



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, August 5, 2019

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

August 5, 2019 8:00 – 10:00 AM

Executive Board Room – Second Floor, Administration Wing

AGENDA

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Julie Hersk

Dr. Julie Hersk

Informational Items

3. Medical Executive Committee

Dr. Julie Hersk

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Leslie Williams-Hurt

F. CONSENT AGENDA

Approval of:

1. July 1, 2019 Minutes

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Julie Hersk

H. ADMINISTRATION REPORTS

1. Health Information Management

Dr. Susan Fernyak

Valissa Mathewson

2. Older Adult Trends – Residential Placement Needs

Chris Rodriguez

Katherine Tang

3. Financial Report

David McGrew.....TAB 2

4. CEO Report

Dr. CJ Kunnappilly.....TAB 2

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers.....TAB 2

J. COUNTY MANAGER’S REPORT

Mike Callagy

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact Michelle Lee, Executive Secretary, at least 48 hours before the meeting at (650) 573-2222 and/or mlee@smcgov.org. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Attendees to this meeting are reminded that other attendees may be sensitive to various chemical based products.

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, July 1, 2019
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Dr. CJ Kunnappilly
Dr. Julie Hersk
Dr. Frank Trinh
Dr. Gordon Mak

Staff Present

Michelle Lee	Cecilia Diaz	Julie Griffiths
David McGrew	Karen Pugh	Paul Rogerville
Dr. Susan Fernyak	Gary Horne	Gabriela Behn
Dr. Alpa Sanghavi	Angela Gonzales	Priscilla Romero
Joan Spicer	Leslie Williams-Hurt	Dr. Mariam Hashoush
Brighton Ncube	Srija Srinivasan	
Aimee Armsby	James Schindler	

Members of the Public

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:15 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for July 1, 2019. QIC Minutes from May 28, 2019. Medical Executive Committee Minutes from June 11, 2019.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report as amended and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	The annual Golf Tournament next month is sold out but you dinner tickets are still available. On June 22, the Dental Van will be present at Facebook's Red, White, and Blue Festival.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from June 3, 2019. 2. Acknowledgement of OSHPD's Seismic Safety Standards Timeline for Hospitals	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Julie Hersk	Dr. Frank Trinh has joined the Medical Staff as the newly elected Vice Chief of Staff and will be a part of the Hospital Board.	FYI

<p>Dental Services Dr. Ann Marie Silvestri</p>	<p>Adult Comprehensive Care: FOHC, COA, MDC and DCC Children Comprehensive Care and Emergency care: All Clinics Special Dental Clinics: HIV / AIDS Patients (FOHC); Pre-prosthetic Joint patient clearance; Pre/Post natal patients; Pre-oncology treatment patients; Cardiac patients; Long Term Care patients (39th Ave- Saturdays)</p> <p>South County Dental Clinics = 18 chairs</p> <ul style="list-style-type: none"> • FOHC – 8 Chairs – 3 FTE Dentists / 5 FTE Dental Assistants, Oral surgery and Pedodontist, Full comprehensive dental care, UOP/ UCSF / Foothill Students • MDC – 3 Chairs – 1 FTE Dentist / 1 FTE Dental Assistant, Full comprehensive dental care, UOP/ Foothill Students • 39th – 2 Chairs - 1 FTE Dentist / 2 FTE Dental Assistants, Oral surgery, <p>North County Dental Clinics = currently 7 chairs, will be 13 chairs soon</p> <ul style="list-style-type: none"> • COA – 4 Chairs – 1.6 FTE Dentist / 1 FTE Dental Assistant, Oral surgery, Full comprehensive dental care, UOP/ Foothill Students • DCC – 3 Chairs - 1FTE Dentist / 1 FTE Dental Assistant, Full comprehensive dental care • SSF – 6 Chairs – 3 FTE Dentists / 1 FTE Dental Hygienist / 6 FTE Dental Assistants <p>Accomplishments: Electronic referral for urgent needs (cardiac, oncology, joint replacement, etc.). Electronic Prenatal dental referral system is being piloted for 39th Ave. Patients are being scheduled from the comprehensive care waitlist SMMC has the only oral surgeons who accept Medi-Cal in the County who are on call 24/7</p> <p>Challenges: SMMC patients have greater treatment needs than private patients <u>3,388 Drop-in/Emergency dental patients were treated in FY'18</u> More patients are seeking dental services at SMMC, because of limited access to Medi-Cal dentists elsewhere HPSM Dental Project to increase accessibility Referrals from Denti-Cal providers for treatment they cannot complete Appointment availability cannot keep up with the rate of additional referrals SMMC received funding from Sequoia Healthcare District to open additional clinics on Saturdays</p>	<p>FYI</p>
<p>Compliance and Privacy Gabriela Behn</p>	<p>Mandatory Compliance Training launched in April.</p> <p>Focused Compliance Topics</p> <ul style="list-style-type: none"> • Observation Audit <ul style="list-style-type: none"> ○ Audit of 30% of all Observation accounts. ○ Discovered concerns in communication process with how we accurately bill Observation patients (all payors). ○ Corrective Action Plan in development. 	<p>FYI</p>

	<ul style="list-style-type: none"> ○ New instruction given to Case Managers on how to communicate with billing; weekly report created to use to monitor their work. ● Inpatient Audit <ul style="list-style-type: none"> ○ Audit of 30% of Medicare FFS Inpatient accounts. ○ Only 1 account billed incorrectly (99% accuracy). ● FQHC Scope of Services Review <ul style="list-style-type: none"> ○ Reviewing scope for each clinic and how we bill for services provided at those clinics. ○ First draft of Nurse Visit policy finished. Being reviewed by CFO and external consultants. ○ Billing working with one of our vendors on automating FQHC claims. 	
Patients with Long Stays and Community Care Connections James Schindler Kelsey Dattilo	<p>There is a national phenomenon in which elderly people are deserted by their care providers in the ED. And patients with no acute medical needs are brought into a hospital because no safe discharge arrangements could be made at the time they presented in the ED.</p> <p>Medical Necessity: A United States legal doctrine, related to activities which may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care.</p> <p>Opportunities and Challenges:</p> <ul style="list-style-type: none"> ● Residential Care Facilities for the Elderly (RCFE) <ul style="list-style-type: none"> ○ <i>Opportunity:</i> Facilities in the valley accepting SSI rates ○ <i>Challenge:</i> Lack of funding causes a last resort SNF placement ● Referral process <ul style="list-style-type: none"> ○ <i>Opportunity:</i> Presenting patients in a good light, re-write their story ○ <i>Challenge:</i> Facilitate face to face meeting (coaching the patient) ● Health Plan of San Mateo <ul style="list-style-type: none"> ○ <i>Opportunity:</i> IOA process is thorough and takes time ○ <i>Challenge:</i> Negotiating individual letters of agreements 	FYI
Financial Report David McGrew, CFO	The May FY18/19 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. He reported that Navigant provided its initial feedback and the team will start the planning stages.	FYI
County Health Chief Report Reported by Srija Srinivasan	As you will see in the County Health Snapshot, the focus in June was on emergency preparedness efforts. The workshops and activities offered, and awards received demonstrate the ongoing development and coordination for disaster planning and the ability to assist the public.	FYI

County Manager Mike Callagy	No report.	FYI
Board of Supervisors Supervisor Groom	No report.	FYI

Supervisor Groom adjourned the meeting at 9:15 AM. The next Board meeting will be held on August 5, 2019.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: June FY18-19

