DOMESTIC DISTURBANCE

A Tulare County team brings together victim advocates and law enforcement to prevent homicides.
Paper Trail

PODCAST

with Paul Myers
and Reggie Ellis

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A deadly disease continues to rise

From the Earth

Valley fever cases are rising in Tulare, Kern and Kings counties as infection is tough to diagnose, leading to an undercount of cases and delayed treatment

TEXT BY KAITLIN WASHBURN | PHOTOGRAPHY BY METRO GRAPHICS

Dr. Royce Johnson is one of the go-to doctors for valley fever. He has been treating people with the infection, which can be fatal and is endemic to the Central Valley, for decades. As the medical director of the Valley Fever Institute, he sees thousands of patients infected with valley fever, and he feels it should be a lot less.

“There is a lesser knowledge and misunderstanding of how big and severe the problem is and the impact on the population where you and I live,” Johnson said. “This is a major national health problem.”

While Johnson said the Institute recently received more attention and funding from the state and federal levels, he said lawmakers should have been taking valley fever seriously long ago.

“We’ve been doing research steadily over the years. But it’s always been on a shoestring,” Johnson said. “We never really had any support on this. I’ve had to do other research that paid me money so that I could do the research on valley fever.”

While valley fever is nothing new for the San Joaquin Valley, infection cases continue to rise. Health care professionals and activists say the care and resources for those afflicted fall short. This shortcoming acutely impacts farm workers, who risk contracting valley fever on the job and often don’t have access to health care.

Valley fever, also called coccidioidomycosis, or cocci, is an infection from a fungus that lives in soil, primarily in the southwestern parts of the United States, Mexico and Central and South America, according to the Centers for Disease Control and Prevention.

People contract the infection from inhaling the fungal spores, which usually enter the air when soil or dust is kicked up, like from agriculture or construction work. The spores prefer to live in undisturbed and dry natural soil. Once they’ve entered the air, valley fever spores can travel up to 75 miles.

People who work outside, like farm workers, tend to be at a greater risk of contracting the infection, said Dr. George Thompson, an associate professor of clinical medicine at UC Davis. Thompson, who specializes in fungal infections and researches valley fever, said farm workers are more likely to inhale the spores while working outside.

Even though the fungus doesn’t like fertilized soil, it can still travel to fields where people are working. Some fields, even some parts of the same field, are more likely to have cocci spores than others, Thompson said. However, that doesn’t mean a person with a desk job is safe from valley fever. Johnson, from the Valley Fever Institute, said roughly 50 percent of people who work indoors tested positive for the infection, as did 50 percent of farm workers, according to skin test surveys.

If someone tests positive for valley fever, that doesn’t mean they’ll experience symptoms, Johnson said. The fungus can remain dormant for someone’s entire life. Researchers have been trying to determine why the infection behaves this way, and Johnson said one explanation could be immunogenetics, the relationship between genes and the immune system.

Symptoms of valley fever are wide ranging, Thompson said. Most people who have inhaled the fungus never present symptoms, around two-thirds of people who test positive for the infection. For the remaining one-third, most deal with flu-like symptoms for weeks, and in some cases, months. The remaining three percent of people infected with valley fever deal with some aversion to the infection that requires life-long treatment. For less than one percent of patients, the infection travels to other parts of their body, like their bones, spine, skin and brain, Thompson said.

When patients are properly diagnosed, treatment for valley fever is effective and people can recover. The antifungals used to treat the infection continue to improve, Thompson added. Johnson says only five to 10% of people who contract valley fever are diagnosed. If there were 3,000 diagnosed cases in a year, Johnson said he would predict that there were 30,000 infections.

The main limitation when diagnosing valley fever, Thompson said, is that doctors often don’t think to test for it and patients don’t think to ask.

“Some people think it’s this niche, rare infection. But that’s not the case,” Thompson said.

California, especially in the Central Valley, is in the midst of a doc-
tor shortage, and doctors are coming from out of state to fill the health care gaps. The Council on Graduate Medical Education recommends 60 to 80 primary care doctors per 100,000 people. But in the San Joaquin Valley, there are only 39, according to a report from The Future Health Workforce Commission.

Even though valley fever has been in California for over a century, doctors who weren’t trained here aren’t familiar with the infection. Those doctors don’t think to test for valley fever and will misdiagnose patients with diseases like pneumonia or the flu, Thompson said. If someone with valley fever goes undiagnosed for months, it’s often too late for treatment to eradicate the infection. The patient is likely to experience lifelong symptoms.

Cases of valley fever in California have steadily increased for nearly 20 years. While that’s partially due to an increase in people contracting the infection, that spike is also thanks to doctors learning to recognize and properly diagnose valley fever, Thompson said.

The state of California did not start collecting data on valley fever cases until 1995, said Johnson, from the Valley Fever Institute. In 2018 and 2017, California cases were at the highest ever, according to 17 years worth of data from the California Department of Public Health. Cases in 2018 totaled 7,515, slightly down from 7,658 in 2017.

