SAN LUIS OBISPO COUNTY
HEALTH COMMISSION
Minutes of Meeting
Monday, March 11, 2013 (County Board of Supervisors Chambers)

Members Present: Ed Guerena (Chair), Gill Blonsley, David Clous, Lynn Enns, James Pope, Anne Quinn, Jean Raymond, Scott Smith-Cooke, Susan Warren
Members Absent: Tracy Del Rio (excused), Mary Jean Sage (excused)
Staff Present: Penny Borenstein, MD, Health Officer, Jean White
Speakers: Tim Olivas (Sheriff's Office); Laurie Salo (Environmental Health); Marsha Bollinger, Lois Petty, Dr. Taylor (HIV Care Consortium)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Guerena at 6: 00 pm.	*Call to order*	*Chair Guerena*
2. Approval of Minutes	Minutes of February 4, 2013 were approved with one correction made by Commissioner Quinn: On Page 1 under "First 5/Children's Bill of Rights" the minutes were corrected to read that the Bill of Rights apply to all children and not just children aged 0-5.	*February minutes approved as corrected.*	*All*
3. Public Comment	Chair Guerena opened the floor to public comment with no response.		
4. Operation Medicine Cabinet	**Undersheriff Tim Olivas, SLO County Sheriff's Office,** provided an update on Operation Medicine Cabinet, a program for San Luis Obispo County residents to safely dispose of household medications in drop boxes located at law enforcement agencies throughout the county. This program began in 2010 and is a cooperative effort among law enforcement agencies and the Integrated Waste Management Authority (IWMA). Since Undersheriff's last update in 2012: 1) the Grover Beach Police Department has removed their drop box due to workload and concern about needles being placed in the drop boxes; 2) the United Way Youth Board is working on a project to get the word out about Operation Medicine Cabinet; and 3) the County of Santa Cruz recently contacted them about copying this program in Santa Cruz County. Undersheriff Olivas advised of a new bill passed by President Obama that will hopefully be implemented within a year that will allow pharmacies to take back prescription medications. Costs associated with the program would then go back to the pharmaceutical manufacturers. Once a system is fully in place with the pharmacies, law enforcement would remove their drop boxes. Undersheriff Olivas also advised that the majority of the drop boxes are located outside of the law enforcement agencies, with the exception of SLO and Morro Bay, where they are in the lobby, but still accessible 24/7 by calling from a phone outside the building. Persons with concerns about having their prescription information on the bottle should peel the label off, but leave the medications in the bottle. **Commissioner Questions/Comments:** **Commissioner Clous** commented that he distributed brochures to several pharmacies in North County who were unfamiliar with Operation Medicine Cabinet. He suggested more outreach could be done to the pharmacies. *(Undersheriff Olivas explained this has been a challenge, but the IWMA has been proactive in dropping off brochures to pharmacies. United Way Youth Board has also been working on doing more advertising. He advised that brochures can also be printed off of the IWMA's website.)* **Commissioner Warren** suggested that the County's Friday Night Live Prevention Program is a youth group that might be able to help get the word out about Operation Medicine Cabinet. She referred to Frank Warren at Drug & Alcohol Services.		

	Commissioner Warren asked if there has been any difference in the amounts collected at outside drop boxes versus the ones inside. *(Undersheriff Olivas answered that the inside drop boxes don't appear to be a deterrent - the amounts are fairly consistent.)* **Commissioner Warren** asked if there will be a fee associated for take back by the pharmacies with the new regulations. *(Undersheriff Olivas believes the goal is to return any costs associated back to the manufacturer.)* **Commissioner Guerena** commented that when a new system is in place, pharmacies would only take back drugs that they issued. **Commissioner Warren** asked if any illicit drugs have been disposed of in the drop boxes. *(Undersheriff Olivas explained that they do not sort through the drop boxes, contents are treated as abandoned property and held until they make a trip to the incineration plant.)* **Commissioner Warren** asked if parents who have found drugs in their children's room could take these to law enforcement to be disposed of. (*Undersheriff Olivas believes all law enforcement agencies would accept these for destruction purposes.)* **Commissioner Warren** asked if there would have to be a police report or if a parent could drop these off anonymously. *(Undersheriff Olivas advised that law enforcement would have to do a report for any property taken in. There are specifics and differences in each case as to whether the agency would have to put a name associated to it, but generally the overall goal is to get the drugs off the street.)* **Commissioner Guerena** asked if their brochure has changed since last year. *(The only change to the brochure is the deletion of the Grover Beach Police Department.)* **Commissioner Quinn** noted that the Board of Supervisors will be reviewing the Biosolids/Treated Sewage Sludge Ordinance at tomorrow's Board meeting and suggested this may be an opportunity to talk about Operation Medicine Cabinet and bring more public awareness to the program.		
