



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, November 2, 2020

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Wednesday, Nov. 2, 2020

8:00 AM

*****BY VIDEOCONFERENCE ONLY*****
<https://smcgov.zoom.us/j/91075397545>

On March 17, 2020, the Governor issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow for local legislative bodies to conduct their meetings telephonically or by other electronic means. Thus, pursuant to Executive Order N-29-20, local and statewide health orders, and the CDC's social distancing guidelines which discourage large public gatherings, the San Mateo Medical Center Board meeting will be conducted by videoconference.

Public Participation

The meeting may be accessed through Zoom at <https://smcgov.zoom.us/j/91075397545>. Written public comments may be emailed to mlee@smcgov.org and should include the specific agenda item on which you are commenting. Spoken public comments will also be accepted during the meeting through Zoom.

A. CALL TO ORDER AND PUBLIC COMMENT

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

*Dr. Steve Hassid
Dr. Brita Almog*

Informational Items

3. Medical Executive Committee

Dr. Steve Hassid

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

John Jurow

F. CONSENT AGENDA

Approval of:

1. October 5, 2020 Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

H. ADMINISTRATION REPORTS

1. Department of Medicine

Dr. Alpa Sanghavi

Dr. Serena Lee, Cynthia Grivas

2. Health Campus Upgrade Project

Louise Rogers

Paul Hundal

3. Financial Report

David McGrew

4. CEO Report

Dr. CJ Kunnappilly

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers

J. COUNTY MANAGER'S REPORT

Mike Callagy

K. BOARD OF SUPERVISOR'S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, October 5, 2020
Microsoft Teams Meeting

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Steve Hassid
Dr. Brita Almog
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee	Karen Pugh	Lisa Mancini
David McGrew	Gabriela Behn	Dr. Suja Georgie
Dr. Alpa Sanghavi	Naomi Yunker	
Joan Spicer	Varvara Vorobieva	
Brighton Ncube	Jackie Pelka	
Peggy Jensen	Rachel Daly	
Rebecca Archer	Jennifer Papa	
John Jurow	Robbi Larcina	

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 October 5, 2020. QIC Minutes from July 28, 2020 and August 25, 2020. Medical Executive Committee Minutes from August 11, 2020 and September 8, 2020.	The Board unanimously approved the Credentialing Report and accepted the QIC Minutes and the MEC Minutes.
Public Comment	None.	
Foundation Report	John Jurow gave a presentation on the Foundation's background, funding priorities, and who it serves. The Foundation has three employees and thirteen board members. Keller Center for Family Violence and Intervention: established with \$7 million Ron Robinson Senior Care Center: \$2 million Physical Therapy/Rehab Center: \$328,000 Bundle of Joy Program: \$250,000 Mobile Dental Clinic: \$250,000 COVID-19 related: over \$138,000	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from August 3, 2020.	It was MOVED, SECONDED and CARRIED

		unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	Dr. Hassid acknowledged the various personnel changes including Dr. Susan Fernyak's upcoming retirement. He expressed his appreciation for Dr. Fernyak, Dr. Evelyn Haddad, and Dr. Sumita Kalra and wished them well in their future plans. Dr. Haddad will continue with her clinical practice.	FYI
Department of Medicine Dr. Suja Georgie, Robbie Larcina	<p>First case of COVID-19 was Feb. 28 and Incident Command was set up. Goal to provide best care while keeping staff safe. Adapted national and international protocols are recommended by NIH, CDC, ISDA, CCS, WHO. Implemented new guidelines for intubation, code blue, and rapid response.</p> <p>625 COVID-19 positive patients since 2/28, 156 admitted Highest COVID-19 Census was 18. In May 80% of ICU patients were intubated and on paralytics</p> <p>First patients on Remdesivir by first week of April. At the same time, we were accepted as an expanded access site for convalescent plasma.</p> <p>COVID-19 patients are screened for anxiety, depression, and suicidal ideation. Psych consults for those who screen positive and tele-psych consults are available.</p>	FYI
Compliance and Privacy Report Gabriela Behn	<p>Gabriela Behn updated the Board on the 2020-2021 Compliance Work Plan Goals.</p> <p>Annual Regulatory Compliance was completed by 95.2% of staff and providers.</p> <p>Coding Accuracy Audit (January – July 2020)</p> <ul style="list-style-type: none"> • Inpatient – 97.3% accuracy • Outpatient – 96.8% accuracy • Clinic – 66% accuracy (up from 63.6% for CY 2019) 	FYI
Great Plates Delivered Lisa Mancini	<p>Great Plates Delivered was established on April 24 by Governor Gavin Newsom. SMC Aging and Adults Services begins taking intakes and referrals a couple of days later.</p> <p>To date, here are some statistics:</p> <ul style="list-style-type: none"> • 3454 seniors expressed interest, 2880 were eligible resulting in 2497 participants matched with restaurants. • 68 active and contracted restaurants • 130 county staff are involved • Meals served: 644,253 • Cost: \$14,173,566 • 94% are first-time AAS clients, majority are interested in additional services 	FYI

	<ul style="list-style-type: none"> • 50% are experiencing economic stress (housing, bills, health care) • GDP helped reduce economic stress <p>Funding is secured through October 9, 2020. 75% FEMA, 18.75% State, 6.25% Local</p>	
Financial Report David McGrew, CFO	The August FY20/21 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 thanked Aimee Armsby for her services and congratulated her on her retirement.	FYI
County Health Chief Report Louise Rogers	Current COVID-19 testing is approximately 1800 tests per day, and we have a target of increasing to a minimum of 2400 per day. The San Mateo County Event Center has increased their capacity to do one thousand tests per day which is up from 500.	FYI
County Manager Mike Callagy	<p>Mike Callagy thanked Aimee for her dedicated service to the County, especially most recently with the Great Plates Program.</p> <p>The County's COVID-19 Compliance unit is reaching out to businesses to provide assistance as they begin to re-open.</p>	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom expressed her appreciation for Aimee and Dr. Fernyak and wished her the best.	FYI

Supervisor Groom adjourned the meeting at 9:48 AM. The next Board meeting will be held on November 2, 2020.

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: September FY20-21

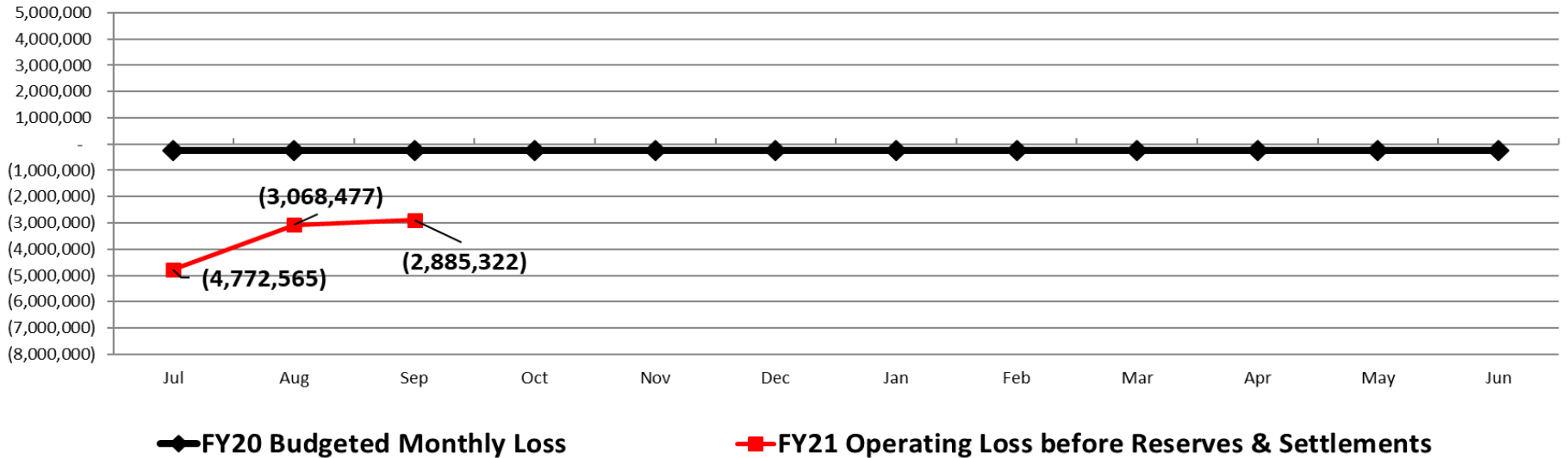
November 2, 2020

Presenter: David McGrew, CFO



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

Financial Highlights



Net Loss - Sept \$1.1M, YTD \$1.9M

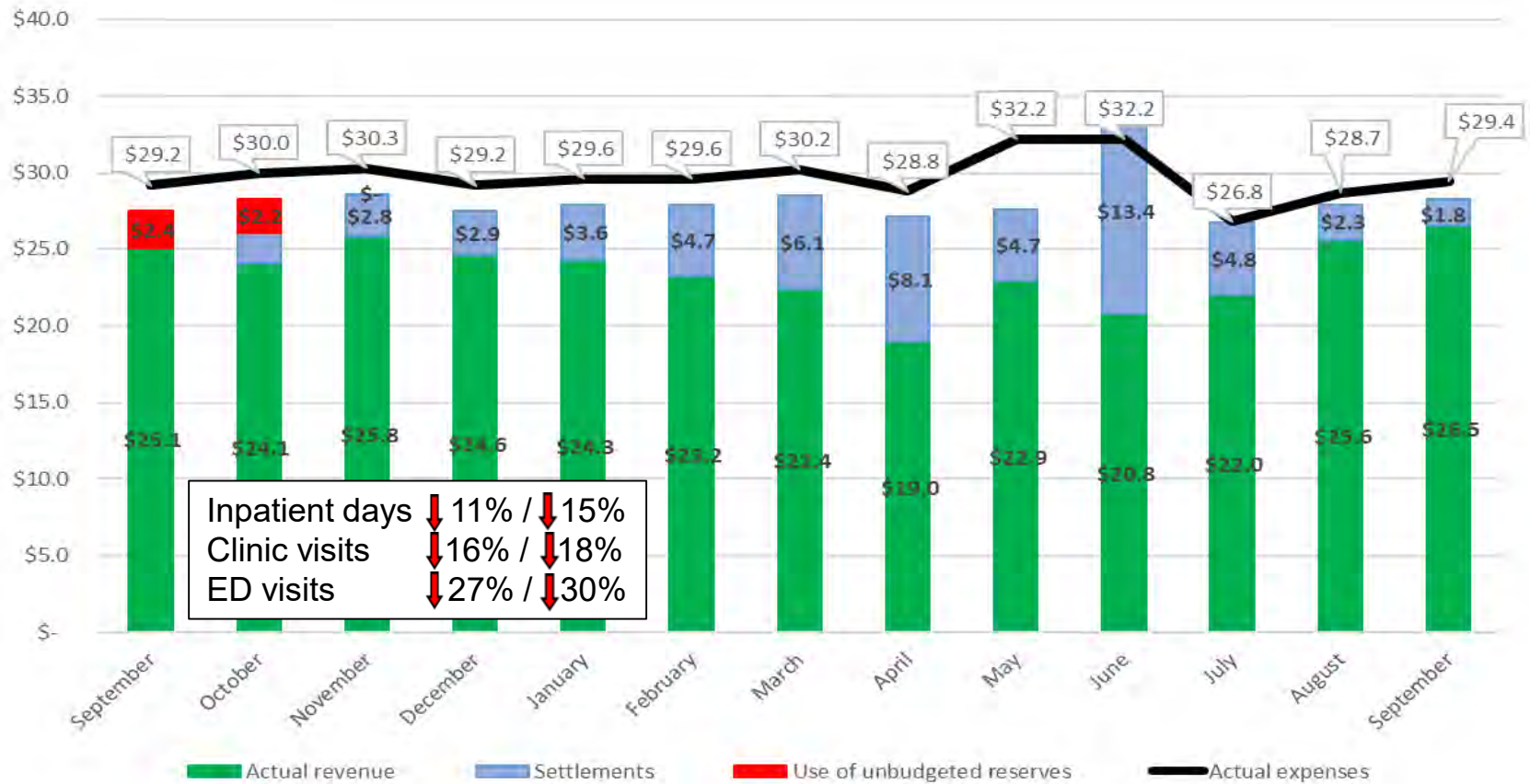
- FY2020 Enhanced Payment Program (EPP) approved - \$17.2M/annually
- FY2012 HPSM IGT reserve - \$1.8M
- PRIME backfill - \$6M annually

