

COAST LIFE SUPPORT DISTRICT

P.O. Box 1056, Gualala, CA 95445

Tel: (707) 884-1829 Fax: 884-9119

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

>>> 4:30 pm Monday, September 17, 2012 <<<

Bill Platt Training Center

Coast Life Support District Station

38901 Ocean Drive, Gualala, CA 95445

1. Call to Order Toedter
 2. Adoption of the Agenda
 3. Minutes Approval
 4. Privilege of the Floor – Public Comment
 5. Old Business – Information or Action
 - Final Budget Resolution 214 – Action
 - Community Healthcare Working Group Update
 6. New Business
 7. Reports
 - Treasurer
 - Board Officers – General
 - District Administrator
 - Write-offs Approval
 8. Other
 - General announcements
 9. Adjournment
- Scheduled Board of Director meetings (4:30 at Bill Platt Training Center unless otherwise noted): TBA



MINUTES OF THE MEETING OF THE
BOARD OF DIRECTORS
June 18th, 2012

Call to Order. President Tom Toedter called the meeting to order at 4:31 p.m. Present: Schwartz, Dodds, Combs, Klopfer (late), Chilton-Hauck, Rice.

Adoption of the Agenda. Director Rice moved, Director Dodds second to adopt the agenda. All ayes.

Approval of May 14th, 2012 Board Minutes. Director Schwartz moved, Director Dodds second, all ayes.

Privilege of the Floor: None

Old Business: Information or Action
FY 2010/2011 Audit Acceptance: Director Rice moved, Director Schwartz second, to accept the audit. All ayes.

Resolution 211 Adopting the Proposition 4 Appropriation Limit for the FY 2012/2013: Director Schwartz moved, Director Rice second, 6 ayes, 1 absent.

Resolution 212 Ordering an Election to be held and Requesting Consolidation with the November 6, 2012 General District Election: Director Schwartz moved, Director Combs second, 6 ayes, 1 absent.

Resolution 213 Resolution Authorizing Contracting for Urgent Medical Care Services with Redwood Coast Medical Services: Director Schwartz moved, Director Dodds second, all ayes.

Community Healthcare Working Group Update: Director Chilton-Hauck reported that two focus group meetings had been held, two are planned, and reports will be coming.

New Business:
Strategic Planning. Director Schwartz requested that the board begin to discuss goals at the next board meeting. All agreed.

District Administrator Annual Evaluation. President Toedter distributed to board members an information request for the District Administrator's evaluation, to be returned by the end of the week.

Reports:

- Treasurer's report: No Report
- District Administrator Foster's Report. See board packet.
- Ops. Mgr. Dilks report received.
- Business Mgr. Bold's May 2012 write-off report was approved. Director Schwartz moved, Director Combs second, all ayes.

Other:

- General Announcements
August 26th, CLSD Birthday Celebration!
- Board Meeting Schedule:
September 17th, 2012 4:30 p.m.

Adjournment. Director Schwartz moved for adjournment, Director Combs second, all ayes. Meeting adjourned at 6:06 pm.

Minutes approved:

Date

COAST LIFE SUPPORT DISTRICT

RESOLUTION No: 214

ADOPTION OF FINAL BUDGET FOR FISCAL YEAR 2013

WHEREAS, Coast Life Support District Board of Directors, Finance Committee and Staff have reviewed the current financial position for the past year, and

WHEREAS, the District has a need to maximize its revenues, including maintaining the benefit assessment special tax rates as approved by the voters for Emergency Medical Services, and

WHEREAS, the District has reviewed the Ambulance billing charges, in order to maximize revenue while maintaining rates consistent with medical cost inflation,

WHEREAS, the District will require the full assessment as authorized for Urgent Care services in order to fully fund the current contracts and provide adequate funds for development of any potential future after hours program and any other authorized use, and

WHEREAS, the District Board of Directors will approve any expenditures of Urgent Care funds in support of, but beyond current contracts, and

WHEREAS, Reserve funding must remain at prudent levels to support contingencies and capital replacement requirements, and

WHEREAS, Coast Life Support District anticipates Revenues of the following:

