

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, May 14, 2012 (County Board of Supervisors Chambers)

Members Present: Ed Guerena (Chair), Susan Warren (Vice-Chair), Lynn Enns (Secretary), Jesse Arnold, Gill Blonsley, David Clous, James Pope, Anne Quinn, Jean Raymond, Mary Jean Sage

Members Absent: Tracy Del Rio (excused)

Staff Present: Penny Borenstein, MD (Health Officer), Jean White (Recorder)

Speakers: Thomas Freese, PhD & Beth Rutkowski, MPH (UCLA Integrated Substance Abuse Programs); Stephen Hansen, MD (Prop 29)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Guerena at 6:00 p.m.	<i>Call to order</i>	<i>Chair Guerena</i>
2. Approval of Minutes	Minutes of April 9, 2012 were approved as written.	<i>Minutes approved</i>	<i>Sage/Arnold/All</i>
3. Public Comment	No public comment.		
4. Presentation: Integrating Behavioral Health into Primary Care	<p>Thomas Freese, Ph.D., Director of Training, and Beth Rutkowski, Associate Director of Training, UCLA Integrated Substance Abuse Programs, Pacific Southwest Addiction Technology Transfer Center, provided a Power Point overview of “Substance Use Disorders Treatment Under Health Reform” and talked about the integration of behavioral health into primary care and how those issues need to work together as we look toward implementation of the health reform laws. New policies outlined in the Affordable Care Act are likely to dramatically change how substance use disorders treatment is funded and the types of services that are reimbursable. Dr. Freese talked about the trends that set the context for health reform both nationally and locally to help understand why this legislation is important and the push toward integrated care, for both medical and social services. It is estimated that both in the Medi-Cal eligible and in the Health Insurance Exchange population, that about 40% of individuals will have a behavioral health condition that needs to be addressed. They are recommending that Behavioral Health providers begin to develop strategies now for reaching out and enrolling people in services.</p> <p>Dr. Freese explained that several states have implemented versions of health reform. California is implementing a version of health reform through the 1115 Waiver that will begin with a number of targeted counties and gradually roll out statewide. Massachusetts offers universal coverage for all residents; Vermont and Maine offer something more limited. For those states where implementation has begun and data has been collected, they are seeing a reduction in the number of people who are uninsured, but also seeing substance use disorder treatment admissions going up – more people are covered for those services and there is a commensurate increase in the number of people receiving services.</p> <p>One of the primary funding mechanisms currently for substance use services is the Substance Abuse Prevention & Treatment block grant. The block grant provides funds to each state based on the size of the population. As the funding changes under Health Reform, it will become a Medi-Cal funded service, so therefore agencies will have to set up systems to be able to bill individually for each service they provide.</p>		

	<p>A key partner in this endeavor will be the Federally Qualified Health Centers (FQHCs). FQHCs are currently looking at ways to add this service. Dr. Freese talked about the necessity in finding ways to collaborate and described ways of integrating these services, with the best way for all services in one place at one time provided by the same group of providers. He noted that Health IT is coming – everyone who is receiving funds through the Affordable Care Act will be required to have an electronic health record.</p> <p>He ended his presentation with a list of what will make Behavioral Health providers successful in a primary care setting that included being accessible, efficient, having the capacity to connect with other providers, focusing on episodic care needs/bundled payments, producing outcomes, engaging clients, helping clients self manage their wellness, and reducing the need for disruptive/high cost services. A copy of Dr. Freese Power Point presentation is on file with the record of this meeting.</p> <p><u>Commissioner Questions/Comments:</u></p> <p>Commissioner Arnold asked if tobacco falls under the substance use category. <i>(Dr. Freese explained that many of the substance use screeners do not include tobacco, but noted that a couple of studies indicate that if a person stops smoking at the same time they stop other substance abuse, they do better long term in treatment.)</i></p> <p>Commissioner Blonsley noted that the presentation addressed public health / nonprofit organizations, and asked about the commercial sector of healthcare and how that is integrated, particularly when we look at California and see the competition for dollars (15 billion negative according to the Governor.) <i>(Dr. Freese commented that they have done a lot less work with the private sector, with their efforts focused on understanding the public sector arm of this. He noted that laws, like the “Substance Use Parity Act” apply to everybody and all insurers are required, if they provide Mental Health services, to provide substance use services with exactly the same conditions.)</i></p> <p>Commissioner Blonsley added that there will be significant competition within the public health sector for those dollars going to “less sympathetic programs.” He also referred to one psychologist who suggested that sex addiction and gambling addiction will become part of this. <i>(Dr. Freese agreed that there are a number of issues that are not largely addressed and continue to need to be addressed, noting that there is at least movement with the Substance Use Mental Health Parity Act to bring this conversation to the floor in a meaningful way so it can be addressed through multiple channels. He will continue to work on his expertise in the private arena.)</i></p> <p>Commissioner Warren invited Dr. Freese and Kena Burke to talk about the public training presentations that are scheduled for tomorrow.</p> <p>Kena Burke, Community Health Centers, thanked Dr. Freese and Ms. Rutkowski. She explained that CHC is looking at a model called “The Patients and their Medical Home,” and have implemented this model at three clinics that are identified as high Medicare populations. She advised that tomorrow there will be a day long presentation by Dr. Freese and Ms. Rutkowski at the Atascadero Pavilion 9-4:30; no cost, lunch \$10.00 or on your own; and another training in the evening (6:30-8:00p) for physicians. The training will examine key components of federal legislation and how substance use disorders treatment practitioners can alter practices to improve patient care.</p>		
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5. Proposition 29: Tax On Cigarettes for Cancer Research

