



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, July 1, 2024
8:00 AM – 10:00 AM

455 County Center, Room 101
Redwood City, CA 94063



AGENDA

Board of Directors	Monday, July 1, 2024	8:00 AM
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Atrium Conference Room, 2000 Alameda del las Pulgas, San Mateo, CA 94403

This meeting of the San Mateo Medical Center Board of Directors will be held in-person in the Atrium Conference Room, 2000 Alameda de las Pulgas, San Mateo, CA. Remote participation of this meeting will not be available. To observe or participate in the meeting, please attend in-person.

*Written public comments may be emailed to mlee@smcgov.org by Friday, June 28, at 4:00pm, and such written comments should indicate the specific agenda item on which you are commenting.

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

- | | |
|---------------------------------------|----------------------|
| 1. Medical Staff Credentialing Report | Dr. Frank Trinh |
| 2. Quality Report | Dr. Scott Oesterling |

Informational Items

- | | |
|--------------------------------|-----------------|
| 3. Medical Executive Committee | Dr. Frank Trinh |
|--------------------------------|-----------------|

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. June 3, 2024 SMMC Board Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

H. ADMINISTRATION REPORTS

- 1. Diversity, Equity, Inclusion Dr. Alpa Sanghavi
Kacie Patton, Health Services Mgr..... Verbal

- 2. Infection Control Dr. CJ Kunnappilly Verbal
Clark Telar, Clinical Services Manager

- 3. Keller Center and IPV Screening Carlton Mills Verbal
Michele Medrano, DD Ambulatory Nursing
Cassandra Manuel, Nurse Practitioner

- 4. Financial Report Enitan Adesanya....TAB 2

- 5. CEO Report Dr. CJ Kunnappilly.....TAB 2

I. COUNTY HEALTH CHIEF REPORT

- County Health Snapshot Louise Rogers.....TAB 2

J. COUNTY EXECUTIVE OFFICER REPORT

Mike Callagy

K. BOARD OF SUPERVISOR REPORT

Supervisor Noelia Corzo

L. ADJOURNMENT

ADA Requests

Individuals who require special assistance or a disability-related modification or accommodation to participate in this meeting, or who have a disability and wish to request an alternative format for the meeting, should contact Michelle Lee, at mlee@smcgov.org, as early as possible but not later than 10:00 AM on the business day before the meeting. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting, the materials related to it, and your ability to comment.

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, June 3, 2024

Atrium Conference Room, 2000 Alameda de las Pulgas, San Mateo, CA

Board Members Present

Supervisor David Canepa
Supervisor Noelia Corzo
Louise Rogers
Dr. CJ Kunnappilly
Dr. Scott Oesterling
Judith Guerrero

Staff Present

David McGrew	Michelle Lee	Iliana Rodriguez	Christina Silva
Dr. Alpa Sanghavi	Priscilla Romero	Dr. Jeanette Aviles	
Emily Weaver	Rebecca Archer	Jacki Rigoni	
Gabriela Behn	Robert Blake	Dr. Amar Dixit	
John Jurow	Jen Gordon	Dr. Aileen Shieu	
Jack Nasser	Sam Lin	Maria Bermudez	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa 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 May 28, 2024. QIC Minutes from April 23, 2024. Medical Executive Committee Minutes from May 14, 2024.	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report John Jurow	A presentation to the Board was given by John Jurow and highlighted some of the programs that the Foundation supports. The San Mateo County Health Foundation raises funds to provide hospital and clinic needs for over 79,000 patients in the Health system, primarily those who get their health care at the community hospital in San Mateo County. Programs include: <ul style="list-style-type: none"> • Caring Hands in Health – financial assistance program • Bundle of Joy – provides essentials for a family’s newborn during their first few weeks at home • Food Farmacy – assists food insecure households 	FYI
Consent Agenda	Approval of: <ol style="list-style-type: none"> 1. Hospital Board Meeting Minutes from May 6, 2024. 	It was MOVED, SECONDED and CARRIED unanimously to

		approve all items on the Consent Agenda.
Medical Staff Report Dr. Scott Oesterling	No report	FYI
Patient Experience Jen Gordon, Health Services Manager	<p>Elevating the Patient Voice: reaching root cause; creating a pathway for patient feedback; integrating patient voice in EPIC design; partnering with community based organizations and diversifying the patient and family advisory council.</p> <p>Patient Voice in Integr8 Health – Design Team made up of members from Patient Experience, Population Health, Communications, DEI.</p> <p>Pathway for Patient Feedback – Design Team members are Providers, Clinic Manager, Call Center, DEI, Communications, Medical Staff Office.</p> <p>Partnerships/Trust for More Inclusive and Impactful Patient Feedback – Design Team members from DEI, Medical Staff Office, and Social Work.</p>	FYI
North County Wellness Center Sam Lin, Project Development Director Jack Nasser, Deputy Director of Ambulatory Services	<p>The site will be next to the Courthouse in South San Francisco and easily accessible by public transportation. The Center will provide comprehensive care for the entire family and introduce dental services for the first time.</p> <ul style="list-style-type: none"> • Primary Care: 18 primary care exam rooms (currently 8 rooms) • Specialty Care: 2 exam rooms, 2 procedure rooms (currently not offered in SSF) • Optometry: 2 exam rooms (currently 1 offered in SSF) • Dental Care: 6 dental chairs (currently not offered in SSF) • Colocation of services in a “one-stop” location removes barriers to enrollment in programs and access to care <p>Additional 5,000 primary care visits include an increase in pediatric capacity to meet growing needs in the community and expand access to care in South San Francisco Expanded specialty care would result in additional 400 annual visits Six new dental chairs provide an additional 5,500 dental visits annually Enhanced clinical services on-site such as phlebotomy and clinical pharmacy Allows for co-location of services such as Health Coverage Unit, WIC, and Integrated Behavioral Health support</p> <p>The expected completion date is in 2026.</p>	FYI
Integr8 Health/Strategy	The Executive Management Team gave an update on Integr8 Health. The project has moved passed pre-work and the build phases to the Readiness stage.	FYI

<p>SMMC Executive Management Team</p>	<p>Build Phase Accomplishments: 386 Staff and Analysts; 10 Improvement Councils; 34 Design Teams; 9,717 Building block decisions; 74,145 Completed tasks.</p> <p>Data Conversion Validation: Ensuring data transferred from legacy systems to Epic is accurate; 30 staff volunteered to validate in round one; 100% completion rate ahead of schedule. Appointment Conversion weekend Oct. 19-20: 90 “volunteer” staff will transfer 15% of post go-live patient appointments from legacy systems to Epic; Soft go-live for reg staff; More than 50% staff recruited already!</p> <p>User Readiness Super Users: Will provide peer-to-peer support during training and at-the-elbow support during go-live; 220 staff and providers onboarded as super users. Manager Registration Fairs: 70 managers trained on how to register staff for role-based Epic training.</p> <p>Spreading Workflows goal: Prepare design teams and improvement councils to identify high-impact changes, identify gaps between current and future state, and develop and spread new and updated workflows</p> <ul style="list-style-type: none"> • Partnered with Epic to conduct 2 readiness phase kick-off sessions for more than 100 leaders to orient them to their roles • Developed standard work to ensure readiness sessions are productive and leaders are supported <p>High Impact changes: Based on adopting Epic’s foundation system, changes in workflows that will be significantly different from current state (new workflows, different operators, etc.)</p> <ul style="list-style-type: none"> • More than 150 high impact changes have been identified • Design Teams supported by Improvement Council are working on workflow documents, standard work, and policy updates <p>Go-Live Readiness Assessments:</p> <ul style="list-style-type: none"> • Review operational readiness and risks for go-live • Openly discuss risks and issues • Ensure clear next steps and owners • Facilitate communication and encourage transparency • Ensure alignment across, Chairs, HIT, Epic, and operational leaders <p>Training Super Users: Trained before most staff and can provide peer support during role-based training (Aug) Role-Based Training: Staff and providers will receive Epic-led, in-person training based on their role (Sept-Oct) Provider User Settings Labs: Providers will learn how to personalize their settings in Epic (Oct)</p> <p>Support for Training and Go-Live</p>	
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	<ul style="list-style-type: none"> • Authorized Managers to use all available staffing options to cover patient care and training requirements. (OT, EH, LT, Registry, etc) • Reduced patient schedules in ambulatory and ancillary (two weeks before and after go-live) • At-the-elbow support for go-live and throughout November (super users and Epic experts) 	
Financial Report David McGrew, CFO	The April FY 23/24 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. May was a month of celebrations: Health Care Week; Nurse’s Day; Medical Staff Meeting and Dinner.	FYI
County Health Chief Report Louise Rogers	Ms. Rogers reported that because of Medicaid expansion, approximately 400 county residents have been added. Remaining uninsured population may be eligible for Medi-Cal. We don’t know the number of the remaining uninsured population and we are working with community based organization to understand their insurance coverage landscape.	FYI
County Executive Officer Iliana Rodriguez	No report.	FYI
Board of Supervisors Supervisor David Canepa and Supervisor Noelia Corzo	The newly formed Domestic Violence Workforce will be led by a work-out-of-class project coordinator. This weekend will be the County’s Pride Event and there will be a Juneteenth event later in the month as well.	FYI

Supervisor Canepa adjourned the meeting at 9:40 AM. The next Board meeting will be held on July 1, 2024.

Minutes recorded by:
Michelle Lee, Executive Secretary

Minutes approved by:
Dr. Chester Kunnappilly, Chief Executive Officer

ADMINISTRATION REPORTS

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: May FY23-24

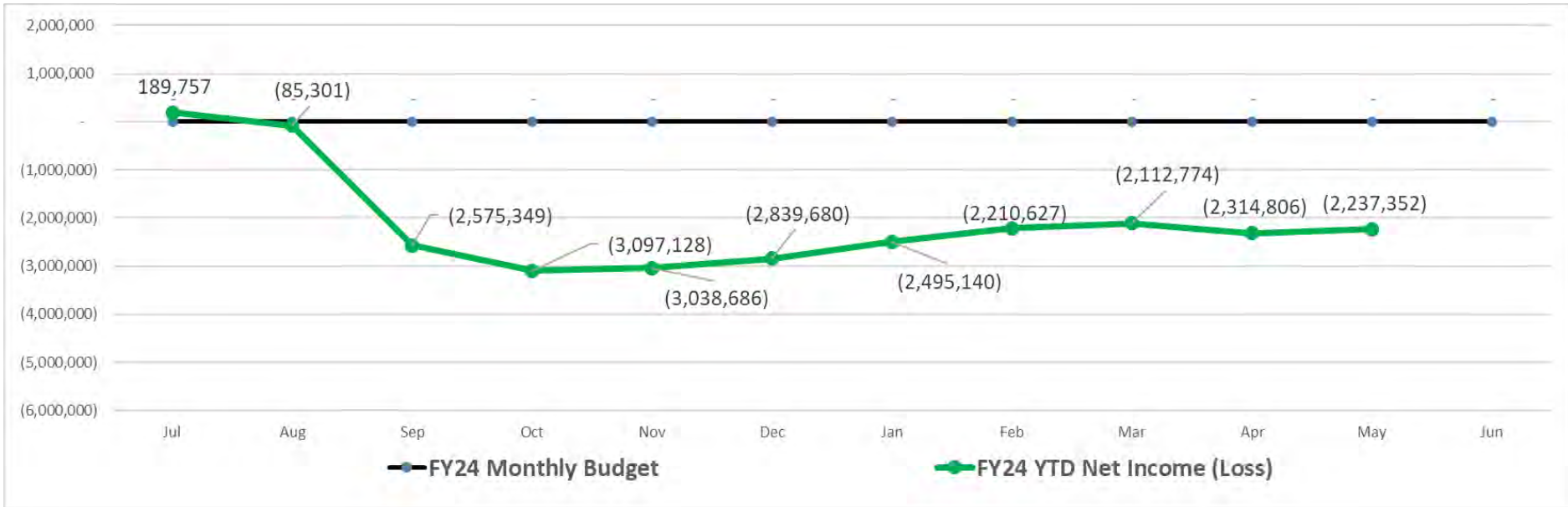
July 1, 2024

Presenter: Enitan Adesanya, CFO



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

FY23-24 Cumulative YTD Financial Results



Net Income(loss) – May \$77K, YTD (\$2.2M)

