

FRIDAY EVENING – SESSION 1

SKIP: I think we should go ahead and start our kickoff session for this spring's Health Care Crisis Initiative Conference. I've been delighted both to find the speakers are already here and there's already networking dialogue going on among people so we're already off and running right on course. I just want to take literally two minutes to give you just a moment of perspective. First of all, there are four main pieces of writing that you may want to take a look at, and I assume you probably either got them when you came in or you'll pick them up before you leave. The first is the calendar for the whole conference. It's called the Conference Agenda – Final. And on the back cover of that is all the people who worked together to bring this about. The second one comes from George Flores, M.D. and Masters in Public Health, who at the last minute was called to Canada by a group that he does serious consulting for, the California Endowment. He really wanted to be with us and he decided since he couldn't be here in the flesh that he would write a brief piece telling you what he's really thinking about, and his piece, "Alleviate the Downstream Health Care Crisis with Upstream Health Action." It's very provocative, I recommend it highly. If you don't have it you'll want to get a copy. The third piece is something that we've been talking about for some time but the crisis has become so serious and the health care costs and health care inflationary angle is so bad that several of us have been working on developing a more systematic list of the things we can do to fight back, the kind of content elements of how you can deliver higher quality health care while moderating costs. And so Possible Vehicles for Humane Forms of health costs Containment is at the door. I recommend it to you. I also want to mention that this is a work in progress and we'll be glad to take comments and suggestions, citations from the literature, other community groups that are working this frame that are working on particular elements, we would like to know about them and honor them. You can get to be on that. All of this is going up on the Initiatives Web site that is listed somewhere in your program. And finally, this chart is an outline of what seemed to be primary stakeholder groups within the county, all of which or all of whom are very impacted by the crisis and need to be working together. There have been many ways in which that work has begun and five people are going to talk about, for the next little less than an hour, wonderful case studies of the way this is actually being done successfully in the county. And I could go into rave comments about each of the five speakers, but their brief backgrounds are on your agenda and with no mor ado, I'd like to ask Cathy to come and kick us off here. And I think this is an hour for applause both figuratively and literally for fine work that's going here in the county.

CATHY FREY: Well, Skip, when I said I'd do this, I said what should I talk about? And he said, let's talk about celebrating successes. And I'm going to talk to you about how coalitions of coalitions – which is kind of an esoteric kind of thought – can really come together and do some really wonderful things in Sonoma County. What I'm going to focus on is on children's health insurance because there has been exciting efforts in Sonoma County around the issue of trying to insure every child in this county, and it's been going on since 1998. And a lot of people don't realize that. And it's really a wonderful effort that is kind of the result of – how should I say it – some really strong and long histories of collaboration between a number of public and private organizations. I'm from Redwood Community Health Coalition. For those of you who aren't familiar, Redwood Community Health Coalition is a coalition of safety net providers. Basically, those are the community clinics in the county, community health centers, it also includes some of our hospital districts, some of our hospital outpatient centers and clinics, it includes the Sonoma County Department of Health Services. Our public partners are obviously Sonoma County

Department of Public Health and the Department of Health Services. We also have great support as part of this coalition of coalitions with private doctors and a number of other smaller hospital districts including Petaluma Health Care District, Healdsburg and Palm Drive.

So where does this story start? I said it started in 1998 with the formation of the Children's Health Insurance Collaborative, fondly referred to as the CHIC collaborative, and basically that was a group that formed together as the result of a grant that Sonoma County got to do some concerted enrollment and outreach for Healthy Families and Medi-Cal. For those of you who may not know, in 1998 that was the beginning of the Healthy Families program here in California. Healthy Families is a state-federal program that provides health insurance, not just medical but also vision and dental, to low-income children and it has an incredibly low premium and is a wonderful product for that group. Also Medi-Cal for Children is another wonderful option and a lot of people don't realize their children are actually eligible for Medi-Cal for Children. And this CHIC collaborative starting in 1998 really did try to do some great enrollment. And they did. Sonoma County was fourth in the state for enrollment both into health insurance in Healthy Families and Medi-Cal for Children. It was a wonderful, wonderful project. Unfortunately, grant funding goes away – as we all learn. But that didn't stop the process. And the process continued with the formation of the Children's Health Care Access Coalition, which is CHAC. And that then took folks that were part of this one coalition of application assisters and organizations that were dedicated to continuing this effort, including the Sonoma County Department of Health Services. And we continued to meet starting in 2001, I believe, as part of CHAC, to really look at grassroots kind of strategies on how we can continue to keep this momentum running, how can we continue to do outreach with children and families and make sure that their families know that they were eligible for health insurance. Also at that time came this little idea of what was happening in other counties in California, particularly Santa Clara, San Francisco, Sacramento, where there were really concerted efforts, county-supported efforts, to do what's called a Children's Health Initiative. And back in 2001, Sonoma County, we weren't quite there but we were certainly talking about it and is that something we could do here. The story continues when also in 2001, the Sonoma Health Alliance formed, and that was another public-private partnership with lots of representation from providers and hospitals, employers, interested citizens, again, looking at the whole issue of the health care delivery system in Sonoma County and could we make changes, what could we do to make this system healthier. One of the subcommittees of the Sonoma Health Alliance was the Equal Access Committee. And what the Equal Access Committee decided to take on as their charge was this idea of children and how can we insure every uninsured child in Sonoma County. So you had a CHAC group which was a coalition of coalitions within itself, and you had the Sonoma County Alliance's Equal Access Committee.