In Tulare County, the numbers follow a similar pattern. 2017 and 2018 were the highest years for valley fever infections since 2001. Tulare County had 248 cases in 2018 and 281 in 2017.

The environment and climate does impact valley fever. It’s widely assumed that while in a drought, cases of valley fever spike. The relationship is not simple, said Johnson from the Valley Fever Institute. “There almost certainly is a relationship between weather and climate and valley fever,” said Johnson. “Despite the fact that we’ve come out of a drought and had a very rainy year, it appears that this will be a very big year. We changed from very dry to very wet quite quickly, yet the trend line is still going up.”

SPARSE RESOURCES

Isabel Arrollo Toland is the executive director of El Quinto Sol de America, an organization based in Lindsay focused on working with communities to connect them with resources they might otherwise not be able to access or know about.

Health is a major priority for many of the people Toland works with, and valley fever is a particular worry for farm workers. Toland said her organization teaches farm workers to advocate for themselves at the doctor’s office. She’d also like for doctors to ask questions that are tailored around understanding the work someone does in agriculture.

“Working in the fields, your health is always impacted. Valley fever is just one health threat that people face,” Toland said. “They are more affected by heat, lack of water, pesticide exposure. There are so many different things that could be asked that would improve care for the farm workers.”

Thompson, from UC Davis, said another struggle with linking farm workers with health care is the nature of their work is mobile, their jobs rely on following the harvest.

Toland said her organization connects people to services available for valley fever. Her main recommendation if someone thinks they have valley fever? Don’t get treated in Tulare County, but go to Kern County to see a specialist at the Valley Fever Institute. That advice comes from personal experience. Toland contracted valley fever twice, and was misdiagnosed both times. The first time, in 2007, her doctor in Tulare County repeatedly diagnosed her with pneumonia.

Months passed and when Toland didn’t get better, she was advised to see a valley fever specialist in Bakersfield. She visited the Valley Fever Institute and tested positive for the infection. She was given proper medications, but it took months for her to recover.

Five years later, she developed a rash on her leg. After visiting a dermatologist for three months and watching the rash progressively worsen, she went back to Bakersfield and was again diagnosed with valley fever. Toland said her organization isn’t aware of valley fever-specific resources available in Tulare County.

“We would love to encourage and support an organization in Tulare County that focuses on valley fever, it’s a necessity,” Toland said.

Julie Solis founded Valley Fever Awareness and Resources in 2016 when she realized nothing was being done to bring awareness to valley fever. Her organization is based in Kern County, which has — by far — the highest rates of valley fever in the state. Kern County had 2,937 cases in 2018, the highest rate in 17 years for the county.

Since forming her organization, Solis said she focuses on educating people about valley fever and encouraging community organizing.

“One of the biggest challenges is the lack of resources available to people who work outside, like agriculture workers,” Solis said. “We focus on outreach into the fields because nobody is out in the fields explaining what valley fever is.”

Solis, armed with cold water and valley fever pamphlets written in Spanish, ventures out to farms to visit with workers. She said many of the people she meets are undocumented and their fear of deportation prevents them from seeking care.

“There’s a lot of work to be done,” Solis said. “We would love for the county and the state to take more responsibility on this issue.”

Tammie Weyker-Adkins, public information officer for Tulare County Health and Human Services Agency, said her department focuses on educating residents about all health risks they might face, including valley fever.

“Our role is educational base, and we have partnerships with stakeholders that have different roles, like Kaweah Delta,” Weyker-Adkins said. “We do outreach via social media or press releases and recommend people to take simple, preventative measures.”

One preventative measure they recommend, particularly to farm workers, is to wear a mask while working to avoid inhaling the fungal spores.

“We have public health clinics in the county that provide health services, including valley fever treatment,” said Sharon Minnick, an epidemiologist with the health and human services agency.

Aside from those efforts, Weyker-Adkins said, “It’s not necessarily our role to specifically provide valley fever help.”

Dr. Dan Boken, an infectious disease physician at Kaweah Delta, said he doesn’t know of any efforts at Kaweah Delta that specifically focus on valley fever. Boken said, however, there is plenty of access to treatment in Tulare County for people who contract valley fever. He works in clinics throughout the county that treat people for the infection. He sees a diverse group of patients with the infection, some of whom work in agriculture.

LEGISLATIVE ATTENTION

Rep. Kevin McCarthy, the House Minority Leader from California’s 23rd District, recently co-sponsored the FORWARD Act, a bill that would address the challenges of detecting, treating, and eventually eradicating valley fever.

The bill, which was sponsored by a bipartisan group of congress members from California and Arizona, would include efforts to increase public awareness of the infection and promote the development of new treatments and a vaccine.

In 2018, former Gov. Jerry Brown approved $8 million in state funding for valley fever. Of that $6 million was dedicated toward research and split between the UC system and the Valley Fever Institute. Two million dollars was allocated for awareness and outreach through the California Department of Public Health.

Johnson, who has been with Kern Medical 44 years, said he’s grateful for the support from lawmakers at both the national and state level, but this is a new phenomenon.

“It’s been a long time coming,” Johnson said. “I think both of those groups should have known this was a problem 50 years ago.”
A Visalia Eye Care group is seeing patient health in a whole new way.

