



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

Thursday, February 24, 2022, 10:30 AM – 12:30 PM
 Santa Clara Family Health Plan
 6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference Only

(408) 638-0968
 Meeting ID: 884 8545 5248
 Passcode: ExFin2022!
<https://us06web.zoom.us/j/88485455248>

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. Approve Consent Calendar and Changes to the Agenda Items removed from the Consent Calendar will be considered as regular agenda items. Possible Action: Approve Consent Calendar <ul style="list-style-type: none"> a. Approve January 27, 2022 Executive/Finance Committee minutes b. Accept Network Detection and Prevention Update c. Approve continued use of teleconferencing without providing public access to each teleconference location pursuant to Government Code Section 54953 	Ms. Murphy	10:40	5 min
4. December 2021 Financial Statements Review December 2021 Financial Statements. Possible Action: Approve the December 2021 Financial Statements	Mr. Jarecki	10:45	10 min
5. DHCS Comprehensive Quality Strategy Report Discuss overview of Department of Health Care Services' (DHCS) comprehensive quality strategy, including health equity goals.	Dr. Liu	10:55	10 min
6. Innovation Fund Expenditure Request Consider funding request for the Santa Clara County Public Health Department (SCCPHD) Juntos Initiative. Possible Action: Approve expenditure from the Board Designated Innovation Fund for the SCCPHD Juntos Initiative	Ms. Watkins	11:05	10 min

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|---|---|
| <p>7. CEO Update
Discuss status of current topics and initiatives.</p> | <p>Ms. Tomcala 11:15 10 min</p> |
| <p>8. Government Relations Update
Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.</p> | <p>Mr. Haskell 11:25 10 min</p> |
| <p><u>Announcement Prior to Recessing into Closed Session</u>
Announcement that the Executive/Finance Committee will recess into Closed Session to discuss Item No. 9 below.</p> | |
| <p>9. Adjourn to Closed Session</p> | <p>11:35</p> |
| <p>a. <u>Anticipated Litigation</u> (Government Code Section 54956.9(c)):
It is the intention of the Executive/Finance Committee to meet in Closed Session to confer with Legal Counsel regarding initiation of litigation—one potential case.</p> | |
| <p>b. <u>Report Involving Trade Secrets</u> (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 Contract Rates.</p> | |
| <p>c. <u>Contract Rates</u> (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.</p> | |
| <p>10. Report from Closed Session</p> | <p>Ms. Murphy 12:25 5 min</p> |
| <p>11. Adjournment</p> | <p>12:30</p> |

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 Ashley Kerner 48 hours prior to the meeting at (408) 455-1335.
- To obtain a copy of any supporting document that is available, contact Ashley Kerner at (408) 455-1335. 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, January 27, 2022, 10:30 AM – 12:30 PM

Santa Clara Family Health Plan – Teleconference

6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present

Sue Murphy, Chair
Bob Brownstein
Alma Burrell
Dave Cameron
Michele Lew

Staff Present

Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Chelsea Byom, VP, Marketing, Communications & Outreach
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer
Barbara Granieri, Controller
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Ashley Kerner, Manager, Administrative Services

Others Present

John Domingue, Attorney, Rossi Domingue LLP
Mark Fishler, Development Director, Parents Helping Parents

1. Roll Call

Sue Murphy, Chair, called the meeting to order at 10:30 a.m. Roll call was taken and a quorum was established.

2. Public Comments

There were no public comments.

3. Approve Consent Calendar and Changes to the Agenda

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

- a. Approve November 18, 2021 **Executive/Finance Committee** minutes
- b. Approve January 10, 2022 **Special Executive/Finance Committee** minutes
- c. Approve revised March 26, 2020 **Governing Board** minutes
- d. YE 2021 **Flexible Spending Account (FSA)** change resolution
- e. Approve authorization for CEO to execute contract with selected **Claims Editing System** vendor
- f. Approve **continued use of teleconferencing** without providing public access to each teleconference location pursuant to Government Code Section 54953

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

Motion: Mr. Brownstein

Second: Ms. Lew

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Lew, Ms. Murphy

4. November 2021 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the November 2021 unaudited financial statements, which reflected a current month net surplus of \$2.9 million (\$1.7 million favorable to budget) and a year-to-date net surplus of \$22.8 million (\$16.1 million favorable to budget).

Enrollment increased by 1,790 members from the prior month to 289,288 members (3,723 members, or 1.3% lower than monthly budget). Membership continues to grow due to the extended duration of the COVID public health emergency during which member disenrollments have been suspended. YTD member months trailed budget by 11,837 member months, or 0.8%).

Revenue reflected an unfavorable current month variance of \$2.4 million (2.1%) largely due to the impact of true-ups associated with prior year estimates. These adjustments offset otherwise favorable results due to higher CY21 rates versus budget, the mix of capitation rates received and higher supplemental kick revenue due to higher utilization (partially offset by lower enrollment than budgeted). YTD Revenue was \$271 thousand (0.0%) unfavorable to budget.

Medical Expense reflected a favorable current month variance of \$3.8 million (3.6%) largely due to favorable unit cost and utilization in certain fee-for-service categories of service, coupled with favorable pharmacy expense due to lower cost trends, coupled with lower capitated enrollment. YTD Medical Expense was \$15.4 million (2.9%) favorable to budget due to the same factors.

Administrative Expense was \$489 thousand (7.2%) favorable to budget for the month. YTD Administrative Expense was \$2.2 million (6.6%) favorable to budget largely due to lower headcount than budgeted and deferred timing of certain non-personnel expenses.

The **Balance Sheet** reflected a Current Ratio, a key measure of liquidity, of 1.32:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of \$277.7 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of \$234 million.

Capital Investments of \$869 thousand were made year-to-date, predominately computer software licenses.

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

Motion: Ms. Murphy

Second: Mr. Cameron

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Lew, Ms. Murphy

5. Fiscal Year 2021-2022 Forecast

Mr. Jarecki provided an update to the fiscal year 2021-2022 budget. He noted that the Board-approved Fiscal Year 2021-2022 budget of June 2021 envisioned an annual net surplus of \$8.6 million (0.6% of revenue), an overall medical loss ratio (MLR) of 93.9%, and an overall administrative loss ratio (ALR) of 5.6%.

The current Forecast is based on fiscal year-to-date financial results through November 2021, with updated projections for the remaining seven months of the fiscal year (December 2021 through June 2022). Many key

budget assumptions have evolved as the COVID pandemic continues to unfold and new information is learned. Enrollment is expected to increase as the public health emergency is assumed to continue through June 2022. Revenue projections have been updated to reflect revised enrollment projections and capitation rate changes. Medical expenses have been revised and include acceleration of the pharmacy carve-out date, updated estimates for new Cal AIM programs and COVID-related cost and trends. Administrative expenses remain largely as budgeted. The Forecast reflects a net surplus of \$32.5 (2.4% of revenue) million, and overall MLR of 91.6% and an ALR of 5.8%. Mr. Jarecki cautioned that significant uncertainties will continue through the remainder of the fiscal year.

6. CMC CAHPS 2021 Results

Johanna Liu, Director, Quality & Process Improvement, presented additional details on the Cal MediConnect Consumer Assessment of Healthcare Providers (CAHPS) survey results in follow-up to the Committee's request at the last meeting for further discussion of any racial disparities identified.

Dr. Liu highlighted next steps, including working with the Equity Steering Committee and Councils on root cause analysis. She noted an opportunity to expand current focus group work to include CAHPS improvement by race, among other strategies.

Alma Burrell suggested outreach efforts to increase the number of future survey respondents in various ethnic groups. Ms. Tomcala noted that the annual CAHPS surveys must be conducted by a survey vendor that follows specific Centers for Medicare & Medicaid Services (CMS) protocols. Due to the strict survey methodology, health plans are limited in their ability to customize fielding of the survey. SCFHP has contracted with the vendor to conduct the survey in three available languages, and has communicated with our membership to encourage participation in upcoming CAHPS surveys,

Ms. Murphy requested an update in six months on the progress of the next steps noted by Dr. Liu.

It was moved, seconded, and the CMC CAHPS 2021 Results were unanimously approved.

Motion: Ms. Lew

Second: Mr. Brownstein

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Lew, Ms. Murphy

7. Innovation Fund Expenditure Request

Laura Watkins, VP, Marketing & Enrollment, presented a funding request from Parents Helping Parents for the Connections California program. Ms. Watkins introduced Mark Fishler, Development Director, Parents Helping Parents, who was available for questions from the Committee Members. Ms. Watkins shared SCFHP's position that the program would be a benefit to disabled members and their families.

Ms. Murphy indicated her support of the proposal and asked if the program would be expanded statewide. Mr. Fishler stated the intention is to expand the program as a statewide resource.

It was moved, seconded, and the Parents Helping Parents request for \$159,085 to fund Connections California was unanimously approved as an expenditure from the Board Designated Innovation Fund.

Motion: Mr. Cameron

Second: Mr. Brownstein

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Lew, Ms. Murphy

8. CEO Update

Christine Tomcala, Chief Executive Officer, presented updated COVID vaccination graphs, including data by age group, ethnicity, and booster status. Ms. Tomcala noted that the comparably larger percentage of children in the Hispanic/Latino membership contributes to the overall lower percentage of vaccinated individuals in the Hispanic/Latino ethnic group.

Ms. Tomcala provided a summary of SCFHP's extensive communication and outreach efforts to help membership, and the broader community, get vaccinated and boosted. These efforts include social media, hiring staff to conduct outreach calls, resources at the Blanca Alvarado Community Resource Center, partnerships with Community Based Organizations for outreach and vaccine clinics, incentives for providers and pharmacies to conduct outreach, and \$50 gift cards for individuals receiving a vaccination.

Bob Brownstein inquired about the percentage of members who are in skilled nursing facilities who have received a booster. Ngoc Bui-Tong, VP, Strategies & Analytics, replied that she would run the data and email Committee members.

Ms. Tomcala reported that 91% of staff are vaccinated.

Ms. Tomcala further reported on the rollout of CalAIM, sharing the statistics for the successful transition of members in Whole Person Care and Health Homes Program to Enhanced Care Management (EMC). She also discussed the challenges experienced with implementation of the Medi-Cal pharmacy carve-out effective January 1, 2022. Michele Lew requested a regular update on how the pharmacy carve-out is impacting members.

Ms. Tomcala briefly shared speculation that Kaiser may become a separately contracted health plan for Medi-Cal and stated she would provide more information as it becomes available.

9. Government Relations Update

Tyler Haskell, Interim Compliance Officer, reported that the Employer Vaccination Mandate from the Biden Administration has been struck down by the Supreme Court, and the Public Health Emergency has been extended, continuing the eligibility of Medi-Cal members who may otherwise no longer be ineligible.

Mr. Haskell highlighted items in the proposed state budget including: the expansion of Medi-Cal eligibility to all Californians below a specified income threshold regardless of immigration status, the continuation of the Proposition 56 Medi-Cal provider payments, a one-time proposal for about \$400 million for quality and equity related provider payments for Medi-Cal, a one-time investment continuing the Children and Youth Initiative, a new Medi-Cal Mobile Crisis Program, a one-time investment in the behavioral health Bridge Housing Program, full funding for the Home and Community-Based Services waiver, and a pledge to work with public hospitals to reform the Medi-Cal hospital payment system.

Mr. Haskell shared the deadline of Monday, January 31, 2022 to move AB 1400, Kalra, Guaranteed Health Care for All, out of Assembly. He explained this bill would provide government-run care to all California citizens eliminating the need for private insurance. Mr. Haskell shared the perception that the governor has recanted his support, but stated the Plan will continue to monitor this bill as it provides a continuing role for local initiative Medi-Cal plans.

Mr. Haskell presented the status of the CalAIM implementation. Mr. Haskell shared that the Plan has successfully launched Enhanced Care Management, Community Supports, and major organ transplants. Mr. Haskell shared the State is currently working on payment rates for major organ transplants and confirmed SCFHP has obtained a signed agreement with Stanford for any members requiring major organ transplants. The carve-out of Medi-Cal pharmacy services also took effect on January 1st.

10. Adjourn to Closed Session

a. Existing Litigation

The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding litigation initiated by a vendor.

b. Contract Rates

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

11. Report from Closed Session

Ms. Murphy reported that the Executive/Finance Committee met in Closed Session to discuss existing litigation and contract rates.

12. Adjournment

The meeting was adjourned at 12:34 pm.

Michele Lew, Secretary



**Santa Clara Family
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Network Detection and Prevention Report

February 2022

Executive/Finance Committee Meeting

Firewall Background

The following network intrusion reports show the malicious activities that were prevented from accessing SCFHP's network. It is important to note that these attempts are not specifically targeted at SCFHP, but rather are common attempts against entire areas of the Internet. The results are typical of many organizations.

None of the intrusion attempts on the SCFHP network were successful.

The attempts have been categorized in three severity levels:

Critical/High

These attacks are the most dangerous. They can take down our entire network or disable servers. Can take the form of various Backdoor, DDoS (Distributed Denial of Service), and DOS (Denial of Service) attacks.

Medium

These attacks can cause disruption to the network, such as increased network traffic that slows performance. For example, various DNS (Domain Naming Service), FTP (File Transfer Protocol), and Telnet attacks.

Low/Informational

These attacks are characterized more as informational events, such as various scans (port and IP internet protocol address), RPC (Remote Procedure Call), and SMTP (Simple Mail Transfer Protocol) attacks. The new informational category is from the recently implemented Palo Alto Firewall. These events are of low to no threats and are more of an FYI for reporting.

Attack Statistics Combined

Oct/Nov/Dec/Jan



Severity Level	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan
Critical	28	17	21	24	3779	397	1,102	1,925	0.11	0.01	0.02	0.03
High	22	17	20	19	14,213	421,250	525,461	601,383	0.43	12.19	7.57	10.26
Medium	37	21	21	24	805,377	105,982	774,563	796,313	24.26	3.07	11.16	13.58
Low	15	12	10	11	80,248	61,453	2,122,808	1,474,999	2.42	1.78	30.60	25.16
Informational	40	31	38	35	2,415,961	2,866,097	3,513,246	2,988,340	72.78	82.95	50.64	50.97

- Summary – Compare Jan 2022 to previous month of Dec 2021
- Critical Severity Level – number of threat attempts is **74.68%** higher
 - High Severity Level - number of threat attempts is **14.45%** higher
 - Medium Severity Level - number of threat attempts **2.81%** higher
 - Low Severity Level - number of threat attempts is **30.52%** lower

Top 5 Events for Nov/Dec/Jan

Critical Events – total 3,424 events

Top 5 Critical vulnerability events

- 780 events for “Realtek Jungle SDK Remote Code Execution Vulnerability” (**Code-Execution**)
- 694 events for “ZeroAccess.Gen Command and Control Traffic” (**Code-Execution**)
- 490 events for “Cisco IOS and IOS XE Software Cluster Management Protocol Remote Code Execution Vulnerability” (**Code-Execution**)
- 358 events for “GPON Home Routers Remote Code Execution Vulnerability” (**Code-Execution**)
- 355 events for “D-Link DSL Soap Authorization Remote Command Execution Vulnerability” (**Code-Execution**)

High Events – total 1,548,094 events

Top 5 High vulnerability events

- 1,541,070 events for “HTTP Unauthorized Brute Force Attack” (**Brute Force**)
- 2,071 events for “SMB: User Password Brute Force Attempt” (**Brute Force**)
- 2,013 events for “HTTP: User Authentication Brute Force Attempt” (**Brute Force**)
- 1,904 events for “SIP INVITE Method Request Flood Attempt” (**Brute Force**)
- 675 events for “DCS-2530L Unauthenticated Information Disclosure Vulnerability” (**Brute Force**)

Medium Events – total 1,676,858 events

Top 5 Medium vulnerability events

- 1,347,828 events for “SCAN: Host Sweep” (**Info-Leak**)
- 299,713 events for “SIPVicious Scanner Detection” (**Info-Leak**)
- 18,733 events for “RPC Portmapper DUMP Request Detected” (**Info-Leak**)
- 3,691 events for “Metasploit VxWorks WDB Agent Scanner Detection” (**Info-Leak**)
- 2,198 events for “PHP Vulnerability Scanning Detection” (**Info-Leak**)

Definitions:

Code-Execution – Attempt to install or run an application.