Long about 2002, it's like we're all working on the same thing. We should be working on this together as opposed to working on it individually. And what came out of that was kind of this converging of these two groups into something fondly referred to as the Collaborative Work Group on Children's Health Insurance, and it's amazing after a long day that I can still remember all of these names. That collaborative really now became a real focused group of folks looking at the whole issue of children's health insurance. Along the same timeline, the CHAC, and lead by the phenomenal efforts of Family Action of Sonoma County and the staff there, released a report that some of you may have seen about the uninsured children here in Sonoma County. There are roughly 112,000 children in the county, about 8,000 of those children are uninsured. We also

know that of that 8,000, about 5,200 probably are eligible for a Healthy Families program or Medi-Cal program but they don't know that they are eligible, they have fear that if they're undocumented that they're not eligible. Some programs are eligible for undocumented folks. Income eligibility kinds of things are very confusing. When Healthy Families first came out, it was a 47-page document to apply. They've now changed it to 4 but it was ridiculous. So we have this report, we have two groups that have come together as one to really focus on children's health insurance. And we were able to secure some funding from the California Endowment to fund a feasibility study, and what that also brought us was Bobbie Wunch (?) into this picture. Bobbie Wunch of Pacific Health Consulting Group has shepherded every single county who's done a children's health initiative through the process. She's a phenomenally educated, well known individual and she was wonderful and still is wonderful to work with, because we're still working with her. But this feasibility study provided us with a really good chance to look at the county, to look at what it is about Sonoma County that isn't like all the other counties that have done a children's health initiative, to look at our demographics and our population and to come up with some strategies of what we can do about it. As part of that process we've also received funding from the Sonoma County Children's and Family First Commission to continue the development of this process, and the Sonoma Health Alliance, which is still one of the members of the coalition of coalitions, received dollars from the California Health Care Foundation's Step by Step Project to continue the development of this project.

Where we are today is pretty exciting. We are at the forefront of really implementing a children's health initiative here in Sonoma County, and a children's health initiative really is two basic pieces to it. It's insuring the children who are eligible for programs and projects that are out there, such as Healthy Families and Medi-Cal, that we enroll those children in those programs and we help keep them retained in those programs, that they don't drop off. The other piece of a children's health initiative is really looking at, for those children who may not be eligible for one of those products, what can we do to develop a product, to work with a current health insurance plan, to buy premiums? Those are the two pieces of this children's health initiative. And it's starting in its roll down the road phases. Certainly the Sonoma County Board of Supervisors gave their blessing to it back in January. There's a steering committee that's been formed with some incredible phenomenal folks to sit on there and provide guidance on how this project will roll out. There's an anticipation of a November 2004 rollout for a Children's Health Initiative. But the activities of enrolling children in Healthy Families and Medi-Cal continue today. We haven't stopped. We're still really concentrating efforts on trying to get the word out to families that your child is probably eligible for Healthy Families or Medi-Cal for Children or Kaiser or California Kids. There are so many options that are out there. We're just trying to get the word out to do that. And our coalition, Redwood Community Health Coalition, has a rather substantial grant from the California Endowment, a 3-year grant, to actually target on enrollment and retention efforts in a 4-county area. What I failed to mention is, our coalition, Redwood Community Health Coalition, doesn't just represent community clinics here in Sonoma County but also in Napa, Marin and Yolo Counties as well. So we're multi-county and we're really concentrating our outreach efforts there. Our coalition also has funding from the United Way's Success by Six program to do business outreach. And that's an area where we really are trying to step up our efforts because businesses don't realize that many of their employees, their families are eligible for Healthy Families, and we need to get the word out about that, and we're working to do that in a real concerted way.

So it's a really exciting time, after so many years of being part of planning processes, to start seeing something come, a light at the end of the tunnel, is very exciting. But along with that excitement, there are challenges that we still need to face. And the biggest one is looming in Sacramento right now with the proposed cap to Healthy Families program. If the governor's proposal does go through and Healthy Families is capped, that would be a real detriment to any of our efforts to really try and enroll children in the Healthy Families program. So that's a real concern to us. Another huge concern, and something that's more of a philosophical question and the answer to it is still out there I'm sure, having an insurance card does not mean you have access to health care. And I'm going to use dental as a perfect example. Healthy Families has a wonderful dental product. Children can get wonderful dental services. And yet there are maybe one or two dentists in this entire county who will accept that insurance. It doesn't make sense – if you don't have the providers to provide the services, having the card that gets you the services really doesn't make any difference. In terms of health care, private providers are leaving this county in droves. The community clinics and the community health centers are still there seeing patients and they have an obligation to continue seeing patients regardless of their ability to pay. That's a mandate from the federal government to these community clinics and health centers. Specialty care is a huge issue for children. Again, having an insurance card that says, I have Health Net through Healthy Families and I can see a specialist, doesn't mean that a child is going to get an appointment with a specialist because there aren't any who may be in the county willing to take that insurance. So those are our challenges. We're not stopping. I think it's continued to be a real exciting time and basically it's just to stay tuned because I think the best is yet to come. Thank you.

SKIP: Georgia Berland is going to be the next up and I think you can already see the trend here. Just a moment before I put Georgia on, I believe that Emmy Morgan is here. Could you say a word about the nomination? Emmy is a representative of our national Representative, Lynn Woolsey. She will speak to you for just a moment.

