

Confirmation of Application Receipt:

Your proposal was successfully submitted to the Blue Shield of California Foundation. No further action on your part is required. You will receive notice of your proposal's status, but we review many applications, so please be patient.

We recommend that you print a copy of your application. To print a copy of this completed application go to your browser toolbar and click "File" then "Print". Click [return to the homepage](#) when you are finished.

Contact Information

Contact Type (required)	Grantseeker
Salutation (required)	Dr.
First Name (required)	Penny
Last Name (required)	Borenstein
Title	County Health Officer/Public Health Administrator
Address (required)	2191 Johnson Ave.
City (required)	San Luis Obispo
State (required)	California
Zip (required)	93401
Telephone (required)	(805) 781-5519
Fax	(805) 781-1048
E-mail Address (required)	pborenstein@co.slo.ca.us

Organization Information

Legal Name (required)	County of San Luis Obispo
AKA Name	SLO Public Health Department
Official Name	
Address (required)	2191 Johnson Ave.

Blue Shield of California Foundation Grant Application for County Health Care Coverage Initiative Planning

City (required)	San Luis Obispo
State (required)	California
Zip (required)	93401
Telephone (required)	(805) 781-5500
Fax (required)	(805) 781-5543
E-mail Address (required)	N/A
Website Address (required)	SLOPublicHealth.org
Sponsored Entity	
Sponsored Entity Contact Information	
Fiscal Sponsor Agreement	
CEO Salutation (required)	Dr.
Chief Executive Officer (CEO) Name (required)	Penny Borenstein
Chief Executive Officer Title (if different)	Health Officer
CEO Phone (required)	(805) 781-5519
CEO E-mail Address (required)	pborenstein@co.slo.ca.us
Geographic Region Served by Organization (required)	Central
Founding Year (required)	1879
Budget Range (required)	\$25,000,000 and above
Mission Statement (required)	To promote, preserve and protect the health of all San Luis Obispo County residents through disease surveillance, health education, direct services, and health policy development.
Key Programs (required)	The Public Health Department has a vast array of programs and services and is

organized into 4 divisions and 2 special units.

Environmental Health Services Division includes Food Sanitation, Land Development, Hazardous Material Management, Vector Control, Waste Management, Water Quality, and Stormwater and Underground Storage Tank Management.

Family Health Services Division includes communicable disease control, immunizations, HIV/AIDS surveillance, reproductive health, early cancer detection, case management targeted at improved prenatal care and parenting skills leading to healthy birth outcomes, child health disability prevention and specialty care for children with disabilities, as well as specialized service for the Suspected Abuse Response Team (SART).

Health Care Services Division includes the County Medical Services Program (health care coverage for medically-indigent adults), the Emergency Medical Services Agency, and Law Enforcement Medical Care at the County Jail and Juvenile Services Center.

Health Promotion Division includes Tobacco Control, Nutrition and Physical Activity (Obesity Prevention), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), oversight of HIV/AIDS community-based services, Injury Prevention, and Oral Health Promotion

Two additional special sections are the Public Health Laboratory and the Public Health Emergency Preparedness Program.

Organization History **(required)**

The Public Health Department (PHD) in San Luis Obispo (SLO) County was started through the efforts of a Dr Hays, the first physician to practice medicine in the County, the efforts of City Board of Health, the Medical Society and the County Board of Supervisors. The issues the PHD was organized around at that time were clean drinking water, a typhoid outbreak in 1875, and tuberculosis, which by some estimates 80% of the population had at some time. During this same period of time Dr Hays was able to successfully convince the County Board of Supervisors of the need for a public hospital which opened its doors in 1879. By 1920, the PHD, known at the time as the County Health program, had a health officer, a public health nurse, a sanitary inspector, a lab technician and two school nurses. The program was responsible for well-baby clinics, control of contagious diseases, diphtheria and smallpox immunizations, regular monitoring of water supplies, inspections of meat markets and slaughterhouses, and methods of sewage and garbage disposal. Over time the PHD's priorities have changed as water systems were built and many of the contagious diseases such as TB, measles

diphtheria, scarlet fever were brought under control. From shared space in downtown SLO to a building across from the then Public Hospital, San Luis Obispo County now has five clinic sites throughout the County providing immunizations, children's services, environmental health, vital records, a public health laboratory, health care services, health education and an active communicable disease program. The SLO PHD as an organization has reorganized itself and expanded many times to meet the needs of the community. In the reorganization efforts, members of medical community, nonprofit groups and other communities of interest were brought in as collaborators to make sure that all aspects of the community's interests were taken into consideration.