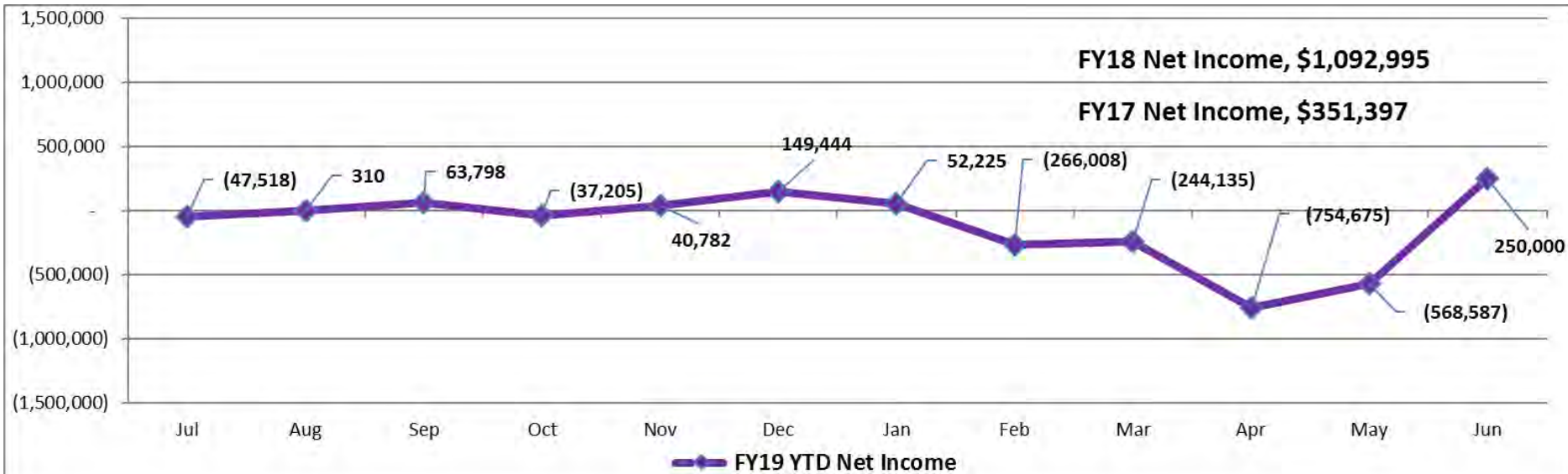
August 5, 2019

Presenter: David McGrew, CFO



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

Financial Highlights - Preliminary



**Preliminary June Positive \$820k/YTD
Positive \$250k:**

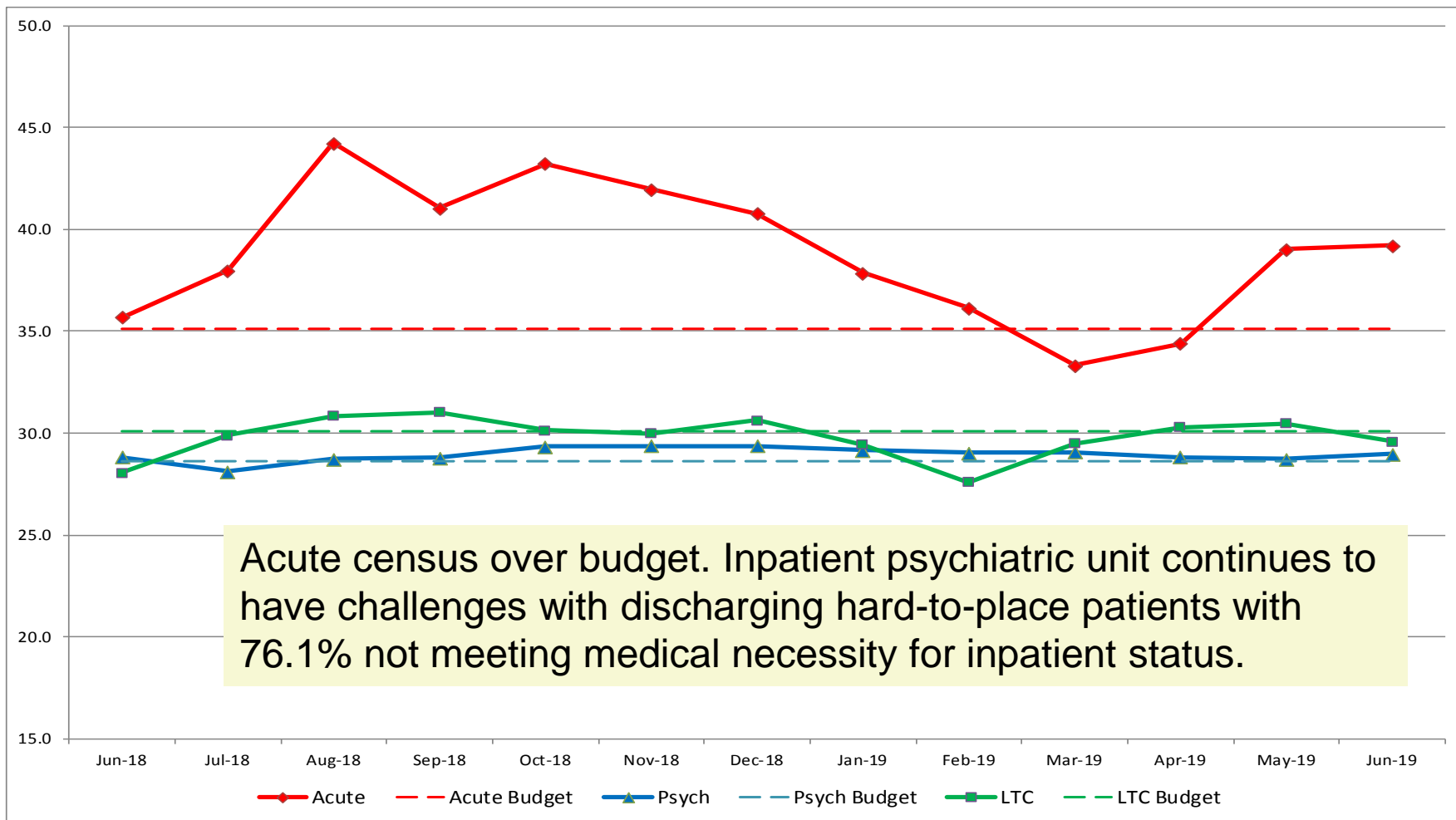
- FTEs below budget
- True-up adjustments for FY17-18 & FY18-19 Enhanced Payment Program (EPP) and Quality Incentive Program (QIP)

- Expenses over budget
 - Registry, ACE, Software Maintenance
- Membership decline & lower PCP cap
- Reserves for PRIME & DSH audits

Full Year Preliminary Results: Preliminary year-end close completed on July 26th. Post close reconciliations and annual audit may result in higher or lower final results. \$18.1 million of the \$20.2 million budgeted reserves were used in FY18-19.

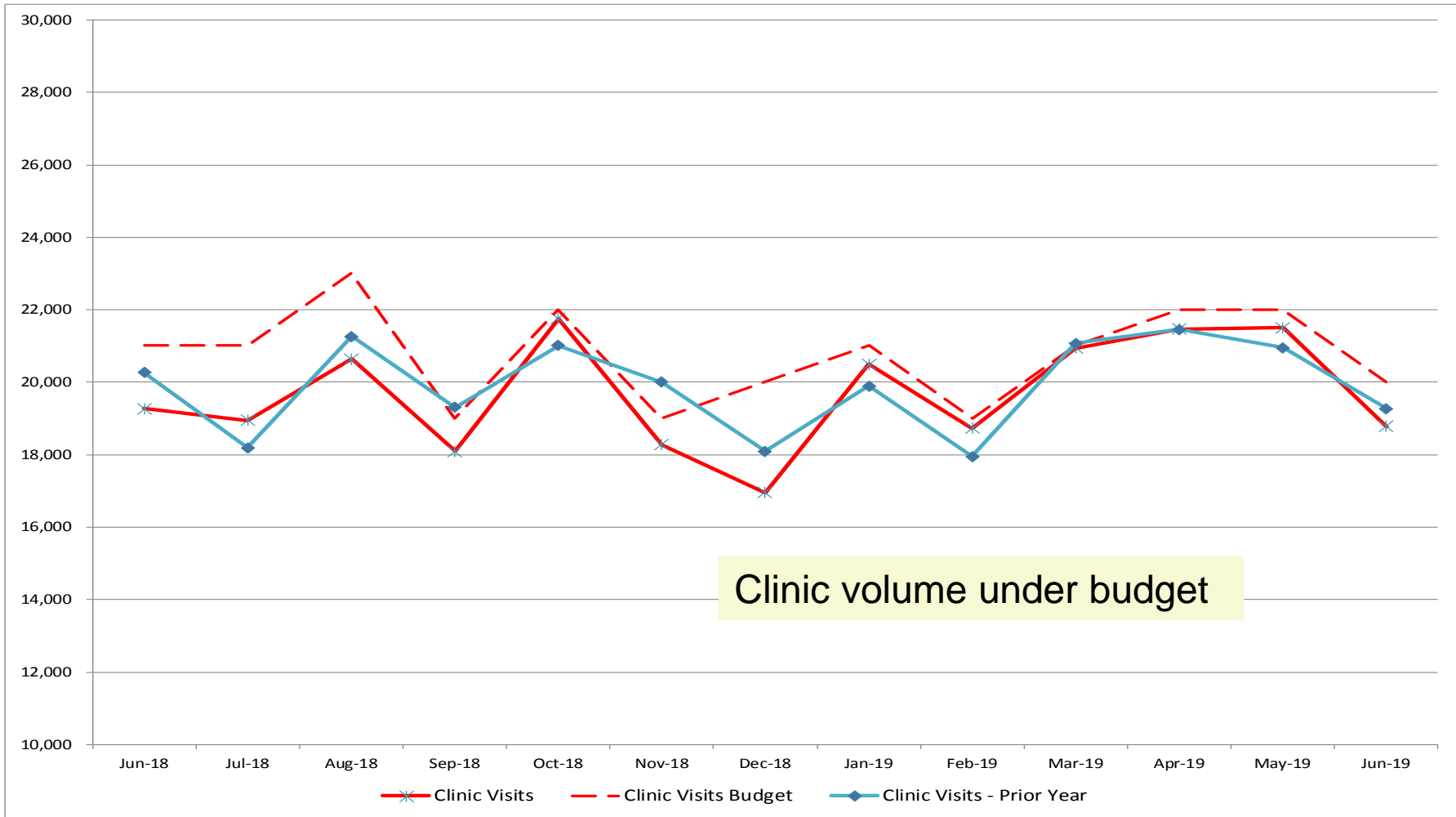
**San Mateo Medical Center
Patient Days
June 30, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,933	2,839	94	3%	35,793	34,544	1,249	4%



**San Mateo Medical Center
Clinic Visits
June 30, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	18,785	20,008	(1,223)	-6%	236,595	249,104	(12,509)	-5%