Last month, Eye Surgical & Medical Associates in Visalia announced it is now using the Ngenuity 3D Visualization System, which features next-generation technologies to provide surgeons with more precision, depth and detail during eye surgery. Dr. Michael Boone said bringing the technology into the operating room confirms his practice’s commitment to offering excellent care to patients needing cataract surgery.

“In our practice, we are always looking for the latest technologies that will assist our surgeons during surgery,” said Michael Boone M.D. “The Ngenuity 3D Visualization System allows our surgeons to get through surgeries with less fatigue and helps us provide the very best possible care to our patients.”

Developed by Alcon, a global leader in eye care technology, the Ngenuity 3D Visualization System uses a 3D, high-definition digital video camera, and workstation to provide magnified images of objects during micro-surgery. It acts as an adjunct to the surgical microscope during surgery displaying real-time images, or images from recordings. The images offer greater depth, detail and color contrast, enables surgeons to operate under lower light levels to minimize exposure to the patient’s eye, and allows surgeons to view a large high definition screen rather than bending their necks to look through a microscope, which improves their posture and helps reduce fatigue.

Eye Surgical & Medical Associates covers a wide range of eye care services including: exams for the whole family, contact lens and glasses fitting, low vision services, as well as cataract, retinal, refractive and cosmetic surgery. To learn more about the Visalia practice’s doctors and surgical offerings, visit www.visaliaeyecare.com.
American Cancer Society makes a Moving Argument

During Breast Cancer Awareness Month, American Cancer Society says five ways to reduce your risk include diet, exercise, limiting alcohol and avoiding hormone therapy

ALTHOUGH THERE IS no sure way to prevent breast cancer, there are several things you can do that may lower your likelihood of getting it. Other factors, including family history, also increase your risk, but most women who get breast cancer do not have it in the family.

In observance of Breast Cancer Awareness Month, the American Cancer Society is offering these 5 tips to help protect your breast health:

1. Watch your weight. Being overweight or obese increases breast cancer risk. This is especially true after menopause and for women who gain weight as adults. After menopause, most of your estrogen comes from fat tissue. Having more fat tissue can increase your chance of getting breast cancer by raising estrogen levels. Also, women who are overweight tend to have higher levels of insulin, another hormone. Higher insulin levels have also been linked to some cancers, including breast cancer. If you’re already at a healthy weight, stay there. If you’re carrying extra pounds, try to lose some. There’s some evidence that losing weight may lower breast cancer risk. Losing even a small amount of weight – for example, half a pound a week – can also have other health benefits and is a good place to start.

2. Exercise regularly. Many studies have found that exercise is a breast-healthy habit. The American Cancer Society recommends getting at least 150 minutes of moderate-intensity activity or 75 minutes of vigorous activity each week. (Or a combination of both.) Moderate-intensity activities are at the level of a brisk walk that makes you breathe hard. And don’t cram it all into a single workout – spread it out over the week.

3. Limit time spent sitting. Evidence is growing that sitting time increases the likelihood of developing cancer, especially for women. In an American Cancer Society study, women who spent 6 hours or more each a day sitting when not working had a 10% greater risk for invasive breast cancer compared with women who sat less than 3 hours a day, and an increased risk for some other cancer types as well.

4. Limit or avoid alcohol. Research has shown that women who have 2 to 3 alcohol drinks a day have about a 20% higher risk compared to women who don’t drink at all. Even women who have 1 drink a day have a small (about 7% to 10%) increase in risk. Excessive drinking increases the risk of other cancer types, too. The American Cancer Society recommends women have no more than 1 alcohol drink in a single day. A drink is 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of hard liquor.

5. Avoid or limit hormone replacement therapy. Hormone replacement therapy (HRT) was used more often in the past to help control night sweats, hot flashes, and other symptoms of menopause. Researchers now know that postmenopausal women who take a combination of estrogen and progestin are more likely to develop breast cancer. Breast cancer risk typically increases after about 4 years of use, and appears to go back down within 5 years after stopping the combination of hormones.

Talk with your doctor about all the options to control your menopause symptoms, and the risks and benefits of each. If you do decide to try HRT, it is best to use it at the lowest dose that works for you and for as short a time as possible.
Local clinics ready to care for a Growing Family

Family HealthCare Network adds five clinics in Tulare and Fresno Counties, plans to open another clinic in Tulare sometime next year

FAMILY HEALTHCARE NETWORK has added five clinics in Tulare and Fresno counties this year with plans to add another in Tulare next year.

Family HealthCare Network (FHCN) formalized an agreement with San Joaquin Prime Care Medical Corp (SJPC) earlier this year to take over its health centers in Exeter, Farmersville, Reedley and Squaw Valley. President and CEO Kerry Hydash said FHCN was not actively pursuing the merger with the Exeter-based clinics but was immediately interested in the opportunity when it was presented by SJPC’s Dr. Stefan Pentschev.

“This is an exciting partnership that brings different and new opportunities,” Hydash said. “They have a very robust offering of services.”

