 7,975 |
| Employee Benefits | 3,268,814 | 3,158,835 | 3,097,436 | 2,236,330 |
| Retirement Obligation per GASB 75 | 2,965,368 | 2,899,618 | 2,833,868 | 3,348,012 |
| Deferred Revenue - Medicare | 0 | 13,231,624 | 0 | 262,932 |
| Whole Person Care / Prop 56 | 55,671,419 | 52,715,488 | 49,776,444 | 36,230,332 |
| Payable to Hospitals | 103,797 | 103,805 | 104,014 | 0 |
| Payable to Hospitals | 179,861,728 | 179,860,984 | 124,936,215 | 0 |
| Pass-Throughs Payable | 43,761,368 | 43,742,187 | 330,470 | 2,779,005 |
| Due to Santa Clara County Valley Health Plan and Kaiser | 29,138,890 | 29,440,619 | 29,732,966 | 35,214,782 |
| MCO Tax Payable - State Board of Equalization | 18,230,781 | 9,216,954 | 27,447,737 | 40,512,850 |
| Due to DHCS | 54,904,066 | 53,734,670 | 53,630,663 | 31,650,545 |
| Liability for In Home Support Services (IHSS) | 419,990,933 | 419,268,582 | 419,268,582 | 416,092,527 |
| Current Premium Deficiency Reserve (PDR) | 8,294,025 | 8,294,025 | 8,294,025 | 8,294,025 |
| Medical Cost Reserves | 114,710,988 | 112,260,630 | 119,021,715 | 98,732,818 |
| Total Current Liabilities | 935,394,797 | 934,210,311 | 844,609,111 | 684,116,996 |
| Non-Current Liabilities | | | | |
| Net Pension Liability GASB 68 | 1,445,958 | 1,602,457.68 | 1,758,958 | 780,905 |
| Total Non-Current Liabilities | 1,445,958 | 1,602,457.68 | 1,758,958 | 780,905 |
| Total Liabilities | 936,840,755 | 935,812,769 | 846,368,069 | 684,897,902 |
| Deferred Inflow of Resources | | | | |
| | 1,661,827 | 1,661,827 | 1,661,827 | 2,994,548 |
| Net Assets | | | | |
| Board Designated Fund: Special Project Funding for CBOs | 3,337,274 | 3,337,274 | 3,337,274 | 3,459,274 |
| Board Designated Fund: Innovation & COVID-19 Fund | 13,830,001 | 13,830,001 | 13,830,001 | 13,950,001 |
| Invested in Capital Assets (NBV) | 27,097,478 | 27,379,755 | 27,678,940 | 26,569,725 |
| Restricted under Knox-Keene agreement | 325,000 | 325,000 | 425,000 | 305,350 |
| Unrestricted Net Equity | 164,051,034 | 163,768,758 | 163,369,573 | 157,841,404 |
| Current YTD Income (Loss) | 29,154,190 | 22,675,207 | 16,419,606 | 2,088,696 |
| Total Net Assets / Reserves | 237,794,977 | 231,315,994 | 225,060,393 | 204,214,449 |
| Total Liabilities, Deferred Inflows and Net Assets | 1,176,297,559 | 1,168,790,590 | 1,073,090,288 | 892,106,899 |

Cash Flow Statement

| | <u>May-2021</u> | <u>Year-to-date</u> |
|---|--------------------|---------------------|
| Cash Flows from Operating Activities | | |
| Premiums Received | 340,367,362 | 1,428,265,816 |
| Medical Expenses Paid | (95,266,391) | (1,047,347,460) |
| Administrative Expenses Paid | (15,139,761) | (90,332,243) |
| Net Cash from Operating Activities | 229,961,210 | 290,586,113 |
| Cash Flows from Capital and Related Financing Activities | | |
| Purchase of Capital Assets | (50,598) | (3,840,201) |
| Cash Flows from Investing Activities | | |
| Interest Income and Other Income (Net) | 171,306 | 2,669,974 |
| Net Increase/(Decrease) in Cash & Cash Equivalents | 230,081,919 | 289,415,886 |
| Cash & Investments (Beginning) | 393,293,437 | 333,959,470 |
| Cash & Investments (Ending) | 623,375,356 | 623,375,356 |
| Reconciliation of Operating Income to Net Cash from Operating Activities | | |
| Operating Income/(Loss) | 6,307,677 | 26,484,215 |
| Adjustments to Reconcile Operating Income to Net Cash from Operating Activities | | |
| Depreciation | 332,874 | 3,391,810 |
| Changes in Operating Assets/Liabilities | | |
| Premiums Receivable | 220,705,234 | 302,326,610 |
| Prepays & Other Assets | 1,587,440 | 1,121,340 |
| Accounts Payable & Accrued Liabilities | (11,869,717) | (34,780,736) |
| State Payable | 10,183,222 | (31,925,088) |
| IGT, HQAF & Other Provider Payables | (301,729) | (5,806,185) |
| Net Pension Liability | (156,500) | 1,445,958 |
| Medical Cost Reserves & PDR | 2,450,358 | 27,605,837 |
| IHSS Payable | 722,351 | 722,351 |
| Total Adjustments | 223,653,534 | 264,101,898 |
| Net Cash from Operating Activities | 229,961,210 | 290,586,113 |