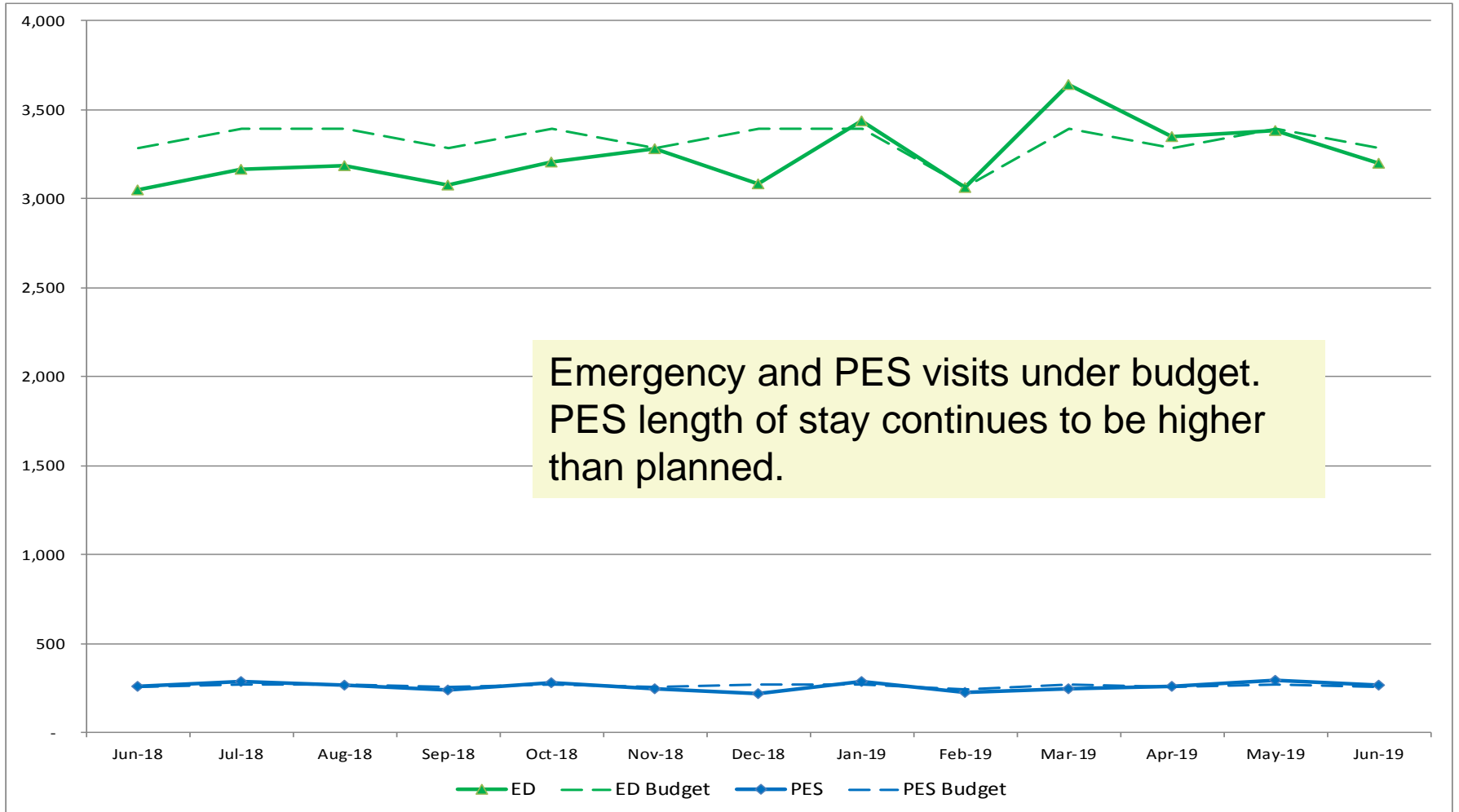


**San Mateo Medical Center
Emergency Visits
June 30, 2019**

MONTH			
Actual	Budget	Variance	Stoplight
3,466	3,541	(75)	-2%

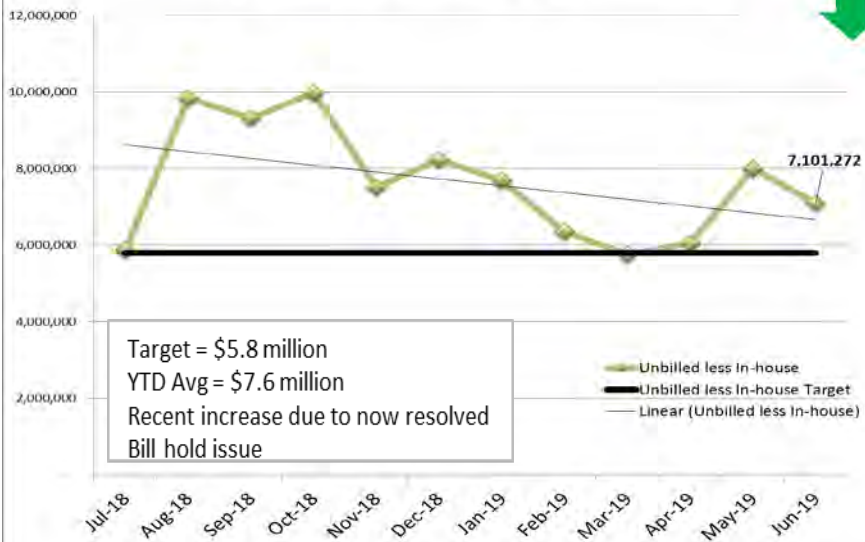
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
42,193	43,085	(892)	-2%

ED Visits							
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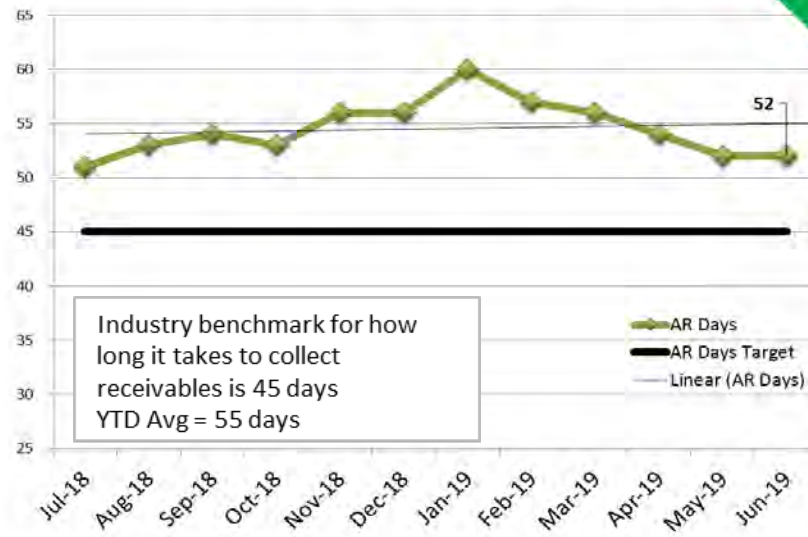


