COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL

(1) DEPARTMENT	(2) MEETING DATE	(3) CONTACT/PHONE
Public Health Department	January 10, 2006	Nancy Rosen (805) 781-5518

(4) SUBJECT
Consideration of continued County Clinical Laboratory operations and recommendation that the Board schedule a Beilensen hearing on January 24, 2006 to discuss closing the County Clinical Laboratory.

(5) SUMMARY OF REQUEST
An analysis is presented that recommends that the County Clinical Laboratory be closed March 31, 2006. If the Board approves closure, there will be additional net county costs of $149,752 this fiscal year (FY 05/06) to offset savings in future fiscal years. The estimated net county cost to close the Clinical Laboratory this year is $692,227. Savings due to closure in FY 06/07 and beyond estimated to be $552,724 per year.

(6) RECOMMENDED ACTION
It is recommended that the Board schedule a Beilensen hearing on January 24, 2006 to discuss closing the County Clinical Laboratory, and to discuss the programmatic and fiscal impacts, given the Laboratory's need for continued General Fund Support.

(7) FUNDING SOURCE(S)	(8) CURRENT YEAR COST	(9) ANNUAL COST	(10) BUDGETED?
Fees, General Fund	$542,475	$542,475	☒ YES ☐ N/A ☐ NO

(11) OTHER AGENCY/ADVISORY GROUP INVOLVEMENT (LIST):
Administrative Office, County Counsel, Auditor

(12) WILL REQUEST REQUIRE ADDITIONAL STAFF? ☒ No ☐ Yes, How Many?
☐ Permanent _____ ☐ Limited Term ____ ☐ Contract _____ ☐ Temporary Help _____

(13) SUPERVISOR DISTRICT(S)
1st, 2nd, 3rd, 4th, 5th, All

(14) LOCATION MAP
☐ Attached ☒ N/A

(15) AGENDA PLACEMENT
☒ Consent ☐ Hearing (Time Est. _____)
☐ Presentation ☐ Board Business (Time Est._____)

(16) EXECUTED DOCUMENTS
☐ Resolutions (Orig + 4 copies) ☐ Contracts (Orig + 4 copies)
☐ Ordinances (Orig + 4 copies) ☒ N/A

(17) NEED EXTRA EXECUTED COPIES?
☐ Number: _____ ☐ Attached ☐ N/A

(18) APPROPRIATION TRANSFER REQUIRED?
☐ Submitted ☐ 4/5th's Vote Required ☒ N/A

(19) ADMINISTRATIVE OFFICE REVIEW

OK

B-1
(1.10.06)

County of San Luis Obispo • Public Health Department

2191 Johnson Avenue • P.O. Box 1489
San Luis Obispo, California 93406
(805) 781-5519 • FAX (805) 781-1048

Gregory Thomas, M.D., M.P.H.
County Health Officer
Public Health Director

TO: Board of Supervisors

FROM: Jess Montoya
Health Agency Director

DATE: January 10, 2006

SUBJECT: Consideration of continued County Clinical Laboratory operations and recommendation that the Board schedule a Beilensen hearing on January 24, 2006 to discuss closing the County Clinical Laboratory.

Recommendation:

It is recommended that the Board schedule a Beilensen hearing on January 24, 2006 to discuss closing the County Clinical Laboratory, and to discuss the programmatic and fiscal impacts, given the Laboratory's need for continuing General Fund support.

Discussion:

An analysis is presented that recommends that the County Clinical Laboratory be closed March 31, 2006. If the Board approves closure, there will be additional net county costs of $149,752 this fiscal year (FY 05/06) to offset savings in future fiscal years. The estimated net county cost to close the Clinical Laboratory this year is $692,227. Savings due to closure in FY 06/07 and beyond is estimated to be $552,724 per year.

The County owns, staffs and operates a Clinical Laboratory that provides services to patients of the Community Health Centers of the Central Coast (CHCCC), private physicians in the community and some governmental and community organizations. On March 16, 2004, the Board directed staff to continue operation of the County's Clinical Laboratory for a one-year period and, at the end of that time, conduct an analysis to determine whether the Clinical Laboratory should continue to be operated by the County. A new budget unit was created for Clinical Laboratory operations so the lab's financial performance could be tracked. A budget was developed based on a projection of costs and reimbursements, assuming CHCCC redirected their existing patients to the County's Clinical Laboratory. It was anticipated that CHCCC patients would significantly increase the Clinical Laboratory's volume and support the goal of making the laboratory a self-supporting enterprise fund (i.e. no General Fund support required).

