



**2024
ANNUAL REPORT
TO THE SANTA CRUZ, MONTEREY, MERCED, SAN BENITO, AND MARIPOSA COUNTY
BOARDS OF SUPERVISORS
FROM
THE SANTA CRUZ-MONTEREY-MERCED-SAN BENITO-MARIPOSA
MANAGED MEDICAL CARE COMMISSION**

Central California Alliance for Health (the Alliance) is a locally governed and operated public agency established by Ordinances adopted by the counties of Santa Cruz, Monterey, Merced, San Benito, and Mariposa. The Alliance is governed by the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission (the Commission), whose members are appointed by the Boards of Supervisors in each county.

- The Alliance's Vision: Healthy people. Healthy communities.
- The Alliance's Mission: Accessible, quality health care guided by local innovation.
- The Alliance's Values: Improvement, Integrity, Collaboration, Equity

The Commission seeks to achieve the Alliance's mission through operation of a County Organized Health System (COHS) health plan, currently serving over 443,000 members in Santa Cruz, Monterey, Merced, San Benito, and Mariposa counties.

Commission Structure

The Alliance is governed by the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission, whose members are appointed by each counties' Boards of Supervisors including individuals representing interests of the public, providers, and government. Additionally, the Commission has established advisory groups consisting of member and physician representatives, which advise the Commission on policy matters.

The Commission meets regularly in public meetings governed by open meeting laws afforded through the Brown Act. In 2024, the Commission held 10 regular board meetings, including a day-long retreat to discuss key strategic issues. All meetings are accessible to members of the public in compliance with the Brown Act. During these meetings, the Commission discusses and decides upon policy issues and receives reports regarding on-going operations from Alliance staff.

Throughout 2024, Elsa Jimenez, Director of Health for the Monterey County Health Department, served as Chairperson of the Commission and Josh Pedrozo, Merced County Board of Supervisor served as Vice Chair.

At the November 2024 Commission meeting, Elsa Jimenez, was elected to continue to serve as the Commission Chairperson and Leslie Abasta-Cummings, Merced County provider representative, was elected as Vice Chairperson for 2025.

See Attachment A for a list of Commissioners who served during 2024, including each Commissioner's category of representation, and Attachment B for a report of Commissioner meeting attendance during 2024.

Commission Activities and Accomplishments in 2024

The 2024 calendar year brought forth another year of challenges as well as opportunities for the Alliance. The Alliance began 2024 with the expansion of its membership and its service area, with the expansion of eligibility to all income eligible adults regardless of immigration status, while also expanding services to eligible Medi-Cal beneficiaries in San Benito and Mariposa counties, adding a combined, approximately, 50,000 new members.

Meanwhile, the Alliance continued its focus on supporting Alliance members, providers, and community organizations to address healthcare needs within the community. Activities and accomplishments of the Commission and the Alliance throughout 2024 included:

1. **Service Area Expansion.** On January 1, 2024, after approximately 2 years of planning and implementation efforts, the Alliance welcomed eligible Medi-Cal members in San Benito and Mariposa counties into the health plan. This included the addition of 20,453 beneficiaries in San Benito County and 5,735 beneficiaries in Mariposa County. To adequately serve these new enrollees, the Alliance onboarded a comprehensive provider network in the new service area while ensuring continuity of care for all new enrollees.
2. **Addition of Chief Health Equity Officer.** In February 2024, Dr. Omar Guzman was hired as the Alliance's first Chief Health Equity Officer (CHEO). The CHEO is dedicated to promoting health equity and improving access to quality healthcare for the communities served by the Alliance with a focus on building relationships with community organizations and provider partners and implementing impactful programs to reduce health disparities and ensure equitable access to healthcare services.
3. **Enhanced Care Management.** Enhanced Care Management (ECM) is a key component of the State's transformational CalAIM program designed to provide comprehensive, person-centered care to Alliance members with complex medical and social needs. ECM aims to improve health outcomes and reduce disparities by addressing both medical and social determinants of health through coordinated, whole-person care. Throughout 2024, the Alliance focused

on strengthening its ECM program through development of its ECM provider network and increasing enrollment of members in identified populations of focus. These efforts resulted in a six-fold increase in ECM enrollment equaling approximately 3% of Alliance members.