Organization Tax ID Documentation **(required)** [Federal Tax ID.pdf \(24.17 K\)](#)

501(h) Election

Organizational Relationship The Public Health Department is a unit of the Health Agency which is an agency within County Government.

Organizational Shifts/Changes **(required)** Executive Leadership Transition
Operational Deficit

Organizational Shifts/Changes Narrative The current director of the Public Health Department has held the position for less than 2 years following the 10-year tenure of her predecessor. This has led to a transition period characterized by a learning curve for the incumbent and accommodation of change in style by long-term staff, as well as the opportunity for new perspective and prioritization.

Unfortunately, the personnel change happened right at the same juncture as the start of significant budget reductions, thereby negatively impacting the ability of the new director to complete the organizational growth and strategic plan modifications envisioned.

Organization Structure

Organizational Objectives **(required)** Public Health Department objectives are the following:

Prevent epidemics and the spread of disease or injury.

Promote and encourage healthy behaviors.

Protect against environmental hazards.

Promote accessible, appropriate and responsive health services to all members of the community.

Organizational Objectives/Grantmaking Priority Areas **(required)**

One of the Public Health Department objectives listed above is to promote accessible, appropriate and responsive health services to all members of the community. This objective is closely aligned with the BSCF's Health Care and Coverage funding priority.

The SLO Public Health Department works collaboratively with a large number of organizations, including our county's Department of Social Services, Federally Qualified Health Center, Community Organized Health System, Schools, Children's Health Initiative, First 5 Commission, and others, aimed at strengthening the safety net for uninsured persons. Specific outreach and education to target populations regarding availability of and eligibility for health insurance options is routinely performed by several programs within the Public Health Department.

Organizational Chart

[PUBLIC HEALTH Org Chart OVERVIEW - July 2009.pdf \(129.42 K\)](#)

Fundraising Strategies and Goals **(required)**

As a governmental entity, we do not engage in traditional fundraising. All of our departmental revenue comes from grants (private and public), fees for specific services, and county general fund support.

New grant opportunities are actively sought through a variety of avenues such as list serves, organizational memberships, and trade journals.

Board Members **(required)**

Bruce Gibson

Adam Hill

James Patterson

Frank Mecham

K.H. Achadjian

Board Chair First Name **(required)** Frank

Board Chair Last Name **(required)** Mecham

Board Chair Daytime Phone Number (805) 781-5450
(required)

Board Chair Email Address

California Nonprofit Integrity Act
 (2004)

Request Information

Project Title **(required)** 2010 County Coverage Expansion
 Requested Amount **(required)** \$72,425.00 revised to \$90,000
 Request Date **(required)** 07/09/10
 Length of Proposed Support/Grant Term **(required)** 12
 Grantmaking Goal **(required)** HCC-Serving as a catalyst for coverage

Project Award Strategy

Please estimate how resources will be allocated in your proposed project by entering values rounded to the nearest ten (10%) percent in the fields that begin with "AS" below. Enter values only as applicable, but ensure that they total 100.

AS: Education & Advocacy

AS: Policy 20

AS: Research & Evaluation 40

AS: Direct Service

AS: Demonstration

AS: Collaboration & Convening 40

AS: Capacity Building

Purpose of Funds **(required)** To analyze and plan for opportunities in the state's Coverage Initiative and health care reform's coverage of the medically indigent in San Luis Obispo County through data research, stakeholder convening, collaborating with CenCal Health (our regional Medi-

Cal managed care plan), and if appropriate, applying for the Coverage Initiative with a view towards transitioning the county indigent care system to a community-based medical home model promoting prevention and chronic disease management.

Project Lifecycle **(required)**

New

Needs Statement **(required)**

With the closure of the county hospital in 2003, the indigent care system in San Luis Obispo County shifted from a public delivery system to a private one. It is now essentially a payment system for episodic care for the county's poorest uninsured residents with little case management or continuity of care. The county continues to operate its own medically indigent adult system, known as the County Medical Services Program (CMSP) at a cost of approximately \$2.7 million annually, serving approximately 8,500 patients. It also provides direct funding of \$3 million to the local federally qualified health center, Community Health Centers of the Central Coast to provide indigent care. None of these funds have been matched with federal funds.

Under the current system, San Luis Obispo County contracts with multiple providers (hospitals, doctors, etc.) for care for CMSP patients, whose numbers have increased nearly fourfold since 2000/2001 when 1934 patients were enrolled to 8373 in 2008/2009. As noted above, it also provides a grant to the local community health center to subsidize its care. San Luis Obispo County joined with the regional Medi-Cal managed care plan, now known as CenCal, in 2009 to provide coverage to the County's Medi-Cal population.