- COVID pandemic impact on patient volumes – 27% reduction in patient revenue
- ACE outside medical costs

Full Year FY21 Projection: The FY21 budget projected a \$13.4 million gap, of which \$3.1 million would be covered by fund balance reserves, equaling a \$257k loss each month, and the remaining \$10.3 million would be covered by cost report settlement reserves. The additional \$6 million of PRIME backfill and higher than expected cost report settlements will help mitigate challenges with the execution of operating budget initiatives as a result of the COVID pandemic.

FY 20-21 Structural Deficit

SMMC's structural deficit continues as revenue sources from on-going operations and supplemental programs cannot keep pace with the cost structure. Cost report and supplemental program settlements have partially mitigated these factors for the past 11 months.



Note: Volume %s are Current Month/YTD actuals vs budget

COVID Financial Impact Summary

	March	April	May	June	July	August	September
Revenue loss	\$ 2,376,000	\$ 4,347,000	\$ 4,766,310	\$ 3,545,000	\$ 2,578,000	\$ 1,427,000	\$ 1,189,000
Expenses:							
Staffing	1,622,000	3,758,000	3,840,000	3,061,000	1,805,000	1,935,000	1,940,000
Supplies	114,000	79,000	79,000	280,000	-	128,000	180,000
IT	404,000	-	-	-	-	-	-
Other Prof. Fees	-	-	-	-	-	113,000	101,000
Total expenses	2,140,000	3,837,000	3,919,000	3,341,000	1,805,000	2,176,000	2,221,000
Total Losses due to COVID	4,516,000	8,184,000	8,685,310	6,886,000	4,383,000	3,603,000	3,410,000

Note: DPW costs for COVID related construction costs are not yet included

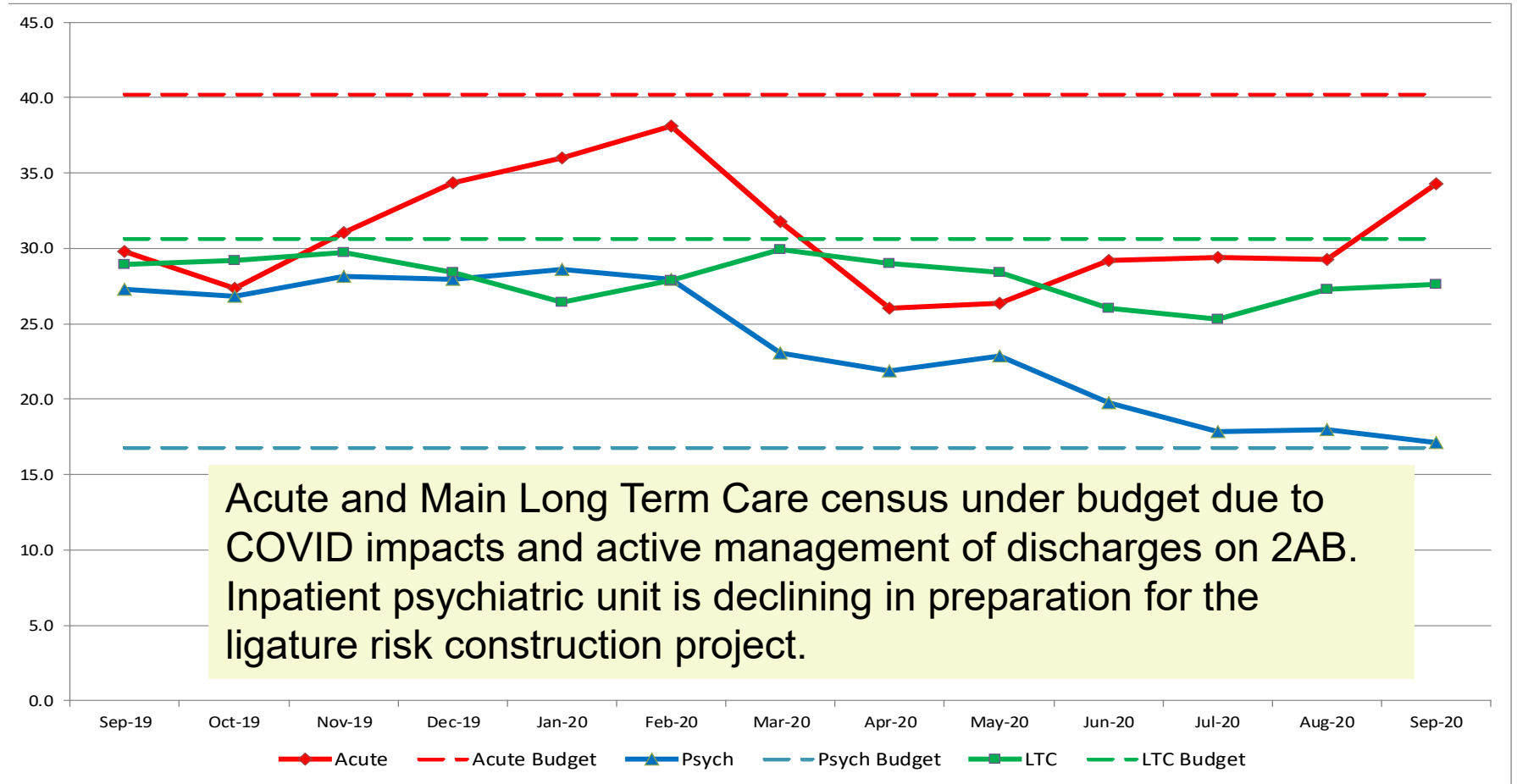
Total losses to date
= \$39.7M

COVID-19 Federal Funds - \$13.7M to SMMC

Description	Total Amount Allocated	SMMC \$
<p style="text-align: center;">Provider Relief Fund</p> <p>CARES/HCE Act - \$175 billion</p>	\$50B General Allocations	\$3.5M Received
	\$22B High Impact Providers	\$4.95M Received (July)
	\$11.1B Rural Providers	\$207K Received
	\$4.9B SNFs	\$913K Received
<p>Accelerated Medicare Payments</p> <p>Advance payment for Medicare claims authorized by the CARES Act</p>	Advance Payments	\$3.1M Received Repayment Required
<p>FY2020 CARES Supplemental Fund</p> <p>Funding for supplemental awards to Health Centers with HRSA grants</p>	\$1.32B	\$881K Awarded to Health Care for the Homeless/Farmworkers
<p>FY2020 Coronavirus Supplemental Fund</p> <p>Funding for supplemental awards to Health Centers with HRSA grants</p>	\$100M	\$58K Awarded to Health Care for the Homeless/Farmworkers
<p>State Hospital Association Grants</p> <p>\$50 million</p>	\$4.2M to California Hospitals	\$7.3K Received

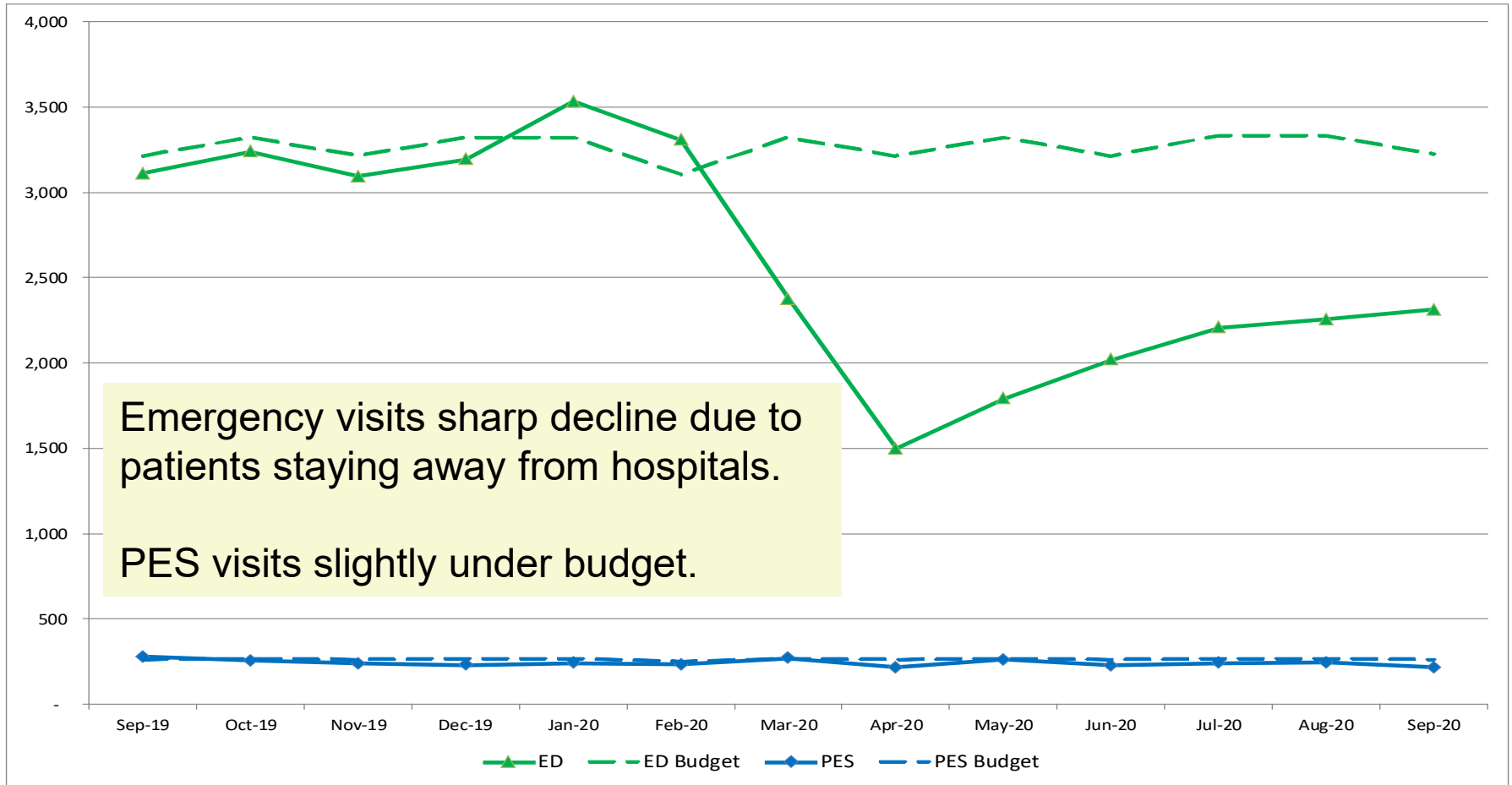
San Mateo Medical Center Inpatient Days September 30, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,369	2,650	(281)	-11%	6,928	8,127	(1,199)	-15%