4. **Voluntary Rate Range Program.** With approval of the federal Centers for Medicare and Medicaid Services and DHCS, using the Alliance's Medi-Cal managed care contract as a funding mechanism, the Alliance facilitated the receipt and distribution of over \$51.8M in increased federal funds to county public health departments and public hospitals by leveraging local funds contributed by interested, qualified governmental agencies through intergovernmental transfers to draw down federal matching funds, which in turn were distributed to identified providers to support the provision of services to Alliance members.

Community Investment Activities and Accomplishments in 2024

The Alliance makes investments in health care and community organizations through the Alliance's Medi-Cal Capacity Grant Program (MCGP) and by administering Department of Health Care Services incentive programs to realize the Alliance's vision of Healthy People, Healthy Communities.

Medi-Cal Capacity Grant Program (MCGP). In February 2024, the Board approved an annual investment plan policy for the MCGP to serve as a roadmap, defining grantmaking priorities to address Medi-Cal capacity needs in the Alliance's service area and allocating funding through investment of a portion of the Alliance fund balance to advance the goals under each focus area and strategy. In March 2024, it approved an inaugural plan for 2024 under the new policy. The 2024 MCGP Investment Plan included allocations for funding grants in Mariposa and San Benito counties which joined the Alliance in January 2024

In 2024, the Alliance awarded 218 grants totaling \$46.4M to community partners to increase the availability, quality and access of health care and supportive resources for Medi-Cal members in the Alliance service area as well as to address social drivers that influence health and wellness. In May and June 2024, the Grant Program team conducted significant outreach and applicant support, including a webinar attended by 171 attendees from 150 organizations across our five counties. The result was the highest volume of grant applications ever received by the Alliance in July. The MCGP experienced a year-over-year increase of 97% in total dollar amount awarded, in part due to new Capital and Data Sharing Support programs launched this year as well as the following strategic investments:

- \$3.8M targeted intervention with 15 primary care clinics in Merced to close preventative care gaps;
- \$1.6M to support local Community Health Worker trainings in Monterey and Merced counties;
- \$1.3M to provide technical assistance to build a network of doula providers; and
- \$750K to each of the five counties' local health jurisdiction to support the development and/or implementation of their Community Health Assessment and/or Community Health Improvement Plan.

Workforce Recruitment grants awarded in 2024 will result in a combined 130 new primary and specialty care providers, community health workers, doulas and medical assistants joining the provider network in the Alliance's service areas, many of whom are bilingual. The Alliance continued to award grants to support health care technology to improve care quality and coordination, home visiting and parenting programs to support child development and increase access to health care services and supportive resources, and community-based programs that address social drivers of health.

Grant Program staff conducted a survey of active Alliance grantees. The results overall were positive, including these metrics:

- 76% of grantees responded "to a great extent" the MCGP funding priorities reflect a deep understanding of Medi-Cal member needs in their community.
- 95% strongly agree or agree that the Alliance has treated their organization fairly and that grant program staff are responsive.
- 84% reported the Alliance's grant program has a significant positive impact on their local community.

CalAIM Incentive Payment Program (IPP). The Alliance is participating in IPP, a program of the Department of Health Care Services (DHCS), which began January 1, 2022, to support capacity building through new investments in Enhanced Care Management (ECM) and Community Supports (CS) service delivery infrastructure for the Alliance's provider network. In 2024, the Alliance included dollars from the MCGP for Mariposa and San Benito counties to support ECM and CS providers in these counties for whom the Alliance had not yet earned IPP dollars from DHCS. A total of \$15.8M was awarded in 2024 to ECM and CS providers serving all populations of focus including Justice Involved and Birth Equity. Through IPP, the Alliance has financially supported a total of 56 ECM and/or CS providers in the Alliance network.

Housing and Homelessness Incentive Program (HHIP). 2024 was the last year of the two-year HHIP that aimed to improve health outcomes and access to whole-person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. The Alliance established collaborative plans with Continuum of Care partners in the Alliance's service area and earned dollars from DHCS to pass through to housing and homelessness service providers to implement those plans. Under HHIP, the Alliance implemented a two-year Street Medicine Pilot program which is now operational as a compensable service under Medi-Cal.