Key Performance Indicators

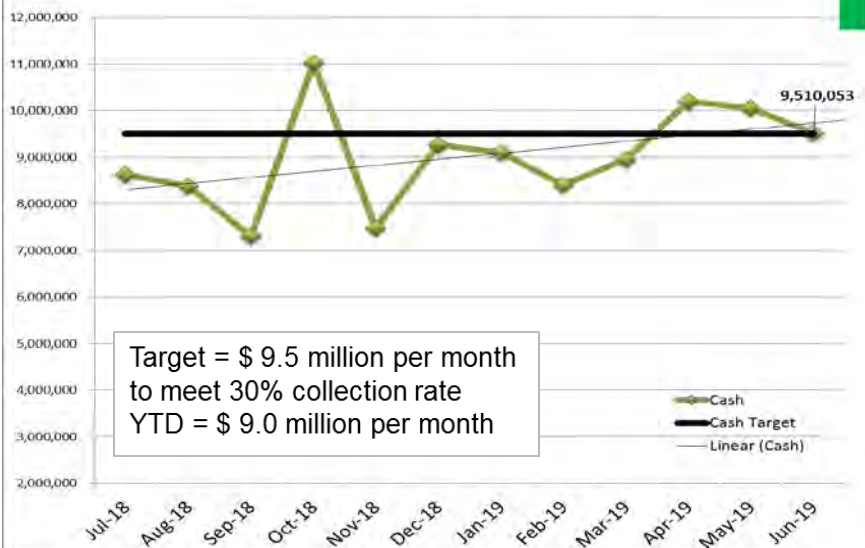
A/R Unbilled - Rolling 12 Months



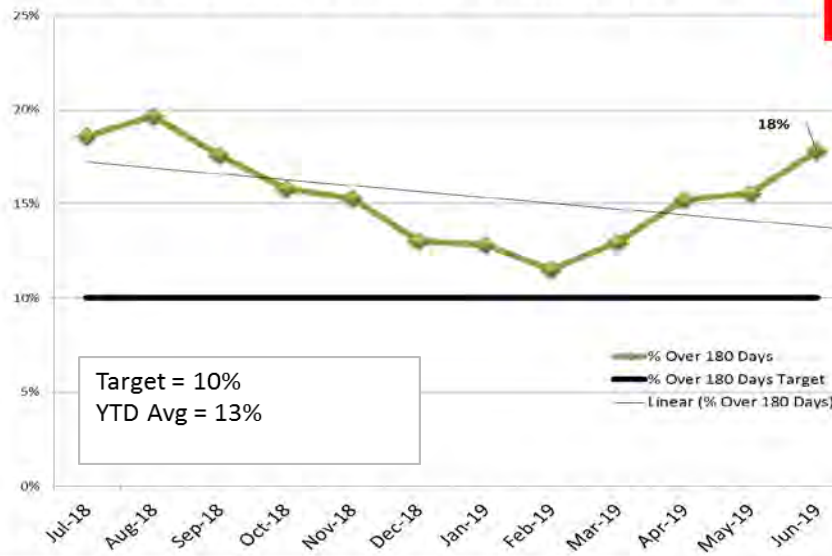
A/R Days - Rolling 12 Months



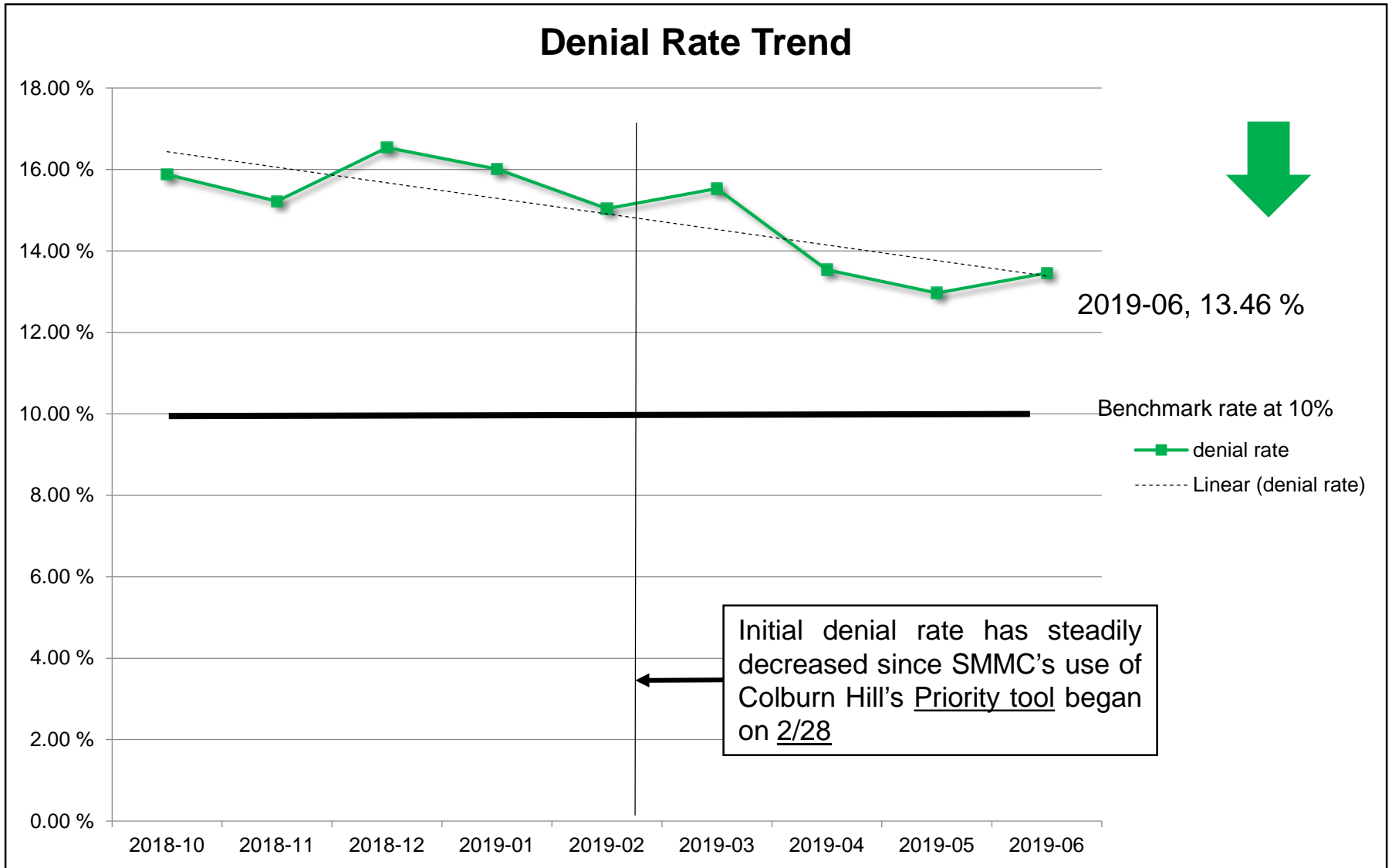
Cash - Rolling 12 Months



% of A/R Over 180 Days - Rolling 12 Months

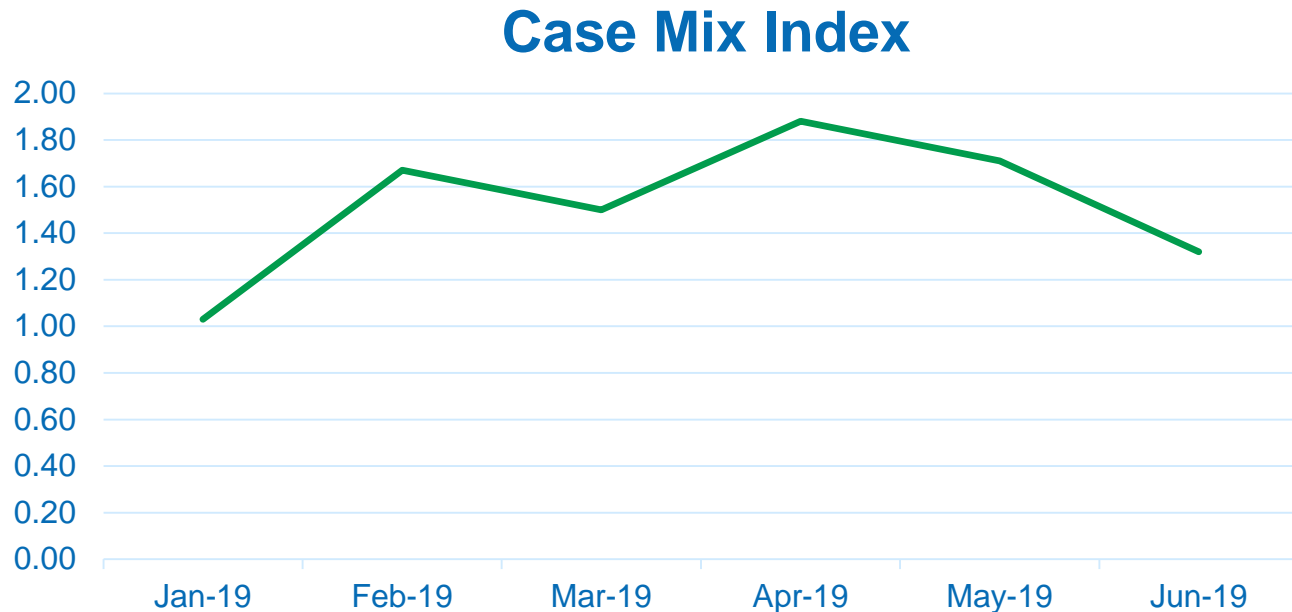


Key Performance Indicators



Key Performance Indicators

Clinical Documentation Improvement



Case Mix Index (CMI) is a standard measure of the acuity (illness) of a facility's inpatients. The higher the CMI the higher the acuity, which generally results in a higher utilization of resources, which may lead to an increase in reimbursement. SMMC's CMI has consistently shown an increase over our baseline since the implementation of ICD-10 coding and our Clinical Documentation Improvement (CDI) program.

Revenue Improvement Plan

Executive Summary

Initiative

Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Implementing eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ All areas live ❑ Performance reporting in development ❑ Optimization period & post-live support underway
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> ✓ Chartwise software live ✓ Reviewing Medicare and Medi-Cal IP charts ✓ CDI Steering Committee launched ✓ CDS staff started July 1st ❑ Roll-out Outpatient CDI
<p><i>Accounts Receivable Follow-Up and Denials Management</i></p>	<ul style="list-style-type: none"> • Implementing Colburn Hill automated patient account follow-up software <ul style="list-style-type: none"> ✓ Priority Go-Live 2/26/19 ✓ Denials reporting now live ❑ Hints in development ❑ Robots in development (Robotic Process Automation)
<p><i>Self-Pay Collections</i></p>	<ul style="list-style-type: none"> ✓ RFP issued and vendors selected ❑ Contracts for August 6th Board ❑ Implementation begins mid-August – 120 day implementation