Chair Guerena introduced this topic -- being brought forward from last month to allow more time for review of the Proposition.
Stephen Hansen, M.D., Medical Association, was here tonight representing the health & charity of the Heart, Lung and Cancer Societies, who brought this issue forward. Dr. Hansen spoke passionately about Proposition 29, explaining how this Proposition supports cancer research, and will result in fewer new teen smokers and more people quitting. The American Cancer Society, the American Heart Association, & American Lung Association all support Proposition 29. He explained that the tobacco industry sees Proposition 29 as a threat to company profits and noted that over the last decade, big tobacco has spent 10 times as much marketing tobacco in California as the state spent on tobacco prevention. Tobacco companies spend \$656 million every year on marketing their products. California is one of only a few states that hasn't raised tobacco taxes. He asked for the Commission's endorsement of Proposition 29 and advised that the SLO City Council endorsed this Proposition 5-0.

Commissioner Clous referred to a comment made by the Taxpayer's Protection Alliance that says "the federal government already spends 6 billion dollars a year and asks why "piecemealing" at the state level instead of coordinating this at the national level." *(Dr. Hansen explained that taxpayer associations are fronted by some of the tobacco people and talked about how politics comes into play. Only one and a half percent of the National Cancer Institute's budget is spent on tobacco related research.)*

Commissioner Clous asked about another issue brought up about Proposition 29, in that it doesn't require that tax revenues be spent in California. *(Dr. Hansen explained that every place in the Act, it says "California," and explained why this Proposition is one of the most ethical propositions.)*

Commissioner Clous asked about the increased cost per carton of cigarettes leading to illegal behavior (smuggling). *(Dr. Hansen doesn't believe this is an issue, commenting that people buy cigarettes daily and don't drive to Nevada to buy a truckload. He also talked about the improved barcodes in California that cannot be duplicated.)*

Commissioner Blonsley asked about the structure of the legislation and why a separate board was created. *(Dr. Hansen explained that the funds from this initiative cannot be used by politicians and will not be part of the general fund. He talked about how legislation tried to take money away from Prop 99 for other things, which the courts did not allow because it was not the intent of the proposition, and they don't want that to happen.)*

Commissioner Raymond referred to comment made that 44% of smokers are mental health patients and asked how much of this will go to help people quit vs. research. *(Dr. Hansen talked about electronic health records and how this systemized approach to care will help with follow up and treatment.)*

Dr. Borenstein advised that there is good evidence that increased taxes lead to people quitting smoking. She also advised that the SLO County Medical Association unanimously passed their support of Proposition.

Public Comment:

Jason Reed, resident of City of San Luis Obispo, is a recovering smoker, who spoke in favor of Proposition 29. He advised that an increase in the cost of cigarettes gave him the "extra nudge" he needed in making the decision to quit smoking. He noted that there is room for further taxation that could further focus on treatment and is hopeful that California will continue to be progressive and continue to levy taxes for unhealthy behavior.

