**SAN LUIS OBISPO COUNTY**
**HEALTH COMMISSION**
Minutes of Meeting
Monday, August 8, 2011 (County Board of Supervisors Chambers)

Members Present: Ed Guerena (Chair), Jesse Arnold, Tracy Del Rio, James Pope, Anne Quinn, Jean Raymond, Mary Jean Sage, Susan Warren
Members Absent: Lynn Enns, David Odell
Staff Present: Penny Borenstein, MD, Health Officer, Jean White
Speakers: Jeff Hamm (Health Agency Director); Eric Anderson, DVM (Animal Services Manager); Lisa Niesen, MA (Chief Deputy Public Guardian)

| Agenda Item | Discussion | Action | Who/When |
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| **1. Call to Order** | Meeting called to order by Chair Guerena at 6:00 p.m. | *Call to order* | *Chair Guerena* |
| **2. Approval of Minutes** | Minutes of the June 13, 2011 and July 11, 2011 meetings were approved as written. | *June 13, 2011 and July 11, 2011 minutes approved* | *Arnold/Raymond/ All* |
| **3. Public Comment** | **Kena Burke, Community Health Centers (CHC),** introduced herself in her new position as Executive Director of the CHC Foundation and the Community & Government Relations Officer for CHC. | | |
| **4. Overview of Health Agency Organization & Programs** | **Jeff Hamm, Health Agency Director,** provided a copy of the 2010 Staff Report to the Board of Supervisors on the County's Health Care Services Delivery System, and a copy of the Health Agency Organizational Chart. Mr. Hamm referred to the org chart, explaining that the Health Agency includes the Public Health Department, Behavioral Health Department, Administrative Unit, Animal Services, and Public Guardian. He offered to respond to questions on the materials that were distributed. He introduced Dr. Anderson to talk about the functions of the Animal Services Program and Lisa Niesen to talk about the functions of the Office of the Public Guardian and noted that he would provide a brief overview of Behavioral Health following their presentations.<br><br>**Dr. Eric Anderson, DVM, Animal Services Manager,** provided background on the Animal Services Division operational structure, explaining that in 2009, they were moved from the Sheriff's Department back into the Health Agency. He provided an organizational chart, showing their four units: Administrative/Clerical; Shelter Operations; Field Services; and Humane Education. He talked about their budget & funding sources, with a total budget of approximately 2.3 million dollars and funding sources coming from 21% general fund, 24% licenses & permits, 48% contract fees, & 17% service charges.<br><br>**Dr. Anderson** explained that Animal Services provides animal care and control services to the entire county, including incorporated cities. In unincorporated areas, livestock functions are assigned to the Sheriff's Office. He explained the functions of Field Services *(public safety, animal welfare, injured/ill/in danger animal rescues, animal nuisance, interagency assistance, rabies control & quarantine, licensing & commercial animal operation inspection, regulation & permitting*) and their Shelter Operations *(intake of stray/homeless animals, animal placement and adoption, emergency animal holding/custodial impounds, veterinary care, euthanasia & aftercare).* Dr. Anderson provided #'s for 2010 on their intake of stray/homeless animals, animal placement & adoption and showed a comparison chart of euthanasia since 1978. Dr. Anderson also explained what Animal Services does **not** do, including wildlife management, owned animal assistance and livestock. | | |

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| | **Commissioner Warren** asked for more information on how they work with cities on animal nuisance calls. *(Dr. Anderson explained that Animal Services contracts with all of the cities for animal control. Animal Services has officers in the field during daytime hours and on call officers after hours who will respond to emergency situations. Calls for nuisance issues after hours go to the police department where they are logged and reported to Animal Services the next day for an officer to do an analysis.)*<br>**Commissioner Warren** asked who to call if someone suspects a rabid animal. *(Persons should call Animal Services front line at 781-4400. Dr. Anderson explained that the incidence of domestic animals is low, but taken very seriously due to the consequences of an actual exposure. He also cautioned about contact with bats, skunks & raccoons.)*<br>**Commissioner Quinn** asked if Animal Services was subject to a 10% GF budget reduction this year. *(Dr. Anderson explained that Animal Services had a 5% reduction; and eliminated their voucher program. There was a ½ time Humane Educator position slated for layoff, but the position was funded through the rest of the year as a result of an agreement with the employee union.)