San Mateo Medical Center Emergency Visits September 30, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	2,535	3,488	(953)	-27%	7,499	10,695	(3,196)	-30%

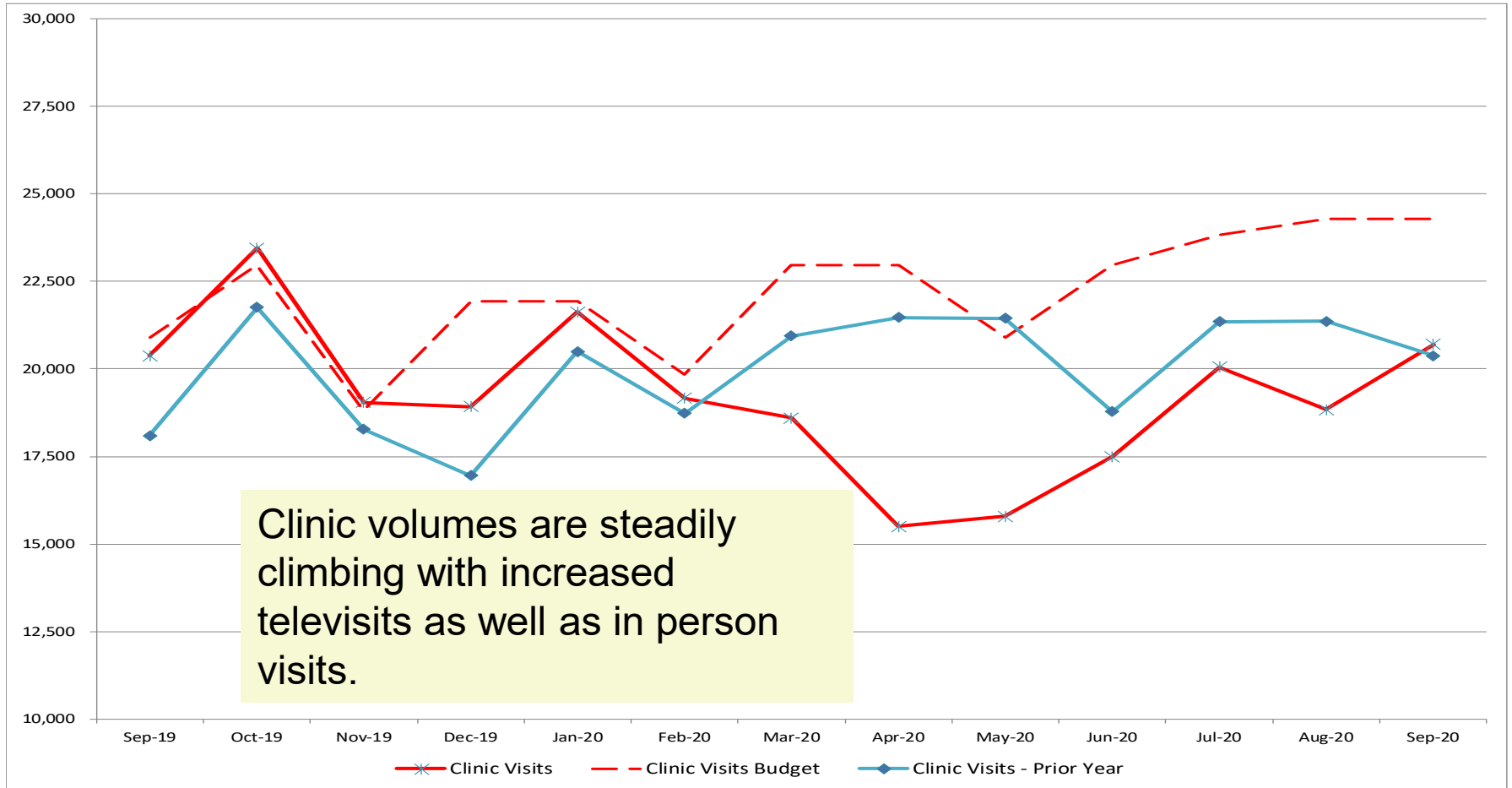


San Mateo Medical Center Clinic Visits September 30, 2020

MONTH			
Actual	Budget	Variance	Stoplight
20,695	24,682	(3,987)	-16%

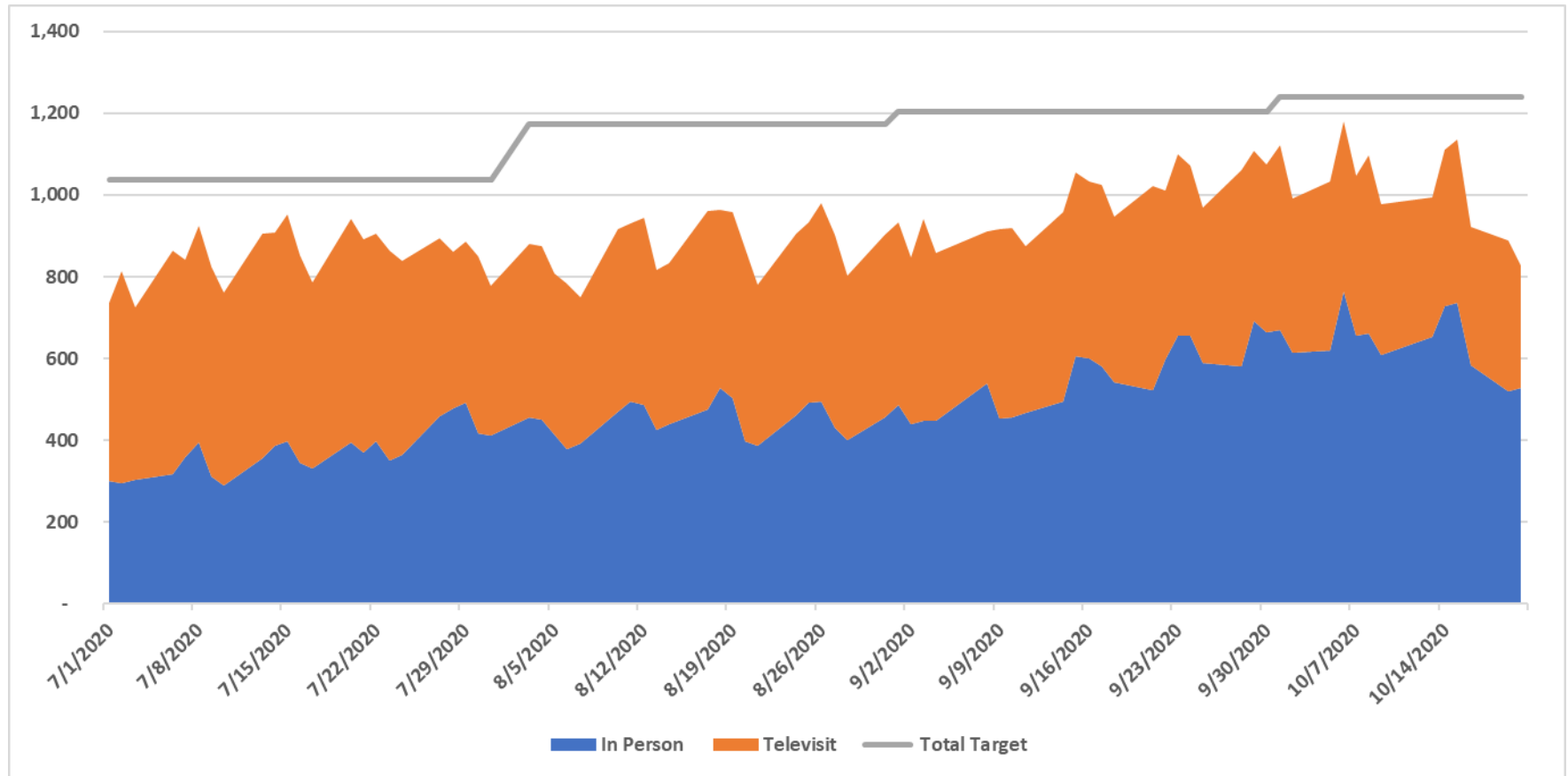
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
59,597	72,447	(12,850)	-18%

