



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, March 6, 2023
8:00 AM – 10:00 AM

San Mateo Medical Center - Hospital Boardroom
222 W. 39th Ave., San Mateo, CA 94403

H. ADMINISTRATION REPORTS

- | | |
|--|---|
| 1. Resource Management | Carlton Mills..... Verbal
Cathena Campbell |
| 2. Full Service Partnership (FSP) Services –
Transition Age Youth | Louise Rogers Verbal
Douglas Fong |
| 3. Financial Services Team Strategic Plan | David McGrew Verbal |
| 4. Financial Report | David McGrew..... TAB 2 |
| 5. CEO Report and Board Self-Evaluation | 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 David Canepa

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.

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CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, February 6, 2023
Videoconference Meeting

Board Members Present

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

Staff Present

Michelle Lee	Rebecca Archer	Priscilla Romero
David McGrew	John Jurow	
Robert Blake	Gabriela Behn	
Iliana Rodriguez	Enitan Adesanya	
Dr. Yousef Turshani	Scott Diem	
Dr. Amar Dixit	Lisa Mancini	
Janette Gomez	Mariana Rocha	
Patty Cruz-Guzman	Cathena Campbell	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa called the meeting to order at 8:00 AM. A quorum was present.	
Procedural	Approval of: 1. Adoption of findings to continue teleconferenced board meetings due to health risks posed by in-person meetings.	The Board unanimously approved the resolution.
Reconvene to Open Session	The meeting was reconvened at 8:25 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for February 6, 2023. QIC Minutes from November 22, 2023. Medical Executive Committee Minutes from January 10, 2023.	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	John Jurow reported that the End of Year donation campaign was the most successful in the history of the Foundation and over \$200,000 was received. The Caring Hands Program continues to be widely used and averaging about five requests daily. New initiatives include Senior Meals on Wheels for seniors who are food insecure or are not able to prepare meals for themselves. Transportation for Coastsides patients to medical appointments at the San Mateo campus. The Foundation's social media presence will be revamped and revitalized.	FYI

Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from December 5, 2022.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	Dr. Hassid reported that COVID rates have dropped 50% from the highs seen immediately after the holidays. There has been significant reductions in RSV and the flu during the same period. Pediatric call coverage continues to be a challenge in the Emergency Department. Dr. Yousef Turshani and Dr. Janet Chaikind are exploring ways to improve coverage. The aging CT scanner has not been reliable, and some patients are being sent elsewhere. Other radiology equipment should be evaluated and serious considerations for obtaining new machines. There has been great technological advancement in these machines.	FYI
Financial Audit FY 2021/2022 Annie Louie of Macias, Gini & O'Connell LLP	Annie Louie from MGO presented this year's report. MGO is an independent accounting firm that has conducted SMMC's financial audits for the past thirteen years.	FYI
Compliance and HIPAA Gabriela Behn	Gabriela Behn updated the Board on the Corporate Integrity Agreement. Update to 2022 Work Plan - Audit <ul style="list-style-type: none"> • Short stays, Inpatient admissions – audit is complete • FQHC billing for medical and dental – vendor identified • Telehealth – currently at 90% accuracy • Program Effective Evaluations – Compliance and Revenue Integrity – Review completed <p>The Annual Compliance Training for all staff and providers will be in March.</p> <p>2022 SMMC Privacy Incidents/Breaches – N+53 45% Privacy inquiry 41% Unauthorized disclosure 4% Email/Encryption 4% Unauthorized access 4% No breach 2% Loss</p>	FYI
Full Service Partnership (FSP) Services – Adults and Older Adults	FSP Program provides comprehensive, intensive community-based behavioral health services to the highest risk adults and highest risk older adults/medically fragile adults with a severe mental illness	FYI

<p>Mariana Rocha, LCSW</p>	<p>FSP Goals: Reduce hospitalizations, incarcerations, and support consumers with achieving independence, stability and wellness within their communities</p> <p>FSP services based on acuity and need for intensive level services based on one or more of the following:</p> <ul style="list-style-type: none"> • Three Psychiatric Emergency Services (PES)/Emergency Room visits in last 60 days • Two inpatient psychiatric hospitalizations in last 6 months with most recent hospitalization in past 30 days • Transitioning out of a locked/secure facility (i.e. Mental Health Rehabilitation Center (MHRC), Secured Skilled Nursing Facility, Jail, or Out of County Placement) • Loss of current support system that would potentially result in hospitalization, incarceration or other form of locked placement without FSP level services based on past history <p>FSP Housing:</p> <p>Total FSP slots with Telecare 207</p> <ul style="list-style-type: none"> • Current Telecare FSP Housing slots 92 • Types of housing: Apartments, Single Room Occupancy, Supported Independent Living. WISH House opened to free up beds at 3AB during Pandemic. <p>Total FSP slots with Caminar 135</p> <ul style="list-style-type: none"> • Current Caminar FSP Housing slots 12 • Types of housing: Independent Living Apartments, including studios, 1 & 2 - bedroom units with some that are double occupancy. 	
<p>Financial Report David McGrew, CFO</p>	<p>The December FY 22/23 financial report was included in the Board packet and David McGrew 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. This is a reminder that California requires a return to in-person meetings beginning March 1, 2023, for all County boards and commissions. Therefore, the next SMMC Board of Directors will be on March 6 and take place in the hospital Boardroom.</p>	<p>FYI</p>
<p>County Health Chief Report Louise Rogers</p>	<p>Louise Rogers provided an update on the tragic events in Half Moon Bay and the activities of County Health personnel. In response to the mass shooting, mental health services were deployed, and we continue to work with victims and their families. The difficult circumstances in which farmworkers find themselves in relation to housing, work environments, language barriers are something we have been aware of for a long time.</p>	<p>FYI</p>
<p>County Executive Officer Mike Callagy</p>	<p>Mike Callagy talked about the Resource Center that was set up very quickly in Half Moon Bay. Mental health support, legal, housing, and other services are available at one location. Over thirty people have been set up in temporary housing and we are exploring permanent housing for them.</p>	<p>FYI</p>

	We continue to evaluate properties that can be purchased with Home Key funds for the homeless. Housing is an important priority.	
Board of Supervisors Supervisor David Canepa	There are two new members of the Board of Supervisors: Noelia Corzo and Ray Mueller. Noelia Corzo will join David Canepa on the hospital board.	FYI

Supervisor Canepa adjourned the meeting at 9:59 AM. The next Board meeting will be held on March 6, 2023.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

**BYLAWS
OF THE
SAN MATEO MEDICAL CENTER**

Reviewed and Approved:

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ARTICLE I

GENERAL

- Section 1. Name. The name of the Hospital is San Mateo Medical Center (SMMC), which includes the main acute and ambulatory care facility, satellite clinics, and Burlingame Long Term Care (which is operated by a third-party pursuant to a management agreement).
- Section 2. Principal Business Office. The principal business office shall be in the City of San Mateo, County of San Mateo, State of California.

ARTICLE II

PURPOSE

The purpose of SMMC is to open doors to excellence in healthcare to the community, including all incompetent, poor, indigent persons and those incapacitated by age, disease, or accident, when such persons are not supported or relieved by their relatives or friends, by their own means, or by other state or private institutions. Care shall be consistent with acceptable professional standards. Each client admitted to SMMC shall be under the care of a member of the medical staff. SMMC shall participate in activities that promote the general health of the community.

To achieve this important mandate, SMMC shall strive to provide quality care and treatment through acute inpatient, ambulatory, long term, rehabilitative and primary care services.

ARTICLE III

DEFINITIONS

1. Administrator – The Chief Executive Officer of San Mateo Medical Center.
2. Governing Board – The Governing Board of SMMC, which is comprised of members of the Board of Supervisors, county administration, the Medical Staff, and other qualified individuals as set out in Article V, Section 2.a. of these Bylaws.
3. Medical Staff – The formal organization of physicians, dentists, clinical psychologists and podiatrists who have been granted recognition as members of the medical staff through the credentialing process and have been granted privileges to practice at SMMC.
4. SMMC – San Mateo Medical Center, which provides: (1) medical and psychiatric emergency services; (2) acute inpatient and psychiatric services; (3) skilled nursing directly and through a management agreement; (4) clinical ancillary services, including laboratory, radiology, pharmacy and rehabilitative services; and (5) primary and specialty ambulatory services at multiple sites throughout San Mateo County.

ARTICLE IV

GOVERNING AUTHORITY

Section 1. General. The Board of Supervisors of San Mateo County (“Board of Supervisors”) is the governing authority of SMMC.

- a. Responsibility. The Governing Board, the Chief Executive Officer, the Medical Staff, all SMMC personnel, and the volunteers are responsible to the Board of Supervisors with regard to all SMMC matters.

No assignment, referral or delegation of authority by the Governing Board to any person or Board shall impair the Board of Supervisors right to rescind any such action at any time.

- b. Board of Supervisors Organization and Operation. The Board of Supervisors consists of five (5) elected members. They fulfill their responsibilities according to the State Constitution, statutes, County Charter, and ordinances.

Section 2. Delegation. In order to more efficiently perform some of the duties and responsibilities of the governing authority, the Board of Supervisors delegates to the Governing Board the authority and responsibility to act as the governing authority with respect to only those matters specifically identified in Article V, Section 1.

In order to retain its authority and responsibilities, the Board of Supervisors reserves all rights and responsibilities, pertaining to the SMMC operations that are not expressly provided for herein.

ARTICLE V

GOVERNING BOARD

- Section 1. General Duties. The Governing Board shall act as the governing authority with respect to the following:
- a. Establishment of Policy. The Governing Board shall establish policies that are in the best interest of SMMC.
 - b. Institutional Management and Planning.
 - 1) Operations Management. The Governing Board shall exercise general oversight of the operation of SMMC. Such oversight shall include:
 - a) Encourage the development, adoption, and implementation of programs for improving the quality of care and service and to assure that the SMMC operations are conducted according to sound principles and practices and in accordance with all laws and regulatory standards;
 - b) Prepare an annual operating and capital budget;
 - c) Monitor and evaluate the financial performance of SMMC against approved budget, organizational goals and outcome-based management plans;
 - d) Monitor SMMC cost containment efforts;
 - e) Review and approve Administrative Policies and Regulations necessary to assure the quality of care provided at SMMC;
 - f) Ensure, through SMMC, County Administrators and Medical Staff, that all legal requirements pertaining to proper operation of SMMC, including licensure and accreditation standards, are met;
 - g) Consider and approve any plans for change in service for the SMMC;
 - h) Provide a forum for communication between the Governing Board, the Medical Staff, and the County Administration by keeping each informed of pertinent actions taken or contemplated;

- i) Develop and maintain, annually review, and revise as necessary, a set of operational Bylaws;
 - j) Ensure that the physical facilities are safe and in substantial compliance with current code and licensure requirements.
 - k) To ensure that the SMMC and its medical staff have in place, continuously follow, and regularly report upon well-defined quality monitoring, continuous quality and performance improvement programs, and other appropriate procedures designed to identify and remedy patient care problems and to improve medical practice and patient care in the SMMC; and
- 2) Planning. The Governing Board shall be responsible for the institutional planning of SMMC and for assuring that those plans are carried out in an effective and efficient manner. Such planning shall include:
- a) Monitoring of annual operating budget and development and monitoring of short- and long-term capital expenditure plans designed to provide equipment and facilities consistent with community needs and the financial resources of the County; and
 - b) Ensuring participation by SMMC Administration and operating departments (including Nursing), the County Administration and Support Services, and the Medical Staff, within the scope of the expertise of each, to SMMC financial planning.
- 3) Quality Management. The Governing Board shall review, approve and oversee the quality management program of SMMC. Oversight includes:
- a) annual review and approval of an on-going, integrated and SMMC-wide Quality Management Plan;
 - b) review and approval of regular, at least quarterly, reports on quality management activities of SMMC and Medical Staff to ensure that opportunities to improve care and problems with quality care are being identified; and actions are being recommended, implemented, evaluated and that ongoing monitoring is occurring; that modification of action plans is recommended as appropriate;
 - c) ensure that the quality of care provided meets professional practice standards;

- d) oversee SMMC mechanisms used to assure all persons and independent contractors connected with the operation of SMMC are retained and promoted on the basis of current, competent performance that includes evaluation of the quality, skill, and appropriateness of that performance;
 - e) conduct ongoing evaluation and annual review of the Governing Board's own effectiveness in meeting the responsibilities delegated to it.
- 4) Medical Staff Recommendations. The Governing Board shall receive and act upon recommendations from the Medical Executive Committee within a reasonable period. These recommendations shall include but not be limited to:
- a) Medical Staff structure, organization, and officers;
 - b) Medical Staff membership credentialing and privilege delineation, corrective action, and termination mechanisms; and
 - c) Medical Staff Bylaws, Rules and Regulations.

Section 2. Number, Tenure and Qualifications

- a. Number and Qualifications. The number of members of the Governing Board shall not exceed nine (9).
 - 1) Two (2) members shall be appointed from Board of Supervisor membership. The current President of the Board of Supervisors shall make these appointments.
 - 2) One (1) member shall be a public member, selected by the Governing Board. The term shall be for four years. The public member may serve for no more than three, four year terms.
 - 3) Three (3) members shall be appointed from the Medical Staff membership. These appointees shall be made by the Medical Staff; one (1) member of which shall be the current Chief of the Medical Staff and one (1) shall be the Chief of Staff Elect. The Medical staff terms shall coincide with medical staff terms of appointment
 - 4) One (1) member shall be the County Manager or the County Manager's designee, and either the County Manager or designee may attend any given meeting as a member of the Governing Board at the County Manager's discretion.

- 5) One (1) member shall be the Chief of the Health System of San Mateo County.
- 6) One (1) member shall be the Chief Executive Officer of SMMC.
- 7) Of those members who are appointed, their selection shall be based on demonstrated potential ability to participate effectively in fulfilling the responsibilities of the Governing Board and SMMC, and in representing or responding to the various needs of the community serviced by SMMC. They shall be selected for the experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the responsibilities of a member. Members in good standing of the active Medical Staff are eligible for membership on the Governing Board.
- 8) Each member shall participate in an orientation session upon initial appointment as a member and periodically thereafter in continuing education programs relevant to responsibilities as a Governing Board member, including responsibilities and concepts of quality management and SMMC operations. Documentation of member's orientation and continuing education shall be maintained by the Secretary of the Governing Board.

