

- Reimbursement of educational expenses will be paid after proof of the following are presented to the HR Department:
  - a. Satisfactory completion of the approved course(s) (a grade of "B" or better or "Pass" if the course is only offered on a "Pass/Fail" basis);
  - b. Original receipts for all related expenses.
- The employee must be currently employed by SCFHP at the time of the reimbursement;

### **FLEX START TIMES**

Flex Start Times allow employees to work non-standard hours as their regular schedule. This type of scheduling is available to any employee providing that SCFHP's business needs are met, services are not interrupted, and the quality of our business practices is not diminished. Any arrangement for a Flex Start Time schedule must be approved by the Department Director in advance.

### **BENEFITS REQUIRED BY LAW**

In addition to our health care benefits, customized benefits, retirement programs and others, SCFHP either provides or contributes significant amount of money on behalf of employees to Workers' Compensation Benefits, State Disability Insurance and State Unemployment Insurance.

#### **Workers' Compensation Benefits**

In compliance with California State Labor Law requirements and our Injury and Illness Prevention Program (IIPP), SCFHP maintains a Workers' Compensation insurance policy. Visit Hartford at [www.hartford.com](http://www.hartford.com)

Under this policy, benefits are provided to employees who become ill or injured in the course of performing their regular job duties. Benefits include, but are not limited to, any one or a combination of: medical assessment, treatment, drug therapy, physical therapy, occupational therapy, rehabilitation, home health care, weekly funds to replace lost wages if time off from work is necessary, a protected leave of absence, and a work accommodation if properly authorized. A three-day wait period is mandatory to receive cash benefits.

All employees are required to immediately report any work-related illness or injury to the Human Resources Department staff for evaluation. If a determination is made that medical assessment or treatment is needed, a Workers' Compensation Claim will be initiated.

### **State Disability Insurance**

SCFHP maintains a disability insurance policy to provide employees legal protections and other benefits if they are unable to work due to physical or mental conditions based on a non-work-related disability. Our current insurance carrier is the California State Disability Fund. Benefits are administered by the California State Employment Development Department (EDD).

All claims are to be filed directly with EDD. Speak with a member of the Human Resources Department to learn about legal protections, to apply for a protected disability leave of absence, and to apply for funds to replace lost wages if time off from work is necessary. A seven-day wait period is mandatory to receive cash benefits.

### **State Unemployment Insurance**

SCFHP maintains an unemployment insurance policy to provide employees with income if they become unemployed through no fault of their own and other work is not available. This insurance policy is administered by the California State Employment Development Department (EDD). For more information, go to [www.edd.ca.gov](http://www.edd.ca.gov)

Eligibility requirements must be met and a seven-day wait period is mandatory before benefits are paid out.

### **CREDIT UNION**

Employees are eligible to join the County Federal Credit Union to take advantage of low interest rates on loans, high interest rates on savings accounts, as well as many other services.

Please keep in mind that membership in CFCU represents a personal business arrangement between CFCU and the employee. SCFHP bears no responsibility for any personal financial obligations or liabilities agreed to between CFCU and the employee.

### **MISCELLANEOUS BENEFITS**

Several additional benefits are available to all employees at SCFHP. Here are a few:

- Discount rates at many hotels for employees of a public agency  
Ask for the discount when making a reservation  
Be sure to show or display an employee badge when checking in
- Discount monthly rates for employees of a public agency who are cell phone customers of AT&T

- **Benefits available through CalPERS**
  - Free Workshops to understand all of our PERS benefits
  - Free Workshops to plan for retirement
- **Benefits available through ICMA**
  - Investment Advice
  - Financial Planning
  - Retirement Planning in general
  - How to maximize the 457 Benefit



### PAYROLL AUTHORIZATION FORM

Participant Name Kathleen King

Date: June 28, 2013

- I understand that my dental and vision benefits will remain in effect until the end of the month from the date of separation. I hereby authorize Santa Clara Family Health Plan to deduct my portion of the monthly contributions from my final paycheck.
- I understand my medical benefits will remain in effect until the end of the month following 30 days from the date of my separation. I hereby authorize Santa Clara Family Health Plan to deduct my portion of the monthly contributions from my final paycheck representing my contribution through July, 2013.

Signature of Participant: Kathleen M King

**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Friday, October 05, 2012 6:58 AM  
**To:** All Staff  
**Subject:** Reminder - Today is the last day of the 2013 health benefits open enrollment period. If you plan to make any changes, you must get your completed paperwork into HR by the end of today.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED] - direct  
[REDACTED] fax

**Confidentiality Notice:**

This electronic mail transmission (including any documents, files or previous email messages attached to it) may contain CONFIDENTIAL information that is intended for a specific individual and purpose and that is privileged or otherwise protected by law. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, please delete this message and notify me of the error. Any disclosure, copying or distribution of this message, or the taking of any action based on it, is strictly prohibited. Thank you.

## Santa Clara Family Health Plan 2012 Benefits Confirmation Statement

**Name:** Kathleen M King  
**Address:** [REDACTED]

**File Number:** [REDACTED]  
**E-Mail:** [REDACTED]

**Business Unit:** Santa Clara C.H.A (SCCHA)  
**Location:** Company Headquarters (001)  
**Class:** Senior Staff

**Pay Period:** Bi-weekly  
**Effective Date:** 01/01/2012

Benefit	Plan Name	Election	Effective Date	Cost Per Deduction	Number of Deductions
Medical	PERS Choice PPO	EE + Family	09/01/2011	\$68.90	26
Dental	Delta Preferred options DPO	EE + Family	09/01/2011	\$38.34	26
Vision	VSP	EE + Family	09/01/2011	\$0.80	26
Life	Group Life Insurance	Class 1: \$100,000...ctual=\$100,000.00	07/01/2010	\$0.00	26
AD&D	Sun Life Assurance Company of Canada	\$100,000.00, Actual=\$100,000.00	07/01/2010	\$0.00	26
LTD	Group Long Term Disability Benefits	Class 1: 86.67% to \$10,000.00/month	07/01/2010	\$0.00	26
FSA Medical	Medical Reimbursement 2012	\$1,999.92	01/01/2012	\$78.92	26
Retirement	401A Senior Staff	0.67%	04/21/2008	\$41.80	26
Retirement	PERS Retirement	7.0%	03/31/2008	\$438.70	26
EAP	Psychare EAP	Psychare EAP	07/01/2011	\$0.00	26
Valu...fis	ComPsych Guidance Resources	Enrolled	07/01/2010	\$0.00	26
Valu...fis	Sun Life Emergency Travel Assistance	Enrolled	07/01/2010	\$0.00	26
<b>Dollar Amount Spent Per Deduction</b>				<b>\$663.46</b>	

**Dependent Information:**  
 Below is a summary of information for your dependents that are enrolled in at least one dependent benefit plan. If any information is incorrect or missing, please make changes below.

Name:	SSN / Nat. ID	Relationship	Gender	Date of birth
Mark M Stark	on file	Spouse	█	█
Nick G Olsen	on file	Child	█	█
Allyssa J Stark	on file	Child	█	█
Marie C Stark	on file	Child	█	█
Mathew T Stark	on file	Child	█	█
Robert C Stark	on file	Child	█	█

**Dependent Enrollments:**  
**Mark M Stark (Spouse):** Medical: PERS Choice PPO, Dental: Delta Preferred options DPO, Vision: VSP  
**Nick G Olsen (Child):** Medical: PERS Choice PPO, Dental: Delta Preferred options DPO, Vision: VSP  
**Allyssa J Stark (Child):** Medical: PERS Choice PPO, Dental: Delta Preferred options DPO, Vision: VSP  
**Marie C Stark (Child):** Medical: PERS Choice PPO, Dental: Delta Preferred options DPO, Vision: VSP  
**Mathew T Stark (Child):** Medical: PERS Choice PPO, Dental: Delta Preferred options DPO, Vision: VSP  
**Robert C Stark (Child):** Medical: PERS Choice PPO, Dental: Delta Preferred options DPO, Vision: VSP

**Signature:** Kathleen M King **Date:** 2/15/12

This statement confirms your recent benefit enrollment elections. Please keep a copy of this statement for your records and use it to verify entries on your paycheck stub. If you have no changes, sign this confirmation statement and return it to human resources. Your signature authorizes your employer to deduct the required premium contributions from your pay on a pre-tax or post-tax basis for those benefits that apply.

# Sun Life Assurance Company of Canada

## Notice of Group Life Conversion



### Instructions for the Employer

Questions about Group Conversion? Call our Customer Service Center at 1-800-247-6875.

#### Employer's Instructions for Group Life Conversion

1. Complete sections 1, 2 and 3. Sign and date this form.
2. Present this form to the employee. Inform the employee that he or she has 31 days from the date of termination (or the date benefits were reduced) to submit an application and first payment for individual coverage.

### 1 Policy Information

To be completed by Employer.

Name of Group Policyholder (i.e. employer or company name) Santa Clara County Health Authority	Policy Number [REDACTED]	Billing Group Number [REDACTED]
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### 2 Employee Information

To be completed by Employer.

Employee Name (last, first, middle initial) King, Kathleen M.		Social Security Number [REDACTED]	Date of Birth (m/d/y) [REDACTED]
Hours Worked Weekly 40	Date of Hire (m/d/y) 03/31/2008	Date Last Worked (m/d/y) 06/28/2013	Date of Disability (m/d/y) n/a
Insurance Effective (m/d/y) 07/01/2010	Date of reduction or termination (m/d/y) 06/29/2013	Date of last salary increase (m/d/y) 08/28/2011	
Basic Annual Salary \$ 162,204.28	Amount of Coverage Lost: Basic: \$ 100,000      Optional: \$	Class Description Chief Officers	

This employee's Group Life benefits are being:  Reduced  Terminated  Canceled  
 Was the employee totally disabled on the date last worked?  Yes  No  N/A  
 Has a Waiver of Premium claim been filed?  Yes  No  N/A  
 Are premiums still being paid by the employer?  Yes  No  N/A

### 3 Dependent Information

To be completed by Employer.

Dependent Name (last, first, middle initial)	Amount of Coverage Lost: Basic: \$      Optional: \$
Dependent Name (last, first, middle initial)	Amount of Coverage Lost: Basic: \$      Optional: \$

To be eligible to convert, a dependent must have been covered under the group policy. For more information about Group Life Conversion for dependents, please call our Customer Service Center at 1-800-247-6875.

### 4 Signature

To be completed by Employer.

Name of Employer Administrative Contact Sharon Valdez	Phone Number 408-874-1770
Signature of Administrative Contact X <i>Sharon Valdez</i>	Date (m/d/y) 06/28/2013

# Sun Life Assurance Company of Canada

## Long Term Disability Conversion Notice



### 1 LTD Coverage Information

**Employer:** If your Group Policy offers LTD Conversion, complete and sign this form and supply it to the employee (if eligible). Please see below for eligibility information. The employee should follow the steps below to apply for Conversion.

Name of employee (first, middle initial, last) Kathleen King		Date of birth [REDACTED]	
Street address [REDACTED]		City Saratoga	State Ca
Zip code 95070		Employee's basic monthly earnings \$13,517.02	
Employee's group LTD coverage ends on 06/28/2013		Employer's name Santa Clara County Health Authority	
Policy number 213339		Billing group 001	
Name of Benefits Administrator Sharon Valdez		Phone number [REDACTED]	
Signature of Benefits Administrator X <i>Sharon Valdez</i>		Date signed 06/28/2013	

### 2 Eligibility

**Employee:** Your group LTD coverage will end when your employment terminates. Under the terms of your employer's group LTD policy, you may be eligible to keep your coverage through Sun Life Assurance Company of Canada by converting to an LTD Conversion policy. You are eligible for LTD Conversion if:

1. On the day you were terminated, you were insured under a Sun Life Assurance Company of Canada Group LTD policy and have been covered for Group LTD benefits (with Sun Life Assurance Company of Canada or your employer's previous LTD carrier) for at least 12 consecutive months immediately prior to your termination date.
2. You complete an LTD Conversion application and return it to us with a check for your first premium *within 31 days* following your termination date.

### 3 Instructions

Questions about LTD Conversion? Call our Customer Service Center at 1-800-247-6876.

**Please Note:** This form is not an application. If you are interested in receiving more information about LTD Conversion, follow these steps:

1. Call our Customer Service Center at 1-800-247-6876.
2. Provide the information on this form to the Customer Service Representative who will calculate your cost and provide a quote over the phone.
3. The Customer Service Representative then will mail you the LTD Conversion application and a letter summarizing your quarterly premium amount and due date.
4. To apply for LTD Conversion, sign the application, enclose a check for your first premium and mail the application and check to us by the due date.
5. Upon approval of your coverage, we will mail you a Sun Life Assurance Company of Canada LTD Conversion Policy. The Policy has a 10-day "free look" period. You have the right to return the policy to us within 10 days for a full refund.



**Check 1**  
**Name:** Kathleen King  
**Company:** RTJ - Santa Clara County  
**File #:** 044485  
**Request Description:** K. KING FINAL PAY  
**Tax Frequency:** 2 - Spread taxes over 2 weeks  
**Worked In Department:** 950 - SCFHP FOUNDATION  
**Disburse Lien**  
**Deductions:** No

**Gross to Net Summary**

<b>Total Hours</b>	80.00
<b>Total Earnings (Gross Pay)</b>	6,238.63
<b>Total Taxes</b>	1,527.98
<b>Total Deductions</b>	1,045.95
<b>Net Pay</b>	3,664.70
<b>Total Memos</b>	616.07

**Gross to Net Detail**

**Hours/Earnings**

	<b>Hours</b>	<b>Earnings</b>	<b>Field #</b>
Regular	80.00	6,238.63	
Overtime			
<b>Total</b>	<b>80.00</b>	<b>6,238.63</b>	

**Taxes**

Federal	1,025.34
Medicare	83.02
State Worked in: CA - California	362.47
SUI/SDI: 75 - California (taxing)	57.15
<b>Total</b>	<b>1,527.98</b>

**Deductions**

C - Fsa Health	76.92
E - Fsa Dep Care	192.30
H - Medical Pretax	253.46
J - 401(a)	41.80
K - H.K. Donation	43.00
O - Survivor Benef	0.93
P - Pers	436.70
V - Vision Pretax	0.84
<b>Total</b>	<b>1,045.95</b>

**Memos**

G - G.T.L	8.92
P - Er Pers Match	606.15
<b>Total</b>	<b>616.07</b>

**Check 1**  
**Name:** Kathleen King  
**Company:** RTJ - Santa Clara County  
**File #:** 044485  
**Request Description:** K. KING FINAL PTO PAYOUT  
**Tax Frequency:** 8 - Spread taxes over 8 weeks  
**Worked In Department:** 950 - SCFHP FOUNDATION  
**Disburse Lien**  
**Deductions:** No

**Gross to Net Summary**

<b>Total Hours</b>	<b>320.35</b>
<b>Total Earnings (Gross Pay)</b>	<b>24,981.82</b>
<b>Total Taxes</b>	<b>6,939.90</b>
<b>Total Deductions</b>	<b>167.38</b>
<b>Net Pay</b>	<b>17,874.54</b>
<b>Total Memos</b>	<b>0.00</b>

**Gross to Net Detail**

<b>Hours/Earnings</b>			
	<b>Hours</b>	<b>Earnings</b>	<b>Field #</b>
Regular			
Overtime			
P - Pto	320.35	24,981.82	3
<b>Total</b>	<b>320.35</b>	<b>24,981.82</b>	
<b>Taxes</b>			
Federal	4,662.12		
Medicare	362.24		
State Worked in: CA - California	1,666.88		
SUI/SDI: 75 - California (taxing)	248.66		
<b>Total</b>	<b>6,939.90</b>		
<b>Deductions</b>			
J - 401(a)	167.38		
<b>Total</b>	<b>167.38</b>		
<b>Memos</b>			
<b>Total</b>	<b>0.00</b>		

**SANTA CLARA FAMILY HEALTH PLAN  
INTER OFFICE MEMO**

**TO:** Kathleen King  
**FROM:** Sharon Valdez  
**RE:** Termination of Benefits  
**DATE:** June 28, 2013

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Due to your separation from Santa Clara Family Health Plan on June 28, 2013 the following benefits will cease:

**Dental/Vision**

Your coverage terminates on last day of June 2013.

You will receive notice of your rights to continuation coverage through COBRA to your home from C-Biz.

**Medical**

Your coverage terminates on the last day of July 2013. You will receive notice of your rights to continuation coverage through COBRA to your home from C-Biz.

**Long Term Disability**

Your coverage terminates on your last day of employment. If you are interested in conversion coverage, you must apply directly with Sun Life. The Request for Long Term Disability Materials is included in this packet.

**Life Insurance**

Your coverage terminates on your last day of employment. If you are interested in conversion coverage, you must apply directly with Sun Life. The application and instructions are included in this packet.

If you have any questions regarding conversion of your benefits, please let me know.

### **Information for the Employee: About Group Life Conversion**

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If you're leaving your job, or you've reached the age at which Group Life insurance coverage from your employer may be reduced or eliminated, how do you maintain the protection that life insurance offers?

Many people don't realize that they may be eligible to convert their Group coverage to an individual policy and keep the same level of coverage even after they've left their job or reached a certain age.

It's called **Group Life Conversion**, and it's available to you if your employer or plan administrator has a Sun Life Group Life policy. If you're eligible under the terms of the group policy, you have the option of converting to a Sun Life individual life policy without having to provide any additional medical information. You have 31 days from the date of termination to apply for Conversion.

### **How to Apply for Conversion**

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1. Have your employer complete page 1 of this form. You'll need the information supplied by your employer to continue with the Conversion process. Please retain this form. You will need to submit a copy of it with your application.
2. Call our Customer Service Center at 1-800-247-6875.
3. Tell us you want a Group Life Conversion application. We need specific information from you before we will send out the application. When we ask, please be ready to provide:
  - Your Group Policy number
  - Your name, address and date of birth
  - Your Social Security number
  - The name and address of the employer where you last worked
  - The amount of Group Life coverage that was terminated or reduced
  - Name(s) of any covered dependents who are also converting
  - Termination date or date benefits were reduced

### **Important Reminders**

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You have a limited time to apply for conversion. We must receive your application and first premium payment within 31 days of the date of termination .

Your rates are based on the class of risk to which you belong and your age at your nearest birthday.

Following receipt of your application, we will write to inform you whether or not your application is approved.



Santa Clara  
**Family Health Plan**

*The Spirit of Care*

## DENTAL PROGRAM

### (Overview and Benefit Sponsorship)

#### Program Overview:

- SCFHP offers employees and their eligible dependents two dental care programs through DeltaDental: DeltaPreferred Option (a DPO) and PMI DeltaCare (a DHMO). Unless covered by another dental plan, such as that of a spouse, DeltaDental requires that SCFHP's employees and all eligible dependents from the age four (4) years of age and up participate in one of these two plans.
- If coverage is waived for the employees or any eligible dependents and they do not have other group dental insurance, DeltaDental will not allow entry at a later date. Only those eligible dependents who demonstrate a "Qualifying Event" will be admitted subsequent to the initial enrollment period.
- Dependent children are covered up to age 26.
- The elected network is to remain in effect throughout the Plan Year. A change of networks is only allowed during a contract renewal period. However, during the Plan Year, changes to providers are permitted within the same network.

#### Benefit Sponsorship:

- SCFHP sponsors dental premiums for employees concurrently enrolled in the medical program up to the monthly rate of the DPO and up to the monthly rate of the DHMO for eligible dependents also concurrently enrolled in the medical program.
- The employee is fully responsible for the payment of premiums in excess of these rates. Any amounts owed by the employee are deducted from each paycheck on a pre-tax, pro-rata basis.
- Whenever a premium rate change occurs, the employee needs to update the authorization of applicable payroll deductions by filling out a new Participation & Salary Reduction Notice.

.....  
I acknowledge that I have received a written overview of the dental program and benefit sponsorship:

Kathleen M King  
Employee

3/18/11  
Date

\_\_\_\_\_  
Received By:

\_\_\_\_\_  
Date



### California Dual-Choice Enrollment Form

Please select ONE of the following dental plans:

Fee-for-service plan  
 Delta Dental Premier®  
 Delta Dental PPO

For internal use only - fee-for-service  
 Group/Employer number: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Effective date: \_\_\_\_\_

Prepaid DHMO plan:  
 DeltaCare USA®

You must select a network dentist for this plan  
 Dental office name: \_\_\_\_\_  
 Office number / ID code (required): \_\_\_\_\_

For internal use only - prepaid  
 Group/Employer number: \_\_\_\_\_  
 ID number: \_\_\_\_\_  
 Effective date: \_\_\_\_\_

Date Employed:

Employee Classification:

- Full-time
- Part-time
- Salaried
- Hourly
- Contracted
- Classified
- Retired
- COBRA

Group Division Number: \_\_\_\_\_

Group Name: \_\_\_\_\_

**Primary Enrollee Information:**

Name: Kathleen M King  
 Address: \_\_\_\_\_  
 City, state & ZIP: \_\_\_\_\_  
 Home phone number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Social security number: \_\_\_\_\_  
 Network Facility Name (Delta Use Only): \_\_\_\_\_  
 Network Facility Number (Delta Use Only): \_\_\_\_\_

**Action Requested:**

- New enrollment
- Add dependant
- Remove dependant
- Name change
- Address change
- Social security number correction
- COBRA Enrollment

**COBRA Enrollment Only**

I understand that I may be required by the employer to pay for COBRA benefits.  
 Never if dependent is enrolling under own social security number (SSN). The original enrollee's social security number must be supplied.  
 Primary enrollee's SSN: \_\_\_\_\_  
 Qualifying date: \_\_\_\_\_  
 Qualifying reason: \_\_\_\_\_

**Marital Status**

- Single
- Divorced
- Domestic Partnership
- Do you have dependent children?  
 Yes  No
- Does your spouse have a dental plan?  
 Yes  No
- Who is covered by spouse?  
 Yourself  Spouse  Dependent children
- If Delta Dental indicates group number: \_\_\_\_\_

**Dependent Information:**

Spouse/domestic partner Name (Last, First, MI)	Code*	Spouse's SSN	Date of birth	Email	Married/Divorce date	If 19 or older, indicator: Full-time student Disabled
<u>Stark, Mark M</u>						
<u>Child(ren)</u>						
<u>Name (Last, First, MI)</u>	<u>Code*</u>	<u>Child's SSN</u>	<u>Date of birth</u>	<u>Email</u>	<u>Married/Divorce date</u>	<u>If 19 or older, indicator: Full-time student Disabled</u>
<u>Stark, Mark C</u>						
<u>Stark, Allison J</u>						
<u>Olson, Nick G</u>						
<u>Stark, Matthew T</u>						
<u>Stark, Robert C</u>						

**Relationship Codes:** Spouse - SP Domestic Partner - DP Child - CH Other Adult - OA Other Child - OC

**For DeltaCare USA enrollees only:**

Dental office name: \_\_\_\_\_  
 Network Facility Name: \_\_\_\_\_  
 Dental office ID code: \_\_\_\_\_  
 Network Facility Number: \_\_\_\_\_  
 Dental office name: \_\_\_\_\_  
 Dental office ID code: \_\_\_\_\_

I understand that I may be required by the employer to pay for these benefits and those for my dependents. I agree to continue membership in the program selected above during employment and while the program is in force and I agree to comply with the terms of the group contract.

Enrollee Signature: \_\_\_\_\_

Kathleen M King

Date: \_\_\_\_\_

3/18/11



Santa Clara  
**Family Health Plan**

*The Spirit of Care*

## VISION PROGRAM

### Overview and Benefit Sponsorship

**Program Overview:**

- SCFHP offers employees and their eligible dependents vision coverage through Vision Service Plan, (VSP). All employees and their dependents, including children from the age four (4) years of age and up, who are enrolled in the medical plan are **required to enroll** in the vision plan.
- Dependent children are covered up to age 26.