Financial Analysis: Based on the Board's directive to review the Clinical Laboratory after one year, staff analyzed a number of financial scenarios, each with a varying revenue and cost impact

B-1

and subsequent effect on current and future net county cost (NCC). The scenarios were narrowed down to two: a "business as usual" or Status Quo model and a Lab Closure model predicated on a closure date of March 31, 2006. The Status Quo model focused on results this fiscal year as well as the expected Clinical Laboratory performance next year (FY 06/07). Variations of the current year's Status Quo model were analyzed based on current staffing using temp help to fill vacancies versus the assumption of full staffing. The NCC between the two Status Quo models ranged from a NCC of $555,628 to $617,949. As a comparison, the budgeted NCC for FY 05/06 is $542,475.

If the Clinical Laboratory were to continue operations next fiscal year, the Status Quo model (FY 06/07) reflects a NCC of $552,724. This model assumes slower service growth (4%) compared to a 10% growth rate assumed in the FY 05/06 Status Quo model. Since most of the growth this year is related to CHCCC expansion, it is not believed clinical laboratory services will grow next year at the rate expected this year.

The last model, Lab Closure, analyzes the financial consequences of a decision to close the County Clinical Laboratory. It assumes closure effective March 31, 2006, after which, staffing would be reduced to only those necessary (1.5 FTE) to support current billings and handle any closure issues that occur within the additional three-month period.

If the decision is made to close the Clinical Laboratory this year, it is anticipated that the NCC for FY 05/06 would be $692,227. This model includes pay-out for sick leave and vacation ($169,195), as well as severance ($94,972). The model assumes that clinical laboratory services to CHCCC patients continue throughout the remaining period until March 31, 2006 and that an outside vendor is utilized to process prior year's billings and hard to collect receivables.

Access to Clinical Laboratory Services: All services provided by the County Clinical Laboratory are available through privately owned laboratories in the County. Privately owned laboratories provide services to a number of private practitioners and community organizations and fees for laboratory services are within industry standards. Thus, if the County Laboratory is closed, private physicians and patients will be able to access all of the same laboratory services that the County currently provides, with little or no variance in fees charged. Laboratory services for patients who are served by CHCCC (including former FCC patients) will remain at the same level of service.

Patients who are not CHCCC patients will also have access to laboratory services from other community providers as well. Self-pay patients who are not CHCCC patients currently represent 9% of testing performed by the County Clinical Laboratory, or 49,053 tests.

County staff toured one possible community provider of laboratory services, a modern, full-service clinical laboratory in San Luis Obispo that also provides pathology services for biopsies and PAPs. It serves many community physicians, offers STAT services, and currently has one North County and one South County "patient service center" where patients can have their blood drawn. A courier service exists to transport specimens as needed. Laboratory fees are reasonable, and self-pay patients of limited means receive services and are billed on a reduced basis. Another laboratory provider provides a 50% reduction in charges to self pay uninsured clients if services are paid within 48 hours, or allows a bill to be paid in monthly installments.

B-1
B-3

Should the Board consider discontinuing all County Clinical Laboratory services, CHCCC is required by contract to provide access to clinical laboratory services for all former Family Care Center Clinic patients who have become CHCCC patients. Under that option, CHCCC would provide, either directly or by contract, a STAT lab in San Luis Obispo. The STAT lab will provide test results on a STAT (as soon as possible but not later than 12 hours after the specimens are received by the lab) basis for those tests. The timeline for all other lab tests delineated in the contract between the County and CHCCC would be based on medical necessity and community standards. CHCCC or the laboratory with which it contracts will also be required to provide draw stations in each geographic location as delineated in the contract between the County and CHCCC. This option would require CHCCC to provide access to all such lab services for all County patients seen at the CHCCC clinics, as part of the grant agreement. In Santa Barbara County, CHCCC contracts with Health Line Clinical Lab to perform these laboratory functions.

