



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, August 5, 2024
8:00 AM – 10:00 AM

Atrium Conference Room
2000 Alameda de las Pulgas
San Mateo, CA 94403



AGENDA

Board of Directors	Monday, August 5, 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:

- July 1, 2024 SMMC Board Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

H. ADMINISTRATION REPORTS

- 1. SMMC Skilled Nursing Update Robert Blake Verbal
Thanette Herico, Clinical Services Manager
Jared Edmonds, BSN Administrator
- 2. Compliance Gabriela Behn Verbal
- 3. Financial Report Enitan Adesanya..... TAB 2
- 4. Cash Flow Update Dr. CJ Kunnappilly Verbal
Enitan Adesanya
- 5. CEO Report Dr. CJ Kunnappilly..... TAB 2

I. COUNTY HEALTH CHIEF REPORT

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

J. RESOLUTION

- 1. Adopt a Resolution regarding the Hospital Board’s oversight of SMMC’s Compliance Program as required by SMMC Corporate Integrity Agreement (CIA)

K. COUNTY EXECUTIVE OFFICER REPORT

Mike Callagy

L. BOARD OF SUPERVISOR REPORT

Supervisor Noelia Corzo

M. 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 9:00 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, July 1, 2024
455 County Center, Room 100, Redwood City, CA

Board Members Present

Supervisor Noelia Corzo
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Frank Trinh
Dr. Gordon Mak
Judith Guerrero

Staff Present

Carlton Mills	Michelle Lee	Jen Gordon
Enitan Adesanya	Priscilla Romero	Dr. Robert Spencer
Dr. Alpa Sanghavi	Rebecca Archer	
Kacie Patton	Cassandra Manuel	
Michele Medrano	Dr. Aileen Shieu	
Clark Telar	Jacki Rigoni	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Corzo called the meeting to order at 8:10 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, 2024. QIC Minutes from May 28, 2024. Medical Executive Committee Minutes from June 11, 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	No report.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from June 3, 2024.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Frank Trinh	Dr. Trinh took the opportunity to report that Dr. Susan Joseph will be retiring after 20 years of service. She is the Supervising Physician at Ron Robinson Senior Care Clinic. The Medical Executive Committee discussed the fire at the Middlefield Mercy housing project which caused the closure and evacuation of the Fair Oaks Health Center.	FYI

<p>Diversity, Equity, and Inclusion</p> <p>Kacie Patton</p>	<p>Patient – Provider Communication (Provision of Care): increased the number of red label interpreters</p> <p>Next steps for Patient Communication:</p> <ul style="list-style-type: none"> • Revisit Clinician Cultural and Linguistic Assessment (CCLA) • Continue educating the workforce on Red Label Certification, CCLA, Bilingual Pay • Development of guidance around language services, language access, and threshold languages <p>Health Care Disparity Elimination</p> <p>Hypertension Control</p> <ul style="list-style-type: none"> • Overall patient population: 65% • Black/African American population: 59% <p>Depression Screening and Follow-up</p> <ul style="list-style-type: none"> • Overall patient population: 64% • Black/African American population: 58% 	<p>FYI</p>
<p>Infection Control and Employee Health</p> <p>Clark Telar</p>	<p>Infection Prevention and Control: Risk assessment; Program implementation; Infection surveillance; Environmental surveillance; Regulatory compliance; Education; Outbreak management</p> <p>Employee Health: Hotline service; Prevention and immunization; Records management; Training; Regulatory compliance; Health screening and evaluation</p> <p>Healthcare associated infection prevention</p> <p>2023 Hand hygiene compliance rate (Direct observations of staff compliance to hand hygiene by trained hand hygiene auditors)</p> <ul style="list-style-type: none"> • 83% facility wide • 99% skilled nursing facility <p>Opportunities:</p> <ul style="list-style-type: none"> • COVID-19 exposures among staff, which leads to infections and/or sickness. Re-emergence of Measles, HPAI A (H5N1) Virus • Up-to-date COVID-19 and Flu Vaccinations Compliance • Reinforcement of the best practices during the construction, renovation, demolition, and general maintenance • Reinforcement of infection prevention and control practices across the facility 	<p>FYI</p>
<p>Keller Center for Family Violence Intervention</p> <p>Michele Medrano Cassandra Manuel</p>	<p>The Keller Center provides medical, emotional, social, and legal care and support for victims of child abuse, elder abuse, sexual assault and domestic violence.</p> <p>Services offered include: Emergency medical treatment; Medical and forensic exams; Child interview specialists; Safety plans; Patient follow-up; Expert witness in court cases</p>	<p>FYI</p>