Clinic Visits				
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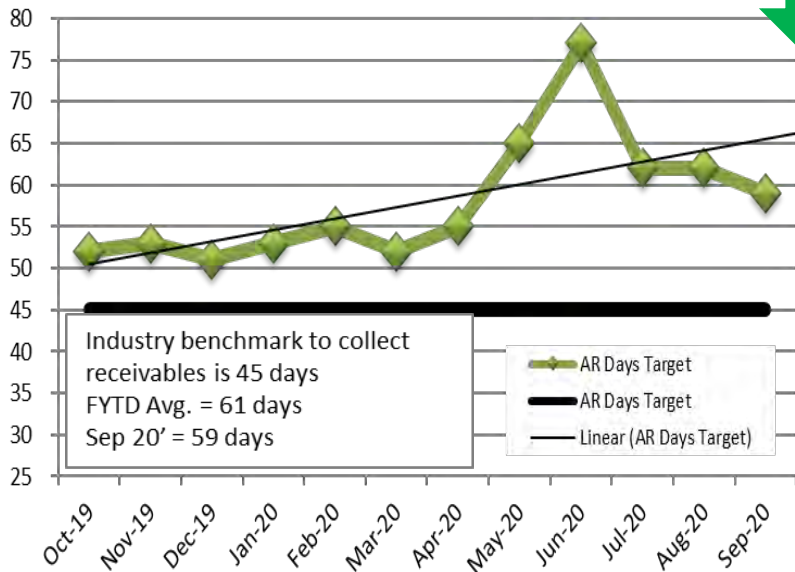
San Mateo Medical Center Clinic Telehealth Visits September 31, 2020



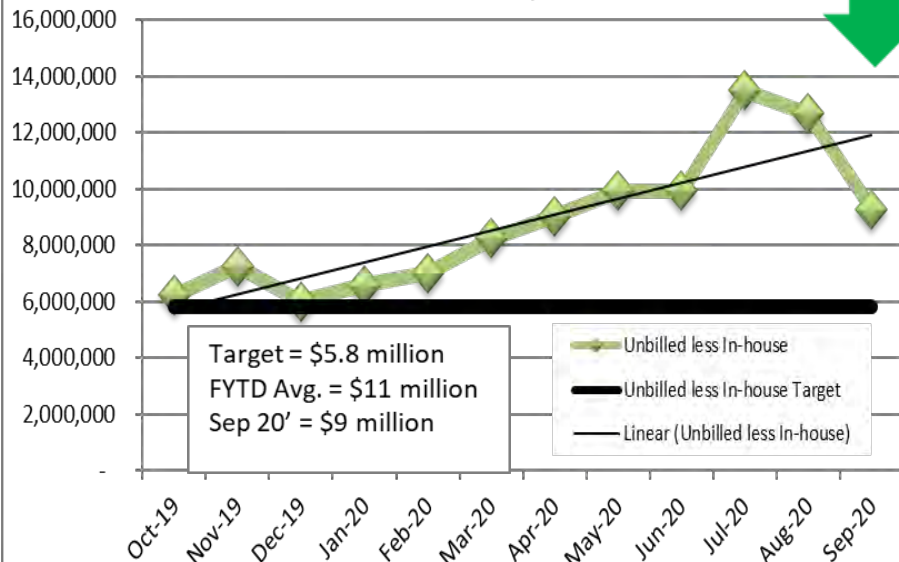
Clinic telehealth visits have increased from an average of 6% of total visits pre-COVID to an average of 70% since March 16th, with a high of 78%. In-person visits are steadily climbing.

Key Performance Indicators

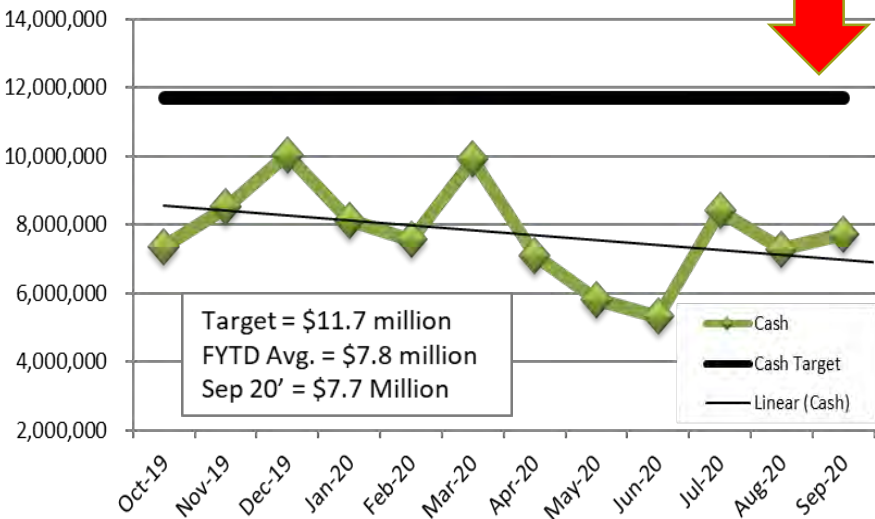
A/R Days - Rolling 12 Months



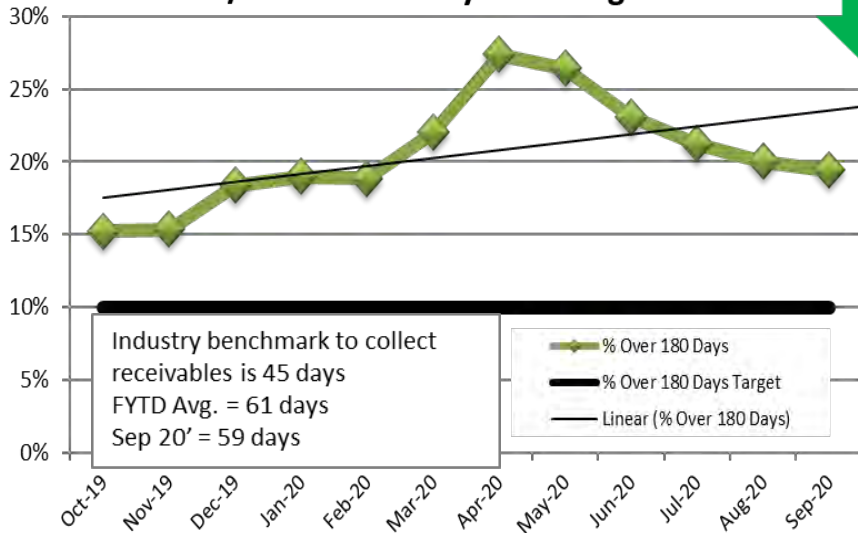
A/R Unbilled - Rolling 12 Months



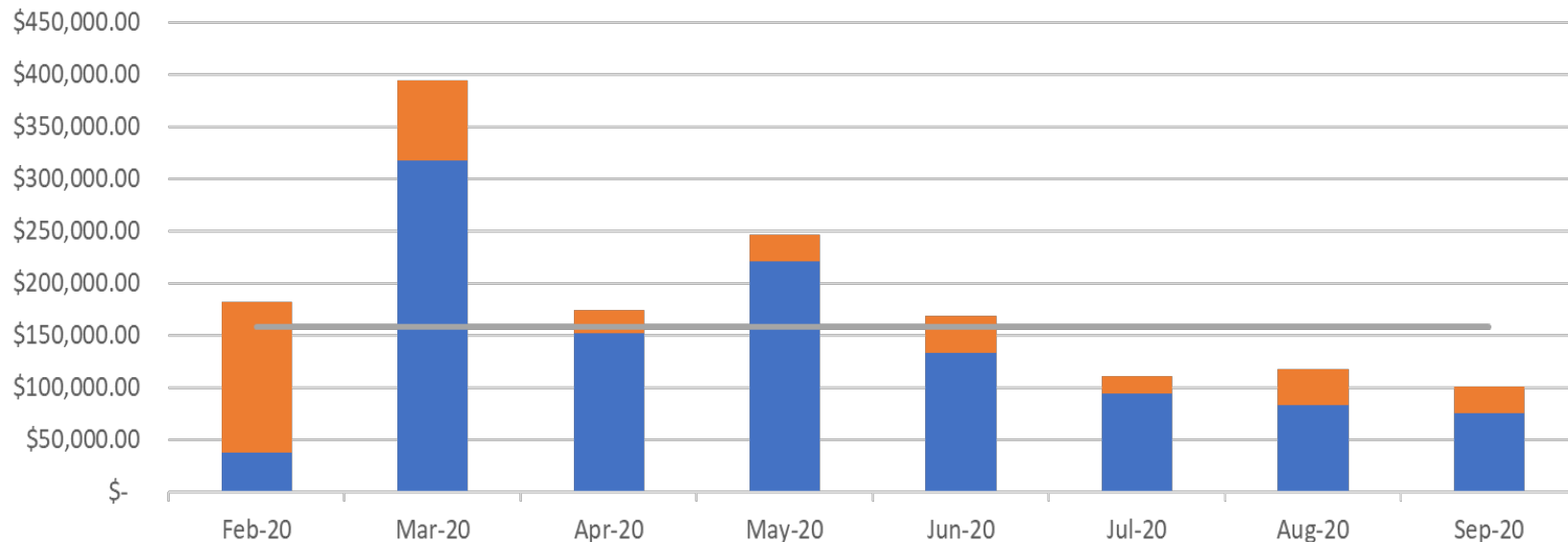
Cash - Rolling 12 Months



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



HRMG and Business Services Collections (No Bad Debt)



	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Busi Serv \$ collected	\$143,736.35	\$77,396.89	\$22,046.87	\$25,015.83	\$35,594.45	\$16,610.80	\$33,642.98	\$25,999.83
HRMG \$ collected	\$37,749.85	\$317,123.51	\$152,182.34	\$221,367.51	\$132,689.12	\$94,754.54	\$83,429.13	\$75,359.29
Target	\$158,000.00	\$158,000.00	\$158,000.00	\$158,000.00	\$158,000.00	\$158,000.00	\$158,000.00	\$158,000.00

■ HRMG \$ collected
 ■ Busi Serv \$ collected
 — Target

SMMC contracted with Healthcare Revenue Management Group to support SMMC’s Business Services unit with collections of patient self-pay balances. March represents the first full month of HRMG’s collection activities.



