

BOARD OF DIRECTORS MEETING

Monday, May 3, 2021

8:00 AM - 10:00 AM



AGENDA

Board of Directors Monday, May 3, 2021 8:00 AM

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

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

Public Participation

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

A. CALL TO ORDER AND PUBLIC COMMENT

B. CLOSED SESSION

Items Requiring Action

Medical Staff Credentialing Report

2. Quality Report

Informational Items

3. Medical Executive Committee

Dr. Steve Hassid

Dr. Brita Almog

Dr. Steve Hassid

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

John Jurow

F. CONSENT AGENDA Approval of: 1. April 5, 2021 Minutes	
G. MEDICAL STAFF REPORT Chief of Staff Update	Dr. Steve Hassid
H. ADMINISTRATION REPORTS1. Rehabilitation Services	Dr. Alpa Sanghavi Verbal Emily Weaver
Health Care for the Homeless / Farmworker Health Program	Dr. CJ KunnappillyVerbal Jim Beaumont, Dr. Frank Trinh
 Crushing the Curve: A youth education campa about COVID-19 	aign Louise RogersVerbal Edith Cabuslay
4. Financial Report	David McGrewTAB 2
5. CEO Report	Dr. CJ KunnappillyTAB 2
I. COUNTY HEALTH CHIEF REPORT County Health Snapshot	Louise Rogers
J. COUNTY MANAGER'S REPORT	Mike Callagy
K. BOARD OF SUPERVISOR'S REPORT	Supervisor Carole Groom
L. ADJOURNMENT	

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS MEETING MINUTES Monday, April 5, 2021 Videoconference Meeting

Members of the Public

Board Members Present	Staff Present		
Supervisor Carole Groom	Janette Gomez	Rebecca Archer	Rachel Daly
Supervisor David Canepa	David McGrew	John Jurow	Priscilla Romero
Mike Callagy	Dr. Alpa Sanghavi	Karen Pugh	Victor Armendariz
Louise Rogers	Joan Spicer	Gabriela Behn	Angela Gonzales
Dr. CJ Kunnappilly	Robert Blake	Paul Rogerville	Luci Latu
Dr. Steve Hassid	Peggy Jensen	Carlton Mills	Kathryn Calafato
Dr. Brita Almog	Dr. Yousef Turshani	Henrietta Williams	Mary Fullerton
Dr. Gordon Mak			

ITEM	DISCJUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:27 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for April 5, 2021. QIC Minutes from February 23, 2021. Medical Executive Committee Minutes from March 9, 2021.	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	On May 1, the Foundation will partner with ELO Baby Company to host a Diaper Drive. The company will donate 15 pallets of diapers for families in the community. Jack's Prime Burger and Shakes in San Mateo will hold a fundraising event on May 15. Twelve percent of the day's proceeds will be donated to the Foundation. So far, the restaurant has donated over \$5,000 in meals.	FYI
	The Foundation met with Supervisor Groom and Dana Stoehr from the San Mateo County Event Center. The Event Center will host "Taste of the County" event in late September or October as a fundraiser. The Foundation created a program called "Fund A Patient in Need." The Foundation has support from local community members to assist in establishing the program.	

	This fiscal year, the Foundation has set aside \$118,000 for the medical center with an additional \$333,000 for the ground floor Rehabilitation Services project.	
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from March 1, 2021.	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 the COVID-19 numbers have continued to be low. The average daily COVID census is 3-4 patients.	FYI
	Over 85% of staff and providers have been vaccinated. We continue to focus on patient vaccinations and significant progress has been made. Over half of 65 and older patients have been vaccinated.	
	The San Mateo Medical Center vaccinated over 1,000 patients on Saturday, April 3.	
	Dr. Hassid and the Medical Staff are aware of the significant increase in violence aimed at people of Asian descent. Many of our patients are Asian and Pacific Islander and take public transportation to get here, especially the elderly. Dr. Hassid asked for recommendations to help make it safer for patients.	
Pharmacy Department Victor Armendariz	The Pharmacy department staff 13 Pharmacists, 2 Supervisors, 2 Leads, 1 Clinical Coordinator, 12 Pharmacy Technicians, 3 PSAs, 2 PAP Coordinators, a Buyer, and a Billing Specialist.	FYI
	Services include Hospital Pharmacy: Inpatient, Infusion Center, Medication monitoring Retail Pharmacy: Discharge prescriptions, Outpatient prescriptions from clinics Long Term Care Pharmacy: 1A, Burlingame Long Term Care, Correctional Health	
	Hospital Pharmacy 2020 volumes Medication orders-117,918 (18.95% increase) and Medication Compounded-35,572 (10.95% decrease).	
	Patient Assistant Program helps patients obtain medications at no cost through programs offered by pharmaceutical manufacturers. In 2020 the cost of medications provided to patients was \$1.16 million.	
Compliance and HIPAA Gabriela Behn	Gabriela Behn reported for the Quarterly period January - March 2021. Mandatory Compliance Training which involves communication and education training is at 28.4%. The policy target goal is 80% by the end of the year.	FYI

	The Compliance team implemented two new polices: a.) Patients with ICE Monitoring Devices; b.) Immigration Status and Protected Health Information.	
	The Auditing, Monitoring, and Internal Reporting Systems are currently on hold.	
Integrated Medication Assisted Treatment Update	Mary Fullerton reported the program uses medications in addiction treatment and pairs the program with behavioral therapy and counseling.	FYI
Mary Fullerton	The IMAT team began in 2013 and in July of 2015 IMAT partnered with the Emergency Department where they have a behavioral health team imbedded. In 2017 IMAT expanded to opioid use disorder treatment and expanded its partnership with Correctional Health.	
	IMAT treats individuals who have chronic and/or alcohol opioid use disorders. Many of the IMAT referrals come from the Emergency Department and Psychiatric Emergency Services.	
	The pandemic has impacted the IMAT team due to the increased number of overdose deaths in the community. The staff has been working throughout the pandemic, seven days a week including holidays. Currently they are doing 70% Telehealth thereby reducing Emergency Department and Psychiatric Emergency Services utilization by 20%.	
Financial Report David McGrew, CFO	The February FY 20/21 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.	FYI
County Health Chief Report	Louis Rogers reported that the new variants of COVID-19 now make up half of the statewide cases.	FYI
Louise Rogers	It was reported that on March 6, our new case rate per 100,000 was four new cases per 100,000 in the population. The positivity rate was .9% and has remained the same. We have among the highest testing rates in the state.	
	On April 2, the case rate reported by the state was five new cases per 100,000 which is a slight increase. Vaccinations county-wide is 294,000 as of April 1, which is almost 46% of adults. 62% of our patients have received their second doses and over 9,000 doses were provided by SMMC Clinics. The focus is on communities that have been the most impacted which are in our lowest index communities. The vaccination rate there is over 37%.	