Dr. Pentschev could not be reached for comment.

Pentschev started his private practice in Exeter in 1986. After earning his medical degree in Europe, and practicing for five years as a surgeon in Munich, Germany, he decided to move to California. Pentschev became enamored with the picturesque beauty of Exeter and the town’s warm community and decided to open his own private practice there after completing his residency in San Francisco. Pentschev quickly grow his practice and soon he opened three more offices in Reedley, Squaw Valley, and Farmersville. In 1998, the clinics were incorporated under the name San Joaquin Prime Care Medical Corp. SJPC offers a wide range of patient services including general health, prevention and wellness, immunizations, work/school/travel exams, IV therapy, chiropractic care, chronic disease management, family planning, weight management, podiatry and OB/GYN.

“We are extremely passionate about patient access to care,” Hydash said. “This move means patients will have increased access to care so we see this as a good investment.”

FHCN reopened the former Exeter location as its new Exeter Health Center on Sept. 9 at 330 E. Pine St. The health center offers family medicine, pediatrics, chiropractic care and podiatry services. The Exeter health center also includes a provider team familiar to the community. Dr. Stefan Pentschev, Dr. David Sine, Brianna Edwards, NP, Leslee Heuer, NP, Elton Tripp, PA-C, Joanne Beattie, NP, Christopher Orr, DMP, and Michael Lynn, DC will continue to offer care at the location. The health center is accepting current and new patients.

“They are bringing a tremendous amount of experience and we expect most of them will be joining us,” Hydash said. “We don’t anticipate needing to add any staff.”

Rev. Larry Taylor said he was glad to hear the staff at SJPC would remain the same, including his doctor, Stefan Pentschev. Taylor said he drives from Visalia to the Exeter office for appointments and that his entire family lists Dr. Pentschev as their primary physician.

“He’s a good doctor and a smart man,” Taylor said.

The Exeter Health Center’s temporary hours of operation are Monday through Friday from 8 a.m. to 5 p.m. To schedule your appointment, or for more information about the new Family HealthCare Network Exeter Health Center, please call 559-592-2134 or 1-877-960-3426, or visit the website at www.FHCN.org.

On Sept. 30, FHCN opened the doors of its new Farmersville East Health Center located at 682 E. Visalia Rd. in Farmersville. The health center will offer family medicine, pediatrics, chiropractic care, and podiatry services.

This is the second FHCN site in Farmersville. Its Farmersville Health Center opened across town at 730 N. Farmersville...
Blvd. in 2012. This marks the organization’s 38th site, and 33rd Community Health Center in Tulare, Fresno, and Kings Counties.

The Farmersville East Health Center’s hours of operation are from 8 a.m. to 5 p.m. Monday through Friday. To schedule your appointment, or for more information about the Farmersville East Health Center, please call 559-594-4564 or 1-877-960-3426, or visit the website at www.FHCN.org.

The Farmersville East Health Center also includes a provider team familiar to the community. Dr. Stefan Pentschev, Dr. Raynardo Garcia, Sheila Scheinnesson, PA-C, Elton Tripp, PA-C, Christopher Orr, DPM, and Michael Lynn, DC will continue to offer care at the location. The health center is accepting current and new patients.

Prior to the recent merger, FHCN was already the third largest federally qualified health center (FQHC) in California and the fifth largest in the nation. FHCN is poised to open another clinic in Tulare sometime next year. At its July 30 meeting, the Tulare County Board of Supervisors approved an agreement to lease FHCN 16,000 square feet of vacant space at the Hillman Health Center, located at 1062 S. K St. The lease is for just over $18,300 per month and will generate about $220,000 for the first year with a 2% annual rental escalator each additional year. Hydash said they are targeting next summer to open the new facility.

“We already work closely with the county and the county continues to be a great partner,” Hydash said.

Hydash said the Hillman center is strategic because it will provide specialty services such as cardiology, neurology, dermatology, and urology to patients in the Tulare area. Hydash said uninsured residents, a quarter of the population in Tulare County, have huge barriers to access specialty care. That’s why FHCN partners with Adventist Health’s Rural Health Clinic in Hanford to provide their patients with specialty referrals. While Adventist does not currently have a rural health clinic in Tulare County, they now own the Tulare hospital and Hydash said they hope to build on their relationship established in Kings County.

“Finding more specialty care will be a huge benefit to us and our patients,” Hydash said.

Hydash said the Hillman site will be its third clinic in Tulare and its 40th site overall, following the conversion of San Joaquin Prime Care. Hillman is smaller than many of FHCN’s existing health centers throughout Kings and Tulare Counties it adds 21 exam rooms to the network and could play a key role in the overall health care coverage of Tulare County.

“How many people we hire will be based on services offered and future modeling,” Hydash said. “Patient volume is up 22% from last year and we are on track to meet or exceed that this year.”