SAN MATEO COUNTY HEALTH

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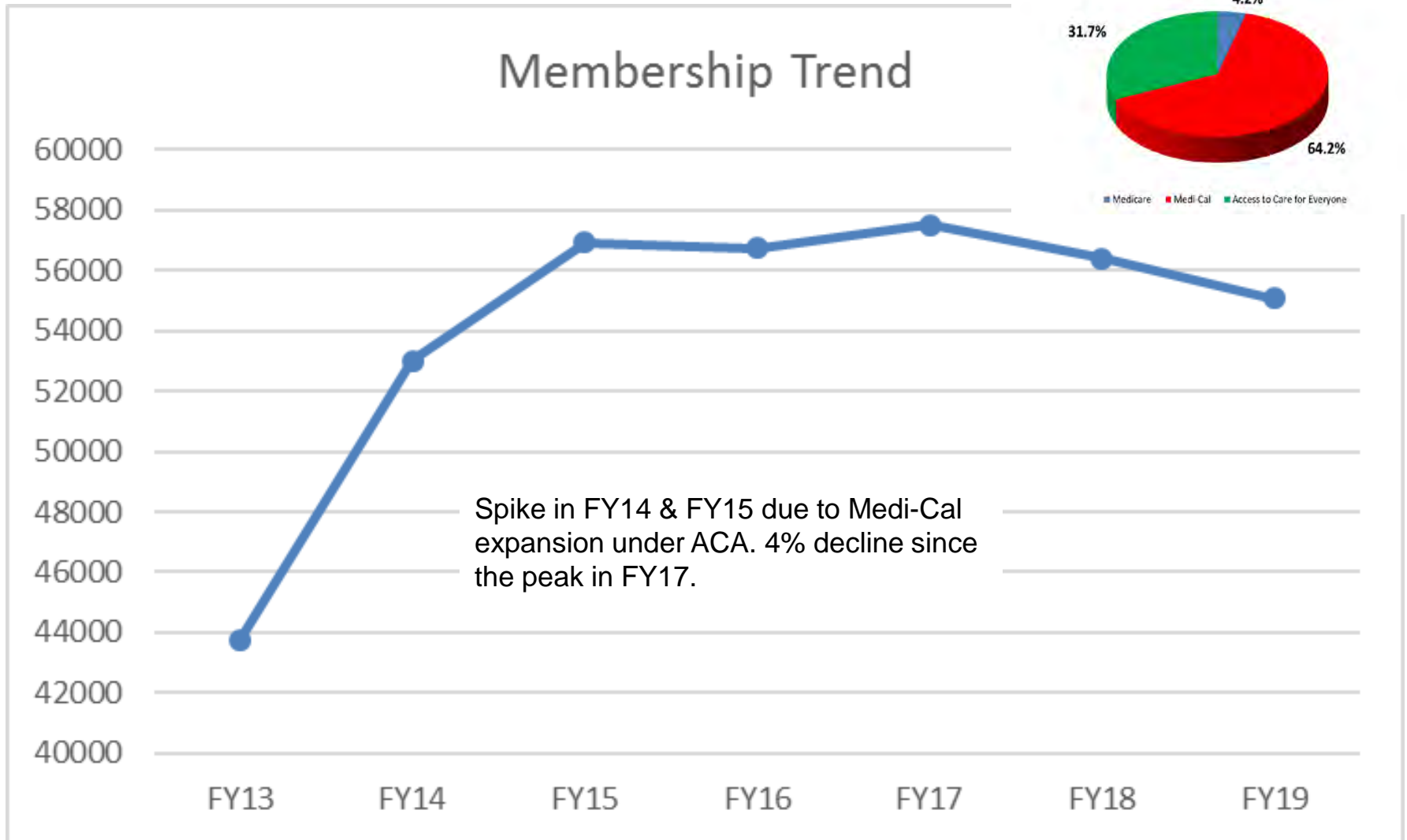
QUESTIONS?

APPENDIX



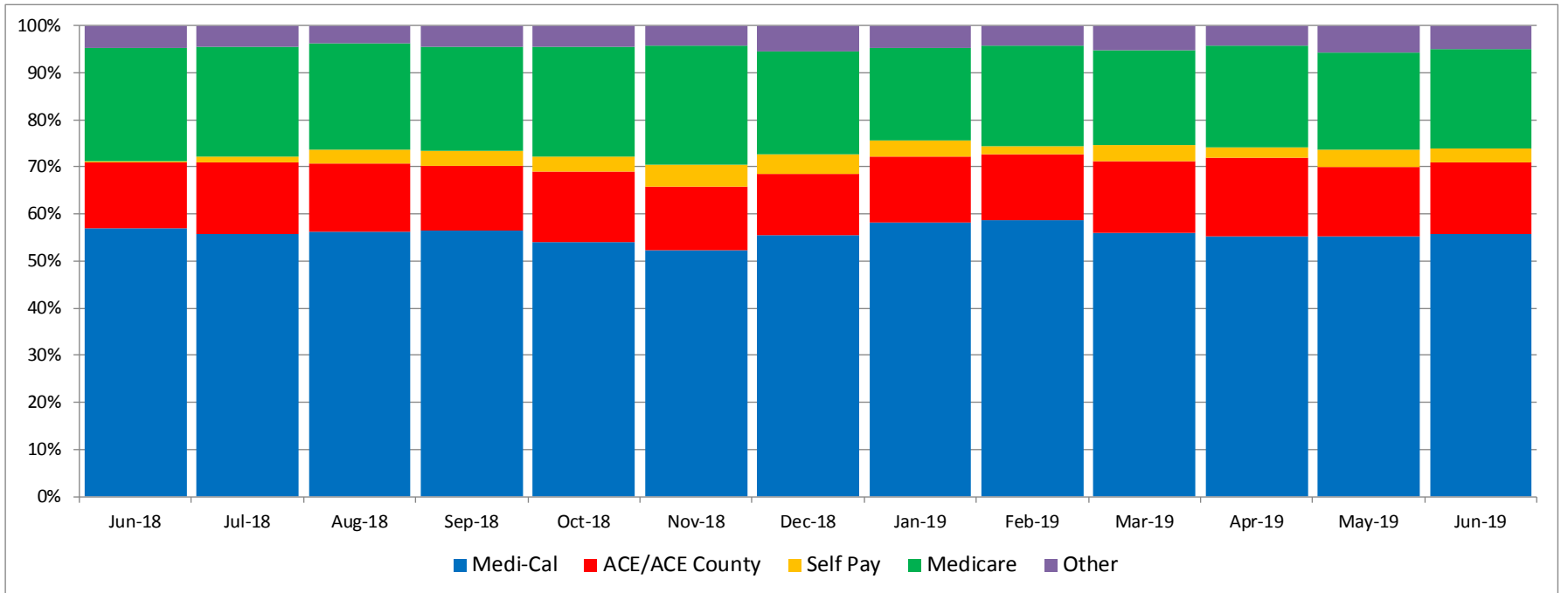
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Managed Care Membership Trend

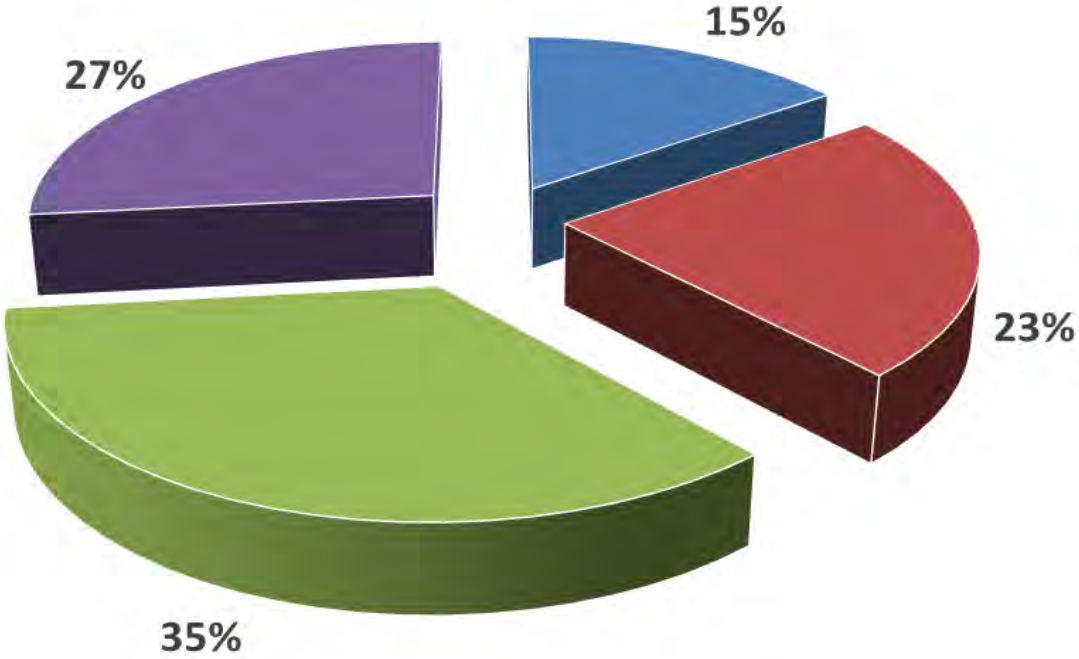


**San Mateo Medical Center
Payer Mix
June 30, 2019**

Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Medicare	21.2%	21.0%	0.2%		21.8%	21.0%	0.8%	
Medi-Cal	55.7%	58.0%	-2.3%		55.7%	58.0%	-2.3%	
Self Pay	3.0%	2.0%	1.0%		3.1%	2.0%	1.1%	
Other	4.9%	5.0%	-0.1%		4.7%	5.0%	-0.3%	
ACE/ACE County	15.2%	14.0%	1.2%		14.6%	14.0%	0.6%	
Total	100.0%	100.0%			100.0%	100.0%		