	We scaled back mass vaccination activities at the event center and the San Francisco International Airport due to low inventory. We are hopeful the inventory will increase so we can remobilize mass vaccination events.	
County Manager Mike Callagy	Mike Callagy reported that it's unlikely the county will move into the yellow tier this week. He is happy to see we are focusing on the low API areas. Not only is it an equity issue but also because it contributes to our fight against COVID-19. We will have mass vaccinations on April 6 since we have enough doses to do 4,200 at the Event Center.	FYI
Board of Supervisors Supervisor Groom	No report.	FYI

Supervisor Groom adjourned the meeting at 9:45 AM. The next Board meeting will be held on May 3, 2021.

Minutes recorded by:

Minutes approved by:

Janette Gomez, Administrative Secretary

Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

ADMINISTRATION REPORTS

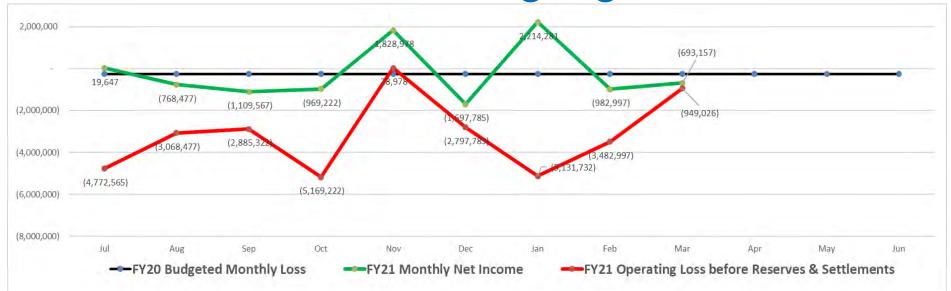
BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: March FY20-21

May 3, 2021 Presenter: David McGrew, CFO



Financial Highlights



YTD Net Loss - \$2.2M vs \$2.3M (budgeted)

- Medi-Cal Fee for Service (FFS) rates
- \$255K FY2015 MAA Reserve
- Clinic and Surgery revenue

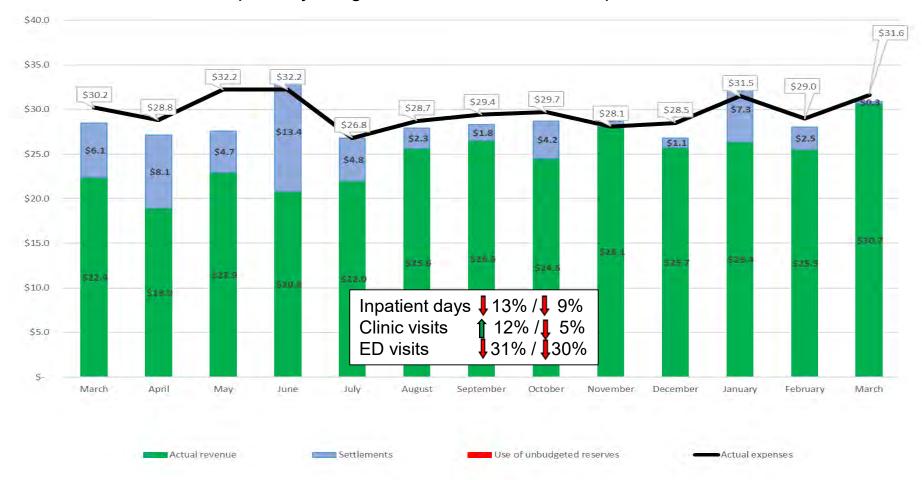
- COVID pandemic impact on patient
 volumes 28% reduction in patient revenue
- ACE outside medical costs

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

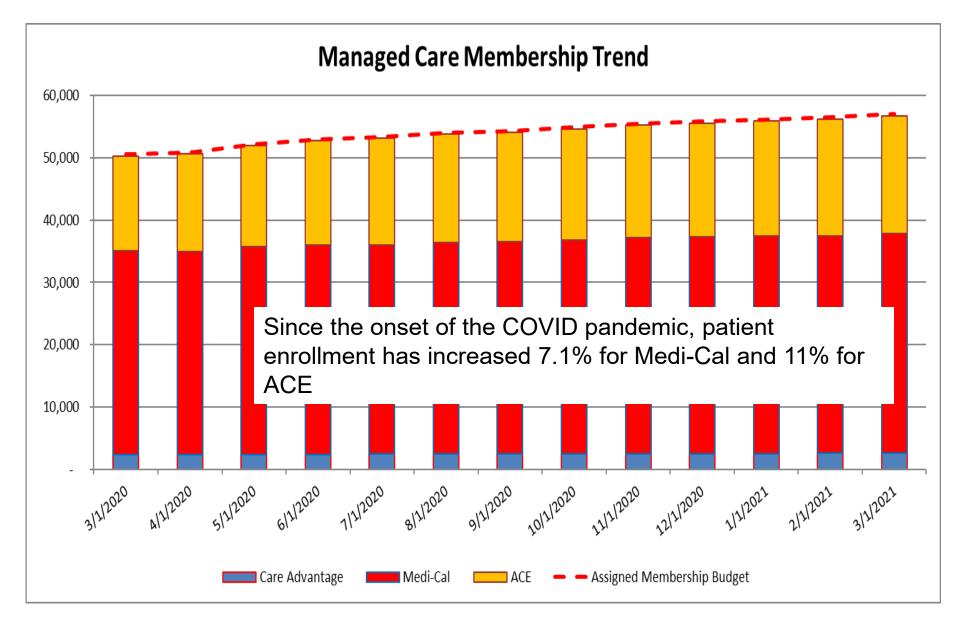
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FY 20-21 Structural Deficit Trend

SMMC's structural deficit continues as revenue sources from on-going operations and current supplemental programs cannot keep pace with the cost structure. Cost report settlements have partially mitigated these factors for the past 12 months.