Alliance Housing Fund. To better support housing partners in the Alliance service areas, the health plan simplified the funding process by combining funding from HHIP and the Alliance's MCGP into the Alliance Housing Fund. Viable projects were identified through the HHIP partnerships, and the Alliance conducted an open application process. The fund provides capital funding awards to build, purchase, renovate and/or furnish permanent housing units, recuperative care facilities and short-term post-hospitalization housing units. In June, the Alliance awarded more than \$30 million for 17 housing projects across the Alliance service area.

The Alliance Housing Fund is also piloting, in partnership with Santa Cruz County, an investment in a Community Development Financial Institution, the Housing Accelerator Fund. Rather than funding direct projects, the investment is seed money to create a source of low interest loans for housing projects – this has the potential to make the investment sustainable and fund a greater number of projects over time. If successful, the pilot could be expanded to other counties.

Student Behavioral Health Incentive Program (SBHIP). 2024 was the last of the three-year SBHIP which aimed to build infrastructure, partnerships, and capacity for school behavioral health services and to improve coordination with Medi-Cal managed care plans. Through SBHIP, the Alliance established partnerships with local education agencies (LEAs), county behavioral health departments and county offices of education in all five service area counties. Since 2022, under SBHIP, participating districts in Alliance counties have earned 100% of the available allocation for Targeted Intervention projects, with a final payout to partners in 2024 totaling \$11.5M to date.

In all, SBHIP projects directly impact approximately 30% of all student-aged Alliance members in the five counties, equivalent to approximately 42k children and youth. Systems capacity has been built in most counties for managing health data, formalizing and simplifying screening processes, and building capacity around billing under the existing DHCS Local Education Agency-Billing Option Program. All

but one Local Education Agency that participated in SBHIP across our five counties has been accepted into an upcoming Children and Youth Behavioral Health Incentive (CYBHI) Fee Schedule cohort, which will provide an ongoing source of funding for BH services in schools, through medical billing.

Equity and Practice Transformation (EPT). The EPT Program is for primary care practices to advance health equity and reduce disparities. The DHCS program incentivizes participating primary care practices to implement practice transformation and improve quality of service delivery. The Alliance is supporting 15 primary care providers (the fourth most projects out of all health plans in the state) in this pass-through payment program. The State Budget for Fiscal Year 2024/25 substantially reduced funding for the EPT program. As such, DHCS shortened the program duration from five to three years, cut down the total number of milestones from over 100 to 25, and reduced the amount earned per milestone. The Alliance has decided to supplement the funding lost from the State budget reduction and add in additional deliverables that will allow practices to earn the original allocation.

Alliance Members

As of December 31, 2024, the Alliance served approximately 442,475 Medi-Cal beneficiaries and 639 Alliance Care IHSS members with membership by county as follows.

- In Santa Cruz County, 78,412 Medi-Cal members.
- In Monterey County, 188,127 Medi-Cal members and 693 Alliance Care IHSS members.
- In Merced County, 149,615 Medi-Cal members.
- In Mariposa County, 5,761 Medi-Cal members.
- In San Benito, 20,560 Medi-Cal Members.

Alliance Medi-Cal Members

Alliance Medi-Cal members are lower income persons in eligible aid categories (e.g. aged, disabled, single-parent, childless adult), and include nearly all Medi-Cal beneficiaries in the region. The Alliance's current member demographic composition is as follows:

- 68.50% are Latino, 13.05% Caucasian, 11.15% Filipino, 1.86% African American, 0.72% Asian or Pacific Islander, 0.64% Asian Indian, 0.23% Vietnamese, 0.20% Chinese, 0.18% Alaskan Native or American Indian, 0.14% Laotian, 0.09% Korean, 0.05% Samoan, 0.05% Japanese, 0.04% Cambodian, 0.03% Hawaiian, 0.02% Guamanian, and 1.23% Other, and 0.00% not provided.
- 54.9% report primary language as English, 43.07% as Spanish, 0.04% as Hmong and 1.99% as other or not reported.

- 53.26% are female and 46.74% are male.
- 39.2% are 19 years old and younger, while 9.63% are 65 years or older.

Alliance Care IHSS Members

Alliance Care IHSS members are in-home caregivers that provide home care services for the recipients of IHSS program services in Monterey County.