**Benefit Sponsorship:**

- SCFHP sponsors vision premiums for employees and their eligible dependents concurrently enrolled in the medical program. For details, please see the Health Care: *Employee Share of Premium Chart* in your benefits orientation packet.
- Employees and/or eligible dependents not concurrently enrolled in the medical program may enroll in the vision program at the **employee's expense**. Such premiums are to be paid through pre-tax payroll deductions.
- During the annual Open Enrollment period, an employee responsible for the payment of vision coverage premiums needs to update the authorization of applicable payroll deductions by completing a new *Participation & Salary Reduction Notice*.

\*\*\*\*\*

I acknowledge that I have received a written overview of the vision program and benefit sponsorship:

\_\_\_\_\_  
Employee *Martine M King*

\_\_\_\_\_  
Date *9/18/11*

\_\_\_\_\_  
Received By:

\_\_\_\_\_  
Date



### Enrollment Form

Effective Date: \_\_\_\_\_

Name of Group (Employer): Santa Clara County Health Authority

Name: King, Kathleen, M  
last name, first name, middle initial

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Type of coverage selected:

\_\_\_\_ Employee only

\_\_\_\_ Employee plus one dependent

Employee plus family

\_\_\_\_ Waive Coverage

I elect to ENROLL IN (OR CHANGE TO) the Vision plan as shown above and authorize deductions to be made from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future.

Kathleen M King  
Employee Signature

8/18/11  
Date





## Your VSP Vision Benefits Summary

Welcome to VSP® Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

**Personalized Care.** A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

**Eyewear.** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

**Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

Using your VSP benefit is easy.

- Find the right eyecare provider for you. To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- Review your benefit information. Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card required.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

For your complete benefit description, visit [vsp.com](http://vsp.com) or call 800.877.7195.

SANTA CLARA COUNTY HEALTH and VSP provide you an affordable eyecare plan.  
 Doctor Network..... VSP Signature

### Your Coverage with a VSP Doctor

**WellVision Exam®** focuses on your eye health and overall wellness

- \$10.00 copay.....every 12 months

#### Prescription Glasses

- \$25.00 copay
- Lenses.....every 24 months
- Single vision, lined bifocal and lined trifocal lenses
- Polycarbonate lenses for dependent children
- Frame.....every 24 months
- \$120 allowance for a wide selection of frames
- 20% off amount over your allowance

~OR~

#### Contact Lens Care

- No copay applies.....every 24 months

\$120.00 allowance for contacts and the contact lens exam (fitting and evaluation)

Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of lenses.

### Extra Discounts and Savings

#### Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

#### Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

### Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam.....	Up to \$ 45.00
Single Vision Lenses.....	Up to \$ 45.00
Lined Bifocal Lenses.....	Up to \$ 65.00
Lined Trifocal Lenses.....	Up to \$ 85.00
Frame.....	Up to \$ 47.00
Contacts.....	Up to \$ 105.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.





Office of Employer and Member Health Services  
 PO Box 942714  
 Sacramento, CA 94229-2714  
 Toll Free: (888) CalPERS (225-7377) Fax: (916) 795-1313  
 Telecommunications Device for the Deaf: (916) 795-3240

**Declaration of Health Coverage: HBD-12A**

**(INSTRUCTIONS ON REVERSE)**

<b>EMPLOYEE INFORMATION</b>	<b>NAME (FIRST)</b>	<b>(MIDDLE)</b>	<b>(LAST)</b>
<b>SOCIAL SECURITY NUMBER</b>	Kathleen	Mary	King
<b>PART A</b> <input checked="" type="checkbox"/> I elect to enroll myself and all eligible dependents.			
<b>PART B-1</b> <input type="checkbox"/> I elect to enroll myself. My eligible dependents have other health insurance coverage.		If you or your dependents lose health insurance coverage, you can enroll in the CalPERS Health Benefits Program. You must request enrollment within 60 days from the date you lose coverage. If you do not request enrollment within 60 days, you or your dependents must wait at least 90 days or until the next Open Enrollment Period before you can enroll in the Program. Your effective date of coverage will be the first of the month following the 90 day waiting period or the Open Enrollment effective date.	
<b>PART B-2</b> <input type="checkbox"/> I elect to enroll myself and eligible dependents. I also have eligible dependents who have other health insurance coverage.			
<b>PART C-1</b> <input type="checkbox"/> I decline enrollment for myself and my eligible dependents because we have other health insurance coverage.			
<b>PART C-2</b> <input type="checkbox"/> I decline enrollment for myself and/or my eligible family members for reasons other than having health insurance coverage.		You can request enrollment for yourself and/or your dependents at any time. You must wait at least 90 days after you request enrollment or until the next Open Enrollment period before you can enroll in the Program. Your effective date of coverage will be the first of the month following the 90 day waiting period or the Open Enrollment effective date.	

**PART B:** If you are currently enrolled in the Health Benefits Program and you acquire new dependents or if a court orders health coverage for your dependents, you can add your new dependents. See your Health Benefits Officer or visit your personnel office for applicable time limits.

**PART C:** If you are not currently enrolled in the Health Benefits Program and you acquire new dependents as a result of marriage, birth, adoption, or placement for adoption, or if a court orders health coverage for your dependents, you can enroll yourself and dependents. See your Health Benefits Officer or visit your personnel office for applicable time limits.

Special rules apply to retirement and death. Please read the back of this form carefully.

Kathleen M King  
 Member's Signature

8/18/11  
 Date Signed

\_\_\_\_\_  
 Health Benefits Officer's Signature

Rev (3/09)

Original: Employee's Personnel File

Copy: Employee

**INSTRUCTIONS - DECLARATION OF HEALTH COVERAGE (HB-12A)**


<i>Please contact your Health Benefits Officer if you have any questions regarding the HB-12A.</i>	
<b>Employee Information</b>	Complete with the appropriate employee information.
<b>PART A:</b>	Mark this box if you are: a) Enrolling in the Health Benefits Program and have no dependents, or b) Enrolling yourself and ALL eligible dependents in the Health Benefits Program.
<b>PART B-1:</b>	Mark this box if you are: a) Enrolling yourself only, your dependents have other health insurance coverage, or b) Canceling your dependents' coverage because they have other health insurance coverage.
<b>PART B-2:</b>	Mark this box if you are: a) Enrolling yourself and SOME of your dependents, your other dependents have health insurance coverage, or b) Canceling coverage for some of your dependents because they have other health insurance coverage.
<b>PART C-1:</b>	Mark this box if you are: a) Declining enrollment or canceling your health insurance coverage, you have no dependents and you have other health coverage, or b) Declining enrollment or canceling your health insurance coverage for yourself and eligible dependents and you have other health insurance coverage.
<b>PART C-2:</b>	Mark this box if you are: a) Declining enrollment or canceling your health insurance coverage for reasons other than having health insurance coverage and you have no dependents, or b) Declining enrollment or canceling your health insurance coverage for yourself and eligible dependents for reasons other than having health insurance coverage.


**IMPORTANT:** It is your responsibility to notify your personnel office when there are any changes in your family situation. Changes include marriage, acquisition of a dependent child, divorce, legal separation, and death. Failure to notify your personnel office may result in adverse consequences.

**Special rules for retirement and death:**

Consider these points as you decided whether to enroll, decline, or cancel enrollment for yourself or dependents.

- If you are not eligible to be enrolled in a CalPERS-sponsored health plan on the date you separate employment, you will not be eligible for health benefits into retirement.
- If your retirement date is over 120 days from your separation date, you will not be eligible for health benefits into retirement.
- If you die and your eligible family members are enrolled on your CalPERS-sponsored health plan at this time, they may be eligible for continued enrollment in a CalPERS-sponsored health plan if they qualify for monthly survivor benefits.

 California Public Employees' Retirement System P.O. Box 942714 Sacramento, CA 94228-2714			
<b>HEALTH BENEFIT PLAN ENROLLMENT FORM</b> PER6-HBD-12 (Rev. 8/10)		<b>DO NOT SEND MEDICAL CLAIMS TO THIS ADDRESS</b> CalPERS USE ONLY - DOCUMENT REFERENCE NUMBER	
PLEASE TYPE			
<b>1. TYPE OF ACTION (Check One)</b> <input checked="" type="checkbox"/> a. NEW enrollment <input type="checkbox"/> b. CHANGE of coverage <input type="checkbox"/> c. CANCEL of coverage	<b>2. SOCIAL SECURITY NUMBER</b>  <b>3. SPOUSE/DOMESTIC PARTNER'S SOCIAL SECURITY NUMBER</b>	<b>LIST ALL PERSONS (including self) TO BE ENROLLED IN:</b> <b>17. BASIC PLAN</b> (FIRST) (MI) (LAST) Mo. Day Yr. Kathryn M King SELF (FIRST) (MI) (LAST) Mo. Day Yr. Mark M Stark Spouse (FIRST) (MI) (LAST) Mo. Day Yr. Marie C Stark Daughter (FIRST) (MI) (LAST) Mo. Day Yr. Alyssa J Stark Daughter	<b>DATE OF BIRTH</b> Mo. Day Yr. Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.
<b>4A. Name</b> Kathryn M King (FIRST) (MI) (LAST) <b>Mailing Address</b> (Redacted) <b>City, State, ZIP</b> (Redacted)	<b>4B. RESIDENCE ZIP CODE</b> (DIFFERENT FROM 4A) (Redacted)	<b>5. <input type="checkbox"/> Please check if Permanent International Employee (applies to a civil state employees only)</b> <b>6. GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>7. MARRIED</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. PLAN CODE</b> <b>9. NAME OF HEALTH PLAN</b> PERS Choice
<b>10. GROSS PREMIUM \$</b> <b>12. PRIOR PLAN CODE</b> <b>14. Reason Code</b>	<b>11. PRIMARY CARE PHYSICIAN/MEDICAL GROUP</b> Dr. Sifflet <b>13. PRIOR HEALTH PLAN</b> <b>15. Permitting Event Date</b> Mo. Day Yr.	<b>16. EFFECTIVE DATE</b> Mo. Day Yr.	<b>18. SUPPLEMENTAL PLAN</b> (FIRST) (MI) (LAST) Mo. Day Yr. Relationship ( ) ( ) ( ) ( ) ( ) ( )
<b>19. CHECK ONE</b> <input type="checkbox"/> DO NOT elect to enroll in a Health Benefits Plan under the Public Employees' Medical and Hospital Care Act. <input checked="" type="checkbox"/> I elect to ENROLL IN (OR CHANGE TO) a Health Benefits Plan as shown in Items 8 and 9 above and authorize deductions to be made from my salary or retirement allowance to cover my share of the cost of enrollment as it is now or as it may be in the future. I also certify that the names of all dependents listed above in Items 17 and/or 18 are eligible family members as defined in the Public Employees' Medical and Hospital Care Act. <input type="checkbox"/> I elect to CANCEL the Health Benefits Plan as shown in Items 12 and 13 above.			
<b>20. EMPLOYEE OR ANNUITANT'S SIGNATURE (see privacy information on reverse of employee copy)</b> Kathryn M King			<b>21. DATE SIGNED</b> Mo. Day Year 8 16 11
PLEASE REFER TO THE HEALTH BENEFITS PROCEDURE MANUAL FOR COMPLETION OF ITEMS 22-27			
<b>22. DEDUCTION PLAN CODE</b>	<b>23. Type of action (Check One)</b> 1. <input type="checkbox"/> New 2. <input type="checkbox"/> Cancel 3. <input type="checkbox"/> Change	<b>24. PAY PERIOD</b> Month Year	<b>25. PARTY CODE</b>
<b>26. EMPLOYEE DESIGNATION</b>		<b>27. BARGAINING UNIT</b>	
<b>28. AGENCY NAME (or Retirement System)</b>		<b>29. PAYROLL OFFICE CODE</b>	<b>30. AGENCY CODE</b>
<b>31. UNIT CODE</b>		<b>32. I hereby certify under penalty of perjury as follows:</b> That I am a duly appointed, qualified and acting officer of the above named agency, and that payment by the agency as provided by Sections 22870-22906 of the Government Code is hereby approved. Final determination of eligibility for the enrollment action specified will be made by the Board of Administration, Public Employees' Retirement System, in accordance with the Public Employees' Medical and Hospital Care Act and the regulations implementing the Act.	
<b>SIGNATURE OF HEALTH BENEFITS OFFICER</b> ( )		<b>33. Date received in employing office</b> Mo. Day Year	
<b>34. PHONE NUMBER</b> ( )		<b>36. REMARKS</b> _____ of _____ Forms WHITE - HB PERK - Agency BLUE - Employee	

 California Public Employees' Retirement System P.O. Box 942714 Sacramento, CA 94220-2714		<b>HEALTH BENEFIT PLAN ENROLLMENT FORM</b> PERS-HBD-12 (Rev. 8/10)		<b>DO NOT SEND MEDICAL CLAIMS TO THIS ADDRESS</b>		<b>CalPERS USE ONLY - DOCUMENT REFERENCE NUMBER</b>	
PLEASE TYPE							
<b>1. TYPE OF ACTION (Check One)</b> <input checked="" type="checkbox"/> a. NEW enrollment <input type="checkbox"/> b. CHANGE of coverage <input type="checkbox"/> c. CANCEL of coverage		<b>2. SOCIAL SECURITY NUMBER</b> [REDACTED]		<b>LIST ALL PERSONS (including self) TO BE ENROLLED IN:</b>		<b>DATE OF BIRTH</b> Mo. Day Yr.	
<b>3. SPOUSE/DOMESTIC PARTNER'S SOCIAL SECURITY NUMBER</b> [REDACTED]		<b>4A. Name</b> Kathleen M King <small>(FIRST) (MI) (LAST)</small>		<b>17. BASIC PLAN</b> (FIRST) (MI) (LAST) Kathleen M King		SELF	
<b>4B. Address</b> [REDACTED]		<b>5. GENDER</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<b>7. MARRIED</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		[REDACTED]	
<b>4C. City, State, ZIP</b> [REDACTED]		<b>6. PLAN CODE</b>		<b>8. NAME OF HEALTH PLAN</b> PERS Choice		<b>18. SUPPLEMENTAL PLAN</b> (FIRST) (MI) (LAST) Nick G Olsen	
<b>4D. RESIDENCE ZIP CODE (if different from 4A)</b> [REDACTED]		<b>10. GROSS PREMIUM \$</b> [REDACTED]		<b>11. PRIMARY CARE PHYSICIAN/MEDICAL GROUP</b> Dr. Sifflet		[REDACTED]	
<b>12. PRIOR PLAN CODE</b>		<b>13. PRIOR HEALTH PLAN</b>		<b>15. EFFECTIVE DATE</b> Mo. Day Yr. Mo. Day Yr.		<b>19. CHECK ONE</b> <input type="checkbox"/> I DO NOT elect to enroll in a Health Benefits Plan under the Public Employees' Medical and Hospital Care Act. <input checked="" type="checkbox"/> I elect to ENROLL IN (OR CHANGE TO) a Health Benefits Plan as shown in Items 8 and 9 above and authorize deductions to be made from my salary or retirement allowance to cover my share of the cost of enrollment as it is now or as it may be in the future. I also certify that the names of all dependents listed above in Items 17 and/or 18 are eligible family members as defined in the Public Employees' Medical and Hospital Care Act. <input type="checkbox"/> I elect to CANCEL the Health Benefits Plan as shown in Items 12 and 13 above.	
<b>14. Reason Code</b>		<b>15. Permitting Event Date</b> Mo. Day Yr. Mo. Day Yr.		<b>16. EFFECTIVE DATE</b> Mo. Day Yr.		<b>20. EMPLOYEE OR ANNUITANT'S SIGNATURE (see privacy information on reverse of employee copy)</b> Kathleen M King	
<b>21. DATE SIGNED</b> Mo. Day Year 9 15 11		<b>PLEASE REFER TO THE HEALTH BENEFITS PROCEDURE MANUAL FOR COMPLETION OF ITEMS 22-27</b>					
<b>22. DEDUCTION PLAN CODE</b>		<b>23. Type of action (Check One)</b> 1. <input type="checkbox"/> New 2. <input type="checkbox"/> Cancel 3. <input type="checkbox"/> Change		<b>24. PAY PERIOD</b> Month Year		<b>25. PARTY CODE</b>	
<b>26. EMPLOYEE DESIGNATION</b>		<b>27. BARGAINING UNIT</b>		<b>28. AGENCY NAME (or Retirement System)</b>		<b>29. PAYROLL OFFICE CODE</b>	
<b>30. AGENCY CODE</b>		<b>31. UNIT CODE</b>		<b>32. I hereby certify under penalty of perjury as follows:</b>  That I am a duly appointed, qualified and acting officer of the above named agency, and that payment by the agency as provided by Sections 22870-22905 of the Government Code is hereby approved. Final determination of eligibility for the enrollment action specified will be made by the Board of Administration, Public Employees' Retirement System, in accordance with the Public Employees' Medical and Hospital Care Act and the regulations implementing the Act.		<b>33. Date received in employing office</b> Mo. Day Year	
<b>34. PHONE NUMBER</b> ( )		<b>35. REMARKS</b> _____ of _____ Forms WHITE - HB PINK - Agency BLUE - Employee					

**From:** Emily Hennessy  
**Sent:** Tuesday, February 07, 2012 1:57 PM  
**To:** Elizabeth Darrow; Sharon Valdez  
**Cc:** Kathleen King  
**Subject:** RE: next steps

I am all day tomorrow. I can come see you first thing tomorrow morning.

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation  
[REDACTED] phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

---

**From:** Elizabeth Darrow  
**Sent:** Tuesday, February 07, 2012 1:56 PM  
**To:** Emily Hennessy; Sharon Valdez  
**Subject:** next steps

Emily  
When you are here let's have a brief chat for updates on our employee situation.

Thanks

Elizabeth Darrow  
CEO  
Santa Clara Family Health Plan  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Wednesday, February 15, 2012 2:59 PM  
**To:** Emily Hennessy  
**Cc:** Kathleen King; Alison Hightower [REDACTED]  
**Subject:** RE: Confidential - Work Performance of T [REDACTED]

Emily,

In the big picture, this seems minor at the moment. You could definitely mention this to T [REDACTED], but anyone could easily forget to return someone's call on occasion.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan  
[REDACTED]

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---

**From:** Emily Hennessy  
**Sent:** Wednesday, February 15, 2012 12:42 PM  
**To:** Sharon Valdez  
**Cc:** Kathleen King  
**Subject:** Confidential - Work Performance of Thong

Sharon,

It came to Kathleen and my attention that a parent had called the Foundation's 877 toll-free number acquiring about information on health coverage for his child and was never called back by T [REDACTED]. The Foundation's 877 number goes directly to the T [REDACTED] direct line. The parent, Yeung Lam, called the 877 number on Tue or Wed of last week (2/7/12 or 2/8/12) and left a voicemail. Mr. Lam called again on Monday, 2/13/12, and left another voicemail. Both voicemails asked if someone from the Foundation's outreach staff could call him back to discuss health coverage options for his child. Mr. Lam did not receive a response from either voicemails by Tuesday, 2/14/12, so he emailed me through the website and left a voicemail for Kathleen on her direct line. Both Kathleen and I asked E [REDACTED] to follow up with Mr. Lam, which he did on Tuesday.

I called Mr. Lam and spoke with him today. I followed up with him to find out when he left the messages and to make sure that from a customer service perspective that he was provided the appropriate assistance. T clearly did not follow up with the family. Although T was out of the office on Monday and Tuesday of this week (2/13/12 and 2/14/12), he should have responded to Mr. Lam's first voicemail from last week. I believe that this is an example where T is clearly not fulfilling his responsibilities as an outreach specialist.

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

[www.healthfamilyfund.org](http://www.healthfamilyfund.org)

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**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Wednesday, February 15, 2012 10:52 AM  
**To:** Kathleen King  
**Subject:** RE: Updated: Captain James Dahl Family Resource Center Produce Mobile Event

Do on talk to him about this until after we have had time to discuss. As mentioned, he may qualify for FMLA to take care of his father.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

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**From:** Kathleen King  
**Sent:** Wednesday, February 15, 2012 10:33 AM  
**To:** Sharon Valdez  
**Subject:** FW: Updated: Captain James Dahl Family Resource Center Produce Mobile Event

Can you call me when you are available to talk? Item #7 under requirements says he must be willing to work weekends. I think we push him on it.

**Kathleen King**  
**Executive Director**

---

**From:** Emily Hennessy  
**Sent:** Wednesday, February 15, 2012 10:28 AM  
**To:** Kathleen King  
**Subject:** RE: Updated: Captain James Dahl Family Resource Center Produce Mobile Event

It is attached.

**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Thursday, February 16, 2012 3:35 PM  
**To:** Kathleen King  
**Subject:** Follow Up

Kathleen,

I haven't forgotten about you, but I'm waiting for a call back from our counsel at 4:15 p.m.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Friday, February 17, 2012 10:06 AM  
**To:** Kathleen King  
**Subject:** RE: Did you finish your call with Allison?

Kathleen,

Stop by when you get in the office today and I will update you at that time. Thanks.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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---

**From:** Kathleen King  
**Sent:** Thursday, February 16, 2012 5:19 PM  
**To:** Sharon Valdez  
**Subject:** RE: Did you finish your call with Allison?

Are you saying there is no process for this?

**Kathleen King**  
**Executive Director**

---

**From:** Sharon Valdez  
**Sent:** Thursday, February 16, 2012 5:17 PM  
**To:** Kathleen King  
**Subject:** RE: Did you finish your call with Allison?

Yes, I just got off of the phone with her, but I want to speak with Elizabeth before making the final decision. I don't see her anywhere so this is going to have to wait until tomorrow morning. I will be sure to include you.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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---

**From:** Kathleen King  
**Sent:** Thursday, February 16, 2012 5:15 PM  
**To:** Sharon Valdez  
**Subject:** Did you finish your call with Allison?

**Kathleen King**  
**Executive Director**

Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]

[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**Make a difference in the health of our children by contributing to the Healthy Kids Program!**

**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Friday, February 17, 2012 1:06 PM  
**To:** Kathleen King  
**Subject:** FMLA

Kathleen,

After further thought, since T last day in the office is March 2, and he won't exhaust FMLA leave between now and the date of his resignation, I don't think it is necessary to ask him to provide a certificate from his father's health care provider.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

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**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Friday, February 17, 2012 12:06 PM  
**To:** Emily Hennessy; Kathleen King  
**Cc:** Hightower, Alison S.  
**Subject:** Confidential

Emily and Kathleen,

Just a reminder that you need to treat E and T the same and please be sure not comment to T on the investigation until it is complete.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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---

**From:** Sharon Valdez  
**Sent:** Wednesday, April 17, 2013 1:41 PM  
**To:** All Staff  
**Subject:** Employee Handbook - Policy Change

We have updated our Background Check policy. Please log on to the HR Portal to acknowledge the updated handbook. The Background Check policy begins on Page 8 of the Handbook.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

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---

**From:** Sharon Valdez  
**Sent:** Wednesday, April 17, 2013 1:41 PM  
**To:** All Staff  
**Subject:** Employee Handbook - Policy Change

We have updated our Background Check policy. Please log on to the HR Portal to acknowledge the updated Handbook. The Background Check policy begins on Page 8 of the Handbook.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

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---

**From:** Sharon Valdez  
**Sent:** Monday, April 22, 2013 1:45 PM  
**To:** All Staff  
**Subject:** If you haven't already done so, please log into the HR Portal and acknowledge the Employee Handbook

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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**Sharon Valdez**

**From:** Rob Telle  
**Sent:** Tuesday, March 16, 2010 2:42 PM  
**To:** Rita Christianson  
**Cc:** Elizabeth Danow; Kathleen King; Dave Cameron; Sharon Valdez  
**Subject:** Felix Alvarez - Transfer to Foundation

Effective 3/22/2010 Felix Alvarez will report to Kathleen King.  
Elizabeth has approved a 100% salary allocation, to the Foundation, for this move.  
Sharon has obtained my signature on the transfer form.