*<br>**Commissioner Warren** asked about emergency animal holding/custodial impounds. *(Dr. Anderson provided an example of someone arrested for a DUI who had an animal with them, and Animal Services will hold onto the animal while that person is in custody. Another example is someone who passes away and has an animal, they will take the animal for a few days until next of kin can be contacted. This helps provide a temporary home for the animal, but is not a legal authority of exercise.)*<br>**Commissioner Warren** asked if next of kin are allowed to pick up an animal while someone is incarcerated *(Dr. Anderson explained it depends on the situation and is outlined in the Penal Code.)*<br>**Commissioner Del Rio** asked for definition of "publically owned dog" and if Animal Services takes care of law enforcement dogs. *(Dr. Anderson explained "publically owned" is an animal owned by a private individual. Canine units are owned by individual police departments and Animal Services does not deal directly with those.)*<br>**Commissioner Guerena** asked about Animal Services' role in testing birds for West Nile Virus (WNV). *(Dr. Anderson explained that analysis/evaluation for WNV is done through the State. When Animal Services receives reports of animals, they dispatch officers to pick up samples. Dr. Borenstein added that there haven't been any reports of positive birds this year, but advised there was a recent death from WNV in a human in Santa Barbara County, so it is still around.)*<br><br>**Lisa Niesen, MA, Chief Deputy Public Guardian,** explained the functions of the Office of Public Guardian, as a court-appointed conservator for those individuals in the community who are unable to provide for themselves in a proper way for their food, clothing or shelter. She explained the two types of conservatorships in the State of California – probate conservatorship and L.P.S. conservatorship. A probate conservatorship provides a way to manage property and/or provide for the personal care needs of a person who is unable to care for themselves either physically or mentally due to deficits they are experiencing. A probate conservatorship can be of the person only, the estate only, or the person and estate combined. A probate conservator does not have the authority to place his/her conservatee in a psychiatric treatment facility. An L.P.S. conservatorship is for a person who is gravely disabled (as the result of a mental disorder) and is unable to provide for his/her basic personal needs for food, clothing or shelter, and requires placement in a psychiatric facility to receive the treatment they need. An L.P.S. conservatorship may be of the person only, or of the person and estate, but not of the estate only. An L.P.S. conservator has the authority to place his/her conservatee in a psychiatric treatment facility. All L.P.S. cases must be referred by psychiatric treatment facilities. When a person is placed in a conservatorship, it means they are unable to manage their affairs, but does not mean that they are incompetent. Ms. Niesen explained that the County is very cautious for petitioning for medical | | |

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| | authority, which is a separate act.<br><br>**Ms. Niesen** also talked about their Payee Program, that serves individuals who have difficulty managing their financial affairs, but don't need the restrictions placed on them that a conservatorship would do. These individuals are managed by case managers in a non-profit or governmental agency and Public Guardian serves only as the receiver and disperser of their governmental funds which they are entitled to receive through Social Security.<br><br>**Commissioner Warren** asked about the average age in each of the programs they manage. *(Ms. Niesen advised L.P.S. conservatorship average age 18 to mid-60's, Representative Payee Program average age 18 to 50, Probate conservatorship average age 50 to 90.)*<br>**Commissioner Warren** asked how they assure persons in the Payee Program have adequate case management. *(Ms. Niesen stated that it is a requirement of the program that they are case managed and that their office has constant contact with the case manager.)*<br>**Commissioner Warren** asked about those that "fall through the cracks" (those persons that should have been in a facility). *(Ms Niesen explained that they only receive patients through the Office of Public Guardian who meet very specific criteria. She can't answer a question to those individuals who didn't meet the criteria. Their office works very closely with Mental Health, but only picks up cases after they go through a process.)