Sonoma County	\$457,426
Mendocino County	\$652,720
Ambulance Billings	\$570,382
Training Class Fees	\$4,500
Miscellaneous	<u>\$1,800</u>
Total Budgeted Revenue	\$1,687,278

WHEREAS, the following Expenditures will provide the resources necessary to meet the established objectives for the next Fiscal Year:

Ambulance Operations	\$1,127,075
District Administration & Overhead	\$56,421
Training Programs	\$18,000
Urgent Care Program	\$236,900
Interest & Depreciation	\$100,527
Reserve Fund Expense	<u>\$148,355</u>
Total Budgeted Expenditures	\$1,687,278

BE IT RESOLVED that the Board of Directors authorize its Officers, Administrator and Staff to make expenditures necessary to operate the Ambulance service and all Authorized programs,

BE IT FURTHER RESOLVED that the Board of Directors authorized the above amounts for the Coast Life Support District's Budget for Fiscal Year 2013.

The above resolution was introduced by Director Rice, who moved its adoption, seconded by Director Schwartz, and passed and adopted on this 17th day of September 2012 by the following roll call vote:

Directors:	Toedter	Aye
	Chilton Hauck	Aye
	Rice	Aye
	Schwartz	Aye
	Dodds	Aye
	Combs	Aye
	Klopper	Aye

Ayes: 7 Noes: 0 Abstain: 0 Absent: 0

WHEREUPON, the President declared the foregoing RESOLUTION 214 and SO ORDERED.

//signed//
Cynthia Chilton Hauck, Secretary

Estimated AHUC Reserve at 6/30/2012

FY	Revenue	Expense	Surplus
1998	176,471 (1)	153,834 (8)	22,637
1999	178,165	148,500 (4)	29,665
2000	179,859	148,500	31,359
2001	181,553	155,850 (5)	25,703
2002	183,247	155,850	27,397
2003	184,941	169,933	15,008
2004	186,635 (3)	184,266 (9)	2,369
2005	188,329	169,164	19,166
2006	190,023	184,583 (6)	5,440
2007	191,717	177,439	14,279
2008	193,411	178,313	15,098
2009	195,105	138,124	56,981
2010	196,799	63,954	132,845
2011	198,493	53,014 (7)	145,479
2012	198,493	71,780 (10)	<u>126,713</u>
			670,138
			747,993
			670,138
			77,855
			Total unallocated reserve
			AHUC
			EMS

- Notes:
- (1) Difference between tax revenue FY1997 vs 1998
 - (2) Per most recent NBD parcel count data
 - (3) Linear increase from FY1998 to 2011
 - (4) Initial RCMS 3-year contract
 - (5) Renewed RCMS contract
 - (6) From MD&A reports
 - (7) From QuickBooks
 - (8) Includes 10% of DA, plus costs related to RFP
 - (9) Includes 10% of DA
 - (10) Includes 20% of DA + 10% of Ops Mgr

Expenses		
Notes 4-7	Notes 8-10	Total
147,000	6,834	153,834
147,000	1,500	148,500
147,000	1,500	148,500
154,350	1,500	155,850
154,350	1,500	155,850
163,353	6,580	169,933
177,636	6,630	184,266
162,530	6,634	169,164
177,650	6,933	184,583
169,800	7,639	177,439
170,225	8,088	178,313
133,101	5,023	138,124
63,954	0	63,954
53,014	0	53,014

CLSD Preliminary Budget vs. Actual

FY2011-2012
\$ in 000's

EMS

	<u>Budget</u>	<u>Actual</u> <u>(unaudited)</u>	<u>Variance \$</u> <u>Fav / (Unfav)</u>	<u>Variance %</u>
Income				
Special Taxes	\$682.6	\$687.7	\$5.1	0.7%
Ambulance Income (net)	565.2	609.5	44.3	7.8%
Other	7.0	9.0	2.0	29.1%
	<u>1254.8</u>	<u>1306.2</u>	<u>51.4</u>	<u>4.1%</u>
Expenses				
Personnel	990.8	1013.5	(22.7)	-2.3%
Operations	123.2	115.1	8.1	6.6%
Overhead/Administration	62.6	70.0	(7.4)	-11.8%
Other	14.5	5.8	8.7	60.0%
Interest & depreciation	94.2	72.1	22.2	23.5%
	<u>1285.3</u>	<u>1276.4</u>	<u>8.9</u>	<u>0.7%</u>