Statement of Operations by Line of Business - YTD



Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Eleven Months Ending May 31, 2021

| | Medi-Cal | CMC Medi-Cal | CMC Medicare | Total CMC | Grand Total |
|---|------------------------|-----------------------|------------------------|------------------------|---------------------------------|
| P&L (ALLOCATED BASIS) | | | | | |
| REVENUE | \$968,180,783 | \$41,234,644 | \$148,448,868 | \$189,683,512 | \$1,157,864,294 |
| MEDICAL EXPENSE (MLR) | \$899,058,220 92.9% | \$31,805,631 77.1% | \$138,998,309 93.6% | \$170,803,940 90.0% | \$1,069,869,463 92.4% |
| GROSS MARGIN | \$69,122,563 | \$9,429,013 | \$9,450,559 | \$18,879,572 | \$87,994,831 |
| ADMINISTRATIVE EXPENSE (% of Revenue Allocation) | \$49,512,770 | \$2,108,740 | \$7,591,676 | \$9,700,416 | \$59,213,186 |
| OPERATING INCOME/(LOSS) (% of Revenue Allocation) | \$19,609,792 | \$7,320,273 | \$1,858,883 | \$9,179,156 | \$28,781,644 |
| OTHER INCOME/(EXPENSE) (% of Revenue Allocation) | \$311,514 | \$13,267 | \$47,764 | \$61,031 | \$372,545 |
| NET INCOME/(LOSS) | \$19,921,306 | \$7,333,540 | \$1,906,647 | \$9,240,187 | \$29,154,190 |
| PMPM (ALLOCATED BASIS) | | | | | |
| REVENUE | \$337.97 | \$387.96 | \$1,396.71 | \$1,784.67 | \$389.73 |
| MEDICAL EXPENSES | \$313.84 | \$299.25 | \$1,307.79 | \$1,607.04 | \$360.11 |
| GROSS MARGIN | \$24.13 | \$88.71 | \$88.92 | \$177.63 | \$29.62 |
| ADMINISTRATIVE EXPENSES | \$17.28 | \$19.84 | \$71.43 | \$91.27 | \$19.93 |
| OPERATING INCOME/(LOSS) | \$6.85 | \$68.87 | \$17.49 | \$86.36 | \$9.69 |
| OTHER INCOME/(EXPENSE) | \$0.11 | \$0.12 | \$0.45 | \$0.57 | \$0.13 |
| NET INCOME/(LOSS) | \$6.95 | \$69.00 | \$17.94 | \$86.94 | \$9.81 |
| ALLOCATION BASIS: | | | | | |
| MEMBER MONTHS - YTD | 2,864,681 | 106,285 | 106,285 | 106,285 | 2,970,966 |
| REVENUE BY LOB | 83.6% | 3.6% | 12.8% | 16.4% | 100.0% |



**Santa Clara Family
Health Plan™**

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JUNE-2021

| | | 2020-06 | 2020-07 | 2020-08 | 2020-09 | 2020-10 | 2020-11 | 2020-12 | 2021-01 | 2021-02 | 2021-03 | 2021-04 | 2021-05 | 2021-06 | FYTD var | % |
|-----------------|--------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|
| NON DUAL | Adult (over 19) | 26,299 | 27,066 | 27,877 | 28,269 | 29,181 | 29,835 | 30,327 | 30,750 | 31,307 | 31,711 | 32,106 | 32,577 | 32,997 | 6,698 | 25.5% |
| | Child (under 19) | 96,173 | 96,605 | 97,359 | 97,629 | 98,409 | 98,930 | 99,012 | 99,172 | 99,377 | 99,557 | 99,872 | 100,245 | 100,477 | 4,304 | 4.5% |
| | Aged - Medi-Cal Only | 11,207 | 11,227 | 11,178 | 11,229 | 11,263 | 11,328 | 11,385 | 11,463 | 11,451 | 11,459 | 11,509 | 11,535 | 11,567 | 360 | 3.2% |
| | Disabled - Medi-Cal Only | 10,922 | 10,944 | 10,910 | 10,839 | 10,875 | 10,830 | 10,849 | 10,877 | 10,847 | 10,811 | 10,772 | 10,747 | 10,725 | -197 | (1.8%) |
| | Adult Expansion | 74,553 | 76,262 | 77,701 | 79,263 | 80,654 | 82,060 | 83,250 | 84,477 | 85,477 | 86,677 | 88,035 | 89,361 | 89,957 | 15,404 | 20.7% |
| | BCCTP | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 10 | 10 | 11 | 9 | 9 | 9 | -2 | (18.2%) |
| | Long Term Care | 405 | 402 | 406 | 407 | 409 | 389 | 393 | 388 | 380 | 373 | 375 | 367 | 365 | -40 | (9.9%) |
| | Total Non-Duals | 219,570 | 222,517 | 225,442 | 227,647 | 230,802 | 233,383 | 235,227 | 237,137 | 238,849 | 240,599 | 242,678 | 244,841 | 246,097 | 26,527 | 12.1% |

| | | | | | | | | | | | | | | | | |
|-------------|--------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|-------------|
| DUAL | Adult (21 Over) | 321 | 327 | 320 | 337 | 354 | 353 | 353 | 352 | 355 | 361 | 357 | 365 | 366 | 45 | 14.0% |
| | SPD (21 Over) | 23,508 | 23,641 | 23,686 | 23,654 | 23,687 | 23,760 | 23,988 | 23,899 | 24,155 | 24,206 | 24,168 | 24,146 | 24,115 | 607 | 2.6% |
| | Adult Expansion | 241 | 261 | 289 | 358 | 410 | 498 | 537 | 590 | 662 | 742 | 802 | 863 | 952 | 711 | 295.0% |
| | Long Term Care | 1,248 | 1,261 | 1,267 | 1,256 | 1,237 | 1,208 | 1,182 | 1,115 | 1,074 | 1,054 | 1,038 | 1,031 | 1,060 | -188 | (15.1%) |
| | Total Duals | 25,318 | 25,490 | 25,562 | 25,605 | 25,688 | 25,819 | 26,060 | 25,956 | 26,246 | 26,363 | 26,365 | 26,405 | 26,493 | 1,175 | 4.6% |