In all, FHCN operates 38 sites, 33 of which are FQHCs located throughout Tulare, Fresno, and Kings Counties. With over 200 clinical providers in its network, FHCN provides access to a wide range of coordinated health services, including family medicine, obstetrics and gynecology, pediatrics, adult and children’s dentistry, pharmacy, internal medicine, behavioral health, nutritional counseling, health education, case management, community health and outreach, and eligibility assistance. An array of specialty services such as optometry, chiropractic care, podiatry, perinatology, endocrinology and general surgery complement our full list of services offered. Family HealthCare Network also offers free transportation and extended evening and weekend hours.
Addressing childhood body image through Positive Measures

Bullying over a child’s weight can lead to eating disorders. Registered Dietitian says parents should take measures to address genetics, eating habits and family lifestyles.

Too often I see patients, children of all ages, who say they have been bullied or denigrated about their size from other kids. A majority of these kids are children who struggle with their weight. I am definitely not going to dismiss those who are underweight as well and made fun of. Most kids do not realize that this is also a form of bullying. Many of the negative comments towards these children have been shown to cause a complex and can lead to anxiety, depression and, in some cases, eating disorders.

Some don’t believe that being underweight or thin can have negative consequences. It is hard to determine from an outsider’s perspective if the low weight is genetic, if there is an eating disorder or other medical issues. Most people don’t realize that people of all sizes can be made fun of and just because they are “skinny” doesn’t mean that they can’t be affected in a negative manner.

Studies have shown that children are growing to greater heights and weights than in years past. Approximately 35% of the population are overweight or obese, almost a third of which are children and teens. Obese children can be teased more than their peers and are also more likely to suffer from social isolation and low self-esteem. Children and teens who are obese are at a high risk of developing diabetes, heart disease, high cholesterol and are most likely to become obese adults.

There are many reasons for growth and rapid development, puberty seemingly playing a big role. Sometimes it is also in our genes, heredity and family lifestyles play a big part on how children grow. Children influenced by their surroundings, the people they are with and the food that is available to them. The child’s environment can decide the chance and probability of them becoming obese.

So what can we do to help?

Our culture and upbringing have great influence on the type and quantity of food we eat. This is what we are taught and what we observe. Over time it becomes passed on from generation to generation.

Because of this it becomes difficult to undue unhealthy habits. Household income plays another role in the types of foods that are brought into the house. Our budget decides how much and what kind of foods we purchase and take in.

Education and our knowledge of health, food and nutrition plays the most important role of our families eating habits. If health conditions and obesity run in the family that automatically puts your child at risk of developing the same conditions.

It is important as parents that we don’t contribute negatively to our child’s weight. We want to keep eating and weight as a positive topic and want to try to use neutral words. We need to educate our children about their weight and not scold or ridicule them. We also need to lead by example. If we are encouraging exercise then it is important that we walk and exercise as well. Physical activity plays a big role in our weight. The less active we are the less calories we are burning throughout the day. The goal if 30-60 minutes a day of physical activity. The more we sit in front of the TV, computer, tablets, phone and video games the less active we are and the less amount of time we are physically active. Studies show that screen time can actually increase our appetite which increases our intake of calories.

The ultimate goal is to try and prevent medical problems from happening and not allowing it to become worse. Be aware that bullying comes in many forms and verbal being one of them. The younger the age of comorbidity onset the higher the risk of adult onset conditions. Help your children to make better food and drink choices and encourage physical activity daily. Talk to you doctor or local registered dietitian if you have concerns about your family’s health.

- Angela Duran Isaacs is a Registered Dietitian Nutritionist, Certified Lactation Counselor, Certified Personal Trainer, Diabetes Educator at Family HealthCare Network-Visalia. She can be reached by emailing aisaacs@fhcn.org.
What to do when your pet is more than
Sick As a Dog

American Society for the Prevention of Cruelty to Animals (ASPCA) offers tips for taking pets to the emergency room for trauma, blockages and poisons.

When a medical emergency befalls our furry friends, pet parents may find it difficult to make rational decisions, especially if something occurs during the middle of the night. That’s why it’s crucial to have an emergency plan in place—before you need it.

Your dog may need emergency care because of severe trauma—caused by an accident or fall—choking, heatstroke, an insect sting, household poisoning or other life-threatening situation. Here are some signs that emergency care is needed: pale gums, rapid breathing, weak or rapid pulse, change in body temperature, difficulty standing, apparent paralysis, loss of consciousness, seizures and excessive bleeding.

Pets who are severely injured may act aggressively toward their pet parents, so it’s important to first protect yourself from injury. For dogs: Approach your dog slowly and calmly; kneel down and say his name. If the dog shows aggression, call for help. If he’s passive, fashion a makeshift stretcher and gently lift him onto it. Take care to support his neck and back in case he’s suffered any spinal injuries. For cats: Gently place a blanket or towel over the cat’s head to prevent biting; then slowly lift the cat and place her in an open-topped carrier or box. Take care to support the cat’s head and avoid twisting her neck in case she’s suffered a spinal injury.

Once you feel confident and safe transporting your pet, immediately bring him to an emergency care facility. Call the clinic so the staff knows to expect you and your pet.

