

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, April 11, 2011 (County Board of Supervisors Chambers)

Members Present: Susan Warren (Vice-Chair), Jesse Arnold, Lynn Enns, Gina Kirk, David Odell, Anne Quinn, Jean Raymond, Mary Jean Sage

Members Absent: Ed Guerena (Chair); James Pope

Staff Present: Jeff Hamm, Health Agency Director, Penny Borenstein, MD, Health Officer, Jean White

Speakers: Laurie Souчек (California Transplant Donor Network); Sue Sunderland (California Transplant Donor Network)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Vice-Chair Susan Warren at 6:02 p.m. Chair Guerena was absent.	<i>Call to order</i>	<i>Vice-Chair Warren</i>
2. Approval of Minutes	Minutes of the March 14, 2011 meeting were approved as written.	<i>March 14, 2011 minutes approved</i>	<i>Arnold/Odell/All</i>
3. Public Comment	<p>Lisa Fraser, Director of the San Luis Obispo County Child Abuse Prevention Council, reminded everyone that April is National Child Abuse Prevention Month and that the Child Abuse Prevention Council has a variety of prevention & education projects. She advised that local, state & national statistics show that children ages 0-3 suffer the highest rate of victimization compared to all other age groups. She expressed her concerns about the reduction in funding for Martha's Place, and for those children ages 0-5, who especially need these services due to high risk environments in their home.</p> <p>Mary Bianchi, Atascadero, Chair of Model of Care Partners Oversight Committee and member of the Friends at Martha's Place, explained that very few programs in San Luis Obispo County focus on children's mental health, particularly the very formative years of ages 0-5. She explained that children aged 0-5 have a disproportionately high rate of child abuse with long term consequences and that evidence shows that early intervention improves the lives of these children and their families. She explained that Martha's Place provides full assessment, treatment & referral services in order to ensure the healthy development of these children. She shared a story from Martha's Place of a 3-year old, who is now a happy, fully functional child. Ms. Bianchi is concerned about the current service level reduction proposals from the County and the additional reductions in funding from First 5 that will reduce Martha's Place budget by 60%. She asked the Health Commission for their continued support of Martha's Place for delivery of these critical services.</p> <p>Commissioner Warren commented on a recent article she read about the increased number of babies who have to be detoxed at birth from pain medications. <i>(Ms. Bianchi added that there are significant impacts from prenatal exposure and that interventions can help the child's development. These are the type of services provided through Martha's Place.)</i></p>		
4. California Transplant Donor Network	Laurie Souчек, RN, BSN, CPTC, Supervisor of Clinical Services , provided a Power Point overview of the California Transplant Donor Network that serves 41 counties in Northern & Central California and Northern Nevada. April is National Donate Life Month and she explained their mission to save and improve lives through organ and tissue donation for transplantation. The Network is responsible for education in the community and to hospitals,		

	<p>working with potential donor families, and facilitating the recovery & placement of organs & tissues. She explained who can be a donor, the process of donation and why organ and tissue donation is so important, with 110,000 people waiting for organ transplant in the United States, 21,000 in California and 141 in San Luis Obispo County.</p> <p>Ms. Soucek explained the Uniform Gift Act of 1968 creating the “Donor Card” that goes on the back of the driver’s license, documenting a person’s desire to donate. The Act also develops an order of priority of family members who can consent to donation. In 2007, California updated their Uniform Gift Act to include registration through the DMV or through the California website www.donatelifecalifornia.org. She talked briefly about some of the campaigns they are involved in to increase the awareness of organ & tissue donation.</p> <p>Sue Sunderland, Donate Life Ambassador, told her story as a kidney recipient, describing the multiple daily dialyses she self administered for over 5 years prior to the organ donation. She had three friends who offered to donate and the third person was a match. She is currently on immune suppressants and blood pressure meds; a “small price to pay for truly the gift of life.”</p> <p><u>Commissioner Discussion/Questions:</u></p> <p>Commissioner Kirk asked if recipients were responsible for any of the donor costs. <i>(Ms. Soucek explained that the family of the donor patient incurs no cost. The recipient’s insurance pays the transplant center.)</i></p> <p>Commissioner Arnold referred to an article about HIV positive patients (currently not allowed to donate), who would like to have a donor pool for HIV positive persons to be able to give to HIV positive recipients. <i>(Ms. Soucek saw the article and believes this would be a good way to increase the donor pool. There are currently Hepatitis C donor organs going only to Hepatitis C recipients.)</i></p> <p>Commissioner Kirk has heard of reluctance from some people to have their donor status known on their driver’s license. <i>(Ms. Soucek advised that there is no other way to indicate. If a person has not designated themselves on their driver’s license, their family may be approached to make a decision.)</i></p> <p>Commissioner Warren asked if being on chemotherapy would prevent someone from being a donor. <i>(Ms. Soucek answered that it would depend upon how recent it was and evaluated on a case-by-case basis.)</i></p> <p>Commissioner Kirk asked if there were any “friendship or relative type circles of registry” for kidney donation. <i>(Ms. Soucek explained a relatively new type of “exchange” and provided a recent example of 5 recipients and 5 families who did an exchange through a chain of people.)</i></p>		
<p>5. Health Agency Budget Service Level Reductions for FY 2011-12</p>	<p>Commissioner Enns advised that the budget committee met and reviewed the Health’s Agency service level reductions. The committee invited Jeff Hamm, Health Agency Director, to provide an overview of these reductions, with particular focus on the public health related items for possible prioritization or action by the Commission.</p> <p>Jeff Hamm, Health Agency Director, provided a summary of the budget process and walked through the prioritized service level reduction list that was requested and submitted as part of the Health Agency’s budget to the County Administrative Office. The list includes 36 prioritized reductions, incrementally reducing the amount of general fund support that the Health Agency received in the current fiscal year by 10%. Reductions total 2.6 million dollars;</p>		