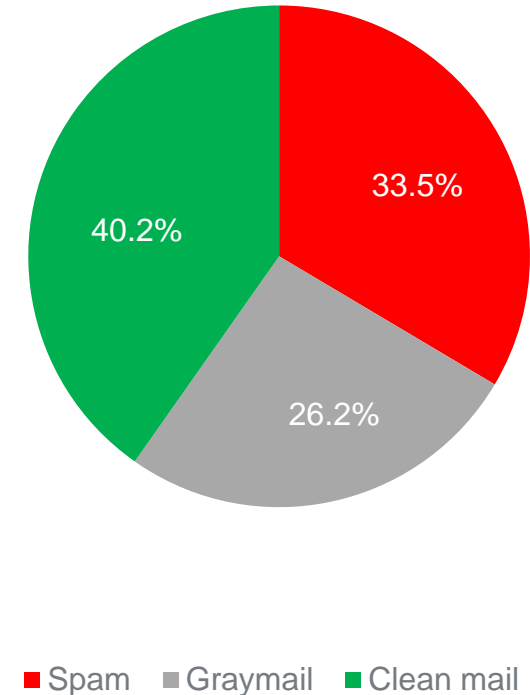
Brute Force – Vulnerability attempt to obtain user credentials.

Info-Leak – attempt to obtain user or sensitive information.

Botnet – used to perform distributed denial-of-service attack (DDoS attack), steal data and send spam.

Email Security – Monthly Statistics

Overview > Incoming Mail Summary		
Message Category	%	Messages
Stopped by Reputation Filtering	24.3%	44.1k
Stopped as Invalid Recipients	0.4%	791
Spam Detected	8.4%	15.2k
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	2
Messages with Malicious URLs	0.0%	26
Stopped by Content Filter	0.4%	699
Stopped by DMARC	3.3%	5,910
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	33.5%	60.8k
Marketing Messages	14.3%	25.9k
Social Networking Messages	0.3%	581
Bulk Messages	11.6%	21.1k
Total Graymails:	26.2%	47.6k
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	40.2%	73.0k
Total Attempted Messages:		181.4k



January

During the month.

- 33.5% of threat messages had been blocked.
- 26.2% were Graymails (*Graymail is solicited bulk email messages that don't fit the definition of email spam*).
- 40.2% were clean messages that delivered.

MEMORANDUM

Date: February, 24, 2022

From: Tyler Haskell, Interim Compliance Officer

To: SCFHP Executive/Finance Committee

Re. AB 361 compliance

Background

Because the Governor's executive order suspending certain Brown Act requirements expired at the end of September, the Legislature passed AB 361, which was signed into law in September 2021. AB 361 amends Government Code §54953 to permit teleconferencing by local agencies during a declared state of emergency without providing public access to each individual teleconference location. In order to do so, a local agency must, within 30 days of its first teleconference meeting following enactment of AB 361 and every 30 days thereafter, make the following findings by majority vote:

- The local agency has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
 - o The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - o State or local officials continue to impose or recommend measures to promote social distancing.

The Executive Finance Committee met and made the above findings most recently on January 27, and needs to do so again in order for the Governing Board and committees to continue meeting remotely during the ongoing state of emergency. SCFHP bylaws permit the Executive/Finance Committee to act on behalf of the Governing Board on urgent matters.

Recommended Action

Make the following findings and approve continued use of teleconferencing without providing public access to each teleconference location:

- Santa Clara Family Health Plan has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
 - o The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - o State or local officials continue to impose or recommend measures to promote social distancing.



Santa Clara Family
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Unaudited Financial Statements

For Six Months Ended December 31, 2021

Agenda

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Financial Highlights



	MTD		YTD	
Revenue	\$114 M		\$678 M	
Medical Expense (MLR)	\$105 M	92.7%	\$617 M	91.0%
Administrative Expense (% Rev)	\$6.1 M	5.4%	\$36.7 M	5.4%
Other Income/(Expense)	\$153K		\$904K	
Net Surplus (Net Loss)	\$2.4 M		\$25.2 M	
Cash and Investments			\$458 M	
Receivables			\$548 M	
Total Current Assets			\$1,017 M	
Current Liabilities			\$768 M	
Current Ratio			1.32	
Tangible Net Equity			\$280 M	
% of DMHC Requirement			791.0%	

Financial Highlights

Net Surplus (Net Loss)	<ul style="list-style-type: none"> ▶ Month: Surplus of \$2.4M is \$1.3M or 128.6% favorable to budget of \$1.0M surplus. ▶ YTD: Surplus of \$25.2M is \$17.4M or 224.5% favorable to budget of \$7.8M surplus.
Enrollment	<ul style="list-style-type: none"> ▶ Month: Membership was 291,097 (3,974 or 1.3% lower than budget of 295,071). ▶ YTD: Member Months YTD was 1,724,085 (15,811 or 0.9% lower than budget of 1,739,896).
Revenue	<ul style="list-style-type: none"> ▶ Month: \$113.6M (\$1.9M or 1.6% unfavorable to budget of \$115.4M). ▶ YTD: \$678.5M (\$2.1M or 0.3% unfavorable to budget of \$680.6M).
Medical Expenses	<ul style="list-style-type: none"> ▶ Month: \$105.2M (\$2.7M or 2.5% favorable to budget of \$107.9M). ▶ YTD: \$617.4M (\$18.0M or 2.8% favorable to budget of \$635.5M).
Administrative Expenses	<ul style="list-style-type: none"> ▶ Month: \$6.1M (\$801K or 11.6% favorable to budget of \$6.9M). ▶ YTD: \$36.7M (\$3.0M or 7.5% favorable to budget of \$39.7M).
Tangible Net Equity	<ul style="list-style-type: none"> ▶ TNE was \$280.1M (represents approximately three months of total expenses).
Capital Expenditures	<ul style="list-style-type: none"> ▶ YTD Capital Investments of \$937K vs. \$3.3M annual budget, primarily software.



Santa Clara Family
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Detail Analyses

Enrollment



- Total enrollment of 291,097 members is 3,974 or 1.3% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 8,427 members or 3.0%.
- 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 as a result).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 3.0%, Medi-Cal Dual enrollment has increased 2.9%, and CMC enrollment has grown 3.5%.

	For the Month December 2021				For Six Months Ending December 31, 2021				Prior Year Actuals	Δ FY22 vs. FY21
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
Medi-Cal	280,666	284,386	(3,720)	(1.3%)	1,662,153	1,677,526	(15,373)	(0.9%)	1,529,242	8.7%
Cal Medi-Connect	10,431	10,685	(254)	(2.4%)	61,932	62,370	(438)	(0.7%)	56,792	9.1%
Total	291,097	295,071	(3,974)	(1.3%)	1,724,085	1,739,896	(15,811)	(0.9%)	1,586,034	8.7%

Santa Clara Family Health Plan Enrollment By Network December 2021

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	36,806	13%	10,431	100%	47,237	16%
SCVHHS ¹ , Safety Net Clinics, FQHC ² Clinics	139,592	50%	-	0%	139,592	48%
North East Medical Services	3,457	1%	-	0%	3,457	1%
Palo Alto Medical Foundation	7,374	3%	-	0%	7,374	3%
Physicians Medical Group	43,521	16%	-	0%	43,521	15%
Premier Care	15,975	6%	-	0%	15,975	5%
Kaiser	33,941	12%	-	0%	33,941	12%
Total	280,666	100%	10,431	100%	291,097	100%
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	3.0%		3.5%		3.0%	

¹ SCVHHS = Santa Clara Valley Health & Hospital System

² FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD DECEMBER - 2021

		2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	FYTD var	%
NON DUAL	Adult (over 19)	30,327	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	1,656	5.0%
	Child (under 19)	99,012	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	1,245	1.2%
	SPD	22,245	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	236	1.1%
	Adult Expansion	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	4,135	4.6%
	Long Term Care	393	388	380	373	375	367	365	414	408	401	391	385	392	27	7.4%
	Total Non-Duals	235,227	237,137	238,849	240,599	242,678	244,841	246,097	247,493	248,442	249,331	250,099	251,690	253,396	7,299	3.0%

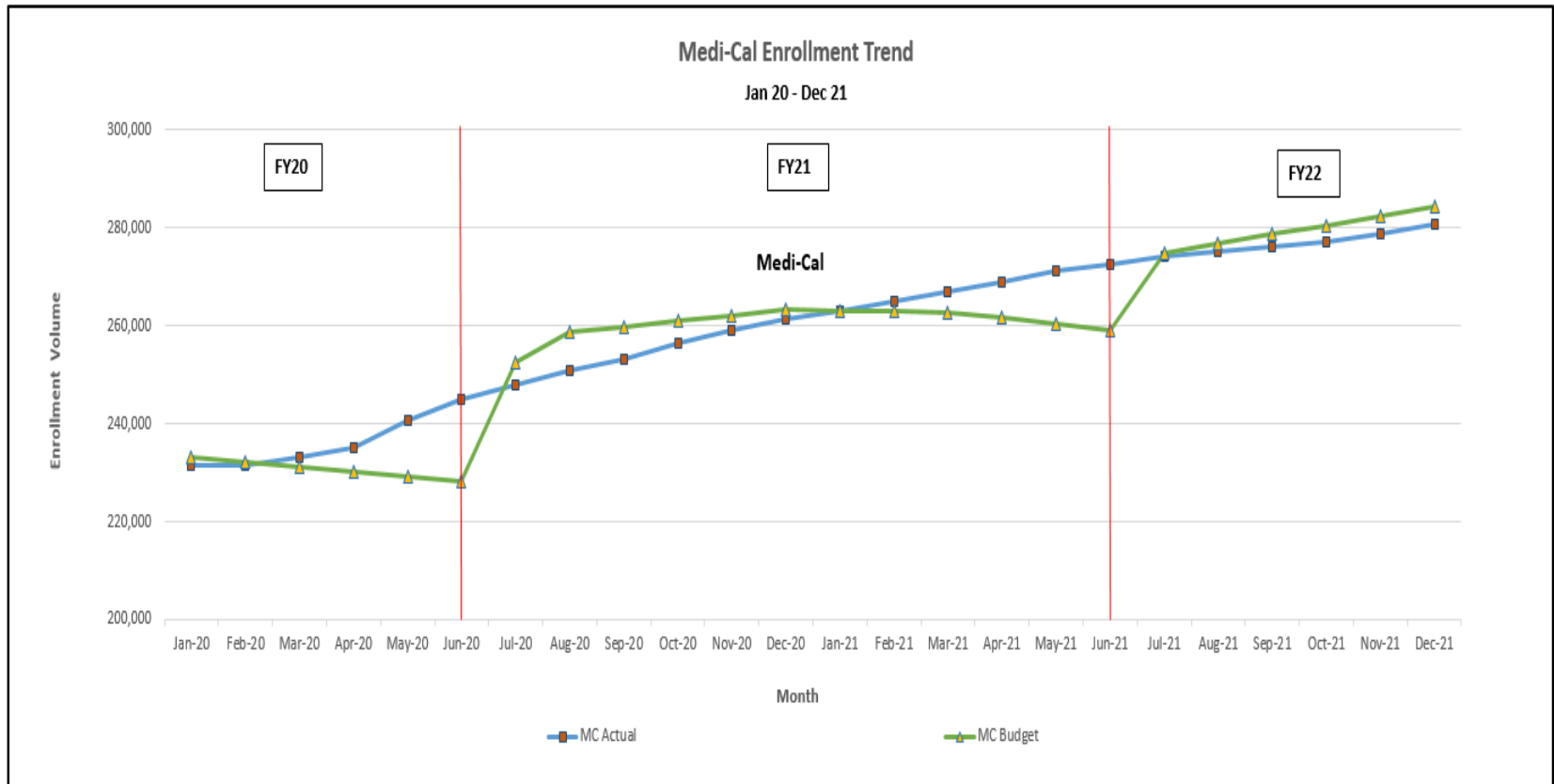
DUAL	Adult (over 21)	353	352	355	361	357	365	366	367	376	375	396	398	408	42	11.5%
	SPD	23,988	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	205	0.9%
	Long Term Care	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	51	4.8%
	SPD OE	537	590	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	479	50.3%
	Total Duals	26,060	25,956	26,246	26,363	26,365	26,405	26,493	26,537	26,785	26,896	27,031	27,183	27,270	777	2.9%

Total Medi-Cal	261,287	263,093	265,095	266,962	269,043	271,246	272,590	274,030	275,227	276,227	277,130	278,873	280,666	8,076	3.0%
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CMC	CMC Non-Long Term Care	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	326	3.3%
	CMC - Long Term Care	207	193	187	184	179	180	185	209	208	203	208	204	210	25	13.5%
	Total CMC	9,820	9,807	9,893	9,880	9,924	9,989	10,080	10,148	10,245	10,325	10,368	10,415	10,431	351	3.5%