- b. Tenure. The Governing Board and Medical Staff shall appoint or reappoint members to replace those Governing Board members whose terms have expired and to fill vacancies. Newly appointed Governing Board members shall assume responsibility at the next meeting after election.

Section 3. Vacancies. Any vacancy occurring by the death, resignation, or loss of position required for membership shall be filled within thirty (30) days in the case of appointed members and at the first meeting after assignment or election to the position for all other members. Appointed members may resign at any time by giving written notice to the Governing Board President. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later reasonable time specified in the notice.

Section 4. Meetings.

- a. Regular Monthly Meetings. Regular monthly meetings of the Governing Board shall normally be held the first Thursday of each calendar month in the Board Room at SMMC. The Governing Board shall make a reasonable effort to maintain at least ten (10) meetings each calendar year.
 - 1) Public Meetings. Regular meetings of the Governing Board shall be open to the public.

- 2) Closed Sessions. The Governing Board may enter into Closed Session as authorized by state law.

- b. Special Meetings. Special meetings of the Governing Board may be called by a majority of the members or by the President. The purpose of any special meeting shall be stated in the notice and agenda thereof which shall be provided to each member of the Governing Board and other persons who have requested notice of special meetings, at least twenty-four (24) hours prior to the meeting. Special meetings will, insofar as practical, be confined to the purpose for which called.

- c. Notice of Regular Meetings. Notice of regular meetings shall be posted at least 72 hours prior thereto, and shall include the time, date, and agenda for the meeting.

- d. Quorum. A majority of the members of the Governing Board, five (5) members, shall constitute a quorum for the transaction of business at any meeting. The majority vote of members present shall decide any question and be the act of the Governing Board unless a greater number is required by law. There shall be no voting by proxy.

- e. Order of Business. Absent special circumstances, the order of business at all meetings shall be as follows:
 - 1) The call to order.
 - 2) Closed Session
 - 3) Public Comment
 - 4) Report from the Foundation
 - 5) The approval of minutes of prior meetings.
 - 6) Report of SMMC Business Requiring Board Action
 - 7) Report of Medical Staff Business requiring Board Action.
 - 8) Report from the CEO
 - 9) Report from the Board of Supervisors
 - 10) Report from the County Manager
 - 11) Report from the Chief of the Health System
 - 12) Adjournment

Minutes shall be maintained of all regular and special meetings to include deliberations, recommendations and actions of the Governing Board. The Governing Board may by resolution designate a person to take minutes of deliberations in closed session as provided for in Government Code Section 54957.2.

- f. Conflict of Interest. Any Governing Board member, officer, employee or committee member having an interest in a contract or other transaction presented to the Governing Board or to a Governing Board Committee for

authorization, approval, or ratification shall give prompt, full, and frank disclosure of said interest to such Board prior to its acting on the contract or vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is determined to exist, such person shall not vote, nor use personal influence on, nor participate in the discussions or deliberations with respect to such contract or transaction. A person who discloses a conflict of interest must abstain from discussion, influence, participation and may not vote on the matter. A person determined to have a conflict of interest shall not be counted when establishing the existence of a quorum at any meeting when the contract or transaction is under discussion or being voted upon. Minutes of the meeting shall reflect the disclosure, the vote or abstention thereon and the presence or absence of a quorum.

- g. Disclosing Conflict of Interest. Governing Board members, officers, selected employees, and contractors of SMMC shall report to the Governing Board any existing or potential conflict of interest and shall file annual disclosure statements with the County Clerk.

ARTICLE VI

OFFICERS AND COMMITTEES

Section 1. Officers. There shall be two (2) appointed officers of the Governing Board.

- a. Governing Board President. The President of the Governing Board shall be a member of the Board of Supervisors serving on the Governing Board. The President shall be agreed upon between the two members of the Board of Supervisors serving on the Governing Board. The newly designated President shall assume responsibility upon adjournment of the January meeting of the Governing Board. The President shall preside over all meetings of the Governing Board, supervise the activities of the Governing Board and serve as an ex-officio voting member of all Governing Board Committees. In the President's absence, the other member of the Board of Supervisors serving on the Governing Board shall preside over the Governing Board meeting. In the absence of both members of the Board of Supervisors, the County Manager or Chief Executive Officer will preside over the Governing Board meeting.
- b. The Chief Executive Officer of SMMC shall serve as the official Secretary of the Governing Board. The Secretary shall keep or cause to be kept at the principal office or at such other place as the Governing Board may determine, a book of minutes of all meetings. The Secretary shall give or cause to be given notice of all meetings of the Governing Board as required by these Bylaws or by law. At the discretion of the Secretary, an employee of SMMC may be designated to perform the secretarial services of the Governing Board, which may include the following functions: take minutes of all meetings, maintain documentation of Governing Board members and report conflict of interest statements annually.

Section 2. Standing or Advisory Committees. The creation of Governing Board committees is discretionary. Each standing committee shall have and exercise the powers and authority granted in the resolution creating it. Minutes shall be kept of its proceedings and reports of its actions shall be reported to the Governing Board. Actions taken by any standing committee are subject to ratification by the Governing Board. Standing committees shall comply with vacancies, meeting notices, quorum, order of business, and duality of interest clauses of these Bylaws. The Governing Board may also appoint advisory committees.

ARTICLE VII

ADMINISTRATION

- Section 1. General. The SMMC is administered through the countywide organization structure of which it is a part. The Chief Executive Officer of SMMC reports to the Chief of the Health System, who reports to the County Manager who reports directly to the Board of Supervisors of San Mateo County.
- Section 2. Appointment and Authority. The Chief of the Health System shall monitor the performance of the Chief Executive Officer of SMMC. The Chief Executive Officer of SMMC shall be qualified for the position through appropriate education and experience. The Chief Executive Officer is hereby given authority and responsibility for the administration of SMMC and all its activities and departments subject to the County Charter, ordinances and resolutions of the Board of Supervisors. The Chief Executive Officer shall:
1. Ensure appropriate notice of all meetings of the Governing Board is sent; receive and attend to all correspondence relating to SMMC; act as custodian of all records and reports relating to SMMC, and keep records of all meetings of the Governing Board.
 2. Attend all meetings of the Governing Board as a fully vested voting member.
 3. Submit monthly to the Governing Board or its authorized committees reports showing the professional service and financial activities of SMMC and to prepare and submit any special reports that may be required by the Governing Board and/or Board of Supervisors.

ARTICLE VIII

MEDICAL STAFF

Section 1. Organization. The Governing Board shall appoint a Medical Staff to provide medical service at SMMC. The Medical Staff shall be responsible for the quality of care provided to patients at the SMMC. The Medical Staff shall be a responsible administrative unit, accountable to the Governing Board. Said staff shall be composed of physicians, dentists, clinical psychologists, and podiatrists who are graduates of recognized schools of medicine, osteopath, dentistry, psychology or podiatry, are licensed to practice in California, are in good standing, and who meet the qualifications as set forth in the Bylaws of the Medical Staff.

Appointment and membership to the Medical Staff is a prerequisite to the exercise of clinical privileges in SMMC, except as otherwise specifically provided in the Medical Staff Bylaws.

Each member of the Medical Staff shall have full authority and responsibility for the care of his or her patients, subject only to such limitations as are imposed by the Governing Board, and subject, further, to any limitations or conditions attached to the staff member's appointment. Approval by the Governing Board shall be required to effect the appointment, reappointment, designation of clinical privileges, and clinical department/service assignment at SMMC.

Section 2. Medical Staff Bylaws, Rules and Regulations. The Medical Staff shall propose and adopt by vote Bylaws, Rules and Regulations setting forth its organization, including selection of officers, its government, quality of care protocols, procedure for the granting of clinical privileges, and provisions for a review of the Medical Staff's recommendations with respect to appointment, reappointment, or termination of appointment to the Medical Staff, and granting or curtailment of clinical privileges. Bylaws, Rules and Regulations shall be consistent with applicable law, regulatory and accreditation standards and SMMC policy. Such Medical Staff Bylaws, Rules and Regulations shall become effective when, and in the form, approved by the Governing Board or at such later date as the Governing Board may specify. Medical Staff Bylaws shall be reviewed annually by the Medical Staff and recommended to the Governing Board for review and approval of any changes.

Section 3. Medical Staff Membership and Clinical Privileges. The Medical Staff shall be delegated the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, and shall require that the staff make recommendations thereon. The Governing Board shall then take final action on all such matters after considering

the staff recommendations forwarded, provided that the Governing Board may act in any event if the staff fails to adopt and submit any such recommendation within the time period required by the Medical Staff Bylaws. Such Governing Board action without a staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgment, and character as is required for staff recommendations.

The Medical Staff Bylaws shall contain provisions for the staff to adopt and forward to the Governing Board specific written recommendations on all matters of Medical Staff membership status, clinical privileges and corrective action, and to support and document its recommendations in a manner that will allow the Governing Board to take informed action.

In acting on matters of Medical Staff membership status, the Governing Board shall consider the staff's recommendations, SMMC and the community's needs, and such other criteria as set forth in the Medical Staff Bylaws. In granting and defining the scope of clinical privileges to be exercised by each practitioner, the Governing Board shall consider the staff's recommendations and supporting information on which they are based and such criteria as are set forth in the Bylaws. No aspect of membership status nor specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color, or national origin.

Any differences in recommendations concerning Medical Staff appointments, reappointments, termination of appointments, and granting or revising of clinical privileges will be resolved in a reasonable period of time by the Governing Board and the Medical Staff.

The procedure to be followed by the Medical Staff and Governing Board in acting on matters of membership status, clinical privileges, and corrective action shall be specified in the Medical Staff Bylaws.

Section 4. Corrective Action and Fair Hearing Plan. The Governing Board shall require that any action taken by the Executive Committee of the Medical Staff, or by the Governing Board, the effect of which is to deny, revoke, suspend, or reduce a practitioner's staff appointment, reappointment, department affiliation, staff category, admitting prerogatives, or clinical privileges shall, except under circumstances for which specific provision is made in the Medical Staff Bylaws, be accomplished in accordance with the Governing Board approved Corrective Action and Fair Hearing Plan then in effect. Such Plan shall provide for procedures to assure fair treatment and afford opportunity for the presentation of all pertinent information.

Should the Medical Staff via its designated structure, fail to investigate or take disciplinary action, contrary to the weight of the evidence, the Governing Board may direct the Medical Executive Committee to initiate investigation or disciplinary action, but only after consultation with the Medical Executive Committee. If the

Medical Executive Committee fails to take action in response to that direction, the Governing Board may initiate corrective action, but this corrective action must comply with Corrective Action and Hearing and Appellate Review Articles of the Medical Staff Bylaws.

Section 5. Affiliates to the Medical Staff and Physicians in Training. The Governing Board may authorize qualified persons to provide services allied with the medical services provided by members of the Medical Staff. Said authorization shall be granted in accordance with and subject to the Bylaws and Rules and Regulations of the Medical Staff.

ARTICLE IX

QUALITY MANAGEMENT

- Section 1. General. The Quality Improvement Program establishes guidelines for improving clinical and organizational performance with SMMC. The intent is to serve the mission of opening doors to excellence in healthcare through quality/performance improvement.
- Section 2. Governing Board Responsibility. The Governing Board ensures that adequate resources are provided to comply with laws and regulations and receives reports regarding status of programs. The Board participates in the development of long-range goals and the Mission of the Organization.
- Section 3. Delegation to Administration and to the Medical Staff. The Governing Board delegates to the leadership of SMMC, including the Medical Staff, the responsibility for conducting specific activities that contribute to the preservation and improvement of the quality of patient care. These responsibilities include the evaluation and peer review of the practitioner performance, including Affiliates to the Medical Staff and Physicians in Training; ongoing monitoring of critical aspects of care; review of utilization of SMMC's resources; provision of continuing professional education; recommendations on the clinical privileges which may be appropriately granted and delineation of clinical privileges for appointees of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment and such other measures as the Governing Board may deem necessary for the preservation and improvement of the quality patient care.

The Quality Improvement Program provides consistent framework and structure for SMMC to follow in order to achieve the objective of continually improving the delivery of health care for all who seek help from SMMC. The Plan provides the framework for facilitating improvement efforts across the organization.

The facilities maintenance and safety programs include a mechanism of reporting the status of SMMC mechanical, electrical, and structural systems directly to the Board through the Chief Executive Officer. The Board delegates to the Chief Executive Officer the responsibility and authority to immediately resolve any facility safety issue where danger to patients, staff or visitors is identified.

- Section 4. Receipt of Reports on Quality. The Governing Board receives reports on organization and quality/performance activities, including environment of care, patient safety and human resource effectiveness through the Medical Executive Committee.

ARTICLE X

AUXILIARY

- Section 1. Creation. A SMMC Auxiliary may be formed and approved under the terms and conditions of SMMC Policies and Procedures.
- Section 2. Bylaws. Written Policies, Bylaws and Amendments thereto, and activities of the Auxiliary shall be subject to approval by the Governing Board. Bylaws shall set forth the Auxiliary's purpose, organization and functions.

ARTICLE XI

BYLAWS AND AMENDMENTS

- Section 1. Review. These Bylaws shall be reviewed in their entirety to assure reflection of current responsibilities of the Governing Board to SMMC and community, and representation of current philosophy and direction. Review shall occur annually, and when appropriate, amendments shall be proposed to these Bylaws to meet the needs of the SMMC.
- Section 2. Amendments. These bylaws may be amended or repealed and new Bylaws adopted by a majority vote of the number of Governing Board members fixed by the Bylaws at any regular or special meeting, provided written notice of this intent has been given by the Secretary to each member at least thirty (30) days in advance of the meeting.
- Section 3. Hospital Standard of Care. These Bylaws do not create any standard of care for purposes of litigation. The standard of care applicable to the SMMC for purposes of litigation shall be a community standard, i.e. that level of care required of health care providers in the same or a similar community. Notwithstanding the foregoing, the SMMC shall strive to continuously maintain and improve the quality of care available at the SMMC.