Revenue Mix by Service Line



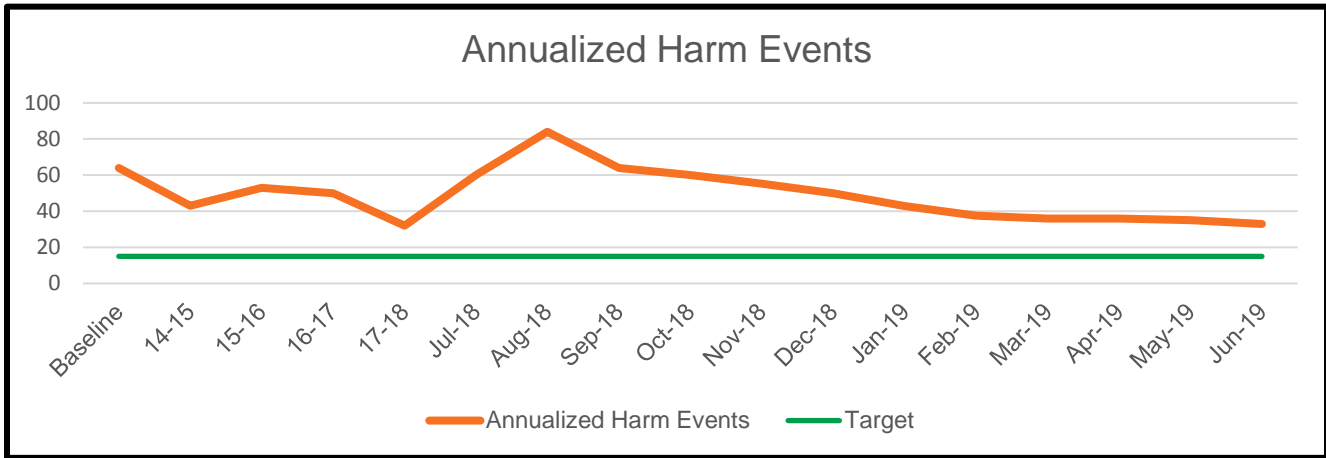
■ Inpatient ■ Hospital ED & Outpatient ■ Ambulatory Clinics ■ Ancillary Services



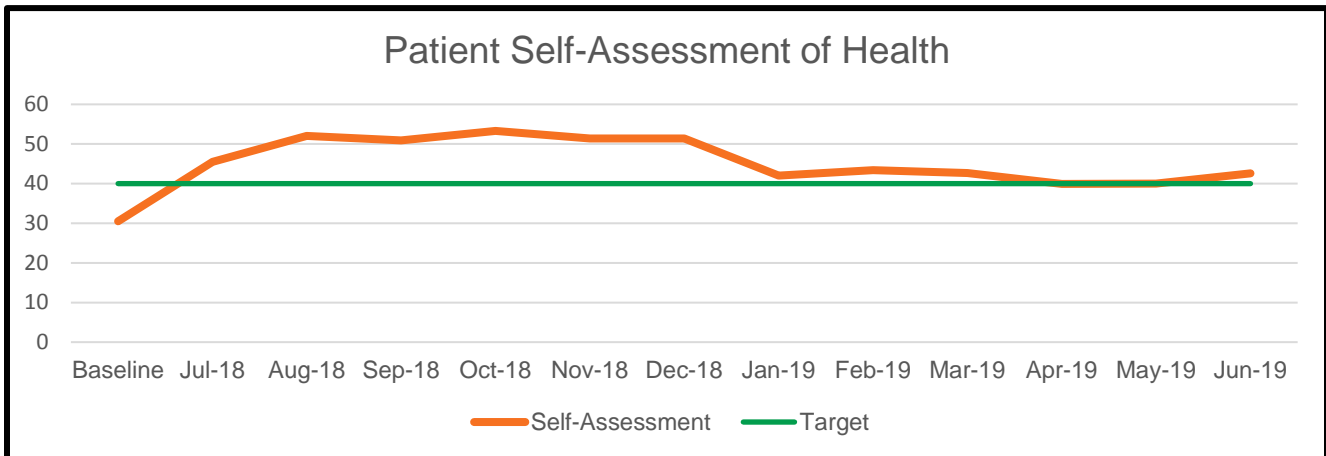
CEO REPORT

August 2019

EXCELLENT CARE METRICS



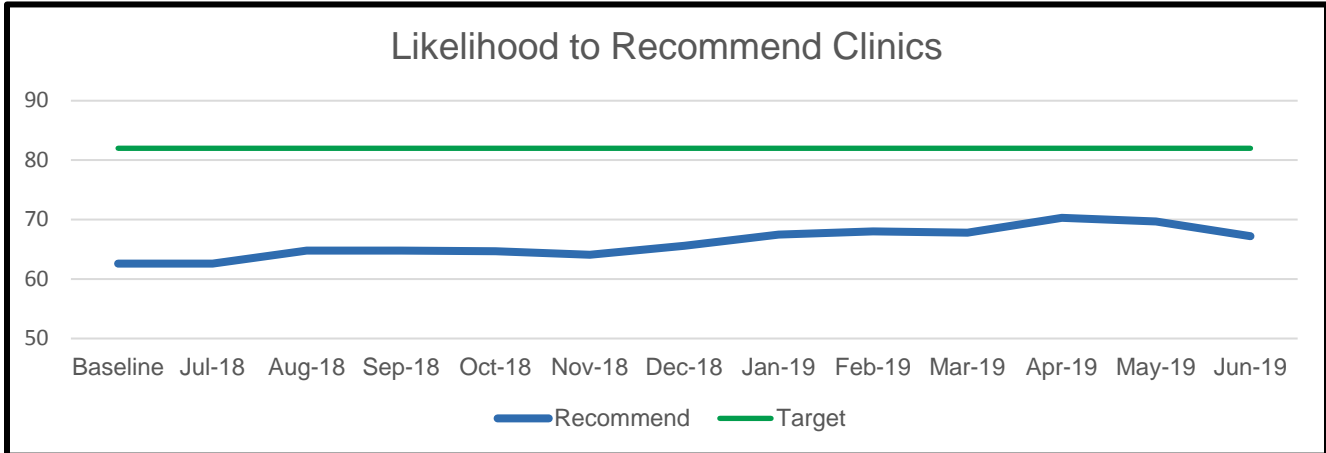
Annualized Harm Events: Measures avoidable patient harm events including central line infections, catheter associated urinary infections, hospital acquired pressure ulcers, surgical site infections, medication errors with harm, blood clots, falls with injury and others. The number is annualized (i.e. the number after 2 months is multiplied by 6, the number after 4 months is multiplied by 3, etc.) **Lower is better.**



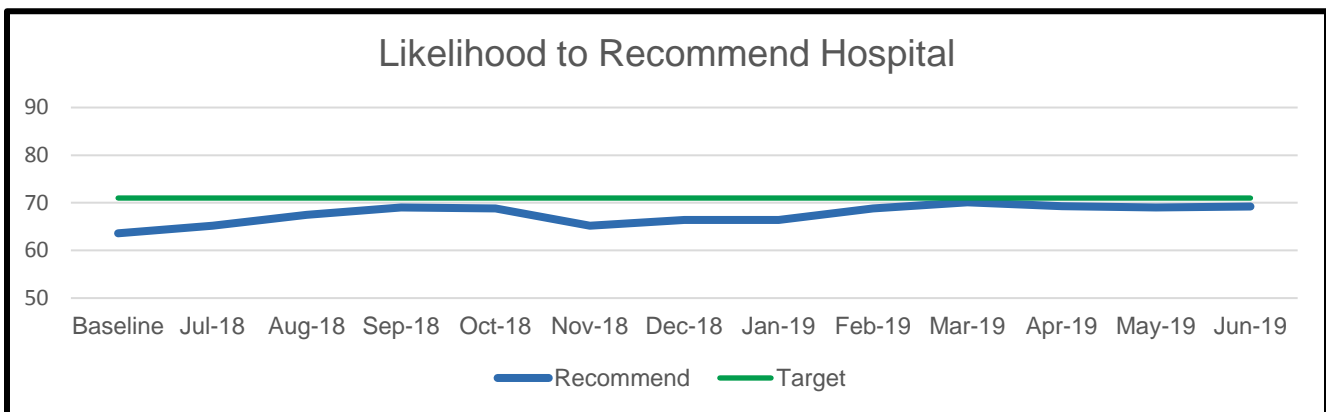
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



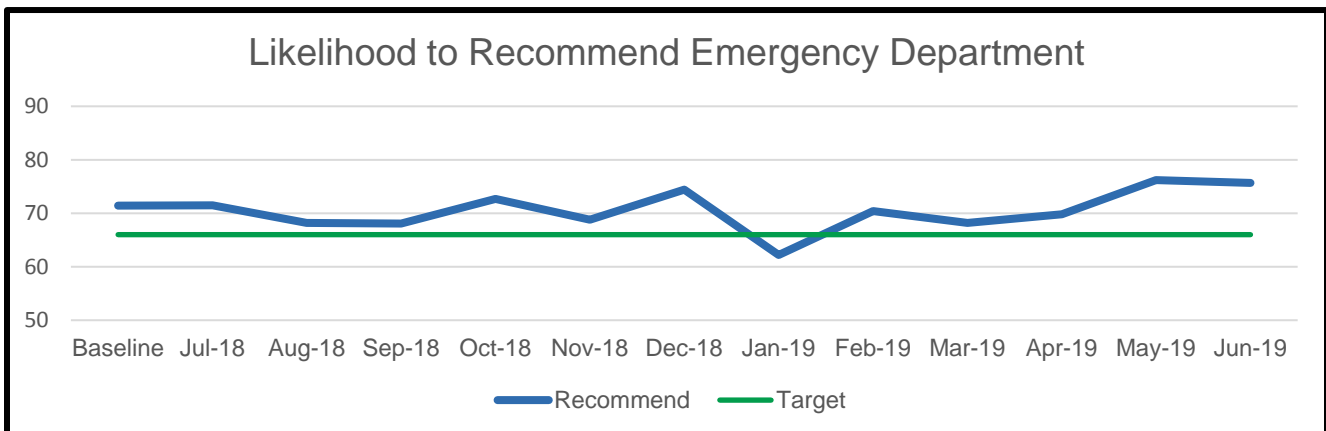
PATIENT CENTERED CARE METRICS



Likelihood to Recommend Clinics: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this clinic to friends and family?” **Higher is better.**



