



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**Medi-Cal Managed Care Plan Name: Santa Clara Family Health Plan**

**1. Describe how the MCP will provide evidence-based information to members, providers, community-based organizations (CBO), tribal partners, and other local partners about the COVID-19 vaccine to encourage vaccine uptake from all members. Character limit: 2,500 characters.**

Santa Clara County's Public Health Department (PHD) has developed a library of evidenced-based materials for residents including specific messages for various ethnic groups. We plan to work with the PHD to leverage these materials as well as those by the Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH). Additionally, the county has identified a list of trusted messengers and organizations that we will use as a basis for our outreach, supplementing where needed to target our members. We understand the need to identify multiple avenues, messengers and methods/mediums to provide the information. Our project will be flexible to allow us to pivot to incorporate new information and emerging messengers that would be effective with our membership. Information strategies may include but are not limited to the following:

- Create a one-stop shop for COVID vaccine information, resources, testing, and vaccination at SCFHP's Community Resource Center (CRC) in East San Jose
- Expand social media advertising campaign on Facebook and Instagram
- Fund provider offices and/or local partners to develop outreach strategies and media that are tailored to their patients or similar patient populations as our membership
- Conduct outbound call campaigns to targeted members, including the homebound
- Participate in health fairs or include vaccination information and services at CRC events.
- Fund the posting and distribution of information at food distribution sites, ethnic groceries, businesses, restaurants, places of worship, and/or community centers

**2. Describe how the MCP will provide information on where to get the vaccine within the member's community. Character limit: 2,500 characters.**

Similar to #1, the information provided to members by trusted partners will include where to get the vaccine that is most convenient for the members. In our information content, we plan to include evidenced based facts which can be used to counter misinformation, vaccination locations, and service linkage to address barriers to vaccination.

**3. Describe the MCP's plans for a local media campaign to disseminate information to members about vaccines, resources, and availability. MCPs can consider amplifying existing media campaign efforts using a variety of media channels. Character limit: 2,500 characters.**

SCFHP will partner with the Santa Clara County Public Health Department and community-based organizations to boost content on Facebook and Instagram produced by trusted messengers and influencers. We will explore expansion of our existing COVID vaccine advertising campaign to include search engine marketing, and updated digital radio advertising.

**a. Describe how the local media campaign will counter misinformation. Character limit: 2,500 characters.**

The local media campaign will provide details and factual information using credible sources to avoid misinformation. A potential strategy is to connect providers and/or members from the community who have received the vaccine to be interviewed on local radio, newspaper/magazines, and/or TV stations.

**b. Describe how the MCP will engage trusted partners and tribal partners where applicable in the local media campaign. Character limit: 2,500 characters.**

SCFHP will share content produced by trusted partners and tribal partners on our social media channels, including content from the County of Santa Clara's toolkit of COVID vaccine testimonials, advertisements, and flyers which was developed in partnership with over 150 community-based organizations and system partners.

**4. Describe how the MCP will collaborate with schools and colleges to target youth who are 12-25 years of age. Character limit: 2,500 characters.**

Because youth will likely require or defer to their parent's input/consent, strategies will also focus on educating parents on the benefits of vaccination, such as enabling schools to be face-to-face, reducing the quarantine time, and avoiding being away from school.

We plan to collaborate with the Santa Clara County Office of Education, school districts, colleges, and the county to develop a plan that targets schools with high concentration of our members who are unvaccinated. The plan will include information, outreach and vaccination clinics, using CDHP and County PHD's materials.

**5. Describe the MCP's strategy for countering misinformation and reaching vaccine hesitant individuals who may have a fear of vaccine side effects, have a mistrust of the government and/or vaccine makers, believe that vaccines are not needed for persons in good health or persons who have already had COVID-19, and/or have an insistence regarding a person's right to not be vaccinated. Character limit: 2,500 characters.**

As discussed in #1 and 2, materials shared with members and local partners will address misinformation. We will encourage members to schedule a telehealth visit with their PCP to discuss their questions, information they have heard, and specifics to their health situation. Additionally, we have a advice nurse line with connection to MD Live telehealth that a member can use to discuss vaccines with a health care provider. Visitors to our Community Resource Center will be able to connect with a Community Health Worker (CHW) to answer vaccine related questions and engage in motivational interviewing to understand hesitancy.