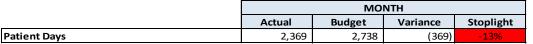




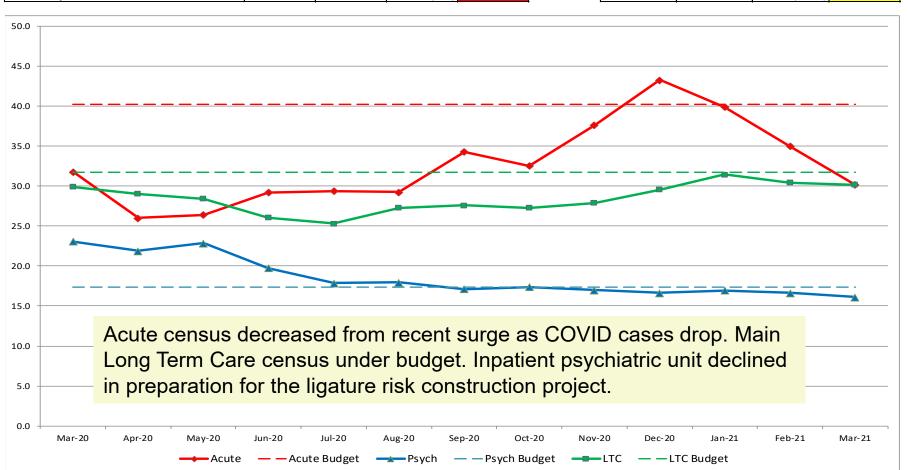




San Mateo Medical Center Inpatient Days March 31, 2021



	YEAR TO	D DATE	
Actual	Budget	Variance	Stoplight
21,976	24,205	(2,229)	-9%

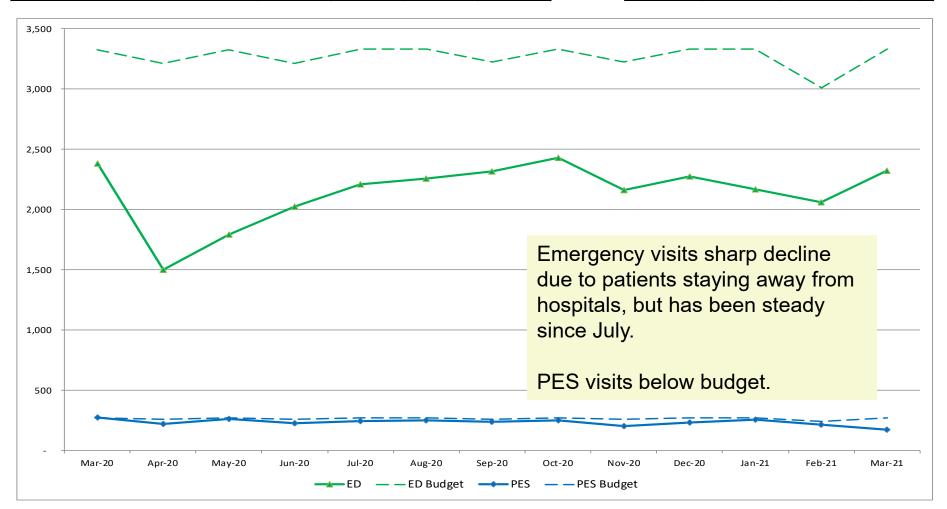




San Mateo Medical Center Emergency Visits March 31, 2021

	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	2,499	3,604	(1,105)	-31%

	YEAR TO	O DATE	
Actual	Budget	Variance	Stoplight
22,282	31,853	(9,571)	-30%

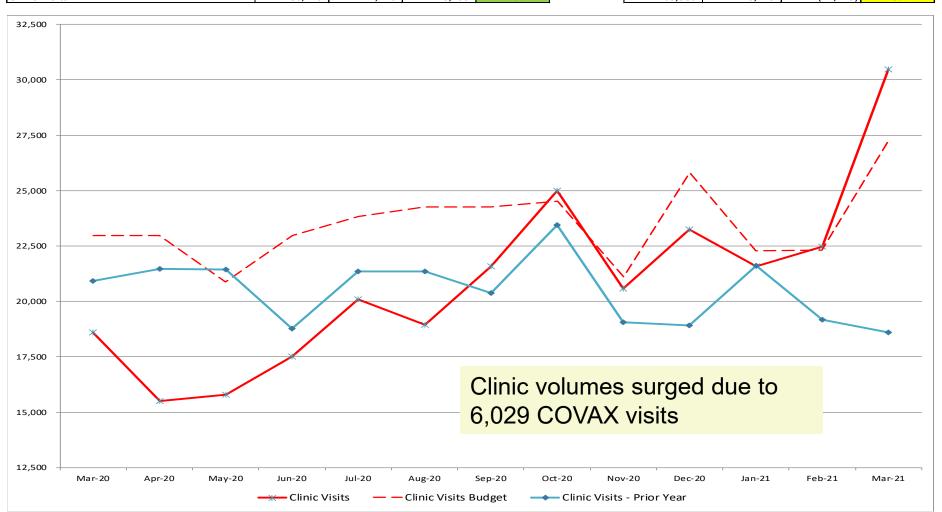




San Mateo Medical Center Clinic Visits March 31, 2021

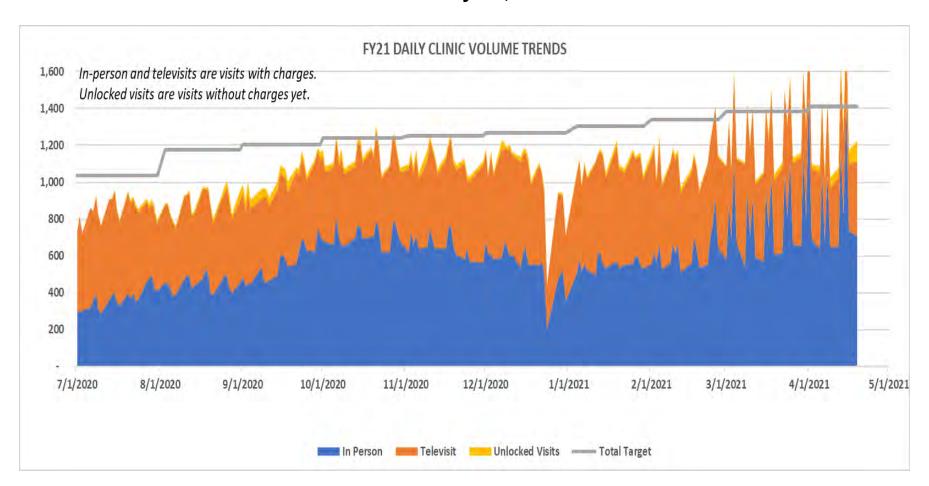
	MONTH			
	Actual	Budget	Variance	Stoplight
Clinic Visits	30,475	27,276	3,199	12%

	YEAR TO	D DATE	
Actual	Budget	Variance	Stoplight
203,980	215,729	(11,749)	-5%





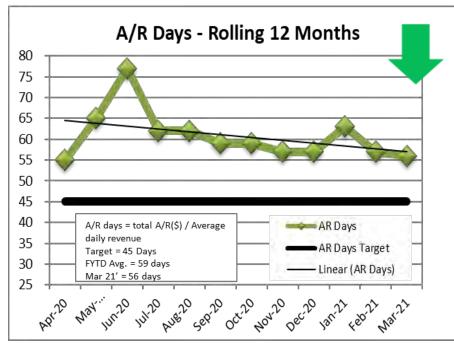
San Mateo Medical Center Clinic Telehealth Visits February 28, 2021

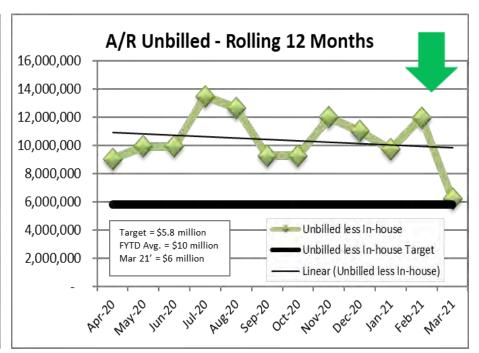


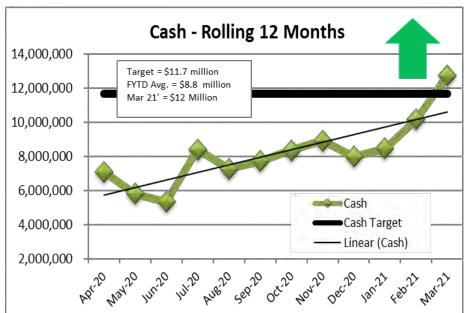
Clinic televisits have increased from an average of 6% of total visits pre-COVID to an average of 42% since March 16th, with a high of 78%. The mix of televisits and in-person visits are steady. March & April spikes due to targeted vaccination events.

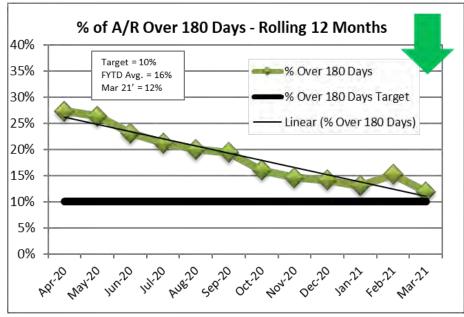


Key Performance Indicators











QUESTIONS?

APPENDIX



San Mateo Medical Center Income Statement March 31, 2021

[MONTH				YEAR TO	DATE		
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	
	Α	В	С	D	E	F	G	
Income/Loss (GAAP)	(693,157)	(257,335)	(435,821)		(2,155,716	(2,325,236)	169,520)
HPSM Medi-Cal Members Assigned to SMMC	35,258	33,069	2,189	7%	310,451	297,620	12,832	
Unduplicated Patient Count	60,902	68,606	(7,704)	-11%	60,902	68,606	(7,704	١
Patient Days	2,369	2,738	(369)	-13%	21,976	24,205	(2,229)	١
ED Visits	2,499	3,604	(1,105)	-31%	22,282	31,853	(9,571	١
Surgery Cases	247	307	(60)	-20%	1,688	2,499	(811)	