*<br>**Commissioner Del Rio** asked for more clarification on conservatorships and incompetency. *(Ms. Niesen clarified that a conservatorship does not mean the person has been declared incompetent – incompetency is a separate issue and requires a separate court action. She also clarified that in SLO County, a separate petition would have to go to the court for medical authorities, whereas in some counties, those authorities are automatically granted upon a petition to court.)*<br>**Commissioner Del Rio** asked for example of someone unable to make a "personal choice." *(Ms. Niesen provided example of someone with dementia not having the capacity to make a personal choice for themselves. The majority of Public Guardian Probate cases are persons with dementia.)*<br>**Commissioner Warren** asked who people should call if they are concerned about someone. *(Ms. Niesen suggested calling Adult Protective Services who will do a welfare check. If Adult Protective Services believes it requires Public Guardian action, they will make a referral. Persons can also make a referral directly to the Office of Public Guardian and they will do an investigation, but they are not a first responder.)*<br>**Commissioner Arnold** asked if any of the people in the Payee Program were homeless *(yes, but only a few.)*<br>**Commissioner Warren** asked who case manages persons with drug & alcohol issues. *(Ms. Niesen noted that County Mental Health manages those cases, with services provided as well from Drug & Alcohol Services.)*<br><br>**Jeff Hamm, Health Agency Director**, referred to the Health Agency Organizational Chart and talked briefly about the Behavioral Health Division's four operational programs: Adult Services, Youth Services, Drug & Alcohol Services and the Mental Health Services Act (MHSA). He explained that under Behavioral Health, there is also an in-house quality assurance program (Performance & Quality Improvement) and a Medical Director of the Mental Health programs. He explained that Behavioral Health has a Mental Health Board and a Drug & Alcohol Advisory Board, who perform a similar roles as the Health Commission does on the Public Health side.<br><br>Mr. Hamm talked more in detail about the MHSA (1% income tax on Californians with incomes over one million dollars, that generated significant revenue for counties and required that funds be spent on new programs). He talked about the very strong anti-supplantation language in that proposition and very specific requirements around each of the components of the Act. The last of the components that is | | |

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| | being funded under the Act is called "innovation," and is intended to provide funding to the County to pass to other organizations on the research and development side of Behavioral Health Services, to come up with new innovative programs.<br><br>**Commissioner Arnold** asked for more specifics on the "trend" for use of funds coming in for MHSA. *(Mr. Hamm explained how the State Dept of Mental Health allocates funding to counties based on development of plans that occur at the local level. The State Dept of Mental Health has spent a lot of time developing regulations and guidance consistent with the language in the proposition. The funding is not a single allocation, it is an allocation for all of the various components. While less is being collected under that tax than when it was enacted, there is not a simple nexus between the amount that people pay and the amount that gets rolled back out to counties to be spent in the various components.)*<br>**Commissioner Warren** asked more about supplantation. *(Mr. Hamm clarified that the County has not supplanted, but explained some of the difficulties at the State administration level and the County level, with cuts being made to Mental Health programs, and MHSA funds growing.)*<br>**Commissioner Warren** *referred to the Organizational Chart and asked about the BHEHR (Behavioral Health Electronic Health Records). Mr. Hamm explained that one of the categories under the MHSA Act was "facilities/ technology support." They received a significant allocation for the replacement of the automation system for Behavioral Health (a 3 ½ million dollar project)*. **Commission Warren** asked if this was similar to what primary care offices and other clinics will be required to use. *(Dr. Borenstein advised that this is separate; explaining that as part of Federal Healthcare Reform, there was stimulus money that was put into rewarding providers for developing electronic health records ( not as a requirement; but as a financial incentive for providers to have these systems in place.)*<br>**Commissioner Quinn** asked if all this will change when the affordable Healthcare Act is fully enacted.. *(Mr. Hamm explained that if the Healthcare Act remains as written, it will have a tremendous effect on the County and CHC's role as the provider of services to the Medi-Cal population, turning CMSP indigent medical care enrollees back into Medi-Cal).* | | |