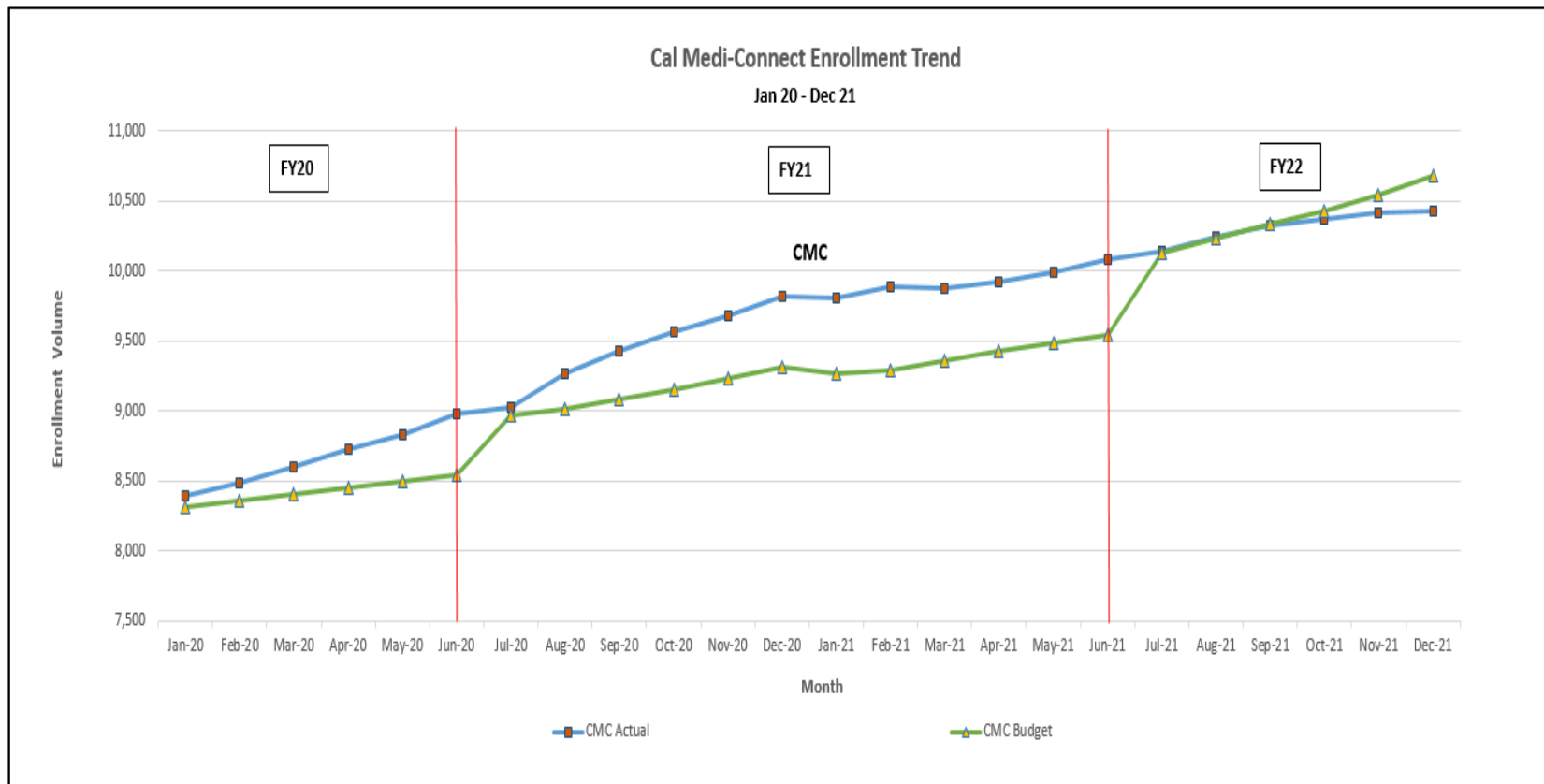
Total Enrollment	271,107	272,900	274,988	276,842	278,967	281,235	282,670	284,178	285,472	286,552	287,498	289,288	291,097	8,427	3.0%
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Medi-Cal Enrollment Trend



- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. New budget effective July 2021.

Cal Medi-Connect Enrollment Trend

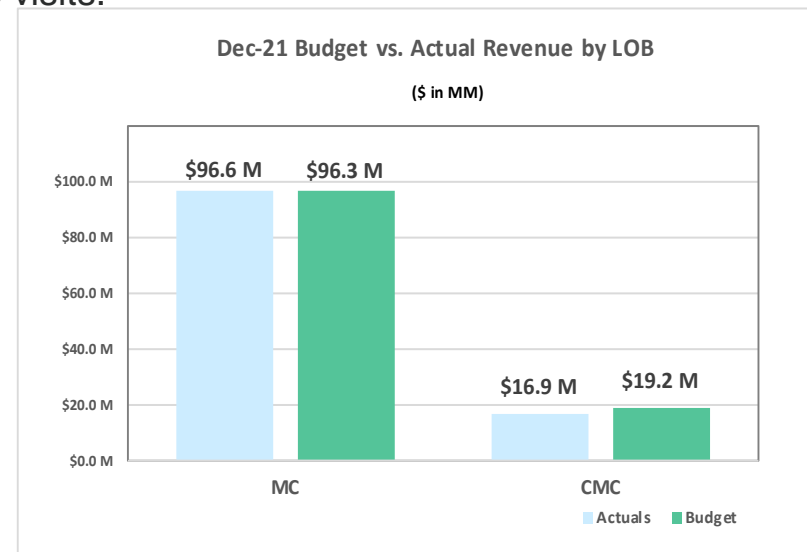
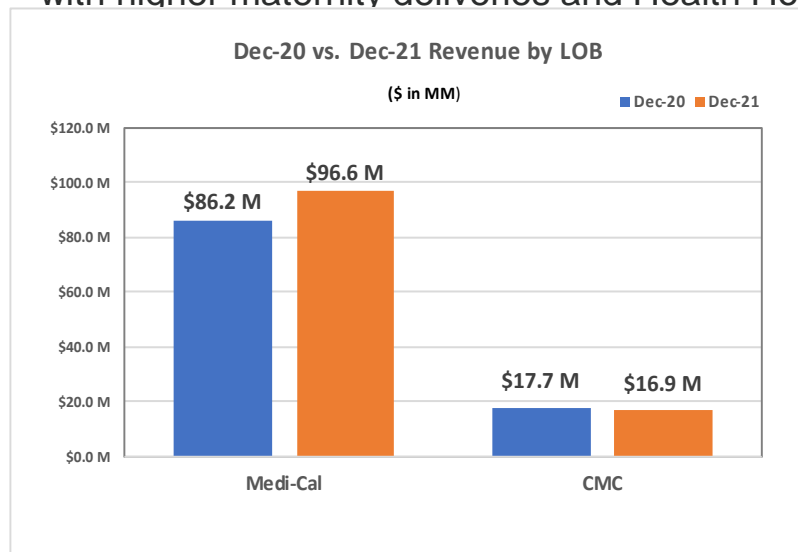


- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. New budget effective July 2021.

Current Month Revenue

Current month revenue of \$113.6M was \$1.9M or 1.6% unfavorable to budget of \$115.4M. The current month variance was primarily due to the following:

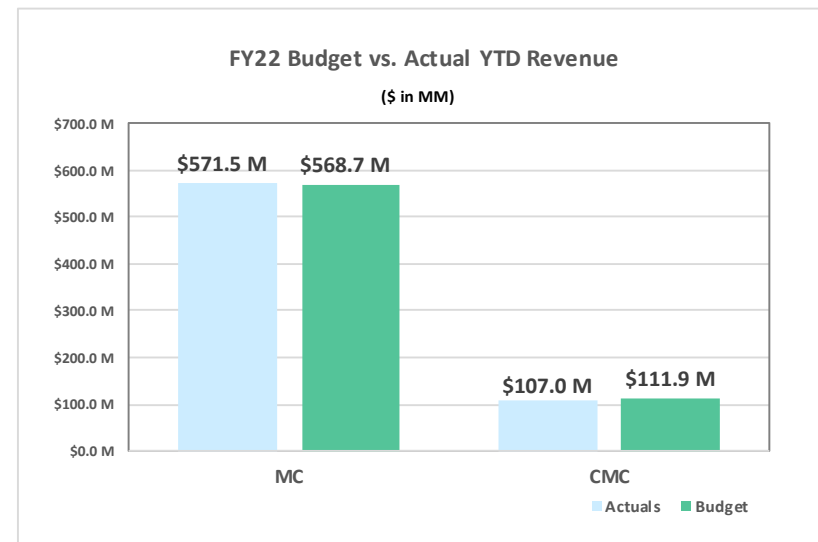
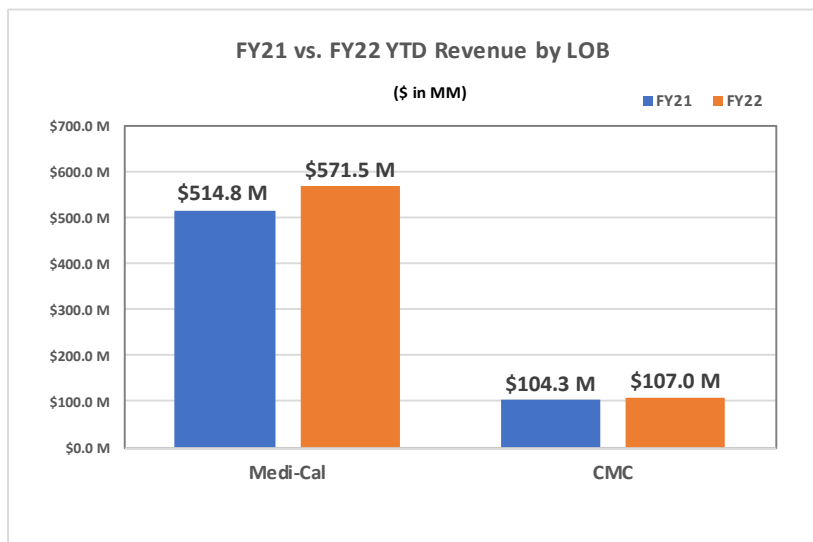
- CMC revenue was \$2.3M unfavorable to budget due to additional CY20 medical loss ratio (MLR) accrual payables to DHCS and CMS and lower enrollment versus budget, partially offset by higher CY22 Medi-Cal CMC rate.
- Medi-Cal revenue was \$737K favorable to budget due to higher CY21 MLTSS, Non Dual LTC and SPD rates and new COVID program revenue, partly offset by lower enrollment than budget.
- MCAL Prop-56 revenue was \$214K unfavorable to budget due to lower enrollment than estimated budget (offset with favorable Prop-56 expense).
- Supplemental kick revenue was \$153K unfavorable to budget due to lower BHT utilization, offset with higher maternity deliveries and Health Home visits.



YTD Revenue

YTD revenue of \$678.5M was \$2.1M unfavorable to budget of \$680.6M. The YTD variance was primarily due to the following:

- Supplemental kick revenue was \$3.0M favorable to budget due to increased utilization in BHT, Health Homes, Hep-C and higher maternity deliveries.
- CMC revenue was \$4.9M unfavorable to budget due to potential CY20 Medical Loss Ratio reserves to DHCS and CMS and lower enrollment, offset by CY20 Part-D Reconciliation payment and higher CY21 CCI rate.
- MCAL Prop-56 revenue is \$1.2M unfavorable to budget due to lower enrollment than estimated budget (offset with favorable Prop-56 expense).
- Medi-Cal revenue is \$1.0M favorable to budget due to higher CY21 CCI, Non Dual LTC and SPD rates and COVID program revenue, offset by lower enrollment than budget.

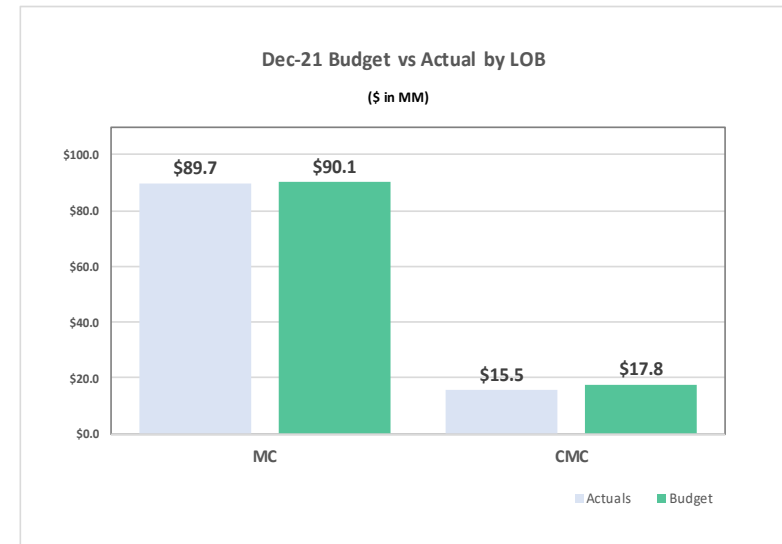
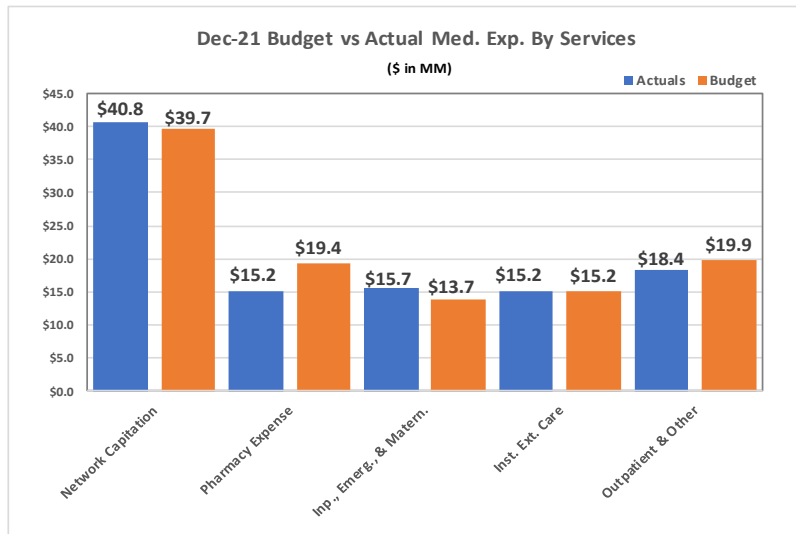


Current Month Medical Expense

Current month medical expense of \$105.2M was \$2.7M or 2.5% favorable to budget of \$107.9M.