Alliance Services for Members

The Alliance Member Services Department engages and supports members through the operation of a call center to respond to member requests, a Grievance System to resolve member issues, and an Operations Unit to train staff, monitor Call Center Quality and execute member informing materials. Member Services staff reside in the counties served by the Alliance and many staff are bilingual in English/Spanish or English/Hmong. Staff provide high quality service and support to Alliance members, providers, and community-based partners. Staff educate Alliance members regarding how to access Alliance health care benefits within the managed care environment. This includes providing new member orientations, helping members understand their benefits, answering questions, and resolving member concerns. Member Services develops and distributes member identification cards and member handbooks.

The Community Engagement Department assists in the facilitation of two public committees which seek feedback from members to inform programs and procedures, including the quarterly Member Services Advisory Group (MSAG) and the Whole Child Model Family Advisory Committee (WCMFAC).

Alliance Operations Management staff are also responsible for reviewing and resolving plan enrollment data issues through collaboration with the local county Medi-Cal offices, the Social Security Administration, and the Department of Health Care Services (DHCS).

Alliance Health Services Division

The Alliance's Health Services (HS) Division is responsible for ensuring that members receive the right care in the right place at the right time and assures that the care provided is evidence-based. The Alliance works closely with its network of providers including physicians, hospitals, pharmacies, and ancillary providers, to ensure that members receive appropriate and timely access to care. Throughout 2024, Dennis Hsieh, MD, JD, led the Health Services Division as the Alliance's Chief Medical Officer with the support of Health Services Officer, Marwan Kanafani and Alliance Medical Directors Dr. Dianna Myers and Dr. Michael Wang. In addition, Dr. Robert Dimand continued to work with the Alliance as a medical consultant. Physician clinical oversight responsibilities include Quality Improvement & Population Health (QI/PH), Utilization Management, Care Management, Pharmacy, and Behavioral Health.

The Alliance maintains a Quality Improvement (QI) System to monitor, evaluate, and take effective action to address any necessary improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting. The QI/PH Department monitors the quality of health care services provided and reviews quality of care at the individual member level, as well as for the Alliance's member population. The QI/PH department leads the Alliance's population health strategy and effectiveness efforts as well as efforts to increase the provision of preventive care services for members. Performance in these areas is measured through the National Committee for Quality Assurance (NCQA) HEDIS/MCAS measures and the Alliance rewards provider performance through its Care Based Incentives (CBI) program value-based payments. Health equity is a top priority that is woven into all of QI/PH's work as our service area communities continue to struggle gaining access to basic, preventive healthcare.

In addition, the QI/PH Department manages the Alliance's clinical safety program, including review of Potential Quality Issues, Facility Site Review audits, and on-going quality monitoring activities. To support providers with clinical improvement efforts, QI/PH provides technical assistance through practice coaching, learning collaboratives, and continuously accessible webinars. Further, QI/PH offers health education and cultural and linguistic programs to support members with preventive care and chronic care management interventions. Key achievements include:

- Launched a Medi-Cal Accountability Sets (MCAS) Provider Portal that allows providers monthly to view actionable quality improvement data.
- Expanded Care Based Initiative (CBI) training including resources available to new staff at clinics,
- Launched a new Provider Partnership Program.
- Improved 9 of 10 targeted performance measures in Merced County.
- Significantly improved MCAS measures with 6 out of 8 being either at or above the minimum performance level of the 50th percentile.
- Developed and launched new Diabetes workshops
- Expanded Health Education classes include the delivery of over 30 member workshops.

Enhanced Case Management and Community Supports

The Enhanced Health Services Department, which is inclusive of Enhanced Case Management and Community Supports, oversees a network of complex members to address their physical health, mental health and social determinants of health across all five counties. The program exceeded 15,000 members enrolled in the Enhanced Case Management program through our community partners. The Alliance currently serves close to 20,000 members through its Community Supports programs. The Enhanced Health Services program focuses on developing the

quality of the program with provider oversight, educational programs and the initiation of team rounds with providers to review complex cases.

Care Management

The Care Management team includes both adult and pediatric services. This department offers both complex case management and care coordination, including a comprehensive set of services to help members manage chronic or complex conditions more effectively. Care Coordination is focused on less complex member needs, while Care Management, for both adults and children, often includes more clinically oriented, longitudinal member support.

Within this department is the Whole Child Model (WCM) California Children's Services team that manages children with particularly acute and high-risk conditions. Throughout the year, the team has been working to ensure a successful WCM Expansion into San Benito and Mariposa counties in January, of 2025.