	<p>Dispatch calls for domestic violence (DV) and intimate partner violence (IPV) are climbing, and more patients are receiving medical legal exams at Keller Center than ever before. Since 2018, officers are receiving training on signs/symptoms and severity of strangulation cases. Officers on scene encourage victims to seek medical treatment and transporting patients to SMMC ER themselves. A great majority of DV victims seen at the Keller Center are accompanied to the hospital by an officer.</p> <p>Victims have concerns about being treated at the Keller Center:</p> <ul style="list-style-type: none"> • Medical visits pertaining to DV/IPV are billed to the patient’s insurance and/or they will face out of pocket costs for ambulance, radiology, labs. Many do not qualify for emergency Medi-Cal • Patients share if they were to leave their abuser, they could lose essential resources such as food and shelter • Fear of deportation and/or losing custody of children <p>Intimate Partner Violence screening and intervention SMMC’s Abuse and Assault policy addresses abuse and assault related to domestic violence, child abuse, elder and dependent abuse, and assaultive or abusive conduct, including rape.</p> <p>Victims in every health care setting will be:</p> <ul style="list-style-type: none"> • Treated with respect and dignity • Provided care, safety, and referral information regarding abuse <p>All health care providers will be:</p> <ul style="list-style-type: none"> • Educated on the identification of assault/abuse • Trained on California mandated reporting law(s) <p>Screenings take place in the Emergency Department during intake (patients 12 and older) and during the admitting intake process. Screenings also take place in primary care clinics and obstetrics visits with increase frequency during pregnancy and postpartum. With Epic implementation brings standardized screening questions, electronic forms are triggered, and screening through MyChart.</p>	
<p>Financial Report Enitan Adesanya, CFO</p>	<p>The May FY 23/24 financial report was included in the Board packet and Enitan answered questions from the Board.</p>	<p>FYI</p>
<p>CEO Report Dr. CJ Kunnappilly</p>	<p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.</p>	<p>FYI</p>
<p>County Health Chief Report Louise Rogers</p>	<p>Louise Rogers reported that the Health Coverage Unit is helping to enroll residents who are eligible for the Kaiser Community Health Care Program (CHCP). In 2024, coverage was expanded to include all ages. The program fills a gap for those who are ineligible for other programs such as Medi-Cal or ACE.</p>	<p>FYI</p>

	Behavioral Health and Recovery Services (BHRS) is taking part in a staff retention and loan repayment program that awards top applicants with \$7500 in exchange for a service commitment.	
County Executive Officer Mike Callagy	No report.	FYI
Board of Supervisors Supervisor Noelia Corzo	Supervisor Corzo is looking forward to the July 11 th community forum to discuss San Mateo County Family Justice Center. We are excited to invite the Family Justice Center and learn what they are doing to help survivors and their families.	FYI

Supervisor Corzo adjourned the meeting at 9:59 AM. The next Board meeting will be held on August 5, 2024.

Minutes recorded by:
Michelle Lee, Executive Secretary

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

ADMINISTRATION REPORTS

2024 Financial Performance
Update to SMMC Board
August 5th, 2024



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

Agenda

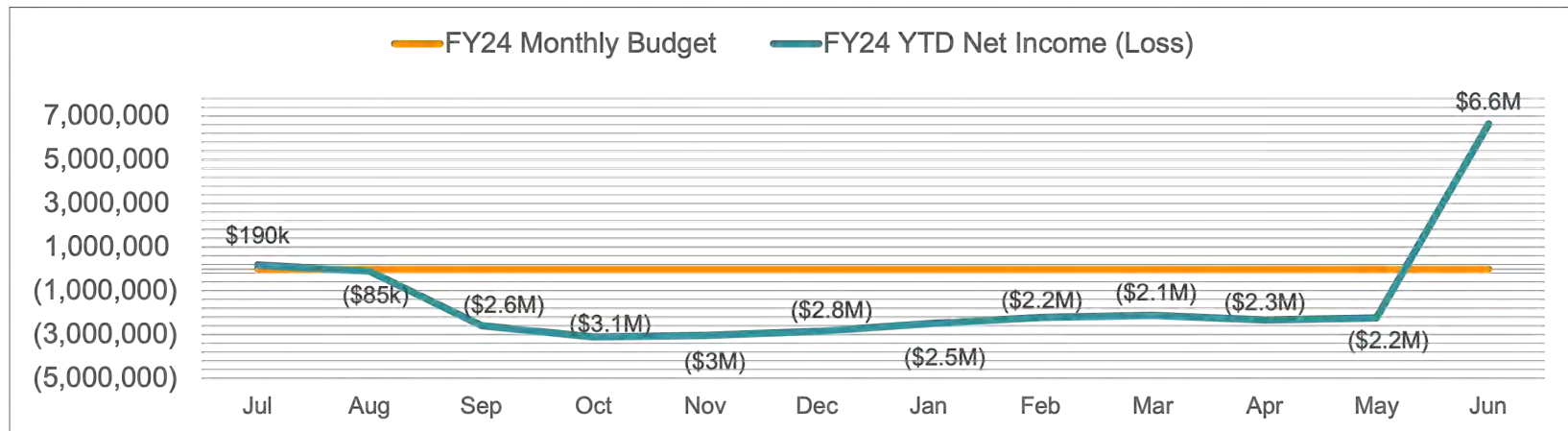
1. SMMC Financial Performance Summary
2. 2024 Financial Results Summary & Highlights
3. Managed Care Membership Trend & Highlights

SMMC Financial Performance Summary

**Our financial
status at the end
of FY 23-24**

- We ended 2024 with a positive operating margin of \$6.6M
- We maintained a strong balance sheet
 - We have adjusted our risk reserves accordingly to cover future supplemental revenue audit adjustments
- The \$45M County line of credit has helped balance our monthly cash needs resulting from slow government revenue payments