Effect on County Medical Programs: If the County Clinical Laboratory were to close, the County would need to purchase clinical laboratory services from a private clinical laboratory for patients located at the Jail, Juvenile Hall, and Mental Health inpatient facility, and has received a commitment from one lab provider for prices significantly lower than MediCare rates for 5 years. Currently, these County facilities utilize the County Clinical Laboratory and pay for services at MediCare rates. The Department concludes there would be no significant impact to other County medical programs if required to utilize private clinical laboratory services.

Effect of Clinical Lab Closure on Public Health Laboratory: The County Clinical Laboratory and the Public Health Laboratory work closely together. They share a common courier system and common laboratory information system, although they operate fiscally as separate business entities. Duplication of services between the two laboratories is negligible, at less than 1%. If the County Clinical Laboratory were to cease operation, impact to the Public Health Laboratory would be a loss of revenue if CHCCC did not continue referrals to the Public Health Laboratory. The loss of revenue to the Public Health Lab for tests on sexually transmitted infections and other communicable diseases such as parasites, tuberculosis and HIV for CHCCC patients would be $190,000. Offsetting cost savings from reduced supply and operational expense is estimated at $40,000, which would mean a resulting increase to the NCC of $150,000. Therefore, it is recommended that CHCCC continue to send sexually transmitted infections and other communicable diseases testing to the Public Health Laboratory, and staff is optimistic based on discussion with CHCCC that this would continue.

Public Health Laboratory fee-for-service revenue for laboratory tests performed this fiscal year was budgeted at $646,000. Based on the first quarter, annual testing revenue is projected at $901,000 ($255,000 more than budget), due to increased volume from private medical providers. If the Public Health Laboratory were to lose all CHCCC testing revenue for the second half of this fiscal year ($95,000), it would not prevent the Public Health Laboratory from achieving its budgeted revenue target of $646,000 for this fiscal year.

Financial Performance in FY 04/05: Budgeted Clinical Laboratory expenditures for last fiscal year (FY 04/05) were $3,145,930 and budgeted revenues $2,824,245, with a NCC of $321,685. The budget was predicated on 148,000 clinic visits, including former Family Care Center

B-1 4

(41,000) and the addition of all CHCCC patient visits (107,000). The FY 04/05 budget assumed that the average clinic visit generated 2.92 lab test (based on FCC experience). The projected total annual test volume for the Clinical Laboratory was 674,435 tests, of which 432,160 (64%) were expected to come from CHCCC.

Actual expenditures for FY 04/05 were $2,511,876 (79% of Budgeted); and actual revenues were $1,857,068 (66%), with a NCC of $654,808. In FY 04/05, total actual visits were 102,000, a 45% decrease from the budget assumptions included in the Clinical Lab's budget. CHCCC clinic visits actually generated an average of 2.29 lab tests per visit (28% fewer than anticipated). Actual testing volume for FY 04/05 was 468,502 tests, with half of the volume coming from CHCCC patients.

In addition to lower test volume, total revenue was lower than budgeted last fiscal year because the average reimbursement rate was lower than predicted. The original estimate included in the budget was a reimbursement rate of 54.7% of charges; the actual reimbursement rate was 44%.

Besides lower volume and reimbursement, other factors increased the NCC in FY 04/05. The startup of the Clinical Laboratory as a separate business entity resulted in increased costs during this first year, which included training new phlebotomists (blood drawing) in order to staff seven new clinic sites, and changing to a new computer system (replacing Dairyland which the County phased-out). Also, billing was a new function for the Clinical Laboratory, and there was a "learning curve" that resulted in some loss of revenue as the complexities of billing multiple sources were discovered and learned. Finally, there was a lag during the first few months in how rapidly clinic patients transitioned to using the Clinical Laboratory. The slower startup increased NCC.

Financial Performance FY 05/06:
The adopted budget for the current fiscal year (FY 05/06) appropriates $2,496,139 in total expenditures for the Clinical Laboratory. This includes $1,359,978 in personnel costs and $1,136,161 in operating costs. Budgeted revenue is $1,953,664 with a NCC of $542,475. For the first quarter (25%) of this fiscal year, total actual expenditures were $650,774 (26%) and total revenue received was $395,072 (20%). Revenue for the first quarter was budgeted at $488,416.

Conclusions: Given the Clinical Laboratory's projected long-term need for substantial General Fund support, and given the availability of alternative clinical laboratory resources in the community for persons of low income, the Health Department recommends that the Board direct staff to schedule a public hearing on January 24, 2006 to discuss the programmatic and fiscal impacts of the County closing its Clinical Laboratory, effective March 31, 2006.