The Care Management teams successfully implemented a new electronic Care Management system this year and continue with preparation for accreditation by the National Committee for Quality Assurance. Additionally, preparation is underway to further develop a behavioral health case management team, which will support the Alliance's integration of Behavioral Health Services in 2025.

Utilization Management

In 2024, the Utilization Management (UM) Department achieved many significant milestones, navigating a series of complex projects that demanded exceptional teamwork, dedication, and perseverance. Among the most noteworthy accomplishments were the expansion into San Benito and Mariposa counties, preparations for NCQA accreditation, Behavioral Health (BH) program build growth in Transitions of Care (TCS) support, the development and enhancement of Enhanced Case Management (ECM) and Community Supports (CS) policy and processes, and the Case Management System Replacement (CMSR). Sustained reductions in inpatient lengths of stay, readmission rates and avoidable Emergency Department utilization were also noted.

A key achievement over the year was the successful expansion into San Benito and Mariposa counties. The adapted in 2024, managing increased membership and authorizations in these two new counties. The Alliance ensured timely access and continuous care for members, along with enhanced workflows and communications to ensure a smooth transition for both members and providers.

In addition, the UM team took a robust approach to Transitions of Care (TCS). Interdisciplinary Team Meetings (IDTs) were established with hospitals across our

counties for direct conferencing with external hospital and clinic teams to support care transitions, member access, and reduce readmission and ED utilization. These efforts resulted in reductions in readmission rates, reduced bed days, and reduced emergency department utilization, all notable achievements.

The Alliance also successfully developed processes for alternate placements to support member care at the most appropriate level of care and reducing inpatient lengths of stay for members not requiring inpatient or long-term levels of care. The processes developed through the development of IDTs and TCS processes will lend well to the Plan's future integration of Medicare services through a Dual Eligible Special Needs Program to launch in 2026.

Finally, the Case Management System Replacement (CMSR) was one of the department's most challenging projects. Months of preparation set the stage for a smooth transition, and although system replacement often presents difficulties, the department successfully minimized risks through thoughtful, collaborative planning, ensuring a seamless system replacement.

Pharmacy

The Pharmacy Department has demonstrated exceptional dedication to improving member health and community well-being through innovative programs and strategic initiatives. By successfully transitioning to the new care management system and adapting workflows to meet NCQA accreditation standards, the team streamlined processes for conducting medical necessity reviews. They resolved over 2,000 provider calls, ensuring seamless medication coordination and access for members. To combat the opioid epidemic, the department launched the Alliance Naloxone Distribution Program (NDP), distributing 396 naloxone kits to the community and saving two lives through reported overdose reversals. The team also educated and recruited providers to participate in the DHCS naloxone program, expanding the program's reach. In 2024, the department expanded its clinical pharmacy programs, including the Pharmacist-Led Academic Detailing (PLAD) and Drug Utilization Review (DUR) programs. Through 46 interactive PLAD sessions with 18 primary care providers, pharmacists promoted evidence-based use of diabetes, asthma, and hypertension medications. Meanwhile, DUR reviews identified patterns of misuse, overuse, and fraud, resulting in 21 provider-focused and four member-focused educational articles to improve drug therapy practices.

Alliance Providers

The Alliance recognizes the critical importance of its providers in furthering its mission to ensure access to quality health care for members. The Alliance's contracted network of providers includes Primary Care Providers (PCPs), federally qualified health centers, rural health centers and community clinics, specialists,

hospitals, ancillary health services providers, pharmacies, and long-term care facilities in addition to Enhance Care Management and Community Support providers. The Alliance continues its efforts to strengthen its provider capacity to provide services, providing a robust network across all five counties in its service area. To that end, in 2024, the Alliance added 744 new providers to its provider networks including: 112 PCPs, 148 specialists, 201 non-physician medical practitioners, 92 allied providers, 32 provider organizations, 19 Doulas, 27 Behavioral Health Providers (with effective date 07/01/2025), 30 Community Health Workers (CHWs), and 83 ECM/CS Providers.

In 2024, the Alliance once again conducted its annual provider satisfaction survey to learn more about its providers' experience with the Plan. The 2024 survey indicated that 89.3% of physicians surveyed rated the Alliance as completely or somewhat satisfactory, and 97% indicated that they would recommend the Alliance to other physicians' practices.