**6. Describe how the MCP will partner with trusted community organizations (e.g., Indian health facilities, faith-based partnerships, advocacy groups, food banks, race/ethnic based organizations) that can assist with outreach, communication content and messaging, and identify strategies as defined above, which can be used to also target Medi-Cal Fee-For-Service beneficiaries. Character limit: 2,500 characters.**

SCFHP will leverage its existing partnerships to assist with outreach, communication content, messaging, and strategies to increase vaccination. SCFHP is a member of the Santa Clara County COVID-19 Bridge to Recovery Program, and currently co-chairs the Client Engagement, Outreach and Communication sub-group. In this capacity, we share information and resources and discuss best practices regarding distribution of information with the 49 member organizations. We also co-chair the South County Collaborative, a group of local non-profit community-based organizations, schools, hospitals and clinics, and public agencies that serve South Santa Clara County's most vulnerable populations. The Collaborative advocates to increase the quality and quantity of human services in southern Santa Clara County as well as making them more accessible, efficient, and effective.

In addition, SCFHP staff participates in the Santa Clara County Public Health Department COVID-19 Vaccine Community Stakeholders Working Group which meets monthly to discuss vaccination rates, disparities, strategies, communications, and messaging with 150 community organizations and system partners. We also participate in the Santa Clara County Safety Net monthly meetings, co-led by Santa Clara County Social Services Agency and Second Harvest Food Bank and the East San Jose PEACE (Prevention Efforts Advance Community Equity) Partnership, a group of residents and organizations working to build a healthy, peaceful, and empowered community. We will reach out to our contacts at the Santa Clara County Social Services Agency to discuss communication strategies to Medi-Cal beneficiaries, including fee-for-service. SCFHP is a member of the Silicon Valley Council of Nonprofits, an advocacy organization that enhances the collective impact of nonprofits in our community. In total, these existing relationships will allow us to refine and disseminate our vaccine messaging to our members through these trusted community organizations.

**7. Describe how the MCP will collaborate with local public health agencies to coordinate with vaccine response plans and learn best practices, including what has and has not worked. Character limit: 2,500 characters.**

Since the development and rollout of the COVID vaccine in the 4th quarter of 2020, we've been participating in a county-wide collaborative (led by Santa Clara County PHD) with 150 community and system partners across different areas/industries, to ensure aligned vaccine messaging and share ideas and best practices to all work group participants. Because we've participated in this county-led work group for the past 9+ months, we have a close relationship with the PHD and are familiar with their vaccine efforts. We will continue to work closely with them and share our ideas/proposals to get continuous feedback and share experiences/opportunities for improvement. We plan to have monthly meetings with the county to see where we can reinforce the work and/or target gaps, especially where it relates to our members. Additionally, through this collaboration, we can link our members to county services that our plan cannot provide. When appropriate, we can supplement PHD's work and resources, especially for our members.

**8. Describe the MCP's efforts to build additional capacity to address member vaccination needs in future years (identification, education, and follow-up).**

**Character limit: 2,500 characters.**

Accurate data are important to closing the gaps. SCFHP has incorporated supplemental data received from providers for any missing vaccines in CAIR. We have also continued to educate providers and advocate for data entry into CAIR. SCFHP is developing internal member profile with vaccine data.

SCFHP plans to invest in new technologies to deliver targeted messages to our members, including text messaging and a mobile application for reminders and education.

**9. Describe how the MCP will provide information and support for members with access barriers, especially transportation, navigating appointment systems, and language needs. Character limit: 2,500 characters.**

Included in the information being disseminated will be language and instructions on how and where to schedule an appointment and access free transportation services to help address potential vaccine barriers. This information and linkage will be part of our outreach calls. The CRC will be a hub for our CHWs to support members with access barriers.

All materials developed by SCFHP are written at a 6th grade reading level and translated into our four threshold languages, Spanish, Vietnamese, Chinese, and Tagalog. The vaccine resource toolkits, including testimonials, produced by the Santa Clara County Public Health Department are also available in English, Spanish, Vietnamese, Chinese, and Tagalog. SCFHP has produced a Spanish advertising campaign and website landing page to help address the vaccination disparity in this

population. SCFHP has bilingual staff to offer customer service, outreach, and resource navigation in Spanish and Vietnamese.