These Bylaws have been reviewed and approved effective xxxxx.

Chester Kunnappilly, MD
Chief Executive Officer
SAN MATEO MEDICAL CENTER (SMMC)

Date

Supervisor David Canepa
President, San Mateo Medical Center Board of Directors
COUNTY OF SAN MATEO

Date

ADMINISTRATION REPORTS

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: January FY22-23

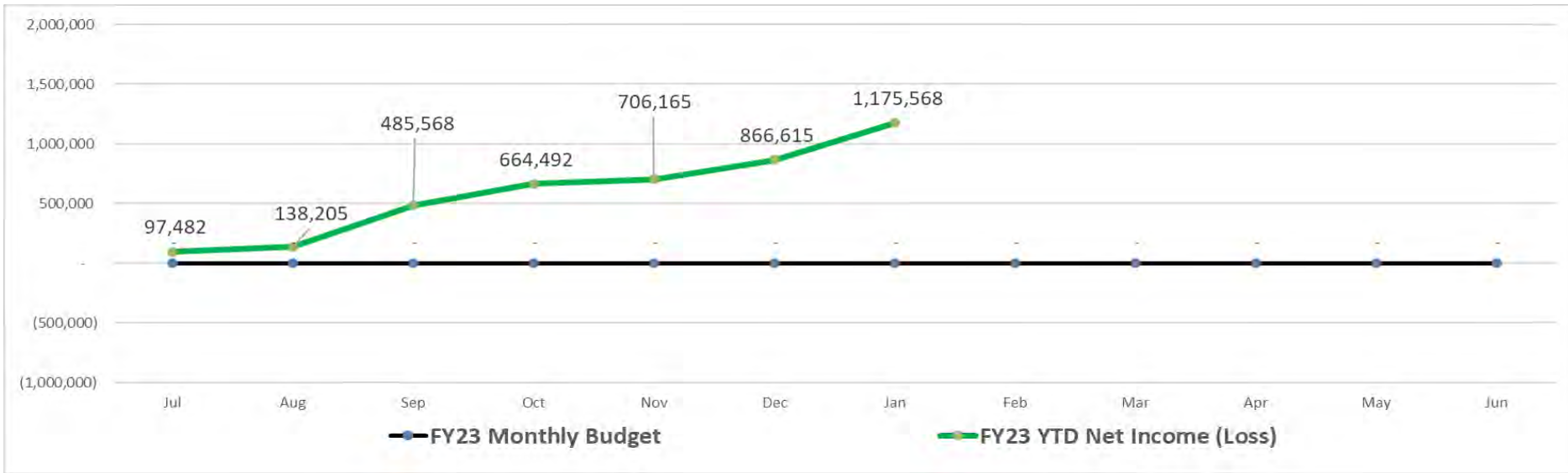
March 6, 2023

Presenter: David McGrew, CFO



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

FY22-23 Cumulative YTD Financial Results



Net Income(loss) - Jan \$309K, YTD \$1.2M

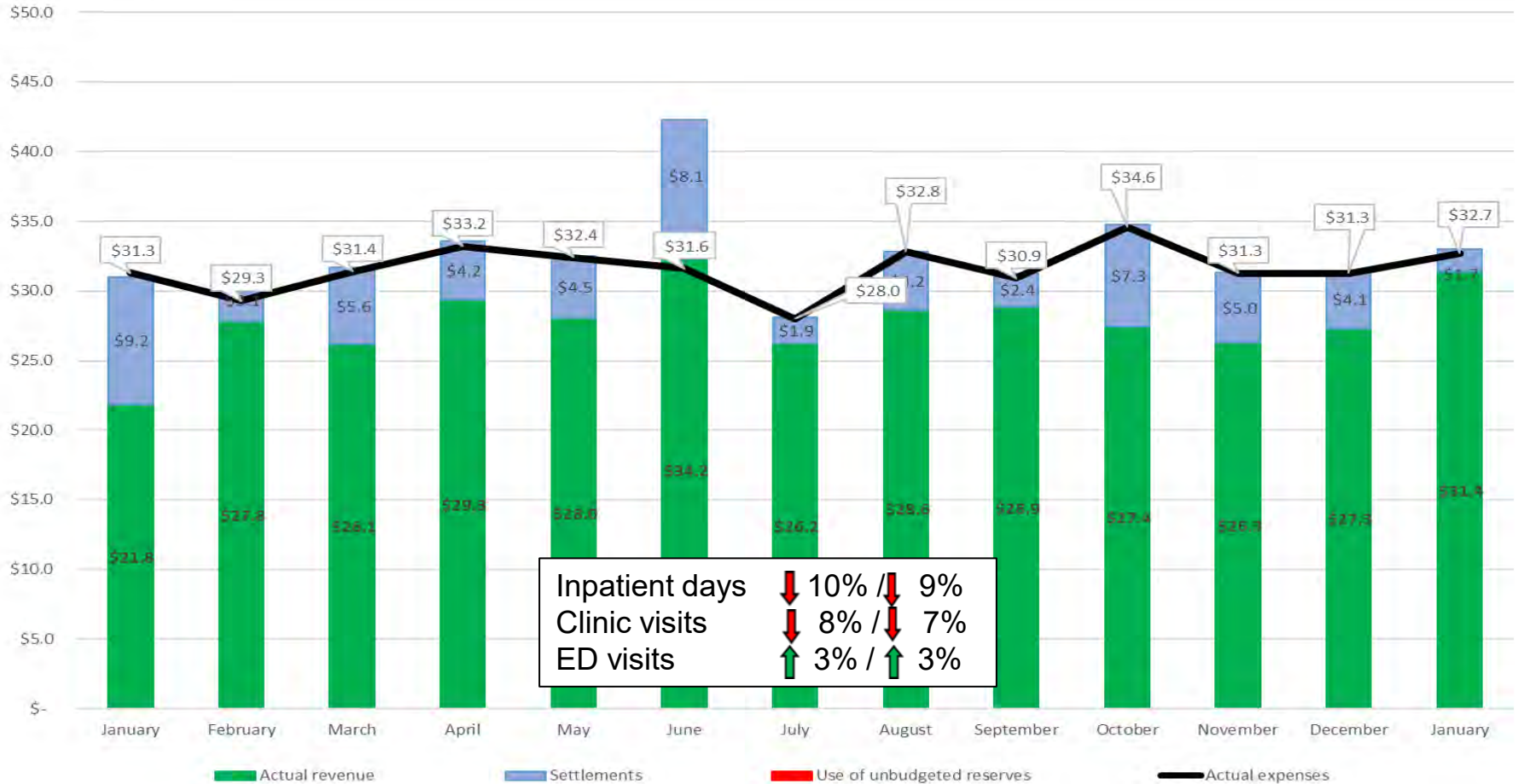
- FTEs 5% favorable
- Total labor costs favorable by \$5M
- ACE outside costs favorable by \$1.3M
- Prior Year Settlements of \$1.7M

- Supplies
- Nursing registry

January FY23 Snapshot – January is favorable to budget by \$309K and expected to stay favorable/breakeven for the remainder of the year. ACE outside costs are favorable due to the transition of 50+ population to Medi-Cal. Nursing registry costs remain unfavorable due to the difficulties with hiring permanent nurses. Salary costs are expected to increase as vacancies are filled and labor contracts are in full effect. Inpatient acute volume decreased as placements improved and Medical ED visits continue to be higher than budget. Clinic visits are 8% below budget for the month. Managed care membership is higher than budget mainly due to Medi-Cal expansion to ACE 50+ population.

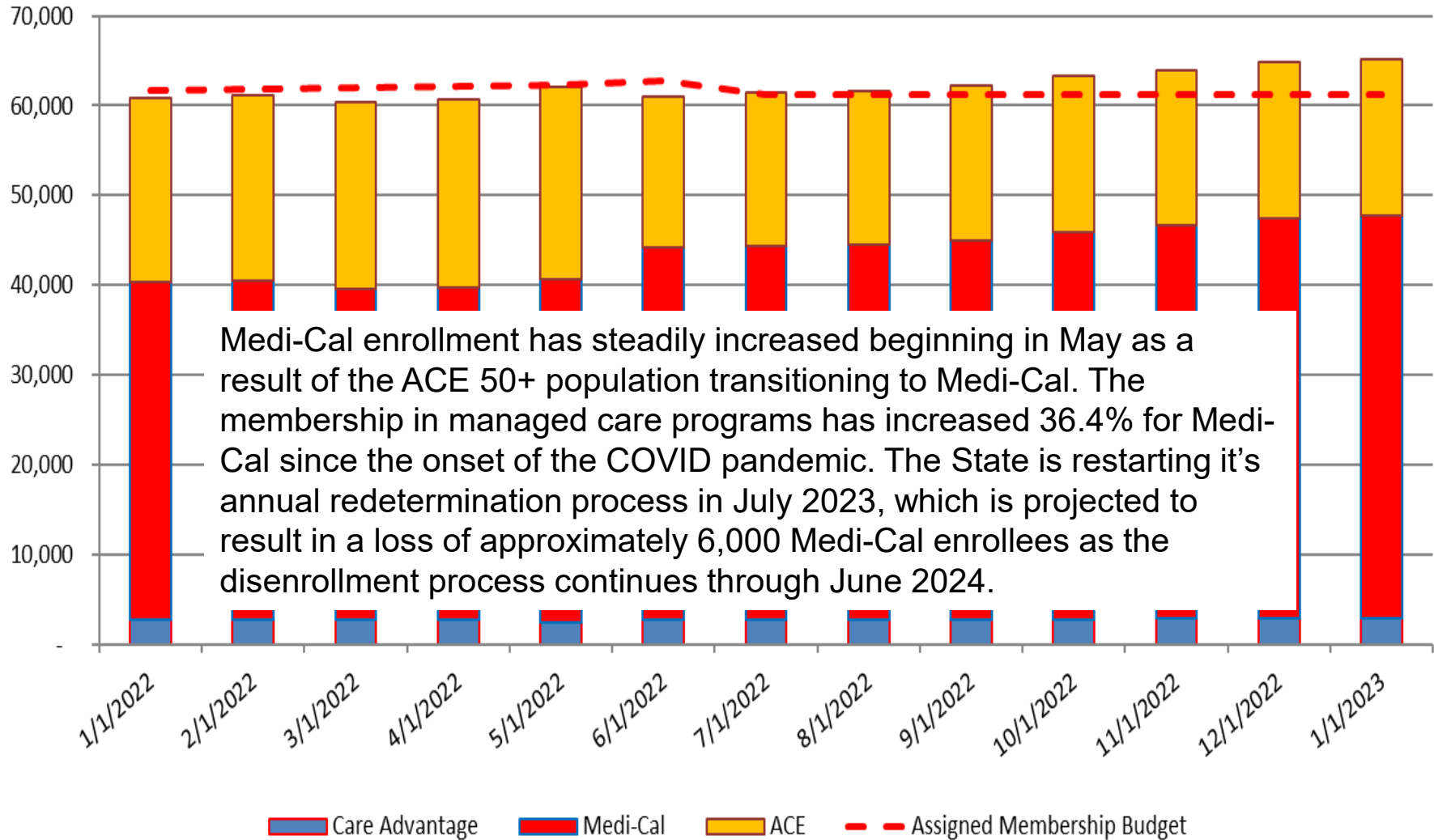
FY 22-23 Revenue & Expense Trend

SMMC's current operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) in FY23 are averaging \$31 million per month and trending close to budget of \$32 million. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures.