If, after a public hearing, the Board decides to discontinue services of the Clinical Laboratory, a total of 20.0 FTE's would ultimately be eliminated. Of that, 4.5 FTE's are currently vacant and 15.5 are filled. Of the filled positions, 13.5 FTEs would be eliminated effective March 31, 2006. Some Clinical Laboratory support staff positions would bump within the Health Agency to other assignments, if they exercise their right to do so. Two positions needed for billing and collections (0.5 FTE Sr. Account Clerk and 1.0 FTE Clinical Laboratory Manager) would be retained through June 30, 2006.

B-15

If the decision is to close the Clinical Laboratory, we would recommend that all Clinical Laboratory staff receive a severance payment upon layoff consistent with that provided to staff of the hospital and clinics when those functions were discontinued. Staff estimates cost of severance to be $94,972.

The Department acknowledges and commends the hard work and the dedication of the Clinical Laboratory staff, especially over the past fifteen months. The Department emphasizes that its recommendation to consider closure at this point is made reluctantly, and recognizes the achievements of laboratory staff in providing high quality and responsive laboratory services. The recommendation to consider closure at this point is being made based on the degree of General Fund support that would be required to continue to operate the Clinical Laboratory, and the alternatives available in the community. The need for ongoing General Fund support is the result of two principal realities. First, there is the business cost structure, affected by prevailing wages, countywide overhead, and new technology costs. Second is the low reimbursement available to clinical laboratories for routine laboratory tests. Testing volumes would need to increase well above estimated projections in order to eliminate the need for General Fund support, not a likely scenario given the realities of competition.

Other Agency Involvement

The Public Health Department has conferred with the Administrative Office, and staff from County Counsel and the Auditor's Office in the preparation of this item.

Financial Considerations

Staff does not see a feasible path by which the Clinical Laboratory could become self-supporting in this fiscal year, or subsequent fiscal years. Currently, MediCare and MediCal comprise the two greatest sources of revenue for the Clinical Laboratory, and both of these reimburse on the basis of a stringent fee schedule. Therefore, increasing fees for laboratory tests will not result in a significant increase in revenue.

The Status Quo models project a need for General Fund Support in a range of $555,628 to $617,949. This assumes revenue meets the target in the FY 05/06 budget. Budgeted NCC for the current fiscal year (FY 05/06) is $542,475.

Closure of the Clinical Laboratory would increase the NCC required to $692,227, based on the Laboratory Closure model for this fiscal year and assuming continuation of laboratory services to CHCCC until layoffs occur.

The Clinical Laboratory pays a total of $241,035 in various overhead charges. These are detailed below:

Auditor Bill- General Countywide Overhead (A-87)	$ 92,000
General Services- Custodial and Maintenance	26,725
Health Billings- to Public Health Department	54,004
Risk Management- Medical Malpractice Insurance	24,917

B-1 6

Information Tech. Dept. -Voice Communications	6,273
Reprographics	18,116
Postage	14,000
General Services- Garage – vehicle maintenance	5,000
TOTAL	$241,035

If the Clinical Laboratory is closed, Countywide Overhead (A-87) would become a loss of revenue to the General Fund next fiscal year. In FY 07/08, there will be a partial redistribution of A-87 to all County departments with other costs absorbed by the General Fund.

The other overhead matrix charges would be the responsibility of the charging department after closure. Public Health would reduce expenses to offset reduced revenue from the Clinical Laboratory for its Health Billings (administrative support to the Clinical Laboratory), or would replace the loss in revenue from other sources. It will be necessary for other budget units (e.g. General Services, Information Technology, Risk Management, Reprographics) to decide how best to handle the revenue shortfall to their budgets.

While the department understands the significance of its recommendation to close the Clinical Laboratory, it was not without a great deal of concern and thought, along with a clear understanding of the ramifications involved, before it made its final recommendation. However, as a Health Agency, we have been tasked with prioritizing existing General Fund dollars to maximize health services within the County. There are many competing projects within the Health Agency today. It is our recommendation that given today's limited General Fund dollars, it is more cost effective to close the County Clinical Laboratory and transfer the clinical lab services to other private providers who can provide such services and reinvest the savings from the lab closure to other Health services.

