

**SAN LUIS OBISPO COUNTY  
HEALTH COMMISSION**

Minutes of Meeting

Monday, April 14, 2008 (Board of Supervisors Chambers)

Members Present: Jan Hicks (Vice-Chair), Penny Chamousis, Deborah Donnelly, Ed Guerena, Pam Heatherington, Sara Horne, James Mase, M.D., David Odell, Susan Warren

Members Absent: Lynn Enns, Chair (excused), Robert Thielscher (excused)

Staff Present: Jeff Hamm, Health Agency Director; Craig McMillan, M.D., Interim Health Officer, Jean White

Speakers: Dale Magee, MHSA (Prop 63) Project Planner

Agenda Item	Discussion	Action	Who/When
<b>1. Call to Order</b>	Chair Enns absent. Meeting called to order by Vice-Chair Hicks at 6:01 p.m.	Call to order	Vice-Chair Hicks
<b>2. Approval of Minutes</b>	Minutes of March 10, 2008 were approved as written.	Minutes approved	Odell/Heatherington/All
<b>3. Public Comment</b>	<p><b>Eric Greening</b> thanked the commission for weighing in on health issues that are not solely Health Department issues. He encouraged the commission to become more involved on decisions going before the Board of Supervisors. Tomorrow the Board will be making a decision on whether to continue the lease of County-owned property to the State for two more years at the Oceano Dunes for recreational use. Mr. Greening noted some of the health impacts related to this recreational use, including the impact on local ERs, problems with sanitation, and air quality issues. He recommended visiting the website safebeachanddunes.org and viewing a video of a meeting with the South County Advisory Committee, where Larry Allen from the Air Pollution Control District spoke.</p> <p><b>Jean Knox</b>, provided a written copy of her public comment, thanking the commission for being part of the Health Fair last Friday, and presenting her healthcare idea that every resident of San Luis Obispo County have the opportunity to have a physical examination once a year at minimal cost, either at a doctor's office or in a clinic or hospital setting. She gave examples of how this would save money while improving the health of the citizens. <i>(Commissioner Heatherington expressed interest in the proposal and encouraged further review. She referred to a similar type clinic in San Diego while growing up. Commissioner Donnelly suggested getting a prominent physician on board and contacting the Medical Society to garner support.)</i></p>		
<b>4. Mental Health Services Act (MHSA) Prevention &amp; Early Intervention – New funding</b>	<p><b>Dale Magee, MHSA (Prop 63) Project Planner</b> provided background information on MHSA (Prop 63 passed in November 2004, adding 1% tax on people with income over one million dollars). MHSA funds are administered at the state level and released in 5 distinct components. She explained that the first (largest) component of MHSA funding, Community Services and Support, was designed to target people who were seriously mentally ill and young people with emotional disturbances. For SLO, this resulted in about 4 million dollars per year (very clearly designated) and 17 distinct programs.</p> <p>Tonight she talked about the planning process for the Prevention &amp; Early Intervention (PEI) component of the MHSA funding in the amount of 1.3 million dollars annually and provided handouts on the purpose, specific outcomes, PEI key community mental health</p>	<p>No action taken.</p> <p><u>Handouts:</u> MHSA PEI Fact Sheet</p>	

needs and PEI priority populations. Funding is to be used to prevent mental health problems or to intervene early. For counties to receive their Prop 63 funding, a very thorough community input process is required. She talked about the community-wide planning survey (*emailed to commissioners*) and community forums that are being done to solicit community input on local needs. After the input has been received, they will analyze data and form age-specific broad based workgroups. Workgroups will review input, offer priorities & approaches and make recommendations to the PEI planning team. The PEI planning team of approx. 35 representatives from public providers, private providers, & consumers will make a final recommendation. A PEI operating plan will be drafted & released for public review prior to being submitted to the State for a 60-90 day review. All of the community input data received will be submitted with the plan. Ms. Magee will report back to the commission on the community results and final report.

