

**SAN LUIS OBISPO COUNTY  
HEALTH COMMISSION**

Minutes of Meeting

Monday, March 12, 2012 (County Board of Supervisors Chambers)

Members Present: Ed Guerena (Chair), Susan Warren (Vice-Chair), Lynn Enns (Secretary), Jesse Arnold, Gill Blonsley, David Clous, Tracy Del Rio, James Pope, Jean Raymond, Mary Jean Sage  
 Members Absent: Anne Quinn (excused)  
 Staff Present: Penny Borenstein, MD (Health Officer), Jean White  
 Speakers: Liberty Amundson (Environmental Health); Paul Greiling (Life Long Learners of the Central Coast); Elizabeth Ramirez (SART), Dr. Abdul Cader (SART), Teri Prince (Sheriff's Forensic Laboratory)

| Agenda Item  | Discussion   | Action                  | Who/When                |
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| <b>1. Call to Order</b>                                | Meeting called to order by Chair Guerena at 6:00 p.m.  | <i>Call to order</i>    | <i>Chair Guerena</i>    |
| <b>2. Approval of Minutes</b>                          | Minutes of February 6, 2012 were approved as written.  | <i>Minutes approved</i> | <i>Raymond/Sage/All</i> |
| <b>3. Public Comment</b>                               | <b>Kena Burke, Community Health Centers</b> , provided a copy of CHC's February 2012 " <i>Pediatric Oral Health Report – CHC's Response to the Oral Health Crisis in Our Local Communities.</i> " This report provides a summary of CHC's oral health delivery system & programs that address children's age-specific needs. Ms. Burke acknowledged Lois Capps' efforts for writing legislation in federal government for school based programs to be able to deliver care. She offered to answer questions.   |                         |                         |
| <b>4. Update:<br/>Environmental<br/>Health Website</b> | <p><b>Liberty Amundson, Environmental Health Specialist</b>, works in the Consumer Protection Program of the Environmental Health Services Division of Public Health. Ms. Amundson provided an overview of their ocean water monitoring program, where water sampling is done at 19 locations on a weekly basis from Oceano Beach to San Simeon. Samples are analyzed for 3 types of indicator bacteria and results are compared to standards established by the State. When State standards are not met, a health advisory is issued.</p> <p>Ms. Amundson explained the process of notifying the public, other agencies, and the media when a health advisory is issued. She "walked" everyone through their new Ocean Water Monitoring website, showing where alerts and advisories are posted and how to use the interactive map, where you can "click" on each location and get an information box, showing name of beach, photograph of the sampling location, current status of beach and a table with the last 30 days of sampling data. She explained the "stop light" system used, with a green dot indicating a beach is open, yellow indicating an advisory and red indicating a beach closure. The website also allows for comments and suggestions to be submitted directly to the Environmental Health Division.</p> <p><b><u>Commissioner Questions/Discussion:</u></b><br/> <b>Commissioner Guerena</b> asked about timeframe for an incident to be posted. (<i>Ms. Amundson explained that it takes 24 hours for a health advisory to be posted from a routine sampling. Alerts can be posted immediately for sewage spills because they don't have to wait for laboratory data.</i>)<br/> <b>Commissioners Guerena and Raymond</b> suggested adding more detail to the graphs on the website, to more clearly define what the numbers indicate. (Ms. Amundson explained that the consultant who created the website was 400% over budget on this project, so Environmental Health is now left to their own devices</p> |                         |                         |