Most emergencies require immediate veterinary care, but first aid methods may help you stabilize your pet for transportation:

- If your pet is suffering from external bleeding due to trauma, try elevating and applying pressure to the wound.
- If your pet is choking, place your fingers in his mouth to see if you can remove the blockage.
- If you’re unable to remove the foreign object, perform a modified Heimlich maneuver by giving a sharp rap to his chest, which should dislodge the object.
- CPR may be necessary if your pet remains unconscious after you have removed the choking object. First check to see if he’s breathing. If not, place him on his side and perform artificial respiration by extending his head and neck, holding his jaws closed and blowing into his nostrils once every three seconds. (Ensure no air escapes between your mouth and the pet’s nose.) If you don’t feel a heartbeat, incorporate cardiac massage while administering artificial respiration—three quick, firm chest compressions for every respiration—until your dog resumes breathing on his own.

If you suspect your pet has ingested a toxic substance, please call your veterinarian or the ASPCA Animal Poison Control Center’s 24-hour hotline at (888) 426-4435. Trained toxicologists will consider the age and health of your pet, what and how much he ate, and then make a recommendation—such as whether to induce vomiting—based on their assessment. A $65 consultation fee may be applied to your credit card.
Alzheimer’s care donation in Porterville is Quite Memorable

Alzheimer’s Foundation of America gives $5,000 grant to Valley Adult Day Services in Porterville to provide resources for caregivers of dementia-related illness patients

A Porterville organization has received a $5,000 grant to provide respite care services for families affected by Alzheimer’s disease and other dementia-related illnesses.

The Alzheimer’s Foundation of America (AFA) announced earlier this year that Valley Adult Day Services in Porterville was one of 15 organizations in nine states to receive grants as part of AFA’s Milton and Phyllis Berg Respite Care Grant program.

Grant funding will support Valley Adult Day Services’ person-centered adult day program, which cares for individuals living with dementia, and cognitive and physical impairment, while specializing in Alzheimer’s care. The program provides care for participants while affording caregivers a much needed break to tend to other important needs. Additionally, Valley Adult Day Services offers caregivers support groups, training programs, classes and workshops, legal referrals, advocacy, an extensive resource library, and more.

“This funding will allow us to provide day programming services to those families that find the cost of the program beyond their financial abilities, providing the caregiver with much needed respite from the caregiving responsibilities,” said Kayla Muller, Executive Director of Valley Adult Day Services.

The Milton and Phyllis Berg Respite Care Grants are awarded to organizations that share AFA’s mission of providing support, services and education to individuals, families and caregivers affected by Alzheimer’s disease and related dementias nationwide. They were created in response to the overwhelming need for respite care as a result of caregiving responsibilities.

“As the incidence of Alzheimer’s disease continues to grow, we need to remember that it has a tremendous impact not only on those living with the disease, but the caregivers as well,” said AFA Board Treasurer, Barry Berg. “It is a tremendous responsibility for caregivers. It is important for them to be able to take time for themselves, maintain their own health, and recharge so that they can provide the best quality care to their loved ones.”

Funding is awarded twice a year. The grants are named in honor of the deceased parents of Barry E. Berg, who has served on AFA’s Board of Trustees since 2004. Mr. Berg’s mother, Phyllis, lived with Alzheimer’s disease and his father, Milton, was her primary caregiver.

“Valley Adult Day Services provides valuable services in the local community. They play a vital role in improving the quality of life for individuals living with Alzheimer’s disease and related dementias, and their families,” said Charles J. Fuschillo, Jr., AFA’s president and CEO. “Their respite care program provides much-needed support to families affected by Alzheimer’s disease. We are pleased to help them deliver these important services to family caregivers and their loved ones with Alzheimer’s.”

Caregivers who need information about respite care services can contact AFA’s Helpline at 866-232-8484 and speak with a licensed social worker, or connect through AFA’s web site, www.alzfdn.org. The Helpline is open 7 days a week.
Valerie Martinez was described as a pure soul with a kind heart. She was a beautiful person, inside and out, who could brighten a room with her smile. She was living the typical life of a 21-year-old. She worked in the guest services department at Target in Visalia a few days per week around her course schedule at College of the Sequoias in Visalia. She was studying to become a police officer, Sheriff’s deputy or possibly a probation officer.

She was even dating a guy she really cared about. Anthony Martin, a 20-year old security guard who worked at several locations throughout town, had been dating Valerie going on two years. Other than occasionally forgetting to call her sister or mom between classes, Valerie’s life looked like a textbook case of someone pursuing their dreams.

But behind closed doors, her life had become a nightmare of abuse that she suffered through silently. That silence was shattered in the early morning hours of Oct. 5 when Anthony shot and killed Valerie with a rifle at her home in the 3900 block of E. Harvard Ave.

Earlier this month, the Tulare County District Attorney’s Office charged Martin with first-degree murder with the special allegation of intentional use of a firearm causing great bodily injury or death, and possession of an assault weapon. Martin faces life in prison if convicted on all charges.

"You always feel like it’s never going to happen to you or someone you know," said Vanessa Gonzalez, Valerie’s big sister. "She was not the type of person to be confrontational. I don’t know how this happened."

WHAT CAN WE DO?