The current month variance was due largely to:

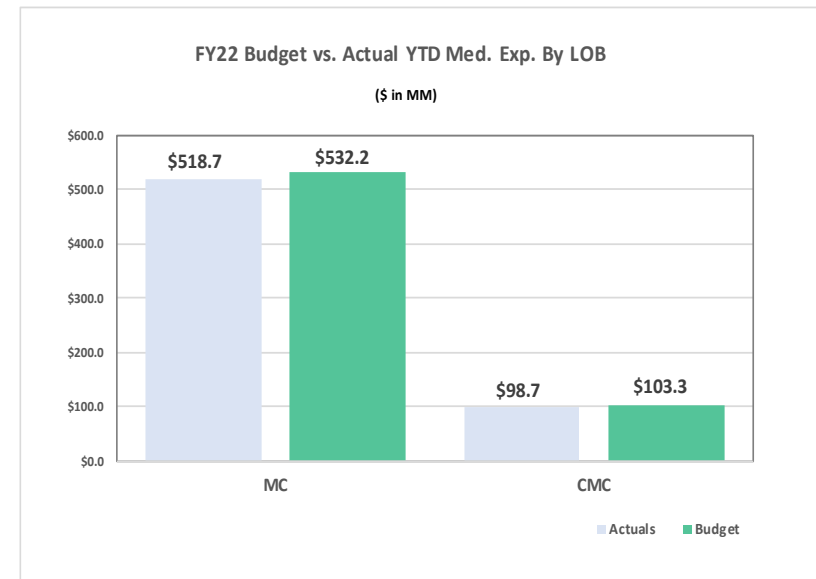
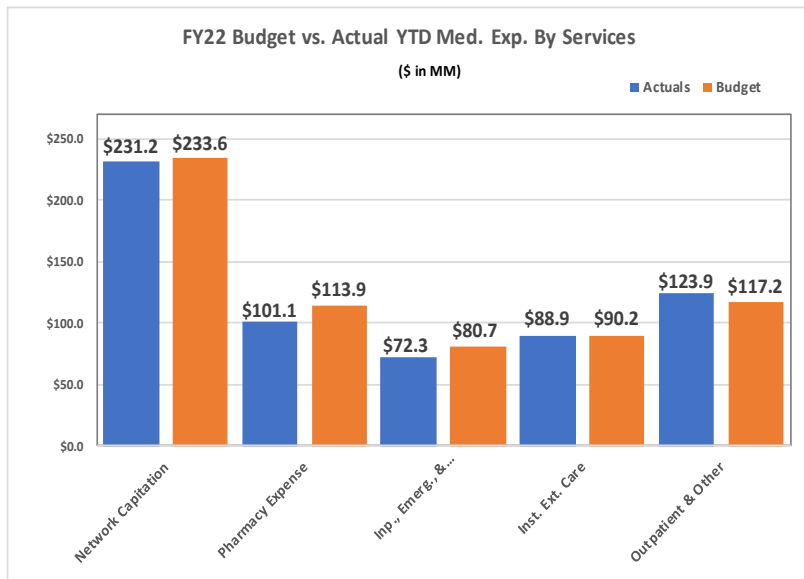
- Pharmacy expenses were \$4.2M or 21.6% favorable to budget due to lower enrollment, thus lower overall pharmacy costs compared with budget and rebate balance reconciliation with PBM statement. Our budget was based on historical mix of drugs and diabetic drugs made up 24.4% of the pharmacy budget. The actual costs of diabetic drugs were lower due to the decreased enrollment.
- Capitation expense was \$1.0M or 2.6% unfavorable to budget due to CY21 MLTSS Dual cap rate increase, offset by lower capitated enrollment.
- Fee-For-Service expenses reflected a \$815K or 1.8% unfavorable variance due to differences in unit costs in Outpatient, PCP, Specialty, Other Non MLTSS, Behavior Health and Transportation services.
- Vision, Reinsurance and Other Expenses were \$322K or 8.5% favorable to budget due to a favorable third party liability claim recovery and lower VSP enrollment.



YTD Medical Expense

YTD medical expense of \$617.4M was \$18.0M or 2.8% favorable to budget of \$635.4M. The YTD variance was due largely to:

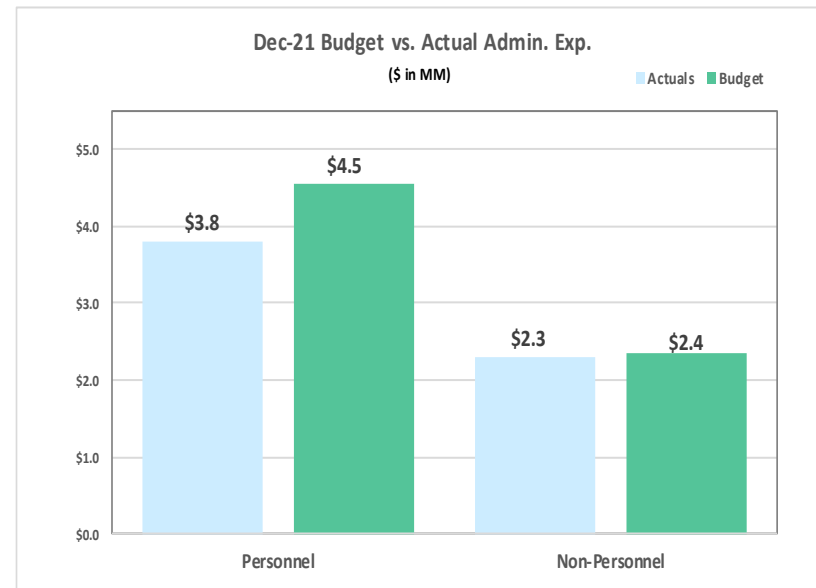
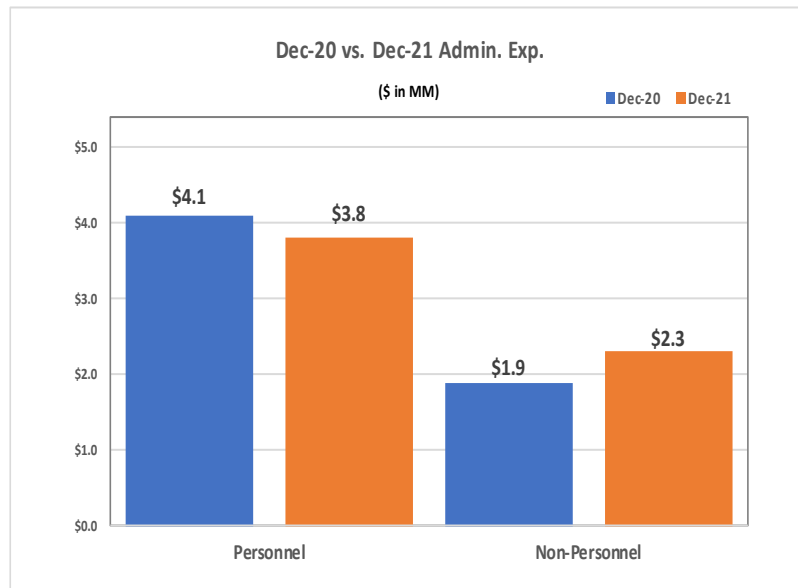
- Pharmacy expenses were \$12.7M or 11.2% favorable to budget, due to lower enrollment, thus lower overall pharmacy costs. Actual costs of diabetic drugs were also affected by lower enrollment.
- Capitation expense was \$2.3M or 1.0% favorable to budget due to lower capitated MC enrollment.
- Vision, Reinsurance and Other expenses were \$1.7M or 7.6% favorable to budget due to timing of spending on Board Designated expenses and lower VSP enrollment.
- Fee-For-Service expenses reflected a net \$1.2M or 0.5% favorable variance due to lower enrollment, which caused lower utilization in Inpatient and LTC, offset by unexpected cost increases in Outpatient, Specialty, PCP, ER and increased supplemental services such as Behavioral Health Therapy, Health Home and high maternity deliveries (offset with favorable revenue variance).



Current Month Administrative Expense

Current month expense of \$6.1M was \$801K or 11.6% favorable to budget of \$6.9M. The current month variances were primarily due to the following:

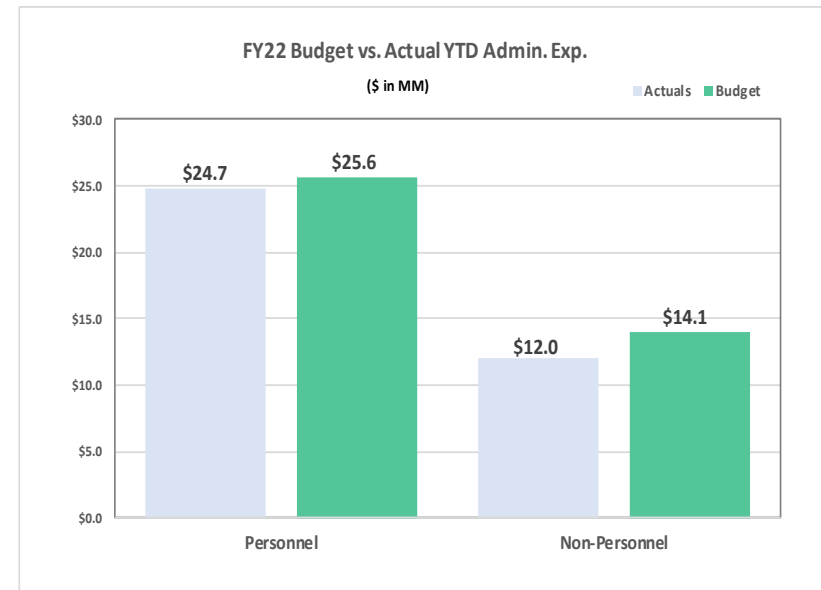
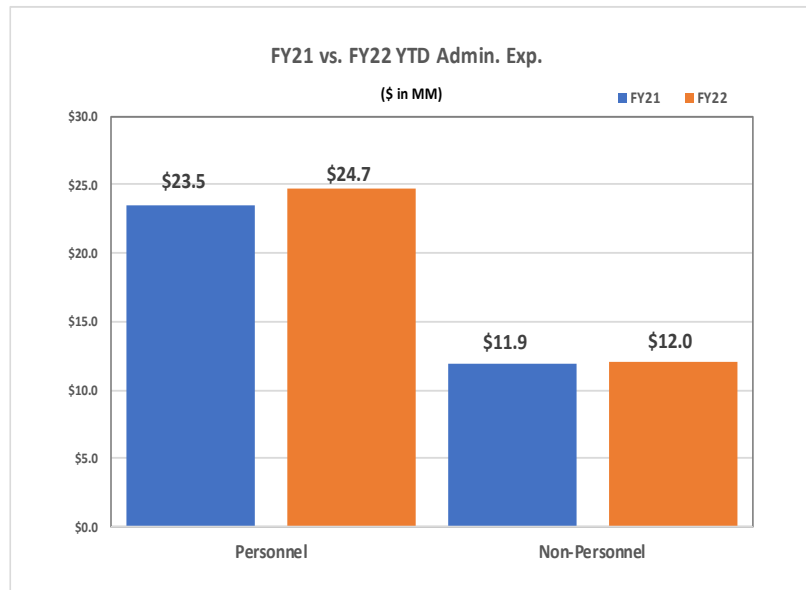
- Personnel expenses were \$742K or 16.3% favorable to budget due to lower headcount than budget which included payroll tax, benefit savings and CalPERS reconciliations.
- Non-Personnel expenses were \$59K or 2.5% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees) which are expected to be incurred later in the fiscal year.



YTD Administrative Expense

YTD administrative expense of \$36.7M was \$3.0M or 7.5% favorable to budget of \$39.7M. The YTD variance was primarily due to the following:

- Personnel expenses were \$905K or 3.5% favorable to budget due to lower headcount than budget which included lower payroll tax, benefits and CalPERS reconciliations.
- Non-Personnel expenses were \$2.1M or 14.7% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees) which are expected to be incurred later in the fiscal year.



Balance Sheet



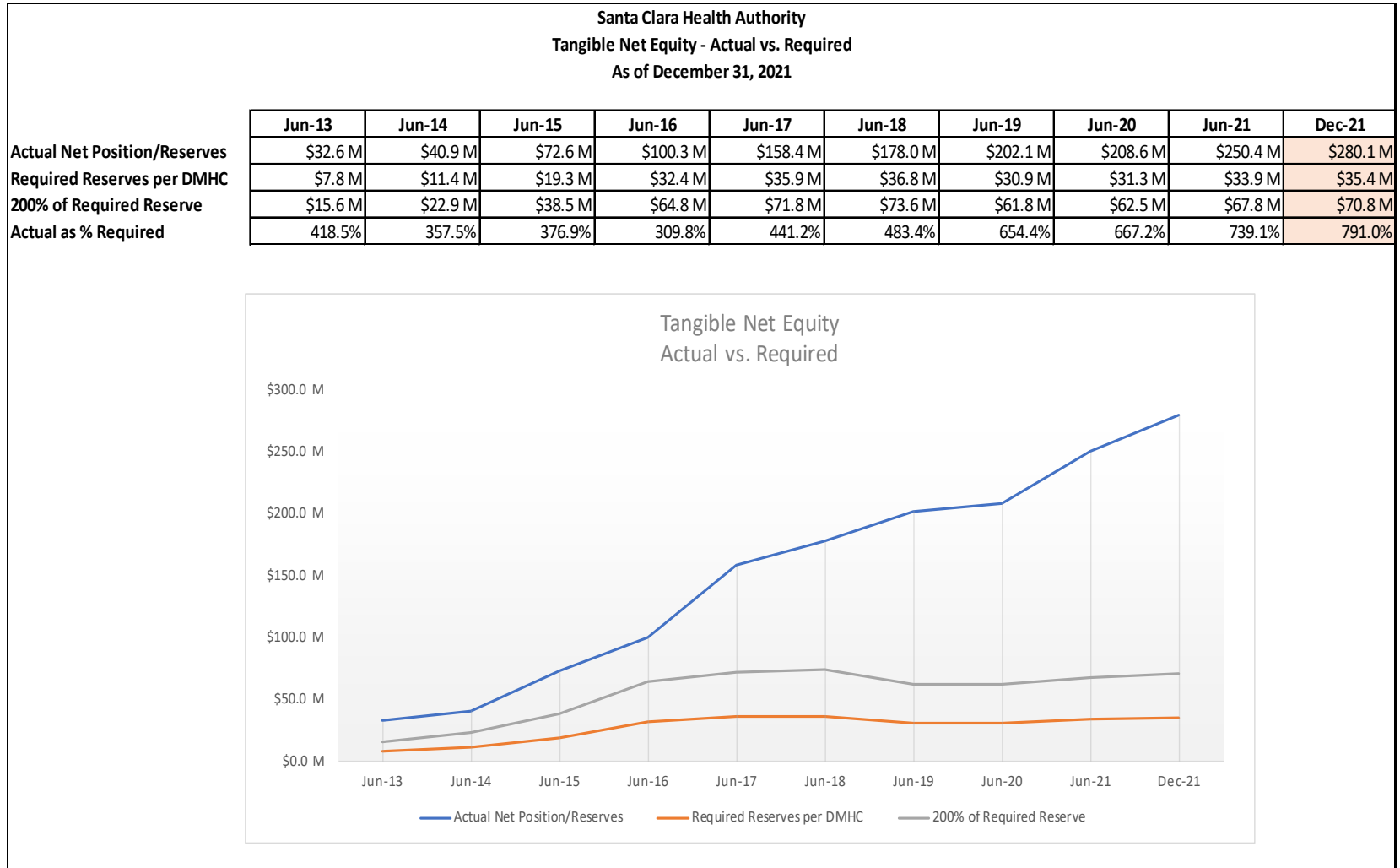
- Current assets totaled \$1.02B compared to current liabilities of \$768.4M, yielding a current ratio (Current Assets/Current Liabilities) of 1.32:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by \$50.4M compared to the cash balance as of year-end June 30, 2021 due to the timing of inflows and outflows.
- 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	\$183,007,193	0.75%	\$100,000	\$647,954
Wells Fargo Investments	\$45,011	0.00%	(\$2,254)	\$34,513
City National Bank Investments	\$224,633,070	0.00%	\$21,796	\$21,796
	<u>\$407,685,274</u>		<u>\$119,542</u>	<u>\$704,263</u>
Cash & Equivalents				
Bank of the West Money Market	\$66,875	0.10%	\$976	\$3,289
City National Bank Accounts	\$36,528,151	0.01%	\$444	\$827
Wells Fargo Bank Accounts	\$13,829,036	0.01%	\$194	\$1,892
	<u>\$50,424,061</u>		<u>\$1,613</u>	<u>\$6,009</u>
Assets Pledged to DMHC				
Restricted Cash	\$325,000	0.18%	\$0	\$0
Petty Cash				
	\$500	0.00%	\$0	\$0
Month-End Balance	<u>\$458,434,836</u>		<u>\$121,155</u>	<u>\$710,272</u>

- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- The investment transition from Wells Fargo to City National Bank was largely completed in December.
- Overall cash and investment yield is lower than budget (0.30% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was \$280.1M - representing approximately three months of the Plan's total expenses.



