

**County of San Luis Obispo
HEALTH COMMISSION**

Minutes of Meeting

Monday, February 4, 2008 (Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), Penny Chamousis, Deborah Donnelly, Ed Guereña, Pam Heatherington, Sara Horne, James Mase, M.D., Susan Warren
 Members Absent: Jan Hicks (excused), David Odell (excused), Robert Thielscher (excused)
 Staff Present: Jeff Hamm, Health Agency Director; Jean White (recorder)
 Speakers: Edie Kahn, David Kilburn (AIDS Support Network); Star Graber, PhD (Drug & Alcohol Services); Michael Axelrod (Project Amend); Carol Hatley (Housing Authority); Biz Steinberg (EOC); Susan Warren (North County Connection); Maria Fabula (Non-Profit Support Center); Mary Cota (EOC Health Care Access Program); Jody Smith (EOC Homeless Services)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Enns at 6:00 p.m.		
2. Approval of Minutes	Minutes of December 10, 2007 were approved as written.	<i>Horne/Heatherington</i>	Approved -all
3. Public Comment	<p>Jesse Arnold, Cambria, read Dr. Thomas’ “wish list of top 7 items” from the November 2007 Health Commission minutes. Mr. Arnold supports this “wish list of 7.” Mr. Arnold asks the commission to check with Dr. Thomas about forwarding the list to the Board of Supervisors. He hopes the commission will take this up as an action item for recommendation to the Board of Supervisors. <i>(Commissioners Heatherington & Enns discuss best way to proceed. Mr. Arnold suggests the commission agenda the list for discussion at their next meeting, with possible action to forward the list to the Board of Supervisors as is or receive added input from Dr. Thomas and others. He suggests items that call for legislation could be “spearheaded” by the legislative committee).</i></p> <p>Andy Luhan talks about the new social model residential detoxification project he is proposing in Atascadero, implementing a substance abuse treatment center, with the components of detoxification (a 36 bed recovery program) - Alta Oaks Recovery Center. They are a private, for-profit center that will have 24-hour staffing, including a medical director, nurses, and support staff. They are currently in the permitting process and excited about networking with other non-profit and public entities.</p> <p>Jackie Senstilsha (<i>sp?</i>) works with Mr. Luhan and expresses her enthusiasm about the project. She has been involved in this field for over 30 years. Their services will enhance other programs in the community, and are built to work with a variety of clients. They bring a range of support, opportunity and experience to the community.</p>		
4. SLO Hep C Project / California Hepatitis Alliance	Edie Kahn, Executive Director, AIDS Support Network and SLO Hep C Project , presents a Power Point overview of the SLO Hep C Project. She talks about what Hep C is, how it progresses, # of people infected, the services they provide, and the costly and difficult treatment that is available. In 2001, ASN received a 3-year grant from Cal Endowment to provide services to HCV positive people. Initial goal was to serve 200 people over 3 years, which they reached within the first year. Ms. Kahn talks about their successes and a new partnership with CHC – a vaccination program for Hep A &		