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



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

San Mateo Medical Center
Income Statement
September 30, 2020

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

1	Income/Loss (GAAP)	(1,109,567)	(257,335)	(852,231)	
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	(1,852,752)	(781,223)	(1,071,529)	
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2	HPSM Medi-Cal Members Assigned to SMMC	34,023	33,069	954	3%
3	Unduplicated Patient Count	62,763	68,606	(5,843)	-9%
4	Patient Days	2,369	2,650	(281)	-11%
5	ED Visits	2,535	3,488	(953)	-27%
7	Surgery Cases	204	281	(77)	-27%
8	Clinic Visits	20,695	24,682	(3,987)	-16%
9	Ancillary Procedures	61,446	71,980	(10,534)	-15%

	101,602	99,207	2,396	2%
	62,763	68,606	(5,843)	-9%
	6,928	8,127	(1,199)	-15%
	7,499	10,695	(3,196)	-30%
	523	869	(346)	-40%
	59,597	72,447	(12,850)	-18%
	174,705	222,723	(48,018)	-22%

10	Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%
11	Psych Administrative Days as % of Patient Days	80.9%	80.0%	-0.9%	-1%

	0.0%	16.0%	16.0%	100%
	99.3%	80.0%	-19.3%	-24%

(Days that do not qualify for inpatient status)

Pillar Goals

12	Revenue PMPM	102	120	(19)	-16%
13	Operating Expenses PMPM	322	296	(26)	-9%

	100	120	(20)	-17%
	307	296	(11)	-4%

14	Full Time Equivalents (FTE) including Registry	1,153	1,178	25	2%
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	1,147	1,178	31	3%
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**San Mateo Medical Center
Income Statement
September 30, 2020**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	12,520,797	13,856,510	(1,335,712)	-10%	35,031,678	41,569,529	(6,537,852)	-16%
22 Outpatient Gross Revenue	20,087,904	30,643,909	(10,556,004)	-34%	54,105,707	91,931,726	(37,826,019)	-41%
23 Total Gross Revenue	32,608,702	44,500,419	(11,891,717)	-27%	89,137,385	133,501,256	(44,363,871)	-33%
24 Patient Net Revenue	7,714,645	12,241,179	(4,526,534)	-37%	22,213,986	36,723,537	(14,509,551)	-40%
25 Net Patient Revenue as % of Gross Revenue	23.7%	27.5%	-3.8%	-14%	24.9%	27.5%	-2.6%	-9%
26 Capitation Revenue	346,386	379,538	(33,152)	-9%	1,034,493	1,138,613	(104,121)	-9%
27 Supplemental Patient Program Revenue (Additional payments for patients)	12,775,550	9,855,225	2,920,325	30%	33,638,825	29,565,675	4,073,150	14%
28 Total Patient Net and Program Revenue	20,836,581	22,475,942	(1,639,361)	-7%	56,887,304	67,427,826	(10,540,522)	-16%
29 Other Operating Revenue (Additional payment not related to patients)	1,552,326	905,920	646,405	71%	8,892,064	2,717,761	6,174,302	227%
30 Total Operating Revenue	22,388,906	23,381,862	(992,956)	-4%	65,779,368	70,145,587	(4,366,219)	-6%

San Mateo Medical Center
Income Statement
September 30, 2020

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

Operating Expenses

31 Salaries & Benefits	16,747,654	17,390,063	642,409	4%
32 Drugs	1,246,455	723,499	(522,955)	-72%
33 Supplies	999,621	944,631	(54,990)	-6%
34 Contract Provider Services	3,446,451	3,490,050	43,599	1%
35 Other fees and purchased services	5,403,856	5,009,709	(394,146)	-8%
36 Other general expenses	350,188	433,916	83,727	19%
37 Rental Expense	198,280	209,620	11,340	5%
38 Lease Expense	773,407	773,407	-	0%
39 Depreciation	224,302	271,443	47,141	17%
40 Total Operating Expenses	29,390,213	29,246,337	(143,875)	0%

50,070,804	52,170,190	2,099,386	4%
3,082,527	2,170,498	(912,029)	-42%
2,202,340	2,833,892	631,552	22%
9,995,618	10,470,149	474,531	5%
14,290,281	15,038,344	748,063	5%
1,680,792	1,301,747	(379,045)	-29%
638,971	628,859	(10,112)	-2%
2,320,220	2,320,220	-	0%
654,650	814,329	159,679	20%
84,936,202	87,748,228	2,812,026	3%

41 Operating Income/Loss	(7,001,306)	(5,864,475)	(1,136,832)	-19%
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(19,156,834)	(17,602,641)	(1,554,193)	-9%
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42 Non-Operating Revenue/Expense	587,854	303,254	284,600	94%
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1,392,427	909,763	482,664	53%
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43 Contribution from County General Fund	5,303,885	5,303,885	(0)	0%
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15,911,655	15,911,655	(0)	0%
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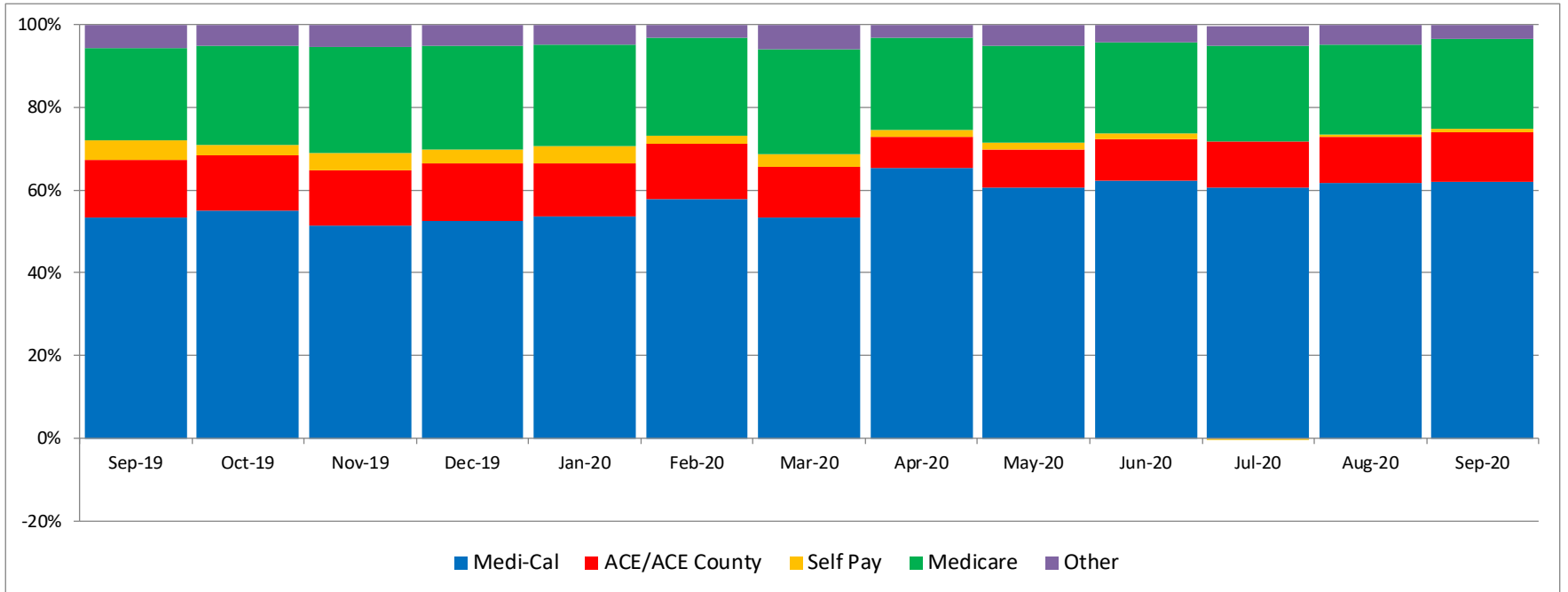
44 Total Income/Loss (GAAP)	(1,109,567)	(257,335)	(852,231)	
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(1,852,752)	(781,223)	(1,071,529)	
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(Change in Net Assets)

**San Mateo Medical Center
Payer Mix
September 30, 2020**

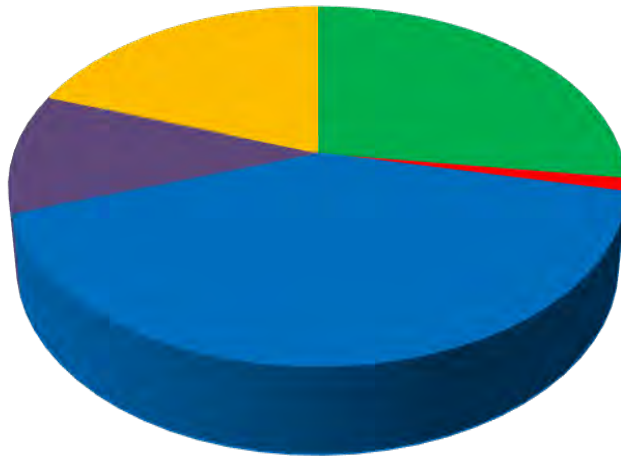
Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Medicare	21.8%	21.0%	0.8%		22.2%	21.0%	1.2%	
Medi-Cal	62.1%	58.0%	4.1%		61.7%	58.0%	3.7%	
Self Pay	0.9%	2.0%	-1.1%		0.4%	2.0%	-1.6%	
Other	3.3%	5.0%	-1.7%		4.4%	5.0%	-0.6%	
ACE/ACE County	11.8%	14.0%	-2.2%		11.4%	14.0%	-2.6%	
Total	100.0%	100.0%			100.0%	100.0%		



Jan 14 - Jun 14 Sources of Revenue 20-FY21 Budget

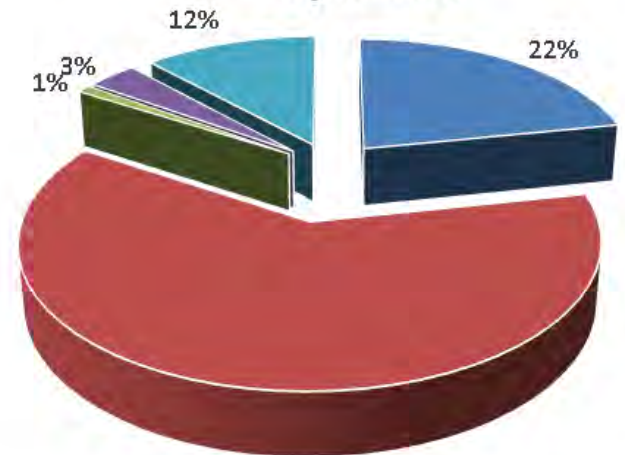
Revenue Mix

Sources of Revenue



■ Fee For Service ■ Capitation ■ Supplemental ■ Other ■ County Contribution

Payor Mix



■ Medicare ■ Medi-Cal ■ Self Pay ■ Other ■ ACE

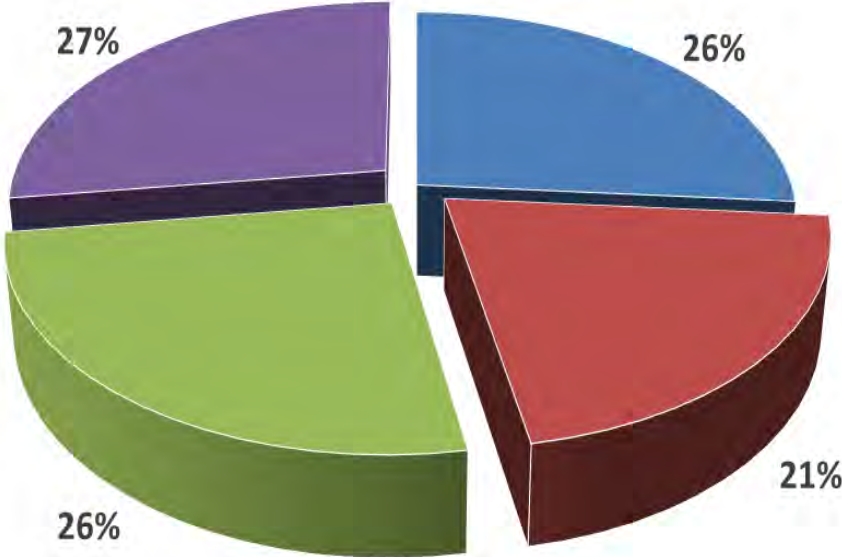
Health Plan of San Mateo (HPSM) represents 32% of our Operating Revenue