EMMY: Thank you. I'm glad to be here tonight because Lynn is in DC and I'm basically her eyes and ears in the district. Since this is a night to applaud, I just wanted to let everyone know, recently the Congresswoman was given an opportunity to nominate someone for a Stars in Action Award, which is a part of Cover the Uninsured Week coming up. This was supposed to be someone who has worked in the community to help uninsured people. Well, that was just a dilemma because when we're talking about CHAC, the Children's Healthcare Access Coalition, there are a number of people who work tirelessly. There's a core group who just move mountains. So she decided she could not choose a star out of such a visionary constellation, so the Congresswoman nominated CHAC for that award.

SKIP: I think you'll find this group of five is just outrageously good. And Georgia is someone since I moved up to Sonoma County, it's like I see Georgia everywhere. She's just working on this and working on that and making things happen and doing impossible things. Let me mention one other thing to you, and that is I want you to be aware that we just worked out the recording of tonight and tomorrow morning of the conference, so we're actually going to have CDs available and the UC President's Office is so interested in what the conference is doing that they're at least considering paying for the transcription of the audio, and there's a possibility we'll be able to turn the audio, which is digitally recorded, into streaming audio on our Web site so other people easily who haven't been able to come to the meeting will be able to get it that

way. If any of you are interested, by the way, there's a form outside where you can sign up to get CDs of different sessions you may be interested in if you'd like. Without further ado, I'd just like to ask the speakers, if we can go at about 8 minutes apiece, more or less, that will bring us on 8 o'clock in an even kind of way. Georgia.

GEORGIA: Thanks, Skip, I appreciate the introduction. And from the people that I know in this room, there are a lot of us here doing extremely impossible things and doing them well. And I'm here to tell you about a few of them that are happening here in Sonoma County, some very successful collaborations that are underway here in the health care field or related to the health care field – in 8 minutes. We're going to start with the Frequent Users of Health Services Initiative. And this is a planning project that's been funded by the California Endowment and has been going for about a year. And the idea is to reduce the inappropriate use of emergency departments in Sonoma County, starting with Santa Rosa. And Sutter and Memorial Hospitals and mental health and public health and drug abuse and alcoholism services, homeless services – a large group of public and private folks have been meeting together for a year, collecting data on who is using the emergency rooms, why they are using them, and particularly for people who go to the emergency room more than five times in a year, what their reasons are and how to find them more appropriate treatment. We are in the process – in fact, this afternoon, the grant proposal for implementation of a project to now address that overuse of the emergency room was submitted to the California Endowment for funding. And we think we have a really good chance of being funded. There are 12 proposals going in and five are going to be funded in the state, and six out of the 12 have had this year-long planning process, and we think we have a very strong proposal.

Let me tell you a little bit of what we've found out about inappropriate use in the emergency departments. For one thing, we all know it's extremely expensive. We've had as many as 75 visits from one person in a year, and that's not terribly unusual. It goes down then into the 50s and 60s. It can cost up to, of that top 13 that we studied, it cost up to \$101,560 for one person to be treated, to use the emergency department as their primary health care. Many of the frequent users of emergency departments have mental health, drug abuse, alcohol or housing issues, or all of the above. In many cases, all of those. For people with five or more visits, we're finding the top primary diagnoses are back disorder – which doesn't surprise me if there are a lot of people on the streets on their feet, no place to sleep or sleeping on the sidewalk, back disorders would be pretty common; migraines – symptoms involving head and neck, and these are the symptom categories of the hospitals; other abdomen pelvis symptoms; sprain of the back and neck; cellulitis or abscess; asthma, respiratory system or chest symptoms; and what they call general or other or administrative social admissions, which is basically they needed a warm place to be out of the cold or out of the rain.

We believe what we're going to try to do is an integrative case management system. Many of these people don't lack case management. They have four or five case managers – somebody in substance abuse, somebody in mental health, somebody in homelessness, somebody in human services, and somebody in health. And they're all giving them conflicting information. And so what we're trying to do is create an integrated system where there are case management teams that are working together and focusing their collective energy on finding the most appropriate solution for each client. And we really believe that's going to be a successful approach. There are going to be patient advocates in the two Sutter and Memorial emergency rooms. And the Sisters

of St. Joseph Memorial Hospital Emergency Department and Community Benefit Division are going to be the lead agency on this proposal. They've stepped forward and took the ball. It was bouncing a bit in terms of who was going to take this project on and we really appreciate their stepping forward to do it and have a lot of confidence that it's going to be an excellent project. We're also going to continue our collaborative as a way to monitor and support and keep the project on track and making sure that it's meeting all the needs in the community. So we're excited about it and we will know, probably in a few months, how things are going on that proposal.

But just bringing all of those agencies together – ambulance services, hospitals, homeless services, disability services – I've been working in this county and doing collaborations, including things like founding the food bank and the family support center and a lot of other projects that were collaboratively founded in this county when I worked at the Human Services Commission. But this particular complex of people is really new to come together and focus on the problems all together. And so I think the whole concept of bringing everybody to the table together in itself is going to have benefits over and above any funding or any particular project that we could pursue.

I'm going to tell you briefly about a couple of other projects that we have in the works. One is Health Care for the Homeless. We brought together a smaller collaborative and we will be applying for funds from the Bureau of Primary Health Care to establish a clinic in Santa Rosa at the Family Support Center which is at the old Santa Rosa General Hospital downtown, specifically for homeless people. And it would be a full service clinic. It would expand the part-time clinic that's currently offered there at the Catholic Charities Family Support Center, and is currently staffed by interns from Sutter Hospital, their Family Practice Division. But it will offer a full service alternative. It will really be a full service clinic, a 330H federally certified clinic, and it will offer an alternative to the 2-month or more wait to become a client of Southwest Clinic, which is the primary clinic in Santa Rosa and which is currently the only alternative to emergency rooms for many of our homeless patients in Santa Rosa. And I speak a lot about homelessness because that's one of the perspectives from which I'm talking as the staff person to the Task Force on the Homeless. But I also conceive it from a broader perspective, having worked with the Human Services Commission in a lot of the arenas, including child abuse and children's services. So it's really exciting to see these disciplines come together on these projects.