| | | | | | | | | | | | | | | | |
|-----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|
| Total Medi-Cal | 244,888 | 248,007 | 251,004 | 253,252 | 256,490 | 259,202 | 261,287 | 263,093 | 265,095 | 266,962 | 269,043 | 271,246 | 272,590 | 27,702 | 11.3% |
|-----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|

| | | | | | | | | | | | | | | | | |
|------------|------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|
| CMC | CMC Non-Long Term Care | 8,775 | 8,814 | 9,055 | 9,212 | 9,360 | 9,470 | 9,613 | 9,614 | 9,706 | 9,696 | 9,745 | 9,809 | 9,895 | 1,120 | 12.8% |
| | CMC - Long Term Care | 212 | 215 | 211 | 216 | 210 | 209 | 207 | 193 | 187 | 184 | 179 | 180 | 185 | -27 | (12.7%) |
| | Total CMC | 8,987 | 9,029 | 9,266 | 9,428 | 9,570 | 9,679 | 9,820 | 9,807 | 9,893 | 9,880 | 9,924 | 9,989 | 10,080 | 1,093 | 12.2% |

| | | | | | | | | | | | | | | | |
|-------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|
| Total Enrollment | 253,875 | 257,036 | 260,270 | 262,680 | 266,060 | 268,881 | 271,107 | 272,900 | 274,988 | 276,842 | 278,967 | 281,235 | 282,670 | 28,795 | 11.3% |
|-------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------------|--------------|

Santa Clara County Health Authority Board Designated Innovation Fund Request Summary

| | |
|--|--|
| Organization Name: | VMC Foundation, as fiscal sponsor of the East San José PEACE (Prevention Efforts to Advance Community Equity) Partnership, with Next Door Solutions to Domestic Violence, a partner of the East San José PEACE Partnership |
| Project Name: | Safe Relationships in East San José, Next Door Solutions to Domestic Violence (NDS) |
| Contact Name and Title: | Llisel Solis, Senior Development Officer, Grants & Programs VMC Foundation |
| Requested Amount: | \$99,994.09 |
| Time Period for Project Expenditures: | July 1, 2021 – June 30, 2022 |
| Proposal Submitted to: | Executive/Finance Committee |
| Date Proposal Submitted for Review: | June 10, 2021 |

Summary of Proposal:

The COVID-19 pandemic has exacerbated existing difficulties for domestic violence/intimate partner violence (DV/IPV) survivors in accessing health resources and resources for DV/IPV support. NDS proposes to recruit and train community members from Santa Clara County, with a focus on residents in East San José zip codes 95116, 95122, and 95127, to act in the capacity of Promotores (community health workers). The goal of *Safe Relationships in East San José* is to build a sustainable network of Promotores, “Peacemakers,” to reduce and eliminate IPV and promote information about COVID-19 to develop the capacity for all community members to have and support safe relationships and healthy families. Trained Promotores will use training on IPV and COVID-19 and its impacts on family and community to outreach to raise awareness, dispel misinformation, and increase access to DV support services and COVID-19 testing and vaccines.

Summary of Projected Outcome/Impact:

Measurable outcomes:

- Train 7 Promotores, including a youth and a male
- Develop recruitment strategy/schedule, and training schedule
- Promotores will train 200 community members

- Seventy percent of individuals exposed to training and education will report an increase in awareness and knowledge of healthy relationships, safety precautions and community norms, and attitudes as measured through pre and post surveys
- An increase of data outcomes in outreach, hotline, or clients from the following zip codes: 95122, 95116, 95127
- Establish a Learning Collaborative and produce and Asset Map of Promotores in Santa Clara County in collaboration with the Promotores Groups from Somos Mayfair. The commitment includes 6 planning meetings and 4 days of training on COVID 19 and IPV.

Summary of Additional Funding and Funding Requests:

With this one-year seed funding, supplemented by NDS' current staffing and resources, NDS plans to incorporate fundraising for the initiative in the agency's development activities and seek public, private and individual funding to sustain the operation.

Grant Period: July 1, 2021 through June 30, 2022

Proposal to the Santa Clara Family Health Plan

Project Title: Safe Relationships in East San José, Next Door Solutions to Domestic Violence

As the fiscal sponsor of the East San José PEACE (Prevention Efforts to Advance Community Equity) Partnership, the VMC Foundation, on behalf of the PEACE Partnership, respectfully requests a grant award of \$99,994.09 to support Next Door Solutions to Domestic Violence’s project *Safe Relationships in East San José*.

Project Summary & Need

Next Door Solutions to Domestic Violence (NDS), a partner of the East San José PEACE Partnership, proposes to recruit and train community members from Santa Clara County, with a focus on residents in East San José zip codes 95116, 95122, and 95127, to act in the capacity of Promotores (community health workers).

This unprecedented crisis of COVID-19 has exacerbated existing difficulties for DV/IPV survivors to access health resources and for DV/IPV support. For survivors within communities of color, these inequities are compounded by disproportionate financial losses, distrust of law enforcement, and disparities in health care access along with abusive behavior from their partner. Clients have reported having to shelter in place with perpetrators of violence and that these perpetrators have used COVID-19 misinformation as a tool for exerting control over their victims.

In 2011, The California Endowment Report stated this about Promotores, the proposed model: “The role of Promotores extends far beyond the functions of community health and is driven by a passion for justice and equality. Promotores have a range of talents and skills and a unique ability to establish profound relationships with individuals based on mutual understanding, equality, respect and empathy.” They can serve a vital role in supporting survivors and their families through education, empowerment, and connection to resources. Outreach will focus on raising awareness, dispelling misinformation, and increasing access to DV support services and COVID-19 testing and vaccines.