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

Managed Care Membership Trend

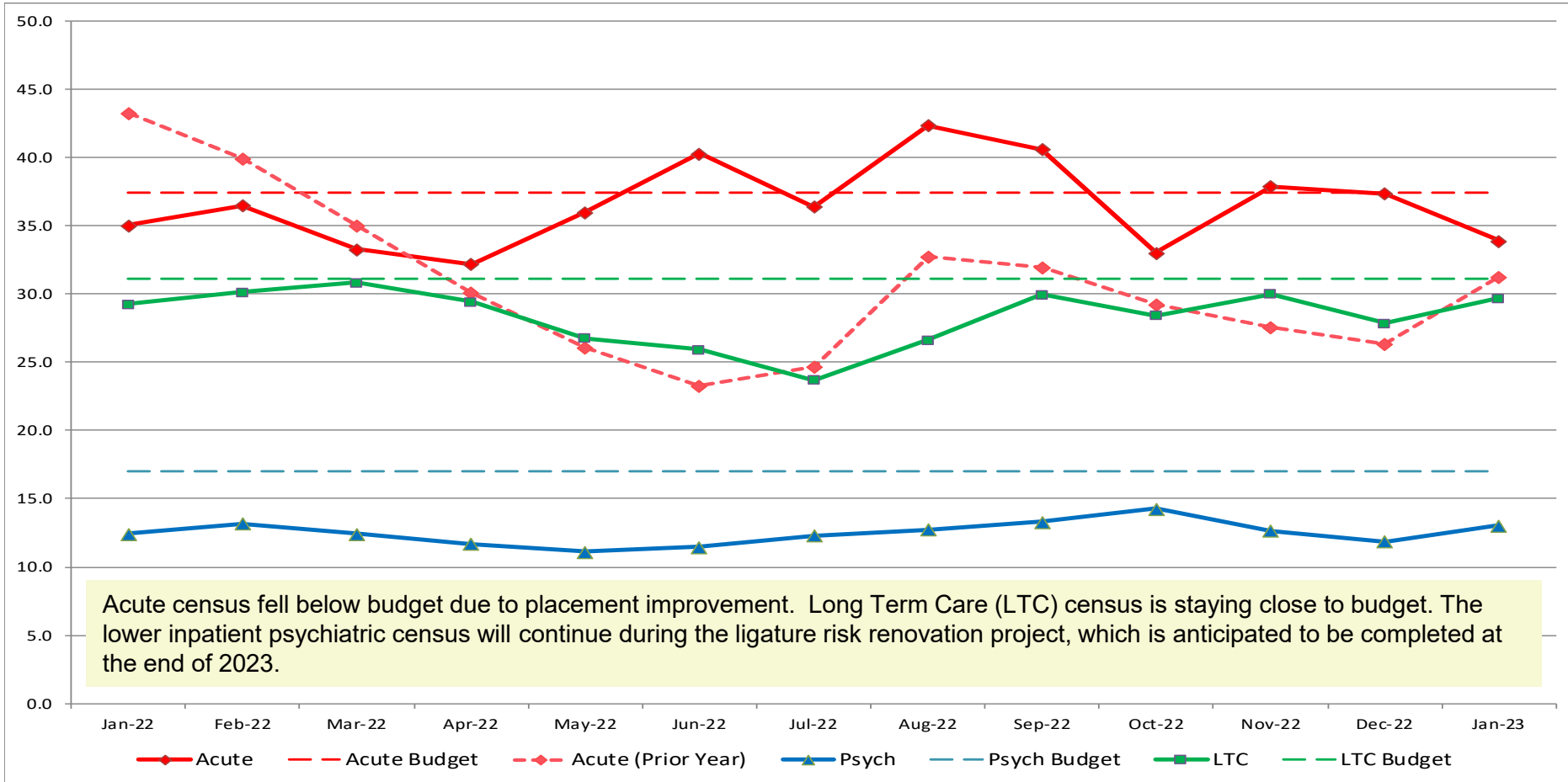


San Mateo Medical Center Inpatient Days January 31, 2023

MONTH			
Actual	Budget	Variance	Stoplight
2,377	2,652	(275)	-10%

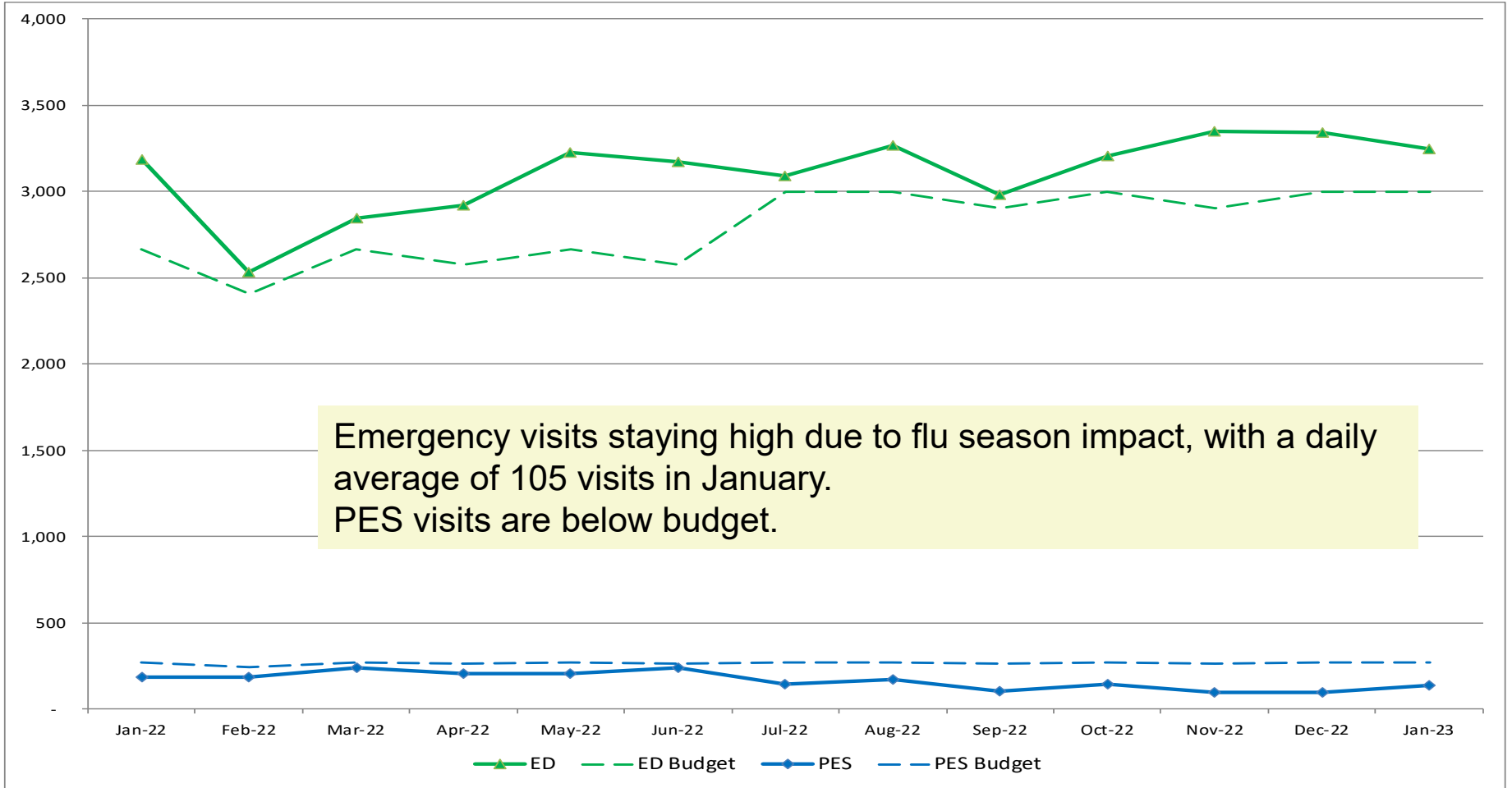
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
16,820	18,391	(1,571)	-9%

Patient Days

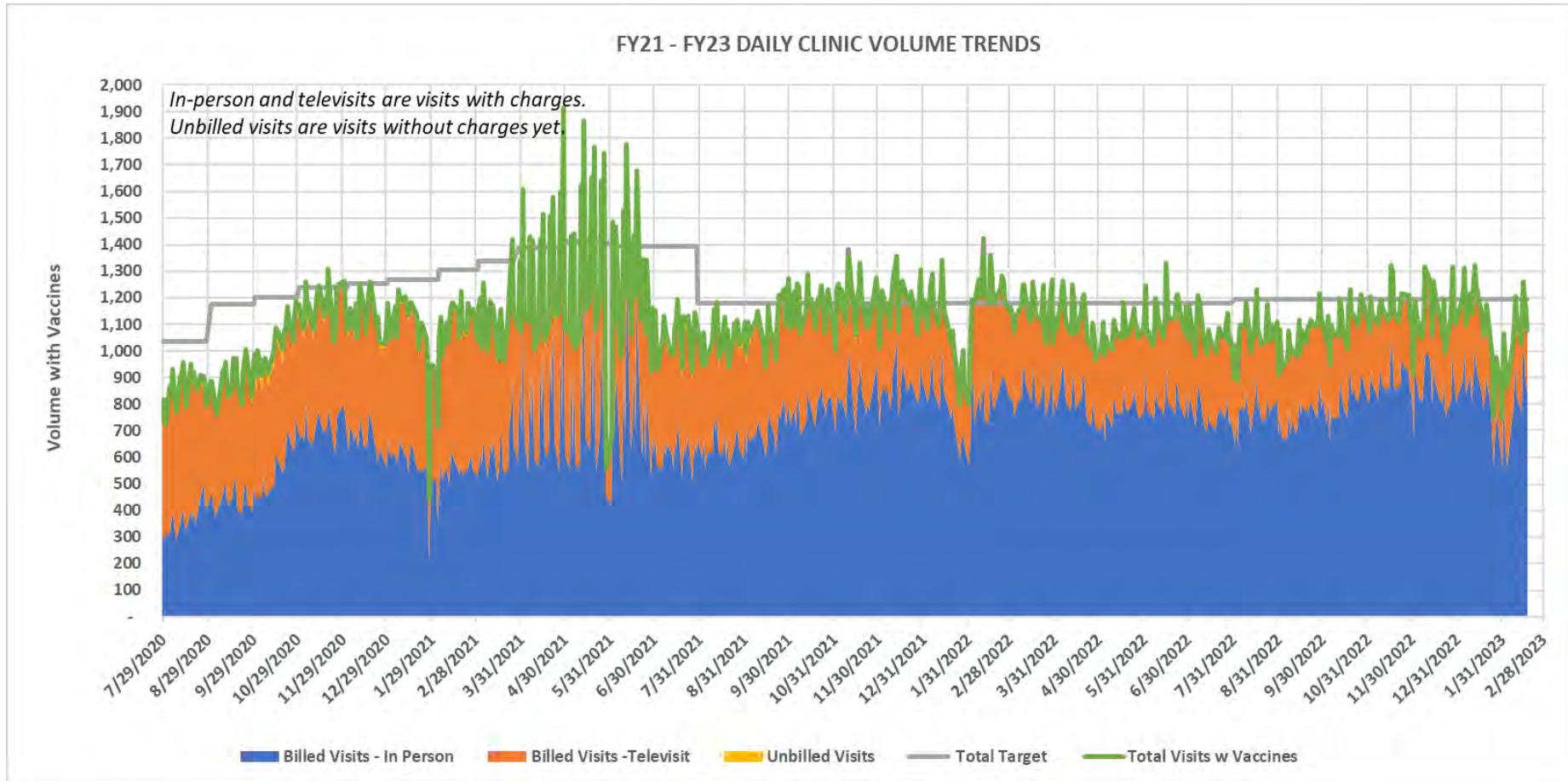


San Mateo Medical Center Emergency Visits January 31, 2023

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	3,381	3,271	110	3%	23,372	22,683	689	3%



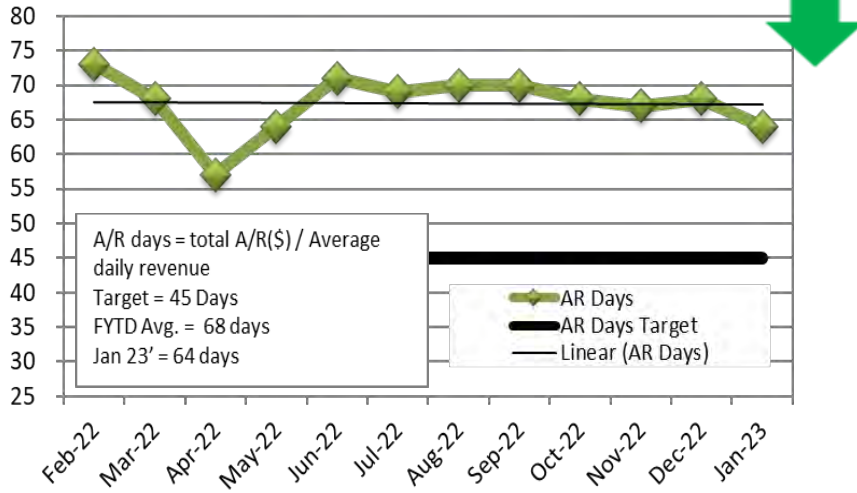
San Mateo Medical Center Clinic Visits January 31, 2023



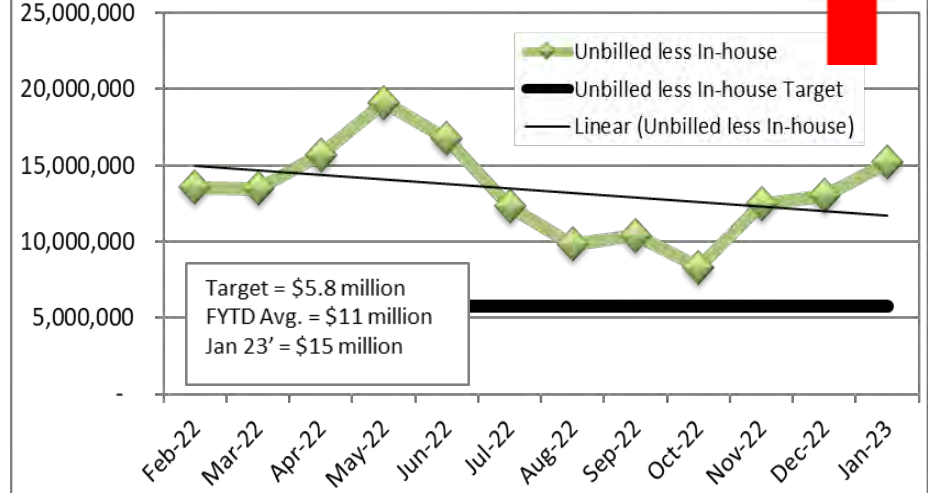
Televisits are running at 24.6% of total visits in FY23 as more patients are opting for in-person visits. Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. March & April 2021 spikes are due to targeted vaccination events.