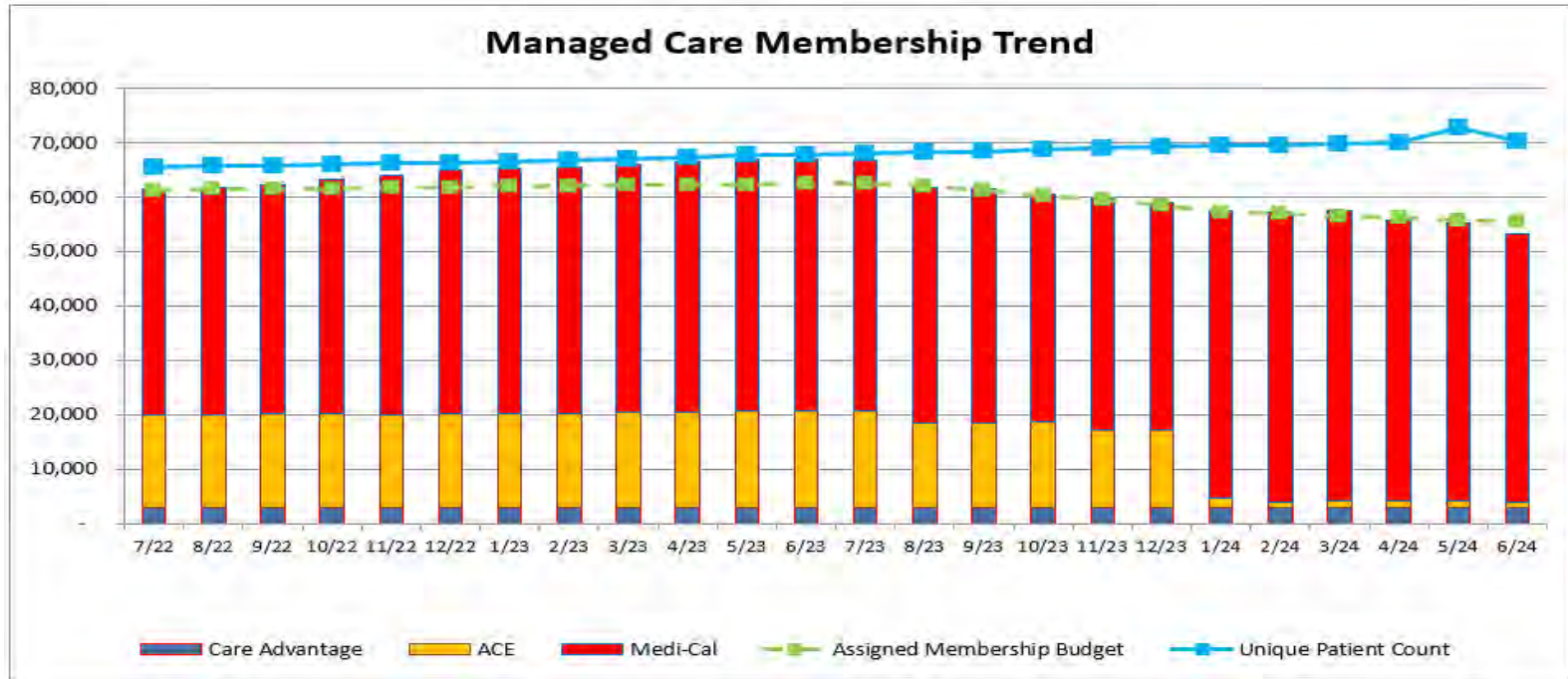
2024 Preliminary Financial Results Highlight



Key budget performance areas

- **FTE & Labor cost** – Staff count was 7% less than budget, and labor cost was favorable to budget by \$22M
- **Supplemental revenues** – We reserved \$18M to cover future audit adjustments, which resulted in lower revenue recognized for the year
- **Drugs cost** exceeded budget by \$3M, due to a shift in reimbursement for the cost of COVID vaccine and other drug prices
- **Medical Supplies cost** exceeded budget by \$4M, due to market cost increases
- **Bond debt service** – Unbudgeted cost increase for County allocation of 2018 bond debt service repayment.