Motion passed to support Proposition 29

Warren/Enns 8 approve 2 oppose

	<p>Commissioner Warren made a motion to endorse Proposition 29. Motion seconded by Commissioner Enns. Discussion:</p> <p>Chair Guerena noted that even though this is another tax, it is money that will keep an estimated 228,000 fewer children from starting to smoke.</p> <p>Commissioner Quinn does not support Proposition 29 because 60% is going to research and 15% is going to building new research facilities (85%), She commented that children in Paso Robles are going to school 3 days per week for the month of May because they have no money to fund the schools. She believes this is social engineering through taxes and doesn't agree with that approach.</p> <p>Commissioner Blonsley is in favor of Proposition 29 and explained his reasons for asking questions tonight to create a more even handed, objective and broadbased identification of what the proposition was, but believes we as a community should diminish smoking to the extent we can in order to improve the overall health and well being of the community.</p> <p>Commissioner Arnold believes the priorities are backwards on this proposition and that it should be 75% prevention & cessation and a smaller amount for research. He directed attention to the President's Cancer Panel Report and working on adopting the Precautionary Principle to reduce the use of chemicals and environmental cancer risk.</p> <p>Commissioner Enns agreed that both sides of issues need to be presented, but is supportive of this Proposition because it is about health and the commission is not a fiscal agency. Smoking has been very clearly demonstrated to be an enormous health issue.</p> <p>Commissioner Pope is a strong advocate of taking action to minimize the amount of smoking done around him and will be voting in favor, although would prefer more money was going to prevention than research.</p> <p>Commissioners Warren, Enns, Guerena, Pope, Clous, Raymond, Sage, Blonsley voted in favor. Commissioners Quinn and Arnold opposed. Motion passed to support Proposition 29.</p>		
<p>6. Review of draft letter to the BOS regarding Excleron Oil Project</p>	<p>Chair Guerena introduced this topic by referring to copy of the draft letter from the Health Commission to the Board of Supervisors that was distributed to Commissioners for review. The letter was drafted by Commissioner Pope, who provided clarity on the technical points in the letter. The letter asks for more information on Napthenic oils that are anticipated to be produced, clarity on co-efficients that were used for the health risk assessment relative to type of gas and chemicals that will be in the oil field, that a produced water spill scenario be included, and acknowledgement that a diluent or thinning agent is being used and the potential for a spill. Commissioner Pope explained that the Health Commission sent a response to the EIR, but doesn't believe that these issues were adequately addressed. He asked for the commission's endorsement of the letter.</p> <p>A motion was made by Commissioner Arnold to approve the letter being sent to the Board of Supervisors. Motion was seconded by Commissioner Clous. All in favor.</p>	<p><i>Motion passed to approve letter regarding the Excleron Oil Project be sent to the Board of Supervisors.</i></p>	<p><i>Arnold/Clous/All</i></p>
<p>7. Health Agency / Public Health Report</p>	<p>Penny Borenstein, MD, Health Officer, provided an update on the following:</p> <ul style="list-style-type: none"> ▪ Budget: The County's Proposed Budget for Fiscal Year 2011-12 is available on the County's website. The Health Agency's reductions are primarily in the form of voluntary time off (approx. 60% of the target reduction). The remaining reductions are part-time positions (Public Guardian will be reduced by .50 accounting position; Nursing reduced by a .25 position; and Medical Therapy Unit (physical/occupational therapy for children with special healthcare needs) reduced by .25 position. It 		