Net EMS

	<u>(\$30.5)</u>	<u>\$29.8</u>	<u>\$60.3</u>
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AHUC

Income-Special Taxes	\$198.5	\$198.5	\$0.0	0.0%
Expenses	155.9	71.8	84.1	53.9%
Net AHUC	<u>\$42.6</u>	<u>\$126.7</u>	<u>\$84.1</u>	

COMBINED

	<u>\$12.1</u>	<u>\$156.5</u>	<u>\$144.4</u>
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**Coast Life Support District
District Administrator's Report
September 17th, 2012**

1. Finance.
 - a. Final Budget. Sonoma County requires a Final Budget passed by the board no later than the end of September. The Final Budget resolution for today's meeting is identical to the Preliminary Budget passed in May.
 - b. Audit. The audit team was here during the week of August 27th. The process was cordial and uneventful. We anticipate the final report by early February, in order to inform the FY13-14 budgeting process.
 - c. Election Cost. We finally received the election cost bill from Sonoma County. The total election cost was \$25,683 (Mendocino \$15,881; Sonoma \$9,802). The costs will be split evenly between the EMS program and the Urgent Care program.

2. Staffing. We have hired EMT Joe Peters to the BLS crew, and signed on EMT David Rice as a Volunteer EMT with the BLS crew. We have also hired Paramedic Sean Rogoff as a part-time paramedic. Sean comes to us from REACH, where he is a full-time special projects officer.

3. Medical Director. Beginning October 1, Dr. Tom Bertolli will become the Medical Director for Urgent Care Services. We require his position to continue the TeamHealth telephone triage service (he reviews all patient contacts) and to serve as our RCMS contact for Urgent Care quality assurance monitoring. We are seeking a Medical Director for EMS services who is a board-certified Emergency Room physician with experience in pre-hospital protocols and training.

4. Urgent Care Contract. The Urgent Care contract is in place and payments are sent to RCMS at the end of each service month. Everything is going smoothly. As of mid-August, RCMS had collected forty patient satisfaction surveys and are on track for one hundred by the end of the first quarter.

5. Elections. Five candidates have filed for four board positions at the November election: the four incumbent Directors and one new candidate, Mr. Will Randolph.

6. Logistics.
 - a. Ambulance purchase. I have signed a contract with Emergency Vehicle Group for a new ambulance to be delivered in about three months. The ambulance will be constructed on a Mercedes Sprint chassis with a diesel engine, resulting in an ambulance lighter than our Freightliners, with much better handling, ride, and fuel efficiency. The final cost, including a \$5K patient gurney, is \$128K.
 - b. Ambulance disposal. Once the new ambulance is fully operational, we will initiate disposal plans for the white Freightliner. Our primary option is the heavy vehicle and equipment auction service in Vallejo.
 - c. Disaster Planning & Operations. We hosted a second regional communications drill for HAM radio operators on June 20. The drill was coordinated by Mendocino County Office of Emergency Services, and will involve mostly healthcare facilities throughout the county. We had four HAM operators, including representatives from the Sonoma County Auxiliary Communications Service.

7. Call Volume

	OCT	NOV	DEC	JAN	Feb	Mar	APR	MAY	JUN	JUL	Aug	SEP
Calls	21	8	25	23	21	31	20	24	26	31	22	
Triaged	11	6	15	17	17	22	16	23	24	29	21	
ED Now	8	3	7	5	3	9	10	5	6	8	3	
UCC Visits										333	354	



COMMUNITY HEALTH WORKING GROUP

PROGRESS AND CHALLENGES BRIEFING

1

COMMUNITY HEALTH WORKING GROUP (CHWG)

Members:

- › CLSD: Scott Foster, Cynthia Chilton-Hauck (Co-Chair), Bev Dodds, Brent Klopfer
- › RCMS: Diane Agee, Alex Long, Don Kemp, Donna Yates-Johnson, Cynthia Daniels (Co-Chair)
- › Community Reps: Rich Perry, Thayer Walker
- › Great Group, Multiple Perspectives

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CHWG CHALLENGES



- › Ballot measure timelines
- › Urgent Care levels and estimated costs.
- › Data to determine proposal meets public approval.
- › RCMS 2013 *Community Needs Assessment*.
- › Urgent Care solution vs. long-term planning.
- › Community needs new medical facility.
- › Community education/campaign marketing.
- › CLSD Board approval of proposal.