We have another one that we're also very excited about and is having benefits already just from bringing together new people at the table, and that is the Court Homeless Protocol Project. Superior Court Judge Gary Nadler originated this project last year and the Task Force has been facilitating it. We brought together a major collaboration between three judges, court administrators, Santa Rosa police, Sheriff's Department, Petaluma police, District Attorney, Public Defender, mental health, public health, substance abuse, human services, homeless services, churches, businesses, homeless people – a huge coalition. And what we are planning to do is recidivism in the jails and find effective treatment and housing alternatives to stabilize the people who are using the jails as their primary housing alternative. And let me just give you a brief story that is a painful one, but it explains why it is so important to do this project. At one of our collaborative meetings, someone from our Mental Health Center told a story of a woman who had been on a 3-day hold, injured herself or others at Mental Health. And as you know now,

Mental Health has been prohibited from treating anyone who is not severely and persistently mentally ill. If you're just neurotic or borderline or not coping, unless you are an immediate danger to yourself or others, you're on your own in this county now. There are a few counseling services, most of them you have to pay for, a few that are available but very few to people who don't have a substantive income. So this woman was being released and she had nowhere to go. She was out on the street. And she didn't want to leave and she kept saying – I can't, I don't have any place to go, please don't make me go, I don't want to leave. And they said they had to call the police. They called the police and the policeman came and the woman asked, "What would happen if I hit you?" And the police officer said, "I'm sorry, Ma'am, but I would have to take you to jail." And she came at him with both fists flailing. I mean she was desperate. And there are a lot of desperate people, and you have to be pretty desperate to be using the jails as your housing program. And the judge, Judge Nadler, was so frustrated by having these people continually move through his courts, knowing that a little mental health treatment over here, stabilizing housing over there, a little substance abuse treatment here, would make the difference for these people. And so that's what we're trying to create. We're going to put an advocate in the courts who will assess people once they're booked into the jail. They will make a sentencing recommendation, they'll look for people who are willing to participate in the program, willing to go to treatment. They will make a sentencing recommendation to the judge who will then either release them into treatment or who will have them serve a jail sentence and then there will be discharge planning so that they would be released into treatment when they finish their sentence. There will also be a pre-arrest diversion portion of the program so that the police can keep people from entering the system at all. And we're talking about people who primarily have committed misdemeanors like drunk in public and urinating in public and trespassing, that wouldn't be crimes if they weren't homeless. So that's that project, and we're at the place, the Sonoma County Legal Services Foundation was just chosen as the lead agency by our collaborative and we are in the process of writing proposals, and we have a number of potential foundations that have interests in this area that we'll be writing to.

We have a few other things going on that I'll skip because we don't have a lot of time. But one of the things I wanted to say was part of the excitement is that each of these coalitions dovetails into the other. Each of them complements the other. For example, the F__ Program is going to have the integrated case management. People from the Court Project who need to be case managed and who are also frequent users of the emergency departments can be referred into that program to get that service. Once we get the Health Care for the Homeless Clinic up and running, that will provide a medical home for the people who are going to the emergency departments and can't get into the clinic and don't have another place to go. So that will provide the direct services that are needed. And the Court Project is going to be moving people out of the jails and into both of these programs, and is going to be looking to leverage funds to pay for treatment slots, because in many cases there are beds out there physically, but there is no money to staff those beds. And so we can through this channel hopefully pull in the money to pay for those long-term placements that again, will benefit that same group of clients. So once you get these coalitions started and you're able to keep them communicating among each other, each one benefits the other, strengthens the others' ability to get funding, and strengthens the overall service delivery for the clients.

So the most inspiring thing I can say in conclusion is that collaboration really does work miracles and that we in Sonoma County have a lot of history of successful collaborations and successful

programming based on our collaboration. We know how to do it right, and that it is specifically through collaborative efforts, and I would say including this conference and what can grow out of this conference, that we do create effective programs and can effectively secure the resources to make them work. So there are a lot of exciting things going on and it's all of you making them happen, and I appreciate the chance to share a few of them with you. Thank you.

SKIP: Just for a moment before we go to our next speaker, I want to honor Catherine Cat Fibert, who is providing professional recording services for us here and you can see why this is important to do. These are just incredibly good coalition-building efforts that are going on here and other people need to hear about them. So could we have a moment of applause for Cat Fibert. Also I want to mention that over here on the wall is a graph that'll be up tonight. It'll also be up tomorrow. It's one of the fascinating mysteries in health care. I was meeting with a health care consultant this afternoon, or late this morning, who said: "If we can solve that mystery, we're halfway home." And what it shows is how 10-20% of the members of a health care group will need 70-80-90% of the funds. Now that has got to tell you something about where we need to really study deeply and already we've had some comments about why that's true and some things we can do about it. All right, without further ado, our next speaker is another outstanding contributor, Jack Burrows, who is the Director of Executive Services for the Association of California Health Care Districts. And he's going to talk about another coalition that's very important to us. Hospitals spend a great deal of the money in health care and this is a very interesting project.

