



San Gabriel Valley Council of Governments

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DATE: February 17, 2005
TO: Governing Board and Alternates
FROM: Nicholas T. Conway, Executive Director
RE: Monthly Progress Report

The following is a summary of activities that COG staff has been involved with during this past month.

HOUSING STRATEGIC PLAN

A draft final report of this important study, started two years ago, has been distributed to the Planners TAC for their review. This report is significant, because it outlines ways that the cities and unincorporated communities in the San Gabriel Valley can partner together in meeting the region's affordable housing needs. While the State's mandated Regional Housing Needs Assessment (RHNA) program is not being undertaken this year, we are proactively preparing for that process by allocating needed affordable housing within the Valley. This report outlines our region's current housing stock and our annual production rates to see how it will match up with our expected need. It also looks collectively at our current General Plans to see if we have the capacity for the expected housing in our region. The study showed that our current General Plans cannot adequately accommodate the expected growth in our region by 2030. However, as a subregion, we collectively have affordable housing funds that could possibly be used as incentives and subsidize the building of affordable housing. Up until now, our cities have not been able, due to housing policies and legal constraints to pool those funds for possible use elsewhere. The comments from the San Gabriel Valley Planners and City Managers will be integrated into this report and it will be brought back to the Governing Board in March or April.

The State's Secretary of Business, Transportation and Housing, Sunne Wright McPeak, has cited, in recent speeches around the State, this study and the San Gabriel Valley's efforts as being the prototype for this Administration's housing policies for local governments.

SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG)

The first Thursday of each month, before the SCAG Policy and Regional Council meets, COG staff meets with the Valley's representatives to go over the agenda items and discuss those items impacting San Gabriel Valley. At the last meeting on February 3rd, some of the discussion revolved around the funding requests for the region that SCAG would be making with County transportation agencies in Washington DC. Our discussions focused on making sure Alameda Corridor East (ACE) and the Gold Line Foothill Extension were included in that project list. Our

discussion also focused on a recent SCAG report sent to the Governor outlining plans for goods movement out of the ports and into the region. Part of SCAG's plans, such as Truck Lanes on the SR-60, have never been agreed upon by the COG.

Other recent activities with SCAG have also included developing and posting a Request for Proposals (RFP) to do sub-area workshops to discuss and develop plans for growth with local leaders. This project will be funded through SCAG's FY 2004-2005 Overall Work Plan.

RIO HONDO WATERSHED MANAGEMENT PLAN

The Rio Hondo Watershed Management Plan was presented and approved by the Board in November. Final approval of the Plan is being held up at the Regional Water Quality Control Board because it does not highlight potential sources of pollution along the watershed. This identification, along with the liability, would not be acceptable to the stakeholders. The consultants have agreed to continue working on this project. We continue to work with the Regional Water Quality Control Board to reach an agreeable compromise with our cities. The adoption of the final plan is a prerequisite for our cities application for Prop 50 watershed funding for all watersheds in the Lower Los Angeles and San Gabriel Rivers and Mountains Conservancy (RMC).

TRAUMA CARE TASK FORCE

See agenda Item 10B.

ANNUAL DINNERS WASHINGTON DC AND SACRAMENTO

Every year, we have co-hosted an Appreciation Dinner along with the ACE, Foothill Transit, and Metro Gold Line Foothill Extension in Washington DC and in Sacramento for our Federal and State representatives to show our appreciation for the work that they have done for San Gabriel Valley. This year, the dinner in Washington DC for our Congressional Representatives will be on March 14, 2005 at the Phoenix Park Hotel. Invitations have been sent to each city and you are encouraged to attend. The dinner in Sacramento for our State Representatives is tentatively set for May 11, 2005. Invitations will be forthcoming.