**10. Describe the MCP's current primary care vaccine access and how the MCP will collaborate with primary care providers (PCPs) to conduct direct outreach to unvaccinated members assigned to that clinic's/doctor's office.**

**a. Describe the MCP's current primary care vaccine access, including an analysis of any pockets and/or regions that lack access. Character limit: 2,500 characters.**

In the top zip code of unvaccinated members, most of the members are assigned to PCPs who are vaccine providers. We will work with these providers, members, and local partners to understand why there is a vaccination gap and implement interventions accordingly. This will allow us to have a localized approach to address hesitancy and/or convenience barriers. The next top 5 zip codes are in San Jose where there are close to 50 sites within 5 miles of each zip code. We will seek input from trusted partners in those zip codes to provide input on strategies to close the gaps, since access may not be a barrier.

**b. How will the MCP collaborate with PCPs to conduct outreach to members? Character limit: 2,500 characters.**

On an on-going basis, we will provide each PCP a list of their members who are unvaccinated (based on CAIR, CMS, and DHCS claims) and ask the PCPs to conduct telephonic outreach to the members and close the gap. We will ask the PCP to conduct more than one outreach attempt if a member is not a tenacious objector and document denial reasons. The PCP's information will help our Plan identify additional outreach, services, and support to supplement the PCP's efforts.

We see the PCPs as key partners. Therefore, to help defray operating costs, we will provide incentives for PCPs to outreach to their panel and provide an additional incentive if the member receives the vaccination. For select PCP offices, we will fund direct mail outreach to their patients to encourage them to get vaccinated.

**c. How will the MCP encourage more PCPs to enroll as vaccine providers? Character limit: 2,500 characters**

We plan to designate at least one staff to work with the county PHD and high volume PCP offices, especially those who are already VFC providers, to enroll into the provider vaccination program. We plan to offer provider offices an incentive to offset the staff time and training associated with the start up activities.

**11. Describe the MCP's strategy for supporting vaccination pop-up clinics and other vaccination sites, especially in communities of color and/or other communities with lower vaccination rates. Character limit: 2,500 characters.**

As more of our high volume PCPs enroll to become vaccination sites, the ease and convenience will increase for our members. Receiving the vaccines can be in conjunction with other medical services. Other strategies may include engaging CBOs and clinics to host events that include outreach, information and vaccination. The Plan can provide funds for staffing at health fairs and pop-up clinics to provide vaccinations. Funding can also be for current providers to offer nontraditional hours. The county Public Health Department also has a mobile vaccination request form which we can work to support and expand to our members.

SCFHP's CRC, located in East San Jose where a large number of our members reside, will also host vaccination days and serve as a one-stop shop for COVID information and resources.

**12. Describe the MCP's strategy that can be used to make getting a vaccination as convenient and easily accessible as possible. Character limit: 2,500 characters.**

Potential strategies we will pursue include increasing PCP vaccination provider sites, funding pop-up clinics, leveraging county's mobile vaccination services, and providing in-home services. Some of these services can be provided during untraditional hours, outside of the usual business hours.

**a. Describe how the MCP will collaborate with CBOs, trusted local partners, tribal partners, community health workers, promotoras, local health departments, and faith-based partnerships to serve the homebound population. Character limit: 2,500 characters.**

The county has a homebound vaccination service. We will work to leverage this service for our members. We will supplement the resources (e.g. contracting with vendors for in-home services) as needed to increase the vaccination rate for this population.

**13. Describe how the MCP will collaborate with pharmacies to share data on members' vaccine status or other efforts to use members' visits to the pharmacy as an opportunity to increase vaccination rates. Character limit: 2,500 characters.**

In addition to PCPs, we will also work to increase the number of neighborhood pharmacies that can administer the vaccine. Like the PCPs, we can provide the pharmacies a list of members who have frequented the pharmacies and/or have refills on file for outreach. When the members pick up their medications, the pharmacy staff can initiate the conversation with the member and provide the shot if there is consent. Similar to the PCPs, the pharmacies can provide us their information on the interactions so our Plan can add to our knowledge base and identify how we need to pivot our information, outreach and gap closure strategies. We will also provide incentives to the pharmacies for outreach and gap closure.