With so many changes in the delivery of and payment for safety net services, with many more coming through the Coverage Initiative and national health reform, it is critical for the county to assess the utilization and costs of the current system, while planning for the future. No systematic analysis has taken place since a task force was convened in 2003 following the closure of San Luis Obispo County General Hospital. With the opportunity afforded by the BSCF funds, San Luis Obispo County can again analyze relevant data, gather stakeholder input, collaborate with its health plan partner, and plan for the future.

Needs Statement (Optional Attachment)

Project Summary **(required)**

SL O County is seeking funding for a multi-phase research and convening process

Specifically, the process will include

- * technical analysis of current and future enrollment processes, utilization, demographics and financing,
- * facilitated dialogue with key stakeholders,
- * collaborating with CenCal Health and Community Health Centers on exploring alternative models for improving indigent care, including possible regional approaches for medical homes and case management,
- * participating in statewide meetings on the Medi-Cal waiver, Coverage Initiative and transition to national health reform,
- * development of recommendations for program enhancements and funding, and
- * drafting of a proposal for inclusion in the state's Coverage Initiative if deemed appropriate and feasible.

Project Summary (Optional Attachment)

Project Description **(required)**

1. Activity: Stakeholder Workgroup - San Luis Obispo County stakeholders representing providers, consumers, health plan and the county will be convened in a working group to examine opportunities for improving the indigent care system and augmenting funding. The group will meet at least monthly over a 12 month period.

Responsible Parties: The chosen consultant will facilitate meeting invites, minutes distribution, and answers to technical questions. The PHD will staff the stakeholder meetings and provide overall leadership for the effort. Stakeholders will make a commitment to ongoing participation in the workgroup.

2. Activity: Data Analysis -- updated information will be obtained on enrollment and utilization by medically-indigent adults of CMSP, CHC, hospital emergency rooms, urgent care centers, and reduced-fee or pro-bono care from private doctors in San Luis Obispo County. General demographic data will be obtained from Census data and other

available survey instruments (e.g., CHIS, Action for Community Health).

Responsible Parties: The consultant will collect the data from all listed entities and will do so under the auspices of the PHD. Stakeholders will be asked to make the data readily available in aggregate form.

3. Activity: Alternatives Development and Coverage Initiative Proposal -- participate in relevant regional and statewide work groups and meetings on the proposed Medi-Cal waiver, Coverage Initiative and national health reform.

Responsible Parties: The consultant will glean all available information on these subjects and share with the group, as will PHD staff. Stakeholders will participate in external meetings as feasible and will engage in decision-making dialogue.

Project Outcomes (required)

The ultimate measurable outcome will be the number of additional medically-indigent adults with Medi-Cal coverage as of FY 2012 and 2013, in advance of the 2014 mandate as a result of leveraging local funding contributions as part of a Coverage Initiative.

Intermediate project outcomes will be the development of a robust data system needed to measure longer-term outcomes, active participation of all key stakeholders, and submission of a proposal for a Coverage Initiative.

Outcomes Measured (required)

An ongoing list of attendance at stakeholder meetings will be maintained.

A matrix of necessary data elements will be developed with timelines for acquisition and notation of fulfillment of that data collection.

Submission of a Coverage Initiative proposal to the State at the first available opportunity.

Dissemination of Outcomes (required)

Outcomes will be shared with all stakeholders throughout the life of the project.

Specifically, detailed minutes of all stakeholder meetings will be recorded and distributed at subsequent meetings as well as through email to all interested parties.

Data analysis will be presented to the stakeholder group within the first six months of the project so that the group may utilize the data in decision-making relative to

enhanced health care enrollment and delivery models, and participation in the Coverage Initiative.

The stakeholder group will be maintained beyond this start-up project should a decision be made to indeed participate in the Coverage Initiative; outcomes of any proposal for inclusion in the state's Coverage Initiative will be shared with the group.

Project Risks/Challenges
(required)

In an environment of dramatic budget cuts and fiscal strain on all recommended participant organizations, the most significant challenge will be sustained and time-intensive involvement of all stakeholders. However, given written and/or verbal commitments of these entities, we are expectant of widespread, enthusiastic participation from all key stakeholders.

Key Objective #1 **(required)**

By September, 2010, San Luis Obispo County stakeholders representing providers, consumers, health plan and the county will be convened in a working group to examine opportunities for improving the indigent care system and augmenting funding.

Key Objective #2 **(required)**

By January, 2011, data analysis on current and projected safety net utilization, financing and demographics will be completed and presented to the stakeholder work group.