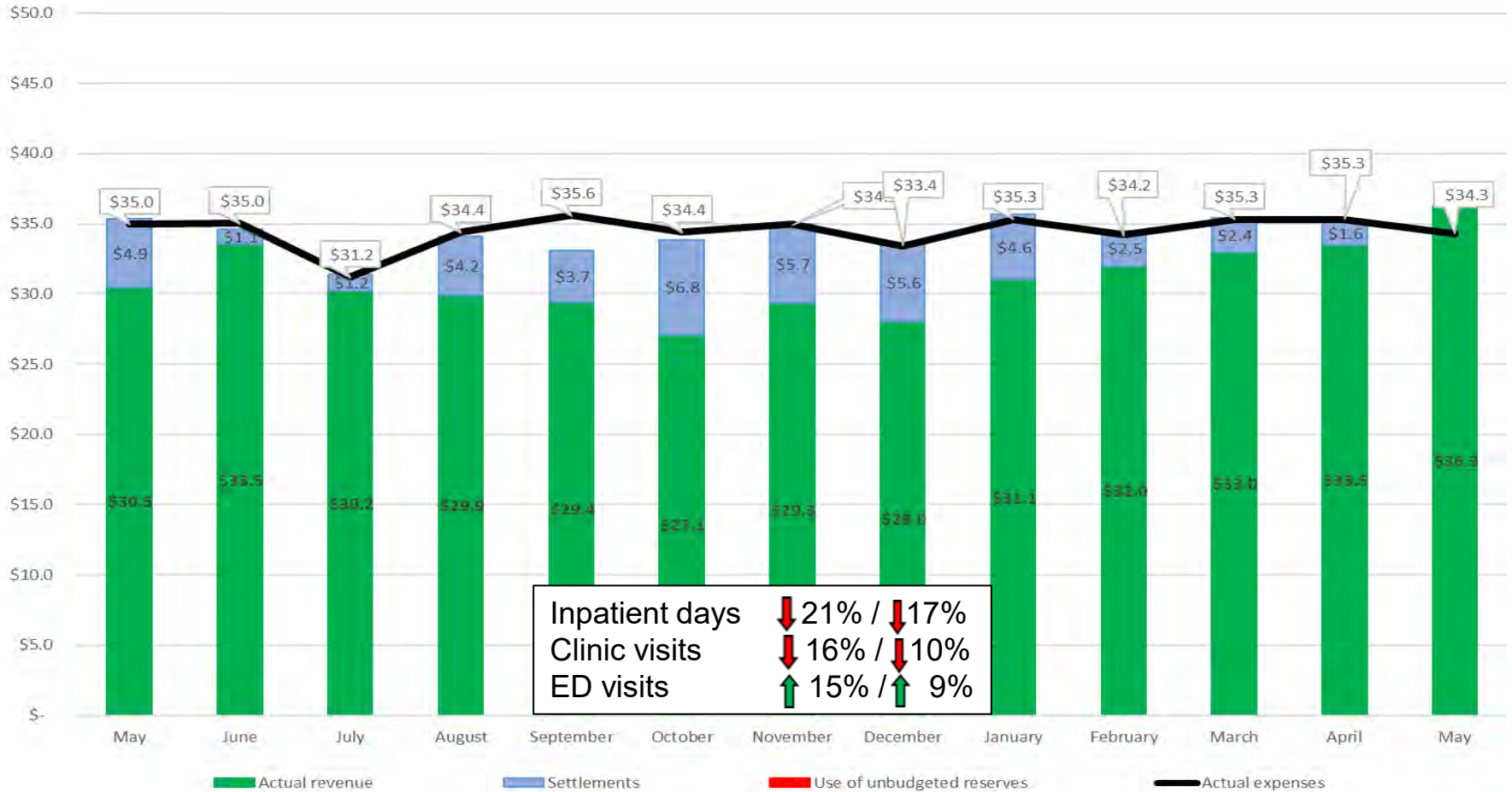
- FTEs 8% favorable
- Labor costs favorable by \$16.7M
- FY23, FY24 EPP reserve true up

- Drugs
- Supplies
- Debt service 2018 bond

May FY24 Snapshot – May is favorable to budget by \$77K. SMMC projects to be slightly unfavorable at year end. Nursing registry costs remain unfavorable due to the difficulties with hiring permanent nurses. Inpatient acute volume decreased as placements improved and Medical ED visits continue to be higher than budget. Managed care membership remains favorable to budget.

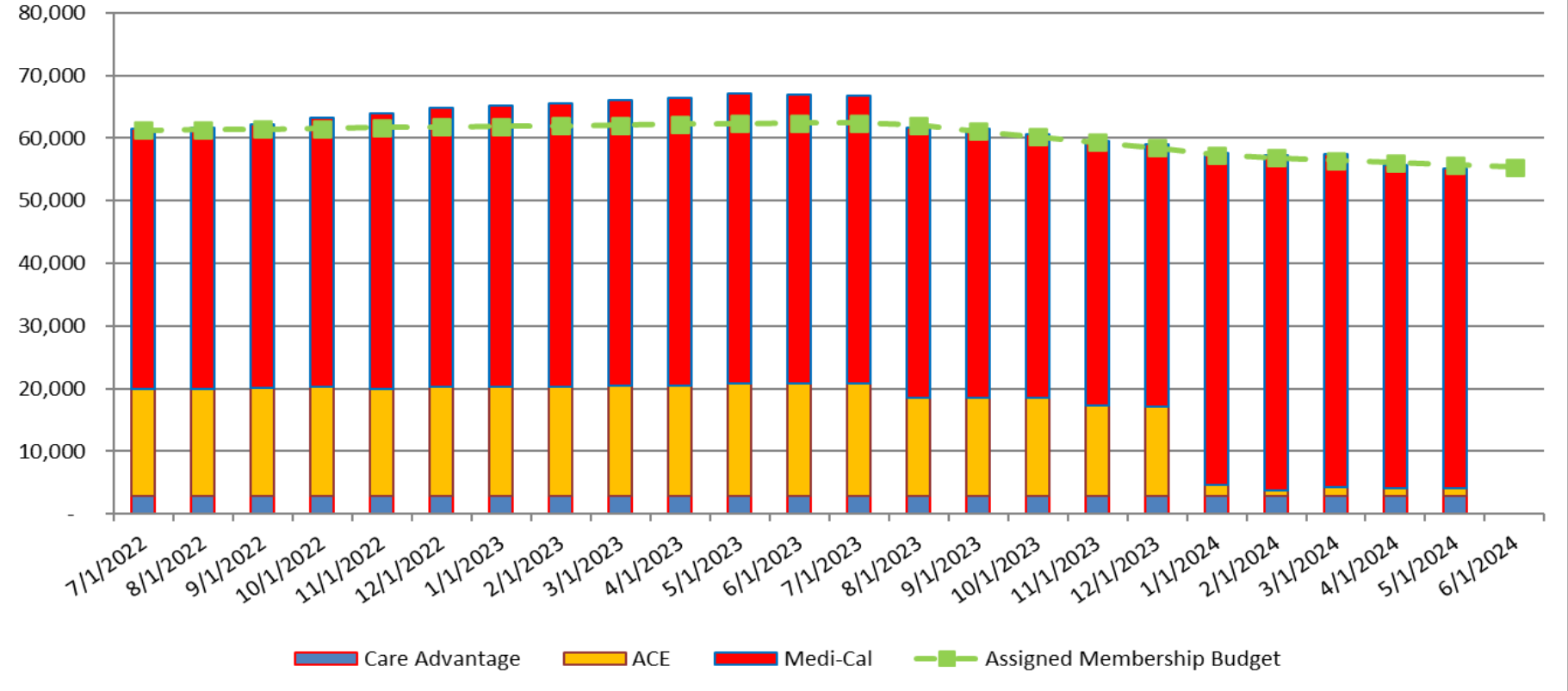
FY 23-24 Revenue & Expense Trend

SMMC's current operating revenue fluctuates around an average of \$29 million (green bar). Operating expenses (black line) in FY24 are averaging \$34 million per month and trending right at budget.



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

Managed Care Membership Trend

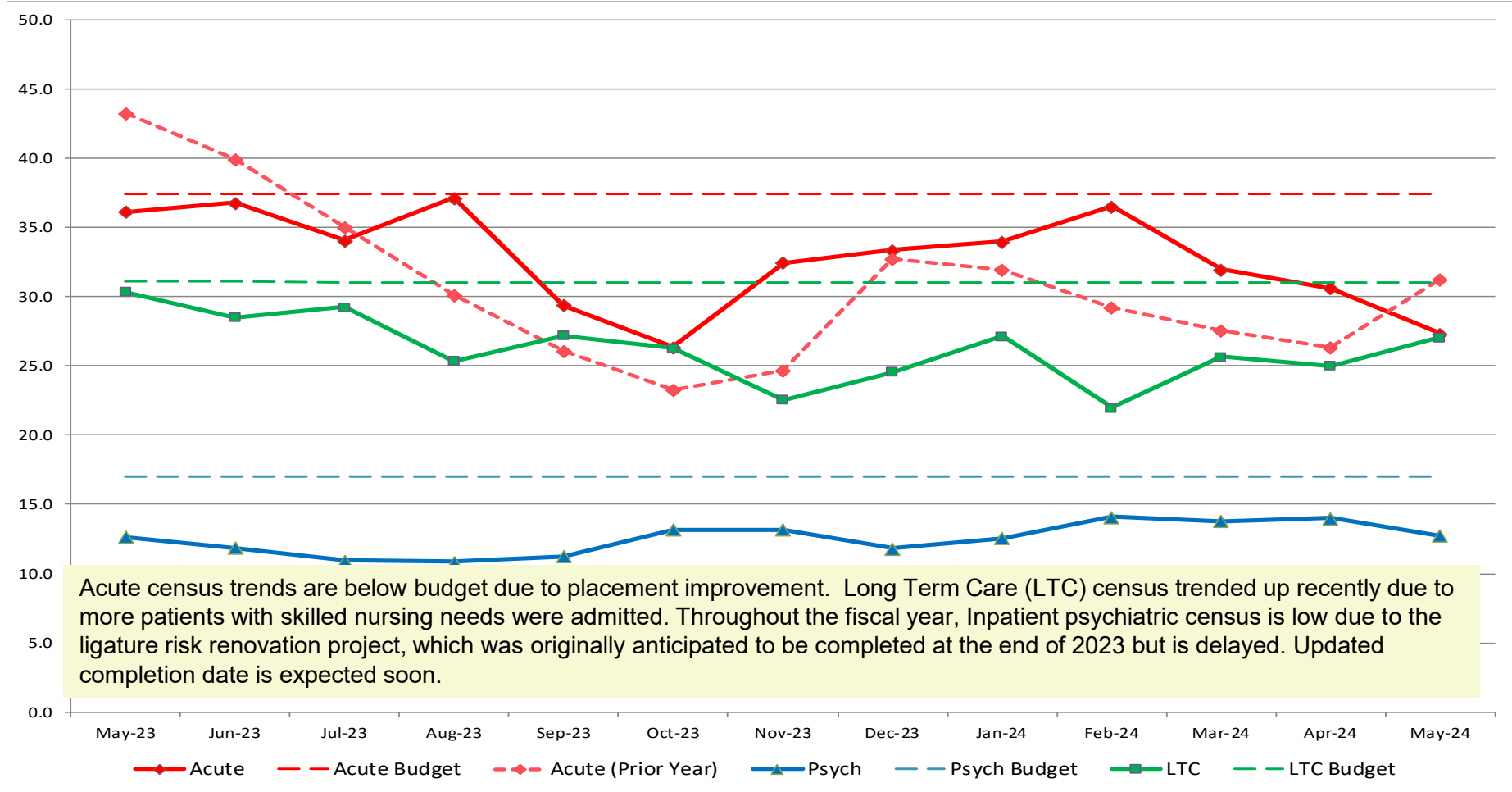


The membership in managed care programs peaked in July 2023 and started trending down since. This is a result of the State beginning the process of redetermining eligibility for Medicaid enrollees and the end of continuous enrollment that was in place during the public health emergency. In January 2024, approximately 10,000 ACE 26-49 population shifted from ACE to Medi-Cal, partially off-setting Medi-Cal assignment losses. By June 2024, total assignments losses of 7,000 are projected across all lines of business.