Clinic Visits	30,475	27,276	3,199	12%	203,980	215,729	(11,749)	
Ancillary Procedures	68,764	78,680	(9,916)	-13%	548,165	641,534	(93,369)	
Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	
Psych Administrative Days as % of Patient Days	81.8%	80.0%	-1.8%	-2%	35.1%	80.0%	44.9%	
(Days that do not qualify for inpatient status)								
Pillar Goals								
Revenue PMPM	139	131	8	6%	121	131	(10)	
Operating Expenses PMPM	338	296	(42)	-14%	319	296	(23)	
Full Time Equivalents (FTE) including Registry	1,149	1,162	13	1%	1,161	1,162	1	



San Mateo Medical Center Income Statement March 31, 2021

	MONTH					YEAR TO DATE					
	Actual	Budget	Variance	Stoplight	l	Actual	Budget	Variance	Stoplight		
	Α	В	С	D		E	F	G	Н		
21 Inpatient Gross Revenue	12,641,172	13,856,510	(1,215,337)	-9%		117,626,015	124,708,588	(7,082,573)	-6%		
22 Outpatient Gross Revenue	23,132,524	30,643,909	(7,511,385)	-25%		175,941,881	275,795,179	(99,853,299)	-36%		
23 Total Gross Revenue	35,773,696	44,500,419	(8,726,722)	-20%		293,567,896	400,503,767	(106,935,871)	-27%		
24 Patient Net Revenue	10,651,443	12,241,179	(1,589,736)	-13%		88,556,719	110,170,613	(21,613,894)	-20%		
25 Net Patient Revenue as % of Gross Revenue	29.8%	27.5%	2.3%	8%		30.2%	27.5%	2.7%	10%		
26 Capitation Revenue	356,917	379,538	(22,621)	-6%		3,161,328	3,415,840	(254,512)	-7%		
		ļ			ļ	ļ					
27 Supplemental Patient Program Revenue	12,273,152	9,855,225	2,417,927	25%		101,151,844	88,697,024	12,454,819	14%		
(Additional payments for patients)											
28 Total Patient Net and Program Revenue	23,281,512	22,475,942	805,570	4%		192,869,891	202,283,478	(9,413,587)	-5%		
29 Other Operating Revenue	1,720,263	906,337	813,926	90%	[16,479,439	8,157,034	8,322,405	102%		
(Additional payment not related to patients)							-				
30 Total Operating Revenue	25,001,776	23,382,279	1,619,496	7%		209,349,330	210,440,512	(1,091,183)	-1%		