with items #33-36 no longer being considered for reduction. A narrative impact description for each of the Public Health and Indigent Medical Care items (#14, 15, 16, 17, 19, 20, 22 & 29) was provided to commissioners in advance of the meeting. These were the items that were highlighted by the Budget Committee for review by the commission. Mr. Hamm explained that 10 of the items on the list (#1, 2, 3, 4, 5, 6, 13, 18, 28, & 32) were essentially refinements to expense levels and that items 7, 8, 9 & 30 were administrative; all items unlikely to draw a lot of attention from the public or stakeholders. He explained that there were two CHC items on the list – one a change in pharmacy contractor and the other a reduction to the CHC contract by ½ million dollars.

Commissioner Warren asked for an explanation of Item #20 (Reduce hospital contract rates). *(Mr. Hamm explained that this is a small reduction in the rate paid to hospitals when a CMSP patient requires in-patient hospitalization services.)*

Commissioner Warren asked if there were substantial reductions from First 5 Commission. *(Dr. Borenstein answered that a more than 40% reduction in program fund support is envisioned from First 5 from the current year to next year.)*

Commissioner Odell asked what the amount of the CHC grant would be for next year and about the discussion of a fee for service arrangement with CHC. *(The recommended budget includes 2.2 million for the CHC grant. Mr. Hamm explained that a fee for service arrangement had been discussed but never finalized; CHC and the County are still in active negotiations.)*

Commissioner Warren expressed her concern about the safety net with reductions to CHC and reducing the hospital contract. *(Mr. Hamm explained the reduction in \$\$'s to the hospitals is relatively small and won't compromise the safety. He talked about the gap between the County's means of financing and their financing needs & uses. The question before the County is can it afford to put money on the table in its grant relationship with CHC that goes above and beyond what it would cost if the County were limiting their obligation to those individuals for whom they are obligated under Section 17000 of the Welfare and Institutions Code.)*

Commissioner Quinn asked if the percentage of reductions to the Health Agency was the same as other County departments. *(Mr. Hamm explained that the Health Agency was asked to take a disproportionate reduction, explaining that the Board has been investing more in the form of overmatch to Health Agency programs over the years than they are required to by the funding formulas between the state and local governments.)*

Commissioner Arnold asked about reduction in capacity to work on the Biosolids Ordinance and the Ocean Water Monitoring program. *(Mr. Hamm explained that loss of capacity to these programs was associated with Item #33 -reduction of an EH Specialist, which is no longer being considered for reduction.)*

Commissioner Arnold asked about the \$81,063 in revenue from the General Hospital & Clinic trust funds. *(Mr. Hamm explained that this amount was in a trust account from donations that had been made over the years in support of General Hospital and the Family Care Clinics.)*

Commissioner Arnold asked for more information on Item #13 – LEMC Supervisors. *(Mr. Hamm explained that this reflects a change in the way standby pay is coded by the supervising correctional nurse.)*