Thank You

Rob Telle  
Sr. Director - Marketing, Service, Outreach, Acquisition & Retention  
Santa Clara Family Health Plan

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3/16/2010

**PERSONNEL ACTION NOTICE**

EMPLOYEE NAME (LAST, FIRST, MI) <b>Alvarez, Felix</b>				DATE OF CHANGE <b>03/22/10</b>	
SOCIAL SECURITY NO.		<input type="checkbox"/> REGULAR <input type="checkbox"/> RE-EMPLOYE		DATE OF HIRE	
MARRIAGE STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
HOME ADDRESS, CITY, STATE, ZIP CODE			HOME PHONE		CELL PHONE
IN CASE OF EMERGENCY NOTIFY:		RELATIONSHIP		HOME PHONE	
JOB TITLE		SUPERVISOR(S) NAME		ANNUAL SALARY	
				EMPLOYED (CONTRACT)	
				AVERAGE HOURS (NON-EMPLOYE)	
PAID TIME OFF (NON-EMPLOYE)		PRO-RATED AMOUNT FOR FIRST YEAR: VACATION		PERSONAL BUSINESS	
VACATION ACCUMULATED		CONTRACT		PERSONAL BUSINESS	
STATUS <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER:					
<input checked="" type="checkbox"/> STATUS CHANGE					
CLASSIFICATION		FROM		TO	
RATE		ANNUAL		ANNUAL	
<input type="checkbox"/> HR <input type="checkbox"/> WK		<input type="checkbox"/> HR <input type="checkbox"/> WK		<input type="checkbox"/> HR <input type="checkbox"/> WK	
POSITION		TITLE		EFFECTIVE DATE	
STATUS		EXEMPT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> REGULAR		EXEMPT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> REGULAR	
		NON-EXEMPT <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		NON-EXEMPT <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	
		OTHER		OTHER	
DEPT.		DEPT.		DEPT.	
<b>X</b> Rob Tolle		Kathleen King		<b>03/22/10</b>	
MARRIAGE STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		MARRIAGE STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE			
ADDRESS		ADDRESS		CELL PHONE	
<input checked="" type="checkbox"/> LEAVE OF ABSENCE					
TYPE OF LEAVE: <input type="checkbox"/> MEDICAL <input type="checkbox"/> WORKERS' COMP <input type="checkbox"/> DISABILITY <input type="checkbox"/> MILITARY <input type="checkbox"/> MATERNITY <input type="checkbox"/> PERSONAL <input type="checkbox"/> OTHER:					
LEAVE START DATE		EMPLOYEE RETURN DATE		LAST DAY WORKED	
REASON: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/> REDUCTION IN WORKFORCE <input type="checkbox"/> OTHER:					
REASON FOR VACATION PAY		REASON FOR OTHER PAY		REASON FOR OTHER PAY	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS					
APPROVED BY		DATE		DATE	
				<b>3/16/2010</b>	
SUPERVISOR		DATE		DATE	
				<b>3/16/10</b>	
EMPLOYEE ACKNOWLEDGES RECEIPT OF A COPY OF THIS DOCUMENT WHEN SIGNED		EMPLOYEE SIGNATURE		DATE	
		<i>Kathleen M King</i>		<b>3/16/10</b>	

*Kathleen M King*  
*3/16/10*

**PERSONNEL ACTION NOTICE**

EMPLOYEE NAME (LAST, FIRST, MI) <b>Alvarez, Felix</b>					DATE OF CHANGES <b>10/14/2011</b>	
<input type="checkbox"/> NEW HIRE <input checked="" type="checkbox"/> RE-HIRE						
SOCIAL SECURITY NO. <b>Redacted</b>		DATE OF BIRTH	MARRIAGE STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF HIRE <b>08/21/1988</b>	
HOME ADDRESS, CITY, STATE, ZIP CODE				HOME PHONE	CELL PHONE	
IN CASE OF EMERGENCY NOTIFY:		NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	
JOB TITLE <b>Foundation Dir. of Outreach School Programs</b>	SUPERVISOR/SUPPLIER <b>Kathleen King</b>	Department <b>Foundation</b>	ANNUAL SALARY <b>88,542.54</b>	EMPLOYER (EMPLOYER) AVERAGE HOURS (REG. EMPLOYER)	BASE RATE	<input type="checkbox"/> HR <input type="checkbox"/> WK
FTD ACCRUAL      PRO-RATED AMTS FOR FST YEAR      VACATION      SICK      PERSONAL BUSINESS <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> STATUS CHANGE						
CHECK OR CIRCLED	FROM	TO			EFFECTIVE DATE	
<input type="checkbox"/> RATE	BASIC RATE <input type="checkbox"/> HR <input type="checkbox"/> WK	ANNUAL MONTHLY	BASIC RATE <input type="checkbox"/> HR <input type="checkbox"/> WK	ANNUAL MONTHLY	<input type="checkbox"/> MERIT <input type="checkbox"/> PROM.	MO. DAY YR
<input type="checkbox"/> POSITION	TITLE	TITLE				
<input type="checkbox"/> STATUS	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> TEMPORARY	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> OTHER	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> TEMPORARY	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> OTHER		
<input type="checkbox"/> DEPT.	MANAGER/SUPERVISOR	DEPT.	SUPERVISOR/SUPPLIER	EMPL.		
<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	NAME	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	NAME		
<input type="checkbox"/> ADDRESS	ADDRESS, CITY, STATE		ZIP CODE	HOME PHONE	CELL PHONE	
<input checked="" type="checkbox"/> LEAVE OF ABSENCE						
TYPE OF LEAVE: <input type="checkbox"/> MEDICAL <input type="checkbox"/> WORKERS COMP <input type="checkbox"/> DISABILITY <input type="checkbox"/> MILITARY <input type="checkbox"/> MATERNITY <input type="checkbox"/> PERSONAL <input type="checkbox"/> OTHER						
LEAVE START DATE	EXPECTED RETURN DATE	LAST DAY WORKED		LAST DAY PAID		
		<b>10/14/2011</b>		<b>10/14/2011</b>		
REASON: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY OR REDUCTION IN WORKFORCE <input type="checkbox"/> OTHER						
ELIGIBLE FOR PTO	ELIGIBLE FOR OTHER PAY	LAST DAY WORKED		LAST DAY PAID		ELIGIBLE FOR BONUS
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>10/14/2011</b>		<b>10/14/2011</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS						
MANAGER RECEIVED		DATE	APPROVALS DIRECT SUPERVISOR		DATE	
<i>Sharon Kelly</i>		<b>10-14-11</b>	<i>[Signature]</i>		<b>10/14/11</b>	
ACCOUNTING		DATE	EMPLOYEE SIGNATURE		DATE	
			<i>[Signature]</i>		<b>10/14/11</b>	
EMPLOYEE ACKNOWLEDGES RECEIPT OF A COPY OF THIS DOCUMENT WHEN SIGNED			EMPLOYEE SIGNATURE			

**PERSONNEL ACTION NOTICE**

EMPLOYEE NAME (LAST, FIRST, MI) <b>Alvarez, Felix</b>				DATE OF EMPHIRE <b>08/28/11</b>	
<input type="checkbox"/> NEW HIRE <input type="checkbox"/> REHIRE					
SOCIAL SECURITY NO.		DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS, CITY, STATE, ZIP CODE				HOME PHONE	CELL PHONE
IN CASE OF EMERGENCY NOTIFY:		NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
JOB TITLE <b>Frdn Dir of Sch Outreach Progs</b>		SUPERVISOR/MANAGER	DEPARTMENT	ANNUAL SALARY	<input type="checkbox"/> DIRECTLY (EXEMPT) <input type="checkbox"/> AVERAGE HOURS (NON-EXEMPT)
<input type="checkbox"/> HR <input type="checkbox"/> WK					
PTO ACCRUAL:      PRO RATED AMTS FOR PAST YEAR: VACATION      SICK      PERSONAL BUSINESS					
STATUS <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER:					
<input checked="" type="checkbox"/> STATUS CHANGE					
CHANGE	FROM	TO		EFFECTIVE DATE	
RATE	BASE RATE <input type="checkbox"/> HR <input type="checkbox"/> WK	ANNUAL <b>\$82,228.81</b> BIWEEKLY	BASE RATE <input type="checkbox"/> HR <input type="checkbox"/> WK	ANNUAL <b>\$83,642.64</b> BIWEEKLY <b>\$3,213.17</b>	<input type="checkbox"/> MERIT <input type="checkbox"/> PROM. 1.6 <b>08/28/11</b>
POSITION	TITLE	TITLE			
STATUS	<input type="checkbox"/> EXEMPT <input type="checkbox"/> FULL TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER:	<input type="checkbox"/> EXEMPT <input type="checkbox"/> FULL TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER:			
DEPT.	SUPERVISOR/MANAGER	DEPT.	SUPERVISOR/MANAGER	DEPT.	
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE NAME	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE NAME			
ADDRESS	ADDRESS, CITY, STATE		ZIP CODE	HOME PHONE	CELL PHONE
<input type="checkbox"/> LEAVE OF ABSENCE					
TYPE OF LEAVE: <input type="checkbox"/> MEDICAL <input type="checkbox"/> WORKERS' COMP <input type="checkbox"/> DISABILITY <input type="checkbox"/> MILITARY <input type="checkbox"/> MATERNITY <input type="checkbox"/> PERSONAL <input type="checkbox"/> OTHER:					
LEAVE START DATE	EXPECTED RETURN DATE		LAST DAY WORKED		LAST DAY PAID
COMMENTS:					
<input type="checkbox"/> TERMINATION					
REASON: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/> REDUCTION IN WORKFORCE <input type="checkbox"/> OTHER:					
ELIGIBLE FOR PTO PAY	ELIGIBLE FOR OTHER PAY	LAST DAY WORKED	LAST DAY PAID	ELIGIBLE FOR REHIRE	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS:					
COLA Increase					
APPROVALS					
HUMAN RESOURCES		DATE	DIRECT SUPERVISOR		DATE
ACCOUNTING		DATE	<i>Elizabeth Dawson</i> EMPLOYEE SIGNATURE		<b>8/28/11</b> DATE
EMPLOYEE ACKNOWLEDGES RECEIPT OF A COPY OF THIS DOCUMENT WHEN SIGNED			DATE		

## Law Clerk

---

**From:** Sharon Valdez  
**Sent:** Monday, July 02, 2012 3:22 PM  
**To:** All Staff  
**Subject:** RE: Second Employee Satisfaction Survey

All Staff,

You did such a great job on the first survey identifying areas in need of improvement. Please take a few minutes to complete the second survey. We would really appreciate additional feedback from you so that we can address your concerns.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

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**From:** Sharon Valdez  
**Sent:** Thursday, June 21, 2012 9:40 AM  
**To:** All Staff  
**Subject:** Second Employee Satisfaction Survey

As you know, we recently surveyed you and your coworkers to gather opinions about what you like and dislike about working at SCFHP. As a result of your feedback, we identified several areas in need of improvement. As mentioned by Elizabeth in our staff meeting last week, we are asking those who participated in the first survey to participate in a second, short survey. We would appreciate additional feedback from you so we can address your concerns more effectively. Again, this is your opportunity to make a difference at SCFHP, so I encourage your participation. Once the results of the second survey are available, we will carefully consider your feedback at which time we will implement a plan of action to address your concerns.

As a reminder, Business Research Labs will administer, tabulate, and summarize the results of the survey. This has been done to ensure your complete privacy. I assure you that your answers will not be tied to your name.

The survey will be open from June 21 through the end of the business day on July 6. The survey should take about 20 minutes of your time to complete and you are welcome to take it during regular working hours. If needed, please coordinate a time with your supervisor.

Please click on the link below to begin the survey.

<https://www.busreslab.com/SCFHP-Follow-up2012.php>

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Monday, June 04, 2012 12:51 PM  
**To:** All Staff  
**Subject:** Employee Satisfaction Survey Summary

As mentioned in the All Staff Meeting, please find attached the TopLine Report from Business Research Labs. This report summarizes the results of our Employee Satisfaction Survey.



Employee  
Satisfaction Surv...

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

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**Elizabeth Darrow**

---

**From:** Elizabeth Darrow  
**Sent:** Friday, September 21, 2012 4:32 PM  
**To:** Kathleen King  
**Cc:** Dave Cameron  
**Subject:** Re: Turkey Trot

We are planning on participating and supporting our own employees who are interested.

---

**From:** Kathleen King  
**To:** Elizabeth Darrow  
**Cc:** 'Dana Dltmore' [REDACTED]  
**Sent:** Fri Sep 21 15:50:06 2012  
**Subject:** Turkey Trot

Elizabeth,

Elizabeth,

We would really like to see Santa Clara Family Health Plan employees at the Turkey Trot. Maybe you missed this email below?

**Kathleen King**  
Executive Director

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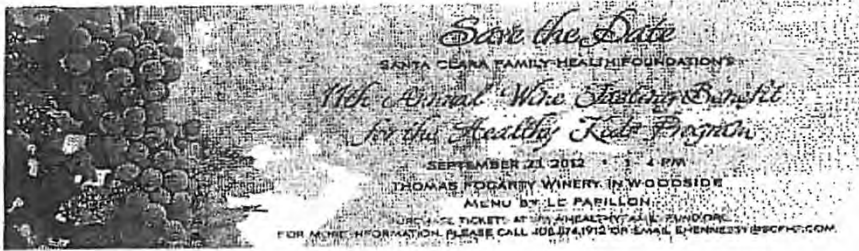
**From:** Kathleen King  
**Sent:** Friday, September 07, 2012 1:00 PM  
**To:** Elizabeth Darrow  
**Subject:** Turkey Trot

Elizabeth,

I know things are tough and money is tight for the Health Plan right now. Could you still offer your employees that you would cover the cost of the entrance to the Turkey Trot and we could reimburse you for the cost out of our unrestricted funds? The goal is to raise \$250,000 from the Turkey Trot for the foundation and it would be nice to continue to have Health Plan employees run in the race. We could manage the organizing of registration if that helps.

Kathleen King  
Executive Director  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Wednesday, November 07, 2012 7:48 AM  
**To:** All Staff  
**Subject:** Change the Date for the Holiday Luncheon

The date for the Holiday Luncheon has been changed from December 14 to December 19. Please mark your calendars.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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**Kathleen King**

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**From:** Beth Paige  
**Sent:** Tuesday, January 22, 2013 8:18 AM  
**To:** All Staff  
**Subject:** PLEASE READ: Privacy/Security Reminder  
**Importance:** High

**REMINDER TO ALL STAFF,**

Please remember to ~~encrypt~~ any email containing member-specific information that you send to entities outside of SCFHP. If you do not have the ability to encrypt these emails, please see your supervisor.

Last week we had two Privacy Incidents where emails with attachments of member information were sent to external entities (business associates) without being encrypted. If this happens to you, please let your Supervisor know immediately. All electronic security breaches, such as these, should immediately be addressed by calling the IT help desk so that IT can implement the procedures outlined in the "Security Incident Plan". The Privacy Officer, Beth Paige, must also immediately be notified because SCFHP is required by contract to notify DHCS within 24 hours of a breach or privacy incident.

Annual Privacy/Security training will be scheduled with All Departments in the near future. If any department would like the training sooner, please contact Beth Paige at x1703.

Another reminder: Lock your computer (press Control-Alt-Delete) when you step away from your desk, even if it is to speak to someone in the next office or cubical. To unlock it, again press Control-Alt-Delete and put in your password to unlock it.

Thank You,

Beth

**Beth Paige, CHC**  
Compliance Officer  
Santia Clara Family Health Plan



Confidentiality Notice:

**Kathleen King**

**From:** Sharon Valdez  
**Sent:** Wednesday, March 06, 2013 3:42 PM  
**To:** All Staff  
**Subject:** IMPORTANT MESSAGE - CalPERS Dependent Eligibility Verification Project

This email message is to inform you of an upcoming CalPERS project regarding dependent health coverage for CalPERS health plan subscribers.

In an effort to help control rising health care costs, Santa Clara Family Health Plan is required to work with CalPERS to ensure that all dependents enrolled in a CalPERS health plan are eligible for coverage.

Starting in July 2013, CalPERS will launch the Dependent Eligibility Verification (DEV) project, which will require all employees with one or more dependents on their health plan to provide supporting documentation of their dependents' eligibility for our health benefits.

The initial phase of the DEV project includes an amnesty period that runs from now through June 30, 2013. During this specified period of time, we encourage you to review the definition of an eligible dependent on the CalPERS website and identify any dependents currently on your health plan who do not meet the eligibility criteria. Those dependents that should be removed from coverage will be disenrolled on a prospective (future) basis. This avoids the risk that coverage could be cancelled retroactively. Amnesty, as used in this communication, does not apply to employer-initiated disciplinary action for wrongful conduct, if applicable.

If you are a primary health plan subscriber with one or more dependents, you will soon receive a letter from CalPERS with further details on the DEV project, including dependent eligibility criteria and an *Amnesty Disenrollment Document*. This document will ask you to identify any ineligible dependents that should be removed from coverage. If you wish to take advantage of the amnesty period and remove those dependents from your health plan who do not meet the eligibility criteria, you must complete and submit the *Amnesty Disenrollment Document* to Human Resources prior to June 30, 2013 to allow for timely processing.

If you have questions regarding this information, please contact Human Resources and/or review the DEV project information on CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov).

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

████████████████████  
████████████████████  
████████████████████

**Law Clerk**

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**From:** Shannon McNally  
**Sent:** Monday, January 23, 2012 10:18 AM  
**To:** All Staff  
**Subject:** Reminder ~ All-Staff January 27th

Hi Everyone,

Just a friendly reminder....our All Staff meeting will be this **Friday, January 27<sup>th</sup>**, at **9:30am in the Board Room**.  
Our next All Staff meeting is scheduled for Friday, March 23<sup>rd</sup>, at 4:00pm.

Thanks

**Shannon McNally**  
Executive Assistant  
Santa Clara Family Health Plan

[Redacted]

[Redacted]

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**Law Clerk**

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**From:** Elizabeth Darrow  
**Sent:** Thursday, April 25, 2013 8:59 AM  
**To:** All Staff  
**Cc:** Michele Lew  
**Subject:** Celebration

All,

Please join us for lunch on the second floor at noon on May 3 to celebrate enrollment of over 150,000 members in the Health Plan! Each of you have played an integral part in achieving this milestone. Thank you for continuing to support the mission of Santa Clara Family Health Plan.

Elizabeth

**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Thursday, May 23, 2013 7:46 AM  
**To:** All Staff  
**Subject:** Surprise!

Our office will close tomorrow at 3:00 p.m. so that you can begin your three day weekend a little bit sooner. Enjoy!

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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## Santa Clara Family Health Plan STAFF CHARITABLE GIVING PROGRAM

Santa Clara Family Health Foundation promotes health and well being by mobilizing resources to make affordable, high quality health care available to everyone in our community. The Foundation's current focus is on fundraising for the Healthy Kids program and the Children's Health Initiative in Santa Clara County.

The Foundation currently raises funds to provide coverage for over 10,000 children a month enrolled in Healthy Kids. Making charitable contributions to the Foundation will help the Foundation in this effort. All charitable contributions made through a payroll deduction or one time donation is tax-deductible to the extent allowed by state and federal laws.

Packard Foundation has donated a challenge grant. Every dollar given by an employee will be matched by a dollar from Packard and all funds will go directly to children's premiums. The amount of each employee's giving does not matter as much as the participation. Giving is anonymous unless the employee agrees they would like to be acknowledged.

### Charitable Donation

I wish to donate the following amount per payroll period or a one time donation to the Healthy Kids program to be used solely for children's premiums. I understand this amount can be deducted each payroll period or I can give an amount just one time and the amount will be remitted to Santa Clara Family Health Foundation in support of Healthy Kids. I can terminate this deduction at any time by notifying the SCFHP Payroll Department. (Please return this form to My-Hang Pham in HR).

Donation Amount per Pay Period: \_\_\_\_\_

Begin Automatic Deductions (date of the beginning of the pay period): \_\_\_\_\_

Donation Amount-one time \_\_\_\_\_

I am already giving and I would like to renew my giving: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I would like the amount I give to be kept confidential.     yes     no

*Santa Clara Family Health Foundation wishes to thank you for your generous contributions. The Foundation issues a year-end donor statement summarizing all of your annual contributions for a calendar year. This statement serves as an official receipt for tax purposes.*

Dear Kathleen King,

Our records indicate that you occupy the position of Consultant with the Santa Clara County Health Authority. You are required by state law to file an Annual Form 700 Statement of Economic Interests by **April 2, 2012**. Your Annual form covers calendar year 2011. It is your responsibility to complete the Form accurately and in a timely fashion. For a timely filing, you may prepare and submit your Form 700 online using the eDisclosure system any time between now and **April 2, 2012**.

**Access eDisclosure at <https://www.southtechhosting.com/SantaClara/eDisclosure/>**

This is an automatic email notification. **PLEASE DO NOT REPLY TO THIS EMAIL**. If you have questions about your filing obligations, please contact your filing official/agency contact person:

Name: Shannon McNally  
[REDACTED]

If no contact information appears above, contact the Clerk of the Board Records Unit at [REDACTED] or [REDACTED]

If you choose to file by paper, you will need to submit a signed original to your filing official.

**87200 Filers are not authorized to e-file and must submit Forms in hardcopy to the Clerk of the Board's Office.** These Forms will then be forwarded to the FPPC for filing.

eDisclosure will check your Form for completeness and prompt you to correct common errors. You can save your in-progress filing at any time and return to it later to complete and submit. Once your filing is completed, your information will be saved in a secure database, to allow you to base future filings off of prior filings. If you need assistance, look for the blue question mark icon to get instructions for any schedule. A Filer's User Guide is available under the help menu.

The statewide filing deadline is April 2, 2012. Please be advised that the **penalties to you as the filer for late filing of the Form 700 include criminal and civil sanctions for intentional or negligent violation of the reporting requirements.** Further, the Clerk of the Board's office has the authority to impose a penalty against the filer in the amount of \$10 per day after the April 2nd deadline up to \$100, and the Fair Political Practices Commission could assess a fine against you of up to \$5,000 for a late filing.

If you have questions regarding filing requirements, please refer to the Form 700 Statement of Economic Interests Reference Pamphlet on the FPPC website at <http://www.fppc.ca.gov/index.php?id=500>.

For legal questions, please contact your agency's counsel or you may call the Fair Political Practices Commission (FPPC) toll free at [REDACTED], or access the FPPC website at <http://www.fppc.ca.gov>.

We hope you enjoy your experience and find e-filing easy to use.

Anika Campbell-Belton, Assistant Clerk of the Board

Program Location: <https://www.southtechhosting.com/SantaClara/eDisclosure/>

5/14/13

View Prior Filings



Santa Clara County

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#	Position	Agency	Type	Year	Due Date	Filed Date	Disclosure Category
	Consultant	Santa Clara County Health Authority	Annual	2012	04/02/2013	03/16/2013 10:32:54 PM	Special: SCCHA-07
	Consultant	Santa Clara County Health Authority	Annual	2011	04/02/2012	03/27/2012 03:40:49 PM	Special: SCCHA-07
	Alternate Committee Member	Housing and Community Development Advisory Committee	Assuming	2011	01/31/2011	03/16/2011 06:59:27 AM	BC: HCDAC-03
	Consultant	Santa Clara County Health Authority	Annual	2010	04/01/2011	03/25/2011 05:43:05 PM	Special: SCCHA-07
	Consultant	Santa Clara County Health Authority	Assuming	2009	02/01/2009	09/24/2010 12:00:00 AM	Special: SCCHA-07
	Consultant	Santa Clara County Health Authority	Annual	2009	04/01/2010	03/29/2010 12:00:00 AM	Special: SCCHA-07

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**Law Clerk**

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**From:** Shannon McNally  
**Sent:** Wednesday, February 08, 2012 10:13 AM  
**To:** [REDACTED]; Diane Brown; 'Bob Brownstein'; [REDACTED]; Dave Cameron; 'Judy Chirco'; Christopher Dawes [REDACTED]; Kathleen King; 'Michele Lew'; Michael Lipman; 'Patrick Love'; Pat McClelland; Sarah P. Moline; 'Padua, Thad, M.D. OCH'; [REDACTED]; Peggy Periandri; [REDACTED]; Robin Roche; Ron Schmidt; [REDACTED]; Matthew Woodruff; Elizabeth Darrow  
**Cc:** [REDACTED]; 'Anna Schlotz'; 'Rosenbauer, Terri'; 'Claudia Han'  
**Subject:** Annual Form 700 Filing Notification

Hello Everyone,

You may have received an email indicating that you are required to file an Annual Form 700 Statement of Economics Interest. You will need to log into eDisclosure System in order to file and submit. If you have forgotten your password, please send me an email and I will reset it for you. Once you've logged into the system you will be prompted on how to complete your filing.