San Mateo Medical Center Income Statement March 31, 2021

	MONTH					YEAR TO DATE				
	Actual	Actual Budget Variance Stoplight		Actual	Budget	Variance	Stoplight			
	Α	В	С	D		E	F	G	Н	
Operating Expenses					_					
Salaries & Benefits	17,900,987	17,390,063	(510,924)	-3%		152,477,829	156,510,571	4,032,743	3%	
Drugs	1,284,918	723,499	(561,419)	-78%		10,405,380	6,511,495	(3,893,885)	-60%	
Supplies	1,145,564	944,631	(200,933)	-21%		8,401,581	8,501,675	100,094	1%	
Contract Provider Services	3,765,809	3,490,050	(275,759)	-8%		32,120,836	31,410,448	(710,388)	-2%	
Other fees and purchased services	5,855,930	5,010,126	(845,804)	-17%		44,907,588	45,100,349	192,761	0%	
Other general expenses	469,035	433,916	(35,119)	-8%		4,263,406	3,905,242	(358,164)	-9%	
Rental Expense	198,634	209,620	10,986	5%		1,829,711	1,886,577	56,866	3%	
Lease Expense	773,407	773,407	-	0%		6,960,659	6,960,659	-	0%	
Depreciation	224,302	271,443	47,141	17%		2,000,462	2,442,987	442,525	18%	
Total Operating Expenses	31,618,586	29,246,754	(2,371,832)	-8%	Ĺ	263,367,450	263,230,003	(137,448)	0%	
Operating Income/Loss	(6,616,811)	(5,864,475)	(752,336)	-13%	[(54,018,121)	(52,789,490)	(1,228,630)	-2%	
Non-Operating Revenue/Expense	619,769	303,254	316,514	104%	[4,127,439	2,729,288	1,398,151	51%	
Contribution from County General Fund	5,303,885	5,303,885	(0)	0%	ſ	47,734,966	47,734,966	(0)	0%	
		· · · · · · · · · · · · · · · · · · ·			r	, , ,				
4 Total Income/Loss (GAAP)	(693,157)	(257,335)	(435,821)		L	(2,155,716)	(2,325,236)	169,520		



COVID Financial Impact Summary

									Total
	October	November	D	ecember	January	February	March	M	ar-Mar 2021
Revenue loss	\$ 304,000	\$ 282,000	\$	714,000	\$ 876,000	\$ 634,000	\$ 108,000	\$	23,146,310
Expenses:									
Staffing	3,422,000	1,605,000	\$	2,100,000	\$ 2,400,000	\$ 2,500,000	\$ 2,500,000	\$	32,488,000
Supplies	454,000	251,000	\$	106,000	\$ 229,000	\$ 128,000	\$ 150,000	\$	2,178,000
IT	-	-	\$	-	\$ -	\$ -	\$ -	\$	404,000
Other Prof. Fees	122,000	115,000	\$	153,000	\$ 64,000	\$ 570,000	\$ 610,000	\$	604,000
Total expenses	3,998,000	1,971,000		2,359,000	2,693,000	3,198,000	3,260,000		35,674,000
Total Losses due									
to COVID	4,302,000	2,253,000		3,073,000	3,569,000	3,832,000	3,368,000		58,820,310

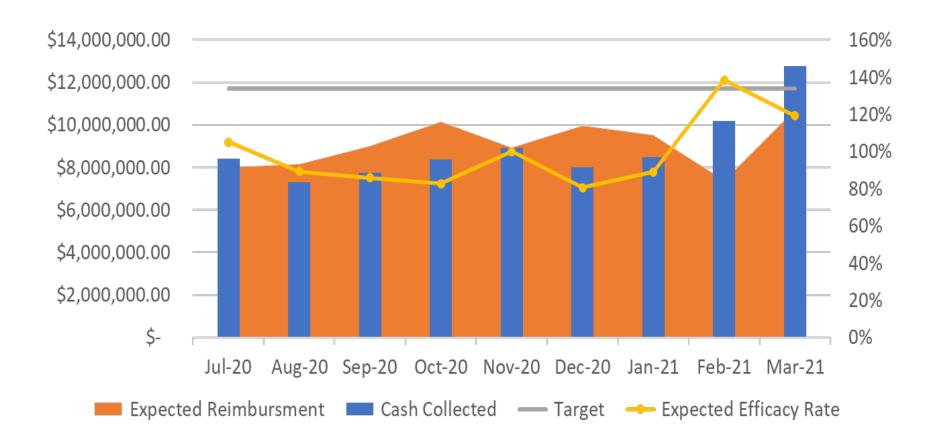
Note: DPW costs for COVID related construction costs are not yet included