Key Objective #3 **(required)**

By April, 2011, San Luis County will have developed alternative enrollment, coverage and delivery models for the medically indigent in preparation for possible participation in the Coverage Initiative and transition to Medi-Cal coverage in 2014.

Additional Objectives

By June, 2011, San Luis County will have developed a proposal for participation in the Coverage Initiative if deemed feasible and appropriate.

By June, 2011, San Luis County will have participated in relevant regional and statewide work groups and meetings on the proposed Medi-Cal waiver, Coverage Initiative and transition to national health reform.

Project Key Objectives/Grantmaking
Priorities **(required)**

The key objectives for this project are developed around positioning the County to be ready to implement a Coverage Initiative for medically indigent adults in advance of the 2014 federally-mandated Medi-Cal expansion. Early inclusion of several thousand county residents in full-scope Medi-Cal coverage directly meets the BSCF's primary grantmaking priority of strengthening the safety net and expanding health care coverage.

Counties Served **(required)**

County of San Luis Obispo

Project Staff (required)	<p>Penny Borenstein</p> <p>Marsha Bollinger</p> <p>Deanne Purcell</p> <p>Consultant - TBD</p>
Project Staffing Chart	
Sole Project Funder (required)	No
Key Project Contributors (required)	<p>Blue Shield of California Foundation</p> <p>County of San Luis Obispo - Health Agency</p> <p>CenCal Health</p>
Key Stakeholders (required)	<p>The Public Health Department (PHD) within the Health Agency of the County of San Luis Obispo will have lead responsibility for this effort. As such the PHD will identify all necessary participants, data elements that will be needed for project outcomes and reporting back to BSCF on project progress and outcomes. It is the intention of the PHD to issue a request for proposals to obtain the services of a qualified contractor to facilitate the convening of all stakeholders, data collection and analysis, and development of a proposal for participation in the state's Coverage Initiative should that step be deemed feasible and appropriate based on the commitment of the stakeholders and the outcome of the data analysis.</p> <p>Data on care provided to the target population will be necessary from the following stakeholders: Community Health Centers, CenCal Health, four community acute care hospitals, five urgent care centers, and private outpatient health care providers.</p>
Population Served (required)	This project is focused on the medically indigent adults and others who rely on the health care safety net.
Total Project Budget (required)	\$92,425.00
Project Budget (required)	Budget_Template.xls (50.5 K)
Project Budget Narrative (required)	\$48,750 for consultant services providing technical assistance, research, meeting facilitation, and overall project oversight (15 hrs/wk x 50 wks x \$65/hr).

\$13,675 for county administrative staffing (.1 FTE of HC Services Division Mgr);

\$10,000 support for convenings and participation in regional and statewide work groups and meetings.

Additional in-kind support will be provided by stakeholder participants including provider and Cen Cal Health.

Project Timeline **(required)**

[Coverage Initiative Project Timeline.doc \(33.5 K\)](#)

Letter of Support and Optional Attachments

[Letter of Support - CHC.pdf \(43.21 K\)](#)

[Letter of Support - CenCal Health.pdf \(37.55 K\)](#)

Request Demographics

Geographic Area Served by Request **(required)** Central

Population **(required)**

Acute Care Patients
Ambulatory Care Patients
Families
Health Professionals
Low Income-up to or less than 133% of FPL
Uninsured

Race/Ethnicity **(required)**

100% General (all racial/ethnic groups)

Age **(required)**

20% Young Adults (18-24)
80% Adults (25-64)

Gender **(required)**

100% General (all genders)

Request Financials

Financial Audit **(required)**

Yes

Audited Financial Statement

[Ltr re CAFR - 7-9-2010.pdf \(97.81 K\)](#)

Financial Statements (required)	FY 08-09 HEALTH PL.pdf (313.72 K)
Total Income - Organization (required)	\$16,661,198.00
Total Expenses - Organization (required)	\$30,534,477.00
Total Surplus/Deficit (required)	2009: (\$11,410,131) 2008: (\$9,534,045) 2007: (\$9,039,916) 2006: (\$8,795,768) 2005: (\$7,171,038)
Total Organizational Budget (required)	\$30,355,437.00
Fiscal Year Ends (MM/DD) (required)	06/30
Organization Budget (required)	FY 10-11 HEALTH BUDGET.pdf (244.33 K)
Organization Budget Narrative (required)	The income figures noted above and the apparent deficits are a product of the manner in which County government keeps its books. The PHD, at the end of the year has zero deficit or surplus and income exactly matches expenses, with the balance being made up by county General Fund Support.
IRS Form 990 (required)	SLO County -- not a non-profit letter -7-9-2010.pdf (97.81 K)