Managed Care Membership Trend

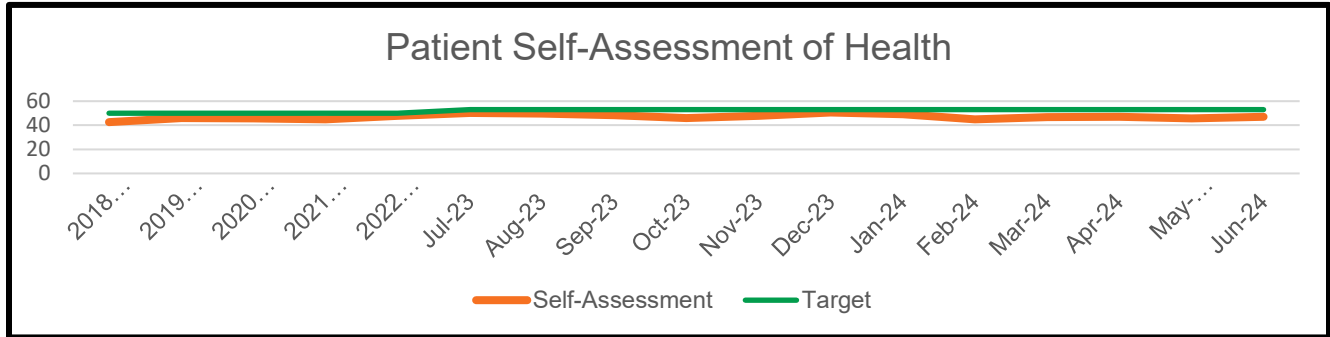


2024 Highlights

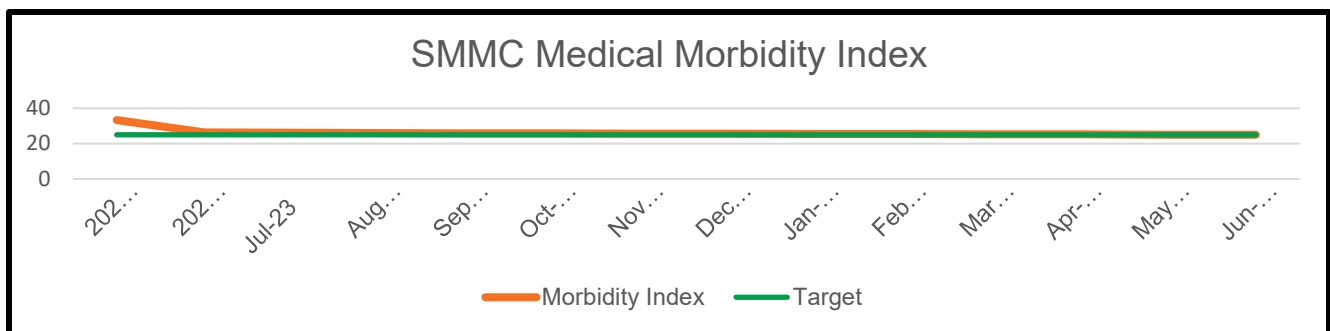
- HPSM managed care assignments began a decreasing trend in 2024
- Decrease due to the reinstatement of Medi-Cal & ACE eligibility renewals
- At June 30, 2024, total assignments decreased by more than 10k, exceeding our projected decrease of 7k
- Despite decreasing membership trend, overall patient counts and visits have increased.



Excellent Care



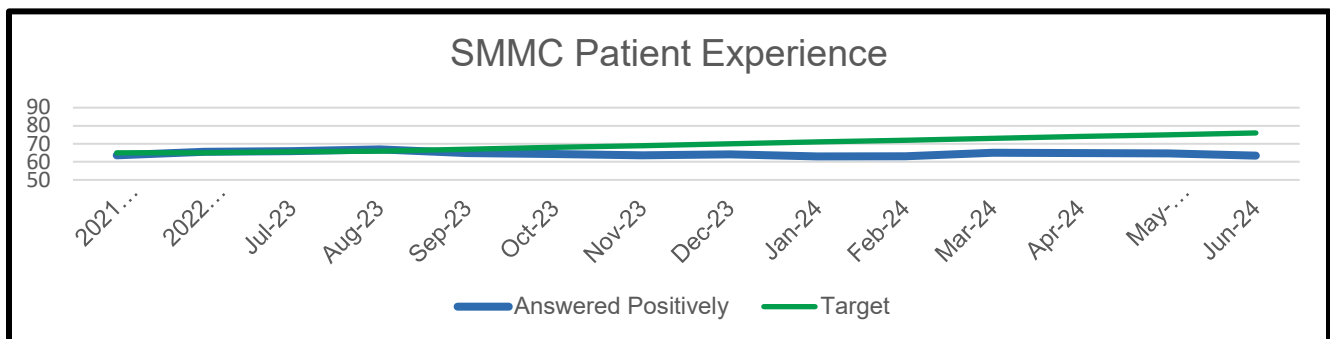
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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.**