Fee-For-Service Revenue - Key Performance Indicators

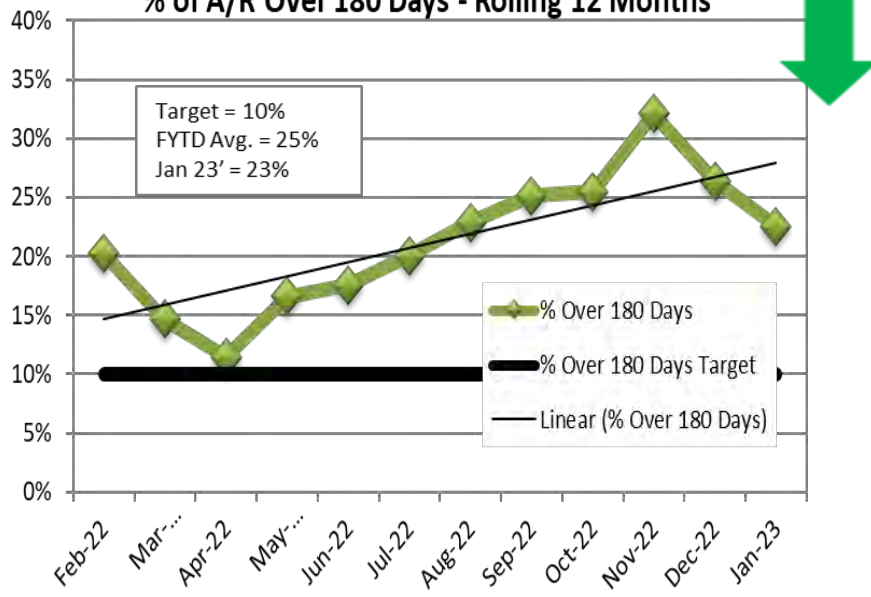
A/R Days - Rolling 12 Months



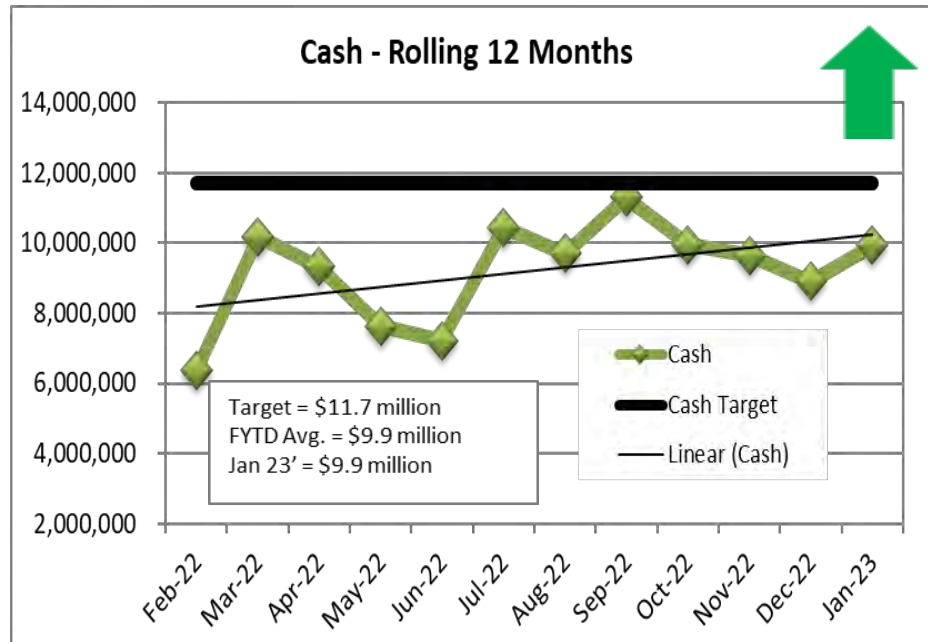
A/R Unbilled - Rolling 12 Months



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



Cash - Rolling 12 Months





SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

San Mateo Medical Center
Income Statement
January 31, 2023

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	308,953	0	308,953		1,175,568	0	1,175,568		
2 HPSM Medi-Cal Members Assigned to SMMC	44,940	41,356	3,584	9%	302,040	289,492	12,548	4%	
3 Unduplicated Patient Count	66,393	65,230	1,163	2%	66,393	65,230	1,163	2%	
4 Patient Days	2,377	2,652	(275)	-10%	16,820	18,391	(1,571)	-9%	
5 ED Visits	3,381	3,271	110	3%	23,372	22,683	689	3%	
7 Surgery Cases	225	269	(44)	-16%	1,558	1,940	(382)	-20%	
8 Clinic Visits	22,071	23,885	(1,814)	-8%	160,414	171,974	(11,560)	-7%	
9 Ancillary Procedures	66,529	69,120	(2,591)	-4%	463,930	497,028	(33,098)	-7%	
10 Acute Administrative Days as % of Patient Days	11.0%	20.0%	9.0%	45%	22.0%	20.0%	-2.0%	-10%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	88.0%	80.0%	-8.0%	-10%	82.0%	80.0%	-2.0%	-2%	
Pillar Goals									
12 Revenue PMPM	111	135	(24)	-18%	114	135	(21)	-16%	
13 Operating Expenses PMPM	332	328	(4)	-1%	318	328	9	3%	
14 Full Time Equivalent (FTE) including Registry	1,142	1,199	57	5%	1,148	1,199	51	4%	

San Mateo Medical Center
Income Statement
January 31, 2023

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	13,419,223	14,144,151	(724,928)	-5%	93,554,852	99,009,057	(5,454,205)	-6%
22 Outpatient Gross Revenue	27,698,059	28,232,137	(534,079)	-2%	195,405,168	197,624,960	(2,219,793)	-1%
23 Total Gross Revenue	41,117,282	42,376,288	(1,259,006)	-3%	288,960,020	296,634,017	(7,673,997)	-3%
24 Patient Net Revenue	9,052,156	13,211,764	(4,159,608)	-31%	74,056,664	92,482,349	(18,425,684)	-20%
25 Net Patient Revenue as % of Gross Revenue	22.0%	31.2%	-9.2%	-29%	25.6%	31.2%	-5.5%	-18%
26 Capitation Revenue	461,065	389,867	71,198	18%	3,116,416	2,729,066	387,351	14%
27 Supplemental Patient Program Revenue	15,709,070	12,040,224	3,668,846	30%	94,978,781	84,281,566	10,697,216	13%
<i>Volume Based (GPP, EPP, VRR, AB915)</i>	15,482,024	5,371,667	10,110,357	188%	52,890,178	37,601,667	15,288,511	41%
<i>Value Based (QIP, HPSM P4P)</i>	(4,444,173)	3,820,025	(8,264,199)	-216%	25,016,360	26,740,177	(1,723,817)	-6%
<i>Other</i>	4,671,219	2,848,532	1,822,687	64%	17,072,243	19,939,722	(2,867,479)	-14%
28 Total Patient Net and Program Revenue	25,222,290	25,641,854	(419,564)	-2%	172,151,862	179,492,980	(7,341,118)	-4%
29 Other Operating Revenue	1,723,206	1,181,890	541,316	46%	8,070,134	8,273,232	(203,097)	-2%
30 Total Operating Revenue	26,945,496	26,823,744	121,752	0%	180,221,996	187,766,211	(7,544,215)	-4%

San Mateo Medical Center
Income Statement
January 31, 2023

	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	19,723,301	19,477,553	(245,748)	-1%	123,012,865	136,342,874	13,330,009	10%
32 Drugs	1,245,301	1,286,937	41,637	3%	8,450,865	9,008,561	557,696	6%
33 Supplies	1,162,077	952,050	(210,027)	-22%	6,939,664	6,664,349	(275,314)	-4%
34 Contract Provider Services	3,427,258	3,562,085	134,827	4%	32,158,713	24,934,597	(7,224,117)	-29%
<i>Registry</i>	738,629	540,547	(198,083)	-37%	11,328,884	3,783,827	(7,545,058)	-199%
<i>Contract Provider</i>	2,299,810	2,357,106	57,296	2%	17,856,968	16,499,742	(1,357,226)	-8%
<i>ACE Out of Network</i>	330,196	564,839	234,644	42%	2,654,043	3,953,874	1,299,831	33%
<i>Other</i>	58,624	99,593	40,970	41%	318,817	697,154	378,337	54%
35 Other fees and purchased services	5,227,687	5,211,812	(15,875)	0%	36,738,219	36,482,686	(255,534)	-1%
36 Other general expenses	769,799	729,995	(39,804)	-5%	5,327,837	5,109,967	(217,871)	-4%
37 Rental Expense	166,121	247,893	81,772	33%	1,178,567	1,735,253	556,685	32%
38 Lease Expense	735,826	735,826	0	0%	5,150,784	5,150,784	0	0%
39 Depreciation	290,333	227,938	(62,395)	-27%	1,983,539	1,595,569	(387,971)	-24%
40 Total Operating Expenses	32,747,703	32,432,091	(315,612)	-1%	220,941,055	227,024,640	6,083,585	3%
41 Operating Income/Loss	(5,802,207)	(5,608,347)	(193,860)	-3%	(40,719,059)	(39,258,428)	(1,460,631)	-4%
42 Non-Operating Revenue/Expense	681,731	178,918	502,813	281%	3,888,622	1,252,423	2,636,199	210%
43 Contribution from County General Fund	5,429,429	5,429,429	(0)	0%	38,006,005	38,006,005	(0)	0%
44 Total Income/Loss (GAAP)	308,953	0	308,953		1,175,568	0	1,175,568	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
January 31, 2023**

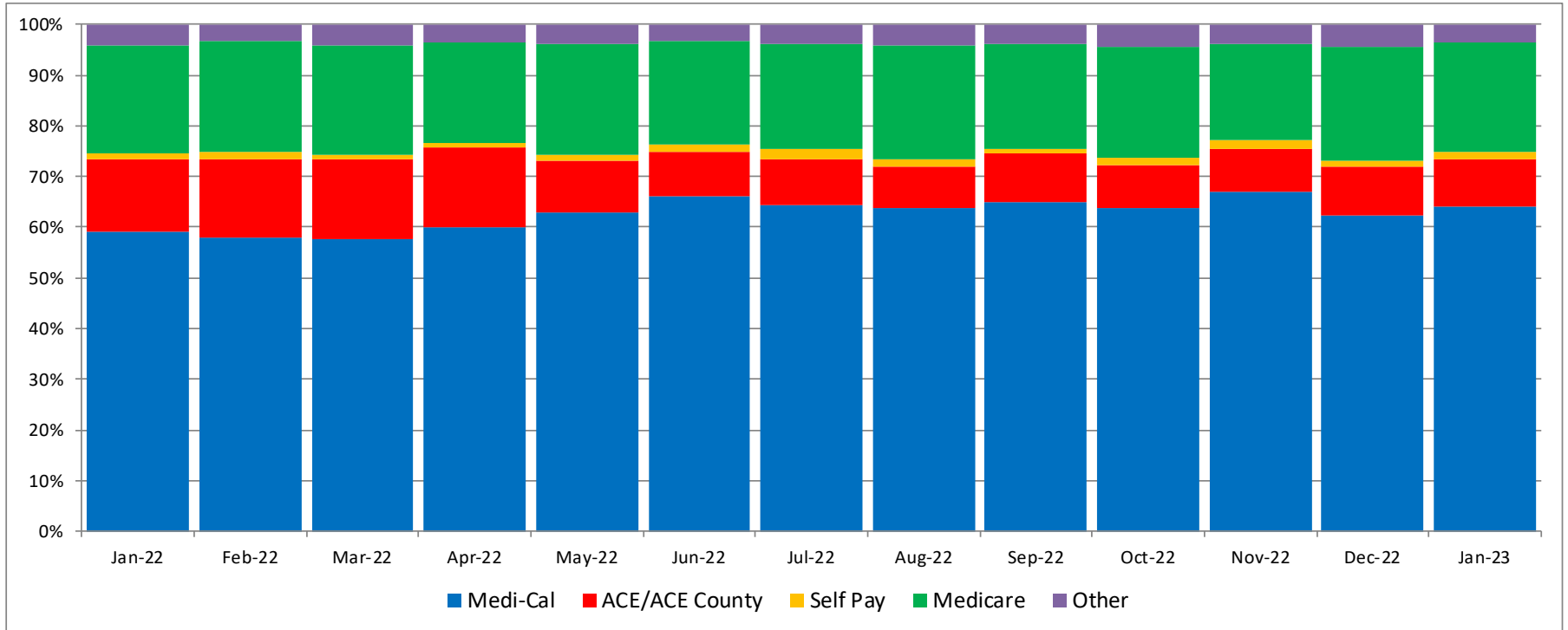
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

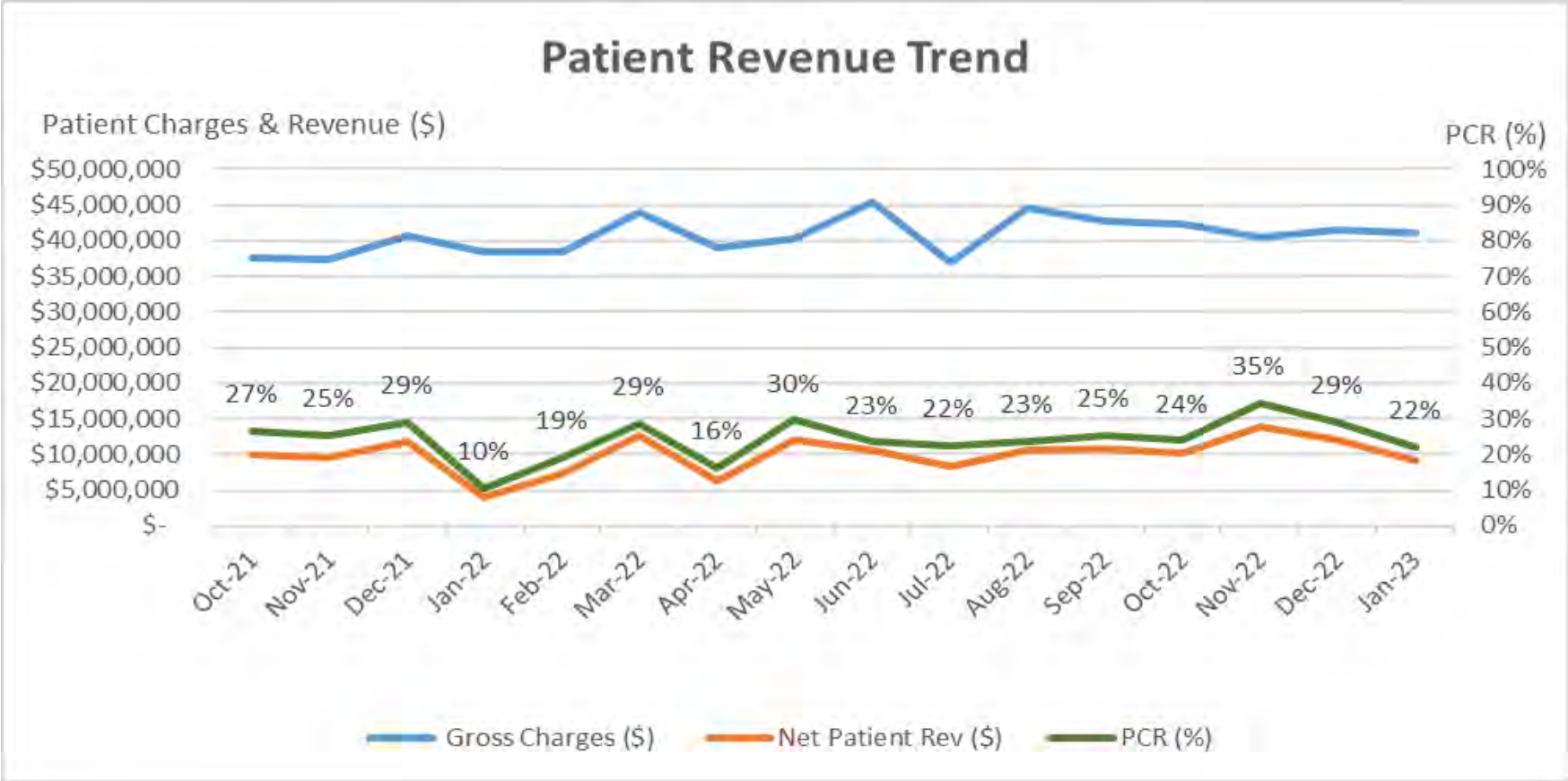
Payer Type by Gross Revenue

	A	B	C	D
Medicare	21.7%	22.7%	-1.0%	
Medi-Cal	64.1%	58.9%	5.2%	
Self Pay	1.5%	1.6%	-0.1%	
Other	3.5%	4.3%	-0.8%	
ACE/ACE County	9.3%	12.5%	-3.3%	
Total	100.0%	100.0%		