San Mateo Medical Center Inpatient Days May 31, 2024

	MONTH			
	Actual	Budget	Variance	Stoplight
Patient Days	2,081	2,649	(568)	-21%

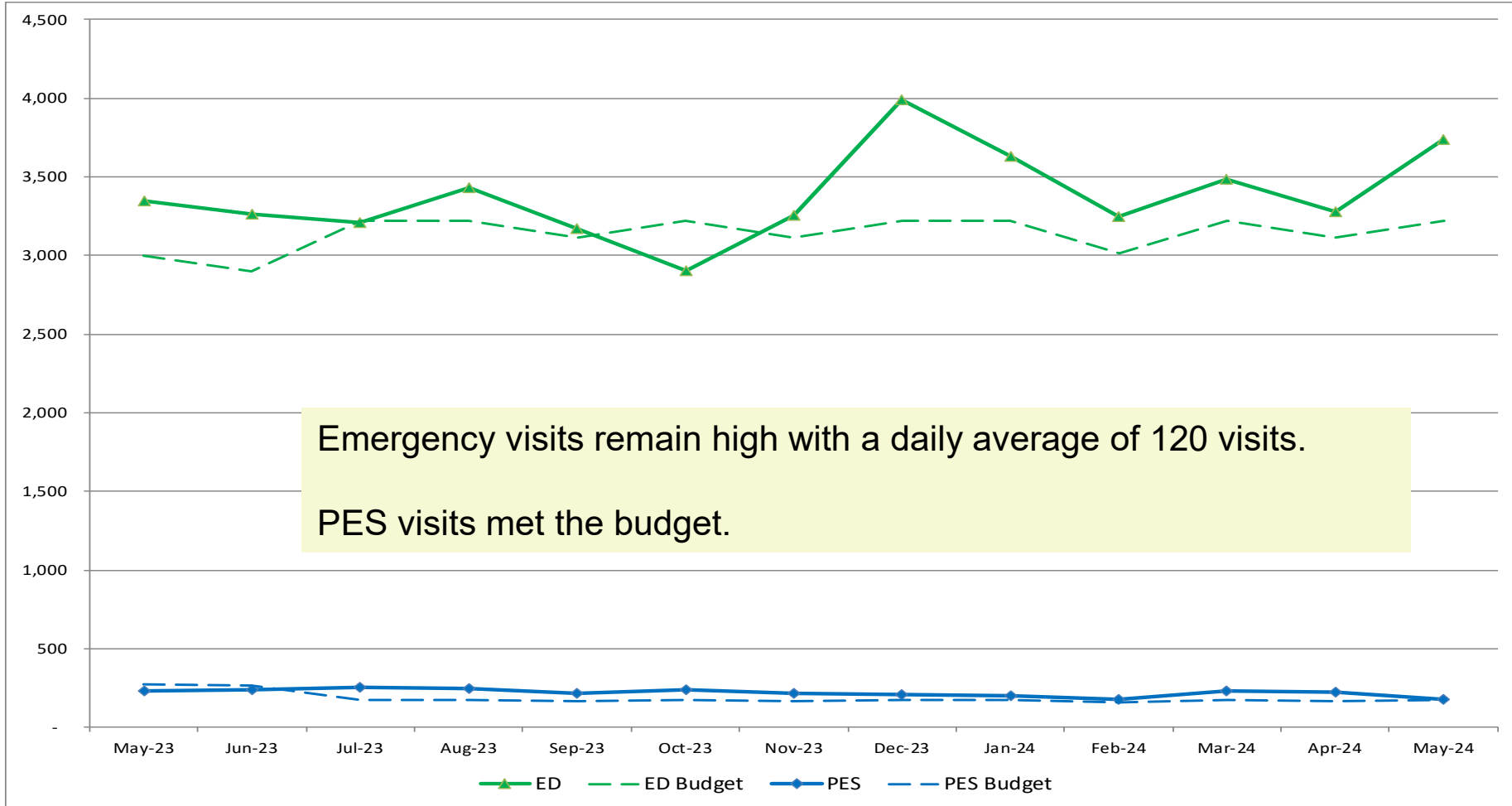
	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
Patient Days	23,821	28,712	(4,891)	-17%



San Mateo Medical Center Emergency Visits May 31, 2024

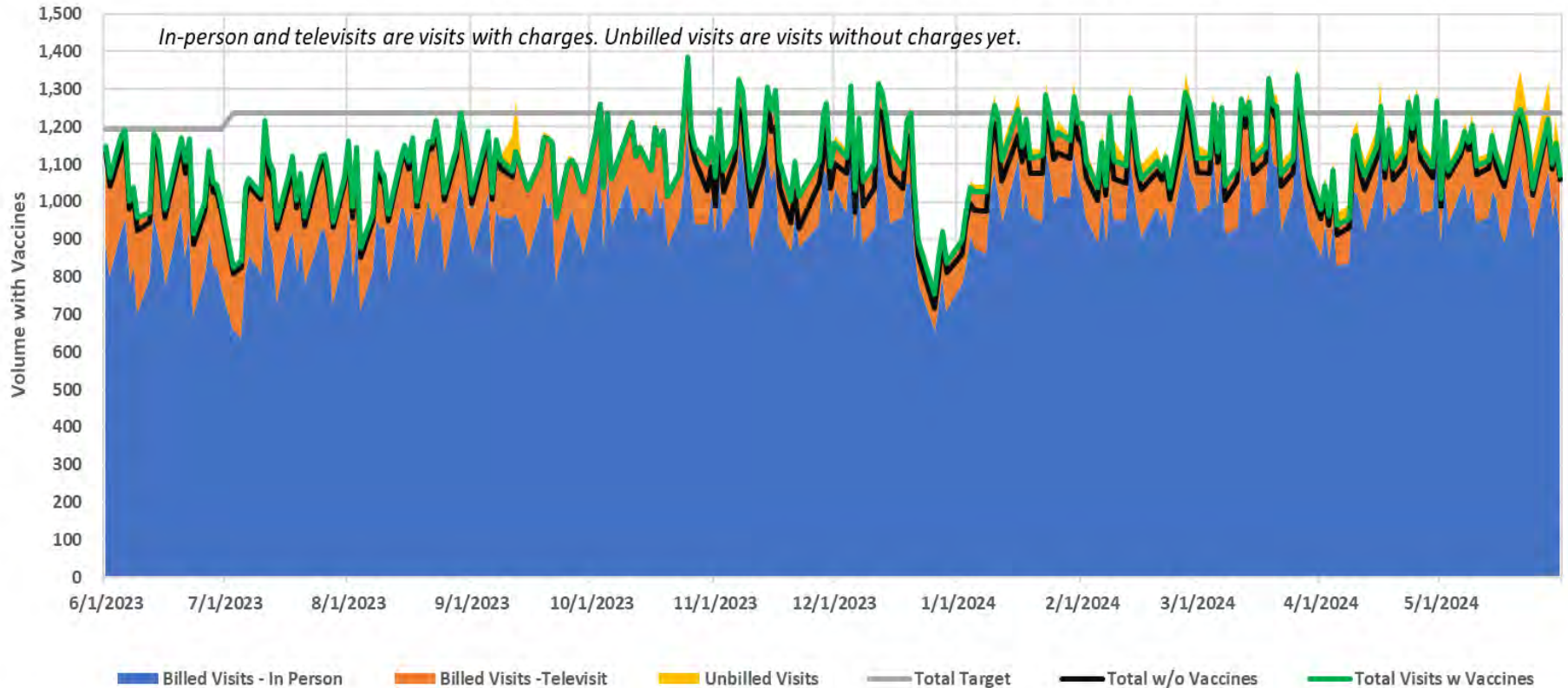
	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	3,913	3,389	524	15%

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
ED Visits	39,969	36,734	3,235	9%



San Mateo Medical Center Clinic Visits May 31, 2024

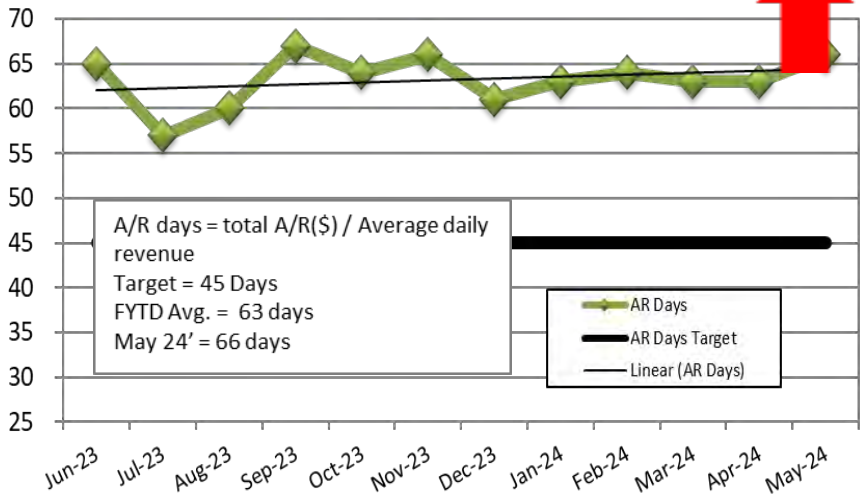
DAILY CLINIC VOLUME TRENDS - ROLLING 12-MONTHS THROUGH MAY 2024



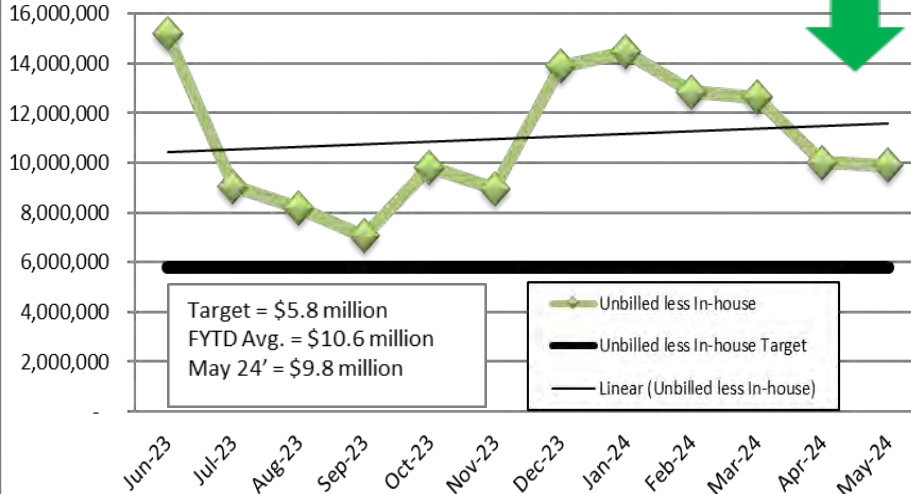
Clinic visits are 10% below budget fiscal year to date. The drop in volume in the latter half of December is due to low utilization and staff time-offs typical in holiday season. Televisits are running at 14% of total visits in FY24. Clinic televisits were 22% of total visits in FY23. Early in the pandemic the ratio was as high as 78%.