5. Cottage Food Operations /AB 1616	**Laurie Salo, Environmental Health Specialist, SLO County Environmental Health,** provided a Power Point overview of Assembly Bill 1616 that became effective 1/1/13 and allows individuals to prepare and/or package certain non-potentially hazardous foods in private-home kitchens referred to as "cottage food operations." All cottage food operators have to meet specified requirements pursuant to the California Health and Safety Code related to preparing foods that are on the "approved food list." Cottage food operators must complete a food processor training course within three months of registering, implement sanitary operations, establish state and federal compliant labels, and operate within established gross annual sales limits. They cannot have more than one full-time food employee (not including a family or household member) within the registered or permitted area of a private home where the cottage food operator resides and where cottage food products are prepared. Ms. Salo explained that there are two different types of cottage food operations, Class A & Class B. Class A can only engage in direct sales, requires registration & self-certifications, inspections are only done on the basis of a complaint, and the fee is $99/year. Class B operations can engage in both direct & indirect sales, requires a permit, requires an annual inspection, and the fee is $198.00/year. **<u>Commissioner Questions/Comments</u>:** **Commissioner Guerena** asked if Class B inspections were announced and whether persons could check online to see who is registered or permitted as a cottage food operator. *(Ms. Salo advised that for Class B, they can go unannounced for an inspection with or without a complaint; Class A operators would only be inspected if someone registered a complaint. Cottage food operator information is not available*		

	online, but operators are required to have their permit or registration number on their product label. Persons can also call EH to confirm.) **Commissioner Blonsley** asked how inspectors are assigned to do these inspections (as available?). *(Ms. Salo advised that Environmental Health inspectors are distributed geographically, so if a cottage food operation falls within that inspector's "district" they are assigned that facility.)* **Commissioner Blonsley** asked how many cottage food operators are currently registered. *(Ms. Salo advised approximately 15 Class A and 2 or 3 Class B.)* **Commissioner Blonsley** asked how they monitor non-registration and if there is a mechanism in place to ensure persons selling at farmer's markets are permitted. *(Ms. Salo advised that they inspect farmer's markets. Anybody engaged in cottage food operations selling at farmer's markets or special events would have to have a temporary permit for that event.)* **Commissioner Blonsley** asked about the number of complaints Environmental Health received about food being prepared in homes prior to this legislation. *(Ms. Salo answered maybe 5-10 per year.)* **Commissioner Blonsley** asked if the state provided any funding for this program. (Ms. Salo advised that the state didn't provide any funding, but each jurisdiction is authorized to develop a fee schedule, which varies from county to county.) **Commissioner Quinn** asked if the fees will support implementation of the program. (Ms. Salo informed that the fees will support implementation of the program, review of applications, registrations, and the annual inspection for Class B operations.) **Commissioner Pope** asked about the level of detail for listing the ingredients on the label. *(Ms. Salo advised that the ingredients must be listed in descending order by weight. The components of the leading ingredient do not need to be listed. She explained that operators are required to adhere to the Sherman Law for labeling.)* **Commissioner Smith-Cooke** asked about some of the differences in the inspections for cottage food operations and commercial operations. *(Ms. Salo provided a handout on what an inspection would entail at a Cottage Food Class B operation. She explained that cottage food operations are not by law a food facility and are mainly inspected for operational requirements, sanitation. Cottage foods do not support the rapid growth of bacteria that would make people sick when held outside of refrigeration temperatures.)* **Commissioner Blonsley** asked if bacterial problems would be more inherent in a residential environment that doesn't meet commercial standards. *(Ms. Salo advised that cottage food operations do not require commercial equipment, but there is a requirement that they clean and sanitize between every use. If there are any reports of a cottage food operation making people ill, they will investigate.)* **Commissioner Warren** asked if the cottage food processor classes are open to anyone. (*Ms. Salo answered yes, but advised that the cottage food processing class is not yet available. In the interim, they are accepting the Food Safety Certificate, which is available online and open to anyone.)* **Commissioner Guerena** asked what the maximum amount of sales for Class B was and if Environmental Health requires receipts. *(Ms. Salo advised that the maximum for Class B (direct and indirect sales) is $50,000 per year. Tracking is done through tax statements.)*		