Project goal

The goal of *Safe Relationships in East San Jose* is to build a sustainable network of Promotores, “Peacemakers”, to reduce and eliminate IPV and promote information about COVID-19 to develop the capacity for all community members to have and support safe relationships and healthy families. Trained Promotores will use this training on IPV and COVID-19 and its impacts on family and community to increase health and safety. Next Door Solutions and Somos Mayfair, with their respective Promotores groups, will also engage in year-long planning in order to conduct asset mapping of Promotores groups and develop an ongoing Learning Collaborative of Promotores groups across Santa Clara County and beyond.

Need for Intimate Partner Violence (IPV) education and awareness as it relates to the COVID-19 Pandemic

Over the last four years, Next Door Solutions has led the way in Santa Clara County in addressing the connection between DV/IPV and health. The development of its *Domestic Violence and Healthcare Partnerships Toolkit* has given the agency a successful tool for assisting community clinics in identifying and referring survivors to connect with the help and support of a domestic violence agency.

Considering the disparities that have surfaced because of COVID-19, certain communities in Santa Clara County who are disproportionately affected by COVID-19 are the same communities that have been disproportionately affected by DV/IPV, notably the East San José zip codes of 95116, 95122, and 95127.

Racial/ethnic minority groups are at disproportionate risk of contracting COVID-19. Despite representing only 26% of the general population, the Latinx community makes up 51% of the COVID-19 positive tests and 29% of the deaths. The Latinx community is also more likely to be uninsured, lacking access to healthcare, and experience worse health outcomes from preventable and treatable conditions.

NDS has established an innovative, community-based collaborative and learning relationship with Stanford School of Medicine that includes the following:

1. *Health Access and Education Programming for Intimate Partner Violence Survivors and Their Families*
2. *“Ask a Pediatrician” seminars and pediatrician training on domestic violence*
3. *Community-Based Needs Assessment of Parents and Children as Survivors of Intimate Partner Violence*
4. *Promotores Train the Trainer Curriculum on DV and COVID 19*

Please see attached poster: *A Community-Guided Curriculum to Train Survivors of Intimate Partner Violence on the Intersection of COVID-19 and IPV*

Measurable Outcomes – To Be Completed in Year One

1. Train 7 Promotores, including a youth and a male
2. Develop recruitment strategy/schedule, and training schedule
3. Promotores will train 200 community members
4. Seventy percent of individuals exposed to training and education will report an increase in awareness and knowledge of healthy relationships, safety perceptions and community norms, and attitudes as measured through pre and post surveys
5. An increase of data outcomes in outreach, hotline, or clients from the following zip codes: 95122, 95116, and 95127
6. Establish a Learning Collaborative and produce an Asset Map of Promotores in Santa Clara County in collaboration with the Promotores Groups from Somos Mayfair. The commitment includes 6 planning meetings and 4 days of training on COVID 19 and IPV.

Short-term and long-term project funding

With this one-year seed funding, supplemented by the agency's current staffing and resources, NDS plans to incorporate fundraising for the initiative in the agency's development activities and seek public, private, and individual funding to sustain the operation.

**Safe Relationships in East San José
East San José PEACE Partnership**

Next Door Solutions to Domestic Violence

Personnel

| | | |
|--------------------------|-----------------|--|
| Salaries | 32,737.50 | Erica Villa, Laura Diaz (Coordination) |
| Tax & Benefits | <u>6,832.32</u> | 20.87% benefit rate |
| Total Personnel Expenses | 39,569.82 | |

Operating

| | | |
|-----------------------------|-------------------------|--|
| Program Food/Meals | 1,550.00 | \$25 per meeting for 30 meetings + \$200 for 4 gatherings |
| Advertising | 2,100.00 | \$525 per PSA/ for 4 PSAs |
| Client Awards/Recognition | 3,000.00 | 3 Trainers for Community presentations \$600 to \$1,000 per training |
| Copying, Printing & Postage | 211.27 | Print materials for community education and materials (door hangers and flyers) estimated |
| Information Services | 560.00 | IT training for promotores @ \$70 per hour for 8 hours |
| Equipment/Furniture | 2,786.89 | 2 laptops for 2 additional promotores @864 per laptop, 1 projector, 1 mobile screen |
| Organizational Stipend | 8,000.00 | Somos Mayfair learning collaborative participation and training on Health & IPV |
| Stipends | <u>25,200.00</u> | 7 promotores @ 120 hours @ \$30 per hour |
| Total Operating Expenses | 43,408.16 | |
| | | |
| NDS Admin Costs | 7,016.70 | 15% overhead (of salaries , program supplies, advertising, copying, info services & equipment) |
| Fiscal agent costs | 9,999.41 | 10% administration fee (of total contract) |
| | | |
| Total Expenses | <u><u>99,994.09</u></u> | |

Ashley Stevenson¹, Sindhya Rajeev², Rachel Koo³, Ashri Anurudran², Lillie Reed¹, Erica Villa⁴, Laura Diaz⁴, Adriana Garcia⁴, Esther Peralez-Dieckmann⁴, Jennifer Newberry²

¹Stanford University School of Medicine, ²Stanford University Department of Emergency Medicine, ³Stanford University, ⁴Next Door Solutions to Domestic Violence

Background and Need

- Pandemic stressors exacerbate intimate partner violence (IPV) and put survivors at greater risk of severe violence
- Stay-at-home orders decrease access to IPV support, resources, and healthcare
- Perpetrators of violence use COVID-19 misinformation as a tool of control over survivors
- Immigrant and underserved communities are at high risk of severe COVID-19, yet may be less able to access healthcare and IPV support
- Community health workers may build trust where academic institutions cannot