| **5. Health Agency / Public Health Report** | **Dr. Penny Borenstein, Health Officer, reported briefly on the following:**<br>▪ Marsha Bollinger, Division Manager for the Health Care Services Division, has retired and a new division manager has been hired and will begin on August 22. The Emergency Medical Services Agency (EMSA) was operating under the Health Care Services Division and is now reporting directly to Dr. Borenstein under an interim director. They plan to recruit for a permanent director in the near term and form a combined unit of PH emergency preparedness and emergency medical services.<br>▪ The Health Promotion /Obesity prevention unit in the Public Health Department successfully applied for and received a CDC designated graduate student to be placed as an associate within the health department for two years.<br>▪ Public Health received its first annual audit of the Title X funding (Title X Social Security Act – Family Planning Clinic) and received rave reviews.<br>▪ Public Health/Environmental Health Division responded to the Grand Jury Report related to the food inspection program. There were some good suggestions made (some already in process) that included a new improved website for EH with easier access to inspection reports, implementation of tier-based inspections, and changes made in scoring for repeat violations.<br>▪ The new state law requiring 7th through 12th grade students receive a Tdap booster dose (tetanus, diphtheria, pertussis) goes into effect with the start of school, as of July 1st. Public Health is gearing up to hold some special clinics (partnering with an outside agency), guesstimating as many as 5,000 children in the County will need the shot. There is a potential grace period for some schools. | | |

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| | **Commissioner Guerena** asked if there is a charge for the Tdap clinics. *(Dr. Borenstein explained Public Health charges a fee; but no one is ever turned away for inability to pay.)*<br>**Commissioner Sage** asked if the vaccine was available through the Vaccines for Children's Program *(Yes, Vaccines for Children is a federally sponsored program that most of the pediatric providers in the community participate in, where they receive free vaccine for uninsured or Medi-Cal children in exchange for meeting specific reporting requirements.)*<br>**Commissioner Sage** asked how the Tdap requirement is being monitored and what happens if the child does not receive the vaccine**.** *(Dr. Borenstein believes many schools in the district will allow a 30 day grace period before excluding a child from school; but the law states it is the school's responsibility to not allow admittance into the school if they do not show evidence of having received the vaccine.)*<br>**Commissioner Arnold** referred to the Public Health Organizational Chart and asked about "South County Communicable Disease" and "North County Reproductive Health." *(Dr. Borenstein explained that the Paso Robles Clinic is the only clinic providing family planning services. All three PH clinics do communicable disease work (outbreak investigations, immunizations, TB testing), but the supervisor of the Grover Beach clinic is the program manager for communicable disease.)*<br>**Commissioner Quinn** asked about the ongoing negotiations with CHC, and if the closure of the Cambria Clinic was still being considered. *(Mr. Hamm explained that closure of the clinic is technically still subject to negotiation because they haven't concluded negotiations with CHC, but they are hopeful that will not happen.)*<br>**Commissioner Quinn** asked if when the Board of Supervisors directed the Health Agency to continue negotiations with CHC, if they passed the Health Agency budget as recommended. *(Mr. Hamm explained that the Board adopted the budget with the level of funding as recommended, but CHC and the Health Agency are still negotiating an agreement both parties can agree to, with a goal of trying to reach an agreement acceptable to the County and CHC as close to that number as possible to minimize the risk of reductions to other programs).