Alliance Financial Performance

The Alliance's 2024 operating revenue was \$1.88B through November 30, 2024.

The Alliance operated with a Medical Loss Ratio (MLR) of 93.9% and an Administrative Loss Ratio (ALR) of 5.3% of revenue for this period meaning that 94 cents out of every dollar goes directly to healthcare services.

Disenrollment resulting from redetermination following the unwinding of the federal COVID Public Health Emergency was less impactful than expected resulting in higher revenue, partially offset by a downward acuity rate adjustment. Meanwhile, medical costs are trending higher primarily due to the acuity shifts, increased utilization among the continuing population post-redetermination, and elevated costs from the ramp-up of Enhanced Care Management and Community Support programs. With these factors combined, the Alliance reported a net income of \$47.6M for the eleven-month period through November 30, 2024.

The Alliance must maintain adequate financial reserves to ensure the health plan has sufficient funds to cover incurred claims liabilities. The Commission has established a target reserve fund balance for this purpose. As of November 30, 2024, the Alliance was operating at 102% of its targeted reserve fund balance.

Alliance Staff

As of December 31, 2024, the Alliance employees numbered 612 in the following divisions: Administration, Compliance, Employee Services, Communications, Finance, Health Services, Information Technology Services, and Operations. In 2024, the Alliance continued to successfully provide services and support to our members through a hybrid workforce strategy. This approach supported Talent Acquisition fulfilling 250 temporary and new positions in 2024 across five county service areas.

Alliance in the Community

In 2024, the Alliance outreach team was present at 130 community events where over 30,000 members were reached in our five-county region. Significant efforts were made to participate in community events held in our two newest counties, Mariposa and San Benito.

Community efforts involved over 85 relational meetings, where Alliance staff engaged with local organizations and county leaders to strengthen relationships and foster collaboration. The Alliance also provided more than 15 presentations in 2024 that educated and informed community organization staff about the services and benefits available to Alliance members. The Alliance remains dedicated to keeping our community-based organizations and community partners up to date through our bi-monthly community newsletter, *The Beat*.

Additionally, throughout 2024, the Alliance and its staff continued involvement in 50 regional and community coalitions and collaboratives that address public health issues, health care access, community networking and eligibility outreach in the Alliance service area. This includes Alliance involvement and participation in the following groups:

In Mariposa County

- Mariposa Health and Wellness Coalition
- Mariposa Community Health Improvement Plan (CHIP)
- Central Sierra CoC MCP Collaboration Meeting
- Mariposa County/Alliance/CVRC/Carelon BH Meeting

County Highlight: Mariposa Butterfly Festival

This 2-day festival is one of Mariposa County's largest community events. We connected with about 1,000 community members and provided education on the Alliance and our services. This event was a great opportunity to engage with the attendees about our expansion into Mariposa County as their new Medi-Cal health plan.

In Merced County

- ACESINC Committee
- Maternal Wellness Coalition
- Outreach Committee Meetings
- BHRS Ongoing Planning Council
- Connected Care Network
- CPI Merced Collaborative
- Health and Mental Health Services Advisory Committee
- Help Me Grow Merced County Coalition

- HFA/PAT Community Advisory Board (CAB)
- Merced ACCT (Tobacco Prevention Coalition)
- Merced Breastfeeding Network
- Merced Public Information Officer (PIO) Roundtable
- Merced County Community Advisory Board
- Merced County and Alliance Convening
- Merced County Department of Public Health – CCAH Collaborative
- Merced County/Alliance/CVRC/Carelon BH Meeting

County Highlight: Dignity Health Mobile Care Clinic Pop-Up Tabling Events

We coordinated 7 pop-up tabling events in partnership with the Dignity Health Mobile Care Clinic to set up a resource table during the same time that the Mobile Clinic was out providing medical services to the community. We engaged with approximately 70 Alliance members at these events and connected these members to Enhanced Care Management, housing support resources, and other Alliance services as many of them were unhoused or did not have permanent housing.