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CHWG History



- › February 2009: RCMS stopped providing AHUC.
- › 2009 CHWG organized, consisting of members from CLSD, RCMS and Community
- › CHWG Original Focus:
 - Stroudwater Consultant
 - Long-term, as presented (10-15 years)
 - Critical Access Hospital (CAH)
- › Community pushback to no AHUC for 10+ years.

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CHWG History (Continued)



- } Responding to Community, CHWG added responsibility to develop a near-term solution for providing AHUC.
- } Measures B&C (April 2012): Joint effort by CHWG, CLSD, RCMS and community members to propose, promote and pass.
- } Success of Ballot Measures confirmed community support for both organizations and their services.
- } Reinforced advantages of shared vision between CLSD and RCMS, and community's willingness to support.

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Urgent and Emergency Care

- } RCMS is a Federally Qualified Health Center:
 - Receives federal funding focused on primary and preventive healthcare NOT urgent or emergency care.
 - Required to provide services to everyone, regardless of ability to pay.
 - Only rural clinic in Western U.S. allowed to accept ambulance transports.
 - Designated as interim stabilization and triage facility.
- } RCMS  emergency room, but does provide some services offered in an emergency room.

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Urgent and Emergency Care



- } Emergency Room Services:
 - Hospital access
 - Imaging (CT, MRI, X-ray, etc.)
 - Surgery Rooms
 - Complex Diagnostics
 - Lacerations, breaks, strokes, cardiac, illnesses
 - Holding beds and inpatient capabilities
 - Pharmacy
 - Blood supplies
 - Specialists

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Urgent, and Emergency Care



- } Urgent Care (RCMS):
 - RCMS Ambulance access
 - Rehydration
 - X-Ray
 - Pain management
 - Broken bones, casting
 - Lacerations
 - Serious colds, flu and other illnesses
 - Stabilization & triage (e.g., cardiac)
 - Diagnoses
 - Same day/urgent care appointments

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Urgent and Emergency Care

Why important?

- } From 1970s to 2009, RCMS offered AHUC at significant financial loss.
 - RCMS UC reimbursement rate capped at regular primary care visit rate.
 - Bad business strategy or response to community needs?
 - 1996 RCMS *Community Needs Assessment* communicated 97% support for AHUC.
 - 1997 Measure "O" assessed \$18/per parcel (\$36/household). Current rate today. 10¢ /Day.

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CHWG Focus Groups

- } June-July 2012, conducted by Jim Carruthers
- } Consistent Results:
 - Expanded hours for Urgent Care desired.
 - Breadth of services, rather than depth.
 - Largely unaware of differences between primary, urgent and emergency care.
 - Reasonable expectations for available medical services, considering rural area.
 - For most, consideration of medical services availability was not a factor in decision to live here.
 - 39 Focus Group participants: Representative?
 - Strong trust of both CLSD and RCMS.



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CHALLENGE #1: Timeline April 2014 Ballot Measure



- } Pros:
 - *Community Needs Assessment* completed and available.
 - Extra time for careful strategizing and marketing.
 - Extra time to educate community.
 - Explore long-term planning ideas.
 - Possibility to present voters with both UC proposal and a long-term vision.
 - If proposed and passed, in place 7/1/2014
- } Cons:
 - 5 ½ years without extended Urgent Care

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CHALLENGE #2: Hours & Costs Urgent Care Levels and Considerations

- } CLSD/RCMS sharing UC responsibility.
- } RCMS: 24x7, 12x7, 10x7, 10x5, no Urgent Care.
- } Required Skill Set: Urgent/Emergency skills.
- } Lower pay scale than metropolitan areas.
- } Availability of affordable housing.
- } Community expectations for joint effort.
- } After hours Visits: 465 (1.3/day)
- } CLSD Transports: 385 (1.08/day)



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CHALLENGE #2: Hours & Costs

Option #1: CLSD Assumes Urgent Care

- } Pros:
 - Control of services and tax allocations.
- } Cons:
 - Extremely expensive.
 - Requires new facility, licensing, staffing, benefits, insurance, certification, etc.
 - Duplication of services.