Reserves Analysis

SCFHP RESERVES ANALYSIS DECEMBER 2021				
Financial Reserve Target #1: Tangible Net Equity				
	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				\$237,235,184 *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	\$4,000,000	\$483,710	\$363,710	\$3,636,290
Innovation & COVID-19 Fund	\$16,000,000	\$6,442,273	\$3,076,590	\$12,923,410
Subtotal	\$20,000,000	\$6,925,983	\$3,440,300	\$16,559,700
Net Book Value of Fixed Assets				\$25,938,175
Restricted Under Knox-Keene Agreement				\$325,000
Total Tangible Net Equity (TNE)				\$280,058,059
Current Required TNE				\$35,405,599
TNE %				791.0%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				\$123,919,598
500% of Required TNE (High)				\$177,027,997
Total TNE Above/(Below) SCFHP Low Target				\$156,138,461
Total TNE Above/(Below) High Target				\$103,030,062
Financial Reserve Target #2: Liquidity				
Cash & Investments				\$458,434,836
Less Pass-Through Liabilities:				
Hospital Directed Payments				(18,627,663)
MCO Tax Payable to State of CA				(35,024,325)
Whole Person Care / Prop 56				(51,817,008)
Other Pass-Through Liabilities (Note 2)				(77,498,212)
Total Pass-Through Liabilities				(182,967,209)
Net Cash Available to SCFHP				275,467,627
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(172,178,440)
60 Days of Total Operating Expense				(229,571,253)
Liquidity Above/(Below) SCFHP Low Target				103,289,187
Liquidity Above/(Below) High Target				\$45,896,374

- **Unrestricted Net Assets represents approximately 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

- YTD Capital investments of \$937K, largely due to software licensing, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	\$61,683	\$55,800
Hardware	\$243,071	\$1,060,000
Software	\$515,173	\$1,896,874
Building Improvements	\$113,589	\$62,000
Furniture & Equipment	\$3,391	\$179,101
TOTAL	\$936,906	\$3,253,775



Santa Clara Family
Health Plan™

Financial Statements

Income Statement



Santa Clara County Health Authority INCOME STATEMENT For Six Months Ending December 31, 2021

	Dec-2021		Dec-2021		Current Month Variance		YTD Dec-2021		YTD Dec-2021		YTD Variance	
	Actuals	% of Rev	Budget	% of Rev	\$	%	Actuals	% of Rev	Budget	% of Rev	\$	%
REVENUES												
MEDI-CAL	\$ 96,645,527	85.1%	\$ 96,274,870	83.4%	\$ 370,657	0.4%	\$ 571,476,869	84.2%	\$ 568,701,661	83.6%	\$ 2,775,208	0.5%
CMC MEDI-CAL	10,092,099	8.9%	3,882,995	3.4%	6,209,104	159.9%	21,998,444	3.2%	22,665,145	3.3%	(666,701)	(2.9%)
CMC MEDICARE	6,830,349	6.0%	15,287,777	13.2%	(8,457,428)	(55.3%)	84,979,830	12.5%	89,237,125	13.1%	(4,257,295)	(4.8%)
TOTAL CMC	16,922,448	14.9%	19,170,773	16.6%	(2,248,324)	(11.7%)	106,978,275	15.8%	111,902,270	16.4%	(4,923,996)	(4.4%)
TOTAL REVENUE	\$ 113,567,976	100.0%	\$ 115,445,643	100.0%	\$ (1,877,667)	(1.6%)	\$ 678,455,143	100.0%	\$ 680,603,931	100.0%	\$ (2,148,788)	(0.3%)
MEDICAL EXPENSES												
MEDI-CAL	\$ 89,682,636	79.0%	\$ 90,116,167	78.1%	\$ 433,531	0.5%	\$ 518,696,010	76.5%	\$ 532,190,258	78.2%	\$ 13,494,248	2.5%
CMC MEDI-CAL	3,206,290	2.8%	3,100,291	2.7%	(106,000)	(3.4%)	19,594,378	2.9%	18,092,332	2.7%	(1,502,046)	(8.3%)
CMC MEDICARE	12,341,049	10.9%	14,670,654	12.7%	2,329,605	15.9%	79,141,046	11.7%	85,175,730	12.5%	6,034,683	7.1%
TOTAL CMC	15,547,340	13.7%	17,770,945	15.4%	2,223,605	12.5%	98,735,425	14.6%	103,268,062	15.2%	4,532,637	4.4%
TOTAL MEDICAL EXPENSES	\$ 105,229,976	92.7%	\$ 107,887,112	93.5%	\$ 2,657,136	2.5%	\$ 617,431,435	91.0%	\$ 635,458,320	93.4%	\$ 18,026,885	2.8%
GROSS MARGIN	\$ 8,338,000	7.3%	\$ 7,558,531	6.5%	\$ 779,469	10.3%	\$ 61,023,708	9.0%	\$ 45,145,611	6.6%	\$ 15,878,097	35.2%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	\$ 3,803,501	3.3%	\$ 4,545,022	3.9%	\$ 741,522	16.3%	\$ 24,737,906	3.6%	\$ 25,643,128	3.8%	\$ 905,223	3.5%
RENTS AND UTILITIES	25,461	0.0%	42,067	0.0%	16,605	39.5%	214,660	0.0%	252,400	0.0%	37,741	15.0%
PRINTING AND ADVERTISING	53,356	0.0%	107,542	0.1%	54,186	50.4%	336,169	0.0%	647,250	0.1%	311,081	48.1%
INFORMATION SYSTEMS	291,324	0.3%	376,194	0.3%	84,871	22.6%	1,837,260	0.3%	2,257,165	0.3%	419,905	18.6%
PROF FEES/CONSULTING/TEMP STAFFING	1,049,633	0.9%	1,100,065	1.0%	50,432	4.6%	5,313,913	0.8%	6,575,570	1.0%	1,261,657	19.2%
DEPRECIATION/INSURANCE/EQUIPMENT	402,134	0.4%	435,817	0.4%	33,683	7.7%	2,380,179	0.4%	2,510,756	0.4%	130,577	5.2%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	55,912	0.0%	62,242	0.1%	6,330	10.2%	332,923	0.0%	374,053	0.1%	41,131	11.0%
MEETINGS/TRAVEL/DUES	76,761	0.1%	129,008	0.1%	52,247	40.5%	597,186	0.1%	832,699	0.1%	235,513	28.3%
OTHER	339,522	0.3%	100,557	0.1%	(238,965)	(237.6%)	970,412	0.1%	602,440	0.1%	(367,972)	(61.1%)
TOTAL ADMINISTRATIVE EXPENSES	\$ 6,097,604	5.4%	\$ 6,898,514	6.0%	\$ 800,911	11.6%	\$ 36,720,607	5.4%	\$ 39,695,463	5.8%	\$ 2,974,856	7.5%
OPERATING SURPLUS/(LOSS)	\$ 2,240,396	2.0%	\$ 660,016	0.6%	\$ 1,580,380	239.4%	\$ 24,303,101	3.6%	\$ 5,450,148	0.8%	\$ 18,852,952	345.9%
INTEREST & INVESTMENT INCOME	\$ 121,155	0.1%	\$ 350,000	0.3%	\$ (228,845)	(65.4%)	\$ 710,272	0.1%	\$ 2,100,000	0.3%	\$ (1,389,728)	(66.2%)
OTHER INCOME	31,543	0.0%	36,782	0.0%	(5,239)	(14.2%)	194,086	0.0%	217,507	0.0%	(23,421)	(10.8%)
NON-OPERATING INCOME	\$ 152,698	0.1%	\$ 386,782	0.3%	\$ (234,084)	(60.5%)	\$ 904,357	0.1%	\$ 2,317,507	0.3%	\$ (1,413,149)	(61.0%)
NET SURPLUS (LOSS)	\$ 2,393,094	2.1%	\$ 1,046,798	0.9%	\$ 1,346,296	128.6%	\$ 25,207,458	3.7%	\$ 7,767,655	1.1%	\$ 17,439,803	224.5%

Balance Sheet



SANTA CLARA COUNTY HEALTH AUTHORITY				
As of December 31, 2021				
	Dec-2021	Nov-2021	Oct-2021	Dec-2020
Assets				
Current Assets				
Cash and Investments	\$ 458,434,836	\$ 466,788,242	\$ 419,572,935	\$ 335,480,779
Receivables	547,776,814	534,499,409	543,449,653	561,944,558
Prepaid Expenses and Other Current Assets	10,313,774	9,457,131	9,965,990	10,139,670
Total Current Assets	\$ 1,016,525,423	\$ 1,010,744,782	\$ 972,988,578	\$ 907,565,007
Long Term Assets				
Property and Equipment	\$ 52,459,777	\$ 52,391,413	\$ 52,379,458	\$ 50,627,203
Accumulated Depreciation	(26,521,602)	(26,182,555)	(25,843,393)	(22,461,569)
Total Long Term Assets	25,938,175	26,208,858	26,536,065	28,165,634
Total Assets	\$ 1,042,463,598	\$ 1,036,953,640	\$ 999,524,643	\$ 935,730,641
Deferred Outflow of Resources				
	\$ 6,493,990	\$ 6,716,867	\$ 6,939,744	\$ 8,402,260
Total Assets & Deferred Outflows	\$ 1,048,957,589	\$ 1,043,670,507	\$ 1,006,464,387	\$ 944,132,901
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	\$ 7,102,079	\$ 6,408,024	\$ 6,148,888	\$ 8,192,320
Deferred Rent	46,542	46,840	47,138	48,243
Employee Benefits	3,812,771	3,633,460	3,624,197	2,858,642
Retirement Obligation per GASB 75	2,218,787	2,138,537	2,058,287	2,618,301
Whole Person Care / Prop 56	51,817,008	54,455,374	51,365,781	44,179,230
Payable to Hospitals	18,152,889	103,310	103,313	37,699,413
Payable to Hospitals	474,774	474,793	474,714	832,942
Pass-Throughs Payable	759,037	23,359,600	22,600,898	26,787
Due to Santa Clara County Valley Health Plan and Kaiser	29,971,646	33,147,948	29,394,756	22,553,954
MCO Tax Payable - State Board of Equalization	35,024,325	24,893,369	14,763,539	27,346,174
Due to DHCS	76,739,175	74,135,967	64,964,098	45,596,872
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,990,933	419,268,582
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	113,956,220	113,815,295	106,913,541	107,840,726
Total Current Liabilities	\$ 768,360,212	\$ 764,897,474	\$ 730,744,108	\$ 727,356,210
Non-Current Liabilities				
Net Pension Liability GASB 68	(0)	568,750	455,000	1,704,912
Total Non-Current Liabilities	\$ (0)	\$ 568,750	\$ 455,000	\$ 1,704,912
Total Liabilities	\$ 768,360,212	\$ 765,466,224	\$ 731,199,108	\$ 729,061,122
Deferred Inflow of Resources				
	\$ 539,318	\$ 539,318	\$ 539,318	\$ 1,661,827
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	\$ 3,636,290	\$ 3,636,290	\$ 3,337,274	\$ 3,419,274
Board Designated Fund: Innovation & COVID-19 Fund	12,923,410	13,060,990	13,432,004	13,830,001
Invested in Capital Assets (NBV)	25,938,175	26,208,858	26,536,065	28,165,634
Restricted under Knox-Keene agreement	325,000	325,000	325,000	305,350
Unrestricted Net Equity	212,027,726	211,619,464	211,220,259	162,920,529
Current YTD Income (Loss)	25,207,458	22,814,364	19,875,360	4,769,165
Total Net Assets / Reserves	\$ 280,058,059	\$ 277,664,965	\$ 274,725,961	\$ 213,409,952
Total Liabilities, Deferred Inflows and Net Assets	\$ 1,048,957,589	\$ 1,043,670,507	\$ 1,006,464,387	\$ 944,132,901

Cash Flow Statement



	<u>Dec-2021</u>	<u>Year-to-date</u>
Cash Flows from Operating Activities		
Premiums Received	\$ 113,024,735	\$ 664,176,085
Medical Expenses Paid	(108,265,353)	(604,876,572)
Administrative Expenses Paid	(13,197,122)	(8,904,194)
Net Cash from Operating Activities	<u>\$ (8,437,740)</u>	<u>\$ 50,395,319</u>
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	\$ (68,365)	\$ (936,906)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	152,698	904,357
Net Increase/(Decrease) in Cash & Cash Equivalents	<u>\$ (8,353,407)</u>	<u>\$ 50,362,770</u>
Cash & Investments (Beginning)	466,788,242	408,072,066
Cash & Investments (Ending)	<u>\$ 458,434,836</u>	<u>\$ 458,434,836</u>
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	\$ 2,240,396	\$ 24,303,101
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	339,047	2,055,395
Changes in Operating Assets/Liabilities		
Premiums Receivable	(13,277,405)	(35,557,288)
Prepays & Other Assets	(856,643)	(1,597,269)
Accounts Payable & Accrued Liabilities	(6,236,049)	26,438,921
State Payable	12,734,164	21,278,230
IGT, HQAF & Other Provider Payables	(3,176,302)	6,185,967
Net Pension Liability	(568,750)	0
Medical Cost Reserves & PDR	140,925	6,368,896
Total Adjustments	<u>\$ (10,678,136)</u>	<u>\$ 26,092,218</u>
Net Cash from Operating Activities	<u>\$ (8,437,740)</u>	<u>\$ 50,395,319</u>