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|   | <p>to look for creative ways to add more explanation on the page.)<br/> <b>Commissioner Warren</b> asked how alerts would be posted on weekends/holidays. <i>(Ms. Amundson explained that all of the Environmental Health emergency responders are trained on how to update the website and add alert information into the text box.)</i></p> <p><b><u>Public Comment:</u></b><br/> <b>Bob Voglin, Surfrider Foundation/San Luis Obispo and Director of the Blue Water Task Force of the Surfrider Foundation</b>, read a letter from Surfrider Foundation addressed to Environmental Health, commending them for responding to the needs of the beach-going community by putting into place a new web reporting system for water quality monitoring on the County’s website. They also applauded Environmental Health for increasing the signage at local beaches and expressed their appreciation for the efforts put forth in protecting the public health associated with water contact.</p>   |  |  |
| <p><b>5. Overview:<br/> Life Long Learners<br/> Of the Central Coast</b></p>    | <p><b>Paul Greiling, Life Long Learners of the Central Coast</b>, spoke about a new nonprofit educational organization “Life Long Learners of the Central Coast.” He provided background on how and why Life Long Learners of the Central Coast came about after the “OLLI” Program at Cal Poly was cancelled. Many of the former members of “OLLI” have been volunteering their time to recreate a similar program that will continue to provide the retired and semi-retired community of San Luis Obispo access to lifelong learning opportunities. In January, the group made a decision to operate under the umbrella of the San Luis Obispo Community Foundation. They are currently in the process of filing for 501c3 nonprofit status. They have held two “sold out” luncheons, inviting 300-400 “OLLI” members, which convinced them of the need for this type of program. Mr. Greiling provided a handout outlining the program that will offer four distinct activities for the senior and mature adult community: 3-4 classes per month, learning/discussion groups, self-starting activity groups, and 3-4 luncheons per year with educational speakers. They are looking for volunteers, grants, and support from the Health Commission.</p> <p><b><u>Commissioner Questions/Discussion:</u></b><br/> <b>Commissioner Del Rio</b> asked about the start date and location of their classes. <i>(Mr. Greiling explained they are waiting for state paperwork to be completed and hope to start classes in July. They are asking for help in finding low cost or free venues to use for their classes, one of their biggest expenses.)</i><br/> <b>Commissioner Blonsley</b> asked about their relationship with the San Luis Obispo Community Foundation. <i>(Mr. Greiling explained that the Foundation will provide guidance and act as a pass-through for monetary contributions received.)</i><br/> <b>Chair Guereña</b> asked about best way to contact them. <i>(Mr. Greiling referred to their website at <a href="http://www.lifelearnerscc.org">www.lifelearnerscc.org</a>. The website includes a list of their classes and an email contact.)</i></p> |  |  |
| <p><b>6. Overview:<br/> Suspected Abuse<br/> Response Team<br/> Program</b></p> | <p><b>Commissioner Enns</b> introduced the topic and the speakers.<br/> <b>Elizabeth “Buffy” Ramirez, NP, SART Program</b>, provided a Power Point overview of the Suspected Abuse Response Team (SART) Program, explaining that SART is a countywide program organized under the Public Health Department. SART provides sexual assault exams for adults and adolescents, sexual abuse exams for children, exams for suspected child abuse and neglect, exams for drug endangered children, and exams for the coroner’s office. She explained that SART exams are done by Sexual Assault Nurse Examiners, who are RNs or NPs with specialized training in performing these exams. Child exams are done in the office by pediatricians, Dr. Abdul-Cader and Dr. Kusumoto. No person is ever charged for a forensic exam. Historically, law enforcement schedules SART exams, but now women are able to initiate a</p>  |  |  |

SART exam without law enforcement involvement. They can call the SART Office directly at 781-4878 or go through the SARP (rape crisis) center at 545-8888. Ms. Ramirez also talked about the Sexual Assault Recovery and Prevention Center (SARP) and the services they provide, including, advocacy; accompaniment at SART exams & court proceedings; counseling for survivors and family/friends; & a 24 hour crisis line.

**Commissioner Questions/Discussion:**

**Commissioner Sage** asked who a victim should contact if they didn't know to contact SARP directly. *(Ms. Ramirez advised that a person can call law enforcement and that the emergency room will refer to SARP.)*

**Commissioner Blonsley** asked about # of cases. *(In the last year, they've seen 60 sexual assault patients.)*

**Commissioner Blonsley** asked about the retention of evidence collected during the exam, particularly for persons who declined to talk to law enforcement who may change their mind a year later. *(Ms. Ramirez explained that they keep evidence for 5 years and the patient chart forever. Evidence is retrievable, but there is a chain of control over evidence.)*

**Chair Guarena** asked about the role of emergency room staff. *(Mr. Ramirez explained that SART provides training to the ER's. #1 is to make sure any injuries are taken care of. The ER will call law enforcement and SARP. ER staff are not certified to collect evidence.)*

**Commissioner Del Rio** asked if jurisdictions are responsible for paying for exams if they make a referral and if that might have any bearing on their willingness to make a referral. *(Mr. Ramirez explained that jurisdictions (as of this year) pay for SART exams. Dr. Borenstein explained that this is standard in most counties in California and that all jurisdictions in this County are supportive of the SART program.)*

**Commissioner Pope** asked if there is only one centrally located SART Office. *(Ms. Ramirez explained that the San Luis Obispo Office serves the entire county; but law enforcement has transported patients when needed and SART has a portable unit they can take to the hospital.)*

**Nisha Abdul Cader, MD, F.A.A.P, Medical Director of the SART Program, pediatrician at Martha's Place Children's Assessment Center, and Supervising Physician at Juvenile Service Center,** provided a Power Point overview of the medical aspects of child abuse evaluations. She thanked Dr. Kusumoto for his many years of service providing evaluations for children. She talked about child abuse in general, providing statistics on # of cases of child abuse, annual cost, and deaths nationally. She explained that many deaths related to child maltreatment are not accurately reported, but San Luis Obispo County has a child death review team that reviews child deaths quarterly to ensure accurate reporting. In 2010, in SLO County, there were 500 child maltreatment and neglect reports with substantiated allegations, with 226 children being placed into the social services program.