E	F	G	H
21.2%	22.7%	-1.5%	
64.3%	58.9%	5.4%	
1.4%	1.6%	-0.2%	
4.1%	4.3%	-0.3%	
9.0%	12.5%	-3.5%	
100.0%	100.0%		



Fee-For-Service Patient Revenue Trend

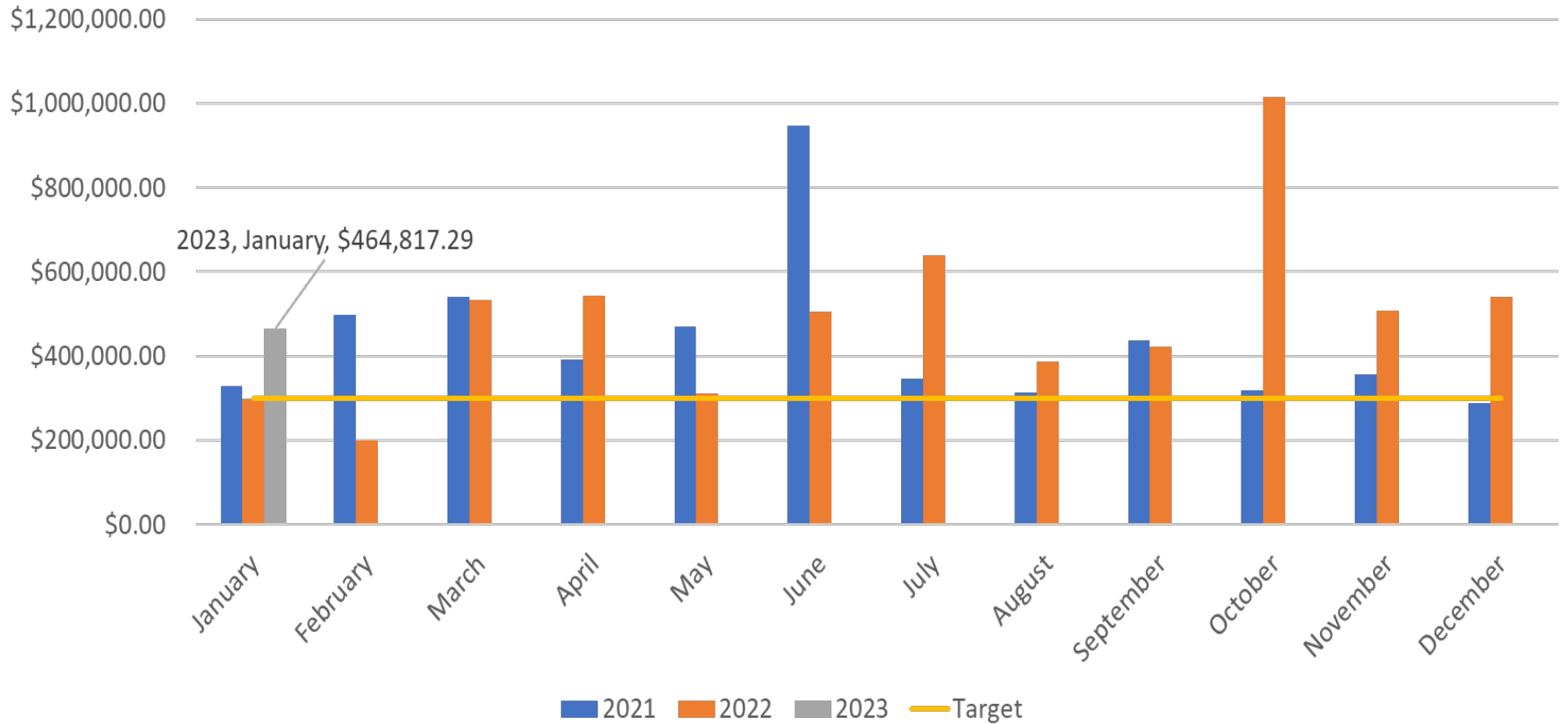


Budgeted PCR 27.5% (FY21), 33.9% (FY22), 31.2% (FY23)

Gross patient revenue is trending up due to the increase in patient volume since late last year and addition of new charge codes for billing compliance. The collection rate (PCR) in FY23 is trending at average 26%. PCR surge in Nov 22 and dips earlier this year was due to one-time adjustments. PCR is expected to remain in mid 20s for the rest of this fiscal year.

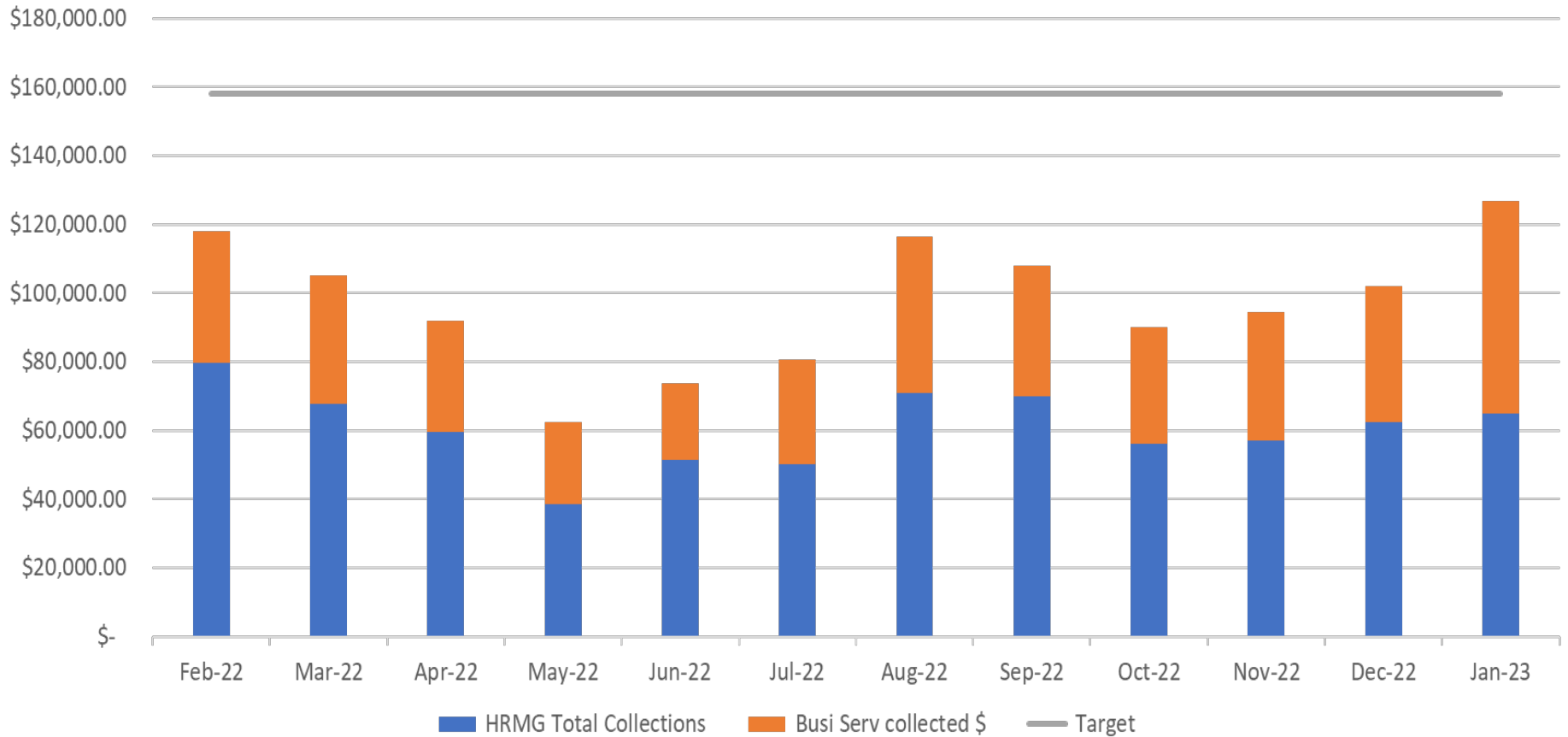


Fee-For-Service Commercial Collections



July 2020 MMX began supporting PFS with Commercial Collections

Fee-For-Service Self Pay Collections

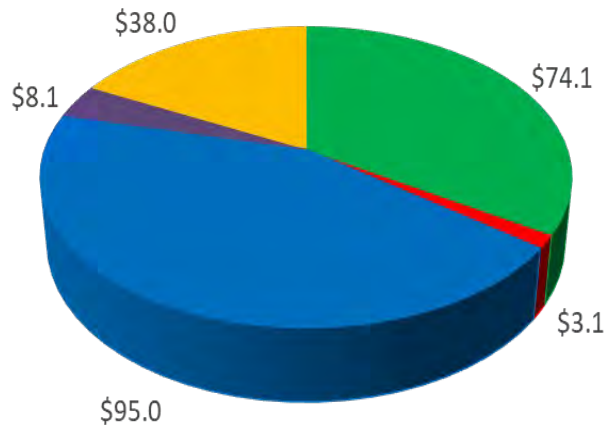


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

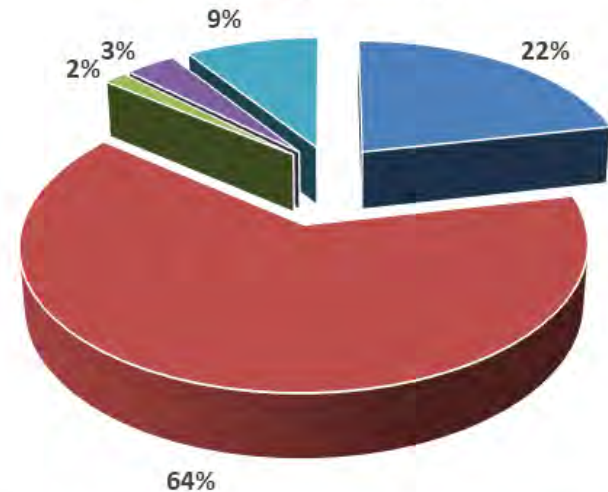
Revenue Mix

Sources of Revenue

(Dollars in millions)



Payor Mix



■ Fee For Service
 ■ Capitation
 ■ Supplemental
 ■ Other
 ■ County Contribution
 ■ Medicare
 ■ Medi-Cal
 ■ Self Pay
 ■ Other
 ■ ACE

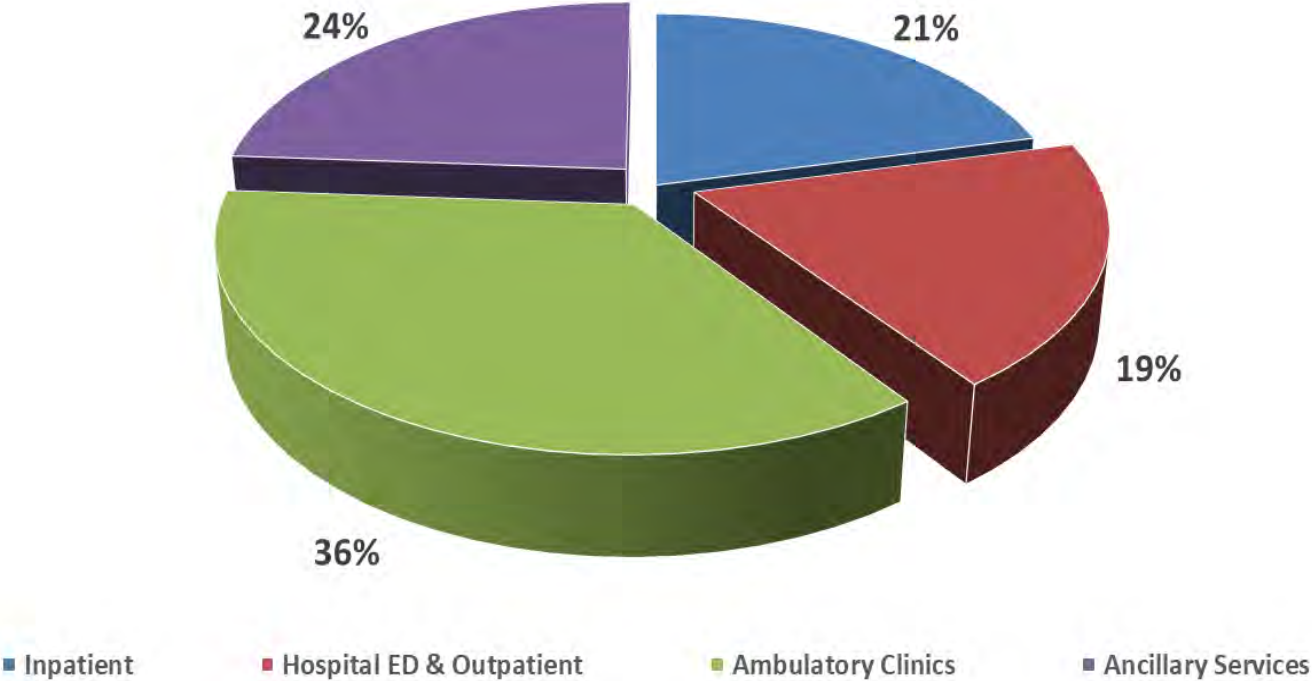
Total YTD Revenue of \$218 million consists of 44% in Supplemental Programs and 34% in Fee For Service