JACK: Thank you very much, Skip. 8 minutes is a very short period of time to cover as much as I do have to talk about, because Skip asked me to speak about the successes that we've had this past year. Collaboration does bring about miracles and I want to express my appreciation to Skip for having these meetings each year. Last year I had my first opportunity to come up here. I facilitated a panel of Health Care District executives and since then I have had the opportunity of spending more time in Sonoma County in the state of California. But let me explain what Health Care Districts are first. In the mid-1940s, health care districts were formulated primarily to provide medical care in rural areas for returning veterans from World War II. There are today 74 health care districts throughout the state of California. There are 42 health care districts that have 45 health care district hospitals, and there are 32 community-based health care districts that do not have health care district hospitals. Sonoma County has 5 health care districts: Cloverdale, North Sonoma County Hospital District, Palm Drive, Petaluma. We do have our executive director of Petaluma Health Care District here tonight, Damon Dawes, and I'm very appreciative of the fact that he does attend these programs and he's always at programs of this nature.

Last year when we made our presentation, we spoke about one very specific thing and that thing was reimbursement levels. Reimbursement levels to health care districts specifically. And what we had found out, the contracts between health plans and hospitals are very confidential and people really don't discuss them, you're not allowed to discuss them by law. But Sutter Santa Rosa sent out a contract profile to one of our health care district hospitals and it shook the CEO so dramatically to see what Sutter Santa Rosa was being paid by comparison to what their hospital was being paid. As a result, that CEO shared this information with another – once they received it, that became public information so there was nothing wrong with sharing that information. They shared that with another health care district hospital CEO and basically they had the same shock at the difference in the rate structure between the hospitals. Sutter Santa

Rosa was being paid 70% to 80% more for a simple med surgical patient day than the health care districts were being paid. Skilled nursing patients – the patient that is in the hospital receiving acute care and as they're recovering they don't necessarily need acute care but they'll be moved into a skilled nursing bed for a few days before they're discharged – Sutter Santa Rosa was receiving \$869 per patient day by comparison to the health care district hospitals that were receiving \$160 for a level I, \$185 for a level II, and \$225 for a level III. So you can recognize the shock we had when we saw this and we decided to do something about it and we've had legislation on it. The legislation passed through the Senate last year very successfully, but unfortunately the health plans went to Governor Davis and he put the kabosh on it because of the fact that they had a very close relationship with Governor Davis. We are still pursuing that at this particular point in time. What we're trying to do is develop collaborations with our health plans and I'll get to that in a minute. But let me talk about some of the successes that we have had.

Senator Chesboro, your senator, offered a bill last year, SB376. That enabled health care district hospitals to hire physicians. Your health care district hospitals in Sonoma County now have the opportunity on a pilot program basis to hire two physicians. There are only two states in the United States that the hospitals are not allowed to hire physicians and that is California and Texas. Now there are exemptions to that. There are exceptions to that. The exceptions are teaching hospitals. Now we talk about - well, Kaiser can hire physicians, Sutter Medical Group can hire physicians but that's supposed to be a separate stand-alone operation but it really is not a stand-alone separate operation. As a result of our being able to hire physicians, we're expecting we're going to be able to attract more volume to our hospitals and as a result of attracting more volume we're going to bring in more revenues, so we are very thankful to Senator Chesboro for his efforts on that. We basically sponsored it, he authored it and it passed through the Senate and the Assembly very, very successfully with about a 95% positive vote in both houses.

North Sonoma County just recently passed a parcel tax, I think it was 71% of the voters voted in favor of the parcel tax, and we are extremely thankful to the people in the North Sonoma County Hospital District for doing so. And the reason they had to do it is because of that reimbursement factor that I just mentioned before. If they were being paid a comparable rate, or even a rate 30% below the large health systems who have the ability to negotiate with leverage, even if they were being paid 30% below what those health systems are being paid, there wouldn't have been the need for the additional parcel tax. But we are very thankful to those individuals.

I have had the opportunity of meeting a vast number of people from Sonoma County. But one of the individuals that when I first met him – and he's here tonight, Norman Sheehan – when I first met him I really was not sure how collaboration could be beneficial between the two of us. Norm is an insurance underwriter, a broker. Have you all heard of NOCAHU? Okay, we have one, two, three people back there who have heard of NOCAHU is Northern California Health Underwriters. I had never heard of NOCAHU before. As a result of Norm's hearing the presentation last year, he became very intrigued about the plight of the health care district hospitals, and he vowed to help us in whatever way he possibly could. And he has been working very diligently in that respect. We're trying to develop collaboration with the health plans. As a result of Norm's efforts, Aetna has stepped forward and is collaborating with the Association of California Health Care Districts, with the hospitals themselves, and with Santa Rosa. And I want to just share with you. They made a contribution to Santa Rosa Junior College and that contribution is enabling Santa Rosa Junior College to put student nurses in the health care district