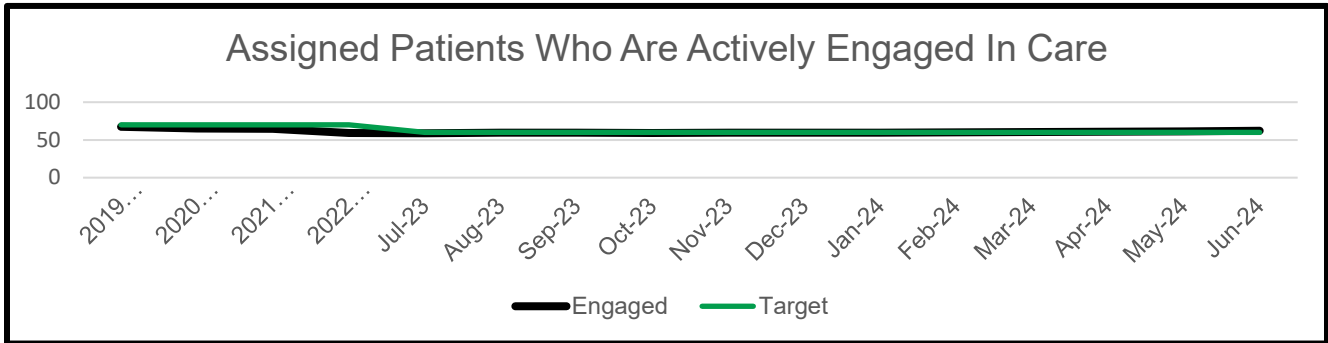


Patient Experience



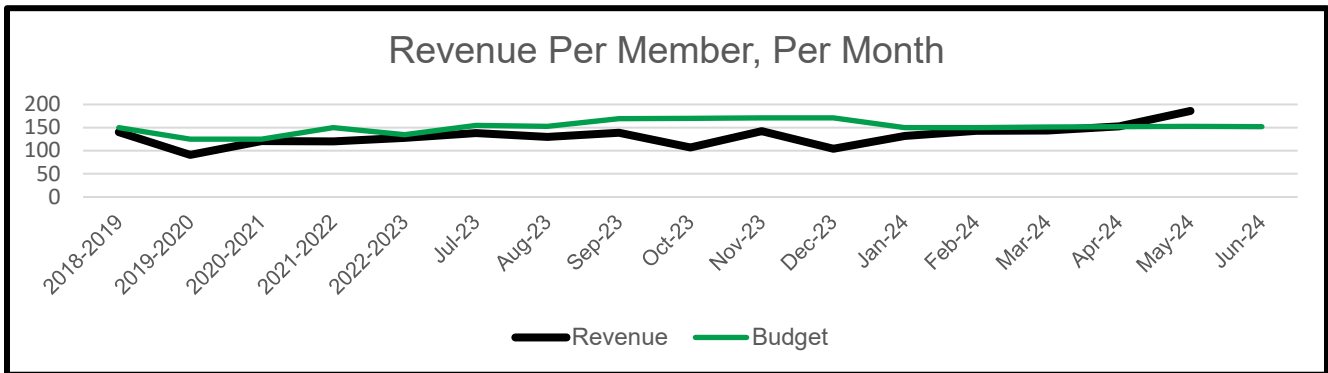
Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**