	<p>B. They have also started a Hep C support group at CMS. She applauds the County for the Syringe Exchange Program. Some of their challenges are lack of state and national funding, lapse in the Cal Endowment grant cycle funding, no local physicians initiating treatment, potential impact of early prison releases, under-reporting of Hep C by physicians, and the necessity (due to limited resources) to scale back staff time & services, including the availability of screening to high risk categories.</p> <p>David Kilburn, SLO Hep C Project / AIDS Support Network talks about the newly formed state advocacy group “California Hepatitis Alliance (CalHEP).” A representative from the SLO Hep C Project, along with other leaders in viral hepatitis were invited to serve on the steering committee. CalHEP focuses on sound public health policy and advocacy to improve California’s public health approach to liver wellness. They are in the process of forming five regional advocacy teams throughout the State for a shared common voice on changing public policy. He announced their first event “<i>HBV & HCV State Advocacy Day</i>” in Sacramento on March 12, 200. They are funded for this through a Cal Endowment Grant.</p>	<p><u>Handout:</u> <i>Flyer on “HBV & HCV State Advocacy Day” on Wednesday, March 12th in Sacramento</i></p>	
<p>5. SLO County Detoxification/ Treatment Services</p>	<p>Star Graber, PhD, SLO County Drug & Alcohol Services, provides a summary of the “<i>Report and Plan for Addressing Detoxification Needs of Substance User</i>” and a status report on “where they are and where they are going.” She defines detoxification and talks about the estimated need for detoxification in SLO County. She describes the three types of detoxification: Outpatient Detoxification, Social Model Residential Detoxification and Medical Detoxification.</p> <p>In January 2008, Drug & Alcohol Services began an outpatient detoxification pilot program, with three detoxification protocols: methamphetamine medical support, alcohol detoxification, and opiate detoxification (opiate to start in March). The pilot project is for 6 months and is funded with Proposition 36 and Drug Court dollars, and is limited to that population. Dr. Graber introduces Katie Dolezal, the nurse practitioner. A report on the outcomes and results will be published in the Fall of 2008.</p> <p>Dr. Graber provides an overview of the privately based social model residential detoxification services: Ocean View Rehabilitation in Morro Bay (<i>private, for-profit, 4 beds, 1 bed for detox; currently open</i>); Project Amend in San Luis Obispo for men (<i>private, non-profit, 4 beds for detox and 12 beds for residential treatment; in process of licensure</i>); Good Samaritan, Inc. (<i>6 bed social model detox as part of the North County Homeless Shelter Campus; timeline 2 years</i>); and the new project in Atascadero (<i>private, for-profit, including detox beds and residential treatment; in permitting process</i>). There are also private physicians who now can provide opiate detox.</p> <p>Dr. Graber also talks about their new collaborative partnership for social model residential detoxification beds. Drug & Alcohol Services has secured a facility through the Housing Authority to be used as transitional housing. If operating funding for detoxification staffing becomes available, this could be converted to social model detox</p>	<p><u>Handout:</u> <i>Report and Plan for Addressing Detoxification Needs of Substance Users</i></p> <p><i>Status Memo</i></p>	

with four beds. She introduces Biz Steinberg (EOC) and Carol Hatley (Housing Authority) to talk more about the collaboration.

Biz Steinberg, EOC, thanks the Health Commission and applauds their service to the County and the community. She thanks Dr. Graber and Drug & Alcohol Services for their efforts toward this new collaboration. She notes some of the challenges due to limited funding. It takes building on all the outpatient and social models, and working with all the non-profits to continue to build capacity. She notes that the Board of Supervisors prioritized this last year as one of their major goals. She encourages the Health Commission to continue to support these programs to enhance collaborations.

Carol Hatley, Housing Authority, thanks Dr. Graber for the education and information she provided on social model detox criteria and the needs in the community. The Housing Authority wanted to be a collaborative member of this project and was able to provide the housing. They were able to offer a 3 unit complex (with 2 bedrooms each) in a good location in SLO. Drug & Alcohol Services will provide the services. Dr. Graber adds that it will start as transitional housing, because there is not enough funding for 24-hour staffing, and then it could be converted. One of the largest hurdles in starting a social model detox is the facility. *(Commissioner Warren asked who their consumers would be. Clients will come from Drug & Alcohol Services. Commissioner Chamousis asks about transitional housing for those that were hospitalized. Dr. Graber explains that they are working with EOC to try to cover that gap.)*

Michael Axelrod, Project Amend, San Luis Obispo talks about some of the stumbling blocks that Project Amend experienced while transitioning from sober living to residential detox. After receiving a \$20,000 community development grant to help complete the project, Project Amend’s male-only, live-in, drug and alcohol detox facility is now in the process of getting permits for its alarm system. After obtaining these permits and clearance from the fire marshal, the project will undergo a review process by the State, which could take up to 120 days. The residential treatment facility will be in three phases: the first will include detox, the second is medically supervised social model detox for 30, 60, or 90 days and the third is a sober living program. Currently, the City has issued an 8-bed limit, with 4 beds designated for detox, although there is the manpower and physical capacity for 16 beds with up to 6 for detox.

(Commissioner Heatherington asks how treatment programs for the County compare to programs sponsored by Cottage Hospital in Santa Barbara. Dr. Graber answers they are similar, but SB has access to a hospital-based facility, if needed. Commissioner Chamousis asks how “need” is being tracked. Dr. Graber explains some of the tracking that is done and how each client is assessed on an acuity scale – level 1, 2, or 3 (residential detox).