Fee-For-Service Revenue - KPIs

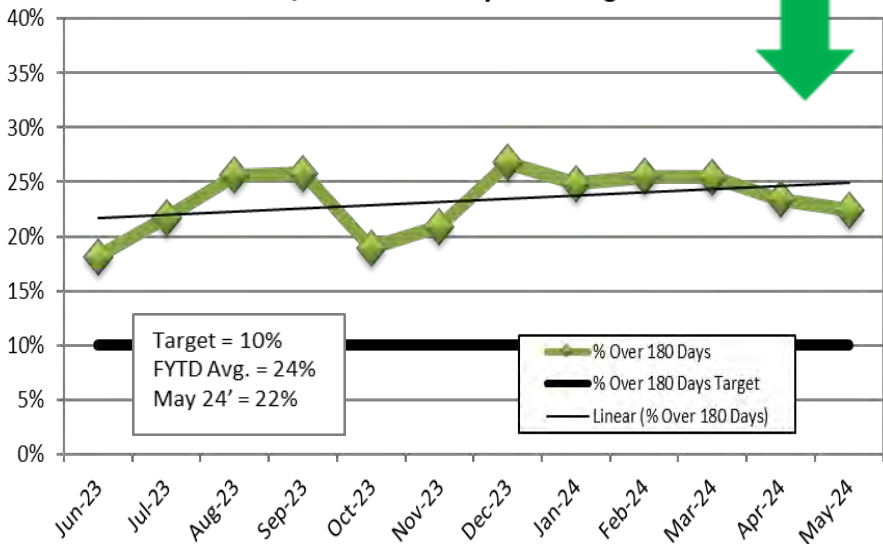
A/R Days - Rolling 12 Months



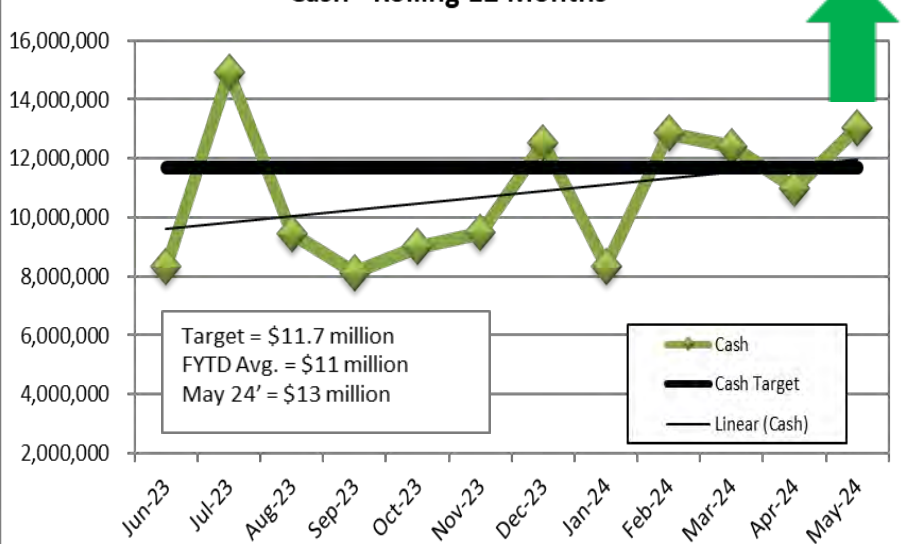
A/R Unbilled - Rolling 12 Months



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

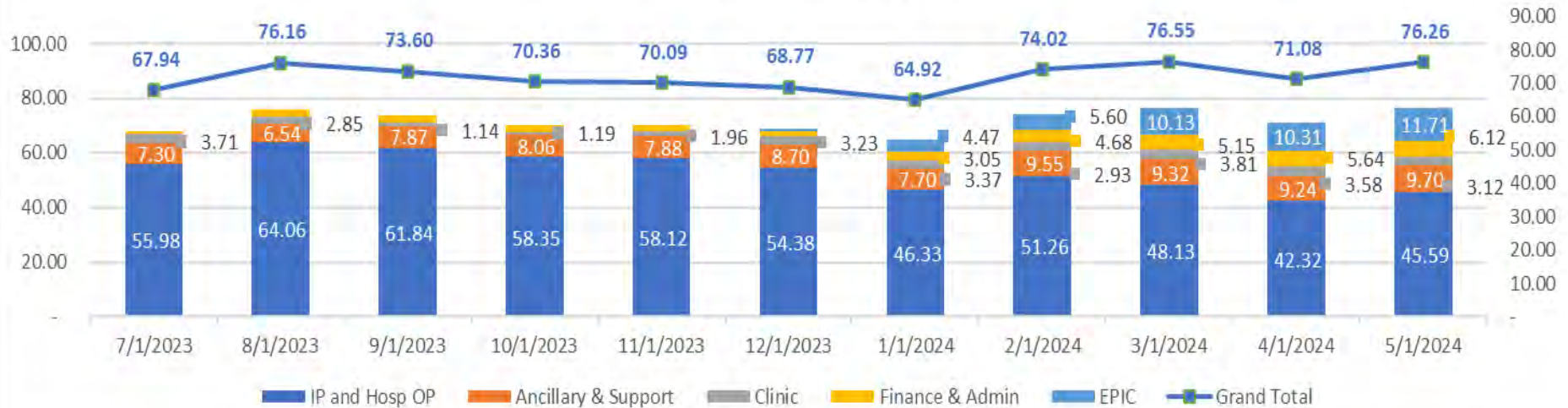


Cash - Rolling 12 Months



Registry Analysis

FTE by Org Grouping



Actual vs Contract Amount, FTE and Average Hourly Rate



APPENDIX



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

San Mateo Medical Center
Income Statement
May 31, 2024

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	77,457	0	77,457		(2,237,352)	0	(2,237,352)		
2 HPSM Medi-Cal Members Assigned to SMMC	51,116	50,333	783	2%	517,483	509,902	7,581	1%	
3 Unduplicated Patient Count	72,754	67,727	5,027	7%	72,754	67,727	5,027	7%	
4 Patient Days	2,081	2,649	(568)	-21%	23,821	28,712	(4,891)	-17%	
5 ED Visits	3,913	3,389	524	15%	39,969	36,734	3,235	9%	
7 Surgery Cases	182	296	(114)	-39%	2,420	3,098	(678)	-22%	
8 Clinic Visits	22,834	27,174	(4,340)	-16%	256,383	284,093	(27,710)	-10%	
9 Ancillary Procedures	74,430	70,097	4,333	6%	762,854	733,642	29,212	4%	
10 Acute Administrative Days as % of Patient Days	0.0%	20.0%	20.0%	100%	19.0%	20.0%	1.0%	5%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	82.0%	80.0%	-2.0%	-2%	87.0%	80.0%	-7.0%	-9%	
Pillar Goals									
12 Revenue PMPM	186	153	33	21%	144	160	(16)	-10%	
13 Operating Expenses PMPM	394	404	9	2%	395	390	(5)	-1%	
14 Full Time Equivalents (FTE) including Registry	1,119	1,213	94	8%	1,132	1,213	81	7%	

San Mateo Medical Center
Income Statement
May 31, 2024

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	12,246,773	14,335,992	(2,089,219)	-15%	138,499,867	157,695,915	(19,196,048)	-12%
22 Outpatient Gross Revenue	40,298,351	30,680,132	9,618,219	31%	361,247,536	337,481,451	23,766,085	7%
23 Total Gross Revenue	52,545,124	45,016,124	7,529,000	17%	499,747,403	495,177,366	4,570,038	1%
24 Patient Net Revenue	15,915,505	14,288,817	1,626,689	11%	132,163,965	157,176,982	(25,013,017)	-16%
25 Net Patient Revenue as % of Gross Revenue	30.3%	31.7%	-1.5%	-5%	26.4%	31.7%	-5.3%	-17%
26 Capitation Revenue	569,806	510,911	58,895	12%	5,688,118	5,620,026	68,093	1%
27 Supplemental Patient Program Revenue	10,529,238	13,312,505	(2,783,266)	-21%	153,839,288	146,437,552	7,401,736	5%
<i>Volume Based (GPP, EPP, VRR, AB915)</i>	4,914,377	6,889,343	(1,974,966)	-29%	83,359,241	75,782,769	7,576,472	10%
<i>Value Based (QIP, HPSM P4P)</i>	3,470,122	3,100,472	369,649	12%	40,841,802	34,105,195	6,736,607	20%
<i>Other</i>	2,144,740	3,322,690	(1,177,950)	-35%	29,638,245	36,549,588	(6,911,343)	-19%
28 Total Patient Net and Program Revenue	27,014,550	28,112,233	(1,097,683)	-4%	291,691,371	309,234,560	(17,543,189)	-6%
29 Other Operating Revenue	1,477,495	1,182,353	295,141	25%	15,097,411	13,005,885	2,091,527	16%
30 Total Operating Revenue	28,492,044	29,294,586	(802,542)	-3%	306,788,783	322,240,445	(15,451,662)	-5%

San Mateo Medical Center
Income Statement
May 31, 2024

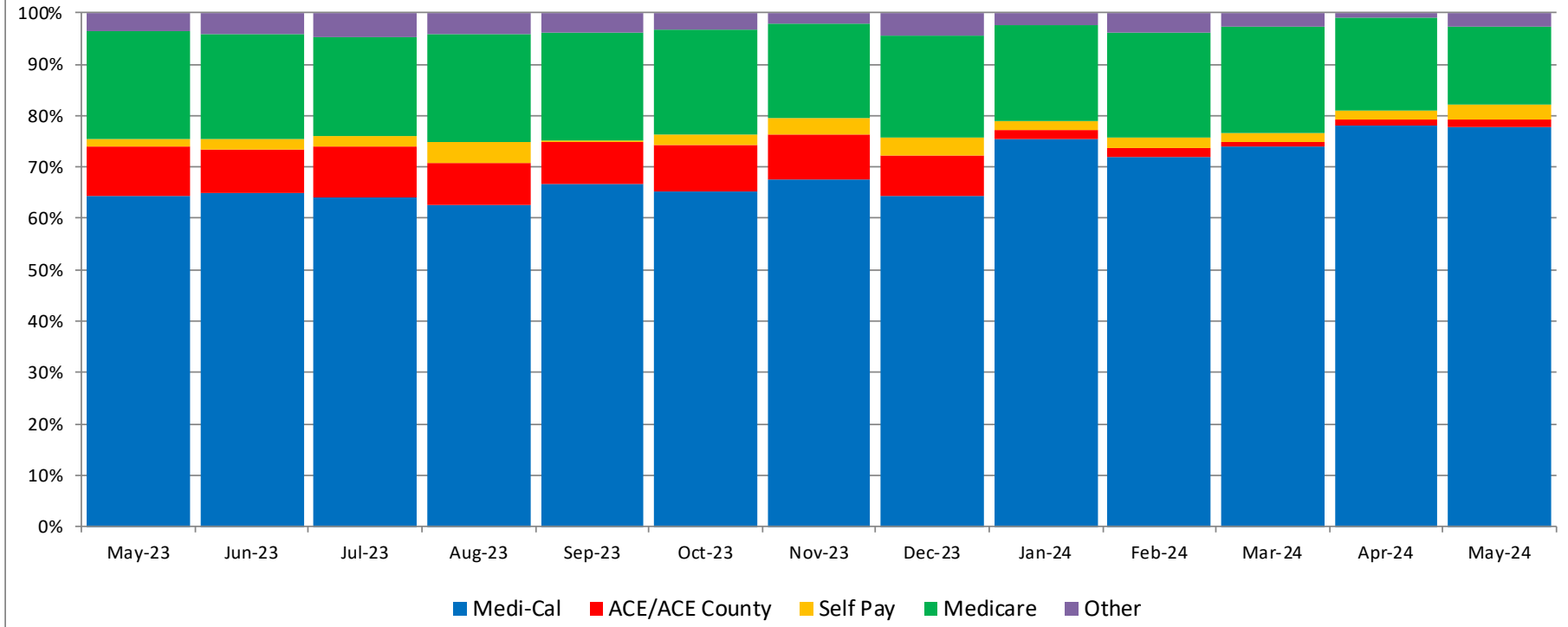
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	17,191,801	19,747,380	2,555,578	13%	194,900,402	217,221,175	22,320,773	10%
32 Drugs	1,738,534	1,246,836	(491,698)	-39%	16,124,859	13,715,201	(2,409,658)	-18%
33 Supplies	1,536,562	1,142,708	(393,854)	-34%	13,881,369	12,569,793	(1,311,576)	-10%
34 Contract Provider Services	5,420,643	4,127,930	(1,292,713)	-31%	50,368,809	45,407,229	(4,961,580)	-11%
<i>Registry</i>	2,036,695	699,888	(1,336,806)	-191%	16,961,719	7,698,772	(9,262,947)	-120%
<i>Contract Provider</i>	3,230,163	3,021,524	(208,639)	-7%	29,624,575	33,236,764	3,612,189	11%
<i>ACE Out of Network</i>	96,914	351,675	254,761	72%	3,257,541	3,868,425	610,884	16%
<i>Other</i>	70,318	54,843	(15,476)	-28%	537,513	603,268	65,756	11%
35 Other fees and purchased services	5,895,693	6,549,964	654,272	10%	74,080,083	72,049,609	(2,030,474)	-3%
36 Other general expenses	676,575	784,425	107,850	14%	8,727,762	8,628,674	(99,088)	-1%
37 Rental Expense	187,399	173,397	(14,002)	-8%	2,075,991	1,907,370	(168,621)	-9%
38 Debt Service	1,374,465	729,484	(644,980)	-88%	15,119,110	8,024,329	(7,094,782)	-88%
39 Depreciation	302,880	330,567	27,688	8%	3,319,130	3,636,240	317,110	9%
40 Total Operating Expenses	34,324,552	34,832,693	508,140	1%	378,597,516	383,159,620	4,562,104	1%
41 Operating Income/Loss	(5,832,508)	(5,538,107)	(294,401)	-5%	(71,808,733)	(60,919,175)	(10,889,558)	-18%
42 Non-Operating Revenue/Expense	550,829	236,305	314,523	133%	11,644,227	2,599,356	9,044,871	348%
43 Contribution from County General Fund	5,359,137	5,301,802	57,335	1%	57,927,154	58,319,819	(392,665)	-1%
44 Total Income/Loss (GAAP)	77,457	0	77,457		(2,237,352)	0	(2,237,352)	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
May 31, 2024**