LEADERSHIP 21

We have engaged in discussions with USC School of Policy, Planning and Development (SPPD) to assist us with the design and implementation of the San Gabriel Valley's Leadership 21 Development Program. SPPD is interested in our objective to reach out to the Valley's various stakeholders (political, community and business) and provide them information and skills to participate as future leaders in addressing regional issues. We are also working with local media companies to identify partnership opportunities that would help us broaden that recruitment effort.

GROWTH VISIONING

One of the SGVCOG's goals for this year is to continue discussions among our member agencies regarding implementation of the growth visioning exercise held in the Valley last spring. Over 175 people attended that half day event that focused on dividing the Valley into five discrete planning areas and engaging the respective City Councils, Planning Commissioners and business community leaders in our discussions on shared transportation corridors that would be likely areas for future growth and development.

SCAG is very supportive of our efforts to engage the Valley's leadership in discussing issues of future growth. I will be presenting a plan to the Governing Board at its March meeting to commence discussions among leaders in the Valley's five discrete planning areas.

GOLD LINE PHASE II

The project continues to encounter many challenges. Aside from the governance issue that has languished for the last five years, the Federal Transportation Agency recently issued a letter indicating the project has not been approved to move forward into preliminary design and engineering. That approval had been anticipated last October and was later revised to December 2004. Now Federal approval is not anticipated until September 2005 at the earliest. This will further delay the project which has now fallen two years behind the originally adopted schedule. John Fasana, SGVCOG's elected representative on the MTA Board, will report more on this issue at the COG Governing Board meeting.

GOODS MOVEMENT AND FREIGHT

The SGVCOG has agreed to join Gateway City and South Bay Council of Governments in working with the State to formulate a strategy for addressing the attendant impacts within our respective geographical areas associated with the growth in Port trade. The continued funding of ACE, truck movement on SR 60 and the expansion of the 710 are issues of concern to the SGV.



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DATE: February 17, 2005

TO: Governing Board and Alternates

FROM: George Hunter, Pomona Councilmember, COG Governing Board Delegate, and Chair of the Trauma Care Task Force

RE: **Trauma Care Task Force Update**

The Trauma Care Task Force is meeting in the SGVCOG office on Friday, February 11, 2005 to discuss the next steps for seeing our fair share of trauma care revenues paid to LA County by the San Gabriel Valley.

During the months of November and December, COG staff have attended several meetings with representatives from LA County's of the Department of Health Services (DHS), Emergency Medical Services (EMS); Pomona Valley Hospital; Queen of the Valley Hospital in West Covina; and Huntington Memorial Hospital in Pasadena. The results of those meetings have been mixed. Everyone at the table agrees that there should be more trauma care in East San Gabriel Valley, where currently none exists. However, DHS indicates that there is a lack of funds to set up and run a much needed Trauma Center. In addition, there are significant challenges within the East San Gabriel Valley to attract and retain the required staffing for the County's trauma facilities.

DHS and LA County have cited a reluctance of the part of hospitals to take on additional costs associated with trauma care. Dr. Thomas Garthwaite, Director of the DHS and LA County Supervisor Yaroslavsky have sent Letters to the Editor in the Pasadena Star-News (December 22, 2004) and the San Gabriel Valley Tribune (December 28, 2004) claiming that the same funding available to private hospitals from the County tax would be available for funding a new trauma center in the San Gabriel Valley. However, the Valley's private hospitals have not shown a desire to utilize the available funding. Moreover, they indicate that San Gabriel Valley residents interests are well protected under the County's current service delivery system of relying on helicopters to transport East San Gabriel Valley residents to trauma centers.