**Commissioner Questions/Comments:**

**Commissioner Donnelly** asked if “mothers with postpartum depression” was included as one of the populations in the survey. (*This can be included as one of the subsets.*)

**Commissioner Chamousis** asked about the logistics. (*Workgroups will be charged with looking at the best strategies, reviewing what is working in the county, what can be expanded on. The State has released a 117 page document of approved activities, which they can choose from after they have narrowed down priorities.*)

**Commissioner Heatherington** asked how the State’s 10% reduction will impact these funds. (*The 1.3 million dollars is a separate fund that will not be impacted by the State’s 10% reduction across the board. If core Mental Health services are cut, they cannot be backfilled with MHSA funds, due to very specific anti supplantation language in Prop 63.*)

**Commissioner Warren** asked about any additional benefits from the community input process. (*Findings have helped critique ways the system is broken and helped to give quantitative numbers. Commissioner Odell commented also, from being on the MH Board, on the positive changes that have occurred under the leadership of Jeff Hamm and Dr. Baylor.*)

**Commissioner Hicks** asked about abbreviations TAY (*Transitional Aged Youth*), SMI (*Severely Mentally Ill*), SED (*Severely Emotionally Disabled*). She asked if the 1.3 million dollars includes overhead costs. (*The 1.3million includes all programming and costs associated with the program, except for the planning process, which was funded separately. Funding will remain at 1.3 million annually, will not go up and down, and has no end at this point.*)

**Commissioner Warren** asked if there are limits on administrative costs. (*No limits, but there will be an RFP process, so these costs will be reviewed as part of each proposal.*)

**Public Comment:**

**Eric Greening** appreciated the opportunity to take the survey at the Health Fair. He talked about the difficulty he had deciding how to vote on Proposition 63 because of the anti-supplantation language in Prop 63. He strongly urged “buyer beware” when reviewing propositions and to take great care in electing legislators. Some of the mental health issues get passed over under the illusion that Prop 63 took care of them.