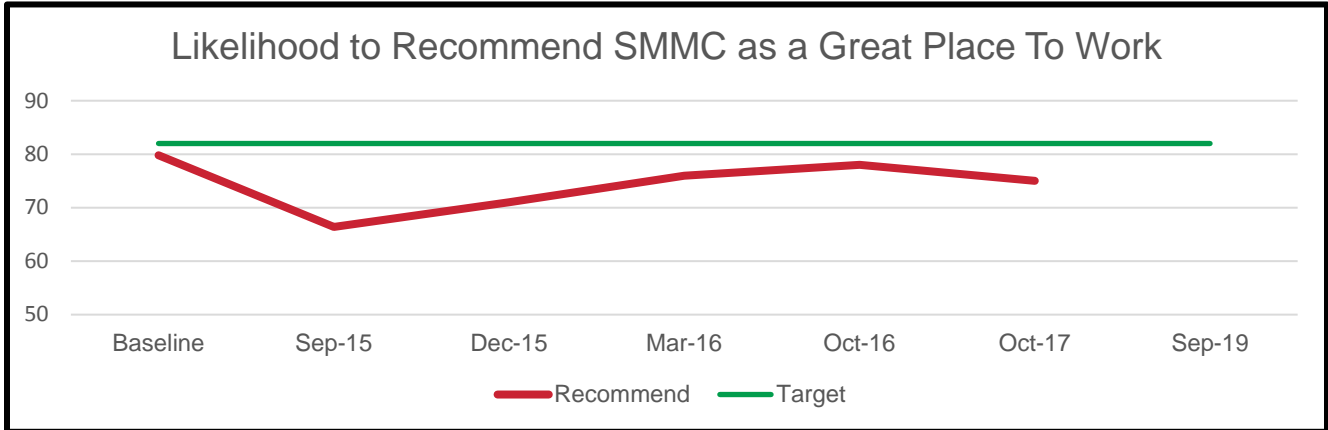
Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



Likelihood to Recommend Emergency Department: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this emergency department to friends and family?” **Higher is better.**

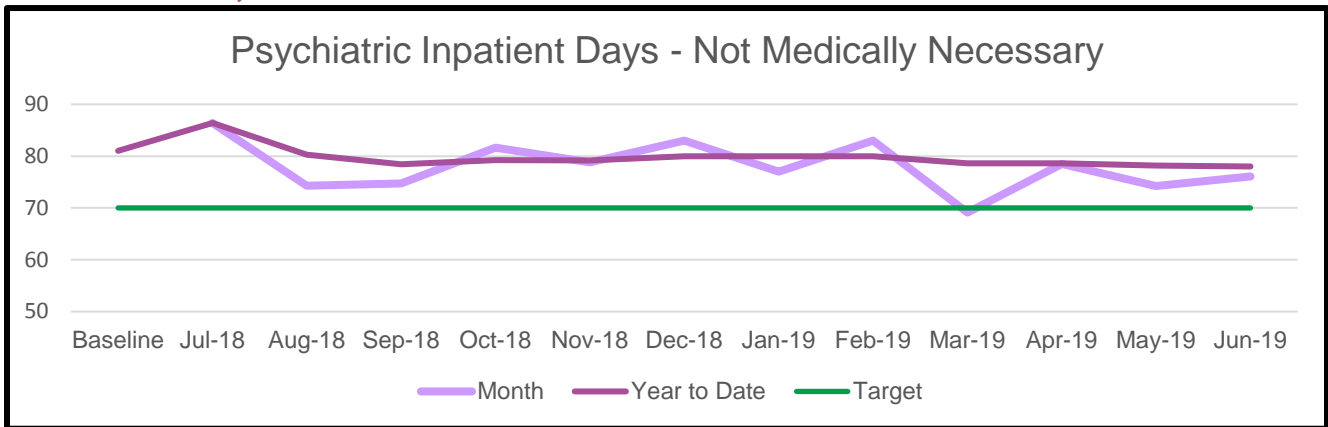


STAFF ENGAGEMENT METRICS

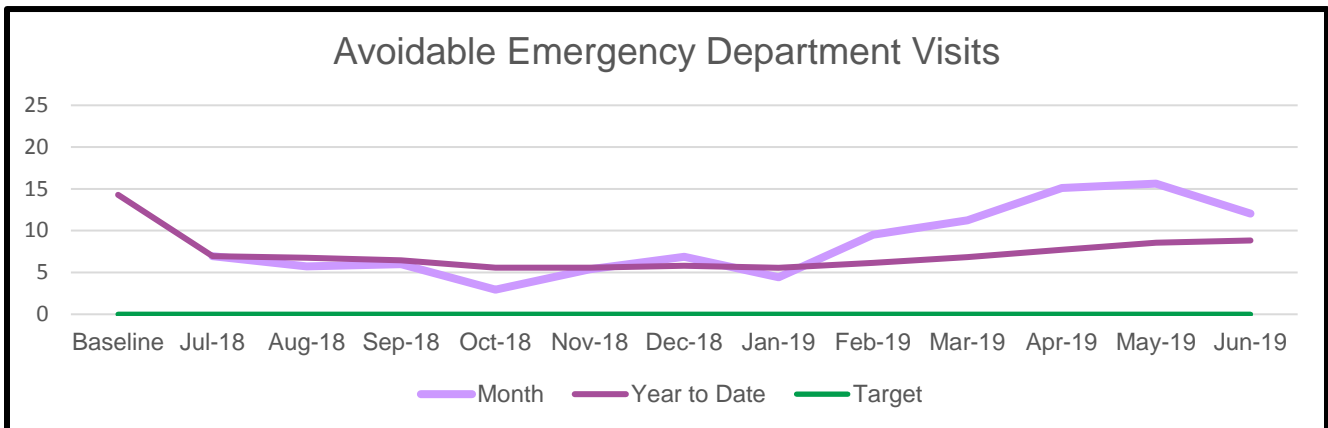


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

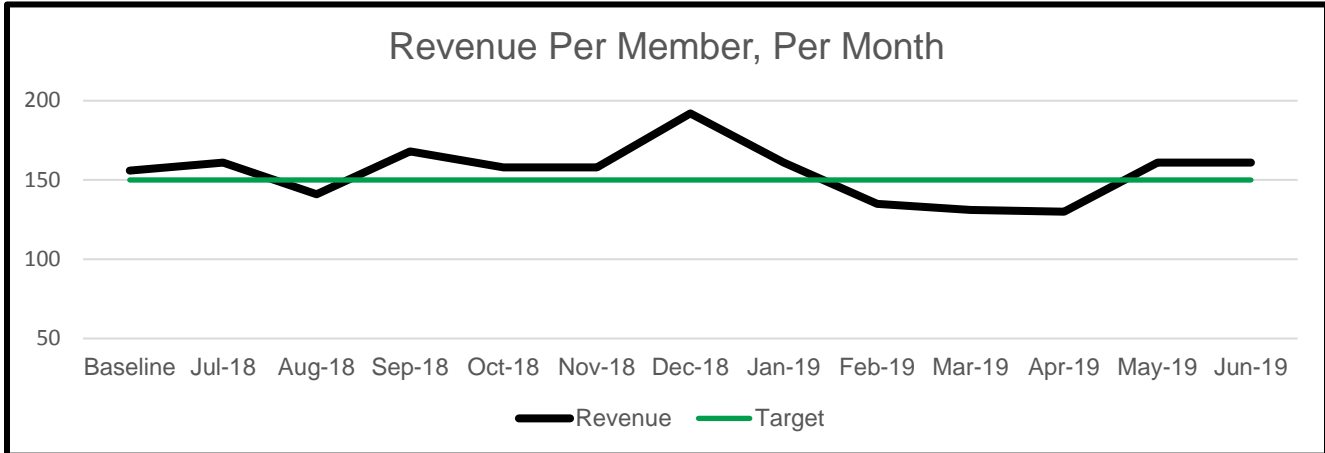


Psychiatric Inpatient Days – Not Medically Necessary: Percentage of acute inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to. **Lower is better.**