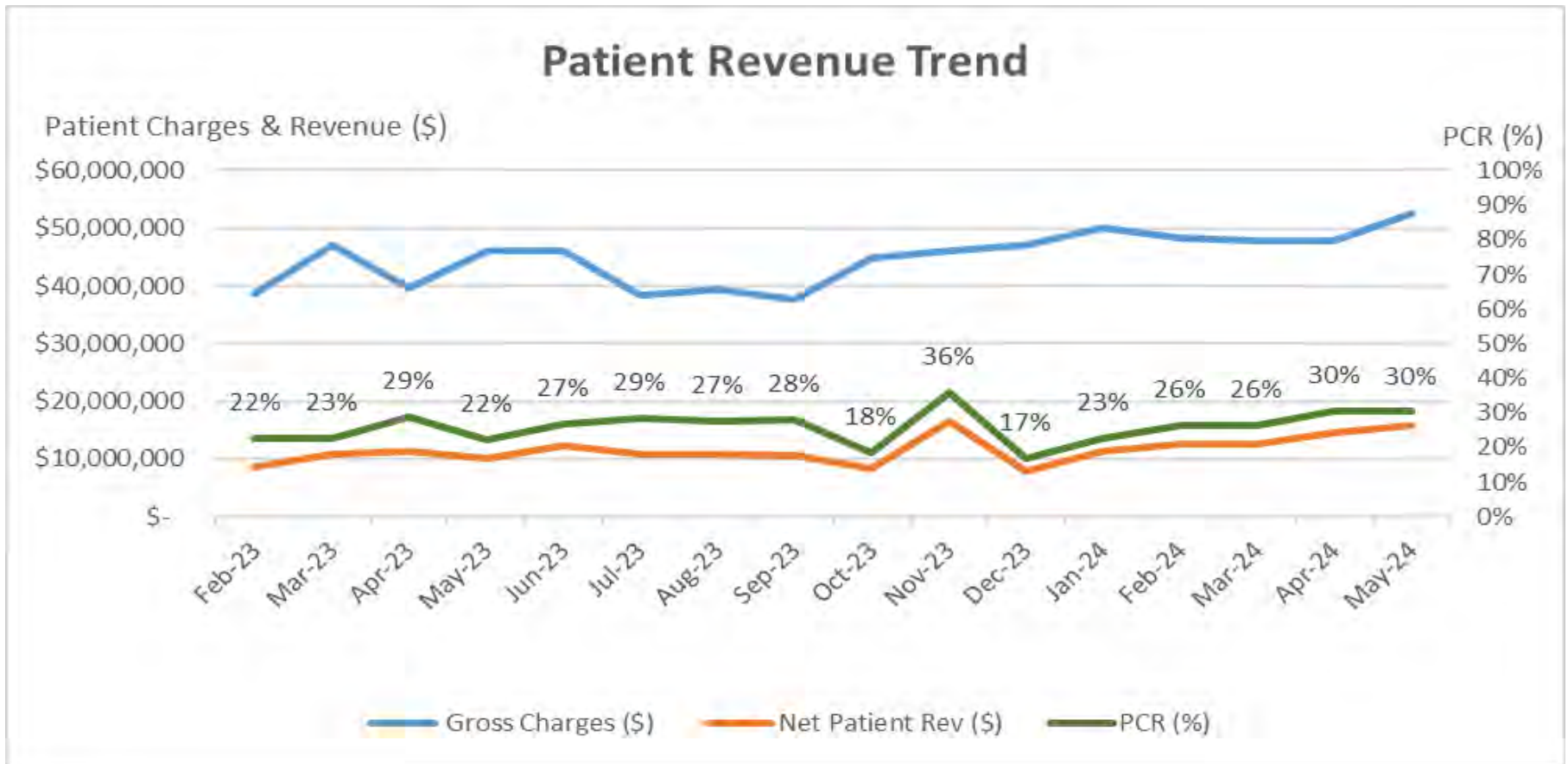
	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	15.2%	21.1%	-5.9%	
Medi-Cal	77.7%	64.7%	13.1%	
Self Pay	2.8%	1.4%	1.4%	
Other	2.7%	3.7%	-1.0%	
ACE/ACE County	1.5%	9.1%	-7.5%	
Total	100.0%	100.0%		

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	19.2%	21.1%	-1.9%	
Medi-Cal	70.2%	64.7%	5.5%	
Self Pay	2.3%	1.4%	0.9%	
Other	3.2%	3.7%	-0.5%	
ACE/ACE County	5.1%	9.1%	-3.9%	
Total	100.0%	100.0%		

Payer Type by Gross Revenue



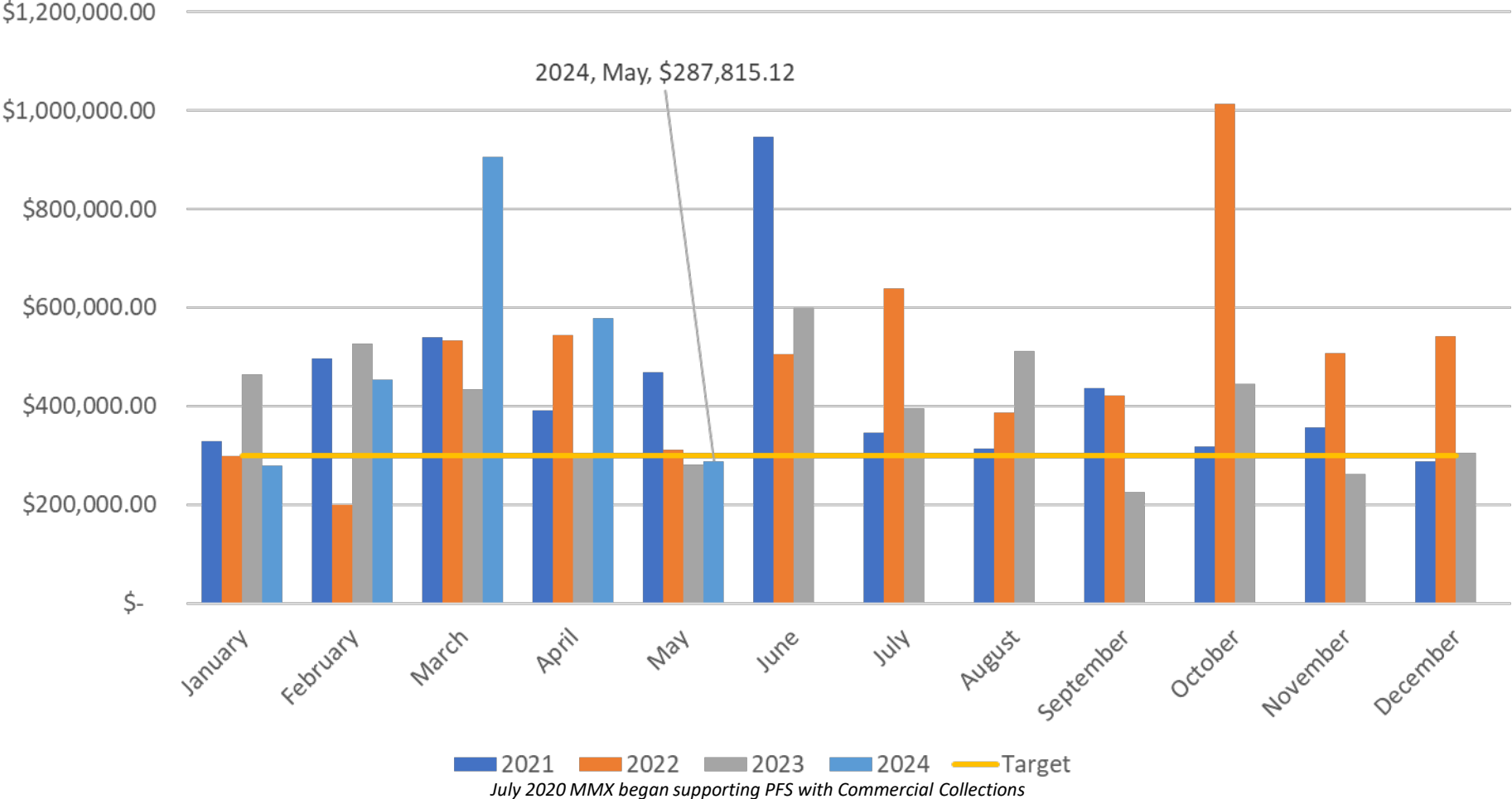
Fee-For-Service Patient Revenue Trend



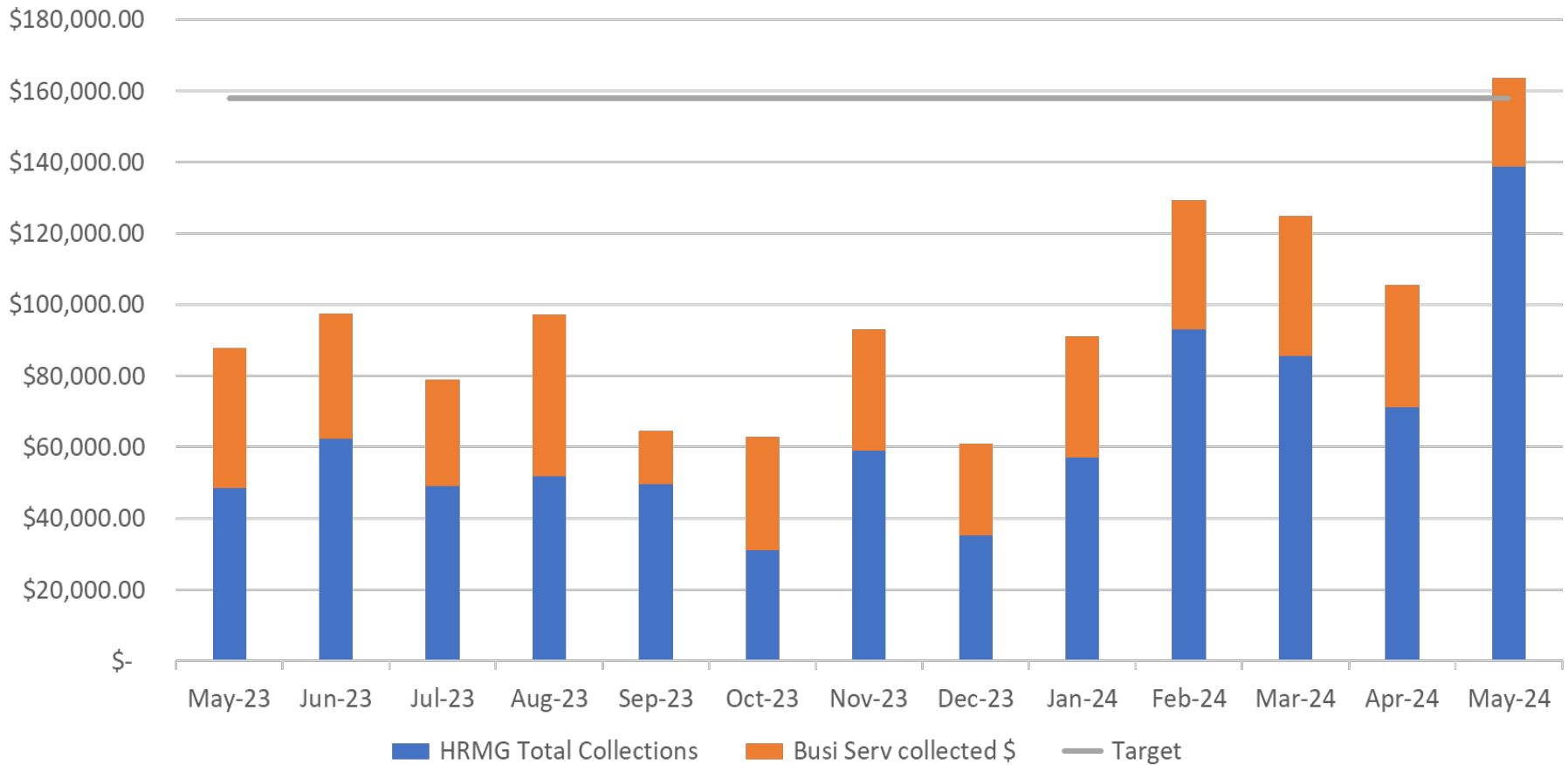
Budgeted PCR 33.9% (FY22), 31.2% (FY23), 31.7% (FY24)

Gross patient revenue increased in recent months due to CDM price increase effective Nov 2023. The collection rate (PCR) in FY24 YTD is trending at average 26%. Low PCR in Oct 23 is due to delay in patient revenue recognition in part due to CorroHealth. PCR surge in Nov 23 and drop in Dec 23 was due to one-time adjustments. PCR is expected to remain in mid/high 20s for the rest of this fiscal year.