Community Partner

- **Next Door Solutions to Domestic Violence (NDS):** A stand-alone agency that provides support to IPV survivors in the Bay Area, serving an average of 3,000 survivors of IPV annually, most of whom belong to underserved, immigrant, and/or non-English-speaking communities
- **El Comité de Mujeres Fuertes:** a group of five Latina IPV survivors known to NDS who volunteered to be trained as *promotoras*, or community health workers

Project Description

- Create and deliver a community-guided training curriculum to teach *promotoras* about COVID-19, its intersection with IPV, and healthcare delivery during the pandemic, and to empower El Comité members to teach other *promotoras* and community groups about COVID and IPV

Outcomes

Final project deliverables:

- Scripted content for three modules on COVID-19 and IPV: 1) The Basics and Science of COVID-19; 2) How COVID-19 and IPV Intersect; 3) Healthcare and COVID-19
- Developed visually and culturally engaging graphics through active input from *promotoras*
- Translated scripts into Spanish and provided simultaneous live interpretation from English to Spanish
- Delivered training modules over 4 sessions (8 hours of live instruction) via Zoom to El Comité de Mujeres Fuertes

Major successes identified:

1. **Relevant and effective:** in post-session survey, 100% of *promotoras* cited training sessions as ‘relevant to their role as a promotora’. 100% reported they felt ‘very confident’ talking about IPV and COVID-19
2. **Butterfly effect on community-health outreach:** El Comité de Mujeres Fuertes members later taught material to 100+ members of vulnerable communities in California through 3 workshops and conferences, and delivered content over Facebook live, with 1,100+ views so far
3. **“Transformative rather than transactional”:** empowering *promotoras* to participate in content creation led to profound growth in confidence, sense of belongingness, and self-ownership
4. **Targeted to community through active input:** soliciting regular input and feedback from *promotoras* allowed for real-time changes to graphics and script before delivery to make content culturally engaging and impactful
5. **Misinformation corrected; trust built.** El Comité members report success in correcting circulating misinformation and building trust in vaccines post-training
6. **Technological literacy increase:** *promotoras* had space to enhance technological skills before becoming presenters to their own communities

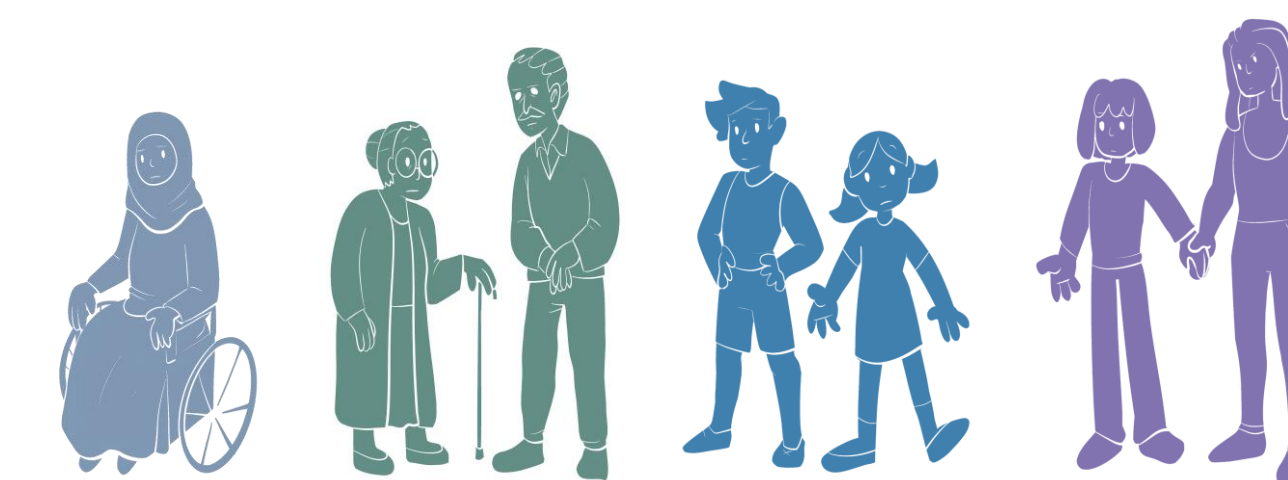


El Comité de Mujeres Fuertes



Lessons Learned

- Active participation by community members is key to public health messaging. Ask, rather than assume: what questions does community have? What barriers are there? What cultural values must be considered?
- Academic–community partnerships should be led by community partner. Offer space for community members to guide a project’s direction; academic partner’s role should be *reactive*, not *directive*



Recommendations and Implications

- Technological literacy was a challenge. Future work will focus on improving delivery to users with limited technology literacy and access.
- Project provides a template for approaching intersectional issues. Adapt to address how IPV intersects with racism and health inequities
- Content was guided by target audience (Latinx survivors). Aim to translate training into other languages while maintaining cultural relevance
- Academic institutions have a responsibility to surrounding communities; without community participation and trust building, academic public health successes such as vaccine development may not succeed on the ground

Acknowledgments: We first and foremost thank the women of El Comité de Mujeres Fuertes—Rose Martinez, Paula Sarabia, Rosy Miranda, Ana Laura Gonzalez, and Diana Martinez—for their dedication to becoming *promotoras* for their communities. This training was created for, and guided by, them and would not exist without their strength and commitment. Thank you to our amazing UCLA graphics team, Bridgette Baron and Minh Le, for their stellar work on visuals. We also extend our sincerest gratitude to our two CFC Spanish interpreters, Maria Suarez-Nieto and Monica Pena-Aguilar, for their assistance in translation. Finally, we acknowledge the Stanford OCE Valley Fellowship Program for funding support.