As you may recall, the Measure B tax was supported by County voters in 2002. It is assessed as a levy on property at the rate of 3 cents per square footage of building to support the county in trauma care, emergency services, and emergency preparedness. During the 2003-2004 Fiscal Year, the San Gabriel Valley residents and businesses paid approximately \$34 Million in Measure B Trauma Tax funds. In 2003-2004, the LA County Board of Supervisors allocated 82% of the \$174 Million collected Countywide under the Measure B tax, to fund emergency

medical services at the County's four public hospitals (LA County – USC Medical Center, MLK/Charles Drew Medical Center, Harbor/UCLA Medical Center, and Olive View Medical Center). In addition, 11% of the total Measure B tax revenue was allocated to be shared among the ten private hospitals providing trauma care. The only hospital eligible for these funds in the San Gabriel Valley is Huntington Memorial Hospital in Pasadena. If the funds were distributed evenly among the ten hospitals, this hospital would receive approximately \$1.8 Million annually to provide trauma care services. The other 7% of the Measure B revenue is used for trauma access increase, public health programs related to bioterrorism, and administrative costs.

At the request of COG staff, DHS submitted an analysis of San Gabriel Valley residents that utilize the County's DHS services. That analysis indicated that 0.5% of San Gabriel Valley residents utilized the County's Emergency Department compared to 2.8% Countywide. This low utilization of County emergency services by San Gabriel Valley residents is of particular concern given the number of San Gabriel Valley residents that are eligible for these services. The County's analysis of the poverty levels in the San Gabriel Valley indicates that 34% of the San Gabriel Valley residents are below 200% of the Federal poverty level and are likely to be underinsured compared to the 40% poverty level of the rest of the County. The lack of San Gabriel Valley residents' utilization of County's EMS is directly tied to the lack of availability of a County hospital in close proximity of the majority of the Valley's constituent population. It appears from this analysis and the lack of a public hospital in San Gabriel Valley, the Valley's private hospitals are providing the bulk of this service to the indigent population here in the Valley. This is very different for other parts of the County where public facilities are more accessible.

DHS also provided analysis of San Gabriel Valley residents who met trauma center criterion in 2003. Trauma patients from the East San Gabriel Valley currently rely on a helicopter service for transportation to County EMS. DHS pays \$2 Million annually using Measure B funds to make this service available relying on both LA County Fire and Sheriff helicopters. However, DHS's analysis reveals that of all of the San Gabriel Valley patients that were diagnosed by County EMS workers and met trauma center criteria, less than 24% of those were taken by helicopter. Over half were transported by ground to Huntington Memorial Hospital, which allegedly only takes patients from its neighboring cities and cities along the 210 west of the 605. DHS analysis indicated that in 2003, a total of 83 trauma designated patients were diverted to other non-trauma hospitals, 76% of the time it was for unspecified reasons or that the estimated travel time to a trauma hospital was over 20 minutes. It appears that based on DHS's own analysis, a significant majority of trauma care patients in East San Gabriel Valley are not using the helicopter. The absence of and distance to a trauma center facility then becomes a significant public health issue.

With the recent Metrolink crash and with heavy rail trains crossing through the San Gabriel Valley, it underscores the fact that our current emergency medical services system would fail us if something similar happened in the East San Gabriel Valley. The Task Force is continuing our efforts to secure needed policy changes to get back the San Gabriel Valley's "fair share" of the \$34 Million that we annually contribute to the Measure B tax for both emergency and trauma care services here in the San Gabriel Valley.

County wants trauma unit

A recent editorial in the Pasadena Star-News indicated that Los Angeles County Department of Health Services has been remiss in its mission to get a trauma center in the San Gabriel Valley.

In fact, the department has been pro-active in these efforts.

Even before Measure B was put on the ballot, the County Health Department has consistently pushed for hospitals in the San Gabriel Valley to become or re-enter (in the cases of Citrus Valley-Queen of the Valley and Pomona Valley Medical Centers) the trauma center system. Measure B specifically identifies the San Gabriel and Antelope Valleys as underserved communities needing trauma centers. Currently, these areas are served by the East San Gabriel Valley Air Transport Program with the Los Angeles County Fire and Sheriff's Departments.

In addition, the Health Department's Emergency Medical Services' director has met with the San Gabriel Valley Coalition of Governments and has scheduled a meeting with two of their local hospitals to discuss their potential of becoming a trauma center.