Domestic violence homicides are often perceived as coming out of nowhere—as something that happens when a partner “just snaps.” But research tells a different story. Caity Meader, executive director of Family Services of Tulare County, says we now know that the escalation of domestic violence to a lethal level follows an identifiable pattern with identifiable indicators. About 1 in 4 women (24.3%) and 1 in 7 men (13.8%) aged 18 and older in the United States have been the victim of severe physical violence by an intimate partner in their lifetime and are in danger of being killed by their spouse or significant other.

Deaths like Valerie’s are the reason that Family Services and the Tulare County Sheriff’s Office created the Domestic Violence High-Risk Team (DVHRT) two years ago. The team, which also includes the Tulare County District Attorney’s Office and the Tulare County Probation Department, incorporates evidence-based risk assessment tools into Tulare County’s response to domestic violence to identify the most dangerous cases—those that are at greatest risk of lethal or near lethal assault. The multidisciplinary team then meets regularly to monitor these high-risk cases, sharing case information and implementing specific intervention plans to mitigate the danger.

As part of the DVHRT model, Sheriff’s detectives and deputies are using an 11-question tool called the Danger Assessment for Law Enforcement (DA-LE) when responding to any call involving domestic violence. Advocates at Family Services are using an in-depth, 20-question tool with survivors who are seeking out services, called the Danger Assessment. Both were developed by Dr. Jacquelyn Campbell of Johns Hopkins University, the leading researcher in the field of intimate partner homicide.

"Research shows that there is something powerful about intervention from law enforcement just after an incident because the survivor is very open," Meader said. "When a member of law enforcement says to them, ‘based on the answers to these questions, I’m very afraid for your safety’ it can make a huge difference."

Tulare County’s High Risk Team tries to prevent a History of Violence

Tulare County was the first in the nation to implement a Domestic Violence High Risk Team, bringing victim advocates and law enforcement together to prevent homicides

TEXT BY REGGIE ELLIS | PHOTOGRAPHY BY ADOBE STOCK
Even if the victim is being evasive or are injured or scared to the point where they cannot participate, deputies can override the questionnaire and flag it for a follow up or simply refer the case to the High Risk Team anyway, regardless if the call was for a felony or misdemeanor. For instance, Meader said if the victim has any bruising around their throat, that could indicate a form of strangulation, the most extreme form of control over another person. It was a strangulation homicide on the heels of 11 domestic violence related homicides in 2017 that provided the impetus to form the High Risk Team.

“When you control someone else’s breathing, that is essentially control over their life,” Meader said. “It is a very serious sign that this situation is turning deadly.”

The hope is that more survivors of domestic violence will seek safety before the situation escalates to a lethal or near lethal one. According to Campbell’s research, the majority of domestic violence homicide victims, offenders, or both—up to 83%—had contact with criminal justice, victim assistance, or health care agencies in the year prior to the homicide. In the year prior to the homicide, more than 44% of abusers were arrested, and almost one-third of victims contacted the police. At the same time, only 4% of domestic violence homicide victims had used a domestic violence hotline or lived in a confidential shelter within the year prior to being killed by their partner.

“This is the key. We are trying to develop innovative ways to reach victims who are not walking through the doors of our shelter, to let them know that help exists, because our services are protective,” said Meader.

All cases from the Sheriff’s Office that have been screened as high risk go to the DVHRT for review and intervention. In situations where the victim reaches out to Family Services first, the non-profit only refers the case to the DVHRT with the survivor’s permission. Representatives from the four partner agencies meet in person, once per month, to review each case. The meetings ensure an open line of communication between all members of the team, allowing each agency to take actions to increase safety for the victim and maximize accountability for the offender. For example, the team could make sure a restraining order is in place prior to an abuser being released on bail or coordinate moving the victim into a confidential shelter prior to police making the arrest.

“Prior to the Team, the separate systems of law enforcement, courts and advocates unintentionally worked against each other,” Meader said. “Now there is a more open line of communication and we can coordinate every system to work in the best interest of the victim.”

Tulare County was one of just two communities in the United States selected to receive customized training and technical assistance to fully implement the DVHRT model. Rural areas like Tulare County have a 25-50% higher rate of domestic violence than urban areas.

Since becoming the first county to implement the model, domestic violence death dropped from an average of 10 homicides in 2015-16 and 2016-17 to just two deaths in the 24 months since it was implemented. That number is even more significant when you consider that Family Services responded to 425 crisis calls on the 24-hour domestic violence hotline and helped 500 domestic violence victims with Protective Orders or Child Custody Orders during that same time period.

WHY DON’T THEY LEAVE?

Meader said there are many misconceptions as to why women don’t leave an abusive relationship, but many domestic violence cases don’t start out abusive and the pattern of behavior doesn’t develop over night. Domestic violence also varies in every relationship. The one thing they have in common is that the abusive partner tries to exert more power and control over their partner.

“Statistically, the most dangerous time is when the victim tries to leave and the 90 days after they leave,” Meader said. “Someone leaving means the aggressor has lost all control, and for the perpetrator, that loss
of control can cause fatal violence.”