<p><b>5. Continuing Discussion of Health Agency Budget / Potential Service Level Reduction List</b></p>	<p><b>Penny Chamousis, Health Commission Legislative Committee Chair</b>, provided a recap of the combined legislative/budget committee meeting held last week. Jeff Hamm met with the committee and gave them a copy of the ranked list of the proposed budget reductions. Committee focused only on the Public Health and/or medical care delivery related items, because the Mental Health Board and Drug &amp; Alcohol Advisory Committee are reviewing the reductions related to their programs. The committee's consensus was that the ranking of the reductions seemed appropriate. Their primary items of concerns were the reductions to the Ombudsperson Program &amp; CHC.</p> <p><b>Jeff Hamm</b> provided an update that the status quo budget was submitted to the CAO, and would require 2.5 million dollars of General Fund (GF) support to maintain status quo. The CAO has since recommended a 1 million dollar increase in GF support. A copy of the refined service level reduction list was emailed to commissioners, and includes the 18 service level reduction items that are being recommended to meet the 1.5 million dollar reduction from status quo. These are all vacant positions with the exception of a ½ time Drug &amp; Alcohol Specialist. Although the 1 million dollar increase in GF support was better than expected, they still have to be careful in filling positions, while waiting for the state budget to be adopted and thinking ahead to 2009/10.</p> <p><b>Commissioner Heatherington</b> is concerned about the CHC reduction of \$500,000 and the elimination of the ombudsperson program. She asked to invite EOC to the next meeting to talk (from their perspective) about the loss of the ombudsperson program.</p> <p><b>Commissioner Hicks</b> suggested working with CHP to continue the car seat program.</p> <p><b>Commissioner Odell</b> asked about the microbiologist position that was originally on the list (<i>this position was potentially at risk, but they were able to swap two vacant positions next on the list</i>).</p> <p><b>Commissioner Warren</b> asked if CenCal will provide ombudsman services (<i>yes, for Medi-Cal clients. Approx. 1/3 of clients accessing services were self pay or sliding fee scale eligible. CHC has indicated they will be putting in a customer service hotline number in North County.</i>)</p> <p><b>Commissioner Warren</b> concerned about reduction to CHC. CHC provides primary care to the underserved and has helped to bring in new clients. (<i>Jeff Hamm presented a chart showing patient encounters at CHC clinics. Since the contract in 2004 and what CHC has been able to do financially and operationally, patient encounters have increased from 135,000 to 210,000. With a reduction in the grant amount, that rate of growth will level out. CHC has indicated that with a 500,000 dollar reduction, they will shrink by two providers and about 9,000 patient encounters. CHC closed one of their clinic sites in Morro Bay and have suggested the next thing they would have to do is to close the Cambria clinic (this would be part of contract negotiations.)</i>)</p> <p><b>Commissioner Warren</b> referred to the large amount of GF money that was spent to sustain the ailing hospital and clinic systems. (<i>Jeff Hamm explained that the closure of the hospital &amp; clinics and the agreement with CHC reduced the GF contribution that was going to medical care delivery and still allowed a generous contract with CHC. The investment of 5.2 million this year and the recommended 4.9 million next year may continue to be a target for reduction in the immediate future, because of the large amount of GF money that is still being invested.</i>)</p> <p><b>Commissioner Heatherington</b> noted the progress made through the CHC contract and hopes that going forward after FY 09/10, the grant amount will be revisited as finances improve.</p>	<p>No action taken. EOC will be invited to speak at the next meeting.</p>	
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	<p><b><u>Public Comment:</u></b>  <b>Eric Greening</b> commented that last year the Board accepted the CAO’s recommendations at the budget hearings without any of the departments going at issue. He stated that the public needs to hear departments ask for what they truly believe they need and that the public education piece is missing when the budget hearings are “quiet.” Law enforcement departments were given an agenda opportunity at a study session that other departments were not given. He recommended the Health Commission take the following actions: 1) Invite EOC to speak on their position on the loss of the Ombudsperson Program; 2) Declare the Health Department is a public safety department; and 3) Have a spokesperson at the budget hearings speaking on behalf of the real needs of the Public Health Dept.</p> <p><b>Jesse Arnold</b> agreed with Mr. Greening. He also referred to last month’s meeting, where Code Pink came to speak, and supported what they said about redirecting funds into healthcare instead of wasting them on the war in Iraq.</p>		
<p><b>6. Health Agency Director/ Health Officer Report</b></p>	<p><b>Jeff Hamm, Health Agency Director</b>, thanked Commissioner Donnelly for being at the health fair last Friday. He noted that although there were only approx. 40 members of the public in attendance, it was an effective outreach effort within the department.</p> <p><b>Craig McMillan, M.D., M.P.H., Interim Health Officer</b>, referred to his written report on Valley Fever, West Nile Virus, TB investigation and Public Health Week and offered to answer questions. Commissioner Heatherington asked about types of outreach and notification that is being done (to the broader community) after a worker has been identified with Valley Fever. Commissioner Donnelly noted the importance of public education and educating parents on prevention for children. She has questions about how far spores can be transmitted and how long they can live in the air after dirt has been excavated. Commissioner Hicks noted that once you have been exposed, the infection can last for the rest of your life. <i>(Dr. McMillan explained that the Health Agency Bulletin is one way they provide outreach and education. They have also been working with the State and affected agencies. He will talk more with the epidemiologist about possible health releases and public information campaigns. The epidemiologist will be invited to speak at the next meeting to address some of the questions and concerns. Commissioner Warren asked for an updated map showing areas of Valley Fever cases in the County).</i></p> <p><b><u>Public Comment:</u></b>  <b>Jesse Arnold</b> asked about number of cases of Valley Fever in the County and the general locations. <i>(Public Health receives a monthly report from physicians in the community and last month there were 6 cases reported. Commissioner Hicks referred to data she had showing there 147 cases in 2006. Public Health will come back next month with reporting process and maps showing general locations).</i></p> <p><b>Eric Greening</b> asked if the epidemiologist reviews standard conditions for development projects under the Planning Department, Cal Trans, or local cities with regard to soil</p>		