If you have questions regarding filing requirements, please refer to the Form 700 Statement of Economic Interests Reference Pamphlet on the FPPC website at <http://www.fppc.ca.gov/index.php?id=500>.

For legal questions, you may call the Fair Political Practices Commission (FPPC) toll free at [REDACTED] or access the FPPC website at <http://www.fppc.ca.gov>.

The statewide filing deadline is April 2, 2012. Please be advised that the **penalties to you as the filer for late filing of the Form 700 include criminal and civil sanctions for intentional or negligent violation of the reporting requirements.** Further, the Clerk of the Board's office has the authority to impose a penalty against the filer in the amount of \$10 per day after the April 1st deadline up to \$1,000, and the Fair Political Practices Commission could assess a fine against you of up to \$5,000 for a late filing.

If you have any additional questions, please contact me directly.

Kind Regards

**Shannon McNally**  
Executive Assistant  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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**Law Clerk**

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**From:** Shannon McNally  
**Sent:** Tuesday, February 14, 2012 11:07 AM  
**To:** Kathleen King  
**Subject:** RE: Annual Form 700 Filing Notification

I just reset your password. Let me know if you need anything else.

**Shannon McNally**  
Executive Assistant  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

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**From:** Kathleen King  
**Sent:** Tuesday, February 14, 2012 11:04 AM  
**To:** Shannon McNally  
**Subject:** RE: Annual Form 700 Filing Notification

Probably

**Kathleen King**  
Executive Director

Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]

[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**Make a difference in the health of our children by contributing to the Healthy Kids Program!**



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**From:** Shannon McNally  
**Sent:** Friday, February 10, 2012 10:55 AM  
**To:** Kathleen King  
**Subject:** RE: Annual Form 700 Filing Notification

Yes. Let me know if you need me to reset your password in the eDisclosure system.

**Shannon McNally**  
Executive Assistant  
Santa Clara Family Health Plan

[Redacted]

[Redacted]

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**From:** Kathleen King  
**Sent:** Friday, February 10, 2012 10:47 AM  
**To:** Shannon McNally  
**Subject:** RE: Annual Form 700 Filing Notification

Shannon,

Can you remind me why I have to fill the 700 form out for the Health Plan? Is it my position level?

**Kathleen King**  
Executive Director

Santa Clara Family Health Foundation

[Redacted]

[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**Make a difference in the health of our children by contributing to the Healthy Kids Program!**



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**From:** Shannon McNally

**Sent:** Wednesday, February 08, 2012 10:13 AM

**To:** [REDACTED]; Diane Brown; 'Bob Brownstein'; [REDACTED]; Dave Cameron; 'judy chirco'; Christopher Lawes; [REDACTED]; Kathleen King; 'Michele Lew'; Michael Lipman; 'Patrick Love'; Pat McClelland; Sarah P. Moline; 'Padua, Thad, M.D. OCH'; [REDACTED]; Peggy Periandri; [REDACTED]; Robin Roche; Ron Schmidt; [REDACTED]; Matthew Woodruff; Elizabeth Darrow

**Cc:** [REDACTED]; 'Anna Schlotz'; 'Rosenbauer, Terri'; 'Claudia Han'

**Subject:** Annual Form 700 Filing Notification

Hello Everyone,

You may have received an email indicating that you are required to file an Annual Form 700 Statement of Economics Interest. You will need to log into eDisclosure System in order to file and submit. **If you have forgotten your password, please send me an email and I will reset it for you.** Once you've logged into the system you will be prompted on how to complete your filing.

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For legal questions, you may call the Fair Political Practices Commission (FPPC) toll free at [REDACTED], or access the FPPC website at <http://www.fppc.ca.gov>.

The statewide filing deadline is April 2, 2012. Please be advised that the **penalties to you as the filer for late filing of the Form 700 include criminal and civil sanctions for intentional or negligent violation of the reporting requirements.** Further, the Clerk of the Board's office has the authority to impose a penalty against the filer in the amount of \$10 per day after the April 1st deadline up to \$100, and the Fair Political Practices Commission could assess a fine against you of up to \$5,000 for a late filing.

If you have any additional questions, please contact me directly.

Kind Regards

Shannon McNally

**Executive Assistant  
Santa Clara Family Health Plan**

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

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**Kathleen King**

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**From:** Sharon Valdez  
**Sent:** Tuesday, April 23, 2013 3:00 PM  
**To:** All Staff  
**Subject:** Disaster Recovery Plan

All,

IT is in the process of preparing a Disaster Recovery Plan. As part of this Plan, we need to make sure we have your current home and cell telephone numbers on file in the HR Portal. Please log into the HR Portal on or before Friday of this week to make sure that your contact information is current.

Thank you.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

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**Kathleen King**

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**From:** Beth Paige  
**Sent:** Tuesday, April 16, 2013 10:40 AM  
**To:** Diane Brown; Elizabeth Darrow; Emily Hennessy; Gary Kaplan; Jeff Robertson; Laura Watkins; Kathleen King; Laura Watkins; Matthew Woodruff; Michael Lipman; Pat McClelland; Patricia Rohr; Peggy Periandri; Rayne Johnson; Rick Henson; Sarah P. Moline; Sharon Valdez; Tanya Nguyen; Lee Einfalt; Robert Ostrander; Deborah A. Garcia  
**Subject:** Security/Privacy Training for Departments  
**Importance:** High

Good Morning,

Rayne Johnson and I, as the Security and Privacy Officers, will be providing mandatory Security/Privacy training to all Departments as soon as possible. Please advise when your next two Department meetings are scheduled so we can get onto your agendas.

Thank you,  
Beth

Beth Paige, CHC  
Compliance Officer  
Santa Clara Family Health Plan



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**Kathleen King**

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**From:** Kathleen McCarthy  
**Sent:** Tuesday, June 26, 2012 9:08 AM  
**To:** Kathleen King  
**Subject:** confidentiality agreement  
**Attachments:** CONFIDENTIALITY AGREEMENT - 2010 model.doc

Here goes.

Regards,  
Kathleen McCarthy  
Compliance Officer  
408-874-1882  
Fax: 408-874-1970  
[kmccarthy@scfhp.com](mailto:kmccarthy@scfhp.com)

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## CONFIDENTIALITY AGREEMENT

**This Confidentiality Agreement is entered into by and between Santa Clara County Health Authority, dba Santa Clara Family Health Plan ("SCFHP") and the SCFHP <Employee/Temp/Volunteer/Intern/Consultant> who has executed this Agreement below ("<Employee/Temp/Volunteer/Intern/Consultant>"). This Agreement shall be effective on the date set forth below.**

1. **<EMPLOYEE/TEMP/VOLUNTEER/INTERN/CONSULTANT>'S DUTY TO MAINTAIN CONFIDENTIAL INFORMATION IN STRICTEST CONFIDENCE.**

<Employee/Temp/Volunteer/Intern/Consultant> agrees to:

- (a) Maintain in strictest confidence all Confidential Information, especially Protected Health Information (PHI).
- (b) Exercise at least as great a degree of care in safeguarding Confidential Information against disclosure as <Employee/Temp/Volunteer/Intern/Consultant> would use in protecting his or her own confidential or proprietary information.
- (c) Comply with, and not disclose PHI in any manner that would constitute a violation of, the HIPAA Privacy Rule (45 CFR Parts 160 and 164) or SCFHP Policies adopted to implement that rule.
- (d) Use Confidential Information only for the purpose of performing the duties assigned to <Employee/Temp/Volunteer/Intern/Consultant> by SCFHP.
- (e) Access, use or disclose PHI only to the minimum extent necessary to perform his/her duties, but then only if the use or disclosure does not violate the Privacy rule or SCFHP Policies.
- (f) Not disclose Confidential Information to, or permit access to Confidential Information by, any third party, unless that third party has a need and a legal right to know the Confidential Information. Then only provide the minimum necessary information for the third party to fulfill his/her/its obligations to SCFHP or to the member. Examples of third parties to whom <Employee/Temp/Volunteer/Intern/Consultant> may be allowed to disclose Confidential Information would be SCFHP's attorneys, accountants and actuaries, but only to the extent that such persons do have a need to know the Confidential Information for purposes of investigating a matter, assisting <Employee/Temp/Volunteer/Intern/Consultant> in determining whether to comply with a requested disclosure, and/or taking some other action on behalf of SCFHP. If the third party needs only part of the Confidential Information to make a decision or take the action on behalf of SCFHP, <Employee/Temp/Volunteer/Intern/Consultant> may only give the third party the minimum necessary information to do the job. Another example of a third party to whom an <Employee/Temp/Volunteer/Intern/Consultant> may be able to disclose Confidential Information, such as PHI, is the parent of an unemancipated minor. However, <Employee/Temp/Volunteer/Intern/Consultant> should not assume that in every case a parent has a right to Confidential Information about his/her dependents. If the child is 18 years of age or older, or is emancipated or is receiving services, such as family planning services, that the law allows a minor to obtain without parental consent, or is the victim of suspected child abuse by the parent, the law may not permit disclosure to the parent by <Employee/Temp/Volunteer/Intern/Consultant>.

Confidentiality Agreement

Page 2

- (g) If any doubt exists whether disclosure is permissible, consult with his/her supervisor or the Privacy Officer for SCFHP, before making any disclosure of Confidential Information to any third party.
- (h) <Employee/Temp/Volunteer/Intern/Consultant> shall notify SCFHP's Privacy Officer of: any Security Incident of which <Employee/Temp/Volunteer/Intern/Consultant> becomes aware; and any Breach of PHI that is not secured by a technology that: renders the PHI unusable, unreadable or indecipherable to unauthorized individuals; and meets federal guidelines and standards. Such notice must be provided immediately upon learning of the Breach.  
<Employee/Temp/Volunteer/Intern/Consultant> understands that, under Section 13402 of the HITECH Act (Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Action of 2009 (Pub. L. 111-5)), SCFHP's Privacy Officer may be obligated to notify not just the Secretary of DHHS, but also affected individuals of such breaches in writing and/or by broadcast media or the web. DHHS may also post the information on its website. If <Employee/Temp/Volunteer/Intern/Consultant> becomes aware of a pattern of activity or practice of the SCFHP's Privacy Officer that constitutes a material breach or violation of the SCFHP's Privacy Officer's obligation under the law, contract or other arrangement, <Employee/Temp/Volunteer/Intern/Consultant> must notify SCFHP's Privacy Officer and the Chief Operating Officer of the alleged breach so that they may take any reasonable steps to cure the breach and, if necessary, notify the affected Individual(s) and, if applicable, the Secretary and the media, mitigate damages, cure the breach or end the violation, as applicable.
- (i) Document any Disclosure of Protected Health Information that would be required for SCFHP's Privacy Officer to respond to a request by an Individual for an accounting of Disclosure in accordance with 45 CFR § 164.528.
- (j) Take all responsible steps to safeguard Confidential Information, including but not limited to: securing PHI and other confidential documents in locked drawers or rooms when not in use; speaking about Confidential Information only to the extent necessary to perform the duties assigned by SCFHP and then only in private areas or in a low voice to minimize the chance that Confidential Information will be overheard; taking care to pick facsimiles of Confidential Information as soon as possible, so they are not left in public areas; logging out computer screen containing Confidential Information; and shredding Confidential Information that is being discarded.
- (k) Take all reasonable steps to protect any privilege that may apply to Confidential Information. (Note: A privilege can be lost if Confidential Information is disclosed to third parties who have no need or legal right to know the information.)
- (l) Not duplicate, copy, summarize (in oral or written form), record or otherwise reproduce Confidential Information, except to the extent necessary for <Employee/Temp/Volunteer/Intern/Consultant> to perform the duties assigned to <Employee/Temp/Volunteer/Intern/Consultant> by SCFHP.
- (m) Comply with any policies and procedures, which SCFHP has adopted or may adopt from time to time regarding Confidential Information, including but not limited to those pertaining to the use or disclosure of PHI.
- (n) Return all copies of Confidential Information in <Employee/Temp/Volunteer/Intern/Consultant>'s possession, if any, to SCFHP, upon termination of employment.
- (o) If <Employee/Temp/Volunteer/Intern/Consultant> is given a subpoena for Member PHI, <Employee/Temp/Volunteer/Intern/Consultant> should contact the Privacy Officer immediately and await instructions.

Rev Date: June 24, 2010

- (p) <Employee/Temp/Volunteer/Intern/Consultant> is prohibited by HIPAA and by SCFHP from selling or receiving payment or other remuneration for, or permitting another to sell or receive payment for PHI or other electronic health records without the written authorization of the Individual and SCFHP.

**2. DEFINITIONS AND EXAMPLES**

- 2.1 "Breach" or "Breached" means the acquisition, access, use or disclosure of Protected Health Information (PHI) in a manner not permitted under 45 CFR §164.402 which Compromises the Security or Privacy of the PHI.
- 2.2 "Compromises the Security or Privacy of the PHI" shall have the meaning given to it in 45 CFR §164.402 and includes, but is not necessarily limited to an unauthorized acquisition, access, use or disclosure that poses a significant risk of financial, reputational or other harm to the Individual.
- 2.3 "Confidential Information" means all information that:
- (a) Is disclosed to <Employee/Temp/Volunteer/Intern/Consultant> by SCFHP, an SCFHP Business Associate, a SCFHP <Employee/Temp/Volunteer/Intern/Consultant>, and a SCFHP member or provider, or a third party.
  - (b) Regards either: the business, or affairs of SCFHP and/or its Business Associates; the health of, or medical care received by, any Member of SCFHP or a SCFHP Business Associate or other personal information about the Member or the Member's family or employment, the qualifications, background, compensation, and/or performance of any provider of SCFHP; and /or the qualifications, background, compensation and/or performance of any <Employee/Temp/Volunteer/Intern/Consultant> of SCFHP or any SCFHP Business Associate. The term includes, but is not limited to, Protected Health Information ("PHI"), under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Rule adopted thereunder.
- 2.3.1 Examples of Confidential Information include, among other things, any information pertaining to the:
- (a) Business, operations, systems, litigation, compensation, incidents, customers, providers, lists, premium rates, capitation payment rates, advertising strategies, contracts, contractors, trade secrets and/or privileged information of or pertaining to SCFHP or any of its Business Associates.
  - (b) Protected health information, including but not limited to, health, medical care, medical records, medical history, family matters, medical bills, grievances, eligibility and/or enrollment information, name, address, phone number, and/or other medical, personal and/or privileged information about any Member of SCFHP.
  - (c) The qualifications, malpractice history, competence, litigation, criminal record or allegations of wrongdoing, compensation, reputation and/or performances of physicians or other providers whether participating in SCFHP or a SCFHP Business Associate or not.
  - (d) Discussions, deliberations, records and/or other information generated or presented in connection with quality assurance, utilization review or risk management committee activities or litigation strategy meetings.

- (e) Medical or other personal information about <Employee/Temp/Volunteer/Intern/Consultant>s of SCFHP or a SCFHP Business Associate.

2.3.2 What is not included in "Confidential Information"?

- (a) "Confidential Information" does not include information that:
  - (i) Was already in the possession of <Employee/Temp/Volunteer/Intern/Consultant> before his/her employment by SCFHP, as evidenced by <Employee/Temp/Volunteer/Intern/Consultant>'s written records.
  - (ii) Is or becomes publicly available through no fault of <Employee/Temp/Volunteer/Intern/Consultant>, unless it is PHI, in which case <Employee/Temp/Volunteer/Intern/Consultant> should continue to treat the information as Confidential Information.
  - (iii) <Employee/Temp/Volunteer/Intern/Consultant> is required to disclose by law, provided that <Employee/Temp/Volunteer/Intern/Consultant> must provide written notice to SCFHP's Privacy Officer prior to any such disclosure, so that SCFHP may seek a protective order if it chooses to do so.
- (b) Electronic mail and other electronic systems:
  - (i) The electronic mail (e-mail) system provided by SCFHP is not intended to be used for personal messages or correspondence. <Employee/Temp/Volunteer/Intern/Consultant> has no personal privacy right in any matter created, received or sent through the e-mail or other SCFHP electronic system. All data stored on the electronic mail, word processing or other systems provided by SCFHP, including but not limited to information stored on any personal computers provided by SCFHP, are and remain at all times the property of SCFHP. Subject to laws applicable to Privacy of Protected Health Information, SCFHP management reserves the absolute right to review, audit and disclose all matters sent over the system or placed in its storage base, although SCFHP has no affirmative duty to do so.
  - (ii) However, <Employee/Temp/Volunteer/Intern/Consultant> must take all steps necessary to protect Confidential Information in the e-mail or other electronic systems from disclosure to third parties who are not authorized to know the information. Special care should be taken to preserve the confidentiality of Confidential Information communicated through the system to or from providers, to or from SCFHP's attorneys or to or from SCFHP's medical director to protect any privilege that may apply to such information.
  - (iii) <Employee/Temp/Volunteer/Intern/Consultant> should understand that the deletion of a file or message from e-mail might not fully eliminate the e-mail message from the system. <Employee/Temp/Volunteer/Intern/Consultant> shall protect his/her password from disclosure to other persons, except an authorized representative of <Employee/Temp/Volunteer/Intern/Consultant>'s department who may need to access the system in the <Employee/Temp/Volunteer/Intern/Consultant>'s absence. When terminals are not in use, they should be turned off. <Employee/Temp/Volunteer/Intern/Consultant> shall notify SCFHP immediately of any breach or suspected breach of security.

- 2.4 "Privileged Information" means information, communications, documents or evidence made by, given to or otherwise relating to persons within a protected relationship (such as an attorney-client relationship, quality or peer review committee meetings, physician-patient relationship) that the law protects from forced disclosures on the witness stand of forced discovery in pre-trial stages of litigation.
- 2.5 "PHI" or "Protected Health Information" means any information, whether oral or recorded in any form or medium, that is created or received by SCFHP and that: (i) relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or payment for the provision of health care to an individual; and (ii) identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. 45 CFR Section 164.501.
- 2.6 "Security Incident" shall have the meaning given the term in 45 CFR Section 164.304, that is, the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- 2.7 "Unsecured PHI" shall have the meaning given to it in 45 CFR §164.402 and includes, but is not necessarily limited to PHI that has not been rendered unusable, unreadable or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the Guidance issued on April 27, 2009 at 74 Fed. Reg. No. 79, pp. 19006 et. seq.

3. IRREPARABLE HARM, INJUNCTIVE RELIEF; CRIMINAL ACTION

Because of the unique nature of the Confidential Information, <Employee/Temp/Volunteer/Intern/Consultant> understands and agrees that SCFHP and/or its members may suffer irreparable harm in the event that <Employee/Temp/Volunteer/Intern/Consultant> fails to comply with any of his/her duties under this Agreement. <Employee/Temp/Volunteer/Intern/Consultant> also understands and agrees that the money damages will be inadequate to compensate SCFHP for the breach. Accordingly, <Employee/Temp/Volunteer/Intern/Consultant> agrees that SCFHP shall have the right to seek immediate injunctive relief to enforce the confidentiality obligations contained herein. <Employee/Temp/Volunteer/Intern/Consultant> understands that inappropriate disclosure of Confidential Information may also be a crime under applicable State or Federal law.

4. ENFORCEMENT OF THIS AGREEMENT

SCFHP will use its best efforts to enforce the terms of this Agreement. <Employee/Temp/Volunteer/Intern/Consultant> understands and agrees that <Employee/Temp/Volunteer/Intern/Consultant>'s failure to comply with the obligations contained in this Agreement may result in immediate termination of <Employee/Temp/Volunteer/Intern/Consultant>'s employment by SCFHP. SCFHP may also pursue any other remedy at law or in equity to enforce this Agreement or for breach of this Agreement.



5. HOW LONG DOES THE DUTY TO MAINTAIN CONFIDENTIALITY LAST?

<Employee/Temp/Volunteer/Intern/Consultant>'s duty to maintain Confidential Information in strict confidence shall survive termination of <Employee/Temp/Volunteer/Intern/Consultant>'s employment by SCFHP and/or termination of this Agreement. That duty will continue:

- (a) Indefinitely, in the case of; medical or personal information about any member, provider or <Employee/Temp/Volunteer/Intern/Consultant> of SCFHP; information about any ongoing litigation in which SCFHP is a party; privileged information; or trade secrets.
- (b) For a one (1) year period in the case of any other type of Confidential Information.

The terms of this section of the Agreement shall survive termination of the Agreement.

6. EFFECTIVE DATE; TERM OF THIS AGREEMENT

This Agreement shall be effective upon execution by <Employee/Temp/Volunteer/Intern/Consultant> and shall remain in effect, as may from time to time be amended, throughout the course of the <Employee/Temp/Volunteer/Intern/Consultant>'s employment by SCFHP. The obligation to maintain Confidential Information in strict confidence will continue to apply after termination of this Agreement, as described in Section 5, above.

7. GENERAL TERMS

This Agreement shall be governed by and interpreted in accordance with the law of the State of California. If SCFHP delays or refrains from enforcing any promise or condition in this Agreement, SCFHP will not be said to have waived its right to enforce the promise or condition in the future.

**IN WITNESS WHEREOF**, the <Employee/Temp/Volunteer/Intern/Consultant> specified below has executed this Agreement on the day and year written below.

<Employee/Temp/Volunteer/Intern/Consultant>:

\_\_\_\_\_  
<Employee/Temp/Volunteer/Intern/Consultant> Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

SANTA CLARA COUNTY HEALTH AUTHORITY, dba  
SANTA CLARA FAMILY HEALTH PLAN:

\_\_\_\_\_  
Signature  
Title: Privacy Officer

\_\_\_\_\_  
Date

**Law Clerk**

---

**From:** Sharon Valdez  
**Sent:** Monday, April 15, 2013 9:38 AM  
**To:** All Staff  
**Subject:** Management Development Training and Performance Appraisals

All,

As mentioned during the last All Staff Meeting, in response to feedback received on the Employee Satisfaction Survey, all supervisors began bi-weekly Management Development training in March.

Since the time was approaching to begin Performance Appraisals, we decided to focus training time over the last few months to these very important topics.

- Performance Review and Evaluation
- Setting Performance Expectations
- Goal Setting; and
- Providing Feedback

You will receive a Self-Review form by email on April 29 with instructions and information regarding next steps. Minor modifications have been made to the Self-Review and Appraisal forms all of which were covered in detail with your supervisor during their training. If you have any questions or need guidance regarding the forms when we begin this process, please feel free to reach out to your supervisor for assistance.

We look forward to raising the bar by continuing to add value and meaning to the Performance Appraisal process. As always, we welcome your continued feedback!

Sharon D. Valdez  
Vice President, Human Resources

[REDACTED]

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**Law Clerk**

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**From:** Sharon Valdez  
**Sent:** Wednesday, August 29, 2012 3:34 PM  
**To:** Kathleen King  
**Cc:** Christina M. Ohara  
**Subject:** Sexual Harassment Training

Kathleen,

We are required by law to make sure that all of our managers/supervisors have two hours of sexual harassment training every two years. You missed the live session, so you need to complete the on-line training. Can you get this done this week?

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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## Law Clerk

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**From:** Sharon Valdez  
**Sent:** Tuesday, July 31, 2012 11:48 AM  
**To:** Kathleen King  
**Cc:** Christina M. Ohara  
**Subject:** RE: Lunch meeting

Kathleen,

I put this on the calendar well in advance to give everyone the opportunity to plan ahead. Sexual harassment training is required every two years for managers/supervisors. Unfortunately, you cannot attend half of the training. I will have Christina set you up with an on-line program instead.