In Monterey County

- Active Referral Network
- Community Alliance for Safety and Peace (CASP)
- Monterey County Collaborates
- Monterey County Caring Partners
- South County Outreach Efforts (SCORE)
- Blue Zones Project Worksite Committee Meeting
- Monterey County/Alliance/SARC/Carelon BH Meeting

County Highlight: Ciclovía Salinas

This youth-run event, focused on fostering a sense of community-building, brought families together to enjoy accessible recreation activities and participate in health and wellness conversations. The Alliance team engaged with approximately 2,000 community members and shared information about the Alliance and our services.

In San Benito County

- Adult Long Term Care Committee (ALTCC)
- Health Reimagined Workgroup
- Safe Kids Coalition of San Benito County
- Oral Health Advisory Committee
- South County Outreach Efforts (SCORE)
- Wellness Coalition of San Benito County
- Equity Diversity Inclusion Committee

County Highlight: Community Foodbank of San Benito Pop-Up Tabling Events

We coordinated 3 pop-up tabling events in partnership with the Community Foodbank of San Benito to set up a resource table and provide information about the Alliance and our member benefits. We engaged with approximately 725 Alliance members at these events. This event was a great opportunity to connect with the community about our expansion into San Benito County as their new Medi-Cal health plan.

In Santa Cruz County

- Cradle to Career CHW Leaders Collective
- Health Workforce Council
- Health Improvement Partnerships of Santa Cruz County (HIPSCC)
- Monterey Bay CHW Collaborative
- ParkRx Santa Cruz County
- Santa Cruz County PATH Collaborative
- Semillitas Advisory Committee
- Santa Cruz County/Alliance/SARC/Carelon BH Meeting

County Highlight: Santa Cruz County Trunk-or-Treat

This was a large community event that brought together families in Santa Cruz County through the planning efforts of the District Attorney's Office, Santa Cruz County Probation Department, CAL Fire, and the Community Action Board of Santa Cruz County. Our team engaged with approximately 2,000 community members, where over half of the event attendees were Alliance members.

Multi-County Convenings:

- CCS Advisory Group
- ITUP Regional Equity Collaborative
- LHPC Community Engagement Workgroup
- CPI Coastal Collaborative (Multi-County: Monterey & San Benito)
- K-16 Central Coast Coalition (Multi-County: Monterey & San Benito)
- Leadership Council Meeting (Multi-County: Monterey, San Benito & Santa Cruz)
- Uplift Central Coast (Multi-County: Monterey, San Benito & Santa Cruz)
- WCM FAC Network Meeting (Multi-County)
- Mariposa and Merced Healthcare Partnership for Emergency Preparedness (Multi-County: Merced & Mariposa)

Local Campaigns for Community Benefit

Alliance staff continued involvement with community food banks and United Way campaigns within Santa Cruz, Monterey, Merced, San Benito and Mariposa counties in 2024. Alliance staff raised \$88,832 (equivalent to 266, 496 meals) for the food banks in the five-county service area as part of its holiday food drive efforts and raised about \$21,799 in contributions to United Way.

Looking Ahead

Throughout 2025, the Alliance will continue its focus on core health plan obligations described within this report, while also advancing the two strategic priorities set forth in its five-year strategic plan: Health Equity and Person-Centered Delivery System Transformation.

The long-term goals to advance Health Equity include:

- 1) Eliminate health disparities and achieve optimal health outcomes for children and youth; and
- 2) increase member access to culturally and linguistically appropriate health care.

The long-term goals to advance Person-Centered Delivery System Transformation:

- 1) Improve behavioral health services and systems to be person-centered and equitable; and
- 2) improve the system of care for members with complex medical and social needs.

To that end, key priorities in 2025 include projects aligned to these strategic objectives including the following priority projects:

- Preparing for the insourcing of the behavioral health benefit in July 2025,
- Implementing a Medicare Advantage Dual Eligible Special Needs Program (D-SNP) by 2026.
- Continuing to strengthen the Enhanced Care Management program
- Obtaining health plan accreditation by the National Committee for Quality Assurance.



Successful completion of these projects will provide the foundation for the Alliance's continued and ongoing successes as it works in collaboration with the communities it serves towards its vision of Healthy People. Healthy Communities.

Further, the Alliance understands that the change in federal administration in 2025 may have unknown impacts on Alliance members, providers, services and funding and staff will continue to work collaboratively with community, state and federal stakeholders and partners to ensure members are served in the most effective manner possible.

The Alliance appreciates the opportunity to provide this report to the county Boards of Supervisors and is appreciative of the Supervisors' continued support.