6. Syringe Exchange Program	**Marsha Bollinger, HIV Care, Prevention, & Advocacy Consortium,** provided a Power Point overview of the San Luis Obispo County Syringe Exchange Program (SEP). In October 2005, the governor signed AB 547, allowing counties and cities to authorize SEPs in their jurisdictions. The		

	County Board of Supervisors approved a plan in July 2005 and the SLO County SEP began in November 2006, with an overall goal to reduce HIV and Hepatitis incidence in our county. The program allows persons to exchange one used needle for one clean needle. The SEP also serves as a bridge to treatment and recovery from drug abuse and provides education, HIV and Hepatitis C testing, and referrals to treatment and other services. The current SEP operates on Wednesdays, 5:30-7:30 PM and on the first Saturday of each month, 3:00-5:00 PM in the parking lot at the SLO Public Health Department. You must be 18 years of age and cannot bring children with you. The program is currently volunteer-driven, with 3 volunteers at each exchange. Ms. Bollinger provided data that from Jan-Dec 2012, they took in 36,920 needles and gave out 32,992, had 419 unduplicated individuals attend the SEP, and found from asking individuals that 149 were using heroin, 49 meth, and 140 prescription drugs, with the largest age group being 23-32. **<u>Commissioner Questions/Comments</u>**: **Commissioner Warren** noted concern that overdoses have increased in the last couple of years and asked if the SEP looks at the rates of heroin overdoses in the County. *(Ms. Bollinger informed that this program does not look at those rates and referred to ERs/hospitals for that information.)* **Commissioner Warren** asked if the Hepatitis C testing was available to anyone. (*Ms. Bollinger advised that it is available to those persons coming into the SEP. Dr. Borenstein added that the SLO Hep C Project just received a grant as part of the funding now that baby boomers are recommended to have a single lifetime test. Kits will be distributed to Public Health as well as a number of community agencies to the extent they have them available.)* **Commissioner Warren** asked who they refer to if a person wants to get off heroin. *(Ms. Bollinger advised they would refer to Drug & Alcohol Services, as really the only place in the county.)* **Commissioner Quinn** asked if data shows a reduction in Hepatitis since the SEP program began. *(Ms. Bollinger and Dr. Borenstein explained the difficulties in gathering that data. Dr. Borenstein advised that there is national data showing that amongst hundreds of thousands of users of SEPs nationally, that the incident rate among users of the program is lower than their counterparts who don't use SEPs.)* **Commissioner Warren** asked if pharmacies will exchange needles. *(Ms. Bollinger advised that pharmacies can collect used needles and sell new needles. The Public Health Department is a free exchange.)* **Commissioner Warren** asked if there were other places other than the SEP where persons could dispose of needles. *(Dr. Borenstein advised that many pharmacies will accept used needles in a "red box.")* **Denise Taylor, MD**, spoke about the SEP from a provider's perspective. She is an HIV provider who sees patients at the County Jail (one day per week), Atascadero State Hospital and at Community Health Centers of the Central Coast (CHC). She emphasized the importance of the SEP for people to have access to referrals and essentially, care. Many of the people going to the SEP aren't going to healthcare providers and are not getting the prevention message, so the SEP is a place where, aside from getting clean needles, people can get information, get care, build trust, and have an opportunity to move forward in their life. Dr. Taylor offered to answer questions. **<u>Commissioner Questions/Comments</u>**: **Commissioner Warren** asked if Dr. Taylor has an opportunity to make contact with people to let them		

	know about the services she can offer to them. *(Dr. Taylor advised that one of the reasons she works at the Jail is to have an opportunity to speak to some of the people who are using and provide handouts and information on where they can go to get tested, the SEP, and where to go to get access to care.)* **Commissioner Warren** asked about referrals for those inmates with Hepatitis C or AIDS who are going back out into the community. *(Dr. Taylor explained that there are referrals out of the system. Persons from the Men's Colony will usually get referred by a social worker to the AIDS Support Network and the AIDS Support Network makes referrals to her. If patients are coming out of the Jail, Dr. Taylor will refer them. At some point, Dr. Taylor hopes there will be more funding for testing and treatment for persons with HIV/Hepatitis C at the Jail.)*		