	<p>is too soon to say how the Governor’s May Revise will affect the Public Health Department at the local level.</p> <ul style="list-style-type: none"> ▪ Copies of the 2011 Community Health Status Report were distributed to commissioners. Ann McDowell, Epidemiologist, will provide an overview of the report at a later date. ▪ Reported that 20-30 community leaders met last week to decide if our community will apply for the “Roadmap to Health” Robert Wood Johnson Foundation grant. This \$25,000 grant is really an award. It is an opportunity for communities to “shine light” on all they have done during the past 5 years in terms of bettering the health of the community. Communities are only allowed to submit 4 distinct policy or program elements for this recognition and the committee made hard choices among all the different things that were put on the table. Dr. Borenstein will share the proposal when it is completed. <p>Chair Guerena asked where the County stands with Pertussis. <i>(Dr. Borenstein explained that the number of cases are much lower than in 2010. The lower numbers can be attributed to the public education efforts in 2010 when cases were high, new vaccine requirements for middle school aged children, and the efforts on the part of obstetricians and pediatricians in making sure anyone who is going to be around infants (who are most at risk) is vaccinated.)</i></p> <p>Commissioner Blonsley asked about tracking of Shingles. <i>(Dr. Borenstein explained that Shingles is a reoccurrence of the chicken pox virus that lives inside all who have ever been infected and that this virus is not a reportable condition. The Zoster vaccine has now been recommended for ages 50 and up.)</i></p> <p>Commissioner Arnold referred to an editorial in the San Jose Mercury News about Mad Cow disease and asked Dr. Borenstein if she knew anything about the random mutation of this illness that was reported on. <i>(Dr. Borenstein was unfamiliar with the type of random mutation.)</i></p>		
<p>8. Health Commissioner Updates</p>	<p>Chair Guerena: Provided an update on HEAL SLO’s Healthy Communities Workgroup, who have been reviewing projects from the Planning Department from a health perspective. To date, the group has reviewed and endorsed 5 plans -- Caves Landing Trail, DeAnza Trail, Transfer of Development Credit Program, Olive Oil Processing, and Fiscalini Ranch Master Plan. The letters of endorsement and copies of the plans have been emailed to commissioners, as will all future plans that are reviewed by HEAL SLO’s workgroup.</p> <p>Commissioner Pope: No report.</p> <p>Commissioner Quinn: No report.</p> <p>Commissioner Arnold: Reported from the Hepatitis C Project and AIDS Support Network that there was a proclamation sponsored by Sam Blakeslee designating May as Viral Hepatitis Awareness Month.</p> <p>Commissioner Arnold: Reported that he and Commissioner Clous visited the CHC mobile clinic and that Commissioner Clous will report.</p> <p>Commissioner Warren: Asked where persons can get tested for Hep C. Dr. Borenstein commented on the very limited testing available since the loss of a grant and the program was eliminated.</p> <p>Commissioner Clous: Reported that he and Commissioner Arnold visited the CHC mobile health clinic on April 17. The mobile clinic serves seven locations in the Santa Maria area, Mon-Thurs, 9-5, and sees an average of 20 patients per day (mainly farm workers and migrant workers); most without insurance. CHC receives funding through public housing grants and migrant workers grants. Commissioners Arnold and Clous spent an hour with the doctors and nurses and found it very informative.</p> <p>Commissioner Arnold added to Commissioner Clous’ report that he asked how they handle patients</p>		

	<p>w/pesticide exposures. It was explained to him that the mobile clinic is the first point of contact and cannot diagnose pesticide exposures definitively; their main goal is to get patients into a primary care setting. It was also explained to him that farm workers are afraid to complain. He referred to one incident where a farm worker had been sprayed in the eye by a pesticide; the patient was sent to the hospital and the incident reported to the Ag Dept. After these cases are reported to the Ag Dept, it is unknown to CHC if there were any repercussions for the worker from the employer.</p> <p>Commissioner Enns: No report.</p> <p>Commissioner Warren: Reported that the Drug & Alcohol Advisory Board (D/A Board) will have a special presentation at their meeting this week on sexual addiction. Commissioner Warren invited Jason Reed to provide a further update from the D/A Board. Mr. Reed, Chair of the County D/A Board, added that May is Mental Health Awareness Month. This Thursday, at 12:00 noon, the D/A Board will be having a presentation from Stan Heddleson, licensed therapist, on sexual addiction treatment. The Board will also be deliberating on a position statement regarding countywide marijuana clinics. The meeting is being held at the Health Campus Annex. Community members are welcome.</p> <p>Commissioner Blonsley: No report.</p> <p>Commissioner Sage: No report.</p> <p>Commissioner Raymond: No report.</p>		
9. Committee Reports	<p>Nominating: Commissioner Arnold announced that the Health Commission is currently recruiting to fill an upcoming “consumer” vacancy on the commission. A press release has been sent to all media and the Nominating Committee hopes to interview candidates the first week in June.</p>		
10. Prospective Future Items	<p><u>Future Agenda Items</u></p> <ul style="list-style-type: none"> ▪ Commissioner Blonsley confirmed that the July Retreat/Planning session will include a review of Health Commission operational items. ▪ Commissioner Warren would like to bring back a follow up report on the public trainings that will be given by Dr. Freese and Ms. Rutkowski tomorrow. ▪ Commissioner Warren asked for an overview & discussion of the Community Health Status Report. 		
11. Adjournment	Motion to adjourn at 8:30.	<i>Meeting adjourned.</i>	<i>All</i>