hospitals for their clinical learning during their last year of schooling. As a result of those nurses going there, we are sure that we are going to be able to hire 100% of those nurses because they're going to recognize what a pleasure it is to work in a small community-based hospital, because of the good relationships the patients have with the employees at those hospitals. So we are very thankful to Aetna for having done that. And as a result of that collaboration, I had the opportunity of meeting Dr. Jen, who is the Dean of the Health Sciences School at Santa Rosa Junior College, and he is an absolute gem of an individual. I am so delighted to have had the opportunity of meeting him. He is doing so many good things for Sonoma County. One of the things he is doing is he has a dental program. Somebody mentioned dental programs before. He is going out with his dental program, portable units going out and treating indigent children throughout the county. And he's doing this and it's coming out of Santa Rosa Junior College's pocket. As a result of that collaboration I was able to give him some ideas as to how conceivably they could generate some money. Unfortunately, the money that would be generated would not go directly to Santa Rosa Junior College, but he is looking into it so there can be money generated for the dentists and wherever the surgery would be done for these individual indigent patients. So that has been a tremendous success as far as I'm concerned. Collaboration is the name of the game. I just met Cathy Frye tonight and I can assure you I'll be calling her next week because we have something very much in interest and if I can just have another two minutes. Rural health centers and federally qualified health centers are on the verge of having significant cuts in the state of California. One of the governor's plans is to cut 72 or actually it's going to cut those programs by \$72.2 million. Unfortunately, it's on \$36.1 million of your dollars and it's \$36.1 million of the federal dollars. I don't know why we're giving back federal money. It makes absolutely no sense whatsoever. When we talk to the Assembly members and we talk to the Senators and say please don't cut, they say, tell us where we can save the money. We have gone to them and we have told them where we can save the money. The state of California is spending \$990 million on correctional facility health care. Much of that is done within the correctional facilities but a lot of it is done on a contract basis outside of the correctional facilities themselves, more than \$300 million is spent on a contract outside of the correctional facilities. We can provide that care in many of our health care district hospitals, probably saving somewhere in the vicinity of a third of the dollars that are currently being spent. So if they're spending \$300,000, we could conceivably do \$200,000 and save them somewhere in the vicinity of \$70 million by doing it in our health care district hospitals and we could turn around the profit line on at least nine or ten of our health care district hospitals. So that is something that we are fighting very much for, and as a result of having met Cathy, we're going to be fighting with Cathy on that one. I thank you all very much. And I thank Skip for bringing together these programs.

SKIP: The last few days as I've been sitting in front of my computer looking at the way this evening looks, you can understand why I've just been getting really excited about our being able to share these ideas with each other. We talk about quality of care, we talk about how to make more rational use of our dollars, we talk about our compassion and using systems thinking to move things forward. They're all here. My only sort of limited realization sitting over there at the table is – how is it possible for people to say all these things in 8 or 10 minutes? And I think what we have to conceive of is an expanded period of time at a future setting for each of these speakers to really be able to go into what their coalitions and coalitions of coalitions have been doing in a more proper time frame. And I also noticed, by the way, for some technical reasons we had to wait until 7:15 to get started. So we're actually running on time, it's just that time has

warped a little bit on us. So again without further ado, Patricia Andrews. I'm looking forward to hearing how another coalition among three important organizations is coming together. Patricia.

PATRICIA: Good evening. Well, I speak really fast, Skip, so hopefully I can get you back on track. Thank you for having me. I'm really excited to share with you the work that we're doing. My name is Patricia Andrews and I am the Health Care Initiatives Coordinator for Sonoma County Job Link. For those of you that don't know what Job Link is, it's an employment and training service center. It helps people find jobs. It also assist individuals that need retraining to get back in the work force with funding to do so.

My responsibility is I administer the funds that are specific to health care. So what I'm addressing really is the pipeline issues that are occurring in Sonoma County and being able to fill the needs and the lack of people going into positions in health care. In order to accomplish my job and help the county with their specific needs in the best way, a big portion of my job is building bridges and collaborating with a variety of groups that are interested in health care and have a stake in it.

How we're funded: Job Link works in a four-county collaborative. We work with Napa, Solano, Marin and ourselves, and we go after a variety of grant funding. We've been very successful in that endeavor. Through our collaborative we have in that last five years received almost \$4 million. Over half of that amount of money has come into Sonoma County. So we're really excited about that. And as many speakers before me have said, collaboration is key. And I'm convinced the reason why we are so successful is because of the incredible collaborative efforts we have here in Sonoma County.

There are three main groups that we collaborate with. They're the Hospital Council of Northern California, the Work Force Investment Board – and who they are is they're a body of people that govern (I'm going to talk in acronyms), they're a body of people from Sonoma County that govern the Work Force Investment Act. Those are the dollars that assist individuals with scholarship funds to go back and retrain. Hope that made sense. And what they did was, they identified four regions or four industries that really needed help in Sonoma County with building up their pipelines. Health care was one of those groups that they identified. So they're a big supporter and a big group that we collaborate with. The other group is called the Health Care Work Force Development Round Table, formerly known as Grow Your Own. And for reasons that are obvious, we needed to change our name. So the membership of these groups includes representation from all the major hospitals in Sonoma County – Kaiser, St. Joseph's Health System, and Sutter, as well as some of the local smaller hospitals, St. Helena, Healdsburg and Palm Drive. Also at the table we have a strong presence from our educational institutions. Santa Rosa Junior College, Esbin Jen (?) is a huge player in this collaborative. Sonoma State University, Liz Close and Sandra De Bella, who head up the nursing program here at Sonoma State, as well as the Dominican College. Other players in that are also from the private sector as well as some of the local CBOs or county-based organizations.