- Medi-Cal Managed Care and Medicare Managed Care FFS
- Medi-Cal PCP Capitation

Capitation is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

NO commercial contracts

Revenue Mix by Service Line



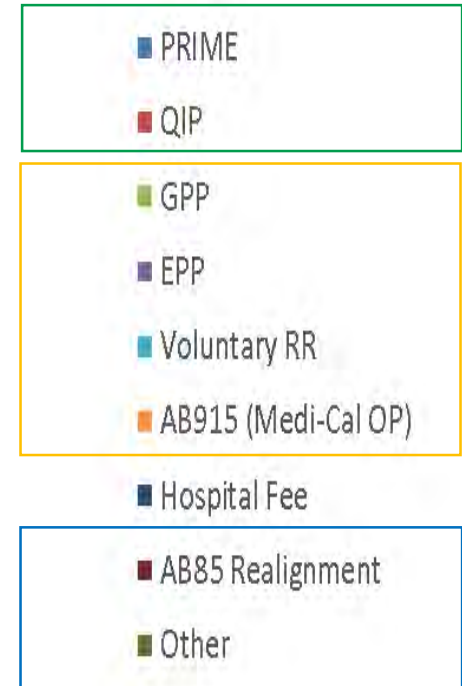
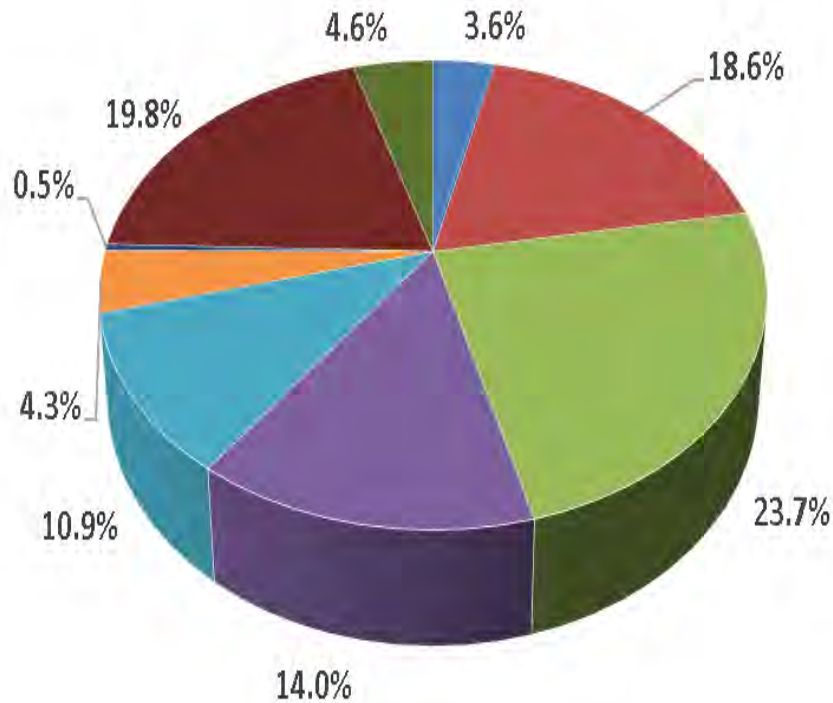
■ Inpatient

■ Hospital ED & Outpatient

■ Ambulatory Clinics

■ Ancillary Services

Supplemental Revenue Mix

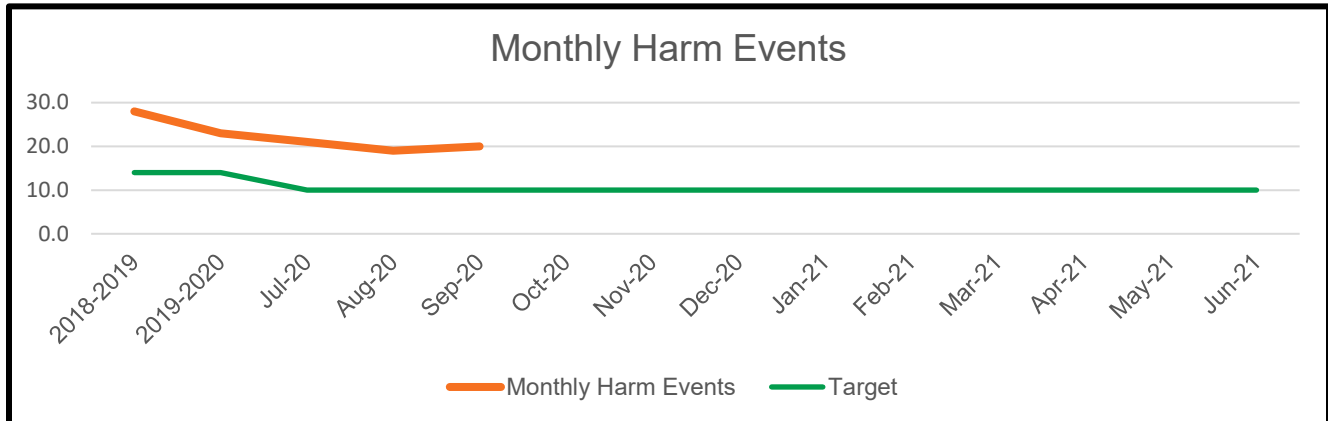


- **Value-Based** programs represent 22.2% of our Supplemental Revenue
- **Volume-Based** programs represent 77.8% of our Supplemental Revenue

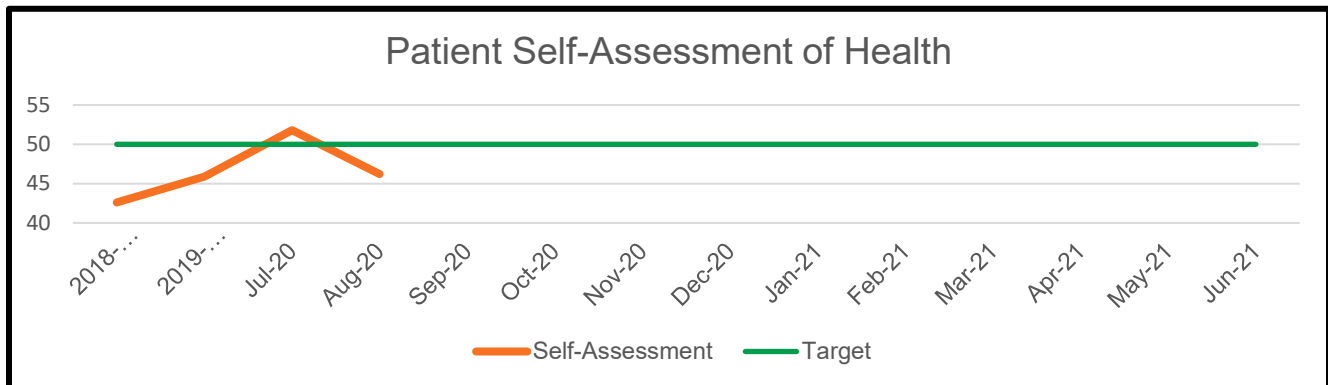
CEO REPORT

November 2020

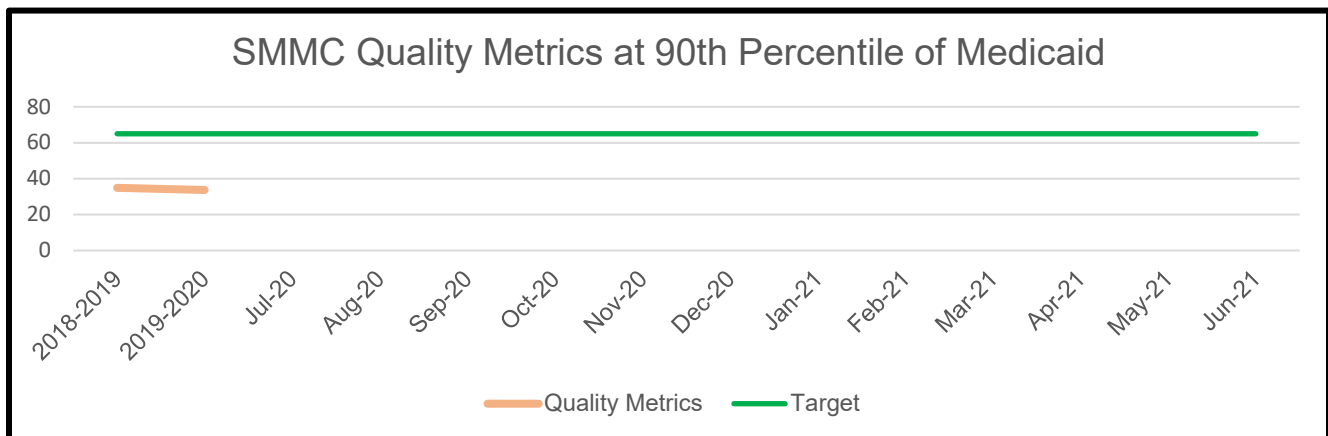
EXCELLENT CARE METRICS



Monthly Harm Events: Measures all instances of patient harm or staff harm including delays in care, falls, medication errors, surgical infections, catheter associated urinary infections, central line associated blood stream infections, other preventable staff and patient injuries. **Lower is better.**