Results

Under the Status Quo model, the Clinical Laboratory would perform 515,352 testing units of service at a NCC ranging from $555,628 to $617,949. In FY 06/07 the Clinical Laboratory would perform 535,966 units of service at a NCC of $552,724.

Under the Closure model, the Clinical Laboratory would perform 397,245 testing units of service at a NCC of $692,227 in FY 05/06. Subsequent years would result in NCC savings due to closure. FY 06/07 NCC is estimated to be $552,724.

B-7

NOTICE OF PUBLIC HEARING

ON CLOSURE OF THE COUNTY CLINICAL LABORATORY

NOTICE IS HEREBY GIVEN that on January 24, 2006 at 9:00 a.m. or as soon thereafter as the matter may be heard, the San Luis Obispo County Board of Supervisors ("the Board") will hold a public hearing to consider the closing of the County Clinical Laboratory now operated by the San Luis Obispo County Health Agency. Instead, clinical laboratory services would continue to be provided through the grant agreement between the County and the Community Health Centers of the Central Coast ("CHCCC") and through other providers of clinical lab services. The hearing will be held at the Board of Supervisors Chambers, 1055 Monterey Street, San Luis Obispo, CA 93408 pursuant to 1442.5 of the California Health and Safety Code.

DESCRIPTION OF PROPOSED CHANGES THAT WILL BE CONSIDERED

Currently, the County owns, staffs and operates the Clinical Laboratory that provides services to patients of CHCCC, private physicians in the community and some governmental organizations. On March 16, 2004, the Board directed staff to continue operation of the Clinical Laboratory for a one-year period and at the end of that time, conduct an analysis to determine whether the Clinical Lab should continue to be operated by the County. It was anticipated that CHCCC patients would significantly increase the clinical lab volume and support the goal of making the laboratory a self-supporting enterprise fund (i.e. no General Fund support required). However, in the one year period, the Clinical Laboratory has seen a decrease in volume and still requires contribution from the General Fund.

The options that will be considered by the Board at the hearing include:

(1) Model 1-Status Quo: Continue to operate the clinical lab with no major changes in services, revenue or costs.

(2) Model 2-Lab Closure: Close the Clinical Laboratory and continue to rely on the CHCCC grant contract and community providers to provide access to lab services.

As part of the grant provided to CHCCC last year, CHCCC is required under their contract to provide medically necessary, and within community standards, laboratory services to all clinic, mental health and CMSP pending and approved patients in need of such services. CHCCC is also required to provide certain tests results within 12 hours after submission of a specimen to a lab. These requirements within the CHCCC grant agreement remain in place regardless of the Board's action.

If the Clinical Laboratory is closed, all County positions within the Clinical Laboratory would be eliminated.

After the hearing, the Board may direct staff to either continue the Clinical Laboratory services with general fund contribution or discontinue all services provided by the Clinical Laboratory.

B-1
B-8

TYPE OF PROPOSED CHANGE

Currently, the County owns, staffs and operates a clinical laboratory that provides services to CHC Clinics, private physicians in the community and some governmental and community organizations. One option the Board could pursue would be to discontinue all County clinical laboratory services (Model 2). Under the grant agreement with CHCCC, they are obligated to provide access to clinical laboratory services for all CHCCC patients. CHCCC provides, either directly or by contract, a STAT lab in San Luis Obispo. The STAT lab provides test results on a STAT (as soon as possible but no later than 12 hours after the specimens are received by the lab) basis for those tests identified delineated in the contract between the County and CHCCC. The time line for all other lab tests are based on medical necessity and community standards. CHCCC is also required to provide draw stations in each geographic location as set out in Exhibit C.

Currently, the Clinical Laboratory provides services to a number of private practitioners and community organizations. All services provided by the County laboratory are available at privately owned laboratories in the County. Thus, if the County laboratory is closed (Model 2), private physicians and other purchasing agencies will be able to access all of the same laboratory services that the County currently provides, with little or no variance in charges. Laboratory services for patients who are served by CHCCC will remain at the same level. Patients who are not CHCCC patients and are referred by non-CHCCC physicians will have access to the laboratory services. Those patients have the option to become a CHCCC patient and receive the benefit of all medical services provided by CHCCC.