	<p>disturbances. He asked if there is an increasing risk with global climate destabilization. <i>(Dr. McMillan answered that the epidemiologist works for the Public Health Department and would only be involved if a specific situation came up where the Public Health Department was asked to provide input, which would probably be through the Health Officer. As far as global warming, it is unknown if it will increase Santa Ana type winds or cause desert-like areas, but if it does, that would be a vehicle for this.)</i></p>		
<p><b>7. Health Commissioner Updates</b></p>	<p><b><u>Chair Update:</u></b> Chair Enns absent. No update given.</p> <p><b><u>Commissioner Updates:</u></b> <b>Commissioner Donnelly</b> “manned” the Health Commission’s booth at the Health Fair last week. She reported that there was a limited amount of traffic from the public, but it was the first year. Next year they plan to expand it to include more community partners. <b>Commissioner Warren</b> attended the Drug &amp; Alcohol Advisory Board where there was continuing discussion about the budget. Members are becoming more familiar with Drug &amp; Alcohol programs as they do site visits. There are two vacancies on the Board. <b>Commissioner Odell</b> reported that the Mental Health Board meets this Thursday. They, too, are reviewing the budget and service level reductions. <b>Commissioner Horne:</b> No report. <b>Commissioner Chamousis</b> was unable to attend the Adult Services Policy Council, but will attend the next meeting and report on both meetings. She attended the Vietnam Vets/Guadalupe Chapter meeting, and reported that there were concerns expressed about transportation to and from clinics. She shared information at the meeting about Ride-On door-to-door services. Commissioner Hicks will bring a flyer that was put out by the Department of Veteran Affairs that includes the Ride-On information. <b>Commissioner Heatherington</b> attended the Domestic Violence Task Force on March 19<sup>th</sup>. There are now 3 women’s groups – one in North County, one in South County, and one in San Luis Obispo. Dialogues between domestic violence departments (prosecutors / counselors / etc.) have been “opening up.” <b>Commissioner Mase:</b> No report. <b>Commissioner Guereña</b> referred to the master thesis from UCSB regarding pharmaceuticals in the waste water. The report looked at possible ways of recycling drugs, but the problem is that laws would need to be changed in order to accept and collect controlled substances. The report confirmed that there is not a lot that can be done locally. There is one local pharmacy that will accept and dispose of drugs (Health Plus Pharmacy), but it is expensive for them, as the drugs have to be incinerated at a special licensed facility. He notes that pharmaceutical companies need to be responsible for the drugs and disposal thereof. There is work to be done in getting the laws changed. <b>Commissioner Hicks</b> reported from the minutes of the January 14<sup>th</sup> HIV Consortium: 1) A needs assessment was done for Ryan White utilization and service priorities; 2) A Syringe Exchange Program was opened in San Miguel, but no turnout. To date, 5800 syringes have been distributed in SLO and 6400 syringes turned in; 3) Dr. Taylor spoke about transgender issues and sees about 200 patients at any given time.</p>		

<p><b>8. Committee Reports</b></p>	<p><b><u>Legislative Committee</u></b> : No further report.  <b><u>Budget Committee</u></b>: No further report.  <b><u>Community Education</u></b>: Commissioner Heatherington reported that the committee met and discussed the Health Commission’s webpage, which they would like to update over the next year. The committee also discussed doing a healthcare survey on the Public Health webpage, asking “What healthcare issue concerns you the most?” followed by “check-off” boxes (Vaccines /Medi-Cal/ Cen-Cal /Fluoridation /Universal Healthcare / Autism /Disposal of Medications /Other). Committee is open to other suggestions and refinement of topics. Responses will go to the PH Dept. &amp; forwarded to commission.</p> <p><i>Motion made by Commissioner Odell and seconded by Commissioner Chamousis to put the question “What healthcare issue concerns you the most?” on the webpage, and include the list of topics presented. The importance of listing “other” as a category was noted, to allow people to list topics that were not included. All in favor.</i></p> <p><b><u>Nominating Committee</u></b>: Commissioner Hicks reported that there will be two consumer vacancies opening July 1, 2008. The Nominating Committee will interview new applicants in May. Recommendations for new members and new officers will be on the June agenda. There was discussion about re-interviewing alternate members who are already on the list and whether to “rank” them along with new applicants. Commissioner Heatherington questioned “ranking” applicants and wants to ensure the same systematic process is used as in the past. Commissioners Donnelly and Chamousis believe persons already on the list should not have to be re-interviewed, as they were already found acceptable, and should have priority over new applicants. Commissioner Hicks will review the Bylaws to ensure they are being adhered to. It was generally agreed that alternates already on the list do not need to be re-interviewed.</p> <p><b><u>Public Comment</u></b>:  <b>Jesse Arnold</b> was interviewed last September and commented that it was okay with him if the Nominating Committee wanted to re-interview him.</p>	<p>Motion made and approved.</p>	<p>Odell/Chamousis/All</p>
<p><b>9. Prospective Future Items</b></p>	<ul style="list-style-type: none"> <li>• Report from EOC on Ombudsperson Program Service Level Reduction</li> <li>• Report from Public Health Epidemiologist on Coccidioidomycosis (Valley Fever).</li> <li>• Continuing discussion of Health Agency / Public Health budget</li> </ul>		
<p><b>10. Adjournment</b></p>	<p>Motion to adjourn at 8:15 p.m.</p>	<p>Meeting adjourned</p>	<p>Odell/Chamousis/All</p>