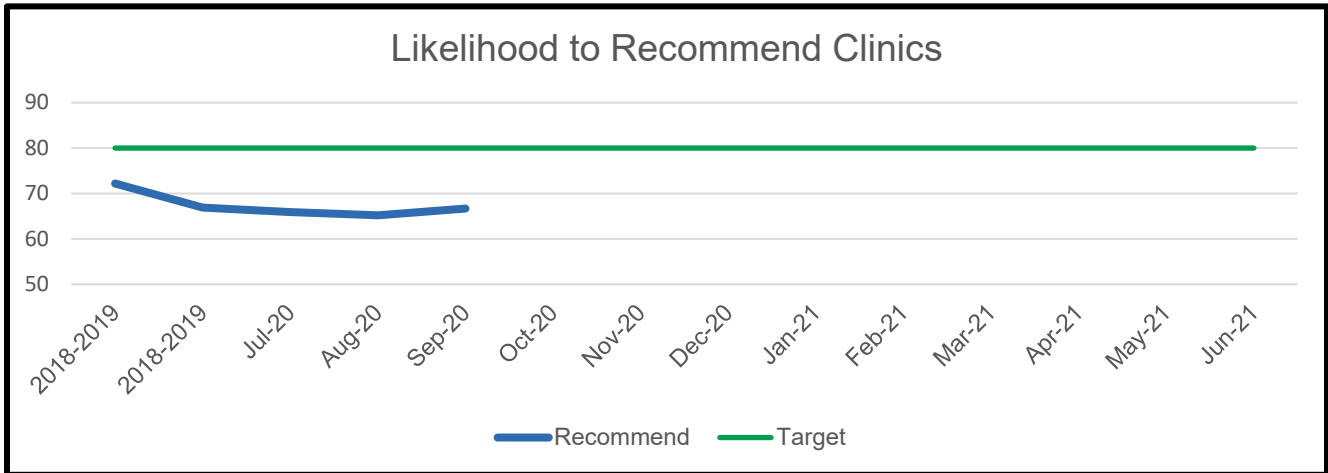


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

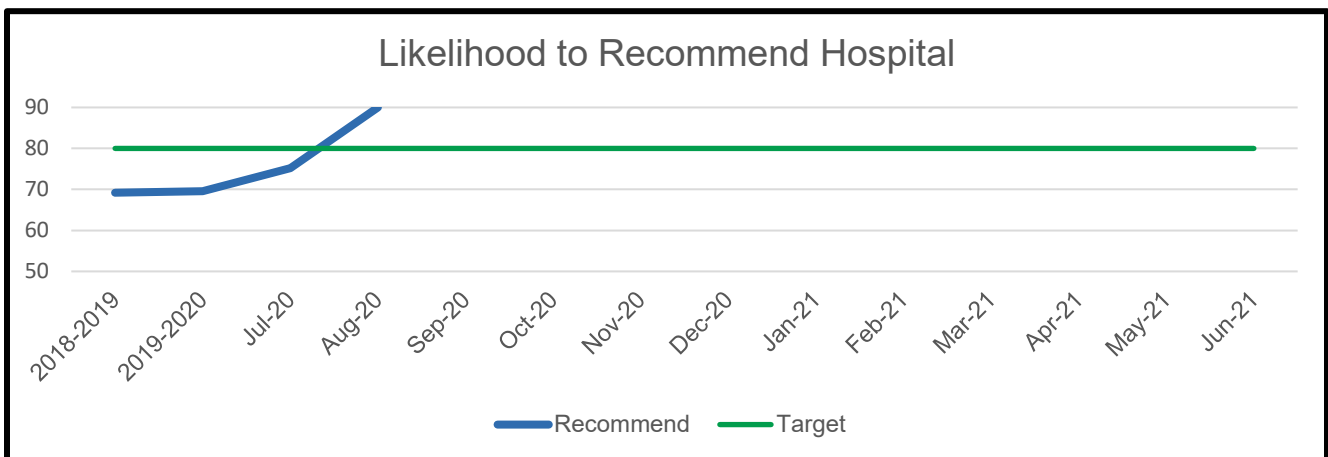


Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics in which the SMMC performance is equal to or better than the 90th percentile of Medicaid nationally. **Higher is better.**

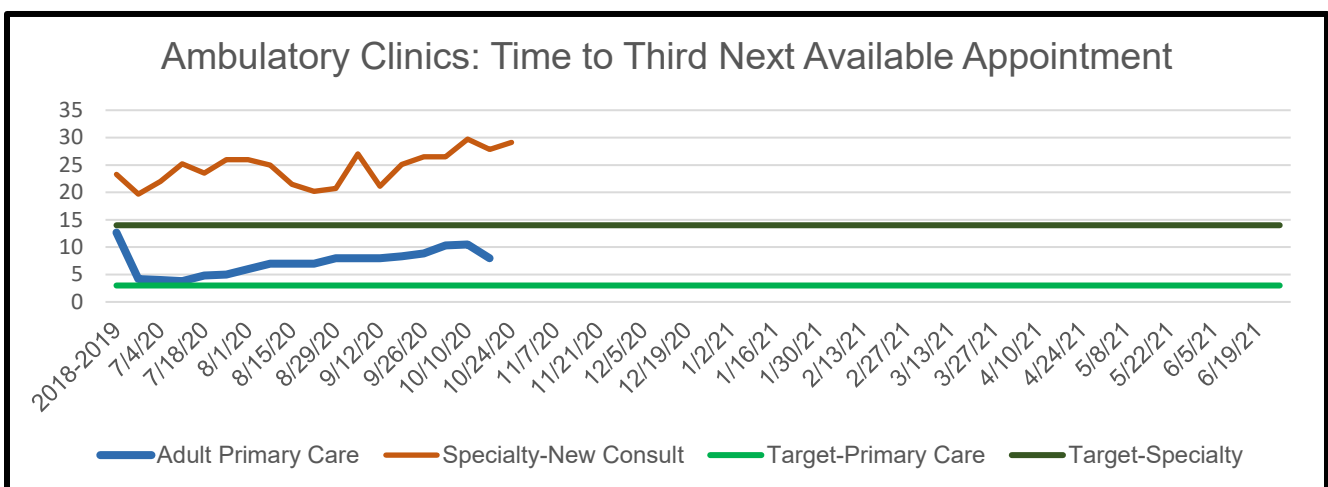
PATIENT CENTERED CARE METRICS



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.**

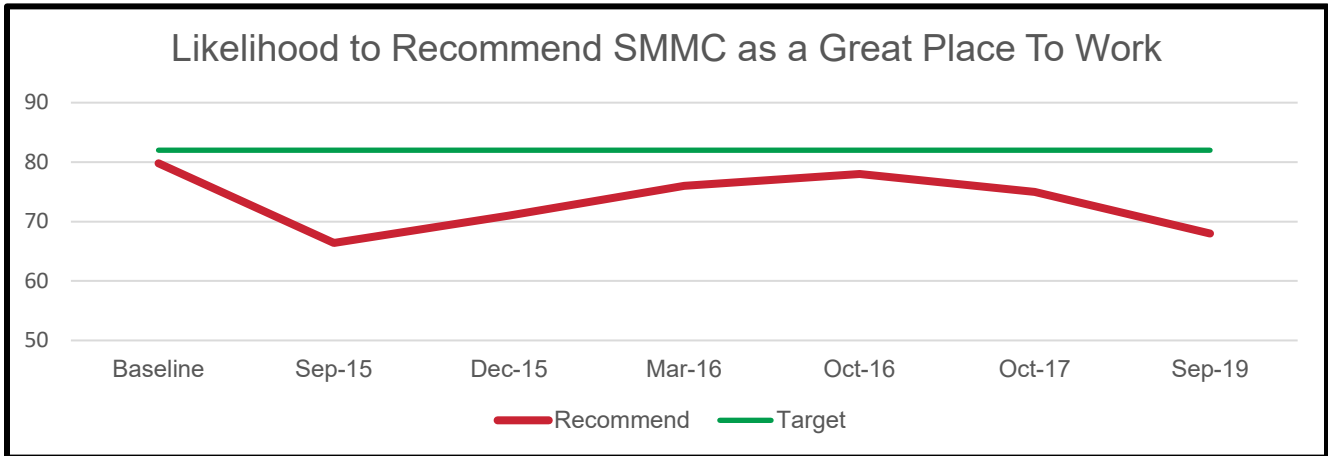


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



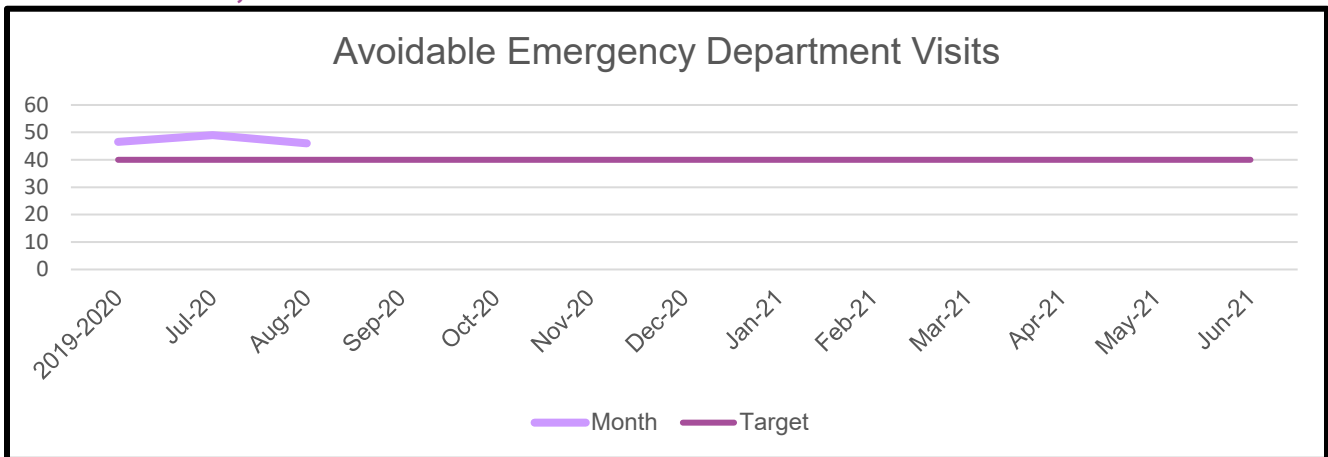
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