Dr. Abdul Cader talked about their child focused services, including SART, DEC (Drug Endangered Child), SCAN (Suspected Child Abuse), and coroner's support. They have done about 50 child exams to date this year. They work closely as part of a multi-agency, multidisciplinary response team.

Dr. Abdul Cader also talked about some of the issues involved with the medical evaluation of drug engaged children, due to the toxic exposure from processing of drugs, particularly methamphetamines. She explained some of the effects on children and their development, with developmental delays related to speech/language & emotional regulation being the most common.

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|   | <p>Dr. Abdul Cader ended her presentation with five protective factors from the Center for the Study of Social Policy in the University of Chicago that our County can work on: increasing parental resilience, increasing social connections for these families, increasing knowledge of parenting and child development, providing concrete support in times of need, and offering more programs to increase children’s social and emotional development.</p> <p><i>Commissioner Enns thanked Dr. Abdul Cader for her presentation.</i></p>  |  |  |
| <p><b>7. Date Rape Drug Awareness</b></p> | <p><b>Lynn Enns introduced Teri Prince, Forensic Chemist &amp; Toxicologist, SLO County Sheriff’s Forensic Laboratory</b>, who wrote the SOP for forensic chemistry and toxicology in the County Sheriff’s Forensic Laboratory. Ms. Prince provided a Power Point overview on date rape drugs, also known as predatory drugs. She explained that the three most common date rape drugs are Rohypnol (powerful sedative/hypnotic; not available for sale in the US), Ketamine (strong tranquilizer; popular in Canada as a club drug), and Gamma-Hydroxybuteric Acid (GHB – powerful sedative; used in US to treat Narcolepsy). She provided the “street names” of these drugs and talked about the formulation, symptoms, and overdose symptoms of each, emphasizing the importance of reporting sexual assault immediately, due to the retention time of these drugs in the system (8-48 hours). Ms. Prince advised that although these are the three most common date rates drugs, that alcohol is probably the most commonly abused drug. 55% of female students and 75% of male students involved in acquaintance rape admit to having been drinking or using drugs when the incident occurred. Other drugs of concern include: cocaine, methamphetamine, bath salts, MDMA, Xanax, Valium, and Zolidem. She advised these precautions: avoid over indulgence of alcohol, never accept an open drink, always maintain possession, arrive and leave with a friend and be alert.</p> <p>Ms. Prince also talked about the DEC (Drug Endangered Children) testing they do for SART. Samples are collected within 12-24 hours and are tested for variable levels of amphetamine, methamphetamine, cocaine, opiates and marijuana. She noted the three types of exposure of most concern: inhalation (from the smoke), ingestion (from touching surfaces), and absorption through the skin (mostly commonly THC, oil from the plant).</p> <p><b><u>Commissioner Questions/Discussion:</u></b></p> <p><b>Commissioner Arnold</b> asked if methamphetamine is manufactured as a prescription drug. <i>(Ms. Prince explained that methamphetamine is no longer manufactured commercially as a prescription medication and only manufactured illicitly. Amphetamine is sold in California as an ADD prescription medication.)</i></p> <p><b>Commissioner Arnold</b> referred to the pollution from the manufacturing of methamphetamine illegally and asked how the pollution was controlled when it was manufactured legally. <i>(Ms. Prince explained that EPA had strict factory rules; she added that most of the meth coming into California now is from Mexico and being manufactured commercially using factories that the drug cartel have taken over.)</i></p> <p><b>Commissioner Blonsley</b> asked about the volume of the sampling they do and # of staff. <i>(Ms. Prince explained that she has one part-time Cal Poly intern and they process close to 300 samples per month.)</i></p> <p><b>Commissioner Arnold</b> commented on the how realignment is sending more people to County Jail and the fact that many people are in Jail for using drugs, suggesting this is a huge public health problem and the need for more of a treatment approach.)</p> <p><b>Dr. Borenstein</b> advised that every county developed a County Corrections Plan related to realignment. She explained that San Luis Obispo County is putting more money proportionately into drug &amp; alcohol</p> |  |  |