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CHALLENGE #2: Hours & Costs

Option #2: RCMS 24x7

- } Requires 3 teams of providers
- } Projected Loss:
 - \$1.4 million
- } Pros:
 - 24-Hour coverage
 - Patient stabilization.
- } Parcel Tax:
 - } \$270/ household (\$234 increase)
- } Cons:
 - Most expensive RCMS option.
 - Harder sell to voters?
 - Skill set availability.
- } Per Day: 74¢
- } Inflation: 3% 5-Year

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CHALLENGE #2: Hours & Costs

Option #3: RCMS 12x7

- } Two provider teams.
- } Projected Loss:
 - \$650,000
- } Pros:
 - Less expensive
 - 7-Day, 12-Hours
- } Parcel Tax:
 - } \$126/Household (\$90 increase)
- } Cons:
 - 12 hours/day without UC coverage.
 - Skill set availability.
- } Per Day: 35¢
- } Inflation: 3 % 5-Years

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CHALLENGE #2: Hours & Costs

Option #4: RCMS 10x7

- } Two provider teams.
- } Projected Loss:
 - \$527,000
- } Pros:
 - Seven day coverage.
 - Less expensive.
- } Parcel Tax:
 - } \$90/Household (\$54 increase)
- } Cons:
 - 14-Hours per day without UC coverage.
 - Skill set availability.
- } Per Day: 25¢
- } Inflation: 3% 5-Year

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CHALLENGE #2: Hours & Costs

Option #5: RCMS 10x5 (Current)

- } One provider team.
- } Projected Loss:
 - \$330,000
- } Pros:
 - Less expensive
- } Cons:
 - Unsustainable.
 - Tax increase required.
 - Does not respond to community's need for 7-day UC.
- } Parcel Tax:
 - } \$72/household
 - } (\$36 increase)
- } Per Day: 20¢
- } Inflation: 3 %
5-Year

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CHALLENGE #2: Hours & Costs

Option #6: RCMS: No Urgent Care

- } Eliminates UC & Staff
- } Projected Costs:
- } Pros:
 - ?????
- } Cons:
 - Unmet community needs.
 - Financial consequences community/individuals.
 - Burden CLSD transport?



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CHALLENGE #3:

Data to Determine Community Support

- } Focus Groups: Representative of Community?
- } *RCMS Community Needs Assessment* (1000+ residents to be surveyed).
- } Meetings and Presentations.
- } Utilize accumulated data to determine what community wants and will financially support, to assist CLSD in the decision to approve or reject a ballot measure proposal.

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CHALLENGE #4:

UC Solution and Long-Term Planning Considerations

- } UC solution is a step, not an end.
- } Healthcare Reform: Unpredictable.
- } Avoid frequent returns to taxpayers.
- } Long-term planning ideas being considered (3-8 years):
 - New Community Medical Facility
 - CAH/Hospital Partner
 - Merger
 - Shared Services
 - Other partnering options
- } Can a April 2014 Ballot Measure address a longer-term planning vision?



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CHALLENGE #5: Community Education/Campaign Marketing

- › Primary and Preventive Care vs. Urgent and Emergency Care.
- › Understanding allocation of tax dollars for Ambulance and Urgent Care services.
- › Costs and challenges in providing services.
- › Urgent Care and Ambulance services are not free.
- › What does community want and what are they willing to support?
- › CLSD, RCMS and Community can accomplish more together than individually.



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CHALLENGE #6: CLSD Board Approval



- › CLSD Board is final arbiter for any CHWG proposal.
- › CHWG proposal must reflect the community's needs and willingness to support.
- › COLLABORATIVE effort is essential.
- › RCMS and CLSD want the same thing: to provide quality medical services to the community.

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