And basically our objective is to feed that pipeline, to really help those issues with people getting into health care. And so we try to handle that twofold. One, we try to get people that have education in health care to come back. We also try to educate individuals about what opportunities are available in health care, and we do that in a variety of ways. So where did all

this begin? It began with a grant that the Work Force Investment Board decided to go after called the Caregiver Training Initiative. In March of '01 Sonoma County received a little over \$500,000 in this grant money. And what that grant was specific to, it targeted entry level individuals, people that would be just coming into health care, and then wanted to use a career ladder approach. So to help people get into health care and then build their career and stay in health care. That was hugely successful and that assisted us in getting another grant, which is the brain child of the Caregiver Training Initiative, called the Nurses Work Force Initiative. And our collaboratives were very instrumental in us securing that grant. We received over \$2.1 million. That grant was the largest grant awarded in California. And that's huge, when you consider we're competing against Los Angeles, San Diego Counties, for little Sonoma County to secure that kind of funding is amazing. And again, I know that its success is really because of the collaborative efforts of the hospitals, the educators and our local community.

Other grants that we've received – another grant that I'm particularly excited about was the Kaiser Community Benefit grant. This is kind of the brain child of the Hospital Council. What they look to me for is for feedback about how these grants are going, what's working and what's not for these students. Are we really increasing people entering health care? And as you know, Telecom Valley here in Sonoma County had a big downturn. And so as a group, we tried to go out to the companies that were laying people off and show them that their transferrable skills from high tech made a really great fit to go into health care. And so we kind of took that show on the road and talked to people about that. The complication or the stumbling block that we came up against was that individuals that already have degrees are not eligible for financial aid at a JC, and that's problematic. Here these people came from salaries of close to \$100,000 a year, are now down to living on unemployment, and then having to pay expenses at a JC that are ever increasing because of our budget problems in the state. So we identified that problem and Kaiser said to me, Okay Patti, in a perfect world what would you do? I said, Well, I would take some money and I would focus that towards prerequisites. Get those individuals with degrees the prerequisites they need to enter into health care programs. And so they gave me \$50,000 and let me run with it. And that's been an incredibly successful program. Really getting professionals that have an interest, that have great experience that they're coming with. to be able to transfer those skills from high tech and come into health care, that is getting more and more technologically advanced day by day. So that's an exciting grant that we've receive also.

Another grant that has come out of this collaborative has been an addition or an expansion to the ADM program at the JC. Again, Esbin Jen, who is the Dean of Health and Life Sciences at Santa Rosa JC, came to the table and said to the hospitals – the hospitals were squealing, we did a gap analysis, and when the nursing shortage is supposed to be at its peak is in 2007. And so we did a gap analysis to see, are we in Sonoma County going to be able to fill our need? And we came up short. And so the hospitals squealed and said – Esbin, what are you going to do? You need to train more nurses. And he said, well, we can't, we're impacted. So he came up with an idea to start an evening-weekend program. And the hospitals each, St. Joe's, Kaiser and Sutter, each kicked in \$50,000 and he was able to expand that program to 20 students as of this year, we're hoping to expand it more for next year.

Other projects that we've done – we've done to educate our community, we do a health job fair every year. It's four years strong. The first one had 600 people, last year we had 3,000 attend. That job fair is not only to employ people but to educate the public. In that vein too, we also

developed a health care directory on CD-ROM and in book form so that we can give that to career counselors so they had more of an understanding of what was going on in health care, and I actually brought samples so if you're interested I'm happy to give you a CD-ROM. Constantly the membership of these groups often overlaps, but because the focus is so varied and they're so interested in solving this problem, we have decided to keep these three groups separate and we all participate, so we see each other very often, monthly. We're constantly looking for new and innovative solutions to deal with the health care issues in Sonoma County. So thank you for letting me tell you about what we're doing and what we're about.

SKIP: A wonderful institution, the Institute for Noetic Sciences, which has moved its campus to the hills above Petaluma – it's kind of right literally on the Sonoma County – Marin County border. And she has shepherded an important book that's going to be coming out very shortly now. And it's another way that marshaling of resources among a wide variety of people is benefitting us in ways that model how other communities can come together and how new techniques and better ways can spread. The title of the book, "Consciousness and Healing: Integral Approaches to Mind-Body Medicine," is about to come out. She's going to tell us about it. We're very lucky, this is going to be five out of five.

MARILYN SCHLITZ: No pressure there, I can see. Well, thank you. I'm just humbled to be here in the presence of so many people with such profound vision and that sense of dedication that's clearly embodied in the work you're doing. There is no question that health care is in a time of crisis, and I've had the honor and privilege to travel around and give presentations at a variety of different medical centers from Harvard to Stanford to Duke University, University of Florida at Gainesville. Everywhere I've gone I can see that there is tremendous pain and suffering on the part of health professionals. And I want to acknowledge that and acknowledge that it is out of this pain and out of this situation of discomfort that I believe something new can be born, and I think that that's what we're speaking to here tonight is really the opportunity to see the benefit that comes when we're confronted with impossible situations and how do we really begin to use that and harness our collective resources. So this idea of talking about collaborations and strategic alliances and partnerships amongst a variety of different organizations and individuals I think is exactly the thing that we need to be doing.