Attachment A

Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission

Roster for January 1, 2024 – December 31, 2024

The Alliance has seventeen board members (five from Santa Cruz County, five from Monterey County, four from Merced County, one from Mariposa County and two from San Benito County), in categories of representation including County government and health services, public representatives and health care provider representatives. Board members during January 1, 2024, through December 31, 2024, included:

From Santa Cruz County:

Anita Aquirre (*effective 4/9/24*)
Leslie Conner (*through 1/24/24*)
Zach Friend (*through 12/31/24*)
Donaldo Hernandez, MD
Monica Morales
Michael Molesky

At Large Health Care Provider Representative
At Large Health Care Provider Representative
Board of Supervisors
Health Care Provider Representative
Health Services Agency Director
Public Representative

From Monterey County:

Wendy Root Askew
Maximiliano Cuevas, MD
Janna Espinoza
Elsa Jimenez, Chair
Allen Radner, MD

Board of Supervisors
Health Care Provider Representative
Public Representative
Director of Health Services
At Large Health Care Provider Representative

From Merced County:

Leslie Abasta-Cummings, Vice Chair
(*Vice Chair effective 11/6/24*)
Dorothy Bizzini
Josh Pedrozo, Vice Chair (*Vice Chair through 11/6/24*)
Rebecca Nanyonjo (*through 8/21/24*)
James Rabago, MD

At Large Health Care Provider Representative

Public Representative
Board of Supervisors
Public Health Director
Health Care Provider Representative

From Mariposa County:

Dr Eric Sergienko (*through 1/24/24*)
Kristina Keheley, PhD (*effective 6/4/24*)

Public Health Officer
County Health Department Representative

From San Benito County:

Tracey Belton
Ralph Armstrong, DO

Health and Human Services Agency Director
At Large Health Care Provider Representative

Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission
2024 Meeting Attendance Log (January 1, 2024, through December 31, 2024)

Attachment B

Commissioner	Attendance Rate	1.24.24 (Regular)	2.28.24 (Regular)	3.27.24 (Regular)	4.24.24 (Regular)	5.22.24 (Merced)	6.26.24 (Regular)	8.28.24 (Regular)	9.25.24 (Retreat)	11.6.24 (Regular)	12.4.24 (Regular)
Abasta-Cummings, Leslie	80%	Present	Present	Present	EX	Present	Present	Present	Present	X	Present
Aquirre, Anita	100%	N/A	N/A	N/A	Present	Present	Present	Present	Present	Present	Present
Armstrong, Ralph	100%	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
Askew, Wendy Root	90%	Present	Present	Present	Present	Present	Present	Present	Present	Present	EX
Belton, Tracey	80%	Present	Present	Present	Present	Present	Present	EX	Present	Present	EX
Bizzini, Dorothy	100%	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
Conner, Leslie	100%	Present	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cuevas, Maximiliano	80%	Present	EX	Present	Present	Present	Present	EX	Present	Present	Present
Espinoza, Janna	90%	Present	Present	Present	Present	Present	Present	Present	Present	Present	EX
Friend, Zach	70%	Present	Present	EX	EX	Present	Present	Present	Present	Present	EX
Hernandez, Donaldo	80%	Present	EX	Present	Present	Present	Present	Present	Present	Present	X
Jimenez, Elsa	90%	Present	Present	Present	Present	EX	Present	Present	Present	Present	Present
Keheley, Kristina	80%	N/A	N/A	N/A	N/A	N/A	Present	Present	EX	Present	Present
Molesky, Michael	70%	Present	Present	EX	Present	Present	X	Present	Present	Present	EX
Morales, Monica	70%	Present	EX	Present	Present	EX	Present	Present	Present	EX	Present
Nanyonjo, Rebecca	83%	Present	Present	EX	Present	Present	Present	N/A	N/A	N/A	N/A
Pedrozo, Josh	90%	Present	Present	Present	Present	Present	Present	Present	EX	Present	Present
Rabago, James	80%	Present	Present	Present	Present	EX	Present	Present	EX	Present	Present
Radner, Allen	90%	Present	Present	Present	Present	Present	Present	Present	Present	Present	EX
Sergienko, Eric	100%	Present	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

X = Unexcused

EX = Excused

"N/A" indicates person was not a Commissioner at this time.