These hospitals have indicated that there are many obstacles to taking on trauma center responsibilities including obtaining physicians call panels as well as physically placing certain physician specialist on call 24-hours a day. Some hospitals also believe that they do not have the capacity to take on these types of critical patients.

Despite these obstacles, the health department continues to meet with the hospitals to determine whether funding from Measure B could assist hospitals in meeting trauma center requirements. The department will continue to work toward its mission of expanding the trauma system to the San Gabriel Valley beyond the air transport services.

DR. THOMAS L. GARTHWAITE
LOS ANGELES

Star News 12-22-04

TUESDAY, DECEMBER 28, 2004

YOUR VIEW

Trauma funds available

As the sponsor of the Measure B trauma tax that L.A. County voters approved in Nov. 2002, I want to address some criticism leveled in recent articles ("Trauma drama hits the region," editorial, Dec. 12; "Hospital can't fit trauma center," Dec. 11) regarding trauma care in the East San Gabriel Valley.

I am well aware of the lack of trauma services in some portions of the county, including the East San Gabriel Valley. My office crafted Measure B in such a way as to provide enough funding to open trauma centers in each of these areas. In fact, should one of the East San Gabriel Valley hospitals agree to establish a trauma center, the county is ready, willing and able to provide Measure B funding for that center right now, at the same rate that is currently provided to other private hospitals in our trauma system.

Unfortunately, to date no hospital in the East San Gabriel Valley has stepped forward and made the commitment necessary to join the trauma system. To these hospitals and to the East San Gabriel Valley community I say: the ball is in your court. Measure B funding is available right now; all that's missing is a hospital that's willing to take it.

In the meantime, the county is providing air ambulance service which continues to serve the region through the East San Gabriel Valley Air Transport Program, which ferries trauma victims to County-USC, Harbor/UCLA, St. Francis Medical Center, Cedars-Sinai and Long Beach Memorial Hospital trauma centers as necessary.

ZEV YAROSLAVSKY
SUPERVISOR, THIRD DISTRICT
LOS ANGELES

**ANALYSIS OF TRAUMA AND DHS SERVICES UTILIZATION
BY SAN GABRIEL VALLEY RESIDENTS**

I. Department of Health Services (DHS) Utilization for Fiscal Year 2002-2003

A.	Patient Visits to DHS Facilities	
	Outpatient (clinic)	99, 809 (63%)
	Emergency Department	12, 489 (8%)
	Inpatient (admitted)	3, 989 (3%)
	<u>Public Private Partnership (clinic)</u>	<u>40, 778 (26%)</u>
	Total Visits to DHS Facilities	157, 065

B. About 0.5% (8,519/1.6 million) of San Gabriel Valley residents used a DHS Emergency Department (ED) during fiscal year 2002-2003. This compares to about 2.8% (222,758/8 million) of the remaining Los Angeles County population using a DHS ED during the same year.

C. Other finding: 2000 Census data indicate that 34% of San Gabriel Valley residents are below 200% of the federal poverty level. This compares with 40% of the rest of the County.

II. Trauma Center Utilization by Patients that met Trauma Center Criteria for 2003 [including Huntington Memorial Hospital (HMH)]

A.	By Receiving Facility:	
	Transported to a Trauma Center	1235 (94%)
	<u>Transported to a non-Trauma Center</u>	<u>83 (6%)</u>
	Total patients	1318

B.	By Mode of Transport to a Trauma Center	
	Air Ambulance	313 (25%)
	<u>Ground Ambulance (HMH=644)</u>	<u>922 (75%)</u>
	Total Patients	1235

C.	Rationale for transports of trauma criteria patients to non-trauma centers	
	Airway Problem	3 (4%)
	Minimal Injuries	4 (5%)
	Cardiac Arrest	12 (14%)
	ETA to TC >20 minutes	22 (26%)
	<u>Unspecified</u>	<u>42 (50%)</u>
	Total Patients	83