Health Plan of San Mateo (HPSM) represents 35% of our Operating Revenue

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

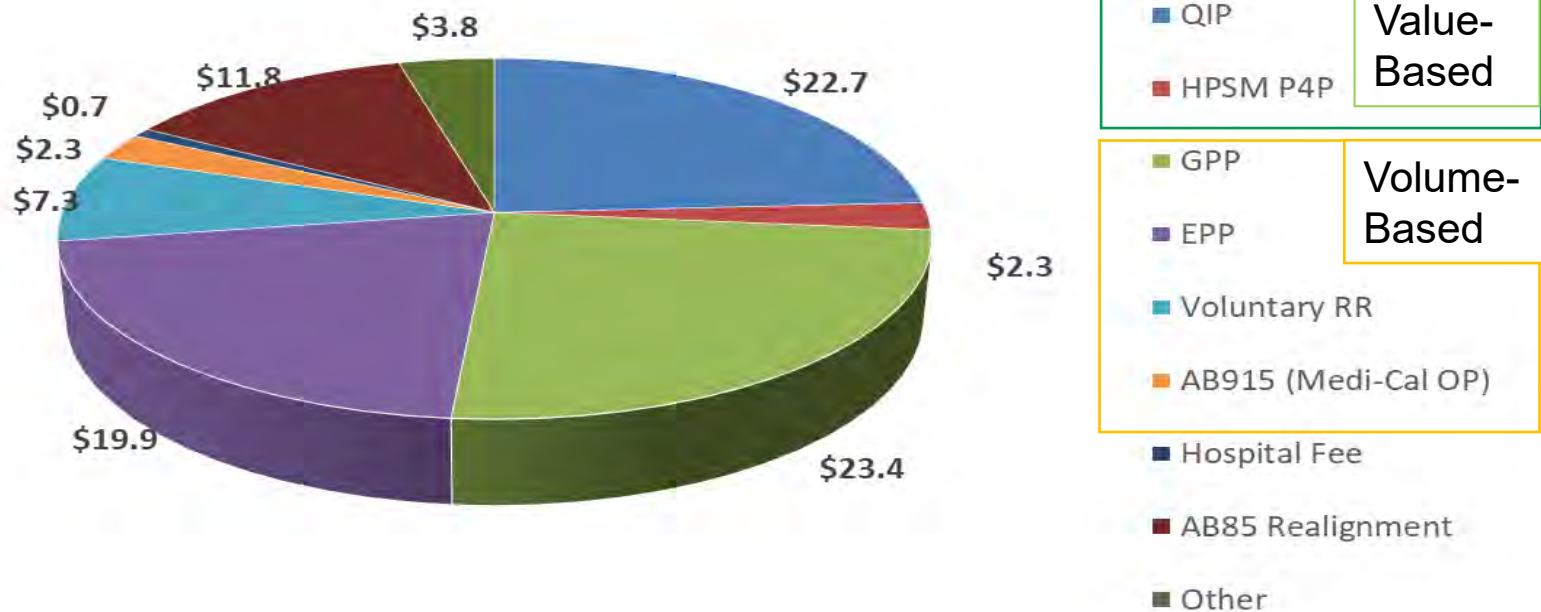
Capitation is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

Revenue Mix by Service Line



Supplemental Revenue Mix

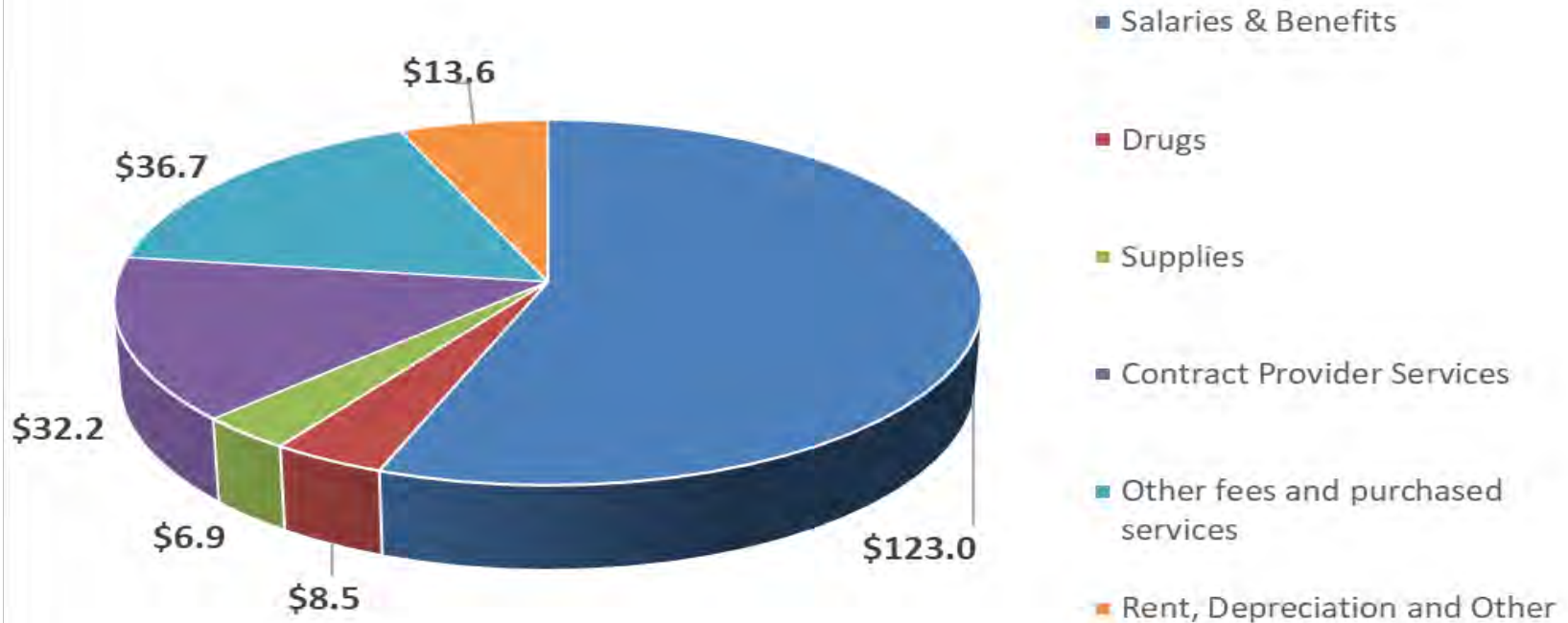
(Dollars in millions)



- **Value-Based** programs, including Capitation revenue, represents 27% of total revenue
- **Volume-Based** supplemental programs, plus FFS revenue, represent 56% of total revenue

Total Operating Expenses

(Dollars in millions)



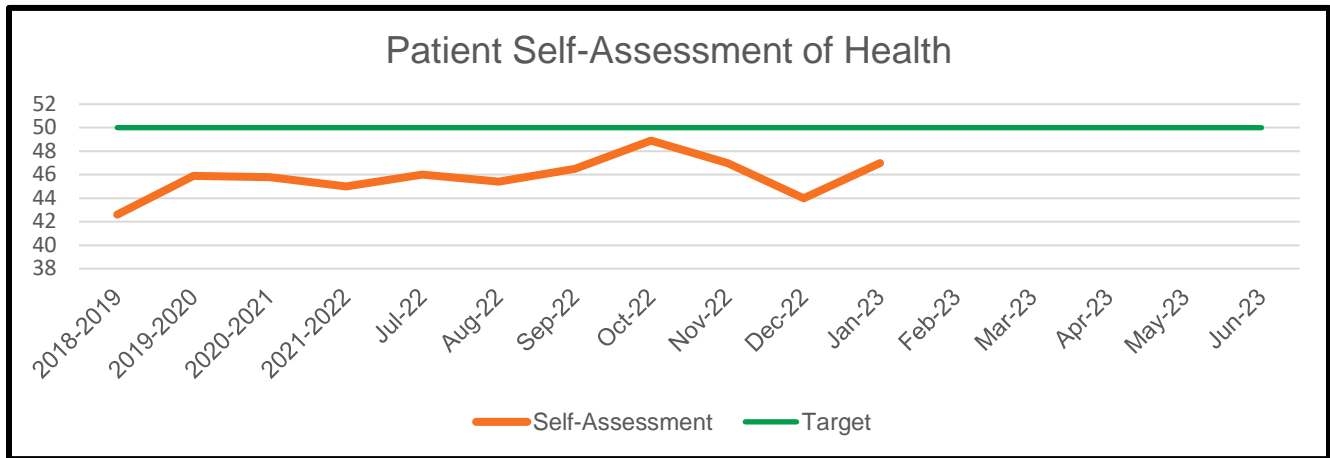
Salaries & Benefits represent 56% of total expenses

Personnel costs* represent 70% of total expenses

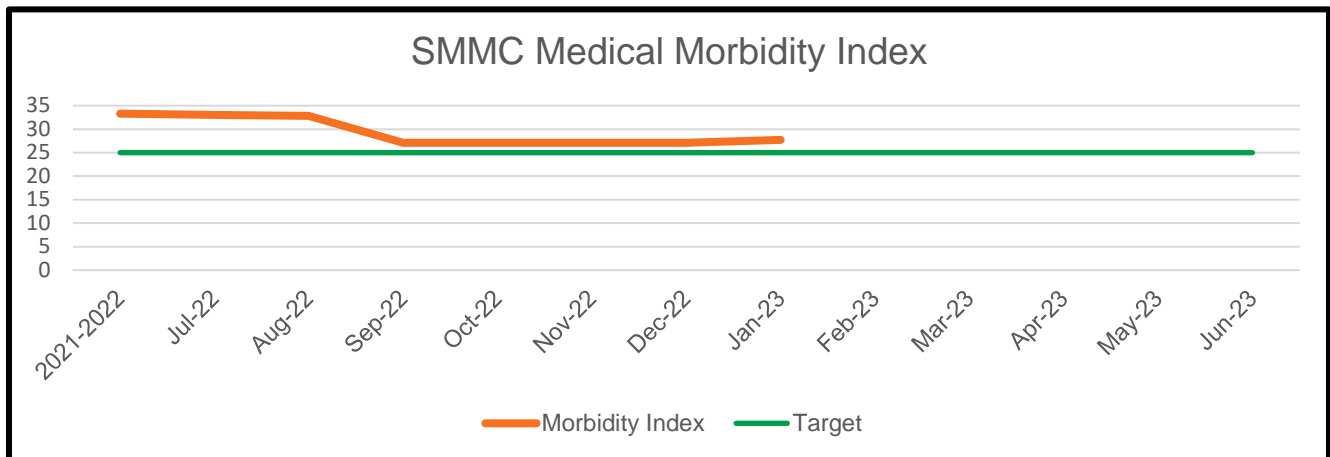
* Personnel costs includes S&B plus Registry/Contract Providers



Excellent Care



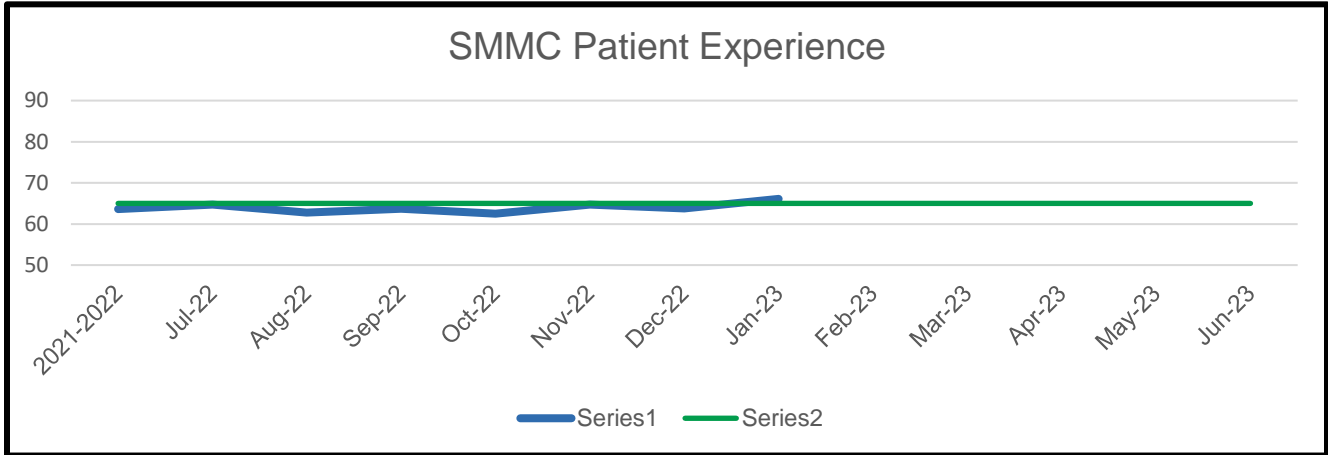
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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.**