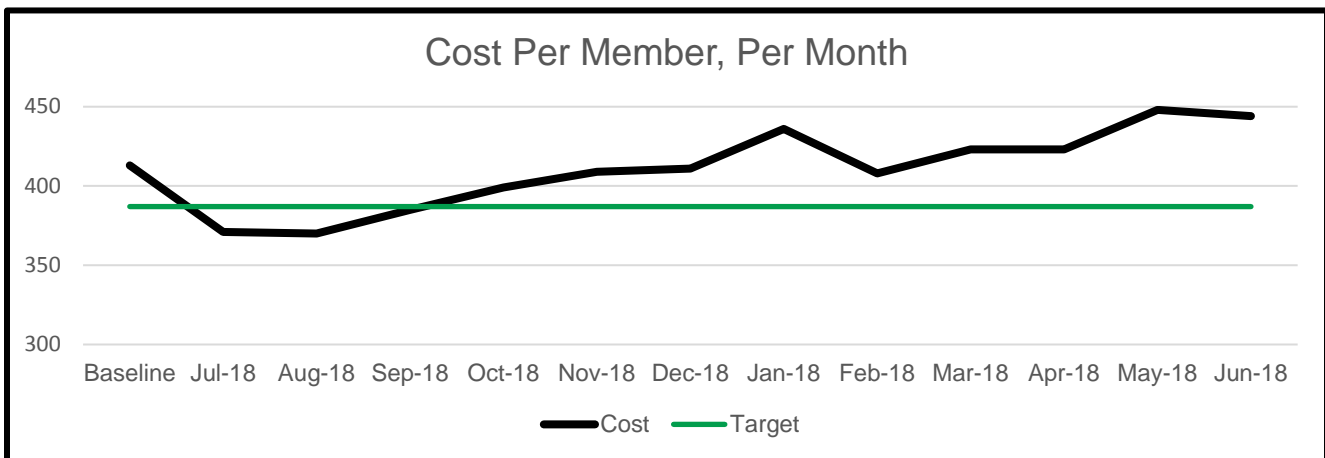


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

FINANCIAL STEWARDSHIP METRICS



Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

New Supplemental Programs Finalized- Over the past year, there was uncertainty in the level of funding that ultimately would be provided for two new supplemental funding programs that were created to address the requirements of CMS' Medicaid Managed Care Rule – the Quality Incentive Program (QIP) and the Enhanced Payment Program (EPP). In order to partially bridge the gap between Medi-Cal base rates and the actual cost of providing care, California's public health care systems have for years financed and received supplemental payments for services provided to patients enrolled in Medi-Cal managed care plans. These two new supplemental programs add up to approximately \$34 million in federal funds each year and are an absolutely critical source of funding for SMMC.

The QIP represents a new pay for-performance program for California's public health care systems that is similar to the PRIME program. The QIP's measures do not directly overlap with any of the quality measures being used in PRIME but are designed to be complementary.

The EPP creates a funding pool to supplement the base rates public health care systems receive through Medi-Cal managed care contracts. Rather than being tied to performance metrics, the EPP meets the Managed Care Rule's option that allows payments that provide a uniform increase within a class of providers such as a pre-determined increase over existing payment arrangements with their managed care plans.



Through the advocacy efforts of the California Association of Public Hospitals and Health Systems (CAPH), the Department of Health Care Services (DHS) recently finalized the FY17-18 funding amounts. SMMC is now able to earn an additional \$2 million above the \$34 million originally projected. Although funding must be earned through reporting, hitting performance targets and the provision of medical services, SMMC can now better plan for strategic and operational programs with more certainty in its budget projections.

Transformation 2021 - Operational and Financial Transformation Engagement- As we reported last month, Navigant confirmed, through their Discovery phase analysis, that we are on the right track with our strategic initiatives and have recommendations on how we can advance our work farther, faster. With that in mind, Executive Team workstream owners are moving forward with drafting the initial improvement charters that will drive this transformation effort. These charters will ultimately result in very detailed workplans with financial projections and metrics to measure performance and results. Each workstream owner is working with SMMC staff, the LEAP Institute and their Navigant support member to develop these workplans over the next several weeks for presentation to the full Executive Team for approval before execution begins.

Key Activities	Month 2			Month 3			Month 4		
Confirm governance and reporting channels	Leadership								
Determine / confirm / execute approaches that will drive desired outcomes; Quick wins		All Focus Areas							
Align resources, Finalize project plans and oversight		All Focus Areas							
Collaborate with and support initiative owners		All Focus Areas and workstream leadership							
Prioritize and align activities with SMMC financial targets		Workstream leadership							

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



Local Partners Donate Blankets to SMMC Patients – Thanks to the generosity of Putnam Subaru and The Leukemia & Lymphoma Society Silicon Valley & Monterey Bay Area Chapter, patients at San Mateo Medical Center have comfy blankets to keep them warm while receiving treatment. On July 12, Putnam Subaru donated more than 100 blankets and art kits for our pediatric patients for the third year in a row. *(Pictured above left)*

SMMC and HOGs Partner For Another Successful Back to School Event- On Saturday, July 27, SMMC's volunteers hosted the 10th annual Golden Gate Harley Owners Group (HOG) School Supply run. This year the event was held at Fair Oaks Health Center for the first time and it was a huge success. The HOGs donated 150 backpacks and Genentech also donated 150 backpacks. More than 200 backpacks filled with school supplies were passed out to our pediatric patients the day of the event. The remaining backpacks will be distributed through our pediatrics clinics. The HOGs also donated over \$1000 to purchase additional supplies for our pediatric clients. We are grateful for our ongoing partnership with the Golden Gate HOGs who share their generosity year over year. Thank you to our volunteers for hosting the event and a special thank you to Diana Johns-Oakes, Interim Patient Experience Manager, and Nadya Sidki, Volunteer Coordinator, for organizing a successful event. *(Above right: members of the Harley Owners' Group; Volunteers distribute backpacks at Fair Oaks Health Center)*

SMMC Joins National Campaign with America's Essential Hospitals– San Mateo Medical Center launched a new social media campaign called “We Are Essential” to promote the essential services our teams provide to the community. This effort is part of a national campaign designed by America's Essential Hospitals, and public hospitals across the country are participating. Our communications team is posting photos weekly on the San Mateo County Health Facebook and Twitter accounts. We hope you'll like and share the content on your social media channels.

SMMC Excels in Final 2017-2018 PRIME Distribution- PRIME is the pay for performance portion of the current Medi-Cal waiver. At the end of each year, participating organizations receive payments based on the metrics they have achieved. Over the five years, the program is designed so that the metrics become progressively more challenging and as a result, at the end of the year not all funds are distributed because some organizations were unable to meet all their metrics. Those funds are then redistributed to other organizations that have demonstrated superior performance in specific metrics. For 2017-2018 (third year of the current waiver), SMMC achieved enough metrics to claim 99% of the base funds available to us. The state has now completed their analysis of that year and SMMC has been awarded an additional **\$1.2 Million**. Congratulations to all the staff who have committed themselves to such outstanding performance.

39th Avenue Pediatrics Clinic Recognized for Flu Vaccination Rate- The California Department of Public Health has recognized our 39th Avenue Pediatrics Clinic as a high performer amongst providers participating in the California Vaccines for Children (VFC) program. Based on immunization registry data, the clinic was found to be one of the top providers in the entire state. Congratulations to all the staff who made this possible.

SNAPSHOT: San Mateo County Health

TO: SMMC Board Members | FROM: Louise Rogers, Chief

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	22,338	-1.6%	5.9%
SMMC Emergency Department Visits	3,466	-5.7	0.8%
New Clients Awaiting Primary Care Appt.	132	-58.9%	-55%

San Mateo County achieves key cardiac arrest survivability rate

Promoting CPR training for the public and the use of automated electronic defibrillators (AEDs), in 2018 San Mateo County achieved an Utstein Bystander Survival rate of 41.7%, which surpasses the national rate of 37.3%. The metric means that the cardiac arrest patient was witnessed by a bystander (friends, family, co-worker, etc.), was found in a shockable rhythm, and received some bystander intervention such as CPR and/or AED. County Health and its stakeholders, including all receiving hospitals, fire departments, public safety communications, and ambulance provider AMR participate in a national program called CARES, which stands for Cardiac Arrest Registry to Enhance Survival. As part of the continuous quality improvement process, prehospital, hospital, and Emergency Medical Services staff conduct a weekly conference of all cardiac arrest incidents looking for ways to enhance the system.

County Health & partners launch Public Charge campaign

Responding to confusion about proposed changes to the criteria for an immigrant to be considered a public charge, County Health enlisted key entities to shape a public awareness campaign. Part of federal policy, “public charge” is a ground of inadmissibility that can deny someone entry into the United States or prevent the ability to get a green card. While no changes have been decided or implemented, the proposal expands the list of publicly-funded programs that immigration officers may consider when deciding whether someone is likely to become a public charge. County departments and partners have heard questions and concerns from immigrant residents unsure about whether they should stop accessing public benefits. With the Office of Community Affairs, Human Services Agency, Health Plan of San Mateo, Department of Housing, and the Legal Aid Society, County Health is promoting the message that residents continue to access the health care, food, and housing services they need. A hotline (650-363-1800) and website (SMCPublicCharge.org) have been set up to respond to questions and concerns. With social media, radio public service announcements, and other advertising, the campaign will run in English, Spanish, Tagalog, and Chinese and aims to connect residents with questions or concerns to accurate information.

California Children’s Services “Whole Child Model” implementation reaches one-year mark

San Mateo County in partnership with the Health Plan of San Mateo (HPSM) was the first county–health plan collaboration in the state to implement a unified approach to meeting the health care needs of children with medical conditions requiring enhanced service coordination. Sixteen hundred kids in San Mateo qualify for the California Children’s Services (CCS) program due to their specific medical condition and financial eligibility, with many needing the services of multiple medical teams, specialized medical equipment, and/or tailored physical or occupational therapy. Under the “Whole Child Model” approach that HPSM and County Health helped the State design, care coordination and streamlining of processes for the families and medical providers is emphasized. Through this approach, in the first year CCS staff actively engaged 93% of families to complete or attempt to complete a comprehensive assessment of the child’s individual needs. One hundred percent of kids transitioning to adulthood also received a tailored transition plan to assure no disruption in their care.