Total losses to date = \$58M

COVID-19 Federal Funds - \$19.6 million to SMMC

COVID-19 Federal Funds - \$19.6 million to Similion								
Funding Source	Total Allocation	SMMC\$						
	\$30B General Allocation	\$1.3M						
	\$20B General Allocation	\$2.2M						
	\$10B Targeted Allocation - COVID19 High Impact	\$4.95M						
Provider Relief Fund	\$10B Targeted Allocation - Rural Providers	\$207K						
\$175 billion from CARES and PPP/HCE Acts to reimburse health care providers for expenses or lost revenue not otherwise reimbursed and directly attributable to COVID	\$4.9B Targeted Allocation - SNF	\$913K						
	Targeted Allocation - Treating Uninsured Patients	TBD						
	\$2.5B Targeted NF Infection Control Payment	\$510K						
	\$2B Targeted NF Infection Control Performance Payments	TBD						
Accelerated Medicare Payments Advance payment for Medicare claims authorized by the		\$2.7M - Outpatient \$526K - LTC \$2.3M - IP Psych and FQ \$3.1M - IP						
CARES Act	N/A - Advance Payment	Repayment Required						
	\$100M Prepare, Prevent & Respond to Coronoavirus	\$57.5K						
FY2020 CARES Supplemental Fund Funding for supplemental awards to Health Centers with HRSA grants for testing, prevention, diagnosis, and treatment of COVID-19	\$1.32B Prevention, Diagnosis & Treatment	\$640K						
Headinetic of COVID-19	\$583 Expand Testing Capacity	\$184K						
State Hospital Association Grants \$50 million in grants to state hospital associations through the Assistant Secretary for Preparedness Response	\$4.2M	\$36.6K						

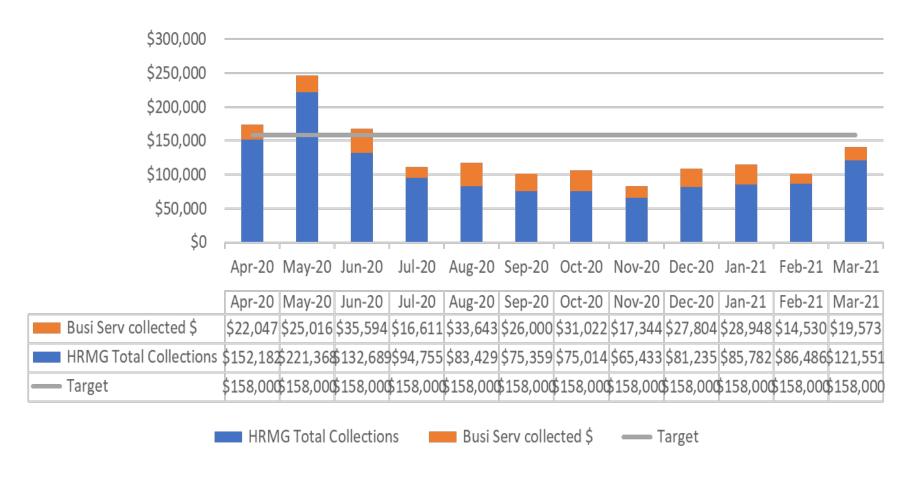
Expected Reimbursement vs Actual Cash Collected During COVID



Fee-For-Service (FFS) revenue is significantly below target due to patient volumes being lower during the pandemic. Cash collected is lower than expected for the actual revenue generated due to challenges with releasing claims in a timely manner.



Self Pay Cash Collections



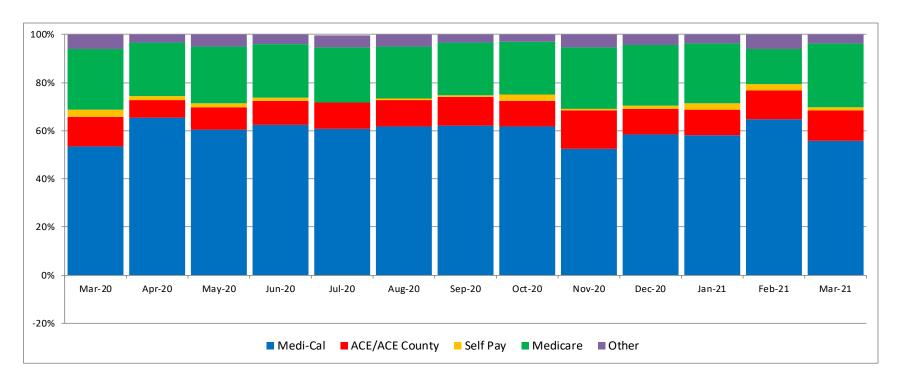
SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of patient self-pay balances. March represents the first full month of HRMG's collection activities.



San Mateo Medical Center Payer Mix March 31, 2021

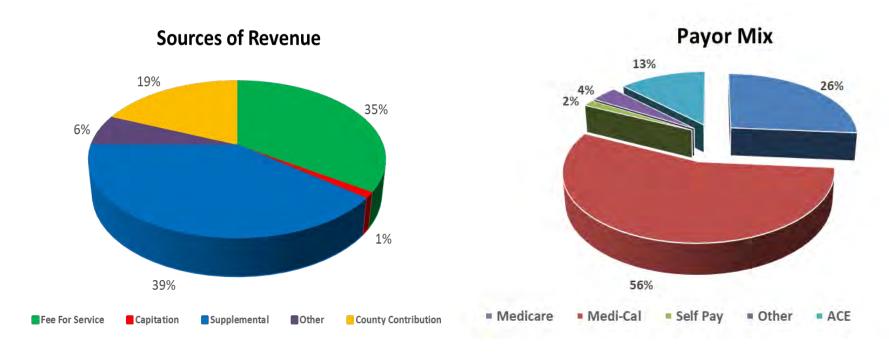
	MONTH					
	Actual	Budget	Variance	Stoplight		
Payer Type by Gross Revenue	Α	В	С	D		
Medicare	26.3%	23.6%	2.7%			
Medi-Cal	55.7%	55.3%	0.4%			
Self Pay	1.5%	3.0%	-1.5%			
Other	3.9%	5.0%	-1.1%			
ACE/ACE County	12.6%	13.1%	-0.5%			
Total	100.0%	100.0%				

YEAR TO DATE								
Actual	Budget	Budget Variance						
E	F	G	Н					
23.1%	23.6%	-0.5%						
59.3%	55.3%	4.0%						
1.4%	3.0%	-1.6%						
4.3%	5.0%	-0.7%						
11.8%	13.1%	-1.3%						
100.0%	100.0%							