7. Health Agency Report	Dr. Borenstein provided a brief report on the following: • A flyer was emailed to commissioners with details on an upcoming free Pedestrian Safety training workshop at the SLO Cooperative Extension on Thursday, 4/18, 10-3pm. This was funded in part from a grant that the Public Health Department received from the Office of Traffic Safety. • The Public Health Department has been working with the CA Department of Public Health and Cal OSHA regarding a number of cases of Valley Fever in California Valley. These cases are not completely unexpected because people have been coming from non-endemic areas to work there. The State has become involved in looking at ways to continue to try to mitigate the exposures. *(Chair Guerena asked what can be done to help mitigate these exposures. Dr. Borenstein explained that to some extent, it is about getting more information to the workers on certain procedures. There were a number of conditions of permitting that were put into place, but getting individuals to comply at all times or having the appropriate amount of oversight in place is more challenging.)* • The Public Health Department submitted a grant proposal to Covered California for a grant to do outreach & education on the Health Benefits Exchange, targeted at identifying & educating the eligible population. Public Health worked in partnership with a number of different agencies throughout the county to put this grant together and should hear back by the end of next month. • Medi-Cal Expansion: Most counties have gone on record (either formally or informally) that the administrative oversight for Medi-Cal expansion should be fully integrated into the State's Medi-Cal program. The state is concerned about the long term finances, so it is still undetermined. *(Chair Guerena asked if CenCal Health or the County would have administrative oversight. Dr. Borenstein explained that if the State were to include the new Medi-Cal eligible population in the Medi-Cal program for SLO County, then it would be "new covered lives" in our Medi-Cal Managed Care Plan, CenCal Health. But, if the County were to administer the program and directly bill the federal government for claims payment, it would be run as a separate Medi-Cal Managed Care plan.)* *(Chair Guerena asked with the 2014 mandate, if there were any predictions on the physician shortfall. Dr. Borenstein advised that CHC believes they can accommodate the Medi-Cal expansion population. The greatest concern is in the private sector for the private health plans that would be purchased on the Health Exchange, most particularly for specialty care. One of the subgroups from the ACA Planning Workgroup that has been formed is around specialty care network support.)* • Dr. Steve Hansen, in partnership with others, received some interest from the State organization that is looking at Health Information Exchange and has arranged for a kick off meeting this coming week		

	for all local health care partners to come to the table to discuss development of a robust Health Information Exchange for our county.		
8. Health Commissioner Updates	**Chair Guerena:** No update. **Commissioner Pope:** No update. **Commissioner Quinn:** Reported that First 5 invited her to speak in their Children's Bill of Rights video. The video will be shown at the Children's Summit on April 19. **Commissioner Clous:** No update. **Commissioner Enns:** No update. **Commissioner Blonsley:** Reported that he and Commissioner Sage are representing the Health Commission on the Preventative Health Grant Committee and have been reviewing grant applications and making site visits. They received 55 applications this year and the requests for funding are significant. It will be a difficult decision for the committee to make recommendations and for the Board of Supervisors to allocate these funds. **Commissioner Smith-Cooke:** No update. **Commissioner Raymond:** Attended the Adult Services Policy Council meeting on March 1st. The Council meets on the first Friday of each month and they are currently looking for a new location for the meetings. The March meeting included an update on adult protective services. **Commissioner Warren:** No update.		
9. Committee Reports	No committee reports.		
10. Prospective Future Items	**April 2013** • Public Health Week – include speaker from Cal Poly. • Public Health Department's Field Nursing Program – overview • Maternal, Child and Adolescent Health Programs – overview **Future Agenda Items** • Commissioner Raymond suggested an update on Adult Protective Services. • Commissioner Warren noted that May is Lyme Disease Awareness Month and advised that a few people from a local support group volunteered to come and speak to the commission. Chair Guerena suggested that the program also include a clinical expert. Dr. Borenstein commented that clinical case definition and clinical diagnosis of Lyme Disease don't always align, which makes for differing perspectives.		
11. Adjournment	Meeting adjourned at 7:45 pm.	*Adjournment*	*All*