Statement of Operations by Line of Business - YTD



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

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	\$571,476,869	\$21,998,444	\$84,979,830	\$106,978,275	\$678,455,143
MEDICAL EXPENSE	\$518,696,010	\$19,594,378	\$79,141,046	\$98,735,425	\$617,431,435
(MLR)	90.8%	89.1%	93.1%	92.3%	91.0%
GROSS MARGIN	\$52,780,858	\$2,404,066	\$5,838,784	\$8,242,850	\$61,023,708
ADMINISTRATIVE EXPENSE	\$30,930,531	\$1,190,641	\$4,599,436	\$5,790,077	\$36,720,607
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	\$21,850,327	\$1,213,425	\$1,239,348	\$2,452,773	\$24,303,101
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	\$761,759	\$29,323	\$113,275	\$142,598	\$904,357
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	\$22,612,086	\$1,242,749	\$1,352,623	\$2,595,372	\$25,207,458
PMPM (ALLOCATED BASIS)					
REVENUE	\$343.82	\$355.20	\$1,372.15	\$1,727.35	\$393.52
MEDICAL EXPENSES	\$312.06	\$316.39	\$1,277.87	\$1,594.26	\$358.12
GROSS MARGIN	\$31.75	\$38.82	\$94.28	\$133.10	\$35.39
ADMINISTRATIVE EXPENSES	\$18.61	\$19.22	\$74.27	\$93.49	\$21.30
OPERATING INCOME/(LOSS)	\$13.15	\$19.59	\$20.01	\$39.60	\$14.10
OTHER INCOME/(EXPENSE)	\$0.46	\$0.47	\$1.83	\$2.30	\$0.52
NET INCOME/(LOSS)	\$13.60	\$20.07	\$21.84	\$41.91	\$14.62
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,662,153	61,932	61,932	61,932	1,724,085
REVENUE BY LOB	84.2%	3.2%	12.5%	15.8%	100.0%



Santa Clara Family
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Appendices

Statement of Operations by Line of Business – Current Month



Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For the Month December 2021

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	\$96,645,527	\$10,092,099	\$6,830,349	\$16,922,448	\$113,567,976
MEDICAL EXPENSE (MLR)	\$89,682,636 92.8%	\$3,206,290 31.8%	\$12,341,049 180.7%	\$15,547,340 91.9%	\$105,229,976 92.7%
GROSS MARGIN	\$6,962,891	\$6,885,809	(\$5,510,700)	\$1,375,109	\$8,338,000
ADMINISTRATIVE EXPENSE (% of Revenue Allocation)	\$5,189,017	\$541,857	\$366,730	\$908,587	\$6,097,604
OPERATING SURPLUS/(LOSS) (% of Revenue Allocation)	\$1,773,874	\$6,343,952	(\$5,877,430)	\$466,522	\$2,240,396
OTHER INCOME/(EXPENSE) (% of Revenue Allocation)	\$129,945	\$13,569	\$9,184	\$22,753	\$152,698
NET SURPLUS/(LOSS)	\$1,903,819	\$6,357,521	(\$5,868,246)	\$489,275	\$2,393,094
PMPM (ALLOCATED BASIS)					
REVENUE	\$344.34	\$967.51	\$654.81	\$1,622.32	\$390.14
MEDICAL EXPENSES	\$319.54	\$307.38	\$1,183.11	\$1,490.49	\$361.49
GROSS MARGIN	\$24.81	\$660.13	(\$528.30)	\$131.83	\$28.64
ADMINISTRATIVE EXPENSES	\$18.49	\$51.95	\$35.16	\$87.10	\$20.95
OPERATING INCOME/(LOSS)	\$6.32	\$608.18	(\$563.46)	\$44.72	\$7.70
OTHER INCOME/(EXPENSE)	\$0.46	\$1.30	\$0.88	\$2.18	\$0.52
NET INCOME/(LOSS)	\$6.78	\$609.48	(\$562.58)	\$46.91	\$8.22
ALLOCATION BASIS:					
MEMBER MONTHS	280,666	10,431	10,431	10,431	291,097
REVENUE BY LOB	85.1%	8.9%	6.0%	14.9%	100.0%

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JANUARY - 2022

		2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	FYTD var	%
NON DUAL	Adult (over 19)	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	2,655	8.0%
	Child (under 19)	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	2,039	2.0%
	SPD	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	439	2.0%
	Adult Expansion	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	5,862	6.5%
	Long Term Care	388	380	373	375	367	365	414	408	401	391	385	392	391	26	7.1%
	Total Non-Duals	237,137	238,849	240,599	242,678	244,841	246,097	247,493	248,442	249,331	250,099	251,690	253,396	257,118	11,021	4.5%

DUAL	Adult (over 21)	352	355	361	357	365	366	367	376	375	396	398	408	410	44	12.0%
	SPD	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	215	0.9%
	Long Term Care	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	25	2.4%
	SPD OE	590	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	544	57.1%
	Total Duals	25,956	26,246	26,363	26,365	26,405	26,493	26,537	26,785	26,896	27,031	27,183	27,270	27,321	828	3.1%

Total Medi-Cal	263,093	265,095	266,962	269,043	271,246	272,590	274,030	275,227	276,227	277,130	278,873	280,666	284,439	11,849	4.3%
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CMC	CMC Non-Long Term Care	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	122	1.2%
	CMC - Long Term Care	193	187	184	179	180	185	209	208	203	208	204	210	202	17	9.2%
	Total CMC	9,807	9,893	9,880	9,924	9,989	10,080	10,148	10,245	10,325	10,368	10,415	10,431	10,219	139	1.4%

Total Enrollment	272,900	274,988	276,842	278,967	281,235	282,670	284,178	285,472	286,552	287,498	289,288	291,097	294,658	11,988	4.2%
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**Santa Clara Family
Health Plan™**

DHCS Comprehensive Quality Strategy 2022 - Overview

Johanna Liu, Director, Quality & Process Improvement

DHCS ten-year vision for Medi-Cal

- The people served by Medi-Cal should have **longer, healthier, and happier lives.** In this whole-system, person-centered, and population health approach to care, **health care services are only one element of supporting better health** in the population. **Partnerships** with Medi-Cal beneficiaries, communities, community-based organizations (CBO), schools, public health agencies, counties, and health care systems will be **essential to preventing illness, supporting health care needs, addressing health disparities, and reducing the impact of poor health.**

DHCS Comprehensive Quality Strategy (CQS) 2022

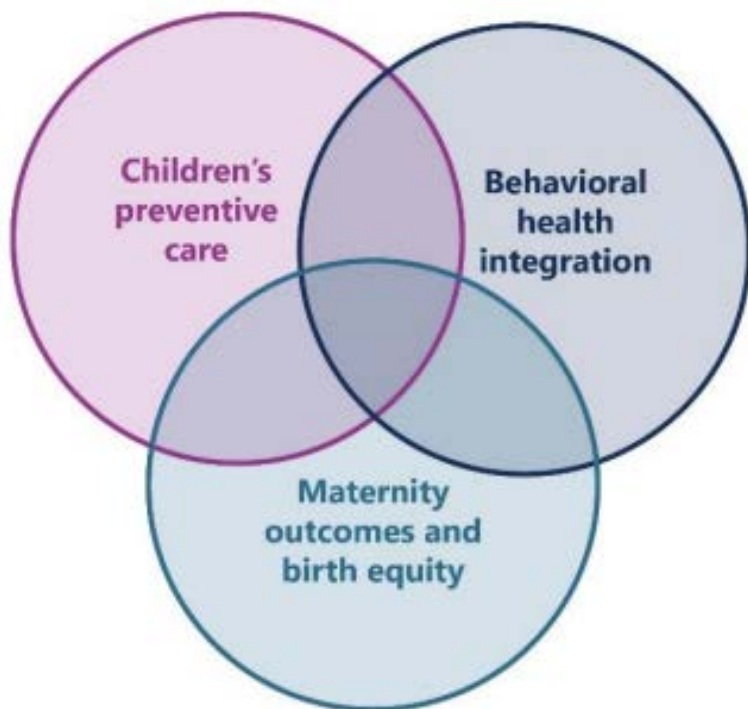
- Overview of all DHCS health care, including managed care, FFS, and other programs
- Includes overarching quality and health equity goals
- Reinforces DHCS' commitment to health equity in all program activities
- Review and evaluation of effectiveness of 2018 Managed Care Quality Strategy

1.2 Medi-Cal Program Changes

- DHCS currently restructuring the MCMC contract and an RFP for commercial MCMCs statewide was released on February 9, 2022
 - Procurement and updated standard contract demonstrates shift in expectations for MCMCs and will be a primary vehicle by which DHCS will ensure quality, transparency, and accountability in the managed care program
 - Implementation date for new contracts is January 1, 2024
- Cal MediConnect enrollees will transition to Medicare D-SNPs and affiliated MCMC plans as of January 1, 2023 in a D-SNP Exclusively Aligned Enrollment approach

2.1 Clinical Focus Areas

Figure 17: DHCS Clinical Focus Areas



- Preventive care for children in Medi-Cal were below national benchmarks
- Maternal mortality for Black mothers remains three times as high as white mothers. Black mothers also have the highest C-section rates in the state.
- Behavioral health networks struggle to meet demand

BOLD GOALS: 50x2025

STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



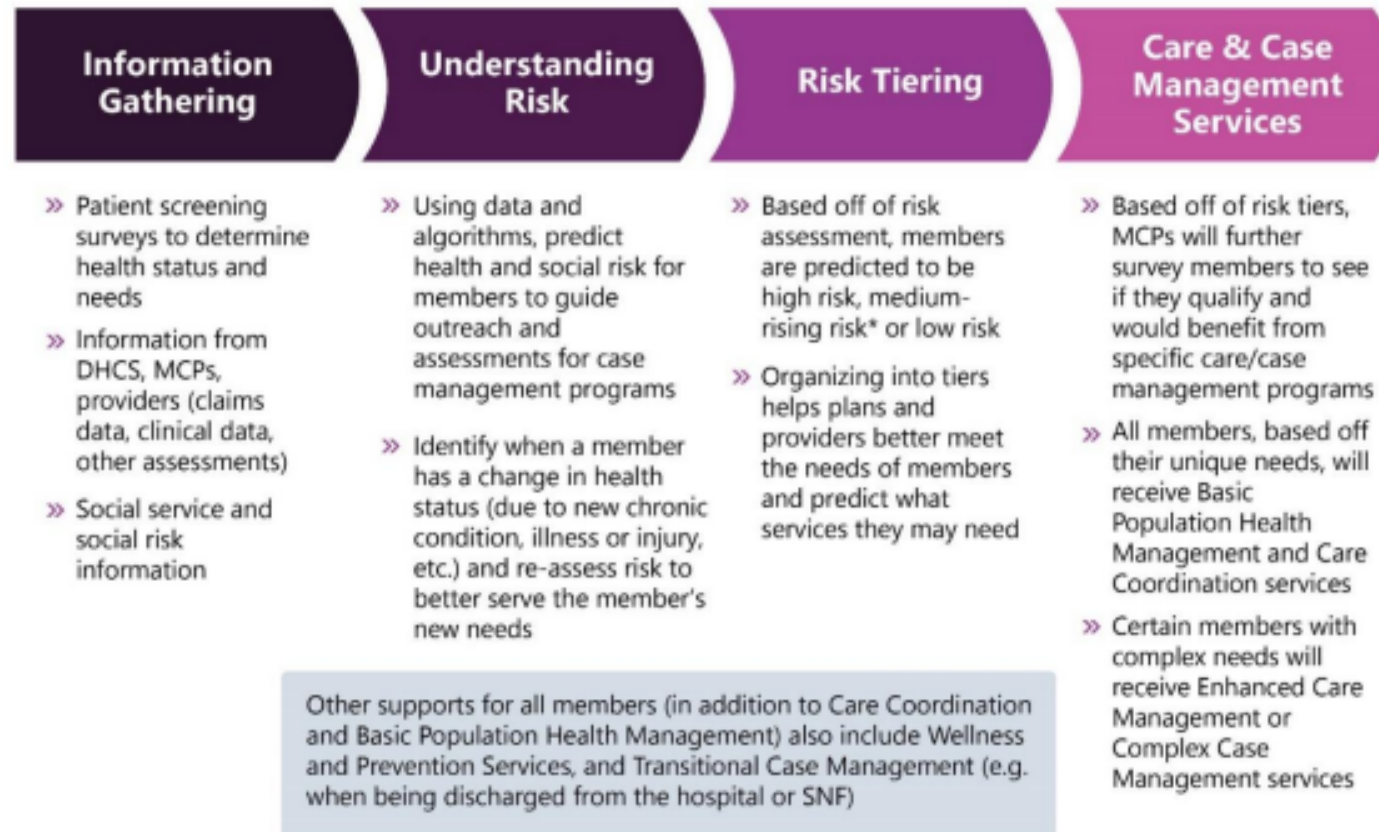
Improve follow up after emergency department visit for mental health or substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures

2.2 Population Health Management (PHM) Framework

Figure 20: Population Health Management Program Framework



*Rising risk is when a significant health event occurs that drastically changes the health status of the patient, developing chronic diseases, etc(e.g. accidents, developing diseases, etc.)

2.3 Goals, Guiding Principles, and Objectives for the Quality Strategy



2.5 Health Equity Roadmap



- Changes to Medi-Cal application to better collect demographic info such as race, ethnicity, sexual orientation and gender identity
- Creating DHCS-wide standards for measuring race and ethnicity, in alignment with federal standards
- Requirement for MCMC plans, via the procurement process, to identify a Chief Health Equity Officer, offer DEI training and establish a Quality Improvement and Health Equity committee

2.6 Value-Based Payment (VBP) Roadmap

- Starting in 2023, incorporate MCMC performance on the key measures (including high priority clinical quality measures, health equity measures, and member experience) to adjust payment rates and member assignment
- Starting in 2023, incorporate health disparity rates on the health equity measures in addition to quality performance scores in its auto-assignment algorithm that determines to which plan members are assigned
- Launch FQHC alternative payment methodology (APM) pilot in 2023 to support primary care transformation efforts
 - Opportunity for innovation using team-based care that is not always reimbursable through PPS as well as other alternative models of care delivery, such as electronic communication, pharmacist and nurse-led virtual, and in-person care and home visits

3.2 Quality Assessment and Performance Improvement (QAPI)

- DHCS will leverage required, standardized performance metrics and MPLs to ensure that all delivery systems are providing a necessary level of care to all Medi-Cal members, independent of where the member lives or their individual demographics.
 - A variety of penalties, including CAPs, sanctions, and liquidated damages may be levied if targets are not met, as described in more detail in the state standards section.
- DHCS cannot accept the 50th percentile, or “average”, as our goal. This foundation must be coupled with opportunities for incentives that can support local innovation and transformation efforts and achieve our **vision of achieving greater than the 90th percentile on key measures**, or “excellent care” across programs



Santa Clara Family Health Plan™

Questions?