Commissioner Arnold asked how changing pharmacy would reduce costs. *(Mr. Hamm explained that they believe costs could be reduced by switching to the pharmacy benefit manager used by CenCal Health (a big company that uses their volume to enter into agreements with larger companies), but CHC's most recent proposal indicates they would like to continue to provide pharmacy services.)*

Commissioner Arnold asked for explanation of #18 (increase SART revenue – charge city fees.) (*Mr. Hamm explained that the Penal Code clearly states when a SART exam is made necessary by a case that originated from a city, that the city should be charged the cost of obtaining the evidence. The County has sent letters to the cities informing them that they will start charging for this.*)

Commissioner Quinn asked why Field Nursing was being cut when it was described as one of “the most cost effective Public Health programs, leading to improved birth outcomes and reduced long-term societal cost.” She asked if there were other programs or non-profit organizations that would substitute for this and Martha’s Place. (*Mr. Hamm explained that field nursing is subject to reductions because it is one of the programs that receives a significant amount of general fund support. Dr. Borenstein explained that First 5 support for this program has been eliminated over the years and Targeted Case Management (federal Medi-Cal money) has been reduced for the fourth year; so although field nursing is not going away, it is being diminished each year in terms of its capacity. She explained the uniqueness of these programs and that there really are no other programs that substitute for it.*)

Commissioner Quinn asked about #29, reduction to Immunization Patient Services Rep. (*Dr. Borenstein explained that the State has reduced funding for the State Immunization Information System, known as the California Immunization Registry, which is unfortunate at a time when there is strong focus at the federal and state level on electronic health records. They are concerned about utilization at the provider level continuing without this level of support.*)

Commissioner Arnold noted that the Board of Supervisors “backed” the ballot initiative for extension of temporary taxes and asked what percentage of these dollars comes from county tax payers and what percentage comes from the state. He asked if the County would be faced with further budget cuts if the temporary taxes are not extended. (*Mr. Hamm provided some examples of activities that draw down state or federal \$\$’s to leverage local discretionary dollars. There is only speculation about what cuts will take effect if the tax extension fails.*)

Commissioner Quinn commented that the Health Agency has reviewed these service level reductions in depth and believes the department is in a better position to weigh the impacts against the priorities of the department as a whole.

Commissioner Enns responded that the commission has received comments from the public about certain items that are slated to be cut, and that if the commission feels strongly about any of the items, they could either meet with Board members individually or make a recommendation, which may or may not make a difference.

Commissioner Arnold suggested taking a vote to support the Board of Supervisors’ action for putting the tax extension on the ballot.

There was discussion among the commission and it was agreed to bring this item back to next month’s meeting for further discussion and possible action. Commission Odell expressed the importance of identifying any service level reductions on the list that the commission believes is important and should continue. He noted that the MH Board has met directly with the Board of Supervisors in the past and it has made a difference. He also noted that the MH Board will be taking up the issue of Martha’s Place at their next meeting. Budget hearings are held on June 14, 15, & 16.

Public Comment:

Mary Bianchi explained that Martha’s Place supports not only the physical health of the children, but mental health as well. She expressed her appreciation to the commission for their consideration of support for Martha’s Place and offered to come back to next month’s meeting