Sharon D. Valdez  
Vice President, Human Resources  
Santa Clara Family Health Plan  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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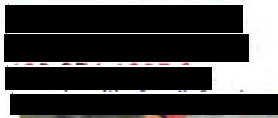
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**From:** Kathleen King  
**Sent:** Tuesday, July 31, 2012 11:36 AM  
**To:** Sharon Valdez  
**Subject:** Lunch meeting

Sharon,

I have a lunch meeting tomorrow that I have to leave at 11 a.m. for. Can I attend the first half of the class and read the rest tomorrow. I went through training when I started and a class since then.

Kathleen King  
Executive Director  
Santa Clara Family Health Foundation  
[REDACTED]



*Save the Date*  
SANTA CLARA FAMILY HEALTH FOUNDATION'S  
*11th Annual Wine Tasting Benefit  
for the Healthy Kids Program*  
SEPTEMBER 23, 2012 • 1 - 4 PM  
THOMAS FOGARTY WINERY IN WOODSIDE  
MENU BY LE PAPILLON  
PURCHASE TICKETS AT [WWW.HEALTHYFAMILYFUND.ORG](http://WWW.HEALTHYFAMILYFUND.ORG)  
FOR MORE INFORMATION PLEASE CALL 408.874.1912 OR EMAIL [EHENNESSY@SCFHP.COM](mailto:EHENNESSY@SCFHP.COM)

**Kathleen King**

---

**From:** Kathleen McCarthy  
**Sent:** Tuesday, April 10, 2012 8:42 AM  
**To:** All Staff  
**Subject:** Compliance Week  
**Attachments:** Compliance Week Announcement.pdf

Good Morning,

"Think Compliance First" is this year's theme for Compliance Awareness Week. Please attend and learn about how each employee contributes every day to Santa Clara Family Health Plan's Compliance Program. There will be games, prizes, and a raffle.

To help schedule this event, please sign up for the day and time that is most convenient for you and your department to participate in the presentation. The meeting will last about one hour.

Available times are below. (Please include an alternate time in your response in case your first selection is booked.)

Day of the Week	Date	Time	Sign-up (first and second choice)	# of staff in Dept
Monday	May 7	2:00 PM		
Tuesday	May 8	8:00 AM		
Tuesday	May 8	2:00 PM		
Wednesday	May 9	9:00 AM		
Wednesday	May 9	2:00 PM		
Thursday	May 10	8:00 AM		

Regards,  
Kathleen McCarthy  
Compliance Officer

[Redacted signature block]

Confidentiality Notice:

**From:** Sheila Maloney  
**Sent:** Tuesday, November 23, 2004 10:58  
**To:** Melodie Gellman; Craig Walsh; Ann Wade  
**Cc:** Sheila Maloney  
**Subject:** FW: 501(c)(3) Status

One clarification: when I said "by the end of March". I really don't think you should wait to the bitter end of the 90 day period before sending the form in. But I would suggest giving the IRS at least to sometime in January to send any instructions they may have, before you send something they may feel is incomplete. Or call the number listed on the form and get their instructions verbally.

Sheila Maloney  
VP & General Counsel  
SCFHP

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-----Original Message-----

**From:** Sheila Maloney  
**Sent:** Tuesday, November 23, 2004 10:48 AM  
**To:** Melodie Gellman; Craig Walsh; Ann Wade  
**Cc:** Sheila Maloney  
**Subject:** RE: 501(c)(3) Status

Melodie:

The IRS website has conflicting information. One article says that 30-45 days before our advance ruling period expires, the IRS will send us a reminder of what is required to continue to be treated as a 501(c)(3) entity. That's the way it used to work. But another item on their website, under FAQs says:

#### **What is an advance ruling period and what are the requirements?**

An organization normally may be granted an advance ruling period of five taxable years, allowing it to operate as a publicly supported organization (and a public charity) rather than as a private foundation. Should your organization wish to continue to be treated as a public charity, you should submit Form 8734 </pub/irs-fill/8734.pdf>, *Support Schedule for Advance Ruling Period*, within ninety days after the end of the advance ruling period. Failure to submit Form 8734 results in your organization automatically being reclassified as a private foundation required to file Form 990PF </pub/irs-fill/990pf.pdf>.

To be safe, I think your Department, with Ron's help, should fill in the Form 8734 and have it ready to send by the end of March if the IRS hasn't given us other instructions. But all of you should watch the mail for alternative or more detailed instructions from the IRS in the next two weeks or so. If the IRS sends something, it is likely to go to Ron, but it may just be addressed to the Foundation, so everyone should be on the lookout. The form 8734 has a phone number at IRS that you can call for more info, if you want.

Sheila Maloney  
VP & General Counsel  
SCFHP

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-----Original Message-----

**From:** Melodie Gellman  
**Sent:** Tuesday, November 23, 2004 10:34 AM  
**To:** Sheila Maloney  
**Cc:** Craig Walsh; Ann Wade  
**Subject:** 501(c)(3) Status

Hi, Sheila.

Our 501(c)(3) advance ruling period will end on December 31, 2004. Is there anything that we should be doing to maintain our status?

Melodie



**Elizabeth Darrow**

---

**From:** Kathleen King  
**Sent:** Wednesday, August 24, 2011 11:07 AM  
**To:** Elizabeth Darrow  
**Subject:** RE: Employee Campaign Activities

I read this through and I think the key paragraph is the bottom paragraph. All the other information I knew from my previous positions but they are good reminders.

Kathleen King  
Executive Director

  
Santa Clara  
Family Health Foundation

95008

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**From:** Elizabeth Darrow  
**Sent:** Wednesday, August 24, 2011 9:47 AM  
**To:** Kathleen King  
**Subject:** FW: Employee Campaign Activities

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**From:** Elizabeth Planca [<mailto:Elizabeth.Planca@cco.sccgov.org>]  
**Sent:** Monday, August 22, 2011 5:41 PM  
**To:** Elizabeth Darrow  
**Cc:** Miguel Marquez  
**Subject:** Employee Campaign Activities

Elizabeth,

Per your request, attached is a memo addressing the general law regarding campaign activities of the Executive Director (an employee of the SCFHP) of the Santa Clara Family Health Plan Foundation. A paper copy will be mailed to you.

Please let me know if you have any questions or would like to discuss further.

Thank you.

Elizabeth



**Elizabeth G. Pianca**  
**Deputy County Counsel**  
**County of Santa Clara**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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**AMENDMENT TO LEASE**

THIS AMENDMENT TO RETAIL LEASE (hereafter referred to as the "Amendment"), effective as of November 1, 2009, is entered by and between CHA CHA ENTERPRISES LLC, a California limited liability company (hereafter referred to as "Lessor"), and SANTA CLARA COUNTY HEALTH AUTHORITY dba FAMILY HEALTH PLAN (hereafter referred to as "Lessee").

Lessor and Lessee will hereafter be referred to collectively as "the Parties."

**Recitals**

A. The Parties signed a written lease agreement dated March 29, 2006, entitled Standard Industrial/Commercial Multi-Tenant Lease - Net (hereafter referred to as the "Original Lease"). Pursuant to the Original Lease, Lessor agreed to lease to Lessee certain space (hereafter referred to as the "Premises") in a retail shopping center located at 1775 Story Road, San Jose, CA, Suite 130.

B. The Parties desire to modify and amend the agreement described in the Original Lease as set forth below; and accordingly, they hereby enter into this Amendment. The Original Lease and this Amendment will hereafter be referred to collectively as "the Lease."

**Agreements**

NOW THEREFORE, and for good and valuable consideration the receipt and adequacy of which is hereby acknowledged, the Parties agree that the Original Lease shall be amended and modified as follows:

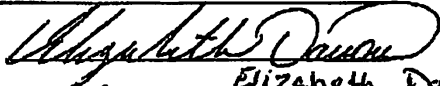
- I. Section 1.7 (a) Base Rent of the Original Lease shall be deleted and replaced with the following provision: Commencing on November 1, 2009 and through the end of the term, Base Rent shall be \$7,122 per month.
- II. Commencing on November 1, 2009, and continuing throughout the term, Lessor shall have the right to terminate the Lease upon 30 days written notice to Lessee.

Lessor: Cha Cha Enterprises, LLC

Lessee: Santa Clara County Health Authority dba Family Health Plan



By: \_\_\_\_\_

By:   
Elizabeth Darrow

Title: \_\_\_\_\_

Title: PEO

**Kathleen King**

**From:** Elizabeth Darrow  
**Sent:** Thursday, May 17, 2012 10:28 AM  
**To:** Dana Ditmore ([REDACTED]); Susie Wilson ([REDACTED]);  
[REDACTED]; Reymundo Espinoza ([REDACTED]); Cindy Chavez ([REDACTED]);  
'Ron Cohn' ([REDACTED]); Ngai X. Nguyen, MD ([REDACTED]); Wilder,  
EChristopher ([REDACTED]); 'Chris Giordano'; Sandra Wheatley  
[REDACTED]  
**Cc:** Kathleen King; Emily Hennessy; Michele Lew; Bob Brownstein (bbrownstein@atwork.org)  
**Subject:** Resignation

Please see the attached memo regarding my resignation from the Foundation Board. Thank you for all you continue to do to support the Healthy Kids program.

Elizabeth Darrow  
CEO  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



Santa Clara  
Family Health Plan

*The Spirit of Care*

May 17, 2012

To: The Santa Clara Family Health Foundation Board of Directors

From: Elizabeth Darrow

Re: Resignation

Dear Foundation Board Members,

With this notice I am informing you of my resignation from the Foundation Board effective immediately. Given concerns about conflict of interest and my position as the CEO of the Health Authority and as a public employee, I have determined that it is in the best interest of both organizations that I step down as a board member. However, I will continue to participate as a "nonmember" so that I can keep you updated on the activities of the health plan and support the important work that you oversee at the Foundation.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Darrow".

Elizabeth Darrow



SANTA CLARA FAMILY HEALTH FOUNDATION

██████████  
██████████  
██████████  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

Elizabeth Darrow

April 26, 2013

Santa Clara Family Health Plan

████████████████████

████████████████████

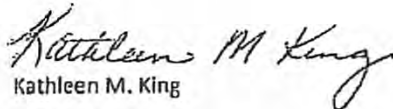
Dear Elizabeth,

Santa Clara Family Health Foundation (SCFHF) would like to provide written notice, pursuant to Section 5 of the Administrative Services Agreement (date 6/1/2002), that SCFHF has elected to terminate the Agreement without cause; if possible, in the next 60 days versus the stated 120 days notice in the Agreement. We would greatly appreciate your consideration permitting us to terminate in 60 days versus 120 days.

We would like to thank you, the Health Plan staff, and your board for the many years of partnership. We have been successful together in ensuring almost 95% of the children in this county have health coverage and the SCFHF board is excited about moving on to new efforts, still focusing our attention on children and the underserved members in our community.

We hope to work out over the next few weeks a separation plan that is mutually acceptable to both parties and once again, want to thank you for letting us support your projects and allowing us to work together to make Santa Clara County the healthiest place to live in our nation.

Sincerely,

  
Kathleen M. King

Santa Clara Family Health Foundation

c.c. Santa Clara Family Health Foundation Board, Michele Lew

**From:** Dave Cameron  
**Sent:** Tuesday, May 28, 2013 10:22 AM  
**To:** Emily Hennessy  
**Cc:** Kathleen King; Elizabeth Darrow  
**Subject:** RE: Foundation's Transition

Emily, see below

**From:** Emily Hennessy  
**Sent:** Monday, May 27, 2013 11:33 AM  
**To:** Dave Cameron  
**Cc:** Kathleen King  
**Subject:** Foundation's Transition

Dave,

Per our conversation on Friday afternoon, below is the list of questions that I have and need to be addressed on Tuesday:

1. Would the Foundation be able to take the four computers currently being used by four Foundation staff members and were purchased by the Foundation two months ago? Yes, The Foundation can take the computers and equipment they purchased.
2. What mechanism should we plan to extract the Foundation's files off its shared drive? Work with Rayne
3. If we are not able to have the four computers, how should the Foundation remove all four staff members' emails off of the computers? NA
4. We are planning on moving on Thursday, 5/30. Could the Health Plan loan us Victor and the Health Plan van to move the five filing cabinets and other items to the Foundation's new office, which is about 15 minutes from the Health Plan's office?

Sorry, but will not be able to accommodate this request.

5. Can the Foundation employees remain on the Health Plan's payroll until 6/30/13? Yes

6. Can the four Foundation staff member maintain full access to email and files on the shared drive either through GoToMyPC and/or Citrix with remote desktop until 6/30/13? The foundation employees/staff will not have access to the Health plans e-mail system after 5/31/13.
7. Could Emily be able to have access to Report Portal to prepare and submit all grant reports for Healthy Kids premiums through 7/31/13? Or be designated a Health Plan staff member who can extract the reports from Report Portal and send to Emily so she can complete the reports? No access will be allowed after 5/31/13. We will work with Rayne to Print all necessary reports in a timely manner.
8. Could the three Foundation employees remain on COBRA for all health benefits after 6/30/13? Yes, if necessary at the foundations expense.
9. Could Sharon in HR meet with Emily and Kathleen to discuss movement of the Foundation's retirement accounts to another firm? Yes
10. The Foundation raised the funds for the cost of 150 Microsoft Office 2010 licenses. They are in the Foundation's name. Could the Foundation have eight of these licenses? Let's discuss with Rayne

Let me know if you have more issues that we need to discuss. I am in after 10am on Tuesday, so I am free to meet with you. Thank you.

**Emily Hennessy**  
Director of Finance & Programs  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]@  
[REDACTED]

[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

 **Santa Clara  
Family Health Foundation**



**BYLAWS  
OF  
SANTA CLARA FAMILY HEALTH FOUNDATION, INC.  
A California Nonprofit Public Benefit Corporation**

**SECTION 1. NAME**

The name of this corporation is Santa Clara Family Health Foundation, Inc.

**SECTION 2. OFFICES**

The principal office of the Corporation in the State of California shall be located in Santa Clara County. The Corporation may have such other offices, either within or without the State of California, as the Board of Directors may determine or as the affairs of the corporation may require from time to time.

**SECTION 3. GENERAL AND SPECIFIC PURPOSES**

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for public purposes.

The specific purposes of this corporation are: to promote, coordinate and support quality health care services for the residents of Santa Clara County, with an emphasis on addressing the problems of delivery of publicly assisted medical care in the County; and to demonstrate ways of promoting quality care and medical cost efficiency within the meaning of the Internal Revenue Code section 501(c)(3) (or the corresponding provision of any future United States internal revenue law) and the Revenue and Taxation Code section 23701(d) (or the corresponding provision of any future California revenue and tax law). Despite any other provision in these articles, the corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that do not further the purposes of this corporation, and the corporation shall not carry on any other activities not permitted to be carried on by (a) a corporation exempt from federal income tax under Internal Revenue Code section 501(c)(3) (or the corresponding provision of any future United States internal revenue law) and the Revenue and Taxation Code section 23701(d) (or the corresponding provision of any future California revenue and tax law), or (b) a corporation, contributions to which are the deductible under Internal Revenue Code section 170(c)(2) (or the corresponding provision of any future United States internal revenue law).

**SECTION 4. CONSTRUCTION AND DEFINITIONS**

Unless the context requires otherwise, the general provisions, rules of construction, and definitions in the California Nonprofit Corporation Law shall govern the construction of these bylaws. Without limiting the generality of the preceding sentence, the masculine gender includes the feminine and neuter, the singular includes the plural, the plural includes the singular, and the term "person" includes both a legal entity and a natural person.

## **SECTION 5. DEDICATION OF ASSETS**

This corporation's assets are irrevocably dedicated to public benefit purposes. No part of the net earnings, properties, or assets of the corporation, on dissolution or otherwise, shall inure to the benefit of any private person or individual, or to any director or officer of the corporation. On liquidation or dissolution, all properties and assets remaining after payment, or provision for payment, of all debts and liabilities of the corporation shall be distributed to a nonprofit fund, foundation or corporation that is organized and operated exclusively for charitable purposes and that has established its exempt status under Internal Revenue Code section 501(c)(3) (or corresponding provisions of any future federal internal revenue law) and under Revenue and Taxation Code section 23701d (or the corresponding section of any future California revenue and tax law), or to or for the benefit of the Santa Clara County Health Authority, or the County of Santa Clara, for a public purpose.

## **SECTION 6. CORPORATION WITHOUT MEMBERS**

This corporation shall have no voting members within the meaning of the California Nonprofit Public Benefit Corporation Law. The corporation's Board may, in its discretion, admit individuals to one or more classes of nonvoting members; the class or classes shall have such rights and obligations as the Board finds appropriate.

## **SECTION 7. BOARD OF DIRECTORS**

**7.1 General Powers.** Subject to any limitations in the Articles of Incorporation or these Bylaws and to any provision of the California Nonprofit Public Benefit Corporation Code requiring authorization or approval for a particular action, the business and affairs of the corporation shall be managed and all corporate powers shall be exercised by or under the direction of the Board of Directors. The Board shall have all rights, powers, duties, immunities and privileges granted to California Nonprofit Public Benefit Corporations either directly or implicitly in the California Nonprofit Public Benefit Corporations Law (Title 1, Division 2, Parts 1 and 2 of the Corporations Code). The Board may delegate the management of the day-to-day operation of the business of the corporation to a management company or to any other person provided that the business and affairs of the corporation shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board.

**7.2 Specific Powers.** Without prejudice to the general powers set forth above, but subject to the same limitations, the Board shall have the power to:

(a) Appoint and remove, at the pleasure of the Board, all corporate officers and the Executive Director of the corporation; prescribe powers and duties for them as are consistent with the law, the Articles of Incorporation, and these Bylaws; fix their compensation; and require from them security for faithful service.

(b) Change the principal office or the principal business office in California from one location to another; cause the corporation to be qualified to conduct its activities in any other state, territory, dependency, or county; conduct its activities in or outside California; and designate a place in or outside California for holding any meetings.

(c) Borrow money and incur indebtedness on the corporation's behalf and cause to be executed and delivered for the corporation's purposes, in the

corporate name, promissory notes, bonds, debentures, deeds of trust, mortgages, pledges, hypothecations, and other evidences of debt and securities.

**7.3 Number and Tenure.** The authorized maximum number of directors shall be seventeen (17), with the initial number of director positions authorized at six (6) as designated by the Incorporator. One director shall be an ex-officio representative of the Santa Clara County Health Authority. Additional directors may be appointed by the Board from time to time. The term of office of each elected director shall be three (3) years, unless otherwise provided for at the time of the director's appointment. Open positions on the existing Board shall be filled prior to adding newly created Board positions, in order to continue staggered terms.

**7.4 Restriction on Interested Persons.** No later than December 31, 2002, no more than 49 percent of the directors serving on the Board may be "interested directors." As set forth in California Corporations Code Section 5233, any director who has a material financial interest in a transaction to which the corporation is or may be a party, other than certain types of transactions set forth as exceptions in such section, is deemed to be an "interested director" for purposes of such section. An interested director shall also be (a) any person compensated for service rendered to it within the previous 12 months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to such person as a director; and (b) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of such person. However, any violation of this Section 7.4 shall not affect the validity or enforcement of transactions entered into by the corporation.

If at any time any Director believes that he or she is or may be an interested director as to any transaction, such Director is directed to immediately disclose such fact to the Board. In addition, the Corporation may, not more often than quarterly, and shall, not less than annually, distribute to each Director a form requesting such reasonable information as the Corporation shall determine, as to actual and/or potential conflicts of interest of such Director with the Corporation. Each such Director shall promptly, accurately, and fully complete each such form and return it to the Corporation. No Director may vote as a Director on any matter as to which he or she is an interested party or which constitutes a conflict of interest between such Director and the Corporation.

**7.5 Regular Meetings.** A regular annual meeting of the Board on a date specified by the Board shall be held without other notice than this Bylaw for the purpose of electing officers and transacting any other business. The Board may provide for other regular meetings from time to time. Such other regular meetings may be held without call or notice if the meeting time and place of the meetings are provided for in the Bylaws or fixed by the Board. Notice of a meeting need not be given to any director who provides: a waiver of notice or consent to holding the meeting; or an approval of the minutes thereof in writing, whether before or after the meeting; or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to that director. These waivers, consents and approvals shall be filed with the corporate records or made a part of the minutes of the meetings.

**7.6 Special Meetings.** Special meetings of the Board may be called at any time by the President, any Vice President, the Secretary, or by any two (2) directors.

**7.7 Notice of Special Meetings.** Notice of the time and place of all special meetings of the Board shall be delivered personally or by telephone or electronic

means to each director at least forty-eight (48) hours before the meeting, or sent to each director by first-class mail, postage prepaid, at least four (4) days before the meeting. Such notice need not specify the purpose of the meeting. The articles and bylaws may not dispense with notice of a special meeting.

**7.8 Place of Meetings.** Meetings of the Board may be held at any place within or outside the State of California, which has been designated in the notice, or if not stated in the notice or there is no notice, at the principal executive office of the corporation.

**7.9 Participation by Telephone.** Members of the Board may participate in a meeting through use of conference telephone or similar communications equipment, so long as all members participating in such meeting can hear one another. Participation in a meeting pursuant to this Section 7.9 constitutes presence in person at such meeting.

**7.10 Quorum.** A majority of the directors then in office shall constitute a quorum for the transaction of business except adjournment. Every action taken or decision made by a majority of the directors present at a duly held meeting at which a quorum is present shall be an act of the Board, subject to the more stringent provisions of the California Nonprofit Public Benefit Corporation Law, including, without limitation, those provisions relating to (a) approval of contracts or transactions in which a director has a direct or indirect material financial interest, (b) approval of certain transactions between corporations having common directorships, (c) creation of an appointments to committees of the Board, and (d) indemnification of directors. A meeting at which a quorum is initially present may continue to transact business, despite the withdrawal of some directors, if any action taken or decision made is approved by at least a majority of the required quorum for that meeting.

**7.11 Action at Meeting.** Every act done or decision made by a majority of the directors present at a meeting duly held at which a quorum is present is the act of the Board, subject to the provisions of California Nonprofit Public Benefit Corporation Law. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of directors, if any action taken is approved by at least a majority of the required quorum for such meeting.

**7.12 Waiver of Notice.** The transactions of any meeting of the Board, however called and noticed or wherever held, are as valid as though had at a meeting duly held after regular call and notice if a quorum is present and if, either before or after the meeting, each of the directors not present signs a written waiver of notice, a consent to holding the meeting, or an approval of the minutes thereof. All such waivers, consents and approvals shall be filed with the corporate records or made a part of the minutes of the meeting. Notice of any meeting of the Board need not be given to any director who attends the meeting without protesting prior thereto or at its commencement the lack of notice to such director.

**7.13 Action Without Meeting.** Any action that the Board is required or permitted to take may be taken without a meeting if 100% of the Board members consent to the action in writing, which may include, but not limited to, a response by electronic mail; provided, however, that the consent of any director who has a material financial interest in a transaction to which the corporation is a party and who is an "interested director" as defined in California Nonprofit Public Benefit Corporation Law section 5233 shall not be required for approval of that transaction. Such action by written consent shall have the same force and effect as any other validly approved action of the Board. All such consents shall be filed with the minutes of the proceedings of the Board.

**7.14 Vacancies.** A vacancy or vacancies on the Board shall occur in the event of a (a) the death or resignation of any director, (b) the declaration by resolution of the Board of a vacancy in the office of a director who has been convicted of a felony, declared of unsound mind by a court order, or found by final order or judgment of any court to have breached a duty under California Nonprofit Public Benefit Corporation Law, Chapter 2, Article 3; or (c) the declaration by resolution of the Board of a vacancy in the office of a director due to the director's lack of participation at meetings of the Board and other activities of the Corporation..