Dan Gordon, Medical Director of Project Amend, introduces himself and answers a question from Commissioner Donnelly about how medical emergencies are addressed through social model detox. Project Amend will have 24-hour monitoring and

	<p>supervision of all people who are in their social model detox beds and he will be available on an on-call basis. They also hope to develop relationships with primary care physicians in the community. If someone has complex medical illnesses, they would be referred to their private physician or the ER, if necessary. Commissioner Warren adds that CHC have been a very big collaborator, as part of the “medical home.”</p> <p><i>(Commissioner Warren refers to a report on a program in Santa Barbara where Cottage Hospital hired an addiction specialist for the ERs. Dr. Gordon notes that many physicians in this County have shied away from becoming involved in a triage program, due to lack of resources in this County to send people to. Once some of these programs are in place, a program like that may be possible. Dr. Graber adds that due to their new location at the Health Campus, Drug & Alcohol Services is able to send staff down to the PUF unit to make an assessment for drug & alcohol problems, and to make a discharge and referral plan before they leave the psychiatric hospital. Commissioner Warren asks for more info on physicians who are now able to treat for opiates. Dr. Graber explains they are just now developing a list, there are 4 or 5 physicians that have been trained and certified. Commissioner Warren asks about detox services at the Jail. Dr. Graber explains there is medical staff at the Jail and they have opiate and alcohol protocols that they follow. Commissioner Heatherington asks if there are any women’s beds available. Dr. Graber explains that they need to locate funding, but one of the thoughts was the facility that Ms. Hatley talked about could be converted with 4 beds for women. Chair Enns asks about certification requirements for 24-hour staff. Dr. Graber explains that all staff in licensed facilities have to be certified as an Alcohol & Drug Counselor.)</i></p> <p>Susan Warren, Director, North County Connection in Atascadero and also serves on the board of the Cambria Connection, talks about the community-based resource recovery centers that are available, and notes that their services are different from other detox and treatment facilities. She introduces Carolyn Linden, from Lifestyles in Paso Robles, another community based resource recovery center. The community recovery centers provide support services that are free, anonymous and confidential. People can access these services without fear of the stigma and shame that often goes along with it. The centers provide ongoing support and help to get people pointed in the right direction to get healthy again. She emphasizes that the key is education and understanding. She explains that this is a disease of relapse. It is a difficult, life-long process that takes a lot of support. They work with the community to try to help educate and advocate. She notes that we are only beginning now to accept that this is a disease and is treatable. Their frustration in the past has been that they didn’t have the resources to refer to.</p> <p>Maria Fabula, Non-Profit Support Center, states that they are a non-profit organization that provides leadership, consulting, advocacy and resources for other non-profit organizations in Santa Barbara and San Luis Obispo Counties. They originally started with a grant from the James Irvine Foundation 13 years ago. They focus on four core areas for non-profit organizations: fund development, board effectiveness, management, and planning & leadership. They believe that non-profit organizations that practice these best practices will achieve mission success quickly. On April 1st,</p>	<p><u>Handout:</u> List of SLO County Detoxification and Treatment Resources</p>	
--	--	--	--