*<br>**Commissioner Arnold** asked about the duration of the contract**.** *(Mr. Hamm explained that is has been a rolling 5-year agreement since it started. The intent is for a multi-year agreement for a term at least until January 2014, subject to negotiations any time either of the parties has a problem with any of the terms.)*<br>**Commissioner Arnold** noted that when General Hospital closed, it was his understanding that the money saved would go to CHC to expand the clinic system and asked for the amount of expenditure on General Hospital the last year it was running**.** *(Mr. Hamm referred to a Grand Jury Report in approx. 2007 or 2008 where the Grand Jury did an analysis and concluded that the saving accrued to the County, even with the expanded care being provided, was appox. 3.5 million dollars.)*<br><br>**<u>Public Comment</u>:**<br>**Kena Burke, Community Health Centers,** noted that the County and CHC are still in contract negotiations and talked briefly about the clinic expansion by CHC that the County contract allowed for, expanding to areas where delivery of healthcare hadn't happened before -- Cambria & Morro Bay. She talked a bit about number of encounters in their clinics last year and offered to bring back a report to the commission about demographics. She noted CHC's concerns about the deficits in the general fund, especially as CHC is seeing an increase in the number of uninsured and number of people needing care. She suggested that everyone needs to come together and have a conversation, a public conversation, about addressing these needs. | | |
| **6. Health Commissioner Updates** | **Chair Guerena:** No report.<br>**Commissioner Pope:** No report.<br>**Commissioner Quinn:** No report.<br>**Commissioner Arnold:** Reported that Edie Kahn, Director of the AIDS Support Network and the Hep | | |

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| | C Project, talked about a new drug that can be used for Hep C, in conjunction with one of the existing drugs that will help raise the cure rate.<br>**Commissioner Warren:** No report.<br>**Commissioner Del Rio:** No report.<br>**Commissioner Sage:** No report.<br>**Commissioner Raymond:** Reported that the Adult Services Policy Council met in July and is working on putting together the Annual Report. ASPC Annual Reports and more information about the agencies involved can be found online at http://www.slocounty.ca.gov/ASPC. | | |
| **7. Committee Reports** | **Nominating Committee:** Commissioner Arnold brought forward the committee's recommendation for David Clous to fill the Consumer vacancy on the Health Commission. Mr. Clous' Health Commission application was forwarded to commissioners for review.<br><br>***Motion was made by Commissioner Arnold to approve the recommendation of David Clous and forward to the Board of Supervisors for final approval. Motion seconded by Commissioner Warren. Commissioner Sage asked for clarification on what might have been a typo in Mr. Clous application regarding the 10 hr per month commitment. (Commissioner Arnold confirmed that Mr. Clous was interviewed and is available to meet that commitment.) 9 commissioners in favor; 1 abstention-Commissioner Raymond.*** | *Motion made and approved for the appointment of David Clous to the Health Commission.* | |
| **8. Prospective Future Items** | ▪ Commissioner Guerena referred to a recent report from the CDC on hospital practices to support breastfeeding, that listed 10 criteria for successful breastfeeding. He suggested inviting our local hospitals to speak on whether they have adopted these evidence-based practices to support breastfeeding. He will email a copy of the report to commissioners for further discussion next month.<br>▪ Commissioner Warren suggested a program to receive information on community resources for substance abuse.<br>▪ Commissioner Raymond will email information to commissioners about the *SLO 2025 – Older Adult Symposium*, that will be scheduled sometime in the Fall of 2011. The symposium is designed to bring stakeholders together to explore long-term, critical issues around healthy aging in SLO County. She will be attending the next planning meeting on August 22 and will report further at next month's meeting, for possible presentation in October on senior health issues.<br><br>**September 2011**:<br>Kena Burke from CHC will provide an update on CHC clinic sites & demographics. Commissioner Sage asked Ms. Burke if data could be separated out for those patients who the County has an obligation to provide services and those persons who do not have insurance (and don't qualify for others). | | |
| **9. Adjournment** | Motion adjourned at 8:10 pm. | *Meeting adjourned* | |