**7.15 Resignation.** Except as provided below, any director may resign by giving written notice to the chairman of the Board, if any, or to the president or the secretary of the Board. The resignation shall be effective upon acceptance by the Board. The Board may elect a successor to take office as of the date when the resignation becomes effective.

**7.16 Vacancies Filled by Board.** Except for a vacancy created by the removal of a director by the members, vacancies on the Board may be filled by approval of the Board or, if the number of directors then in office is less than a quorum, by (1) the unanimous written consent of the directors then in office, (2) the affirmative vote of a majority of the directors then in office at a meeting held according to notice or waivers of notice complying with California Nonprofit Public Benefit Corporation Law section 5211, or (3) a sole remaining director.

**7.17 Compensation.** Directors as such shall not receive any stated salaries for their services. The Board shall set the compensation of the Executive Director of the Corporation. Changes in Executive Director compensation shall be consistent with guidelines established by the Board and shall reflect performance. The Executive Director shall establish the compensation of other Foundation employees, in accordance with guidelines established by the Board, if any.

**7.18 No Vacancy on Reduction of Number of Directors.** Any reduction of the authorized number of directors shall not result in any director's being removed before his or her term of office expires.

**7.19 Standing Committees of the Board and Ad Hoc Committees.**

(a) The Board shall establish, by resolution adopted by a majority of the directors present at a meeting at which a quorum was present, Standing Committees of the Board. The Standing Committees shall include but may not be limited to those listed below, which shall provide advice and counsel to the Corporation on matters within the jurisdiction of the Committee. Each Standing Committee shall have a sufficient number of members to provide the necessary expertise and to work effectively as a group. Each Committee shall have a chairperson appointed by the Chairperson of the Governing Body. The Chairperson of the Governing Body may recommend Committee members for Board approval, however the Board must, by resolution, appoint the Committee members, as required by law.

i. **Executive Committee.** There shall be an Executive Committee consisting of the following persons, as long as and to the extent that such persons are also members of the Board. Such persons shall be the Chair of the Board, the Secretary, the Treasurer, the Executive Director, and up to two (2) other members of the Board as elected by the Board. The Executive Director shall be a non-voting member. Except as otherwise stated in these Bylaws, the Executive Committee shall have all of the power and authority to act on behalf of the Board as permitted by California law. The

Executive Committee, however, shall have power to act only in intervals between meetings of the Board. All actions of the Executive Committee shall be reported in a timely manner to the full board.

ii. **Governance and Nominating Committee.** The Governance and Nominating Committee shall be composed entirely of directors then in office. The role of the Governance and Nominating Committee shall be to oversee how the Board is functioning and to nominate candidates for Board membership. The Governance Committee shall also perform the duties of a bylaws committee, evaluating the bylaws and proposing revisions as needed. Proposed amendments to the bylaws shall not be submitted to the Board for consideration unless approved by a majority vote of the Governance Committee.

iii. **Finance Committee.** The role of the Finance Committee shall be to oversee the financial affairs of the Foundation. At least one member of the Finance Committee shall be an accountant.

iv. **Audit Committee.** The role of the Audit Committee shall be to oversee the financial reporting and disclosure process. The audit committee may include non-board members. The audit committee may include members of the finance committee, but the chair of the audit committee may not be a member of the finance committee, and the members of the finance committee must constitute less than half of the audit committee. The audit committee may not include any member of the staff, including top management, or any person who has a material financial interest in any entity doing business with the corporation. The Audit Committee must use an independent certified public accountant to perform the audit of the Corporation.

v. **Compensation Committee.** The role of the Compensation Committee shall be to oversee the compensation program of the Foundation. The Compensation Committee may include one or more members of the Finance Committee. The Board may establish, by resolution adopted by a majority of the directors present at a meeting at which a quorum was present, such other Ad Hoc Committees as the directors may deem appropriate. An Ad Hoc Committee shall have such authority as is provided in the Board resolution and not prohibited by law.

## SECTION 8. OFFICERS

**8.1 Officers.** The officers of the corporation shall be: an Executive Director, who shall serve as President and Chief Executive Officer of the corporation; a Chairperson; a Chief Financial Officer, who shall be the treasurer of the corporation; a Secretary; a Chair-Elect; an Immediate Past Chair; and such other officers as may be elected in accordance with the provisions of this Section 8. The Board may elect or appoint such other officers, including one or more Vice Chairpersons, one or more Assistant Secretaries, and one or more Assistant Treasurers (the number thereof to be determined by the Board), as it shall deem desirable, such officers to have the authority and perform the duties prescribed, from time to time, by the Board. Except as provided in Section 8.9, any two or more offices may be held by the same person.

**8.2 Election and Term of Office.** The officers of the corporation shall be elected annually by the Board at the regular annual meeting of the Board. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently may be. New offices may be created and filled at any meeting of the Board. Each officer shall hold office until his or her successor shall have been duly elected and shall have qualified. The term of office of the chair shall be two years unless the Board votes to extend the term. The term of office of the officers shall be two consecutive two-year terms.

The Board may change term limits for officers on the recommendation of the Governance Committee and approval of a majority of the members of the Board then present who constitute a quorum.

**8.3 Removal.** Without prejudice to the rights of any officer under an employment contract, the Board may remove any officer with or without cause. An officer who was not chosen by the Board may be removed by any other officer on whom the Board confers the power of removal.

**8.4 Vacancies.** A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board for the unexpired portion of the term.

**8.5 Executive Director.** The Executive Director shall be the President and Chief Executive Officer of the corporation. The Executive Director shall be appointed by, report to and serve at the pleasure of the Board of Directors. The Executive Director shall be responsible for the general supervision, direction and control of the business and affairs of the corporation, subject to Board oversight and policies. The Executive Director shall have the general powers and duties of management usually vested in the office of the President and Chief Executive Officer of a corporation. The Executive Director shall have the necessary authority and responsibility to operate the corporation and all of its activities and departments on a day-to-day basis, subject to the direction of the Board or its delegates, any policies issued by the Board or its delegates and subject to applicable law.

**8.6 Chairperson.** The Chairperson shall preside at all meetings of the Board. The Chairperson may sign, with the Secretary or any other proper officer of the corporation authorized by the Board, any deeds, mortgages, bonds, contracts, or other instruments which the Board has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board or by these bylaws or by statute to some other officer or agent of the corporation; and in general the Chairperson shall perform all duties incident to the office of Chairperson and such other duties as may be prescribed by the Board from time to time.

**8.7 Chief Financial Officer.** The Chief Financial Officer ("CFO") may also act as the Treasurer of the corporation. He or she shall keep and maintain, or cause to be kept and maintained, adequate and correct books and accounts of the corporation's properties and transactions. The CFO shall send or cause to be given to the directors such financial statements and reports as are required to be given by law, by these Bylaws, or by the Board. The books of account shall be open to inspection by any director at all reasonable times.

The CFO shall (i) deposit, or cause to be deposited, all money and other valuables in the name and to the credit of the corporation with such depositories as the Board may designate; (ii) disburse the corporation's funds as the Board may order; (iii) render to the Chairperson and/or the Board, when requested, an account of all transactions in his or her capacity as Chief Financial Officer and of the financial condition of the corporation; and (iv) have such other powers and perform such other duties as the Board or the Bylaws may require.

If required by the Board, the CFO shall give the corporation a bond in the amount and with the surety or sureties specified by the Board for faithful performance of the duties of the office and for restoration to the corporation of all of its books, papers,

vouchers, money, and other property of every kind in the possession or under the control of the chief financial officer on his or her death, resignation, retirement or removal from office.

**8.8 Secretary.** The Secretary shall keep the minutes of the meetings of the shareholders and of the Board in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; be custodian of the corporate records and of the seal of the corporation and see that the seal of the corporation is affixed to all documents, the execution of which on behalf of the corporation under its seal is duly authorized in accordance with the provisions of these Bylaws; and in general perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to the Secretary by the President or by the Board.

**8.9 Chair-Elect.** The Chair-Elect shall be elected during the second year of the present Chairperson's term. The role of the Chair-Elect shall be to undertake to study the position of Chair in preparation of assuming this role.

**8.10 Immediate Past Chair.** The Immediate Past Chair shall serve as an advisor to the Chair and the President.

**8.11 Vice Chairperson.** In the absence of the Chairperson, or in the event of his or her inability or refusal to act, the Vice Chairperson, if there is one, or in the event there be more than one Vice Chairperson, the Vice Chairpersons in the order of their election, shall perform the duties of the Chairperson, and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chairperson. Any Vice Chairperson shall perform such other duties as from time to time may be assigned to him or her by the Chairperson or by the Board.

**8.12 Duplication of Office Holders.** Any number of offices may be held by the same person, except that neither the Secretary nor the CFO may serve concurrently as President.

## SECTION 9. SEAL

The seal of the corporation shall consist of the name of the corporation, the state of its incorporation and the year of its incorporation.

## SECTION 10. FISCAL YEAR

The fiscal year of the corporation shall begin on the first day of July and end on the last day of June in each year.

## SECTION 11. BOOKS AND RECORDS

**11.1 Maintenance.** The corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of the Board and committees having any of the authority of the Board. All books and records of the corporation may be inspected by the directors for any proper purpose at any reasonable time.



### **11.2 Annual Report.**

(a) Financial statements shall be prepared not later than 120 days after the close of the fiscal year. The financial statements shall contain, in appropriate detail, a balance sheet as of the end of the fiscal year, an income statement for the fiscal year and a statement of changes in financial position for the fiscal year.

(b) Any report furnished to directors of the corporation which includes the financial statements prescribed by paragraph (a) shall be accompanied by any report thereon of independent accountants, or, if there is no such report, the certificate of an authorized officer of the corporation that such statements were prepared without audit from the books and records of the corporation.

(c) A report including the financial statements prescribed by paragraph (a) shall be furnished annually to all directors of the corporation.

## **SECTION 12. CONTRACTS, CHECKS, DEPOSITS AND FUNDS**

**12.1 Contracts.** The Board of Directors may authorize any officer or officers, agent or agents of the corporation, in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances.

**12.2 Checks, Drafts, etc.** All checks, drafts or orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation, shall be signed by such officer or officers, agent or agents of the corporation and in such manner as shall from time to time be determined by resolution of the Board. In the absence of such determination by the Board, such instruments shall be signed by the CFO. Any check over \$10,000 shall also require a second authorized signature.

**12.3 Deposits.** All funds of the corporation shall be deposited from time to time to the credit of the corporation in such banks, trust companies or other depositories as the Board may select.

**12.4 Contracts With Directors and Officers.** No director of this corporation nor any other corporation, firm, association, or other entity in which one or more of this corporation's directors have a material financial interest, shall be interested, directly or indirectly, in any contract or transaction, unless (a) the material facts regarding that director's financial interest in such contract or transaction or regarding such common directorship, officership, or financial interest are fully disclosed in good faith and noted in the minutes, or are known to all members of the Board prior to the Board's consideration of such contract or transaction; (b) such contract or transaction is authorized in good faith by a majority of the Board by a vote sufficient for that purpose without counting the votes of the interested directors; (c) before authorizing or approving the transaction, the Board considers and in good faith decides after reasonable investigation that the corporation could not obtain a more advantageous arrangement with reasonable effort under the circumstances; and (d) the corporation for its own benefit enters into the transaction, which is fair and reasonable to the corporation at the time the transaction is entered into.

This Section 12.4 does not apply to a transaction that is part of an educational or charitable program of this corporation if it (a) is approved or authorized by the corporation in good faith and without unjustified favoritism and (b) results in a benefit

to one or more directors or their families because they are in the class of persons intended to be benefited by the educational or charitable program of this corporation.

### **SECTION 13. INDEMNIFICATION**

To the fullest extent permitted by law, this corporation shall indemnify its directors, officers, employees, and other persons described in California Nonprofit Public Benefit Corporation Law section 5238(a), including persons formerly occupying any such positions, against all expenses, judgments, fines, settlements, and the amounts actually and reasonably incurred by them in connection with any "proceeding," as that term is used in that section, and including an action by or in the right of the corporation, by reason of the fact that the person is or was a person described in that section. "Expenses," as used in this bylaw, shall have the same meaning as in that section of the California Nonprofit Public Benefit Corporation Law.

On written request to the Board by any person seeking indemnification under California Nonprofit Public Benefit Corporation Law section 5238(b) or section 5238(c), the Board shall promptly decide under California Nonprofit Public Benefit Corporation Law section 5238(e) whether the applicable standard of conduct set forth in California Nonprofit Public Benefit Corporation Law section 5238(b) or section 5238(c) has been met and, if so, the Board shall authorized indemnification.

To the fullest extent permitted by law and except as otherwise determined by the Board in a specific instance, expenses incurred by a person seeking indemnification under these Bylaws in defending any proceeding covered shall be advanced by the corporation before final disposition of the proceeding, on receipt by the corporation of an undertaking by or on behalf of that person that the advance will be repaid unless it is ultimately found that the person is entitled to be indemnified by the corporation for those expenses.

### **SECTION 14. INSURANCE**

This corporation shall have the right, and shall use its best efforts, to purchase and maintain insurance to the fullest extent permitted by law on behalf of its officers, directors, employees, and other agents, to cover any liability asserted against or incurred by any officer, director, employee, or agent in such capacity or arising from the officer's, director's, employee's, or agent's status as such.

### **SECTION 15. AMENDMENTS TO BYLAWS**

These Bylaws may be altered, amended or repealed and new bylaws may be adopted by a majority of the directors present at any regular meeting or at any special meeting. A copy of the amendment must be distributed to the Board no later than two days before the amendment is adopted.

**SECTION 16. LOANS TO DIRECTORS AND OFFICERS**

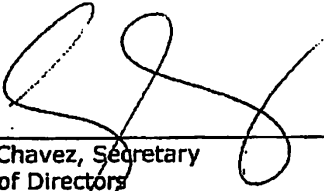
This corporation shall not lend any money or property to or guarantee the obligation of any director or officer without the approval of the California Attorney General; provided, however, that the corporation may advance money to a director or officer of the corporation for expenses reasonably anticipated to be incurred in the performance of his or her duties if that director or officer would be entitled to reimbursement for such expenses by the corporation.

**CERTIFICATE OF SECRETARY**

I, the undersigned, hereby certify:

1. That I am the duly elected, acting and qualified Secretary of Santa Clara Family Health Foundation, Inc., a California corporation; and
2. That the foregoing bylaws constitute the bylaws of such corporation as duly adopted by action of the Incorporator of the corporation duly taken on the eighth day of January, 2013.

IN WITNESS WHEREOF, I have hereunto subscribed my name this eighth day of January, 2013.

  
\_\_\_\_\_  
Cindy Chavez, Secretary  
Board of Directors  
Santa Clara Family Health Foundation

Santa Clara Family Health Foundation  
**ALL FUNDS RAISED SINCE INCEPTION**  
**2001-2012**

Fiscal Year	Healthy Kids	Community Outreach	Facilities	Health Education	Healthy Generations	Healthy Workers	Mental Health	School Outreach	SPD Population	HC Expansion Project	Technology	Administration	Total
6/00-12/01	\$ 3,330,288	-	-	-	-	-	-	-	-	-	-	-	\$ 3,330,288
1/02-6/02	5,285,681	-	-	-	-	-	-	-	-	-	-	-	5,285,681
2002-2003	12,893,785	-	-	-	-	-	-	-	-	-	-	50,000	12,943,785
2003-2004	12,103,186	-	-	-	-	-	-	-	-	-	-	50,000	12,153,186
2004-2005	11,375,971	-	-	-	-	-	-	-	-	-	-	75,000	11,450,971
2005-2006	12,710,397	47,285	-	17,500	-	210,000	-	10,000	-	-	-	25,000	13,020,192
2006-2007	11,639,663	5,000	-	-	-	161,275	-	4,000	-	-	30,000	25,000	11,734,958
2007-2008	11,035,674	80,360	-	-	-	-	-	55,820	-	-	-	76,260	11,276,224
2008-2009	11,208,391	221,839	6,000	-	1,000	100,000	-	1,958	-	-	-	280,560	11,829,748
2009-2010	10,621,688	143,061	8,060	99,343	-	160,000	8,120	28,035	-	-	1,388	493,982	11,565,607
2010-2011	9,616,802	164,157	10,248	117,942	-	-	43,389	100	76,200	-	54,664	661,502	10,764,202
2011-2012	7,009,620	135,710	10,731	139,240	-	-	-	-	224,800	150,000	371,878	813,035	8,655,012
<b>Total</b>	<b>118,741,274</b>	<b>787,432</b>	<b>35,037</b>	<b>373,925</b>	<b>1,000</b>	<b>631,275</b>	<b>62,609</b>	<b>101,013</b>	<b>300,000</b>	<b>150,000</b>	<b>458,138</b>	<b>2,580,339</b>	<b>124,221,942</b>

**Notes:**

1. Funds raised do not reflect any contributions from the Health Plan for Healthy Kids or administration.
2. Funds raised for FY 2011-2012, reflects commitments made as of 1/31/12 and forecasted income by year end.
3. Facilities includes funding for equipment for the FRC and office space for staff at the FRC and the Hacienda office.
4. Technology includes funding or donated equipment for technology upgrades for the Health Plan and One-e-App.

**Santa Clara Family Health Foundation  
 FY 2009-2010 HEALTHY WORKERS PROGRAM BUDGET**

	FUNDING SOURCE			Total Program
	El Camino Hospital	* Blue Shield of California	Other Funding Sources	
<b>Salaries &amp; Fringe</b>				
Program Manager	\$ 98,000	\$ -	\$ -	\$ 98,000
Fringe	2,000	-	29,360	31,360
<b>Total Salaries &amp; Fringe</b>	<b>100,000</b>	<b>-</b>	<b>29,360</b>	<b>129,360</b>
<b>Marketing &amp; Outreach Materials **</b>				
Pre-Enrollment				
Enrollment Application	-	4,500	-	4,500
Total Pre-Enrollment	-	4,500	-	4,500
Sales Support				
Broker Brochure	-	2,000	-	2,000
Broker Sales Kits	-	5,500	-	5,500
Business Systems	-	6,000	-	6,000
Member and Benefit Information	-	4,500	-	4,500
Provider Materials	-	-	5,000	5,000
Sales Presentations	-	-	9,500	9,500
Testimonial Sales Flyers/Brochures	-	5,600	-	5,600
Total Sales Support	-	23,600	14,500	38,100
Post-Enrollment				
Evidence of Coverage	-	11,000	-	11,000
Provider Directory	-	5,000	-	5,000
Formulary	-	-	-	-
Identification Cards	-	1,000	-	1,000
Direct Mail	-	2,400	-	2,400
Website Design & Implementation	-	2,500	-	2,500
Total Post-Enrollment	-	21,900	-	21,900
<b>Total Marketing &amp; Outreach Materials</b>	<b>-</b>	<b>50,000</b>	<b>14,500</b>	<b>64,500</b>
<b>Other Program Costs</b>				
Business Travel & Meals	-	-	5,455	5,455
Cell Phone Service	-	-	2,400	2,400
<b>Total Other Program Costs</b>	<b>-</b>	<b>-</b>	<b>7,855</b>	<b>7,855</b>
<b>Total Budget</b>	<b>100,000</b>	<b>50,000</b>	<b>51,715</b>	<b>201,715</b>

Notes

\* Committed funding

\*\* The costs of the marketing and outreach materials are for design, layout, and production.

**SANTA CLARA FAMILY HEALTH FOUNDATION  
 HEALTHY WORKERS PROGRAM: YEAR ONE & YEAR TWO  
 Evaluation Plan Matrix**

Goals	Objectives	Outputs	Outcomes	Indicators/Measures	Evaluation Methods and Tools
Decreased number of uninsured adults in Santa Clara County	<p>By the end of year one, 1,000 uninsured adults receive comprehensive medical coverage through Healthy Workers.</p> <p>By the end of year two, another 1,000 uninsured adults received comprehensive medical coverage through Healthy Workers.</p>	<p>Conduct outreach to 100 leaders in the community within year one.</p> <p>Conduct outreach to another 100 leaders in the community within year two.</p>	Uninsured low- to middle-income adults receive access to health coverage.	<ol style="list-style-type: none"> <li>1. Number of small businesses participating in Healthy Workers.</li> <li>2. Number of adults enrolled in Healthy Workers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed applications</li> </ol>
Improved access to and quality of primary care health care	By the end of year one, 70% of Healthy Workers members completed an in-take survey.	Distribute in-take surveys to all new Healthy Workers enrollees.	A baseline is created for the Healthy Workers population.	<ol style="list-style-type: none"> <li>1. Demographics of enrollees (age, sex, income, city where they live, language spoken)</li> <li>2. Data on how many enrollees were in the SCV/HHS (APD) or Gardner (sliding scale) database at the time of enrollment.</li> <li>3. Identify where each enrollee obtained care for needed services prior to enrollment in Healthy Workers</li> <li>4. Health status</li> </ol>	In-take surveys
Sustained model for providing health coverage to uninsured adults	Ongoing monitoring and evaluating of the Healthy Workers program model	Attend monthly policy meetings.	Program is refined to ensure sustainability and to serve as a model for other local and statewide efforts	<ol style="list-style-type: none"> <li>1. Broker feedback on satisfaction levels of members.</li> <li>2. Number of complaints filed with member services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Broker reports</li> <li>2. Monthly policy meeting reports</li> <li>3. Participation survey</li> </ol>



**From:** Claude, David [mailto: ]  
**Sent:** Tuesday, June 23, 2009 1:31 PM  
**To:** Emily Hennessy  
**Cc:** Lopez, Becky  
**Subject:** Final 09 payment

Hi Emily,  
I have \$96k I can send you. Do you want to send me an invoice, or include it in next year?

David Claude, CPA  
Director of General Accounting  
Santa Clara Valley Health and Hospital System

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**From:** Claude, David [mailto: [REDACTED]]  
**Sent:** Wednesday, February 17, 2010 5:01 PM  
**To:** Emily Hennessy  
**Subject:** RE: Healthy Kids

Hi Emily,  
I'm catching up, and will get back to you next week. Thanks.

---

**From:** Emily Hennessy [mailto: [REDACTED]]  
**Sent:** Monday, January 25, 2010 10:13 AM  
**To:** Claude, David  
**Subject:** RE: Healthy Kids

Dear David,

I am just following up to see the balance on our funds for Healthy Kids premiums.

Thanks,  
Emily

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[www.healthvkidsfund.org](http://www.healthvkidsfund.org)

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---

**From:** Emily Hennessy  
**Sent:** Wednesday, January 20, 2010 9:18 AM  
**To:** 'Claude, David'  
**Subject:** Healthy Kids

Dear David,

How much can I invoice you for Healthy Kids premiums for January?

Thanks,  
Emily


**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

[www.healthykidsfund.org](http://www.healthykidsfund.org)

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**From:** Claude, David [mailto:David.Claude@hhs.sccgov.org]  
**Sent:** Monday, March 08, 2010 3:51 PM  
**To:** Laura Watkins  
**Cc:** Emily Hennessy; Dave Cameron  
**Subject:** RE: Healthy Kids

Hi Laura,  
You can send me an invoice for an additional \$502,899.06.

---

**From:** Laura Watkins [mailto:████████████████████]  
**Sent:** Monday, March 01, 2010 2:33 PM  
**To:** Claude, David  
**Cc:** Emily Hennessy  
**Subject:** RE: Healthy Kids

David,

Emily had her baby yesterday, five weeks earlier than expected. She had a little girl who they have named Abigail and all is well with both Emily and baby.

That said, Emily will likely be focused on other things for the immediate future and I will be filling in for her while she is on maternity leave. Can you let me know the amount that can be drawn down for Healthy Kids premiums so I can wrap up invoicing for February? Nothing was invoiced to the county in January, as we did not have this number and did not want to jeopardize AB 495 funds, so it is important that we be able to invoice for February.

 Thanks for your help with this.