 Access to Care

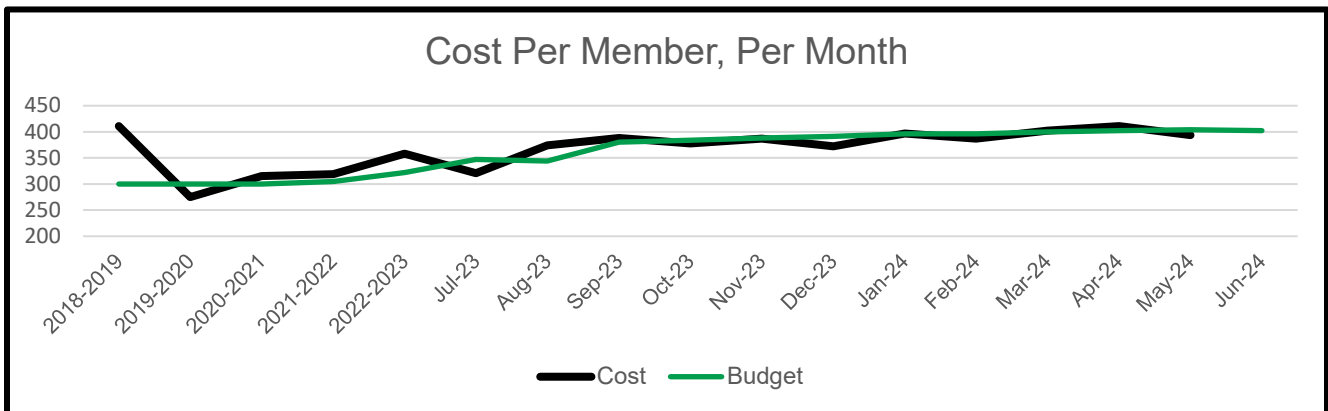


Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**

 Financial Stewardship

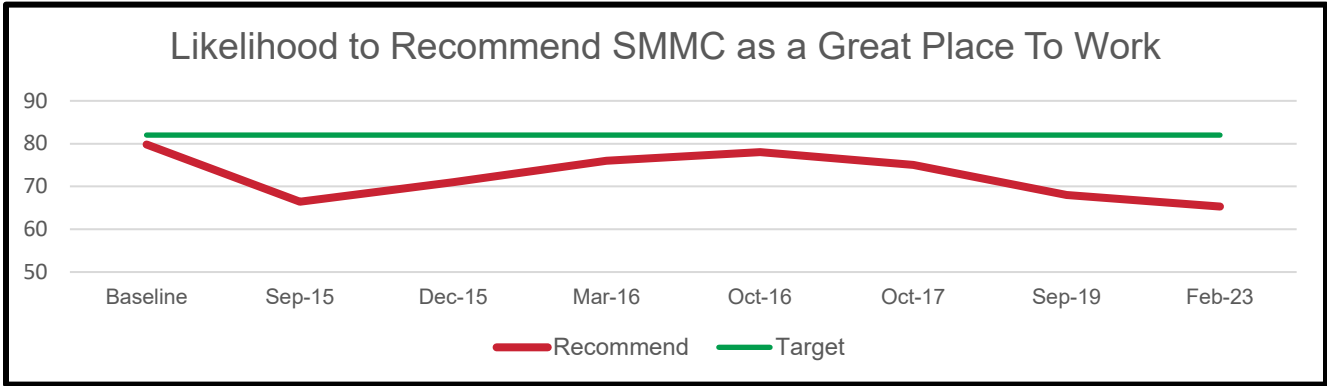


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**

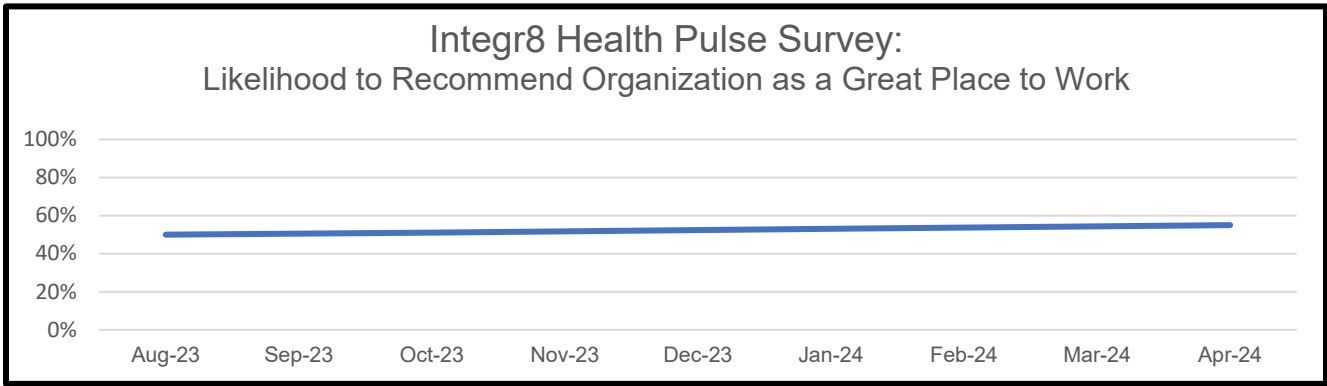


Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

 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 Pain Management Clinic Provider to Speak at National Conference

Dr. Abhishek Gowda was invited to speak at PAINWeek, a week-long conference for chronic pain providers. His presentation, entitled “A Classic with a New Twist: The Utilization of Buprenorphine in the Chronic Pain Patient,” will highlight the innovative care our pain management team provides our patients. SMMC will also have a booth at the conference to provide educational information to conference participants.

SMMC’s Pain Management Clinic adopts the bio psychosocial model of care. This includes using an interdisciplinary team for treatment of chronic pain. Our team includes pain physicians, psychiatrists, psychologists, nurse practitioners, and physical therapy. Over the years, the clinic has continuously evolved their approach to providing the highest standard of care.

Congratulations to Dr. Gowda and to the whole pain management team for this acknowledgement of your amazing work.

SMMC Volunteers and Harley Owners Group (HOGS) Partner for Another Successful Backpack Drive

On Saturday, July 27th SMMC and the Golden Gate Harley Owners Group hosted their 15th Annual School Supply Run. There were over 300 backpacks donated to the event, of which, 245 were distributed at the event with the remainder going to our pediatric and teen clinics for distribution. This year, the team was excited to partner with the San Mateo County Library who donated 350 books in English and Spanish and set up a table at the event to share other offerings through the library. We look forward to continuing this partnership in future events.

Families also enjoyed a variety of games and treats at the event. Thank you to Bee Alonso, our Patient Experience Program Coordinator, who did a tremendous job organizing the event and all the volunteers and partners (especially the HOGs) who came together to make it a successful event.

SMMC Completes Another Successful Year in Quality Incentive Program

SMMC recently submitted its final report for Performance Year 6 (1/1/2023-12/31/2023) of the Medi-Cal Quality Incentive Program. This program is a “pay for performance program for California’s public health care systems that converted funding from previously existing supplemental payments into a value-based structure.” It was a highly successful year with SMMC once again capturing 100% of its available funding. In addition, 18 out of 40 metrics qualified for overperformance meaning that these metrics exceeded the 10% gap closure goal that was set by the Department of Healthcare Services (DHCS) and closed the gap to the 90th percentile benchmark nationwide by either 15% or 20% gap closure instead. Thank you to Danielle Michal, Work-out-of-Class Director of Performance Strategies, the SMMC Quality and Analytics team and the Health Business Intelligence Team who brought all the data together for a successful submission. Congratulations and thank you to all staff across the organization whose hard work and commitment to providing high quality care produced this outstanding result.

Integr8 Health Update

On Wednesday, July 17th, many Health leaders assembled at the College of San Mateo for the 120 day Go Live Readiness Assessment (GLRA) for Integr8 Health, our Epic Implementation.

Over 200 participants were invited to the event. This included the leaders of our Design Teams (the part of our improvement system/governance structure that has been responsible for making key decisions and helping us design processes and systems to move the effort forward), our Health Information Technology Analysts and leaders (who have been working to build the system based on the

decisions made by the design teams) and our Epic colleagues (who have been guiding us through standard Epic implementation steps).

The day began by celebrating everything we have accomplished up to this point in the effort. This included the completion of **over 13,000** tasks by our HIT and technical colleagues and **over 7700** building block decisions made by our Councils and Design Teams. These are critical components of the build and design of our instance of Epic. We took time to celebrate the extraordinary partnership and collaboration we have seen across County Health and with other County departments. We also had a chance to celebrate all of the work we have done through the years that set us up well for the transition. This includes the fact that we have a patient duplication rate (patients with multiple Medical Record Numbers) of **less than 1%**, which Epic tells us makes us a top performer amongst their customers.

The goals of the day, however, really focused on honest conversations about the challenges ahead. Those goals included:

- Review operational readiness and risks for go-live
- Openly discuss risks and issues without finger pointing or re-hashing history
- Ensure clear next steps and owners
- Facilitate communication and encourage transparency
- Ensure alignment across Operational Leaders, HIT, and Epic

Through the course of the day, we found that some of the work is very much on track and will require little intervention at this point. We did, however, discuss several areas that represent serious challenges to our go-live. Many of these were related to system testing delays that occurred due to delayed contracting with outside vendors. I was excited that the teams universally exuded enthusiasm and confidence that we can address our challenges successfully over the next 30 days and that our 90-day GLRA will reflect that success. They presented clear action plans and next steps to get us to that point. We remain confident about our November 2nd Go-Live date and will keep the board apprised of our progress toward it.

Improvement System Launches Multiple Improvement Events

As we have prepared to implement Epic, we have focused on improving our Improvement System so that it might assist us in more effectively designing and implementing the workflows necessary to take full advantage of the new system.