Revenue Mix



Health Plan of San Mateo (HPSM) represents 33% of our Operating Revenue

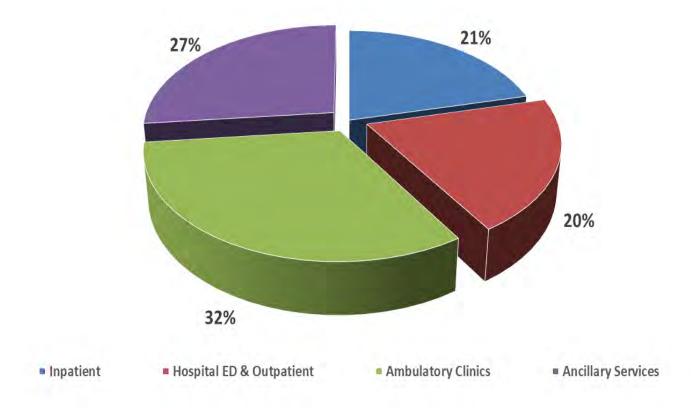
- Medi-Cal Managed Care and Medicare Managed Care FFS
- Medi-Cal PCP Capitation

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

NO commercial contracts

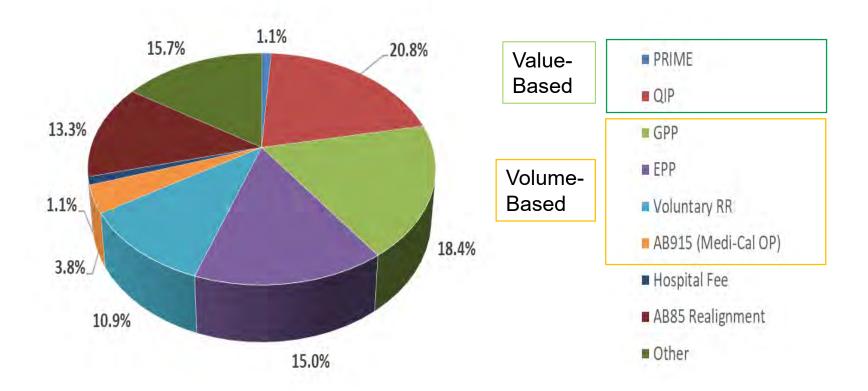


Revenue Mix by Service Line





Supplemental Revenue Mix



- Value-Based programs represent 21.9% of our Supplemental Revenue
- Volume-Based programs represent 48.1% of our Supplemental Revenue

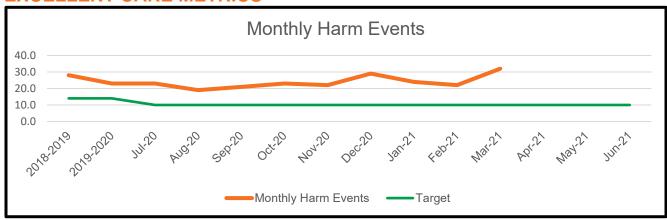




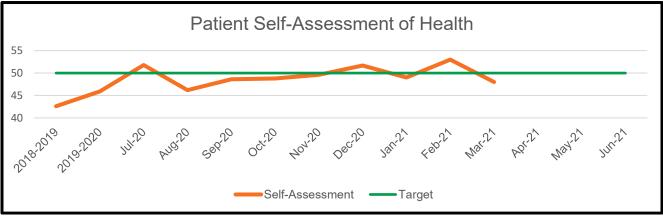
CEO REPORT

May 2021

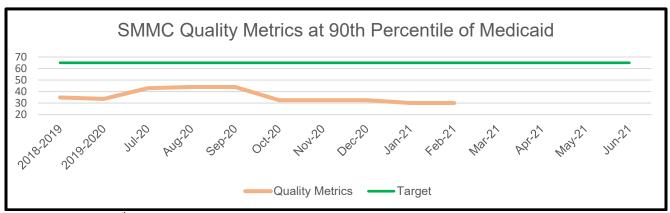
EXCELLENT CARE METRICS



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



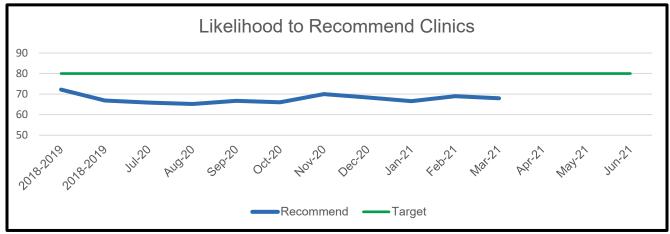
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. Higher is better.



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



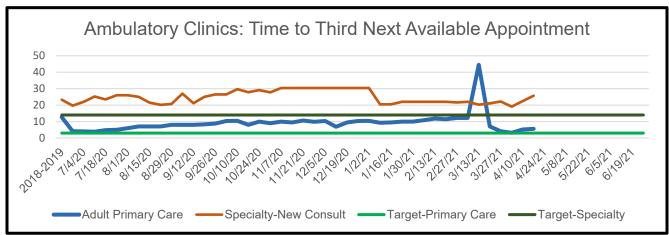
PATIENT CENTERED CARE METRICS



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



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



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

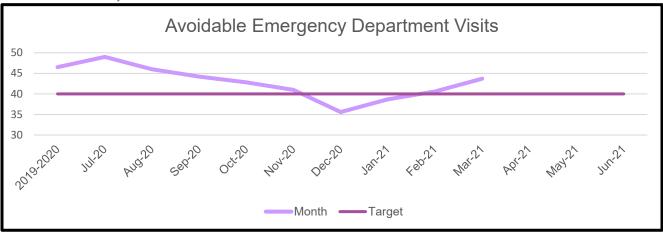


STAFF ENGAGEMENT METRICS



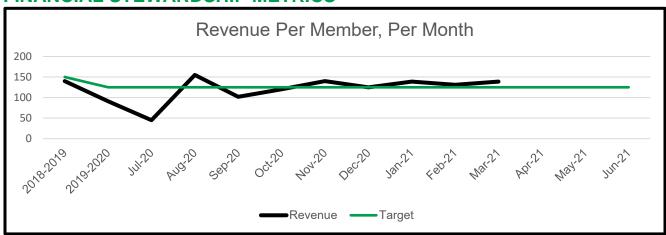
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS



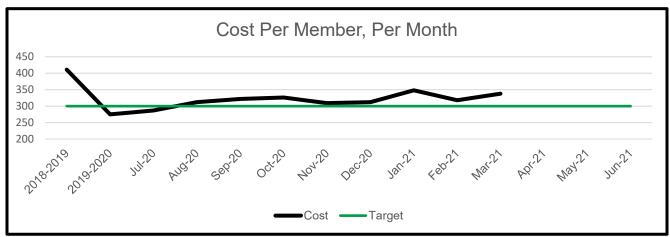
Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

FINANCIAL STEWARDSHIP METRICS

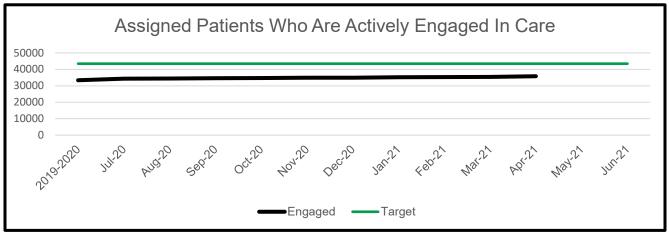


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. Higher is better.