Fee-For-Service Commercial Collections



Fee-For-Service Self Pay Collections

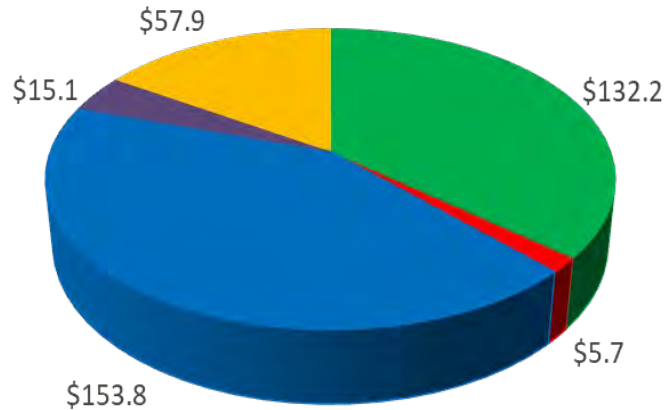


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

Revenue Mix

Sources of Revenue

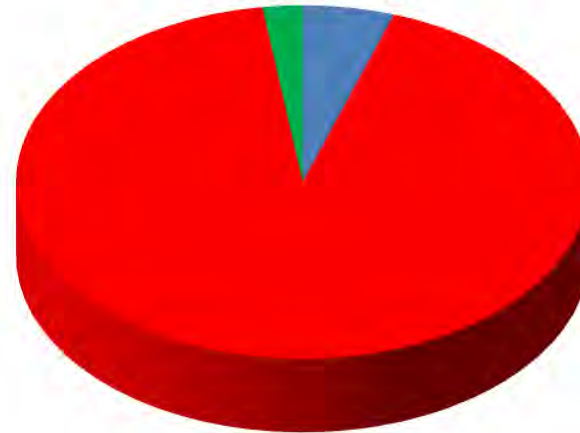
(Dollars in millions)



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

Managed Care Mix

2.3% 5.2%



92.6%

■ Medicare ■ Medi-Cal ■ Access to Care for Everyone

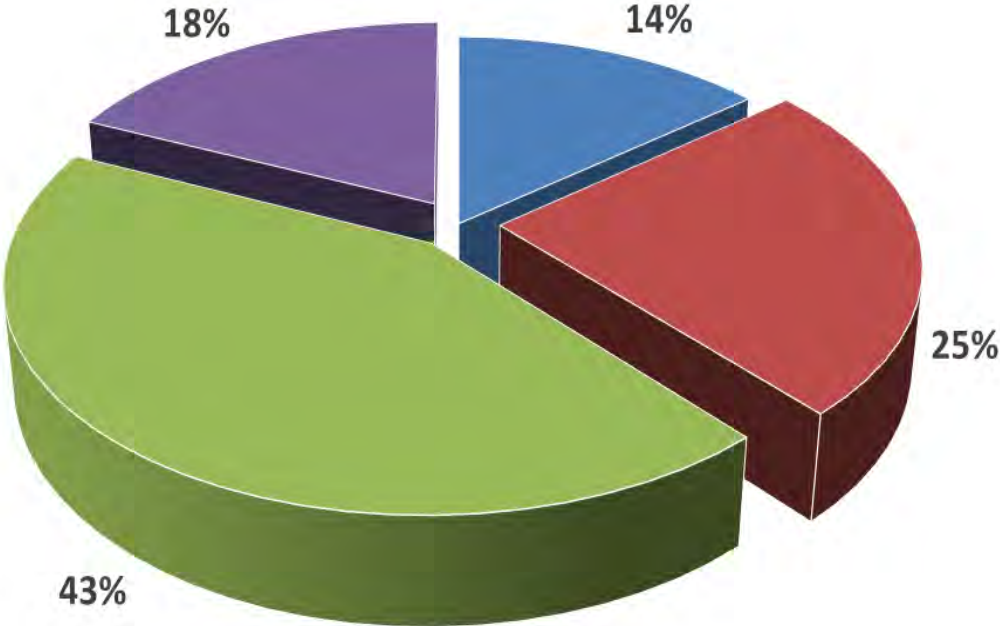
Total YTD Revenue of \$365 million consists of 42% in Supplemental Programs and 36% in Fee For Service

Health Plan of San Mateo (HPSM) represents 45% 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.

Revenue Mix by Service Line



■ Inpatient

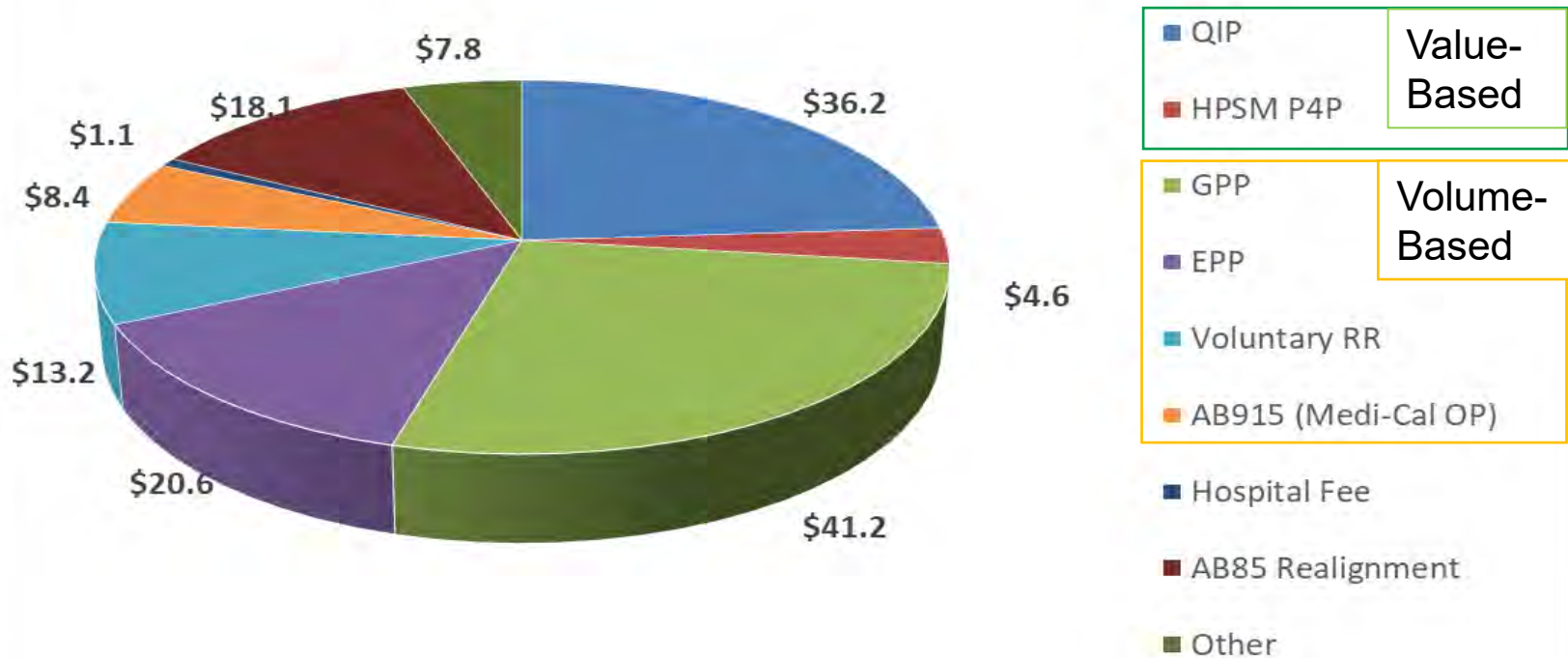
■ Hospital ED & Outpatient

■ Ambulatory Clinics

■ Ancillary Services

Supplemental Revenue Mix

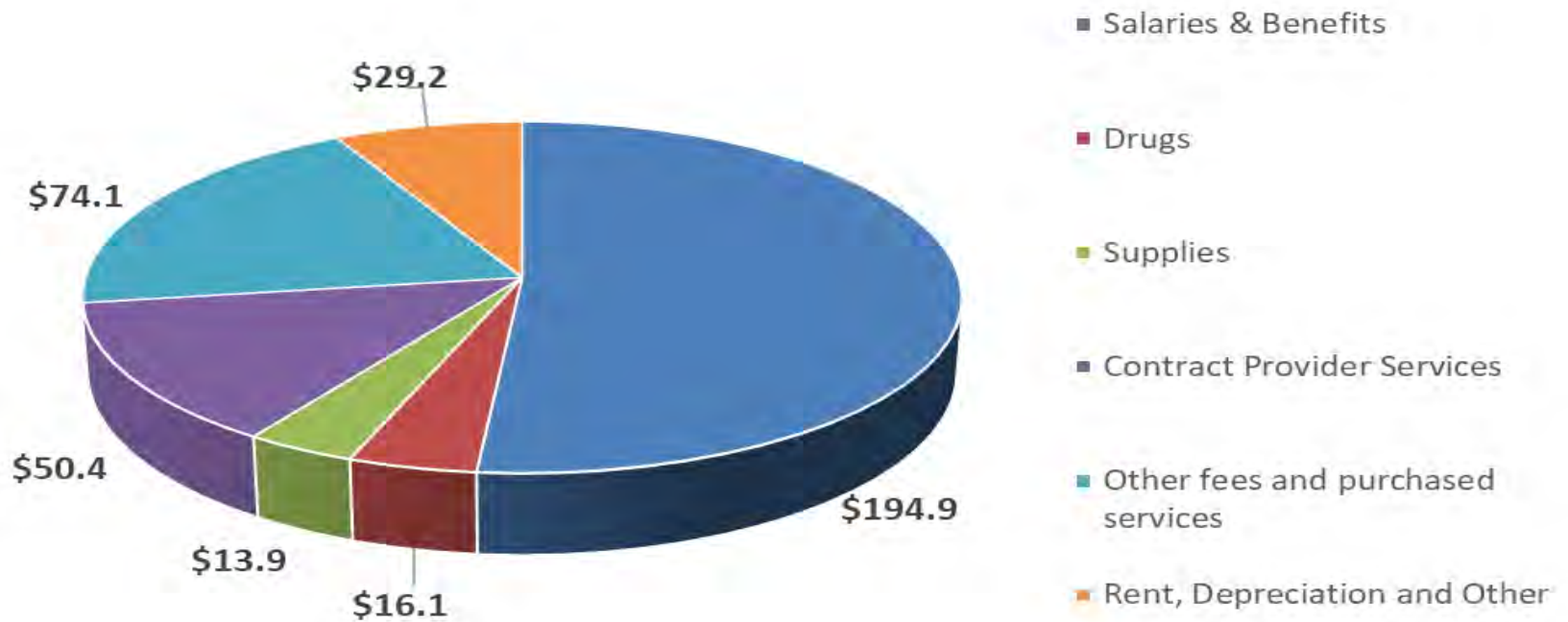
(Dollars in millions)