We have been excited to see that process continue to move forward. In the last few weeks, our Design Teams and Improvement Councils have launched a variety of improvement efforts. This included a focus on **eVisits** that allow patients to self-triage themselves for a limited number of diagnoses. Another team worked on **Advanced Beneficiary Notifications** to make sure patients are aware when a particular requested service or test may not be covered by insurance. Yet another team hosted an event focused on more effective collection of **Sexual Orientation and Gender Identity (SOGI) data**. Finally, a team organized an improvement event focused on **Outpatient Vaccine Inventory and Administration** in Epic.

Thank you to everyone who helped make these successful events. We look forward to many more in the coming months and will look forward to updating the board.

###



July 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	1,290 (June)	-9.1%	-92.8%
SMMC Emergency Department Visits	3,544 (June)	-5.1%	8.6%

Measure-K Funded Partnership with Health Plan of San Mateo Houses 260 Clients

Since 2018 County Health’s partnership with the Health Plan of San Mateo (HPSM) and Brilliant Corners, a housing-services nonprofit, has placed 105 medically fragile individuals experiencing homelessness into subsidized housing. Additionally, the program has located housing for an additional 155 individuals with disabilities who had some other form of housing subsidy. County Health’s Whole Person Care pilot originally developed the initiative with HPSM to enhance housing stability for medically fragile unhoused individuals with Board allocated Measure K funds of \$2 million.

County Health staff and HPSM work together to identify individuals who require specialized housing support and then place them into housing opportunities that promote both stability and access to necessary health care services. Brilliant Corners locates appropriate residences for clients and administers direct rental subsidies. This system, paired with intensive case management services from a variety of County Health and community partner staff, helps residents maintain their housing and supports improved health outcomes.

Lucinda Dei Rossi, strategic initiatives manager for Public Health, Planning and Policy, says, “The program’s flexibility in adjusting housing options to meet the care levels as residents’ medical conditions change is key.” A working group ensures that individuals receive the right level of support to thrive in their housing environments. Using data insights and a sustainable financial model, the initiative not only enhances individual well being but also contributes to broader community health by reducing the health care costs associated with homelessness and medical instability.

BHRS Assesses Gaps in Children/Youth Mental Health Crisis Response

Research shows that there is an urgent need for youth mental health crisis services, with one in five 13-18 year olds experiencing a mental disorder annually and suicide being the second leading cause of death among youth aged 10-24 nationwide.

Behavioral Health and Recovery Services' youth team, led by deputy director Ziomara Ochoa-Rodriguez, has collaborated with Ohana Healthcare Partners to assess gaps within the current crisis services continuum. To uncover and address unmet crisis needs among youth, BHRS held a two-day Human-Centered Design workshop with stakeholders in March.

A key outcome was identifying the need for more youth-centric crisis services and support, such as youth-centric crisis stabilization units and youth-centric crisis residential services. Right now, youth and adults are placed in the same psychiatric unit, which can heighten stress and anxiety among young patients. Additionally, the absence of local youth-centric crisis residential services means that individuals may be placed far from home.

BHRS and San Mateo Medical Center recently received a grant to establish a youth-dedicated space within the Psychiatric Emergency Services unit. This initiative aims to reduce mental health-related admissions by five percent annually over the initial two years.

BHRS is also committed to increasing linkages to services for youth after experiencing a mental health crisis and providing prevention education and training on mental health crisis symptoms and risk factors for youth and parents/caregivers.

Staff Offered Trauma-Informed Systems Training

County Health staff are participating in training designed to raise awareness of the impact of trauma and to teach how to engage with others in a more trauma informed way. Provided at no cost from the California Department of Public Health, the program not only benefits staff who interact with patients but anyone in the workplace. The training is aimed at helping everyone have a positive impact on others. It shows how managers and supervisors are crucial in mitigating trauma and negativity and have the potential to be trauma disrupters through compassionate and supportive leadership. One focus of the course is looking for what glimmers in each day, which is the counter to finding triggers for trauma. Most of the training is online, with the option of a 3-day in-person course on trauma-responsive leadership. County Health staff will be participating in August.

First Responders Now Providing IV Tylenol and Prescribing Suboxone

In April, Emergency Medical Services (EMS) introduced two significant additions to its 911 emergency medical protocols for ambulance and fire department responders. The first is the incorporation of intravenous (IV) acetaminophen, commonly known as Tylenol, as an option for managing mild to moderate pain among patients. This option is safe and effective and stays in the body longer than fentanyl, reducing the need for frequent re-dosing. Paramedics still administer IV fentanyl for severe pain, maintaining critical treatment standards while now having the ability to address a broader range of pain levels. So far, IV acetaminophen has been administered over 400 times.



Additionally, EMS has also authorized Suboxone, a combination of buprenorphine and naloxone, which are used to treat the withdrawal symptoms of opioid use disorder (OUD). Suboxone will be available on every ambulance and fire apparatus for patients who request the treatment. After transport to a hospital, patients will be connected to supportive services, including the IMAT (Integrated Medication Assisted Treatment) program from Behavioral Health and Recovery Services. Doses of Narcan (naloxone) may also be given to patients at high risk for overdose, for them to carry as a precaution.

Nationwide, 25 percent of patients who overdose and then call 911 are not transported to a hospital, for various reasons, so any strategy to approach patients for treatment is valuable. EMS is committed to progressive health care strategies in the opioid crisis response.