Contact Information: Ashley Stevenson, ashpalm@stanford.edu; Next Door Solutions to Domestic Violence, <https://www.nextdoorsolutions.org/>

1. The proposal identifies a need to assist clients who have been forced to remain with abusers during COVID-19. Please explain what the Promotores will do to assist them.

Next Door Solutions to Domestic Violence (NDS) will employ a Promotores model, including engaging community leaders in a variety of settings, in order to link impacted families to information, services, and resources for domestic/intimate partner violence (IPV) prevention:

- To identify and prevent further abuse
- To understand the immediate and long-term health and well-being impacts to the victim, children involved in the relationship, and the family as a whole;
- To be able to access community resources to address a range of life domains; and
- Increase COVID-19 awareness, including safety protocols, testing, and vaccinations

The Promotores will focus on the following activities (may vary based on the level of training and involvement):

- Facilitate community dialogues focused on the dynamics of IPV and safe relationships
- Provide resources to community residents about the intersection of COVID-19 and IPV, including information on COVID-19 safety protocols, testing and vaccinations
- Build a base of residents to help families experiencing IPV connect with other families in the community and engage in community building and family strengthening activities and efforts through neighborhood organizations, support groups, schools and other avenues.
- Engage residents to advocate for resources and policies that address/prevent IPV and COVID-19
- Contribute to efforts to identify less punitive approaches to interrupting IPV and promote healing for survivors, for those who commit abuse, and for families by advancing a healing framework
- Provide direct connection to IPV services
- Provide feedback to NDS, partners, and community stakeholders on addressing systems gaps and improving health care processes

2. What will the Promotores be trained to do?

Seven (7) Promotores will be trained on delivery of information via on-going learning events that are web-based/online, through social media information and marketing campaigns, zoom conferences, and live/in-person events to a community member recruitment target of 200 Santa Clara County (SCC) residents (Peacemakers). Community members engaging in the training will be asked to take a pledge to get involved/take action, as Peacemakers, for healthy relationships and IPV prevention (i.e. coordinate presentations, share information with friends and others, invite others to the next presentation, etc.)

NDS' service model is based on the Survivor-Defined Advocacy and client-centered services, and is trauma-informed. This model/structure informs NDS' Promotores model in the respect that we are working with volunteers who themselves are survivors – who continue to work towards personally addressing long-term effects of experienced violence – and are now taking those learnings out to the community. Building upon our client-centered approach - and due to the multiple layers of trauma in individuals, families and communities - we will promote an understanding of trauma, its effects on individuals, children/youth, and families, and the need for trauma-informed services and systems that meet the needs of the diverse community.

- 3. The proposal states that individuals exposed to training and education will report increased awareness and knowledge of healthy relationships, safety perceptions, community norms, and attitudes. Please explain how the Promotores train and educate these individuals.**

Safe Relationships in East San Jose: NDS has established an innovative, community-based collaborative and learning relationship with Stanford School of Medicine, including the creation of the *Promotores Training Curriculum*. This “train the trainer” curriculum is presented in three sessions/modules (*Attachment A*):

- 1) Basics of COVID-19
- 2) How COVID-19 and IPV Intersect; and
- 3) Healthcare and IPV

The *Promotores Training Curriculum* training also included a workbook component and short overview video.

The project coordinator and Promotores will also utilize additional curriculums, including La Clinica de la Raza and other materials provided by Somos Mayfair as it relates to community building, mobilization, and the Promotores model. The project will also provide capacity building via webinars on working with men and boys (as victims, as allies, and as perpetrators). The coordinator and other NDS staff will work together to identify and develop materials and PSAs, in collaboration with the Promotores, which will include key messages, fact sheets, etc. in applicable languages.

The Promotores will receive an eight-hour training on COVID-19, IPV, HT, SA, community resources, and understanding the Promotores role. Universal education will be provided on the impact of IPV on children and youth, and one’s health.

The ***Safe Relationships in East San Jose*** training model can be scaled in the community. Models will be informed and owned by the community and tailored to meet the needs of various populations, languages, and settings, whether it is for family resource centers, school-based, youth-focused, athletics, men’s engagement networks, churches, etc. The model will be adaptable to offer varying levels of participation including one-time awareness events, consolidated training, and more extensive training modules for the Promotores.

Pre- and post-surveys will be developed and used to evaluate the knowledge and awareness increases of participants, as well as their willingness to take action (e.g. coordinate presentations, share information with friends and others, invite others to the next presentation, etc.)

- 4. What specific outcomes are expected to result from the increases in the aforementioned survey results? How will any expected increase in awareness and knowledge be measured and reported? What are the benchmarks to determine if the effort were successful? Do those results predict any future outcomes about these clients’ behaviors or health status?**

By the end of the pilot year (12 months), NDS staff will develop a recruitment strategy and schedule, and a training schedule; and will recruit seven (7) individuals to become Promotores. Trainees will represent Latinx community representatives/leaders from zip codes areas of 95116, 95127, and 95122, and from with the PEACE Partnership and the county at large. A minimum of one (1) individual will identify as male and one (1) will be a youth. (*Attachment B*)

The Promotores will outreach and connect to 50 community members each quarter over the 12-month project/grant period, providing education and training on the intersection of COVID-19 and IPV; with a total of 200 community members receiving education and training by the end of the project.

- Outcome/Measurement: Seventy percent (70%) of individuals exposed to the educational training will report an increase in awareness and knowledge of healthy relationships, safety perceptions and community norms, and attitudes, as measured through pre and post surveys.