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



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



STRATEGIC UPDATES, RECOGNITIONS & AWARDS



(Above: A recent vaccination event held for farmworkers)

<u>Vaccinating Our Farmworkers</u> – SMMC's Healthcare for the Homeless/Farmworker Health team is working closely with San Mateo County Health, the Department of Agriculture, Half Moon Bay city, and coastal nonprofits – Puente de la Costa Sur, Coastside Hope, and Ayundando Latinos A Sonar – to ensure our farmworker community gets the COVID-19 vaccine. To date, 860 farmworkers across thirty farms have been vaccinated and an additional 250 have been vaccinated at community events in Half Moon Bay. The Pacifica Voice recently highlighted the efforts: www.pacificavoice.us/april-2021-edition/#farm2104.

SMMC Vaccination Efforts Continue to Move Forward – In addition to the efforts focused on specific populations such as the farmworkers outlined above, SMMC's broader vaccination efforts continue to move forward. All SMMC facilities are holding small to large vaccination events focused on meeting the needs of the populations they serve. This includes some clinics that are experimenting with small pilots that focus on delivering vaccine during the course of a routine medical visit. Many clinics are holding regular are holding regular vaccine events serving between 30 and 80 patients each. Finally, several larger clinics are holding events ranging from 250 to 1000 patients per event. SMMC is also partnering with a variety of agencies to expand our outreach efforts to the most vulnerable populations we serve, many of who may have encountered barriers to accessing vaccinations in the past. As of April 26, 23, 179 SMMC patients over the age of 16 have received at least one dose. This represents approximately 43% of the patients that we will ultimately be attempting to vaccinate. In addition to our outpatient efforts, SMMC has been regularly vaccinating patients in the Skilled Nursing and Acute Psychiatry Units. Pilots around vaccination of patients prior to their discharge from the inpatient Medical-Surgical units are also launching.

April 2021

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	25,174 (March 2021)	1.4%	21.9%
SMMC Emergency Department Visits	2,499 (March 2021)	12.9%	-31%
New Clients Awaiting Primary Care Appt.	0 (February 2021)	N/A	N/A

New Cordilleras Mental Health Center Breaks Ground

The County this month broke ground on a facility that will serve as a safe and nurturing environment to provide care for adults with severe mental illness. The new \$105 million Cordilleras Mental Health Center will replace a 70-year-old building that is costly to maintain and poorly suited for modern treatment approaches.

The project consists of replacing the large existing facility with multiple new residential facilities that create a smaller scale, homelike setting that will be more conducive to patient treatment and recovery. The new facilities are arrayed on the site to allow the existing building to remain in operation throughout construction and to allow construction of all new buildings in a single phase, followed by demolition of the existing building and final site improvements.

Four Mental Health Rehabilitation Center (MHRC) buildings will each house 16 residents (for a total licensed bed capacity of 64). The 16-bed limit per separately licensed building, when run by separate operators, allows Medicaid reimbursement of up to 50 percent of treatment costs, promoting improved care at reduced cost.

A Co-Housing Unit for 57 residents in a single three-story building will provide residents an independent supportive living environment, creating an onsite continuum of care for clients.

A Campus Center will provide an art room, chapel, conference rooms, administrative offices, and other support spaces. A variety of outdoor areas will include multiple secure courtyards at each MHRC, communal gathering spaces, sheltered outdoor seating, community gardens, and other functions.

The new Cordilleras Mental Health Center, located off of Edgewood Road between Alameda de las Pulgas and Interstate 280 on unincorporated land near Redwood City, is expected to be complete in 2023.

MHOAC receives national recognition for innovative best practices



Operated by Emergency Medical Services, the Medical Health Operational Area Coordination program (MHOAC) is the framework for organizing countywide emergency preparedness and sharing of resources among health care providers, congregate care facilities, and other organizations. Staff from the MHOAC were recently invited to give presentations at the National Association of County and City Health Officials (NACCHO) Preparedness Summit.

Emma Hunter and Shruti Dhapodkar's presentation, *Multi-Agency Coordination: Health Officials' Response*, provided an overview of the Association of Bay Area Health Officials (ABAHO) and the methods of the multi-agency coordination utilized to respond to

COVID-19. Hunter serves as ABAHO coordinator. Dhapodkar, serves as Health Emergency Preparedness Manager and is acting director of Emergency Medical Services.

[pictured above: Emma Hunter and Karishma Kumar help manage supplies at the mass vaccination site at San Francisco International Airport]

Dhapodkar, Karishma Kumar (Healthcare Preparedness and Response Coordinator), Ximena Burns (Care Site Outreach Support Team Lead), and Michaela Serafica (Health Emergency Preparedness Analyst) presented on *Reaching Vulnerable Populations During a Pandemic*.

They summarized the operations of the Care Site Outreach Support Team program, which served residents and staff in congregate care settings that were at highest risk of contracting COVID-19.

Dhapodkar [pictured right] was also the keynote speaker at a conference for Women in Homeland Security. Her presentation, titled COVID-19: Black Swan or Gray Rhino – Lessons for Risk Management, discussed the status of disaster preparedness in the United States and highlighted pandemic lessons for both national and local emergency management leaders. She recently completed the Executive Leaders Program at the Center for Homeland Defense and Security at the Naval Postgraduate Institute in Monterrey.