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|   | <p>treatment than many other counties; hiring drug &amp; alcohol counselors for the Jail population and doing more discharge planning to connect to treatment upon release.)</p> <p><b>Chair Guereña</b> thanked Teri Prince for her presentation.</p>  |  |  |
| <p><b>8. Health Agency / Public Health Report</b></p> | <p><b>Penny Borenstein, MD, Health Officer</b>, provided a brief update on the following:</p> <ul style="list-style-type: none"> <li>▪ Thanked Jail Custody and Medical staff who worked very effectively to “stamp out” a recent influenza outbreak at the Jail. Dr. Borenstein also thanked Rob Bryn, Public Information Officer, who passed away recently and had been very helpful with the public information aspect of the flu outbreak.</li> <li>▪ Low Income Health Program (LIHP): Jeff Hamm and Dr. Borenstein met with each of the Board of Supervisor members to give their staff recommendation that the County not move forward with a LIHP program. #1 reason being that ½ million dollars more in general fund support would be required in the coming year. Other reasons for not going forward included complicated IT development and timelines; and investing 18 months of energy, money and infrastructure didn’t make sense for a program that is going away in January 2014.</li> <li>▪ April is National County Government Month with a theme this year on “Healthy Counties/Healthy Families.” April 2-8 is National Public Health Week, with the theme “A Healthier America Begins Today.” Public Health will be doing some public outreach effort in this regard, working across departments in the County to get the word out about community based programs and services.</li> </ul> <p><i>Commissioner Arnold asked if this year’s Community Health Status Report will include more detail on accidental deaths due to drug overdoses. Dr. Borenstein will follow up.</i></p> |  |  |
| <p><b>9. Health Commissioner Updates</b></p>          | <p><b>Chair Guereña:</b> No report.</p> <p><b>Commissioner Raymond:</b> Attended the Adult Service Policy Council meeting on March 2<sup>nd</sup>, where there was a great presentation from the SLO County Community Foundation on how funds are monitored and funneled through the foundation per goals that have been set up by individuals/entities. There was also a Proclamation presented for Older American Month.</p> <p><b>Commissioner Blonsley:</b> No report.</p> <p><b>Commissioner Sage:</b> The Community Based/Preventive Health Grant Committee finished reviewing applications and will be sending their recommendations to the Board of Supervisors for consideration during budget hearings. Grant requests totaled \$1,410,361, with funding recommended for 57 different programs in the amount of \$613,000 under the CBO program and \$346,500 in Preventive Health Grants.</p> <p><b>Commissioner Del Rio:</b> No report.</p> <p><b>Commissioner Warren:</b> No report.</p> <p><b>Commissioner Enns:</b> Attended the SART Advisory Council meeting and thanked Dr. Abdul Cader, Buffy Ramirez and Teri Prince for putting together a program for presentation tonight.</p> <p><b>Commissioner Clous:</b> No report.</p> <p><b>Commissioner Arnold:</b> No report.</p> <p><b>Commissioner Pope:</b> No report.</p>  |  |  |
| <p><b>10. Committee Reports</b></p>                   | <p><b>Nominating:</b> Commissioner Arnold reported that David Clous has agreed to be a member of the Nominating Committee. Commissioner Raymond additionally volunteered to participate on the Nominating Committee.</p> <p>No further committee reports.</p>   |  |  |

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| <b>11. Prospective Future Items</b> | <p><b><u>April 9, 2012</u></b></p> <ul style="list-style-type: none"> <li>▪ Alzheimer’s Association – <i>Commissioner Del Rio has confirmed.</i></li> <li>▪ Project Lifesaver – <i>Commissioner Del Rio has confirmed.</i></li> </ul> <p><b><u>May 14, 2012</u></b></p> <ul style="list-style-type: none"> <li>▪ Commissioner Warren would like to invite Dr. Thomas Freese to talk about Behavioral Health services in the primary care setting. She will have more on this next month.</li> </ul> <p><b><u>Future Agenda Items:</u></b></p> <ul style="list-style-type: none"> <li>▪ Commissioner Arnold provided a copy of the first page of the President’s Cancer Panel 2008-2009 Annual Report on <i>Reducing Environmental Cancer Risk</i>. He recommended commissioners “skim” the report, which is available online. He suggested the commission might want to contact Dr. Leffall and Dr. Kripke, who wrote a letter to The President on behalf of the President’s Cancer Panel (copy included on backside of the handout), to ask if they could refer someone on the West Coast to come and speak on this subject.</li> <li>▪ Jean White reported that she invited a representative from the Regional Water Quality Control Board to speak in Mar or Apr, but they were unavailable. They are working on a report that they will share with the commission. The problem at Oso Flaco Lake has somewhat improved.</li> <li>▪ Commissioner Raymond asked about the possibility of getting CME credit associated with some of the Health Commission programs and making them available online. Dr. Borenstein noted the difficulties in getting CME credit associated with a program, such as meeting the criteria of length of time, content of material, and finding a CME vendor to pick it up. The Health Agency doesn’t have the ability to offer CME. Chair Guarena suggested Commissioner Raymond may want to investigate further.</li> </ul> |                           |            |
| <b>12. Adjournment</b>              | Motion to adjourn at 8:05 pm.  | <i>Meeting adjourned.</i> | <i>All</i> |