Participants will be asked to complete pre- and post-surveys (to be developed) and NDS will make quarterly reports (approximately 4-6 weeks after each quarter training) to funders and other community stakeholders, such as the East San Jose PEACE Partnership.

5. The proposal states it will result in an “increase of data outcomes in outreach, hotline, or clients...” Please clarify what this means. Specifically, what are the data outcomes, how will they be measured and reported, and what are the benchmarks for success?

At the beginning of the project, NDS will gather/establish baseline data, using data from the five (5) domestic violence agencies in SCC (Domestic Violence Advocacy Collaborative - DVAC), focusing on the number of contacts from IPV victims/survivors from the target zip code communities to each of the agencies. NDS will gather the same data from the five agencies at the end of the project (12 months) to do a comparative assessment of the impact of the “outreach” of the project. Data will include outreach activities, crisis calls, client walk-ins, and social media interactions. Acknowledging that there are many variables that impact whether survivors will reach out for help, we anticipate an increase in the number of contacts received.

Additionally, NDS will solicit and document feedback from community participants and present findings to community agencies, decision-makers, legislators and our funder to increase understanding of community and individual needs, to identify and implement strategies to interrupt and prevent IPV, and to promote COVID-19 safety protocols, testing, and vaccines. This can include specific focus groups, interviews, and other information gathering activities.

6. What are the goals of the Learning Collaborative? What are its expected outcomes or results? How will these be measured and reported?

The goals in this project are:

- To create an Asset Map of existing Promotores groups within Santa Clara County, both community based and agency based (to map existing groups, their focuses, and geographic location)
- To establish a Learning Collaborative of Promotores that is driven by community needs and leadership

Promotores have a range of talents and skills and a unique ability to establish profound relationships with individuals based on mutual understanding, mutual equality, mutual respect, and mutual empathy. Given their unique abilities, our long-term goal is to create a space where Promotores groups can come together and learn from each other. Technology capabilities could, in the future, help us increase our reach to be international, as there are already Promotores groups from other states and countries wanting to engage through a learning collaborative. This collaborative will provide the space for

Promotores to connect – and also provide the space to provide cross training opportunities on effective cultural practices.

NDS staff will coordinate the establishment and initial management of the Learning Collaborative with the goal of it becoming self-sustaining, driven and managed by the participants, by the end of the pilot project.

7. What is an Asset Map of Promotores?

NDS seeks to use community asset mapping as a strength-based approach to greater community development in regards to IPV and various intersections of need/services. The process of asset mapping may include identifying institutions, individuals, and citizen associations existing within the focus communities, and SCC at large, that serve as positive resources. Approaching individuals and communities involved with the project from an asset-based mentality helps to empowers them to recognize their own strengths and capacities, which aligns with the Promotores model. A final asset mapping summary with graphic illustrations will be distributed to interested stakeholders and used for ongoing planning and building the Learning Collaborative.

Currently there is no Asset Map of Promotores groups in SCC. As previously mentioned, we envision creating an asset map of Promotores groups within SCC that are both community based and agency based in order to leverage their strengths and to activate a public health approach to ending IPV.

Appendix B: Timeline of Activity with Outcomes

| Activity | Timeline |
|---|---|
| <p>Next Door Solutions will allocate two staff at .25 FTE each for Program Coordination.</p> <p>Somos Mayfair will provide technical assistance throughout the program on effective community mobilization in Santa Clara County with an emphasis in East San Jose (zip codes 95116, 95122, 95127).</p> <p>The Promotores will go through an 8+ hour training on COVID 19, IPV, HT, SA, community resources, and understanding their roles as Promotores. Universal education will be provided on the impact of IPV on children and youth and one's health.</p> <p>Coordinator and Promotores will utilize curriculum (La Clinica de la Raza, Stanford Medical School COVID 19 and DV, and others as applicable) and any other material provided by Somos Mayfair as it relates to community building, mobilizing, and the Promotores model.</p> <p>Somos Mayfair will work with NDS staff to plan for the Learning Collaborative and develop an Asset Map of Promotores groups in SCC. Long-term, the Promotores will lead a Promotores Learning Collaborative to bring groups and share learnings. El Comité will serve as lead Promotores and take an active role in coordinating this effort.</p> | <p>Month 1-2</p> <p>Ongoing</p> <p>Month 1 – 2 and repeated as new promotores are recruited.</p> <p>Month 1-2</p> <p>Month 1 and bi-monthly ongoing</p> |
| <p>The coordinator will assist with the recruitment of 7 Promotores that represent the Latinx community representatives/leaders Countywide with an emphasis on the 95116, 95127, and 95122 zip codes within the PEACE Partnership target area. The 7 Promotores will include at least one (1) individual that identifies as a male and at least 1 youth.</p> <p>Complete 2-3 presentations or training to reach at least 50 community members.</p> <p>Identify and develop materials and develop the first of four PSAs (English or Spanish), including key messages, fact sheets, etc. in applicable languages.</p> | <p>Month 1-3</p> <p>Month 2</p> <p>Month 3</p> |
| <p>The coordinator will review collected resources and meet with key partners including staff from other Promotores groups in the community, IPV workgroup members, and local DV organizations.</p> | <p>Month 2-3</p> |