STAFF ENGAGEMENT METRICS



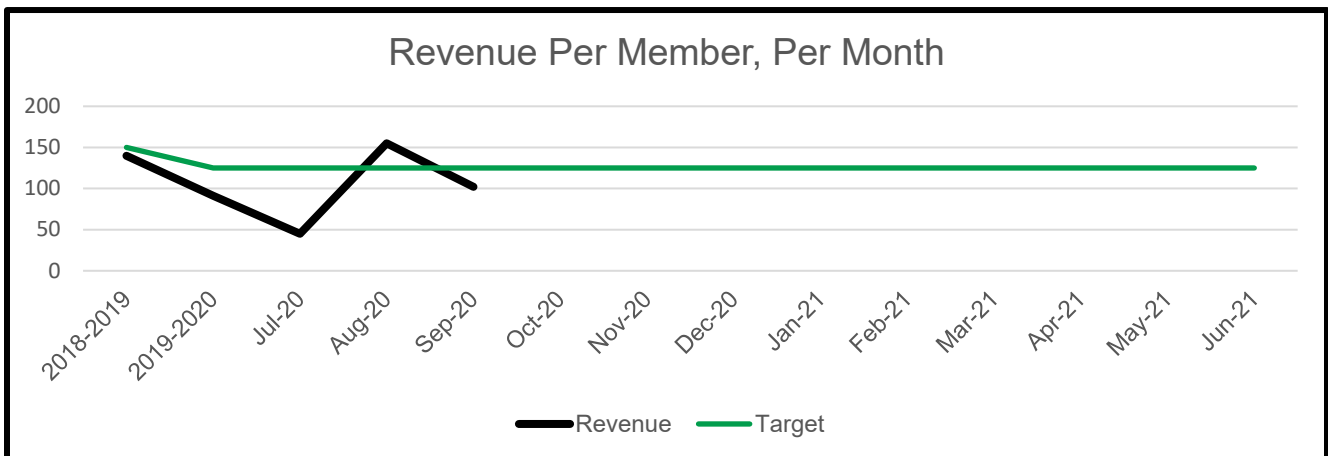
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

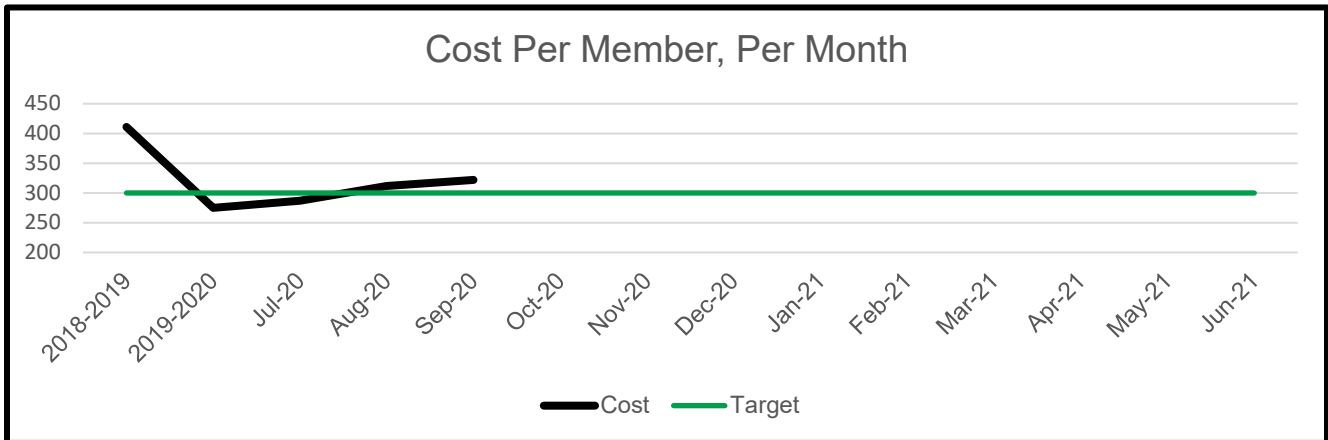


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

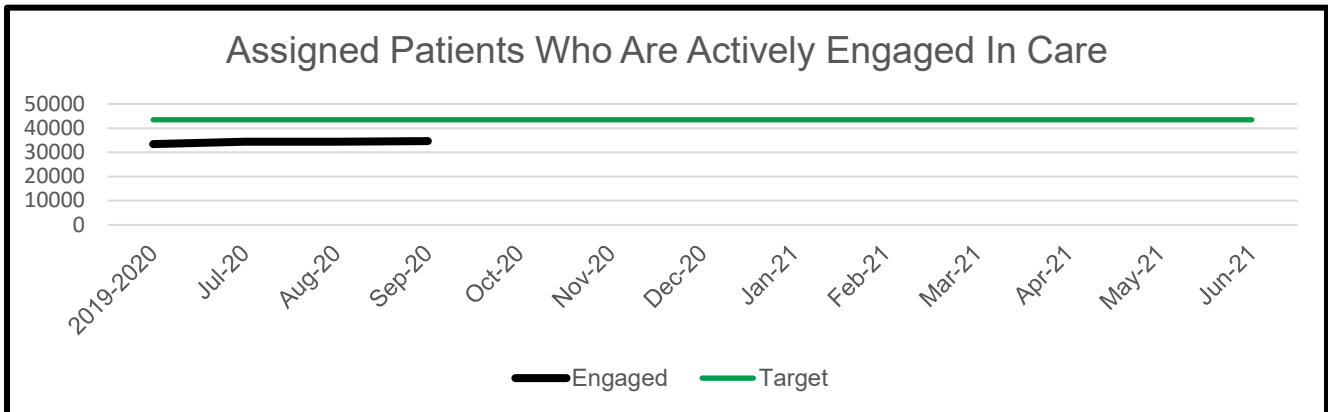
FINANCIAL STEWARDSHIP METRICS



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.**



Assigned and Engaged: SMMC has approximately 52,000 patients assigned to it through the Health Plan of San Mateo. This metric measures the number of those assigned patients are actively engaged in care. **Higher is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



(Pictured above Left: Food box delivered to clients of Fair Oaks Health Center. Above right: Compliance Officer Gabriela Behn on the cover of Compliance Today)

SMMC Skilled Nursing Services Recognized by Newsweek: In the October 2nd edition of Newsweek Magazine, SMMC Skilled Nursing Services (includes both 1A and Burlingame Skilled Nursing) was recognized as one of the top “nursing homes” in California. This recognition was based on several criteria including Key Performance Indicators, Peer surveys and the documented COVID-19 response. Congratulations to all our Skilled Nursing colleagues for their outstanding work.

SMMC Recommended for Grant to Continue Work in Trauma-Informed Care -In October, SMMC was notified by the Center for Care Innovations that it was being recommended for a \$120,000 grant to support its work in the Resilient Beginnings Network. SMMC has been a member of the Resilient Beginnings Collaborative since 2018 and has partnered with Health to launch pilot efforts at the South San Francisco Clinic aimed at pediatric trauma-and resilience-informed care. This grant supports the Medical Center to work with 15 other Bay Area safety net organizations in efforts to advance these efforts. Congratulations to everyone involved in this incredibly important work.

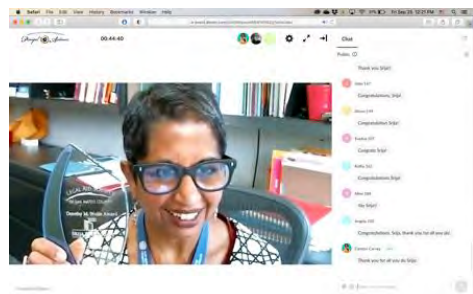
October 2020

SNAPSHOT: San Mateo County Health

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

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	23,369 (September 2020)	1.6%	3.9%
SMMC Emergency Department Visits	2,535 (September 2020)	1.5%	-27%
New Clients Awaiting Primary Care Appt.	33 (October 2020)	32%	-75.9%

Srija Srinivasan honored by Legal Aid Society



In recognition of her service, Deputy Chief Srija Srinivasan received the Dorothy M. Wolfe Award from the Legal Aid Society of San Mateo County. In a virtual ceremony, Executive Director M. Stacey Hawver cited **Srija's recent collaboration with county partners** for a unified response to the confusing and changing public charge rules. The initiative involved advocacy an outreach campaign to help low-income immigrant residents maintain the health care, housing, food support, legal and

other services they need. Srija continues to support efforts to ensure that vulnerable populations have access to COVID-19 testing, treatment, and other resources. Hawver expressed the **community's appreciation when she said**, "Srija, thank you for all your amazing work to protect the health of vulnerable San Mateo County residents. **We are grateful for your partnership.**" The award is in memory of Dorothy M. Wolfe, one of the first women attorneys in San Mateo County, who was recognized for her deep belief in equal access to justice.

County Health organizes second forum on racial equity

Public Health, Policy and Planning (PHPP), the Office of Diversity and Equity (ODE), and **County Health's Governmental Alliance for Racial Equity (GARE)** team hosted its second racial equity web forum to deepen understanding of the gaps, opportunities, and priority areas for advancing racial equity in County Health. Learning about more opportunities to get involved, 185 participants identified specific actions to strengthen racial equity in our work. These **dialogues are part of a series of sessions to inform County Health's Racial Equity Plan and other** countywide racial equity efforts. To view the recording and materials, please [click here](#).

Onsite testing comes to South Coast

To support regular COVID-19 testing for residents of the South Coast, who are experiencing

some of the biggest barriers to accessing testing, County Health has partnered with Puente, a local community-based organization, to conduct onsite testing on farms for agricultural workers up to three times a month. Another site at the La Honda Pescadero School District will provide monthly community testing in Pescadero.

Groups focus on resiliency & connection during a live streaming event



On September 18, the San Mateo County Diversity & Equity Council, led by the Office of Diversity & Equity, and Behavioral Health and Recovery Service's community partner StarVista, hosted a live event, "Resiliency and Connection During COVID-19," focused on how to stay connected and keep community traditions alive. The event was presented in two sessions (English and Spanish) on YouTube, Twitter and Facebook, reaching over 1,500 views. Watch it on [YouTube](#).

Cariño Project cuts virtual ribbon on new wellness program

After years of planning, the Cariño Project in Half Moon Bay, a new multicultural wellness program, officially opened its doors with a virtual ribbon cutting on September 30th, marking a significant milestone in the partnership between Behavioral Health and Recovery Services and ALAS (Ayudando Latinos a Soñar) to provide culturally responsive community based mental health and substance use services. The virtual event included remarks from Supervisor Don Horsley, County Health Chief Louise Rogers, and other community leaders. Watch it on [YouTube](#).

Supports for isolation & quarantine boosted with CDC Foundation grant

Residents who have contracted or been exposed to COVID-19 often experience barriers to being able to safely isolate or quarantine. County Health has partnered with the Mental Health Association (MHA) to support qualifying San Mateo County residents. The Centers for Disease Control and Prevention (CDC) Foundation directed \$40,000 to the MHA Public Health Support Program, a gift from an anonymous donor. The funds supplement those from the County and from the CARES Act to pay for wage replacement, hotel stays, food, rent relief, and childcare costs that might otherwise prevent a resident from isolating. The program has already responded to over 509 referrals, supporting an estimated 2,400 individuals.

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