Model 1 looks at the Status Quo, and projects it through the end of this fiscal year assuming no major changes in services, revenues and costs. Two variations of Model1 have been explored and both would require contribution from the general fund in order for the laboratory to continue to operate.

AMOUNT OF CHANGE AND NUMBER OF PERSONS AFFECTED.

1. **Access to Clinical Laboratory Services**: The Clinical Laboratory is located at the Bishop Medical Complex adjacent to the San Luis Obispo CHCCC Clinic. For fiscal year 2004/2005, the budget predicted 148,000 clinic visits to CHCCC including 41,000 from former Family Care Center clients. The budget further assumed that the average clinic visit would generate 2.92 lab tests. However, in fiscal year 2004/2005, total actual visits were 102,000, a 45% decrease from the budget assumptions. CHCCC clinic visits actually generated an average of 2.29 lab tests per visit. Based on the 102,000 patient visits experienced by CHCCC for fiscal year 04/05, those visits generated 2.29 lab tests per visit. If the Clinical Lab were to close, CHCCC would be able to contract with other laboratories for those tests that were sent to the County Clinical Laboratory during fiscal year 04/05.

All patients, private physicians and community and government organizations currently accessing laboratory services will continue to have access to said services through other providers within the community. Additionally, patients who are not CHCCC patients will also have access to laboratory services from other community providers.

B-1 B/G

Under either model, CHCCC patients would continue to receive clinical lab services under the grant agreement. Also, under either model, private physicians and government agencies would be able to access clinical lab services through other community providers.

2. **Effect on County Medical Programs**: In the event that the Board votes to discontinue services provided by the clinical lab, the County would need to purchase clinical laboratory services from private clinical labs for its patients in the jail, juvenile hall, and mental health inpatient facility. It is anticipated that these departments could purchase clinical lab services from private providers at rates no higher than MediCare rates. Currently, these departments pay MediCare rates to the County clinical lab and thus, there will be no significant impact on these other County medical programs.

3. **Effect on Clinical Laboratory Employees**: If laboratory services are discontinued, 20 full time employment positions would be eliminated. Of that 4.5 positions are currently vacant and 15.5 are filled. Of the filled positions, 14 positions would be eliminated effective March 31, 2006. Some support staff of the clinical laboratory positions would bump within the Health Agency to another assignment. Two positions, needed for billing and collection, would be retained through June 30, 2006.

EXPECTED SAVINGS

1. **Model 1-Status Quo**: Model 1 looks at the Status Quo and focused on results this fiscal year as well as the expected Clinical Laboratory performance next year (FY 06/07). Variations of the current year's status quo were analyzed based on current staffing using temporary help to fill vacancies versus the assumption of full staffing. The net County cost for Model 1 and its variations ranges from a net County cost of $555,628 to $617,949. The budgeted net County cost for fiscal year 2005/2006 is $542,475.

If the Clinical Laboratory were to continue operations next fiscal year, the status quo Model 1 (FY 06/07) reflects a net County cost of $552,724. The model assumes slower growth in services (4%) compared to 10% growth rate assumed in fiscal year 2005/2006. Since ost of the growth this year is related to the CHCCC expansion, it is not believed that clinical laboratory services will grow next yeat at the rate expected this year.

2. **Model 2-Lab Closure**: Model 2 analyzes the financial consequences of a decision to close the Clinical Laboratory. It assumes closure effective March 31, 2006 after which, staff would be reduced to only those necessary to support current billings and handle any closure issues that occur within the additional three- month period.

If the decision is made to close the Clinical Laboratory this year, it is anticipated that the net County cost for fiscal year 2005/2006 will be $692,227. This model includes pay-out for sick leave and vacation ($169,195), as well as severance ($94,972). Model 2 assumes that clinical laboratory services to CHCCC patients continue throughout the remaining period until March 1, 2006 and that an outside vendor is utilized to process prior year's billings and hard to collect receivables. . Thereafter, in fiscal year 2006/2007, all operations of the Clinical

B-1
10

Laboratory will have ceased and there will be an estimated savings of $552,724 to the general fund for fiscal year 2006/2007..

This notice of public hearing on the closure of the Clinical Laboratory is hereby approved on January 10, 2006.

COUNTY OF SAN LUIS OBISPO

By: _____
Chairperson, Board of Supervisors

Approved by Board Action On:

_____

B-11