- **Value-Based** programs, including Capitation revenue, represents 27% of total revenue
- **Volume-Based** supplemental programs, plus FFS revenue, represent 55% of total revenue

Total Operating Expenses

(Dollars in millions)



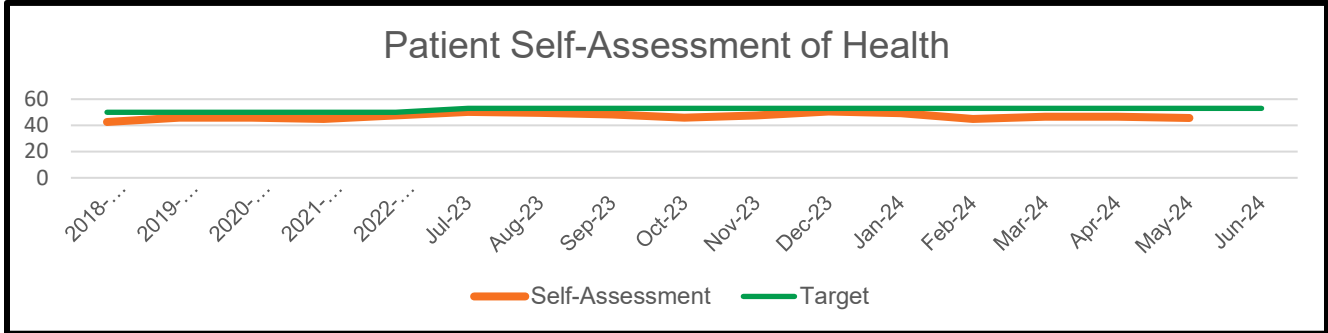
Salaries & Benefits represent 51% of total expenses

Personnel costs* represent 65% of total expenses

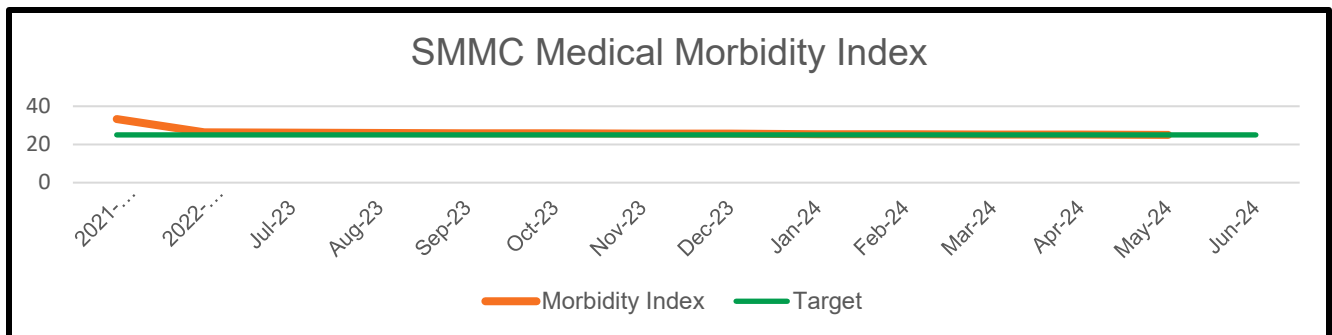
* Personnel costs includes S&B plus Registry/Contract Providers



Excellent Care



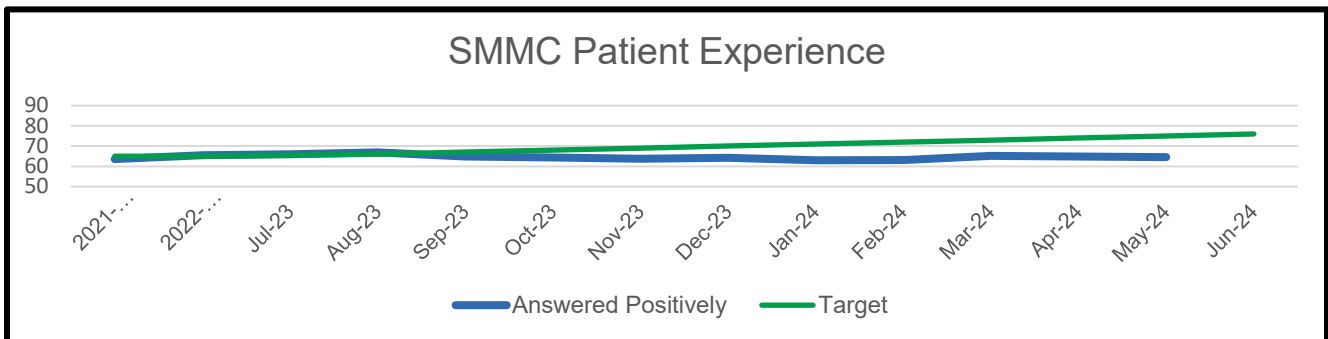
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



Medical Morbidity Index: This represents the percentage of SMMC patients who meet one or more of the following criteria: Inadequately Controlled Diabetes, Inadequately Controlled Hypertension, Obesity, or a Positive Depression Screen. **Lower is better.**



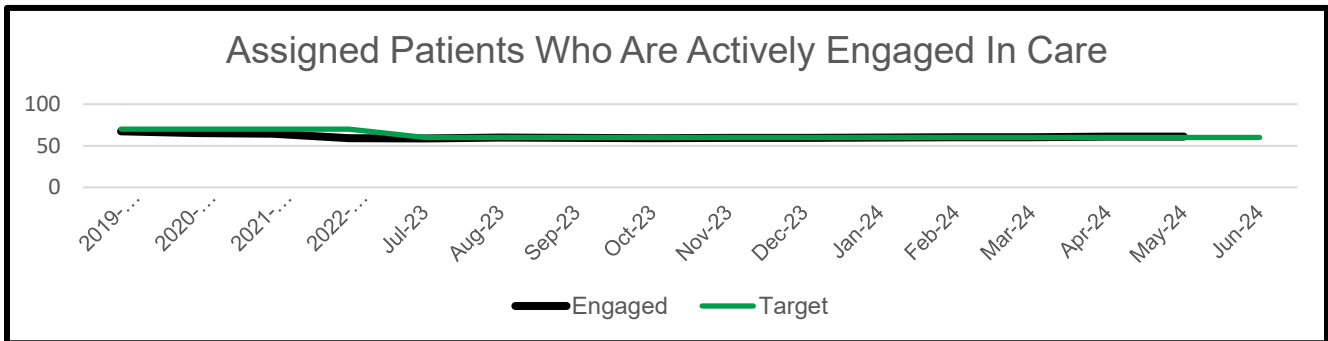
Patient Experience



Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**



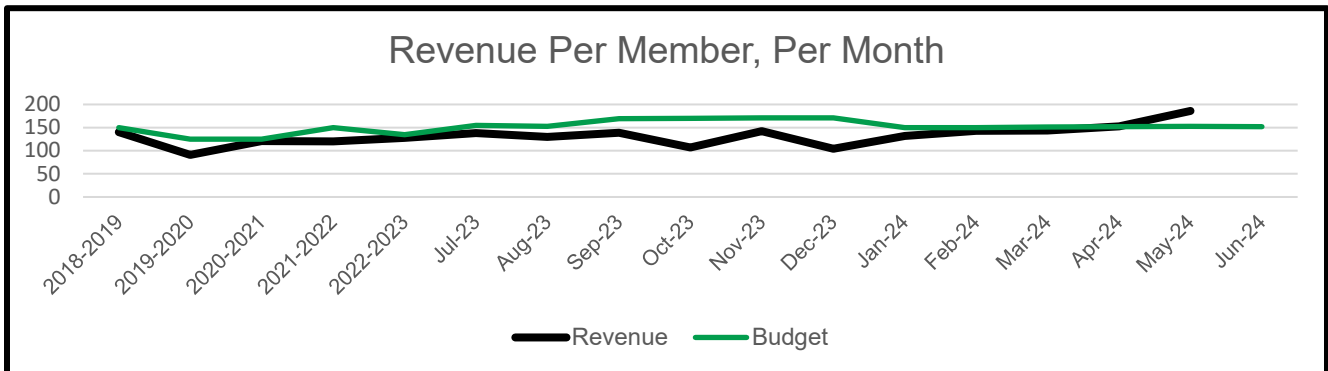
Access to Care



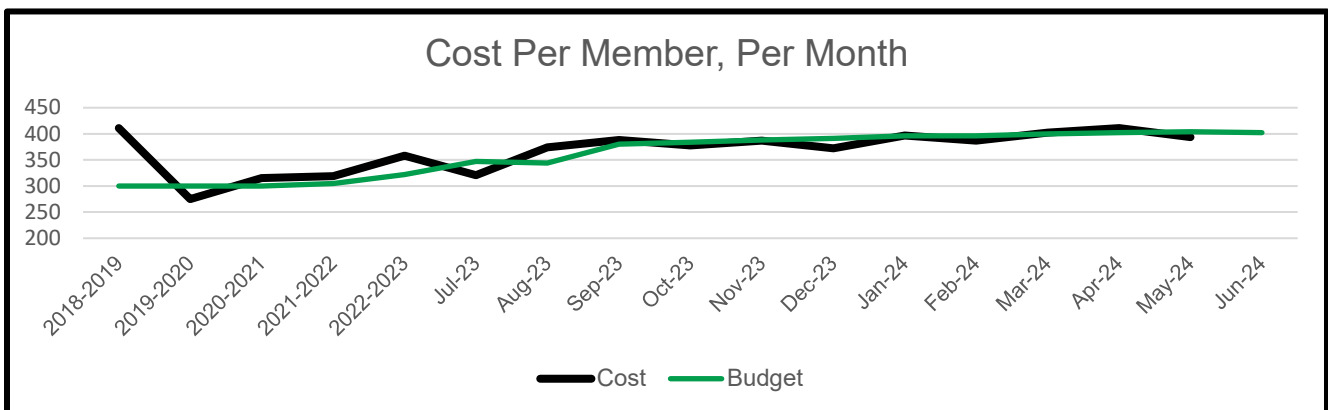
Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