	<p>to answer any questions regarding Martha’s Place. <i>(Commissioner Odell asked if she would come back and explain specifically the effect these cuts will have on Martha’s Place.)</i></p> <p>Larry Bacus, Community Health Centers of the Central Coast (CHC) talked briefly about CHC’s role in taking care of people’s health and the community, with approximately 25% of people in the community going to CHC clinics. CHC is working with the County on some of the details that Mr. Hamm spoke about. They understand the county’s financial situation and their position about CMSP and the County’s responsibility. They are looking at where to make cuts, while thinking with compassion for their patients.</p> <p>(Commissioner Warren asked how changing the pharmacy would affect the outlying communities. <i>(CHC would like to continue to provide the same pharmacy services, but some changes might have to be made in order for CHC to be most cost effective; they are looking at methods used by other community health centers.)</i></p> <p>Commissioner Warren asked if CHC was seeing a continued rise in the number of medically fragile people requiring specialty services. <i>(These patients now have a primary care home at CHC, which has eliminated some of the urgent care scenarios.)</i></p> <p>Commissioner Warren asked about screening, brief intervention and referral treatments for substance abuse and mental health issues that will (in the very near future) become part of a regular checkup; she is concerned that there are not enough referral resources. <i>(Dr. Bacus talked about some of the difficulties for primary care physicians in doing this.)</i></p> <p>Commissioner Raymond asked about access to specialty services for heart disease. <i>(Dr. Bacus explained that CHC currently only partners with one cardiologist in SLO County; but would like to open up discussions with other cardiologists to be able to expand access.)</i></p>		
<p>6. Health Agency / Public Health Report</p>	<p>Dr. Borenstein provided a brief report on the following:</p> <ul style="list-style-type: none"> ▪ Public Health Week was April 4-10 and in conjunction with that the Public Health Department and HEAL SLO sponsored Let’s Move SLO Month. As part of the campaign, community members were asked to commit to getting healthy by taking one or all 5 of the challenges on the HEAL SLO website at www.healslo.com. ▪ Low Income Health Program update: An effort began in September 2010 through a grant from Blue Shield Foundation, to plan for implementation of the State’s Medi-Cal waiver, allowing counties to utilize local dollars to match federal dollars to provide care to low income uninsured persons. Dr. Borenstein explained that an additional population will become eligible for Medicaid if the Patient Protection and Affordability Care Act (Federal Healthcare Reform) proceeds in January 2014 and the program they have been looking at would build a system that leads up toward that. They have gone through a number of iterations looking at whether the County may be able to partake in this program at least for the lowest income individuals, drawing down extra federal dollars and still retain the County’s obligation to higher income individuals under the existing CMSP program. They are working closely with CHC and other partners. ▪ Copies of the Community Health Status Report were distributed to Commissioners. This is an annual health indicators report that the Public Health Department puts out on the demographics of the county. She encouraged commissioners to review the report. Copies are available at www.slopublichealth.org. <i>(Commissioner Kirk asked about SLO County’s</i> 		

	<i>high overweight rate as compared to the state. Dr. Borenstein explained that SLO County rates are actually better than state, because even though SLO County has more in the overweight category they have less in the obese category.)</i>		
7. Health Commissioner Updates	<p>Commissioner Warren: No report. Commissioner Quinn: No report. Commissioner Arnold: Next meeting of HIV Care Consortium will be in July. Commissioner Kirk: No report. Commissioner Odell: No report. Commissioner Enns: No report. Commissioner Sage: The Domestic Violence Task Force met last month and set the date of October 13, 2011 for the training session for mandated reporters on recognizing the signs & symptoms of domestic violence. The 4-hour training will be held at the SLO Vet's Hall. Last year, SLO County had 1,000 domestic violence victims (involving 700 cases reported). Commissioner Raymond: The Adult Services Policy Council met on April 1st and Karen Jones from the Long Term Care Ombudsman Program talked about the budget & legislation in Sacramento and the fact that this year there has been more legislative action than ever before as far as the number of bills. Lee Collins, Department of Social Services also reported on the budget and what it means for health services.</p>		
8. Committee Reports	<p>Budget: No further report. Legislative: No report. Community Education: No report Nominating: Commissioner Arnold reported that the committee interviewed four very qualified candidates and recommended Tracy Del Rio to fill the consumer vacancy. Ms. Del Rio was present tonight and introduced herself. Commissioner Arnold made a motion that the commission recommend to the Board of Supervisors that they appoint Tracy Del Rio to serve as a consumer representative on the Health Commission. Motion seconded by Commissioner Odell; all in favor.</p>	<i>Motion made and approved recommending the appointment of Tracy Del Rio to the SLO County Health Commission.</i>	
9. Prospective Future Items	<p>May 2011:</p> <ul style="list-style-type: none"> ▪ Continue discussion on Budget for possible action ▪ Affordable Healthcare Act (<i>it was noted that this is a huge & complex topic and still being "sorted out."</i> Dr. Borenstein will provide an implementation schedule for some of the major aspects -- as a start on this topic.) ▪ Community Health Status Report – Questions & Answers. <p>Future Agenda Items:</p> <ul style="list-style-type: none"> ▪ Access to medical care in the community, including: <ul style="list-style-type: none"> -- data on # of physicians in the community -- update on Cuesta College training programs for nurses -- hospitals – what are they looking at when hiring medical personnel. ▪ Program on Methyl Iodide – Invite Roger Briggs/Ag Commissioner/Scientific Review committee representative(s). 		
10. Adjournment	Motion to adjourn at 8:15.	<i>Meeting adjourned</i>	