	<p>they will be opening their San Luis Obispo Resource Center, where they will offer trainings, access to 90,000 grant makers, and access to over 250 educational books and references. Website: www.nscsb.org. (Commissioner Warren “put in a plug”- that they just received a grant through Cal Poly to offer some volunteer management training and they are looking for a training for fund development for board members.)</p> <p>Chair Enns and Commissioner Heatherington applaud Commissioner Warren for all the advocacy and hard work she has done. They thank all the presenters.</p>		
<p>6. Health Care Access Program Update / Medically Fragile Homeless</p>	<p>Mary Cota, Patient Advocate, EOC Health Care Access Program, introduces herself and notes that this is her second year in the program. She hands out a copy of the Mid-Year Report and refers to the data showing that the population aged 22-64 continues to fall through the cracks, and that it is very challenging for them to find medical homes. Ms. Cota acknowledges all the exceptional services, people and leadership in the County and notes that collaboration and communication continues to improve and grow throughout the County. She praises the Santa Barbara Regional Authority for all they do and is thankful they will be here managing Medi-Cal, because she has referred many SLO residents to providers in Santa Barbara County.</p> <p>Jody Smith, EOC Director of Homeless Services, expresses her enthusiasm about the all of the innovative programs that are in place. She talks about their 10-year plan to address homelessness. They have a consulting firm who will be working with them, along with their partners, to put together the program. The Housing Authority has provided three small studio rooms, where people can be temporarily housed after being discharged from the hospital. Due to new laws that are being passed, the medically fragile cannot be discharged from the hospital without a safe place to recover. They are also working towards having a prevention & discharge committee. They don’t have a lot of money for their program and rely on Transitional Food & Shelter, small non-profits, and the generosity of the Homeless Commission that exists through the shelter. Currently, they are looking for 3 single beds, 2 small refrigerators, small microwaves, and small tables and chairs to furnish the 3 units. (Commissioner Heatherington suggests Cal Poly may have some small refrigerators available)</p>	<p><u>Handout:</u> <i>Mid-Year Report for 2007-2008 – Health Care Access Ombudsman Program</i></p>	
<p>7. Health Agency Director’s Report</p>	<p>Jeff Hamm, Health Agency Director reports:</p> <ul style="list-style-type: none"> ▪ The County has contracted with Craig McMillan, M.D., as Interim Health Officer. A contract with Dr. Thomas, as a back-up Health Officer, will go to the Board of Supervisors (BOS) tomorrow. ▪ Health Care Reform bill, sponsored by Assembly Speaker Nunez, and supported by the Governor, failed to make it out of the Senate Health Committee. ▪ CenCal Health, administering the Medi-Cal Program for Santa Barbara and San Luis Obispo Counties, will go live on March 1, 2008. Jeff Hamm is one of five appointees to the new CenCal Board. ▪ “Status Quo” budgets are due to the County Administrative Office (CAO) this Friday. The BOS held a special meeting on January 22nd and another will be held on February 19th to discuss the County’s current financial situation. There will also 		

	<p>be follow-up discussion to the special presentation made by the Sheriff, DA and Chief Probation Officer on the growing gang problem. The CAO forecasts a \$20 million dollar gap between the amount of funds it would take to sustain the current level of effort invested in programs countywide and the financing available to support it. BOS has directed all department heads to submit a proposed list of service level reductions that, if necessary, would be implemented to reduce the level of funding (for the Health Agency, approximately 4 million dollars). The list is being compiled and will be submitted to the CAO within the week. The list will include consequences of each service level reduction.</p> <p>There were questions and discussion about timelines and best ways for the commission to “weigh in” before any final decisions are made. Jeff Hamm suggests the commission may want to set aside time at each of the next few meetings to receive and review input. Jeff will provide the list of proposed service level reductions to the commission prior to their next meeting. (<i>Commissioner Heatherington emphasizes the Health Agency’s role as a “public safety department.”</i>)</p> <p>Public Comment: Jesse Arnold, Cambria, asks that an analysis be provided on the impacts of each proposed reduction. Jeff Hamm reiterates their goal to clearly articulate those.</p> <p>Eric Greening states that the February 19th special Board of Supervisor’s meeting is in follow up to the (3) law enforcement departments who presented a sense of urgency about the emerging gang problem in the County, and essentially, were making a case to be held harmless from the cuts that other departments have to make. He believes the Health Agency should be defined and treated as a public safety department. He also emphasizes the value of broadcasting Health Commission meetings and does not want to see this service eliminated.</p>		
<p>8. Health Commissioner Updates</p>	<p>Chair Enns:</p> <ul style="list-style-type: none"> ▪ Reports the Obesity Task Force had a joint meeting with HEAL SLO and it was conceptually agreed to merge in order to avoid duplication of services. There will be a coordinating committee meeting later this month. There is a meeting tomorrow with Cal Poly’s PR staff regarding the RFP for social marketing campaign. ▪ Chair Enns reports from the minutes of the December Tobacco Coalition meeting: <ol style="list-style-type: none"> 1) the Coalition sent out letters to legislators regarding contributions they received from “big tobacco” and Sam Blakeslee has “admirably” donated that money back to a local charity; 2) Local youth groups have been very active in promoting smokefree outdoor areas in Morro Bay and Atascadero. ASH was to go “smokefree” in October, but there was a loophole. Atascadero will probably lobby to override. 3) She applauds the Tobacco Coalition cessation program (Baby’s First Breath) for their high percentage “quit rate.” ▪ The Tobacco Coalition is putting together an educational material packet and is asking for letters of support for tobacco retail licensing. Chair Enns asks if there is 		