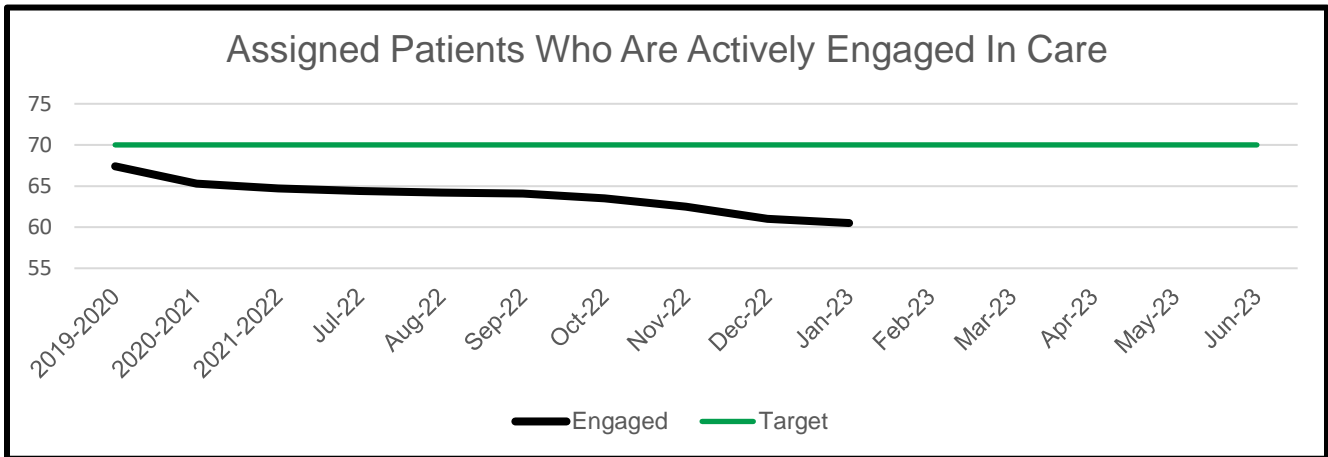
Patient Experience



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.**



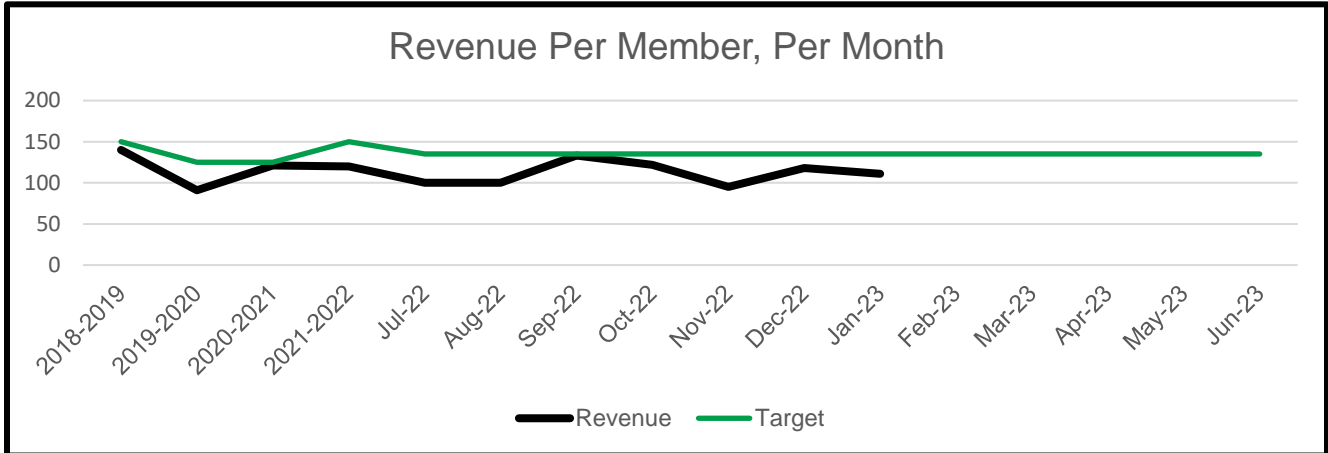
Access to Care



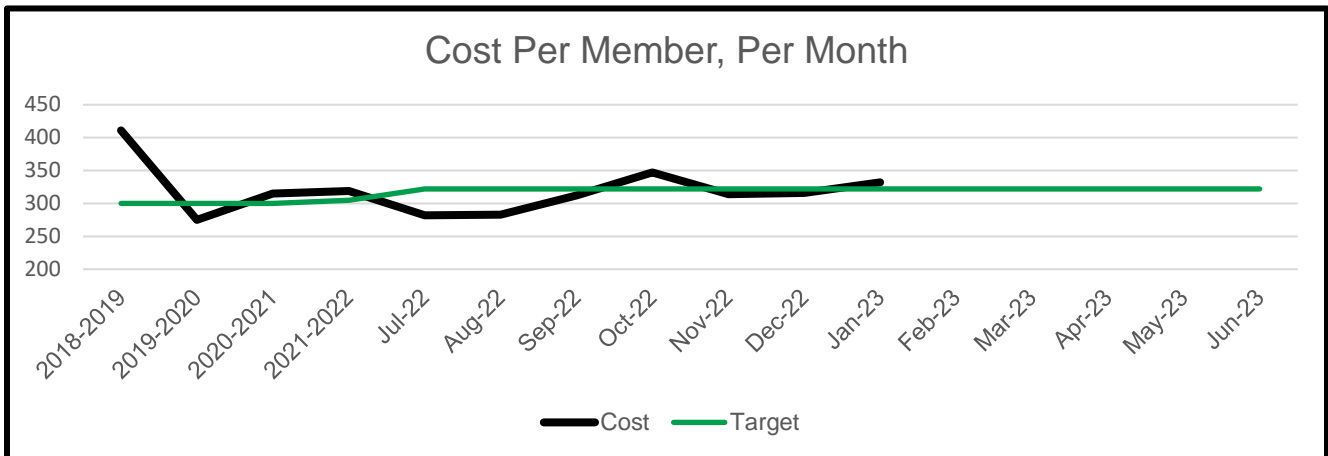
Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



Financial Stewardship



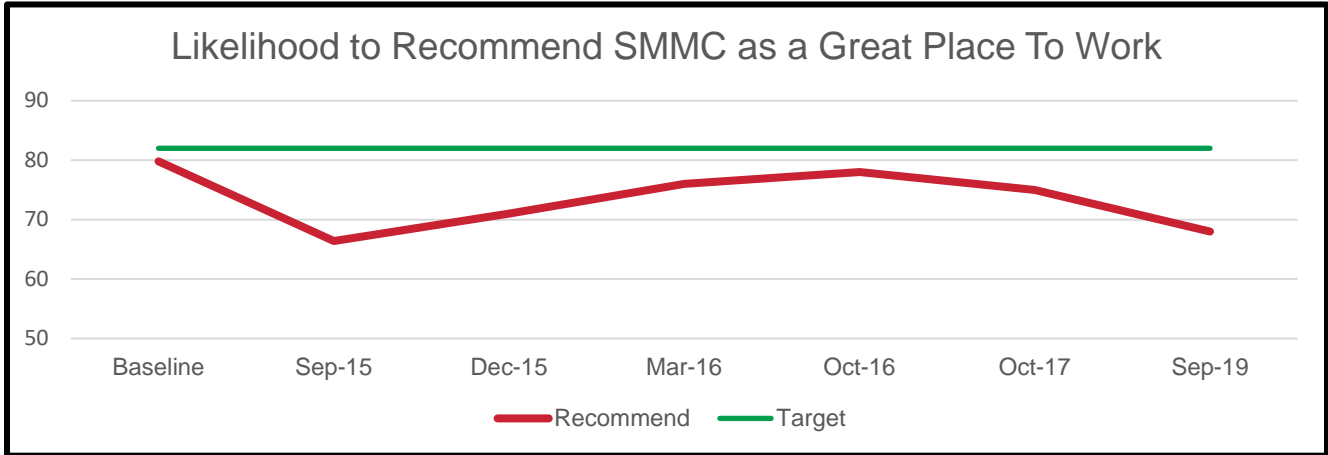
Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



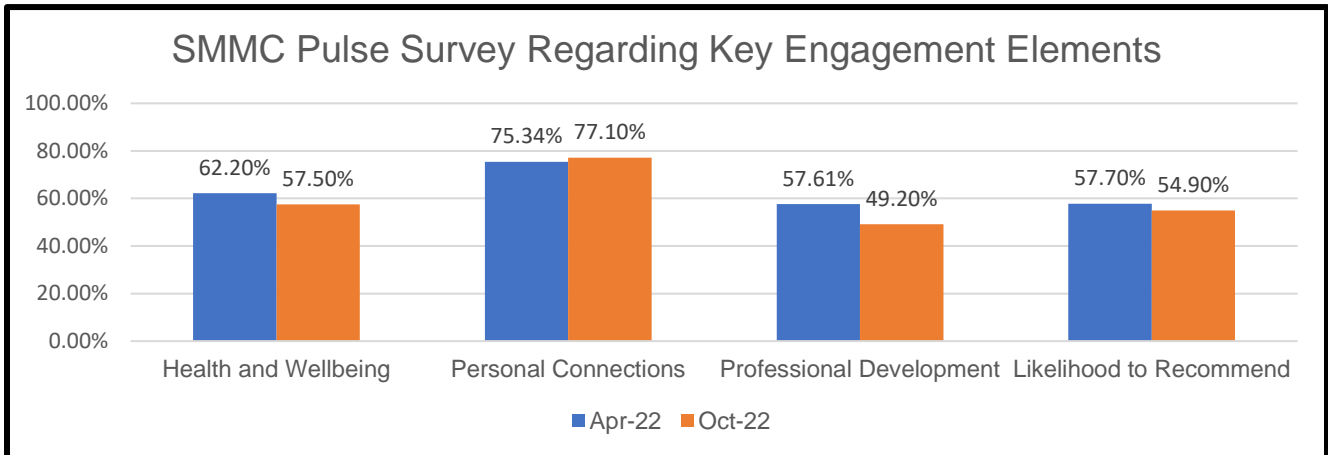
Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**



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 Staff Engagement Pulse Survey: Percentage of staff who agree or strongly agree that 1) organization actively supports health and wellness 2) staff member has personal connections at work 3) organization supports professional development 4) staff member would recommend SMMC as a great place to work. **Higher is better.**

Strategic Updates, Recognitions & Awards



Pictured Above, left to right: Dr. Yousef Turshani, (Chief Medical Officer), Priscilla Padilla Romero (Medical Staff Office Manager), Dr. Mithu Tharayil (Supervising Physician), Jen Naranjo (Patient Experience Manager), and Kacie Patton (DEI Manager) attended the Safety Net Institute's Racial Equity Program meeting.

Collaborating to Advance Racial Equity Work

Five San Mateo Medical Center leaders attended the Racial Equity Program meeting in Burbank, CA in February to learn about and share ideas on how to advance racial equity in our organization. The program session, hosted by the California Health Care Safety Net Institute (SNI), in partnership with the National Equity Project (NEP), was attended by more than 40 leaders from 10 public health care systems across the state.

Riverside University Health System and UC San Diego Health led small group conversations about the evolution of their health systems' equity journey and the application of liberatory design, an approach that aims to address equity challenges and change efforts in complex health systems.

Event panelist, Jen Naranjo, SMMC's Patient Experience Manager, shared with all attendees how we are embedding a racial equity lens in our improvement work through a new prioritization rubric. Jen elaborated that our improvement efforts, which include Value Stream Mapping, prioritizes and transforms planning and decision-making for our most vulnerable and marginalized patient populations.

The SMMC cohort engaged in deep collaboration and peer learning with one another and leaders from other health systems, sharing operational challenges and solutions for sustaining equity efforts. Thank you to Kacie Patton (DEI Manager), Jen Naranjo (Patient Experience Manager), Mithu Tharayil (Supervising Physician), Priscilla Padilla Romero (Medical Staff Office Manager) and Yousef Turshani, (Chief Medical Officer) for representing SMMC at the meeting.

1A Skilled Nursing Unit Recognized for Outstanding Customer Service

The 1A Skilled Nursing Unit on the SMMC 39th Avenue Campus was recently recognized by Pinnacle Quality Insight with several customer service awards. Pinnacle Quality Insight is a nationally recognized customer satisfaction firm that conducts surveys of patients on the 1A unit. Based on the results of these surveys, the 1A unit received Pinnacle Customer Experience Awards in the areas of Overall Satisfaction, Nursing Care and Laundry Service. Pinnacle states that the "Customer Service Award is awarded to care providers who have achieved best-in-class customer satisfaction standards within their peer group." Congratulations to the entire 1A team for this recognition.



February 2023

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	22,531 (January)	0.3%	-15.8%
SMMC Emergency Department Visits	3,381 (January)	-1.7%	0.4%
New Clients Awaiting Primary Care Appt.	Data Not Available	NA	NA

Cannabis information & awareness campaign expands



Behavioral Health and Recovery Services’ Cannabis Decoded campaign has added a billboard on Highway 101 in San Carlos with messages aimed at increasing youth and parent conversations about cannabis. Social medial campaign messaging, which has been youth tested, provides facts while focusing on harm reduction by using language familiar to young people. The campaign is also expanding its Decoded Escape Room game concept, which was highlighted at the American Public Health Association conference in Boston in November. With interactive puzzles and a narrative, the game targets specific learning outcomes and can be accessed via mobile phone or as a tabletop session for a group.

Cannabis Decoded was launched in partnership with the San Mateo County Youth Commission, First Five, and the County Office of Education to educate youth and young adults about the facts on cannabis use. Licensing agreements with Alameda, Marin, Monterey, San Bernadino, and Sonoma Counties have significantly increased the campaign’s impact.

BHRS’ trains staff and community-based clinicians to respond to trauma in children

Behavioral Health and Recovery Services’ NMT program has graduated 10 staff from County departments and local agencies to more effectively respond to children who have experienced trauma. The Neurosequential Model of Therapeutics (NMT) matches treatment interventions with the developmental needs of children and considers the effects of extreme stress and trauma on the brain and

social development of a child. The model also involves engaging caregivers and allied professionals in applying developmentally **appropriate supportive interventions to benefit the child's progress.**

The certification program includes 120 hours of study time, meetings, and 10 NMT assessments. Through the training, participants are encouraged to think differently about a diagnosis in light of understanding **their clients' experience more deeply and to advocate for their clients by helping others view them** through a trauma-informed, developmentally sensitive and more empathetic lens. Graduates of phase 1 of the NMT program include staff from BHRS, StarVista, The Primary School, and San Mateo Medical Center's **psychiatric residency program.**

Bridges to Wellness receives state grant to support clients with complex needs

Public Health, Policy and Planning has received \$1.8 million in funding for two years from the California Department of Health Care Services to support the development of Enhanced Care Management. A legacy program developed as part of the Whole Person Care pilot program, Bridges to Wellness provides medical, behavioral, and care navigation services to Medi-Cal recipients with complex needs to remove barriers that prevent patients from accessing care.

The team works with persons who may experience homelessness, frequently utilize emergency services and/or have multiple health and behavioral health co-morbidities. The state grant will support administrative functions, training for Enhanced Care Management providers, developing the new electronic health record (EHR), collecting and managing patient data, and outreach to underserved communities in San Mateo County.

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