Best regards,

Laura

**Laura Watkins**  
Consultant  
Santa Clara Family Health Foundation

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---

**From:** Emily Hennessy  
**Sent:** Wednesday, February 24, 2010 12:36 PM  
**To:** 'Claude, David'  
**Cc:** Laura Watkins  
**Subject:** RE: Healthy Kids

David,

Can you please let me know how much I can draw down for HK premiums for Feb? Since I did not hear from you last month, then I did not invoice you for any kids for Jan. Let me know if you have any questions.

Emily

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

[www.healthykidsfund.org](http://www.healthykidsfund.org)

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---

**From:** Claude, David [mailto: ]  
**Sent:** Wednesday, February 17, 2010 5:01 PM  
**To:** Emily Hennessy  
**Subject:** RE: Healthy Kids

Hi Emily,  
I'm catching up, and will get back to you next week. Thanks.

---

**From:** Emily Hennessy [mailto: ]  
**Sent:** Monday, January 25, 2010 10:13 AM  
**To:** Claude, David  
**Subject:** RE: Healthy Kids

Dear David,

I am just following up to see the balance on our funds for Healthy Kids premiums.

Thanks,  
Emily

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]  
[www.healthykidsfund.org](http://www.healthykidsfund.org)

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---

**From:** Emily Hennessy  
**Sent:** Wednesday, January 20, 2010 9:18 AM  
**To:** 'Claude, David'  
**Subject:** Healthy Kids

Dear David,

How much can I invoice you for Healthy Kids premiums for January?

Thanks,  
Emily

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]  
[www.healthykidsfund.org](http://www.healthykidsfund.org)

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**From:** Claude, David [mailto: [REDACTED]]  
**Sent:** Monday, March 08, 2010 3:51 PM  
**To:** Laura Watkins  
**Cc:** Emily Hennessy; Dave Cameron  
**Subject:** RE: Healthy Kids

Hi Laura,  
You can send me an invoice for an additional \$502,899.06.

---

**From:** Laura Watkins [mailto: [REDACTED]]  
**Sent:** Monday, March 01, 2010 2:33 PM  
**To:** Claude, David  
**Cc:** Emily Hennessy  
**Subject:** RE: Healthy Kids

David,

Emily had her baby yesterday, five weeks earlier than expected. She had a little girl who they have named Abigail and all is well with both Emily and baby.

That said, Emily will likely be focused on other things for the immediate future and I will be filling in for her while she is on maternity leave. Can you let me know the amount that can be drawn down for Healthy Kids premiums so I can wrap up invoicing for February? Nothing was invoiced to the county in January, as we did not have this number and did not want to jeopardize AB 495 funds, so it is important that we be able to invoice for February.



Thanks for your help with this.

Best regards,

**From:** Claude, David [mailto: [REDACTED]]  
**Sent:** Friday, March 18, 2011 3:13 PM  
**To:** Emily Hennessy  
**Subject:** RE: March Invoice for Healthy Kids

We are going to release prior year reserves; around \$300k. Do you want to revise March? I'll send you the exact additional amount available.

---

**From:** Emily Hennessy [mailto: [REDACTED]]  
**Sent:** Friday, March 18, 2011 2:45 PM  
**To:** Claude, David  
**Subject:** March Invoice for Healthy Kids

David,

Attached is the invoice for Healthy Kids for March. Let me know if you have any questions.

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED] fx  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**Make a difference in the health of our children by contributing to the Healthy Kids Program!**



Santa Clara  
Family Health Plan

*The Spirit of Care*



RECEIVED JAN 18 2012

## INVOICE

**Date:** January 18, 2012

**To:** Santa Clara Family Health Foundation  
[REDACTED]

**Re:** Reimbursement for health care coverage for children enrolled in the Healthy Kids Program, and designated as the responsibility of Santa Clara Family Health Foundation.

**Service Month:** January 2012

**Purpose:** To invoice Santa Clara Family Health Foundation, under the terms of the Healthy Kids Program Agreement, for the Foundation's responsibility of funding the health care coverage costs for children enrolled in the Healthy Kids insurance program. Please note that this invoice includes the children residing in the City of San José that exceed funding limitations.

<u>Service Month</u>	<u>Funding Source</u>	<u># of Children</u>	<u>Cost per Child</u>	<u>Monthly Cost</u>
January 2012	City of Campbell	7	\$ 86.00	\$ 602.00
January 2012	City of Milpitas	5	86.00	430.00
January 2012	City of Mountain View	12	86.00	1,032.00
January 2012	City of Santa Clara	21	86.00	1,806.00
January 2012	City of Saratoga	7	86.00	602.00
January 2012	City of Sunnyvale	15	86.00	1,290.00
January 2012	Town of Los Gatos	2	86.00	172.00
January 2012	Unrestricted	0	86.00	0.00
<b>Balance Due</b>		<b>69</b>	<b>\$ 86.00</b>	<b>\$ 5,934.00</b>

**Funding:** Santa Clara Family Health Foundation

**Verification:** Confirm that the enrollment listed above reflects the Foundation's responsibility for children enrolled in the Healthy Kids Program for the month of January 2012, per enrollment records maintained by Santa Clara Family Health Plan.

Dave Cameron  
Chief Financial Officer

254



**Santa Clara Family Health Foundation**  
**FY 2011-2012 HEALTHY KIDS FUNDING ALLOCATIONS**  
 (For Santa Clara Family Health Plan)

Funding Source	Monthly Rate	Jan 12		Quarter 1		Quarter 2		YTD Total	
		# of Kids	Expense	# of Kids	Expense	# of Kids	Expense	# of Kids	Expense
FIRST 5 Santa Clara County (Ages 0-5)	\$ 199.67	460	\$ 91,848.20	1,484	\$ 286,310.28	1,568	\$ 313,082.56	3,512	\$ 701,241.04
FIRST 5 Santa Clara County (6 Yrs)	199.67	116	23,161.72	247	49,318.49	103	20,566.01	466	93,046.22
City of Campbell	86.00	7	602.00	21	1,806.00	21	1,806.00	49	4,214.00
City of Milpitas	86.00	5	430.00	15	1,290.00	15	1,290.00	35	3,010.00
City of Mountain View	86.00	12	1,032.00	36	3,086.00	36	3,086.00	84	7,224.00
City of San José	86.00	2,034	174,924.00	6,102	524,772.00	6,102	524,772.00	14,238	1,224,468.00
City of Santa Clara	86.00	21	1,806.00	63	5,418.00	63	5,418.00	147	12,642.00
City of Saratoga	86.00	7	602.00	21	1,806.00	21	1,806.00	49	4,214.00
City of Sunnyvale	86.00	15	1,290.00	45	3,870.00	45	3,870.00	105	9,030.00
County of Santa Clara	86.00	3,811	327,746.00	11,718	1,007,748.00	12,136	1,043,688.00	27,666	2,379,180.00
Town of Los Gatos	86.00	2	172.00	6	516.00	6	516.00	14	1,204.00
Foundation	86.00	-	-	-	-	-	-	-	-
<b>Total</b>		<b>6,490</b>	<b>623,613.92</b>	<b>19,758</b>	<b>1,885,950.77</b>	<b>20,116</b>	<b>1,919,918.57</b>	<b>48,364</b>	<b>4,439,483.26</b>

**Note**  
 Children are billed to the Foundation for the Cities of Campbell, Los Gatos, Milpitas, Mountain View, Santa Clara, Saratoga, and Sunnyvale.

Santa Clara Family Health Foundation  
**FY 2011-2012 HEALTHY KIDS FUNDING ALLOCATIONS**  
 (For Santa Clara Family Health Plan)

Funding Source	Monthly		Jan 12		Quarter 2		Quarter 1		YTD Total	
	Rate	# of Klds	Expense	# of Klds	Expense	# of Klds	Expense	# of Klds	Expense	# of Klds
FIRST 5 Santa Clara County (Ages 0-5)	\$ 199.67	460	\$ 91,848.20	1,484	\$ 296,310.28	1,568	\$ 313,082.56	3,512	\$ 701,241.04	
FIRST 5 Santa Clara County (6 Yrs)	199.67	116	23,161.72	247	49,318.49	103	20,566.01	466	93,046.22	
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City of Mountain View	86.00	12	1,032.00	36	3,096.00	36	3,096.00	84	7,224.00	
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City of Santa Clara	86.00	21	1,806.00	63	5,418.00	63	5,418.00	147	12,642.00	
City of Saratoga	86.00	7	602.00	21	1,806.00	21	1,806.00	49	4,214.00	
City of Sunnyvale	86.00	15	1,290.00	45	3,870.00	45	3,870.00	105	9,030.00	
County of Santa Clara	86.00	3,811	327,746.00	11,718	1,007,748.00	12,136	1,043,686.00	27,665	2,379,190.00	
Town of Los Gatos	86.00	2	172.00	6	516.00	6	516.00	14	1,204.00	
Foundation	86.00	-	-	-	-	-	-	-	-	
<b>Total</b>		<b>6,490</b>	<b>623,613.92</b>	<b>19,758</b>	<b>1,895,950.77</b>	<b>20,116</b>	<b>1,919,918.57</b>	<b>46,364</b>	<b>4,439,483.26</b>	

**Note**  
 Children are billed to the Foundation for the Cities of Campbell, Los Gatos, Milpitas, Mountain View, Santa Clara, Saratoga, and Sunnyvale.

**Kathleen King**

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**From:** Emily Hennessy  
**Sent:** Tuesday, February 07, 2012 8:57 AM  
**To:** Elizabeth Darrow; Michael Lipman; Ron Schmidt; Matthew Woodruff  
**Cc:** Kathleen King  
**Subject:** RE: Appropriations Grant Ending 2/29/12

Thanks Elizabeth.

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation  
[REDACTED]  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

**From:** Elizabeth Darrow  
**Sent:** Tuesday, February 07, 2012 8:54 AM  
**To:** Emily Hennessy; Michael Lipman; Ron Schmidt; Matthew Woodruff  
**Cc:** Kathleen King  
**Subject:** RE: Appropriations Grant Ending 2/29/12

Hi Emily

I am not sure why Mike is on this message as I believe Ron should update us on payment to H3 for Connect and Matt can update us on our payment to Gardner and IHC for medical homes. I thought they had already been paid, thanks

Elizabeth Darrow  
CEO  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** Emily Hennessy  
**Sent:** Monday, February 06, 2012 5:13 PM  
**To:** Michael Lipman; Elizabeth Darrow

**Cc:** Kathleen King  
**Subject:** Appropriations Grant Ending 2/29/12

Dear all,

The federal appropriations grant is ending on 2/29/12. We have expended \$142,352 as of 1/31/12. The details are as follows:

**Approved Budget**

Personnel	56,430
Benefits	17,070
Medical Homes	15,000
Connect Product	211,500
Total	300,000

**Expenditures (as of 1/31/12)**

Personnel	55,144
Benefits	12,008
Medical Homes	0
Connect Product	75,200
Total	142,352

With the addition of the Project Manager's salary and benefits for February (estimated at \$7,398), all of the budget for personnel and benefits will be expended by 2/29/12. This leaves \$15,000 that needs to be released to the two medical homes and \$136,300 needs to be released to HealthTrio for the Connect product by 2/29/12. Could you please give me an update as to when you think that the \$151,300 will be released?

Thanks.

**Emily M. Hennessey**  
Director of Finance  
Santa Clara Family Health Foundation

[Redacted]  
[Redacted]  
[Redacted]  
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**From:** Lee Einfalt  
**Sent:** Monday, March 05, 2012 10:43 AM  
**To:** Emily Hennessy  
**Subject:** FW: HK Invoice for Foundation for January

Emily,  
Can I get the Funding Allocation for February 12?  
Thanks a Bunch

**From:** Emily Hennessy  
**Sent:** Wednesday, January 25, 2012 11:40 AM  
**To:** Lee Einfalt  
**Subject:** HK Invoice for Foundation for January

Attached is the Invoice for the Foundation for HK premiums for January. Payment has already been disbursed to the Health Plan.

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

[www.healthfamilyfund.org](http://www.healthfamilyfund.org)

**Kathleen King**

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**From:** Elizabeth Darrow  
**Sent:** Wednesday, April 11, 2012 8:57 AM  
**To:** Emily Hennessy  
**Cc:** Kathleen King; Ngoc Bui-Tong  
**Subject:** RE: Project Plan to send to FIRST 5

Approve, thanks

Elizabeth Darrow  
CEO  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** Emily Hennessy  
**Sent:** Wednesday, April 11, 2012 8:15 AM  
**To:** Elizabeth Darrow  
**Cc:** Kathleen King; Ngoc Bui-Tong  
**Subject:** RE: Project Plan to send to FIRST 5

Hi Elizabeth,

I am just following up to see if you approve of sending the program plan to FIRST 5 as developed by Ngoc. I would like to seek reimbursement from FIRST 5 for Ngoc's position for March, but need to send them the scope of work before doing so. Thanks so much.

Emily M. Hennessy  
Director of Finance & Programs  
Santa Clara Family Health Foundation  
[www.santaclearfamilyhealth.org](http://www.santaclearfamilyhealth.org)

**From:** Emily Hennessy  
**Sent:** Monday, April 02, 2012 2:51 PM  
**To:** Elizabeth Darrow  
**Cc:** Kathleen King; Ngoc Bui-Tong  
**Subject:** Project Plan to send to FIRST 5

Elizabeth,

FIRST 5 has asked that we send to them in an email the proposed scope of work for the Gardner Family Program. I have pasted below the work plan that Ngoc put together (thank you, Ngoc). Are you okay with me sending this to them? Thanks.

<b>March 2012-June 2013</b>
<b>Tasks</b>
1. Staff orientation to SCFHP and Gardner Family Health Network (Gardner).
2. Literature review and information gathering on Healthy SF, Health Care Reform, other coverage programs for uninsured
3. Develop a comprehensive profile of the uninsured at Gardner. <ul style="list-style-type: none"><li>a. Review decision support systems to identify data sources and elements available for population profile</li><li>b. Analyze current and collect data as needed to describe the uninsured's demographics, utilization, health status, health seeking behavior, continuity and linkage to place of care, longevity of insurance/uninsured status, satisfaction with seeking care at Gardner, out of pocket expense for health care</li><li>c. Data collection may include focus groups, self administered surveys of uninsured, interviews of providers/staff serving the population</li><li>d. Segmented profile for HK and families; population to be eligible for Health Care Reform coverage, population to be eligible but decline, and population not addressed in reform</li></ul>
4. Using profile data, develop strategies to address the uninsured <ul style="list-style-type: none"><li>a. For those eligible but not enrolled, develop and implement linkage, outreach, and enrollment events/activities</li><li>b. Research and recommend models of care for the population to achieve triple aim of improving the patient experience; improving health; and reducing costs.</li><li>c. Research and propose a coverage program for the uninsured, addressing market desirability, benefit design, and financial costs and participation.</li></ul>
5. Summarize project, findings and recommendations

Emily M. Hennessy  
Director of Finance & Programs  
Santa Clara Family Health Foundation

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**Kathleen King**

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**From:** Michael Lipman  
**Sent:** Tuesday, May 29, 2012 10:57 AM  
**To:** Kathleen King  
**Subject:** RE: Appropriation

That's what Arnold just sent to you.

**From:** Kathleen King  
**Sent:** Tuesday, May 29, 2012 10:56 AM  
**To:** Michael Lipman  
**Subject:** RE: Appropriation

Michael,

Were you asking for the utilization data today that I supplied last time?

Kathleen King  
Executive Director  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**From:** Michael Lipman  
**Sent:** Friday, May 25, 2012 1:30 PM



**To:** Kathleen King  
**Cc:** Emily Hennessy; Matthew Woodruff; Rayne Johnson; Gary Kaplan  
**Subject:** RE: Appropriation

I was able to find a very useful document that Ron prepared in January 2011. While this is the vision and describes all of the features of Connect we discussed, it requires the consolidation of our claims, encounter and pharmacy data into xpress to realize the system's full potential. We are no where near that goal today. I just want to make sure that our assertions in the grant report don't get ahead of our abilities to implement them!

### **Portal Goal**

The member population to be served by the grant is a population consisting of high medical service users with multiple chronic conditions. The initial goal of the portal is to collect data from multiple sources available to the Health Plan, aggregate the data and provide secure web access functions that can provide and track member medical history. The member data will then be accessible by members, authorized providers and the Health Plan. This becomes a vital foundation for monitoring and measuring service delivery, member compliance, member education and outcomes.

### **Portal Functions and Features Overview**

- **Base Infrastructure**
  - Self-service, 24 hour access to information
  - Search the provider directory
  - Search the health plan formulary
  - Health Plan / provider / member secure messaging
  - Secure file exchange ensures that data will be safely transferred to and from other systems.
- **Secure Messaging**
  - Secure messaging enables providers, health plans and member population to have access to HIPAA-compliant communication. Members will benefit from improved communications with providers regarding appointments, test results, prescription requests.
- **Medication Management**
  - Physicians will have access to all of a patient's medication information and an accurate formulary when prescribing drugs. Online access to patient-specific formularies means that the information is always up-to-date. Members can update their profiles to reflect their use of OTC drugs.
  - The portal will integrate PBM data to complete the medication profile, which also alerts the physician to which prescriptions have or have not been filled.
  - There will be-prescribing capabilities to forewarn physicians to potential drug interactions and patient allergies, resulting in healthier members and lower costs.
- **Printable Health Summary**
  - The portal will aggregate patient data from disparate sources in a HIPAA-compliant manner to ensure that a comprehensive patient record is accessible to providers.
- **Illnesses and Conditions**
  - The portal will display a member's illnesses/conditions, onset date, treating clinician, source of entry (claims/member), and status in summary and detail format that can be easily printed and transported.
- **Surgery/Procedure History**

- Surgery/Procedure History feature will assist coordinating care with multiple providers by listing surgeries and procedures, including information from claims and member questionnaires.
- **Immunization Profile**
  - The Immunization Profile will include immunizations, dates given, reasons and notes, providing a complete summary of a member's immunization history to help keep immunizations up-to-date.
- **Visit/Encounter History**
  - The Visit/Encounter History feature will be a compilation of outpatient, home care and clinic visits for user review, including detail such as dates, services rendered and status.
- **Health Event Record**
  - The Health Event record will provide a complete list of all health events in the health record. This list can be categorized, filtered and sorted, as well as exported into a data file.
- **Family/Social History**
  - The Family and Social History will capture the relevant health conditions in an individuals' ancestry, as well as social behaviors than impact an individuals' health, such as smoking, seat belt and alcohol use. This functionality is valuable to providers and the Health Plan in determining risk factors to monitor or address.
- **Document Management**
  - Document Management will provide a repository for all health documents related to a given patient. The feature is available to both members and providers to store and share a variety of documents (e.g., office notes, hospital records, lab results, etc.). Additionally, documents may be linked to any other entry in the health record.
- **Allergies**
  - The Allergies function will display a member's known allergies to all providers of care.
- **Health Tracker**
  - The Health Tracker feature increases compliance with prescribed treatment and provides a quick way for members, their care managers and providers to enter ongoing clinical measurements and track progress toward their goals.

[Here is the SPD Breakout for FY12 YTD. Arnold to complete the other graphs by Tuesday.](#)

**RP3143 SPD NT MedGroup VHP Cumm**

As of Date : 5/27/2012 12:42:23 PM

Descr	MedicalGroup	Member Count
Valley Health Plan		8,326
Valley Health Plan	Alviso Health Center	244
	Asian Americans For Community Involvement	752
Valley Health Plan	Comprecare Health Center	578
Valley Health Plan	East Valley Community Clinic	72
Valley Health Plan	Gardner Health Center	599
Valley Health Plan	Gardner South County Health	2
Valley Health Plan	Gardner South County Health Center	277
Valley Health Plan	Indian Health Center	1,082

Valley Health Plan	LPCH Medical Group	35	
Valley Health Plan	Mayview Columbia Hlth Ctr-Sunn	43	
Valley Health Plan	Mayview Community Health Center	93	
Valley Health Plan	Mayview Community Hlth Center	87	
Valley Health Plan	North East Medical Services	397	
Valley Health Plan	Planned Parenthood - Blossom Hill	70	
Valley Health Plan	Planned Parenthood - Mt View	51	
Valley Health Plan	Planned Parenthood - San Jose	39	
Valley Health Plan	Planned Parenthood - Sunnyvale	25	
Valley Health Plan	Saint James Health Center	734	
Valley Health Plan	SHC at Overfelt High School	2	
Valley Health Plan	SHC at Washington School	1	
Valley Health Plan	SHC Gilroy Neighborhood Clinic	1	
Valley Health Plan	Valley Health Center - Bascom	56	
Valley Health Plan	Valley Health Center - East Va	41	
Valley Health Plan	Valley Health Center - East Valley	368	
Valley Health Plan	Valley Health Center - Fair Oa	117	
Valley Health Plan	Valley Health Center - Fair Oaks	120	
Valley Health Plan	Valley Health Center - Gilroy	183	
Valley Health Plan	Valley Health Center - Moorpar	108	
Valley Health Plan	Valley Health Center - Moorpark	1,026	
Valley Health Plan	Valley Health Center - Tully	607	
Valley Health Plan	Valley Health Center -Milpitas	512	
Valley Health Plan	VMC South Bascom Pediatrics	4	
	<b>GFHN Total</b>	<b>2434</b>	<b>20%</b>
	<b>IHC Total</b>	<b>1,082</b>	<b>9%</b>
	<b>Grand Total</b>	<b>12,221</b>	<b>100%</b>

**From:** Kathleen King  
**Sent:** Thursday, May 24, 2012 10:11 AM  
**To:** Michael Lipman  
**Cc:** Emily Hennessy; Matthew Woodruff; Shannon McNally  
**Subject:** RE: Appropriation

I really would like to do it by Friday, latest Monday. The report is due May 30<sup>th</sup> and I have another project next week. I want to keep the response as basic as possible.

Kathleen King

Executive Director  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]

[www.healthfamilyfund.org](http://www.healthfamilyfund.org)



**From:** Michael Lipman  
**Sent:** Thursday, May 24, 2012 9:46 AM  
**To:** Kathleen King  
**Cc:** Emily Hennessy; Matthew Woodruff; Shannon McNally  
**Subject:** RE: Appropriation

Kathleen,

Happy to meet with you but can we do next week? Matt would also like to join the meeting.

Thanks much

---

**From:** Kathleen King  
**Sent:** Wednesday, May 23, 2012 2:57 PM  
**To:** Michael Lipman  
**Cc:** Emily Hennessy  
**Subject:** Appropriation

Dear Michael,

This is the report I need to update. It is easier to review the word document first. The pdf is of the full document I need to turn in. Do you have time to meet on Friday? I can meet between 9 a.m. and noon or after 2 p.m.

**Kathleen King**

---

**From:** Emily Hennessy  
**Sent:** Thursday, May 24, 2012 10:54 AM  
**To:** Kathleen King  
**Subject:** RE: Appropriation

Sure. Here it is:

Project Manager salary & benefits: \$73,500  
Connect system & implementation: \$211,500  
Medical home payments: \$15,000  
Total: \$300,000

Emily M. Hennessy  
Director of Finance & Programs  
Santa Clara Family Health Foundation  
408.674.1912 phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

**From:** Kathleen King  
**Sent:** Thursday, May 24, 2012 10:42 AM  
**To:** Emily Hennessy  
**Subject:** FW: Appropriation

You do not need to call in. Can you just give me the breakdown of the money?

Kathleen King  
Executive Director  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**From:** Matthew Woodruff  
**Sent:** Thursday, May 24, 2012 10:23 AM  
**To:** Kathleen King; Michael Lipman  
**Cc:** Emily Hennessy; Shannon McNally  
**Subject:** RE: Appropriation

I have time tomorrow. Monday is a holiday.

Regards,  
Matthew Woodruff  
Chief Operations Officer  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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**From:** Kathleen King  
**Sent:** Thursday, May 24, 2012 10:11 AM  
**To:** Michael Lipman  
**Cc:** Emily Hennessy; Matthew Woodruff; Shannon McNally  
**Subject:** RE: Appropriation

I really would like to do it by Friday, latest Monday. The report is due May 30<sup>th</sup> and I have another project next week. I want to keep the response as basic as possible.