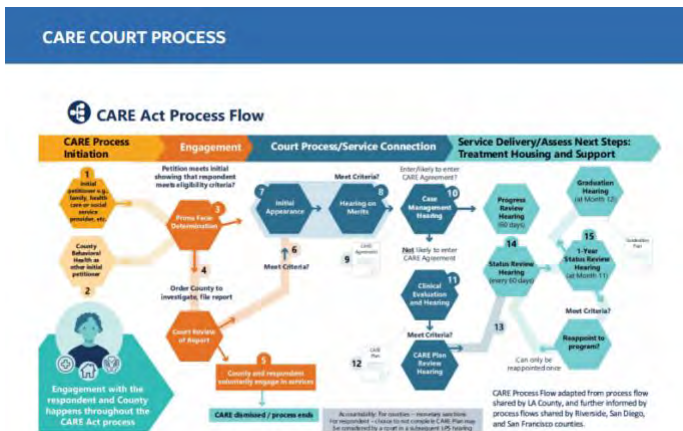
BHRS and Partner Launch Program to Address Stimulant Addictions

Behavioral Health and Recovery Services' Alcohol and Other Drug Services team and local treatment services provider Our Common Ground recently launched an evidence-based pilot program to address addictions to stimulants such as methamphetamine (meth). The new 24-week program targets individuals struggling with stimulant use, offering small incentives in the form of gift cards to encourage positive behavioral change. BHRS and Our Common Ground enrolled 10 patients in the first two weeks of the program.

Based on contingency management, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) program combines behavioral therapy that rewards positive behavior and removes rewards when these goals aren't met with incentives to promote behavioral change.

Participants receive incentives based on urine screens free of stimulants, reflecting a period of abstinence since their last test. This mechanism aims to amplify positive behaviors. At the appointment to screen for stimulants, staff also provide counseling and intervention, encouraging patients to join additional treatment programs.

CARE Court Launches with 13 Referrals



To create a path to services and supports for people with untreated severe mental illness, Behavioral Health and Recovery Services and the San Mateo County Superior Court launched CARE Court on July 1. This new program, which received 13 referrals in the first two weeks, offers specialized community-based services for individuals 18 and older who have been diagnosed with schizophrenia spectrum or other psychotic disorders. The program will serve people who are not engaged in voluntary treatment and are deemed unable to safely live independently. Referrals come through a petition process to the Superior Court, either from

family members, health care professionals or community organizations. Once accepted into CARE Court, participants receive intensive case management, psychiatry, medication management, housing and benefit support and life skills development. A personalized CARE Agreement is established with input from the patient, the BHRS CARE team, legal counsel and a chosen advocate. The Court monitors progress through updates every 60 days, with potential graduation for the patient after one year. Ongoing support services are in place to sustain recovery and prevent recurring crises associated with untreated mental illness.

Health Officer and EMS Director Lead Effort to Provide PPE to Farmers to Protect Against H5N1 Flu

Working closely with Agricultural Commissioner Koren Widdel in June and July, Health Officer Dr. Kismet Baldwin-Santana and Emergency Medical Services Director Travis Kusman connected local poultry and dairy farmers to a California Department of Public Health program to supply personal protective equipment (PPE) to protect workers from exposure to H5N1, also known as bird flu.

If H5N1 is detected in poultry or cattle, the Centers for Disease Control and Prevention (CDC) recommends that workers wear PPE. The one-time distribution of PPE targets dairy farmworkers and those handling raw milk, slaughterhouse workers, poultry workers and others at high risk of exposure.

Although the risk to the public remains low, people with close or prolonged exposure to infected animals have greater increased risk of infection. County Health is sharing the PPE opportunity and educational materials with those at higher risk of exposure.

There have been no detections of H5N1 in cattle or livestock in California so far and no human infections. In San Mateo County, the only detections have been in wild birds.

###

RESOLUTION

RESOLUTION NO. 4

BOARD OF DIRECTORS, SAN MATEO MEDICAL CENTER, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

RESOLUTION

RESOLVED, by the Board of Directors of the San Mateo Medical Center, County of San Mateo, State of California, that

WHEREAS, pursuant to its Corporate Integrity Agreement (CIA) with the federal Office of the Inspector General (OIG) San Mateo Medical Center is required to oversee compliance with the requirements of the CIA and pass an annual resolution attesting to that oversight; and

WHEREAS, this Hospital Board has been presented with and reviewed all relevant documents and other materials in its oversight of the compliance program and in support of making this resolution during the relevant Reporting Period (July 29, 2023 through July 28, 2024).

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the Hospital Board has made a reasonable inquiry into the operations of San Mateo Medical Center's Compliance Program, including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Hospital Board has concluded that, to the best of its knowledge, San Mateo Medical Center has implemented an effective Compliance Program to meet Federal health care program requirements and the obligations of the CIA.

* * * * *

Noelia Corzo
Hospital Board Chair, Board of Supervisors

Date

David Canepa, Board of Supervisors

Date

Mike Callagy, County Executive Officer

Date

Louise Rogers, Chief, San Mateo County Health

Date

Dr. Chester Kunnappilly, CEO, San Mateo Medical Center

Date

Dr. Frank Trinh, Chief of Staff, San Mateo Medical Center

Date

Dr. Scott Oesterling, Vice Chief of Staff, San Mateo Medical Center

Date

Dr. Gordon Mak,
Medical Staff Member-at-Large, San Mateo Medical Center

Date

Judith Guerrero, Community Member

Date