JLiu@scfhp.com

Santa Clara County Health Authority Innovation Fund Request Summary

Organization Name:	Santa Clara County Public Health Department
Project Name:	Juntos Initiative (formerly ParkRx)
Contact Name and Title:	Michelle Wexler Program Manager Santa Clara County Public Health Department michelle.wexler@phd.sccgov.org
Requested Amount:	\$15,000
Time Period for Project Expenditures:	March 1, 2022 – June 30, 2024
Proposal Submitted to:	Executive/Finance Committee, February 24, 2022
Date Proposal Submitted for Review:	February 1, 2022

Summary of Proposal:

The Juntos Initiative is a three-year initiative coordinated by the Santa Clara County Public Health Department (PHD) in collaboration with medical staff at Santa Clara Valley Medical Center's Pediatric Healthy Lifestyle Center who were observing high rates of childhood obesity, diabetes and other chronic disease in children treated at their clinics. The primary objective of this initiative is to make the outdoors more inclusive and accessible to these children and their families. Many of the patients seen by Pediatric Healthy Lifestyle physicians live in underserved neighborhoods with limited park access. While physical activity, park utilization and other outdoor activities were widely recommended, many patients were not able to utilize parks and outdoor resources. The Juntos Initiative was specifically designed to address social inequities that prevent these patients from utilizing parks, including linguistic barriers (many families are monolingual Spanish speakers), limited access to transportation to local parks, and lack of information about park resources and park safety, in order to promote physical activity at parks while also supporting families with building social connections in the community. The goal of the initiative is for families to explore parks in the County of Santa Clara, participate in park hikes, and become familiar and comfortable in park settings. The Juntos objectives align with Santa Clara Family Health Plan's (SCFHP) mission of ensuring that underserved communities have equitable access to health for all. Over 80% of participants are enrolled in Medi-Cal, over 75% are SCFHP members, and the majority have chronic health conditions (pre-diabetes, fatty liver, obesity). This funding request is to close the transportation budget gap, to ensure families are able to participate in park activities, including families in South County.

Summary of Projected Outcome/Impact:

Measurable outcomes during grant period:

- Participation
- Biometric changes for participants
- Assessment of changes via behavioral health questionnaires, patient surveys, focus groups

Results to date indicate that participants who have attended at least one park walk reported an increase number of days that they played outside compared to their baseline prior to park prescription attendance. Participants also reported decreased screen time. Additionally, preliminary biometric data indicates that most participants had improved BMI's, ALT, and Hgb A1c levels.

Summary of Additional Funding and Funding Requests:

The Juntos Initiative is funded from a grant from the Santa Clara Valley Open Space Authority (OSA), from County general funds, and from partner organizations funding specific components. The initiative is currently seeking funds to cover transportation costs for participants who are Santa Clara Family Health Plan members or who are uninsured (participating Anthem Medi-Cal members are able to use their transportation benefit to access park programs).

The sustainability plan involves working with partners to identify additional resources to leverage after the three-year funding cycle ends. All partnering organizations, including the City of San Jose, Veggielution, and Santa Clara County Parks, have strong records of securing grant funding and leveraging community resources. The Initiative continues to engage key stakeholders to develop a sustainability plan and develop new community partnerships. The volunteer components of the Initiative have been carefully designed to ensure sustainability by developing a cohort of youth and Promotores with capacity to co-lead nature walks and promote environmental stewardship.

February 1, 2022

Jocelyn Ma
Community Outreach Program Manager
Santa Clara County Family Health Plan
6201 San Ignacio Ave.
San Jose, CA 95119

Dear Jocelyn,

The Santa Clara County Public Health Department is pleased to present our Juntos Initiative grant request to the Santa Clara County Family Health Plan (SCFHP) Executive Management Team.


We are requesting \$15,000 to support transportation needs for this important Initiative over a three-year period. The funding will enhance our ability to provide transportation to ensure families are able to participate in park activities.


From our past successful experience implementing a park prescription program approximately 30% of participants requested transportation assistance. Currently, our program partners with Yellow Checker Cab to transport families from their homes (or agreed upon locations) to and from park locations. Additional funding would enhance participation for those requiring transportation. Furthermore, we are planning to provide transportation to park walks in South County to ensure South County patients also have access to parks.

Enclosed you will find a project summary, goals and objectives, budget, metrics and a sustainability plan for your review.

Thank you for considering our grant request.

Sincerely,

DocuSigned by:

E20E0529A33A4B5...
Dr. Laurie Cammon
Valley Medical Center Pediatric Healthy Lifestyle Center
Juntos Initiative Physician Lead

DocuSigned by:

663F8C04F6E3478...
Michelle Wexler
Santa Clara County Public Health Department
Program Manager
michelle.wexler@phd.sccgov.org

Santa Clara County Public Health -Juntos Initiative

Initiative Project Description, Goals and Objectives

The Juntos Initiative is a 3-year Initiative funded in part from a grant from the Santa Clara Valley Open Space Authority (OSA) and coordinated by the Santa Clara County Public Health Department (PHD). The Juntos Initiative builds on experience from a previous park prescription program. Recognizing the evidence that access to parks and green spaces can help alleviate health disparities in vulnerable populations, PHD developed the Juntos Initiative in collaboration with medical staff at the Santa Clara Valley Medical Center's Pediatric Healthy Lifestyle Center (VMC) who were observing high rates of childhood obesity, diabetes and other chronic disease in children treated in their clinics.

Many of the patients seen by the team of Pediatric Healthy Lifestyle physicians live in underserved neighborhoods with limited park access and clinic providers are concerned that while physical activity, park utilization and other outdoor activities were widely recommended, many patients were not able to utilize parks and outdoor resources. The Juntos Initiative was specifically designed to address social inequities that prevent these patients from utilizing parks, including linguistic barriers, as many families in the community are monolingual Spanish speakers, limited access to transportation to local parks and lack of information about park resources and park safety. Through this collaboration, this Initiative is designed to address all these challenges to promote physical activity at parks while also supporting families with building social connections in the community.

The Juntos Initiative is comprised of the following three components:

- 1) Quarterly Park Activities (quarterly activities range from nature hikes to gardening-activities are designed for pediatric patients who receive prescriptions and their families).
- 2) Capitanes del Bosque (youth volunteer program)
- 3) Promotores (parent leadership program)

The Juntos objectives align with the Santa Clara Family Health Plan (SCFHP) mission of ensuring that underserved communities have equitable access to health for all. The primary objectives of this initiative are to make the outdoors more inclusive and accessible. The initiative also seeks to support families in building social connections to address social/linguistic isolation by engaging participants in building leadership capacity. Leadership capacity building will be developed through Promotores and Capitanes del Bosque programs.

Overview of Participants

- Over 80% of participants are Medi-Cal recipients, over 75% are Family Health Plan members (the majority have chronic health conditions (pre-diabetes, fatty liver, obesity).
- Over 33% of participants have shared that a major barrier to participation is transportation.
- Over half of the participants are monolingual Spanish speakers. Bilingual staff support program communication and provide interpretation.

- Most participants attend multiple walks each quarter.

Metrics

Metrics and return on investment will be measured in several ways including tracking participation, using behavioral questionnaires, analyzing biometric changes of Juntos participants, and by patient surveys and focus groups. Building on our successful park prescription program implemented prior to the pandemic, results to date indicate that participants who have attended at least one park walk reported an increased number of days that they played outside compared to their baseline prior to park prescription attendance. Participants also reported decreased screen time. Additionally, preliminary biometric data indicates that most participants had improved BMI’s, ALT and Hgb A1c levels.

Results from patient surveys and separate parent and child focus groups conducted by Lucile Packard Children’s Hospital from our previous park prescription programming suggests that adult participants value medical staff attendance at the walks and they enjoyed meeting new people and being in nature. Surveys of children participating in the program indicated that they feel connected to the natural environment, that they like to explore nature with their friends, and they enjoy meeting new people at the park activities.

Implementation Overview (please see attached process map)

Timeline

The Juntos Initiative is a 3-year Initiative. Activities launched October 2021 and will continue for three consecutive years, with OSA funding, until 2024. Below is a high-level timeline.

October 2021- Quarterly activities for pediatric patients and their families started.

October 2022 to December 2022-Launch Promotor and Youth Leadership Components of Juntos Work

February 2021 to July 2023- Expand the number of physicians writing park prescriptions to include all pediatricians working at VMC.

June 2022 to 2024-Provide Park activities for South County families.

Three Year Budget and Budget Narrative (includes funding received from the Open Space Authority)

Personnel	\$ 57,056.00	Public Health Staff salaries/benefits for program coordination. Also includes stipends for promotor (parent leadership volunteers)
Contracted Services (Includes Promotore and Capitanes Del Bosque training and curriculum)	\$ 7,500.00	Environmental Organization to coordinate and implement curriculum and facilitate promotor trainings, assist with youth leadership component. Includes program supplies for gardening and outdoor programming.

Supplies & Materials	\$ 11,444.00	Supplies to implement programming (outdoor equipment, healthy snacks, supplies)
Other Direct Costs (\$4,000 for staff travel and \$20,000 for transportation)	\$ 24,000.00	Mileage for staff to Juntos events and transportation for program participants. Taxi transportation/transportation vouchers to park activities. Based on projections, budget of \$20,000 over 3 years will not meet transportation needs. As Open Space funding boundaries do not cover most of South County, budget does not include South County transportation needs to ensure Gilroy clinic families have transportation to South County park programs.
TOTAL	\$ 100,000.00	

Funding Gap

The Juntos Initiative will have a total of 24 activities per year.

The program averages 30 families per activity.

Of the 30 families, 30% will need transportation to and from each event.

24 activities x 9 families equal 216 round trip taxi rides per year.

Estimating \$50 a trip x 216 trips, equals \$10,800.

\$10,800 x 3 years totals \$32,400.

In addition, plans are underway to provide transportation via shuttles, bus services or taxi cabs to County parks in South County that are not accessible to South County families. Given the current transportation budget gap, plans for expansion and plans to ensure South County families who cannot be served with current Open Space funding, we are respectfully requesting \$15,000 to address these gaps over a three-year period.

Program Sustainability/Who Else is Doing this Work?

Park prescription programs are a growing movement around the Country with many programs currently being implemented by Bay area counties. There has been significant research focused on the numerous health benefits of time in nature. The impetus behind Rx programs is the growing number of children that spend less than 10 minutes a day playing outdoors and the lack of access to nature in underserved communities. According to the Children and Nature Network Research Digest, "The barriers experienced by people from immigrant or low-income communities, or communities of color are not solely physical (such as distance to a park); they

are often social and cultural and sometimes relate to discrimination.” The Juntos Initiative helps break down some of these existing barriers and inequities that exist when it comes to access to nature and underserved communities within Santa Clara County.

Our sustainability plan involves working with partners to identify additional resources to leverage after the three-year funding cycle ends. All partnering organizations have strong records of securing grant funding and leveraging community resources. We will continue to engage our key stakeholders to develop a sustainability plan and develop new community partnerships. The volunteer components of this Initiative have been carefully designed to ensure sustainability by developing a cohort of youth and Promotores with capacity to co-lead nature walks and promote environmental stewardship. Both youth and promotores will play an important role as ambassadors to others referred, as well as to those they meet in the community. This program also is supported with County general funds that cover the costs of staffing, including management staff not covered by the Open Space Grant.

This initiative also seeks to increase the capacity of health care providers to incorporate messaging about the importance of parks in their conversations with families which is a well-researched best practice approach for improved health outcomes. Data collected for this Initiative will be incorporated into presentations to local funders and stakeholders, and other organizations promoting this work in the Bay area and nationally.


Partnerships and Collaborations

Contributing to the success of this Initiative is Champion Provider, Dr. Laurie Cammon of the Valley Medical System Pediatric Healthy Lifestyle Center. Dr. Cammon plays a key role in engaging other pediatricians and overseeing the protocols for the clinic referrals. Through Laurie’s leadership, referrals to the Juntos Initiative are embedded in existing systems, including the electronic medical record.

Additionally, the strong partnerships with City of San Jose, Veggielution and Santa Clara County Parks staff have enhanced program offerings for families. Santa Clara County Parks (SCCParks) has extensive experience leading park walks and partnering with Public Health. The City of San Jose, and Veggielution have extensive experience engaging youth and their families on gardening activities using best practice curriculum. There already exists a strong relationship between SCCPHD and the Santa Clara Valley Hospital & Clinics pediatric community with proven success with the implementation of the 2016 Parks Rx program.

Santa Clara County Juntos Initiative (former Park Rx) Referral Source: Pediatric Healthy Lifestyle Center (PHLC)

Juntos Referral Process





Referral to PHLC

- Santa Clara Valley Health & Hospital System providers refer pediatric patients to PHLC to receive high-quality, family-centered, community-linked preventive care, lifestyle management and medical interventions for children and youth at risk for Type 2 diabetes and other lifestyle-related conditions.

Providers Intervention

- Provider completes motivational interviews by asking questions to family about physical activity patterns and determine if a Park Rx is a viable option for family.




Families Receives Rx from Provider

- Parent/Guardian consent to the referral of Public Health Department services is documented in the EMR.
- Prescription is entered as a communication in the Electronic Medical record (EMR).
- Patient receives a colorful flyer (includes free parking pass) with park locations, and walk dates.
- Provider enters an order for "ParkRx to PHD" in the Wrap-up.

Provider shares prescription with Public Health Department (PHD) staff

- Medical Assistants will batch park prescriptions and send them to PHD staff at the end of the clinic shift.
- Park Prescription including patient/guardian contact information is shared with PHD staff for follow-up via scanned copy of the prescription and emailed to Olivia.Nunez@PHD.scc.org, cc'ing Laurie.Cammon@hhs.scc.org.
- Fax Park Prescriptions via EMR rather than emailed.



PHD staff provides follow up with family

- PHD staff track all prescriptions received, patient information/needs and attendance.
- PHD staff follow up via call or text with family to ensure family has directions and logistical information for park activities.
- PHD staff coordinates transportation for patients.



Patient Transportation/ Guidelines/Restrictions

Anthem Blue Cross


- Give patient a card with information.
- Anthem provides transportation thru Modivcare.
 - 75 mile range (in each direction)
 - Patient needs to schedule 5 days in advance.

Santa Clara Family Health Plan

- **Does not provide transportation**, please send patient information to PH department. PHD will provide Yellow Checkered Cab Service.


Other Plans

- Send patient information to PH department. PHD will provide Yellow Checkered Cab Service.




PHD staff provides support to families on walks

- PHD staff greets families at the park.
- PHD staff provides translation as needed.
- Attendance is taken at the park and entered into tracking sheet after walks.
- Clinic staff to attend walks voluntarily.