Financial Stewardship

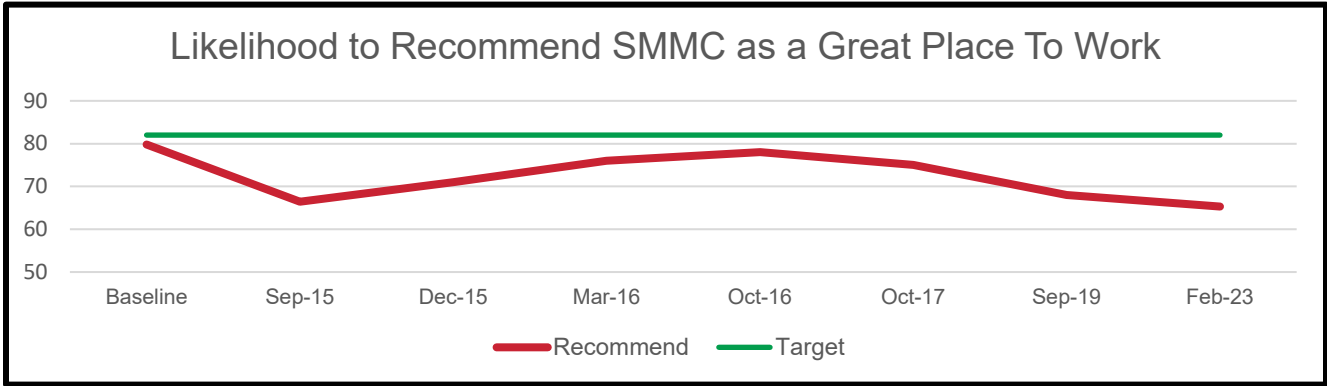


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**

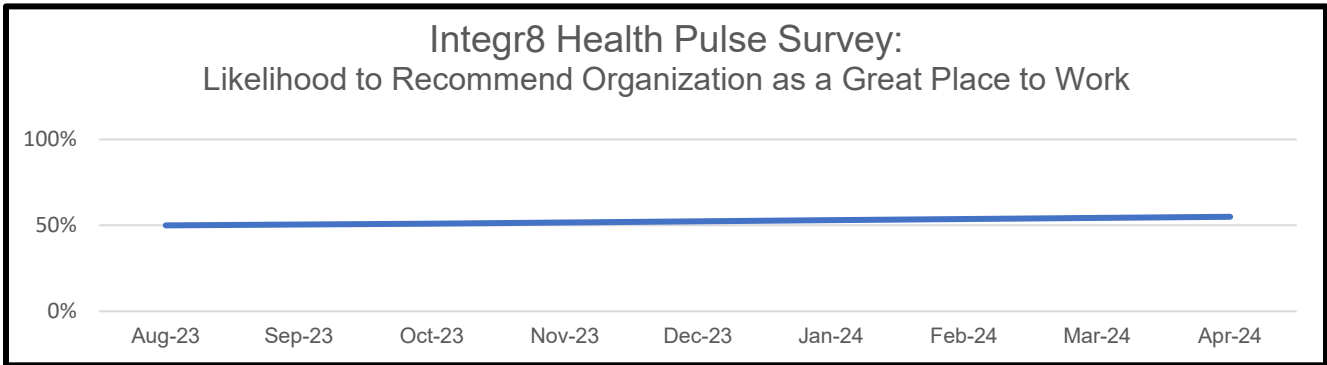


Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

 Staff Engagement



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. -*Awaiting next County survey.* **Higher is better.**



SMMC Integr8 Health Pulse Survey: As part of Integr8 Health (SMC Health's Epic implementation), we are performing quarterly pulse surveys to evaluate staff engagement during the effort. This graph represents the percentage of staff who agree or strongly agree that they would recommend the organization as a great place to work. **Higher is better.**

Strategic Updates, Recognitions & Awards

SMMC Physician recognized with Stanford School of Medicine Teaching Award

Congratulations to Dr. Tatum Sohlberg for being recognized by the Stanford School of Medicine as an Outstanding Community Clinic Preceptor!

Dr. Sohlberg is a recent Stanford Pediatric Residency Program alum and practices at our Daly City Clinic and Daly City Youth Health Center.

Integr8 Health Update

Although there are a few Build Phase items still being finalized, SMMC has moved solidly into the Readiness Phase of Integr8 Health, our Epic implementation. As of this writing, nearly 50% of staff have been registered for their end-user training. Superusers continue to prepare for the critical support role heading throughout the rest of the implementation. Our Improvement Councils and Design Teams are moving from the decision-making phase to a focus on workflow design and change management. These are all exciting milestones as we move closer to our Go-Live date of November 2, 2024.

Breakthrough Initiative Continues Focus on Improvement System

The 2023-2024 Breakthrough Strategic Initiative focused on continuing our work to evolve our Improvement System and ensure everyone knows how to use it as the system helps us move through Integr8 Health activities.

As the fiscal year ends, it also marks a transition for our work as we intensify our focus on supporting staff through the changes ahead. This includes utilizing the tools developed by, and learnings of, our Leader Development, Executive Rounding, and Local Huddle Stabilization efforts. We will continue to improve and refine these efforts as we move forward through the implementation. We look forward to continuing to share progress with the board.

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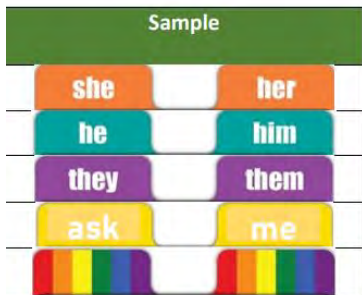
June 2024

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	1,419 (May)	1.1%	-92.1%
SMMC Emergency Department Visits	3,735 (May)	0.3%	11.7%

Badge Topper Program Displays Preferred Pronouns



Aging and Adult Services and Behavioral Health and Recovery Services are currently piloting a new badge topper program as part of County Health’s support of the Racial Equity Action Plan. The goal is to foster a sense of inclusion and belonging by designing a voluntary option for staff to display their preferred pronouns. There are five options for pronoun choices, and staff are welcome to take more than one badge

topper and switch it out or reassemble. After completion of the pilot programs, Health Administration will incorporate learnings to plan for a future department-wide rollout. New employees will also be notified of the badge topper option in their offer letter. Each division will also have a point person to address questions about the pronoun program.

Family Health Services Completes Maternal, Child & Adolescent Health Five-Year Needs Assessment

Family Health Services has completed its Maternal, Child and Adolescent Health Five-Year Needs Assessment, which provides a snapshot into the top challenges and concerns of service providers and members of the community. Required by the state, the document helps set funding and resource priorities for local programs.

The assessment reveals that childcare support, particularly during infancy and early childhood, is a major challenge. With insufficient childcare resources in San Mateo County, this concern has been a

longstanding focus of partnerships among childcare providers, early childhood education providers, school districts, the San Mateo County Office of Education and First 5 San Mateo County.

Economic family support is another pressing issue for many clients. For children with special health care needs, access to practical support and specialty services are the top priorities. Other key challenges include a lack of family support; concerns about physical activity, nutrition and healthy **weight; breastfeeding support; bullying among adolescents; children's emotional development;** alcohol and drug use among teens; gestational diabetes, diabetes and asthma.

Family Health Services will incorporate these findings into its strategic planning efforts, which will be completed in the fall.

Home Safe Program Helps Seniors & Disabled Adults Facing Homelessness

Aging and Adult Services' state-funded pilot program Home Safe supports the safety and housing stability of seniors and disabled adults facing or at risk of homelessness. Clients whose cases are investigated by the Adult Protective Services unit are assigned a social worker, who may refer them to the Home Safe Program for further assistance, including interim housing, housing navigation, financial assistance, deep cleaning to maintain a safe environment at home and eviction prevention.

Home Safe recently served a client with severe mental illness and a hoarding disorder. Staff helped clean up her home, got her connected to primary care and mental health care and relocated her to supportive housing closer to her daughter. After collaborating with other agencies including the Institute on Aging, San Mateo Police Department and Adult Protective Services, Home Safe was also able to quickly place a client who was experiencing years of chronic homelessness. During the interim period, these clients were placed in hotels under contract, which are vital to the success of the program.

BHRS Leverages Retention & Loan Repayment Programs for Eligible Staff

Behavioral Health and Recovery Services (BHRS) is taking part in a staff retention and loan repayment program that awards top applicants with \$7,500 in exchange for a service commitment. Offered through California Mental Health Services Authority (CalMHSA) and funded through the Mental Health Services Act, the program enables behavioral health organizations to implement strategies that attract a diverse workforce reflective of the communities they serve.

Research indicates that by 2028 California will face significant shortages in mental health professionals, including 41% fewer psychiatrists and 11% fewer psychologists, licensed marriage and family therapists, clinical counselors and social workers than are **needed to meet the state's behavioral health demands.**

This past year, BHRS' Workforce Education Team launched the staff retention program. In collaboration with CalMHSA, BHRS carefully considered workforce disparities through the lenses of equity and trauma-informed systems. This effort led the team to develop criteria that included staff from all areas of expertise, both clinical and non-clinical. These staff members support ethnically and culturally diverse communities or provide direct services to older adults, LGBTQ+ clients, adults with severe mental health issues, children and youth and clients with substance use challenges.

Following an anonymous review and scoring process by a committee, one-third of the applicants were selected for the staff retention bonus. They represent a range of BHRS positions, including frontline staff, supervisors, administration and leadership.

The last loan repayment program was offered in 2022 and came with a two-year service obligation. As with the retention program, the criteria were expanded to include clinical supervisors and permanent clinical staff who provide a minimum of 20 direct service hours to clients. Ultimately, half of the applicants were awarded this benefit.

Though continuation of these programs beyond the next fiscal year is uncertain due to funding changes, BHRS plans another round of loan repayment program opportunities in fiscal year 2024-25.

Health Coverage Unit Links Uninsured Residents to Kaiser Community Health Care Program



The Health Coverage Unit (HCU) has been enrolling residents who are eligible for the Kaiser Community Health Care Program (CHCP), which is available for undocumented clients who have household income between 138 and 300 percent of the federal poverty level. In San Mateo County, for a family of four, eligible annual household income would be between \$43,056 and \$93,600.

In the past, CHCP provided health coverage primarily to low-income children but in 2024 expanded to include all ages. The program fills a gap for those who are ineligible for other programs, such as Medi-Cal,

Covered California and County Health's local coverage program called Access and Care for Everyone (ACE). The main reasons for ineligibility include immigration status and having a household income above 138% of the federal poverty level. Although some who are eligible for CHCP are also eligible for ACE, the Kaiser option comes with no premiums or copays and offers portable insurance coverage outside San Mateo County.

San Mateo County residents are among the top enrollers in the Kaiser program. Many have shared stories with HCU about how CHCP gave them peace of mind, how grateful they are that County Health helped them sign up and how much of a help it is to their families. The HCU team will receive training in July to assist with the renewal process.

[Pictured: HCU team picture at ALAS-Ayudando Latinos A Soñar in Half Moon Bay]

AAS and BHRS Pilot Training as Part of Racial Equity Action Plan

As part of **County Health's** Racial Equity Action Plan, in late 2022 Aging and Adult Services (AAS) and Behavioral Health and Recovery Services (BHRS) held focus groups to gain insight into how staff face bias and prejudice while working in the community or with the patients and clients. The goal was to increase understanding of the impact of racism on staff and learn how race, equity and health are

mutually dependent. Another goal was to create a shared culture of safety to normalize conversations about racial equity and work on problems by speaking up and seeking support. The focus group's report confirmed that staff experience many forms of mistreatment while working with the public and clients and made several recommendations. County Health should develop a public-facing statement of behavior expectations, set protocols for field-based worker safety and provide guidance for supervisors and managers about how to support staff who have experienced racism, prejudice and other mistreatment stemming from their work.

Health Administration led a group to draft the statement of public-facing expectations, which has been turned into signage appropriate to different settings. Now that a small group of supervisors, managers and line staff have worked with a consultant to develop the guidance for managers and supervisors, training will be expanded to include all supervisors and managers at AAS and BHRS.

Three Psychiatric Residents Graduate in June



San Mateo County has a long history of pioneering mental health care, as it offered one of the first model community mental health centers in the country in the 1960s and was the birthplace of the first family advocacy group in 1974. Today, the legacy of contributions to the field continues through the rigorous, nationally recognized psychiatry residency program focused on public psychiatry and operated by Behavioral Health and Recovery Services. The program offers clinical rotations at Kaiser and Stanford, where residents engage in person-centered, recovery-oriented care. On June 11, the program celebrated three new graduates. After four years of

residency training, Ashlee Roberson, Ketetha Olengue, and Rennie Burke will go on to work in public psychiatry settings and with underserved communities. Graduates almost always report they are able to match to their top-choice fellowship.

[Pictured front: left to right wearing leis, Ashlee Roberson, Ketetha Olengue, Rennie Burke]

Pathways Picnic Celebrates Client Progress



The Pathways program celebrated its annual picnic event for current clients and alumni to be recognized for their work in the program and in the community. Pathways aims to reduce incarceration among individuals with serious mental illness by facilitating community integration and support through efforts across County departments, including San Mateo County Superior Court, Probation Department, District **Attorney's Office, Private Defender Program, Sheriff's Office, Correctional Health Services and Behavioral Health and Recovery Services.**

This year, over 30 clients attended the Pathways picnic. Partners were invited to meet and witness client

progress, as well as continue to support their success in the program. At the event, clients received recognition certificates and participated in activities to promote health and wellness.

[Pictured, Behavioral Health and Recovery Services staff, back row, left to right: Karina Sapag, Angelina Gianfermo, Nancy Chen, Angel Nguyen, Fernando Gutierrez Bejar, Ally Hoppis, Sean Vallor, Talisha Racy, Jei Africa. Bottom row: Tennille Tucker, Jessica Zamora, Rachel Liebman, Isaac Frederick]