	<p>support from the commission tonight or if they would prefer to move to next month and invite Susan Hughes from Tobacco Control to talk more about the program. Commissioner Heatherington agrees with supporting it tonight - this is something the commission has been advocating for. Commissioner Donnelly is very supportive as well, and asks that the letter state specifically that the licensing fees be high enough to support enforcement of it.</p> <p><i>Motion made by Commissioner Heatherington to write a letter in support of Tobacco Retail Licensing, stating specifically that the fees collected cover the cost of enforcement. Seconded by Commissioner Horne. No further discussion. Motion passed unanimously (8-0).</i></p> <ul style="list-style-type: none"> ▪ Referred to a report forwarded to her by the Community Environmental Council in Santa Barbara regarding pharmaceutical disposal practices. Commissioner Guerena and Commissioner Heatherington borrowed the report to read. ▪ Attended the North County Connection Open House and commends Commissioner Warren (and others who spoke) for a great, “very moving” program. <p>Commissioner Donnelly: No report Commissioner Warren: Reports that Drug & Alcohol Board members have each been assigned a different program at Drug & Alcohol Services to gain more in-depth knowledge. (This follows a process that was done by the MH Board.) Commissioner Mase: No report Commissioner Horne: No report Commissioner Chamousis:</p> <ul style="list-style-type: none"> ▪ Refers to a flyer with information on the Senior Health and Fitness Expo scheduled for Saturday, 2/23, 8AM-12Noon at Alan Hancock College. ▪ Explains a model being that is being used with some success in long term assisted living facilities for providing psychiatric care to geriatric patients. ▪ Reports that members of ASPC are engaging in community based continuum of care by identifying resources and finding gaps of services within SLO County. <p>Commissioner Heatherington:</p> <ul style="list-style-type: none"> ▪ Reports she received a letter from Dr. Jane Fong advising that incorrect information was provided on domestic violence mandated reporting (at the November meeting). She asks that Dr. Jane Fong and Dr. Bonita Zisla be invited to a future meeting to discuss proper reporting requirements for therapists and physicians. ▪ Reports on the last Domestic Violence Task Force meeting: 1) discussion about the gaps that exist within the courts for domestic violence cases; 2) Domestic Violence Child Death Review team has started to meet; 3) Dr. Chasnoff and Jan Campbell went to Sacramento to present on perinatal exposure, which was very well received; 3) continuing to work with the Delta Project on educating high school students on appropriate behavior (in dating) and to provide resources. <p>Commissioner Guerena: No report</p>	<p><i>Motion passed in support of writing a letter of support for Tobacco Retail Licensing (Heatherington/Horne)</i></p>	<p><i>Approved - All</i></p>
--	---	--	------------------------------

9. Committee Reports	Committees have not met since last report.		
10. Prospective Future Items	<p><u>Next Meeting:</u></p> <ul style="list-style-type: none"> ▪ <i>Discussion of topic for Public Health Week</i> ▪ <i>HA Budget – List of Health Agency Potential Service Reductions</i> ▪ <i>Dr. Thomas’ Wish List of 7 Items</i> ▪ <i>Obesity Prevention Task Force Report</i> ▪ <i>“Unnatural Causes- Is Inequality Making Us Sick”– DVD Presentation (Dr. Thomas)</i> ▪ <i>Pesticide Task Force – Is it time to reconvene?</i> <p><u>Proposed topics for April 2008:</u></p> <ul style="list-style-type: none"> ▪ <i>Smart Growth</i> ▪ <i>Dr. Fong – Domestic Violence Mandated Reporting</i> <p><u>Public Comment</u> Eric Greening provides information on timelines and suggests April would be most effective time for Health Commission to review Smart Growth issues.</p>		
11. Adjournment	Motion to adjourn at 8:30 p.m.	<i>Heatherington/Chamousis</i>	Approved - all