PHD staff will follow up with clinic staff

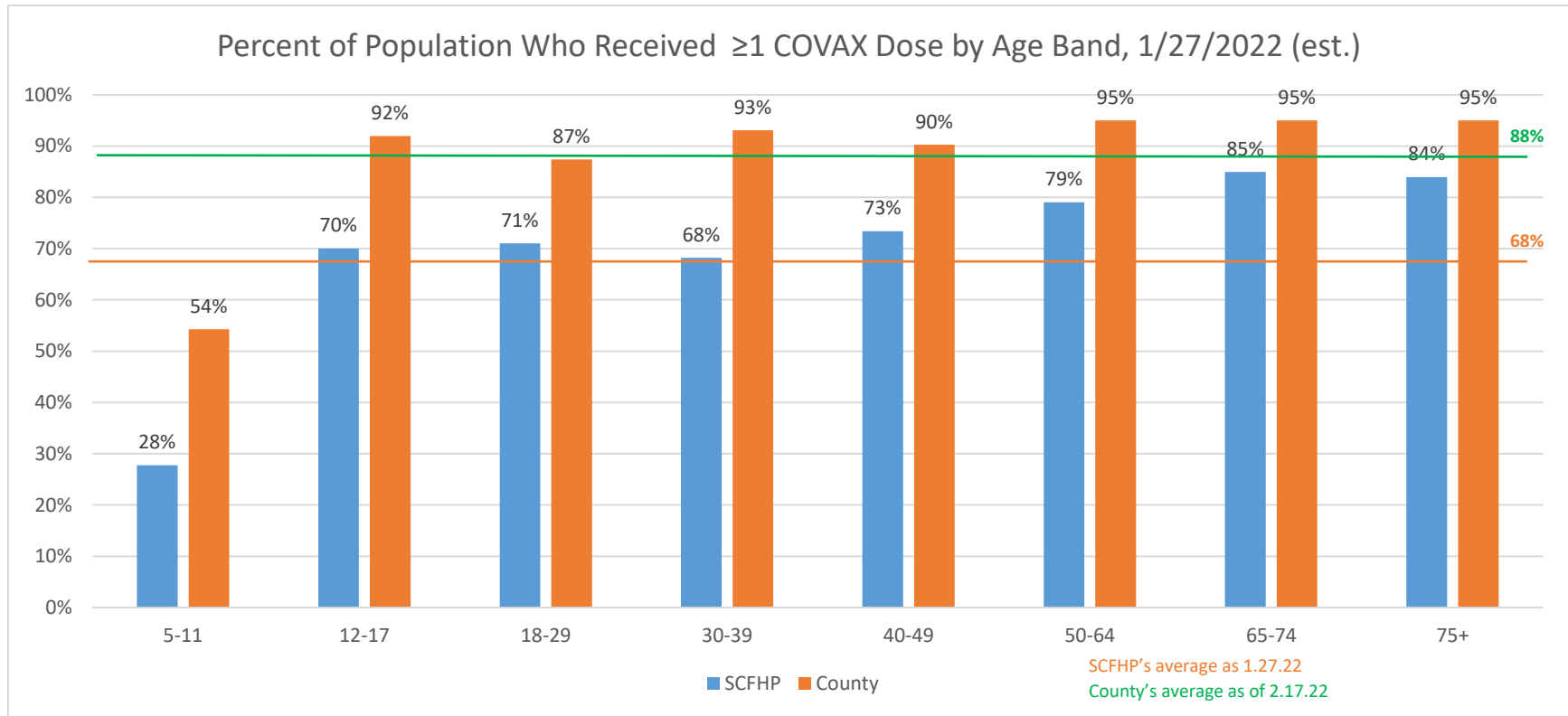
- PHD staff follow up with park staff on programming/feedback provided by participants.
- Attendance is shared regularly with clinic staff.
- Follow up is made with provider who wrote prescription so they are aware of who participated and who needs more encouragement.



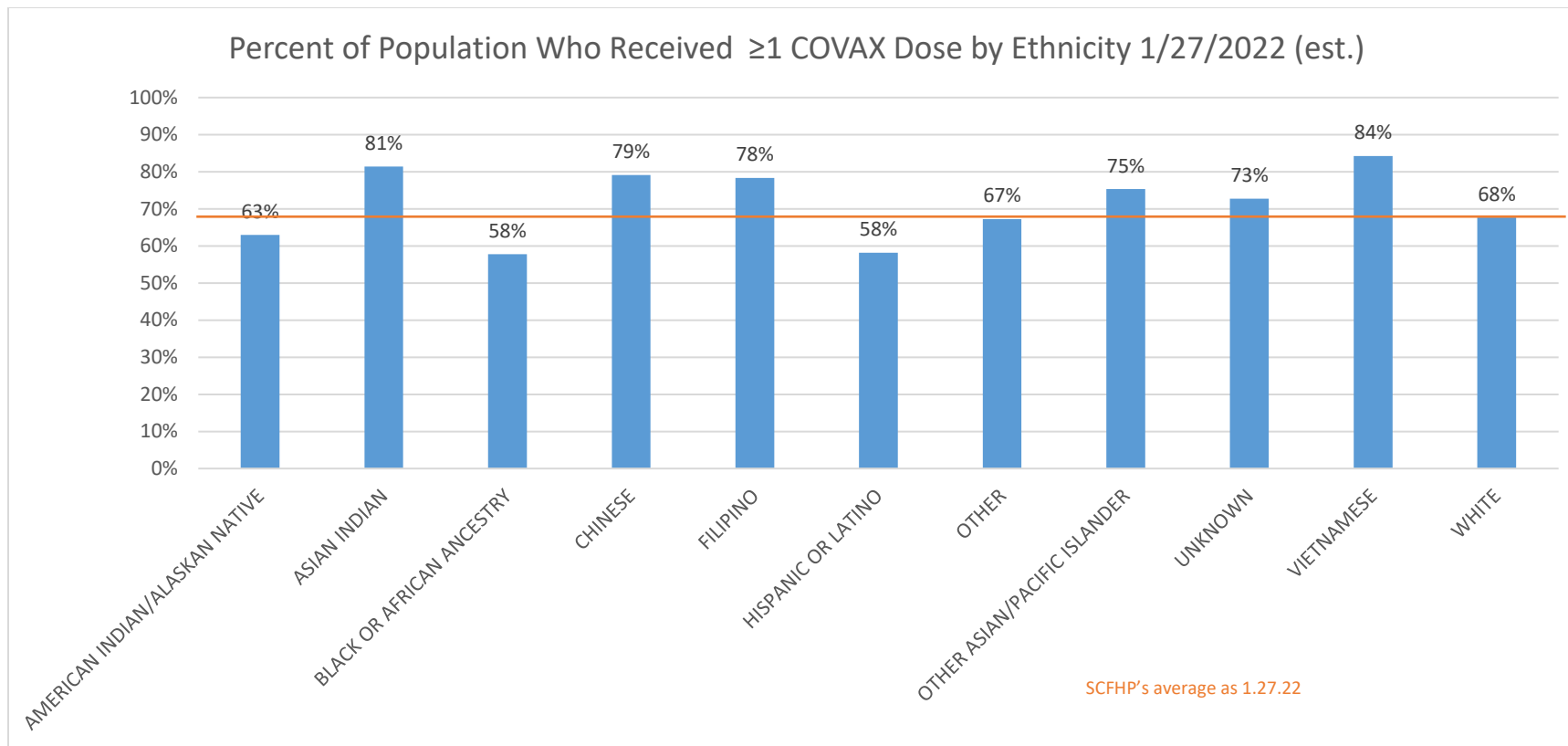
Staff provide extra support/encouragement

- PHD staff follow up with park staff on programming/feedback provided by participants.
- Attendance is shared regularly with clinic staff.
- Follow up is made with provider who wrote prescription so they are aware of who participated and who needs more encouragement.

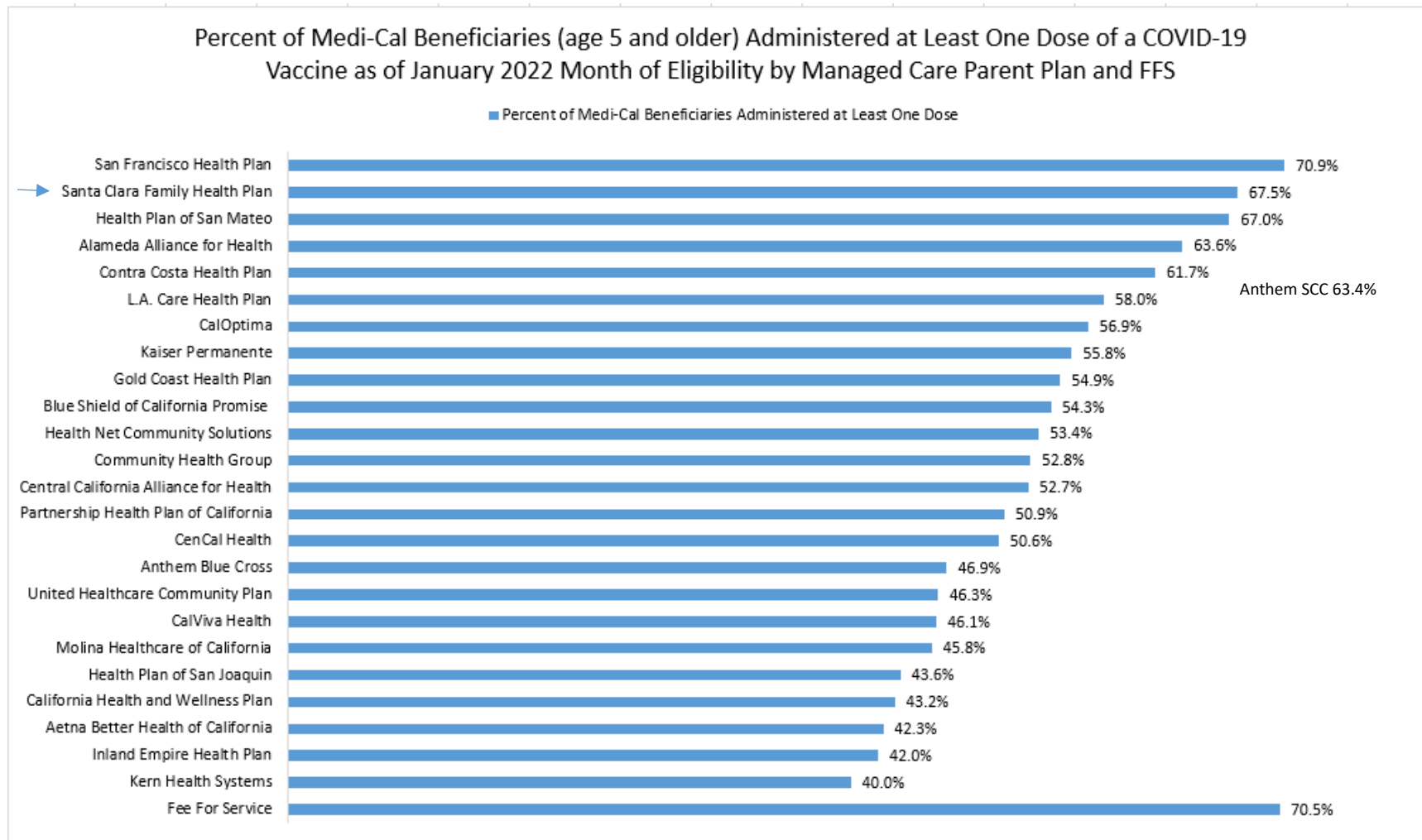




Age Band	5-11	12-17	18-29	30-39	40-49	50-64	65-74	75+	Total
Vaccinated	10,545	26,295	40,640	19,996	16,842	33,822	19,079	19,051	186,270
Unvaccinated	27,477	11,263	16,583	9,322	6,103	8,954	3,379	3,646	86,727
Boosted	14	1,347	10,094	6,325	6,435	16,750	11,622	12,068	64,655
Membership	38,022	37,558	57,223	29,318	22,945	42,776	22,458	22,697	272,997
% boosted	0%	4%	18%	22%	28%	39%	52%	53%	24%



Ethnicity/Age Band	% of membership				% vaccinated			
	5-11	12-17	18+	Overall % of SCFHP	5-11	12-17	18+	Overall
BLACK OR AFRICAN ANCESTRY	12%	13%	75%	3%	18%	57%	65%	58%
HISPANIC OR LATINO	23%	23%	54%	37%	23%	67%	69%	58%
Remaining Ethnicities	8%	8%	84%	59%	36%	78%	79%	75%



As of 1.31.22

SCC 88%



**Santa Clara Family
Health Plan™**

COVID-19 Vaccine Communications & Outreach

February 2022 Update

COVID-19 Vaccine Incentive Communications Plan

Campaign Goals:

- Increase COVID-19 vaccination rates among SCFHP members between now and March 2022
 - Address the gap in vaccination rate between Medi-Cal members and general population in Santa Clara County
- Inform members age 12+ of free \$50 gift card for receiving the first dose COVID-19 vaccine
 - Cobranded materials with Anthem Blue Cross promote \$50 gift for all Medi-Cal members in the County
- Continue campaign messaging that the COVID-19 vaccines are safe, effective and free



Children's Discovery Museum (CDM) Vaccine Clinic - 2/13

Promotion

- SCFHP promoted via boosted Facebook posts to **3,950** users
- CDM distributed **6,000** flyers through 4 Chavez Markets

Results

- **78** shots administered, mostly pediatric
- Third clinic to be scheduled after vaccine is available to under 5

Blanca Alvarado Community Resource Center Vaccine Clinics - 2/7, 2/18, 2/19

Promotion

- SCFHP mailed **4,611** flyers to unvaccinated households in nearby zip codes
- Included on www.sccfreevax.org drop-in schedule
- Flyer promotes \$50 gift card provided at point of care

Results

- 2/7: **105** shots administered
- 2/18 & 2/19: **261** shots administered



Robocall Campaign

Launching in mid-March

- Medi-Cal members 12-65 who haven't received a COVID-19 booster shot - **107,720 records**
- Medi-Cal members 5-65 who haven't received the first dose of the COVID-19 vaccine - **59,997 records**
- Records will be de-duplicated by phone number.

Live Call Outreach

11/17/2021-2/7/2022

- Seven staff have completed **36,556** outbound calls to age 12+ without first dose of COVID-19 vaccine
- Calls will continue through 3/6/2022

Outcome	%
Left vm	37.5%
Vaccinated	13.3%
Invalid/disconnected number	13.3%
Unable to leave vm	11.6%
Declined	9.3%
Wrong number	4.0%
Other	3.7%
Member will schedule appt	1.9%
Busy – call back later	1.4%
Scheduled appt	1.3%
Out of Town	0.7%
Do Not Call	0.5%
Deceased	0.5%
Already has upcoming appt	0.4%

Community Partnership

COVID-19 Black

- Monthly Pop-up testing and/or vaccination events
- Community navigators will develop materials and outreach for these events as well as build rapport with the community members to facilitate sharing of trustworthy, CDPH or CDC based information.
- Communication and Marketing materials, cobranding with SCFHP when appropriate
- Provide outreach to SCFHP identified target group (e.g., African American SCFHP members) to share COVID-19 information and services.
- Partner with SCFHP Community Engagement Team, when appropriate, to increase collective learning and best practices of utilizing Community Health Workers (CHWs) or lookalike.



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Questions?



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Government Relations Update

February 24, 2022

Federal Issues

Congress

- Build Back ~~Better~~ Smaller Act
- Medicare sequester
- Senate mental health legislation

State Issues

Budget

- Draft trailer bills
- Schedule

Legislation

- COVID
- Behavioral health
- Covered services
- FQHCs

State Issues

CaAIM

- Population Health Management
- Cal MediConnect → Dual-Eligible Special Needs Plan

Reprocurement

- Commercial plan RFP
- 2024 MCP contract
- Kaiser direct contract