Kathleen King  
Executive Director  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]

[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



---

**From:** Michael Lipman  
**Sent:** Thursday, May 24, 2012 9:46 AM  
**To:** Kathleen King  
**Cc:** Emily Hennessy; Matthew Woodruff; Shannon McNally  
**Subject:** RE: Appropriation

Kathleen,

Happy to meet with you but can we do next week? Matt would also like to join the meeting.

Thanks much

---

**From:** Kathleen King  
**Sent:** Wednesday, May 23, 2012 2:57 PM  
**To:** Michael Lipman  
**Cc:** Emily Hennessy  
**Subject:** Appropriation

Dear Michael,

This is the report I need to update. It is easier to review the word document first. The pdf is of the full document I need to turn in. Do you have time to meet on Friday? I can meet between 9 a.m. and noon or after 2 p.m.

Kathleen King  
Executive Director  
Santa Clara Family Health Foundation

[REDACTED]  
[REDACTED]  
[REDACTED]  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)





**Elizabeth Darrow**

---

**From:** Kathleen King  
**Sent:** Monday, June 25, 2012 12:53 PM  
**To:** Dave Cameron; Emily Hennessy  
**Cc:** 'Dana Ditmore'; Elizabeth Darrow  
**Subject:** RE: Net Income for Healthy Kids

Thank you Dave,

Kathleen King  
Executive Director

---

**From:** Dave Cameron  
**Sent:** Monday, June 25, 2012 10:15 AM  
**To:** Kathleen King; Emily Hennessy  
**Cc:** 'Dana Ditmore'; Elizabeth Darrow  
**Subject:** RE: Net Income for Healthy Kids

Kathleen, to be clear, we presented our Interim Financials at the June Executive committee so there is not a "next copy" of April Financials to note. We will note at year end what the Board Designated residual at 6-30-12 for Future Healthy Kids premiums is; subject to our external actuarial review that is completed in September.

As I explained, the balance as of 4-30-12 was \$529k, but I do not have a specific prediction/forecast what it will be by year end.

Dave

---

**From:** Kathleen King  
**Sent:** Friday, June 22, 2012 4:20 PM  
**To:** Dave Cameron; Emily Hennessy  
**Cc:** 'Dana Ditmore'  
**Subject:** Net Income for Healthy Kids

Dear Dave,

Thank you for meeting with Emily and me on Thursday June 21<sup>st</sup>. It was a relief to know that the Health Plans net income for Healthy Kids was around \$529,763 at the end of April and that you expect it to be as high as \$700K by the end of the fiscal year. For planning purposes, it is good to know that this net income is still there and that you plan to note it in your next copy of the April financials, and that the allocation of loss will not affect this net income. Hopefully, it will become a designated fund again at the end of the fiscal year when the board meets again.

Would you please respond with any corrections in case I missed any points you made.

Kathleen King  
Executive Director  
Santa Clara Family Health Foundation

**From:** Claude, David [mailto: [REDACTED]]  
**Sent:** Wednesday, June 27, 2012 6:44 PM  
**To:** Emily Hennessy  
**Subject:** RE: Healthy Kids Funds Available for June - Need ASAP

Hi Emily,  
Nothing left for this year. I gave you \$202k too much last year.

**From:** Emily Hennessy [mailto: [REDACTED]]  
**Sent:** Wednesday, June 27, 2012 8:17 AM  
**To:** Claude, David  
**Subject:** RE: Healthy Kids Funds Available for June - Need ASAP

Fantastic. Thanks!

**Emily M. Hennessy**  
Director of Finance & Programs  
Santa Clara Family Health Foundation  
[REDACTED] phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

---

**From:** Claude, David [mailto: [REDACTED]]  
**Sent:** Wednesday, June 27, 2012 8:15 AM  
**To:** Emily Hennessy  
**Subject:** RE: Healthy Kids Funds Available for June - Need ASAP

Should have a number today.

**From:** Emily Hennessy [mailto: [REDACTED]]  
**Sent:** Wednesday, June 27, 2012 8:07 AM  
**To:** Claude, David  
**Subject:** RE: Healthy Kids Funds Available for June - Need ASAP

David,

Can you just tell me if there is at least \$100K that I can draw down? It does not have to be an exact amount as I can draw down the rest next fiscal year. I have \$100K budgeted from AB495 and I can just invoice you for this amount if you can confirm that there is at least this amount. Thanks!

**Emily M. Hennessy**  
Director of Finance & Programs  
Santa Clara Family Health Foundation  
[REDACTED] phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

---

**From:** Claude, David [mailto: [REDACTED]]  
**Sent:** Friday, June 22, 2012 8:49 AM  
**To:** Emily Hennessy  
**Subject:** RE: Healthy Kids Funds Available for June - Need ASAP

I know. It is moving up my list.

---

**From:** Emily Hennessy [mailto: [REDACTED]]  
**Sent:** Thursday, June 21, 2012 5:56 PM  
**To:** Claude, David  
**Subject:** Healthy Kids Funds Available for June - Need ASAP  
**Importance:** High

David,

Please send me the amount that I can invoice the County for June for Healthy Kids. With the year closing next week, I really, really need this figure. Thank you.

**Emily M. Hennessy**  
Director of Finance & Programs  
Santa Clara Family Health Foundation  
[REDACTED]  
[REDACTED]  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



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**From:** Lee Einfalt  
**Sent:** Thursday, April 04, 2013 2:16 PM  
**To:** Emily Hennessy  
**Subject:** HK Funding Allocation

Do you have the Funding Allocation for March?  
Thanks  
Lee

**Kathleen King**

---

**From:** Emily Hennessy  
**Sent:** Thursday, May 24, 2012 8:48 AM  
**To:** Kathleen McCarthy  
**Cc:** Kathleen King  
**Subject:** Foundation's Outreach Events

Kathleen,

The Foundation participates in outreach events to identify uninsured children. At the events, they do not discuss Medi-Cal or Healthy Families unless parents tell staff that their children already have health coverage through one of those programs. They do not prescreen them at events for these two programs. If parents state that they have uninsured children, then we ask them to fill out a referral from (which you have reviewed and has been approved by DHCS). At a latter date, staff contacts the parents and then prescreens them for eligibility for Medi-Cal, Healthy Families, or Healthy Kids. This is never done at the event.

Last year when we determined the appropriate process for the Foundation to participate in outreach events, we agreed that it was best if we submitted all of our events to DHCS for approval as a precaution even though we are not conducting outreach for Medi-Cal or Healthy Families. We are being asked to conduct outreach at more primary care sites (e.g., community clinics), which I have submitted a couple of events over the past month to you for approval by DHCS. You responded to the Mt. Pleasant Hill Clinic opening that we do not need to seek DHCS approval. There was a another event (which is not at a primary care facility) in which DHCS responded to our request as the following:

"I would approve of this marketing event, but per the contract (Exhibit A, Attachment 15 Provision 3(A)(2)(d)(iv)), I need a signed agreement between the plan and the organization. The events for CCHIP I don't need because it is not under DHCS-MMCD jurisdiction. This event looks more like a true marketing event for SCFHP, not just seeing if children are eligible for some type of public assistance program. Thank you for your understanding."

Given DHCS' comment above, I want to be clear that none of the outreach events that the Foundation participates in are marketing events. They are not marketing events for SCFHP or the Foundation. We only participate when we can identify uninsured children. The event that generated this response from DHCS was a Housing Resource Fair at West Valley Community Services in Cupertino. The event was for low-income residents, in which they wanted to provide resources including health coverage for children (not necessarily health coverage provided by SCFHP) should any of the attendees have uninsured children.

In light of our process described above, do we need to continue submitting all of our events to DHCS for approval regardless of them being at primary care sites or other sites? As I stated above, we do not engage in events that are for marketing of SCFHP or the Foundation nor do we discuss Medi-Cal or Healthy Families at the events. I just want us to be clear so that the Foundation is 100% compliant. If you want to meet to discuss further, then let me know. **Thank you Kathleen for everything you do for us!!!**

Emily M. Hennessy  
Director of Finance & Programs  
Santa Clara Family Health Foundation



**From:** Mora, David (DHCS-MMCD) [mailto: [REDACTED]]  
**Sent:** Thursday, July 14, 2011 3:20 PM  
**To:** Beth Paige  
**Subject:** RE: SCFHP Outreach Flyers

I have not seen these before, but once again they are general marketing for all your lines of business, they are readable at the appropriate level and there is no blatant misinformation or deceitful marketing. I approve.

**From:** Beth Paige [mailto: [REDACTED]]  
**Sent:** Thursday, July 14, 2011 3:07 PM  
**To:** Mora, David (DHCS-MMCD)  
**Subject:** SCFHP Outreach Flyers

David,

Here are two outreach flyers for review and approval. They are scanned so please let me know if the quality is adequate.

I'm having trouble determining what has been submitted to you in the past so I apologize if these were previously approved.

Thank you,  
Beth

**Beth Paige, CHC**  
Compliance Manager  
Santa Clara Family Health Plan  
[REDACTED]

**"One uninsured child  
is one too many"**



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**(877) 680-4555**  
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**Medi-Cal | Healthy Families | Healthy Kids**



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Santa Clara



Santa Clara

**“Un niño sin seguro médico  
es un gran problema”**

**Por favor llame al  
(877) 680-4555 para  
más información**

**Aedi-Cal | Healthy Families | Healthy Kids**



The submitted community outreach events are approved. Please let me know if you need anything further. Thank you.

---

**From:** Kathleen McCarthy [mailto:████████████████████]  
**Sent:** Monday, October 24, 2011 1:08 PM  
**To:** Mora, David (DHCS-MMCD)  
**Subject:** FW: Foundation Outreach Events for Submission to DHCS

David,

Attached is a list of outreach events where parents of children will be prescreened for Medi-Cal, Healthy Families and Healthy Kids.

Regards,  
Kathleen McCarthy  
Compliance Officer

████████████████████  
████████████████████  
████████████████████

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---

**From:** Emily Hennessy  
**Sent:** Friday, October 21, 2011 1:59 PM  
**To:** Kathleen McCarthy  
**Cc:** Beth Paige  
**Subject:** Foundation Outreach Events for Submission to DHCS

Kathleen,

Please find attached the few community events in which the Foundation's outreach staff will be participating over the next couple of months. The Foundation's outreach specialists will be conducting outreach to the parents of uninsured children and prescreening them for eligibility into Medi-Cal, Healthy Families, or Healthy Kids. Please let me know when they are approved by DHCS. Thanks.

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

████████████████████  
████████████████████  
████████████████████  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**Make a difference in the health of our children by contributing to the Healthy Kids Program!**

## Law Clerk

---

**From:** Emily Hennessy <[REDACTED]>  
**Sent:** Sunday, March 16, 2014 3:55 PM  
**To:** Law Clerk  
**Cc:** Kathleen King  
**Subject:** FW: Foundation Outreach Events for Submission to DHCS

Emily M. Hennessy  
V.P. of Finance & Programs  
Healthier Kids Foundation  
[www.hkidsf.org](http://www.hkidsf.org)



**From:** Kathleen McCarthy  
**Sent:** Monday, October 24, 2011 1:23 PM  
**To:** Emily Hennessy  
**Subject:** FW: Foundation Outreach Events for Submission to DHCS

Approved!

Regards,  
Kathleen McCarthy  
Compliance Officer



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---

**From:** Mora, David (DHCS-MMCD) [[mailto:\[REDACTED\]](mailto:[REDACTED])]  
**Sent:** Monday, October 24, 2011 1:17 PM  
**To:** Kathleen McCarthy  
**Subject:** RE: Foundation Outreach Events for Submission to DHCS

## Law Clerk

---

**From:** Emily Hennessy [REDACTED]  
**Sent:** Sunday, March 16, 2014 3:55 PM  
**To:** Law Clerk  
**Cc:** Kathleen King  
**Subject:** FW: Foundation's Outreach Events - Nov & Dec 11

Emily M. Hennessy  
V.P. of Finance & Programs  
Healthier Kids Foundation  
[www.hkidsf.org](http://www.hkidsf.org)



**From:** Kathleen McCarthy  
**Sent:** Wednesday, November 16, 2011 3:26 PM  
**To:** Emily Hennessy  
**Subject:** FW: Foundation's Outreach Events - Nov & Dec 11

Approved!

Regards,  
Kathleen McCarthy  
Compliance Officer

[REDACTED]  
[REDACTED]  
[REDACTED]

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---

**From:** Mora, David (DHCS-MMCD) [mailto:[REDACTED]]  
**Sent:** Wednesday, November 16, 2011 2:05 PM  
**To:** Kathleen McCarthy  
**Subject:** RE: Foundation's Outreach Events - Nov & Dec 11

The attached list of events is APPROVED. Thank you.

---

**From:** Kathleen McCarthy [mailto:██████████]  
**Sent:** Wednesday, November 16, 2011 1:42 PM  
**To:** Mora, David (DHCS-MMCD)  
**Subject:** FW: Foundation's Outreach Events - Nov & Dec 11

Please list of outreach activities and let me know if you approve. Thank you.

Regards,  
Kathleen McCarthy  
Compliance Officer

██████████  
██████████  
██████████

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---

**From:** Emily Hennessy  
**Sent:** Wednesday, November 16, 2011 12:20 PM  
**To:** Kathleen McCarthy  
**Cc:** Beth Paige; Laura Watkins  
**Subject:** Foundation's Outreach Events - Nov & Dec 11

Kathleen,

Attached are the outreach events that the Foundation's staff would like to attend to conduct outreach to identify uninsured children. In the attached worksheet, I only included one entry for the 29 Second Harvest Food Bank events in December. Please let me know if DHCS needs me to provide all of the details for all 29 events. Thanks.

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation

██████████  
██████████  
██████████

[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



**[Make a difference in the health of our children by contributing to the Healthy Kids Program!](#)**

**Law Clerk**

---

**From:** Emily Hennessy <[REDACTED]>  
**Sent:** Sunday, March 16, 2014 3:55 PM  
**To:** Law Clerk  
**Cc:** Kathleen King  
**Subject:** FW: Last Minute Event for Approval

Emily M. Hennessy  
V.P. of Finance & Programs  
Healthier Kids Foundation  
[www.hkidsf.org](http://www.hkidsf.org)



**From:** Kathleen McCarthy  
**Sent:** Friday, December 09, 2011 3:17 PM  
**To:** Emily Hennessy  
**Subject:** FW: Last Minute Event for Approval

Approved!

Regards,  
Kathleen McCarthy  
Compliance Officer

[REDACTED]  
[REDACTED]  
[REDACTED]

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---

**From:** Mora, David (DHCS-MMCD) [<mailto:David.Mora@dhcs.ca.gov>]  
**Sent:** Friday, December 09, 2011 3:09 PM  
**To:** Kathleen McCarthy  
**Subject:** RE: Last Minute Event for Approval

Your participation at this event is APPROVED. Thank you.

---

**From:** Kathleen McCarthy [mailto: [REDACTED]]  
**Sent:** Friday, December 09, 2011 2:04 PM  
**To:** Mora, David (DHCS-MMCD)  
**Subject:** FW: Last Minute Event for Approval

Will you please review? Thanks!

Regards,  
Kathleen McCarthy  
Compliance Officer

[REDACTED]  
[REDACTED]  
[REDACTED]

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---

**From:** Emily Hennessy  
**Sent:** Friday, December 09, 2011 1:56 PM  
**To:** Kathleen McCarthy  
**Subject:** RE: Last Minute Event for Approval

Kathleen,

Attached is a flyer for a last minute event that we have been asked to attend to conduct outreach to uninsured children. Could you submit to the state for approval? Thanks.

**Emily M. Hennessy**  
**Director of Finance**  
**Santa Clara Family Health Foundation**  
[REDACTED] phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



Kathleen,

Approved! Thanks for letting me know.

*Stephanie Issertell*

AGPA, Local Initiative Unit  
Medi-Cal Managed Care  
Department of Health Care Services

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---

**From:** Kathleen McCarthy [mailto: ]  
**Sent:** Wednesday, January 18, 2012 12:06 PM  
**To:** Issertell, Stephanie (DHCS-MMCD-PMB)  
**Subject:** FW: DHCS Approval for Outreach Event

Stephanie,

Will you please review and let me know if you approve. The event is for tomorrow!

Regards,  
Kathleen McCarthy  
Compliance Officer

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---

**From:** Emily Hennessy  
**Sent:** Tuesday, January 17, 2012 5:12 PM  
**To:** Kathleen McCarthy  
**Subject:** DHCS Approval for Outreach Event

Kathleen,

I was just asked if my outreach staff can participate in an event to conduct outreach to families of uninsured children. The event is on Thursday (see the attached details). I apologize for the last minute notice as I was just notified. Thanks.

**Emily M. Hennessy**  
Director of Finance  
Santa Clara Family Health Foundation



[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)



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**Kathleen King**

---

**From:** Emily Hennessy  
**Sent:** Friday, January 13, 2012 8:15 AM  
**To:** Kathleen King  
**Subject:** RE: School outreach

Elizabeth wanted them in the mail to them ASAP. She did not want to wait until you returned on Tuesday. Per her instructions, I put them all in the mail. Sorry.

Emily M. Hennessy  
Director of Finance  
Santa Clara Family Health Foundation  
[REDACTED] phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

-----Original Message-----

**From:** Kathleen King  
**Sent:** Thursday, January 12, 2012 8:25 PM  
**To:** Emily Hennessy  
**Subject:** Re: School outreach

Sorry, I didn't get it the first time. Is there any chance I can give Campbell and Deanza to specific people or did they already get mailed?  
Kathleen

----- Original Message -----

**From:** Emily Hennessy  
**To:** Kathleen King  
**Sent:** Thu Jan 12 19:05:45 2012  
**Subject:** FW: School outreach

Resending this to you.

Emily M. Hennessy  
Director of Finance  
Santa Clara Family Health Foundation  
[REDACTED] phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

-----Original Message-----

From: Emily Hennessy  
Sent: Thursday, January 12, 2012 9:32 AM  
To: Kathleen King  
Subject: RE: School outreach

Alum Rock Union Elementary School District: \$4,430.84 Foothill-De Anza Community College District: \$2,430.84 Campbell Union High School District: \$2,454.71  
Sunnyvale School District: \$4,430.84  
Total: \$13,747.23

Emily M. Hennessy  
Director of Finance  
Santa Clara Family Health Foundation  
[REDACTED] phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

-----Original Message-----

From: Kathleen King  
Sent: Thursday, January 12, 2012 9:27 AM  
To: Emily Hennessy  
Subject: Re: School outreach

Could you remind me what districts? We might as well send Daniel his districts. His info is on the letter I sent Kathleen

-----Original Message-----

From: Emily Hennessy  
To: Kathleen King  
Sent: Thu Jan 12 08:42:14 2012  
Subject: RE: School outreach

Ok. I will have Ron sign the check requests, checks, and letters to the districts. They should go out today.

Emily M. Hennessy  
Director of Finance  
Santa Clara Family Health Foundation  
[REDACTED] phone  
[www.healthyfamilyfund.org](http://www.healthyfamilyfund.org)

-----Original Message-----

**Kathleen King**

**From:** Elizabeth Darrow  
**Sent:** Wednesday, April 11, 2012 8:57 AM  
**To:** Emily Hennessy  
**Cc:** Kathleen King; Ngoc Bui-Tong  
**Subject:** RE: Project Plan to send to FIRST 5

Approve, thanks

Elizabeth Darrow  
CEO  
Santa Clara Family Health Plan

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

---

**From:** Emily Hennessy  
**Sent:** Wednesday, April 11, 2012 8:15 AM  
**To:** Elizabeth Darrow  
**Cc:** Kathleen King; Ngoc Bui-Tong  
**Subject:** RE: Project Plan to send to FIRST 5

Hi Elizabeth,

I am just following up to see if you approve of sending the program plan to FIRST 5 as developed by Ngoc. I would like to seek reimbursement from FIRST 5 for Ngoc's position for March, but need to send them the scope of work before doing so. Thanks so much.

Emily M. Hennessy  
Director of Finance & Programs  
Santa Clara Family Health Foundation  
[REDACTED] phone  
[www.healthfamilyfund.org](http://www.healthfamilyfund.org)

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**From:** Emily Hennessy  
**Sent:** Monday, April 02, 2012 2:51 PM  
**To:** Elizabeth Darrow  
**Cc:** Kathleen King; Ngoc Bui-Tong  
**Subject:** Project Plan to send to FIRST 5

Elizabeth,

FIRST 5 has asked that we send to them in an email the proposed scope of work for the Gardner Family Program. I have pasted below the work plan that Ngoc put together (thank you, Ngoc). Are you okay with me sending this to them? Thanks.

March 2012-June 2013	
Tasks	Date
1. Staff orientation to SCFHP and Gardner Family Health Network (Gardner).	March 2012
2. Literature review and information gathering on Healthy SF, Health Care Reform, other coverage programs for uninsured	March 2012
3. Develop a comprehensive profile of the uninsured at Gardner. <ul style="list-style-type: none"> <li>a. Review decision support systems to identify data sources and elements available for population profile</li> <li>b. Analyze current and collect data as needed to describe the uninsured's demographics, utilization, health status, health seeking behavior, continuity and linkage to place of care, longevity of insurance/uninsured status, satisfaction with seeking care at Gardner, out of pocket expense for health care</li> <li>c. Data collection may include focus groups, self administered surveys of uninsured, interviews of providers/staff serving the population</li> <li>d. Segmented profile for HK and families; population to be eligible for Health Care Reform coverage, population to be eligible but decline, and population not addressed in reform</li> </ul>	April-August 2012
4. Using profile data, develop strategies to address the uninsured <ul style="list-style-type: none"> <li>a. For those eligible but not enrolled, develop and implement linkage, outreach, and enrollment events/activities</li> <li>b. Research and recommend models of care for the population to achieve triple aim of improving the patient experience; improving health; and reducing costs.</li> <li>c. Research and propose a coverage program for the uninsured, addressing market desirability, benefit design, and financial costs and participation.</li> </ul>	September 2012- June 2013
5. Summarize project, findings and recommendations	June 2013

Emily M. Hennessy  
 Director of Finance & Programs  
 Santa Clara Family Health Foundation  
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**Kathleen King**

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**From:** Kathleen King  
**Sent:** Wednesday, May 09, 2012 4:20 PM  
**To:** Elizabeth Darrow  
**Subject:** FIRST 5 Contract

Elizabeth,

Thank you for your prompt response, your point is a good one. The Foundation abides by the state's marketing guidelines, so we make certain that we are in complete compliance with regulatory requirements for all outreach work. As for both OCH and WPUSA outreach staff, they will not represent SCFHP in any manner. We realize that SCFHP staff is restricted from primary care facilities and such, so we are always and continue to be mindful of the restrictions.

Kathleen

**From:** Elizabeth Darrow  
**Sent:** Wednesday, May 09, 2012 10:36 AM  
**To:** Kathleen King  
**Cc:** Emily Hennessy; Dave Cameron  
**Subject:** RE: FIRST 5 Contract

Kathleen

As one of your Board members I have no objections to your work with OCH for non-SCFHP related work. As for your oversight of WP personnel for "outreach" please keep in mind that SCFHP employees are restricted from certain outreach activities, as such these entities (OCH, WP) do not represent SCFHP.

Elizabeth Darrow  
CEO  
Santa Clara Family Health Plan

**From:** Kathleen King  
**Sent:** Tuesday, May 08, 2012 6:00 PM  
**To:** Elizabeth Darrow  
**Cc:** Emily Hennessy; Dave Cameron  
**Subject:** FIRST 5 Contract

Elizabeth,

Based on our last discussion of the FIRST 5 contract, we will be moving ahead with a subcontract with O'Connor Hospital for Baby Gateway. Is this still acceptable to you? I understand you don't want us to replace Thong so I am working to subcontract some of our

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outreach work to Working Partnerships. They have personnel that can help us do outreach. I hope this is agreeable to you?

Kathleen King  
Executive Director  
Santa Clara Family Health Foundation

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