Appendix B: Timeline of Activity with Outcomes

| | |
|---|---------------------|
| Coordinator and Promotores plan and establish a Promotores onboarding procedure for interested community leaders wanting to become Promotores | Month 2-3 |
| Coordinators will develop and conduct a capacity building webinar on adverse childhood experiences | Month 5 |
| Develop a second PSA (English or Spanish) | Month 5 |
| Complete 2-3 presentations or training to reach at least 50 community members. | Month 6 |
| To help sustain the program, the coordinators will develop a plan for the PEACE partnership IPV workgroup and Promotores to advocate for broader policy, systems and program changes to influence community conditions. . | Month 6 and ongoing |
| Coordinators will develop and conduct a capacity building webinar for working with men and boys | Month 6 |
| Develop a third PSA (English or Spanish) | Month 7 |
| Complete 2-3 presentations or training to reach at least 50 community members. | Month 8 |
| Conduct a capacity building webinar on working with men and boys. | Month 8 |
| Develop a fourth PSA (English or Spanish) | Month 9 |
| Provide training and presentations to 50 community members | Month 11 |
| Review and analyze pre and post surveys. At least seventy percent of participants will report an increase in awareness and knowledge of healthy relationships, safety perceptions and healthy community norms/attitudes | Month 11-12 |
| Develop summary report on the project to submit to funder and present to Peace Partnership. | Month 12 |

**Safe Relationships in East San José
East San José PEACE Partnership**

Next Door Solutions to Domestic Violence

Personnel

| | | |
|--------------------------|-----------------|--|
| Salaries | 32,737.50 | Erica Villa, Laura Diaz (Coordination) |
| Tax & Benefits | <u>6,832.32</u> | 20.87% benefit rate |
| Total Personnel Expenses | 39,569.82 | |

Operating

| | | |
|-----------------------------|-----------------|---|
| Program Food/Meals | 1,550.00 | \$25 per meeting for 30 meetings + \$200 for 4 gatherings |
| Advertising | 2,100.00 | \$525 per PSA/ for 4 PSAs |
| Client Awards/Recognition | 3,000.00 | 3 Trainers for Community presentations \$600 to \$1,000 per training |
| Copying, Printing & Postage | 211.27 | Print materials for community education and materials (door hangers and flyers) estimated |
| Information Services | 560.00 | IT training for promotores @ \$70 per hour for 8 hours |
| Equipment/Furniture | 2,786.89 | 2 laptops for 2 additional promotores @864 per laptop, 1 projector, 1 mobile screen |
| Organizational Stipend | 8,000.00 | Somos Mayfair learning collaborative participation and training on Health & IPV |
| Stipends | 25,200.00 | 7 promotores @ 120 hours @ \$30 per hour |
| Wellness Fund Operator | <u>9,999.41</u> | Wellness fund will serve as fiscal agent and grants manager |
| Total Operating Expenses | 53,407.57 | |

NDS Admin Costs 7,016.70 15% overhead (of salaries , program supplies, advertising, copying, info services & equipment

Total Expenses 99,994.09

POLICY

| | | | | |
|--|--------------------------------------|---------------------------------------|---|---------------------------|
| Policy Title: | Special Project Fund for CBOs | | Policy No.: | GO.02 v2 |
| Replaces Policy Title (if applicable): | N/A | | Replaces Policy No. (if applicable): | N/A |
| Issuing Department: | Governance & Org Structure | | Policy Review Frequency: | Periodically as warranted |
| Lines of Business (check all that apply): | <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Healthy Kids | <input type="checkbox"/> CMC | |

I. Purpose

To define and outline the requirements and criteria by which SCFHP may provide funding through a Board Designated Fund for special projects submitted by community based organizations (CBOs).

II. Policy

SCFHP has established a Board Designated Fund to allow the Plan to provide funding for special projects and initiatives focused on serving the health needs of the safety net population in Santa Clara County. The amount of reserves available for this Designated Fund will be based on the amount available, if any, over the Board-designated maximum Tangible Net Equity (TNE), subject to the Plan exceeding the Board-established liquidity target range, determined annually after release of the audited financial statements and as recommended by management in consideration of current and anticipated financial challenges.

It is SCFHP's policy to make investments, subject to the availability of funds, in special projects that support the mission of the Plan, are consistent with annual and strategic objectives, strengthen community partnerships, and explore new and emerging models of care or facilitate expansion of best practice quality care. Applications will be accepted from 501(c)(3) community based organizations (CBOs) on a rolling basis.

The Executive/Finance Committee may approve special project investments up to \$100,000. Project funding over \$100,000 must be approved by the Governing Board. Maximum funding per project proposal is \$250,000.

Special project investments will be evaluated based on the following:

1. The funding fulfills an overriding public purpose to ensure Santa Clara County residents have access to high quality, comprehensive health care and services that impact health.
2. The special project is consistent with the Plan's mission and with the strategic and/or annual objectives of the Plan, which may include:
 - Promoting quality of care and cost efficiency
 - Addressing issues that affect Plan regulatory compliance or accreditation
 - Expanding best practices/evidence-based care
 - Piloting a promising approach to address emerging health care issues
 - Providing social services and supports that impact health
3. There is a lack of other resources in the community to fund the special project.

4. With the exception of pilot projects, continued special project funding from SCFHP would not be required for sustainability of the project.

Funding requests may not:

- Be used for general operating costs, but may support project overhead;
- Personally financially benefit any Santa Clara County Health Authority official or employee; or
- Be used to support political causes, candidates, organizations, campaigns, ballot measures, or religious organizations for religious purposes.

III. References

1. Tangible Net Equity Policy
2. Liquidity Policy

IV. Approval/Revision History

| First Level Approval | | Second Level Approval | | Third Level Approval |
|------------------------------------|-----------------------------|-------------------------------------|---|--|
| [Manager/Director Name] [Title] | | [Compliance Name] Title] | | [Executive Name] [Title] |
| Date | | Date | | Date |
| Version Number | Original/ Reviewed/ Revised | Reviewing Committee (if applicable) | Committee Action/Date (Recommended or Approved) | Board Action/Date (Approved or Ratified) |
| v1 | Original | | | Approved 06/28/2018 |
| v2 | Revised | | | |