I work at the Institute of Noetic Sciences and our goal there is really to think about a shift in world view. So as we look at this crisis that we're facing in health care and all the various ways in which we've just heard it described, I think that what we need to recognize is that a fundamental source of problems comes from our own consciousness and our own limitations in our ability to see beyond what are often considered to be the worst possible scenarios. And so how do we begin to shift our consciousness, how do we begin to perceive a different set of possibilities for health care? I think again this idea of a tipping point is something that's coming to the fore now as we look at a variety of different people, organizations that are calling for something else to happen. In our own work at the Institute of Noetic Sciences, we've been interested in looking at sort of a reconciliation between different aspects of what's happening in medicine today. On the one hand we see this incredible progress that's being made through technology and a variety of sort of tools that are coming out of science. We have an orbiting space station and a sheep named Dolly and a chess champion named Deep Blue, and these are just examples of ways in which technology can be used to better humanity. And at the same time, a big part of what is happening, I think, for professionals in the area of health care, is that

we've lost the humanistic aspect of relationship and our connection not only to ourselves but to each other and to the larger sort of sacred environment in which we are embedded. And so how do we begin to reconcile the split between science and technology on the one hand and insights that we're gaining from the world's wisdom and spiritual traditions on the other. And there are a variety of ways I think that health care benefits from this kind of collaboration between these different world views or different orientations. We've been working in a variety of ways to develop research, for example, and educational programs that can look at the interface between these areas and look at what new can be birthed out of that kind of rapprochement. So we, for example, have looked at the area of prayer and spirituality as it relates to healing. We're reporting on successes of fund raising, we just received a grant from the National Institutes of Health to do a project looking at prayer and intention to influence wound healing in women going through reconstructive surgery after mastectomy. This is a project we're doing in partnership with California Pacific Medical Center. We received a grant through the Templeton Foundation to look at love, and to actually begin to think about the healing capacities of love and that nurturing of each other. And this project is working with couples, one of whom has cancer, and then taking the partner of the cancer patient through a compassionate intention training program. And the goal here is to really see if we can empower people to have a sense of agency in the context of this often demoralizing and impossible situation. We've been very interested in chronicling stories of hope. So we hear so much about the cancer epidemic, particularly Marin and Sonoma Counties have been plagued by this, and how do we begin to sort of shift the conversation from one of hopelessness to the opportunity that in fact there might be some signs of hope available to us. So we've been chronicling cases of spontaneous remissions, for example, and extended survival. We've looked at in depth interviews with people who are 20 years out from a stage IV diagnosis of cancer, and looking at what are the things that might help us to understand the common elements amongst this group of outliers.

We are really interested in looking at some of the socially relevant issues that plague our county. We've heard some about problems of health care with children. One of the projects that we have embarked on is developing what we call a noetic intervention for pregnant teens, and this was piloted down in the Canal District of San Rafael. We're now working with the California Endowment to develop a program in Oakland, to develop a program that integrates a greater sense of connection between the mother and the unborn child with the hopes that this will improve outcomes both in terms of birth rates and also then in terms of long-term aptitude kind of outcomes.

Medical education is a big challenge. One of the things that we see is that young people are in a serious state of grief and actually trauma as a result of medical school education. I just had the opportunity today to complete a month-long fourth-year medical student rotation on the Ion's campus, where we had 20 students really coming in to renew themselves and to restore their capacities as healers, such that they can now take these strengths that they've gained through this training program back out into the individual communities where they'll work with the goal that again, it's this tipping point and as you empower individuals, as you help them to recognize their own needs and capacities for transformation, they can begin to take these ideas out into their communities. We're working with John Records of the COTS program for homeless in Petaluma and again, trying to think of ways that we can begin to empower people to recognize their own innate healing capacities through, in this case, mindfulness interventions or meditation programs with the homeless.

We've been doing interviews with physicians and medical students, creating educational programs that will help to better the educational situation for future generations, and in that capacity then, this new book that we just completed, it will be published through Churchill Livingstone and Elsevier Press, that's the largest publisher of medical textbooks in the world, so we'll have very good distribution and marketing and promotion both through medical schools, nursing schools, the sort of front line educational programs, as well as this is the first time they will create a crossover book that will go into the trade bookstores, so Random House, Barnes and Noble, Borders and bookstores like that will also be carrying the book. And key to this idea of integral medicine, which is really the thing we're advocating, we're arguing that out of this crisis comes a transformation and that the transformation has to happen at the first person level and then that that carries over into our relationships, our connection to our environments, and ultimately our connection to a stronger or larger sense of sourcing. And so when we talk about integral medicine, we're moving from the model of integrative medicine where we're kind of pulling pieces from a variety of different traditions, and trying to see what can meet in the middle, and instead really looking for a full system overhaul and seeing this in the context of consciousness and really the transformation of the individual practitioner.

Ken Wilbur is a social philosopher who has written extensively on this topic of transformation. He wrote the introduction for our new book and in it he writes, "Integral medicine is designed in part to help with the many dilemmas facing this system of care. not only as they affect the patient or client, but as they affect the physician and health care practitioner." So it's really about offering a way of healing at the first person level for those people, like all of you, who are on the front lines and trying to make a difference in the world. Roger Walsh wrote in the book, "Our world is grave, grave trouble. We all know this. We are in grave trouble. But our world also rests in good hands because actually it rests in yours." So it's an opportunity for all of us, I think, to see that the only way to effect real change is to start from our own consciousness, a recognition that our limitations come from our perceptions, and that together, through this idea of coalition building and through this idea of helping to foster and facilitate a tipping point, that we really can provide the kind of transformation that's necessary to create a more just, compassionate and sustainable future for future generations. Thank you.

SKIP: Five out of five. I just wrote a sentence that has one semicolon and one colon in it and it's a little long but it's not like Faulkner. I'd like to read it to you just before we break for a bit. The work can go out from here: this commons; Sonoma County is a commons as well as a battleground, that humanistic compassionate leaders in five varieties of Sonoma County health care milieu and others who aren't speaking here, but there are many others, show and model what can be done from the grassroots up, to give hope as we go together through the dark night of the health care soul.