**14. Describe the MCP's efforts that will bring vaccinations to members, such as mobile units or home vaccinations. Character limit: 2,500 characters**

In addition to leveraging county services for mobile vaccinations and home vaccinations, we are exploring contracting with other in-home providers to go to members' homes. Our CRC, which is located near a majority of our membership, will also be hosting walk-in vaccination clinics for our members. Pop-up clinics can be targeted in certain neighborhoods, schools or colleges.

**15. Describe how the MCP will use data obtained from DHCS to track vaccination data in real time and at granular geographic and demographic levels and identify members to outreach.**

Currently we receive DHCS and CMS claims data on weekly basis and CAIR data on a monthly basis. We request DHCS' help to increase the frequency. We understand the county receives a daily file from CAIR but cannot share it with us. In order to have more timely data, we ask DHCS' help in reducing the barriers to obtain the data. With the CAIR and claims data we receive, we are looking at the data at the PCP, ethnicity, age, language, homebound, chronic condition, family case, and zip code levels. We are able to produce gaps in care and post to our provider portal. Therefore, providers can have access to this data as desired and even at the point of care.

**a. Describe how the MCP will share data with providers, trusted partners, or tribal partners, where applicable to drive outreach. Character limit: 2,500 characters.**

We have a provider portal and plan to push vaccination gap information to the PCP. For non-providers, we would need to execute a BAA so we can share the data, likely through encrypted emails. We will ask the trusted partners to send back interaction information on a frequent basis so we can pivot our work.

**16. Describe how the MCP will use data obtained from other sources to track vaccination data and identify members to outreach. Character limit: 2,500 characters.**

CAIR seems to be a comprehensive source of truth. We would like to ask for it to be more frequent. We will ask our provider network to submit data on their patients who have been vaccinated to ensure we have complete data. Additionally, when calling members for outreach and information sharing, if a member states that s/he has received the vaccine, we will ask them to send us a copy of the vaccination card so we can input it in the database.

**17. Describe how the MCP will determine local misinformation trends and root causes for low vaccination rates/vaccine hesitancy. Character limit: 2,500 characters.**

Through the various outreach efforts by the various partners and providers, we will gain on the ground information. Our diverse staff has also been a source of this information including providing input for this proposal to target the ethnicities with the lowest vaccination rate.

**18. Describe the MCP's plan for administrative oversight of the coordination activities (including controls to ensure no duplicative member incentives). Character limit: 2,500 characters.**

For the incentives, we plan to send our fulfillment vendor a list of members vaccinated after August 29, 2021 (baseline or whichever date DHCS states) to receive the incentive. A member will only receive one incentive for the duration of the proposal timeline. The data will be sourced from CAIR.

**19. Describe the MCP's intentional efforts to avoid negative unintended consequences, including but not limited to vaccine coercion. Character limit: 2,500 characters.**

Our goal is to provide evidenced-based information, therefore, we will not use coercion. We hope to provide complete, evidenced-based information to the member so that they can make an informed risk assessment on getting a vaccine.

**20. Describe the MCP's plan to partner with Subcontractors (i.e., delegated health plans) to increase vaccination rates, coordinate strategies, and implement this Vaccination Response Plan. Character limit: 2,500 characters.**

We will engage our delegated IPA/Plan to support our efforts with their provider network. We include Kaiser's proposal which is based on their direct contract with DHCS as an MCP, however, the interventions are for all their membership- direct or delegated. We will collaborate with Kaiser in Santa Clara County where their efforts can serve our members assigned to Kaiser as well as our other members not assigned to Kaiser.

**21. Are direct member vaccine incentives a planned strategy? If so, please explain the strategy. Character limit: 2,500 characters.**

Yes. We will use existing communication channels to promote the member vaccine incentive to our members, through outreach calls performed by us, PCPs, and partners, and through robocalls. We would like to distribute the incentive at point of care and will work out a process for data tracking with our providers to ensure compliance with DHCS' requirements.

a. **If direct member vaccine incentives are used as a vaccination strategy, demonstrate how the MCP will meet DHCS guidelines for member incentives below and verify member incentives do not exceed \$50 per member (single or multi-dose). Character limit: 2,500 characters.**



Members who received at least one dose of the vaccine will be eligible for an incentive of \$50. Only one incentive will be given per member based on vaccination data. The start date would be after DHCS approval of our plan or a date determined by DHCS . We will follow DHCS' directions.