The cycle of domestic violence follows three phases, beginning with the tension building phase. Tension in every relationship can build over common issues like money, children and jobs. In an abusive relationship, the aggressor’s outlet for this tension is often verbal abuse. The victim tries to manage the situation by pleasing the abuser but eventually the tension reaches a boiling point.

The breaking point is when physical violence begins, usually triggered by the source of the tension or the abuser’s emotional state. The abuser escalates from verbal to physical abuse. The abuser then has a momentary realization of shame and expresses remorse. This begins the final phase known as the honeymoon phase. The abuser may exhibit kind and even loving behavior, apologize, offer gifts and even offer to be more helpful in an effort to convince the partner it will not happen again in the hopes of maintaining control over the victim.

“It’s called a cycle because it repeats itself, and over time the cycle gets shorter and more intense,” Meader said. “As they cycle speeds up, it becomes more dangerous.”

Prior to making the decision to leave, Family Services recommends reaching out to their organization or the Family Crisis Center in Porterville and work with an advocate to guide them through the process. The most important step is helping victims come up with a safety plan, where they find out when and how they will leave, where they will live and if they will file a restraining order.

In 2018, Family Services sheltered 77 adults and 98 children at Karen’s House. The 33-bed emergency shelter is at a confidential location. It provides meals and comprehensive support services to male and female victims of domestic violence and their children at no charge while they work to reestablish their lives in a supportive environment.

Meader said another misconception is that a friend or family member should call out possible abuse with the victim. Meader said this could have dire consequences if the victim gets defensive and could incite them to stay in the situation. Instead, Meader said concerned friends and family members should make the conversation about the victim’s wellbeing. The most important things are to listen without judgment, let them know you believe them, support their decisions and ask what you can do to help.

“Reach out in love and out of concern for their safety or for their children’s safety,” she said.

HOW DO YOU KNOW?

The signs are always seemingly there, but when you love someone who is a victim, it can often blind you to the truth you are hoping is far from reality. Vanessa said her sister poured herself into the relationship with Anthony. Valerie was always the one to go out of her way, across town or running all of the errands to accommodate his schedule. She would often pay for their dates while he would decide where they would go out and how they would spend her money.

“From the time they started dating, he was very much about himself,” Vanessa said.

Last summer, Vanessa said her sister started to withdraw from their family. Vanessa said she and her sister talked or texted on a daily basis before she met Anthony. During their relationship, Vanessa said Valerie would go weeks, at one point as long as a month, without talking to her. Valerie even took some personal time off work because she was having trouble juggling work, school and her relationship with Anthony.

“In the messages she sent me it felt like she was ready to leave him but she never said he laid a hand on her,” Vanessa said. “Now I wonder if she didn’t visit for weeks because she was trying to hide her bruises from us.”

Even when she did visit, Vanessa said her sister was constantly checking to make sure she had her phone with her. She later learned that Anthony had installed an app that would share her location at all times under the guise of “making sure she is safe.”

In a May text message, Valerie admits that she had been “distant” after she and Anthony had broken up. “I’ve just been trying to keep super busy but it’s been hard.”

Being the supportive sister, Vanessa responded “It’s OK to heal, you need time to just let out all your emotions.”

Valerie ends the message saying she’s not sure if her relationship with Anthony is over. In fact, the relationship didn’t end for another four months. A week after the May 24 text, Valerie texted Vanessa on June 1 that she and Anthony were trying to “work things out.” But after realizing she had put his needs before her own and was “just focusing on me.” “I was putting him and our relationship before any and everything as well as myself and it’s not healthy!”

Then, for two days, she didn’t respond to anything from him.

Valerie is convinced that Anthony’s abusive behavior rapidly escalated after an incident earlier this month. On Oct. 4 Valerie and Anthony attended a coworkers birthday party together. On the way to the party, Valerie noticed Anthony was ignoring her and texting someone else.

“She asked if he was cheating on her and he said it wasn’t any of her business,” Vanessa said as she recounted her sister’s story.

While driving a coworker home after the party, Valerie noticed Anthony texting again and again asked if he was cheating on her. Anthony began yelling at Valerie in the car and at one point turned to the coworker in the back seat and said he about to slap her in the face.

After dropping off the coworker, Vanessa said Valerie and Anthony broke things off again. Embarrassed by his behavior in front of her coworker and knowing that his temper was on rise, Valerie went home, packed up Anthony’s things, and drove them to his grandfather’s house.

Still angry from the fight, Anthony called over to Valerie’s house in the early morning hours and began searching for personal items he said she forgot to return to him. Valerie’s roommate, an older man, told Valerie he heard a lot of yelling before a rifle blast cut through the noise, and then settled into silence.

“I think he knew he had lost all control over her and it became a situation that if I can’t have you no one can,” Vanessa said. “And that’s when he took her from us. A person he never deserved. She was too good for him.”

WHO’S WITH ME?

Like many family members of victims, Vanessa blames herself for not seeing the signs earlier.

“I wish I would have looked deeper into the signs,” Vanessa said. “I wished I would have gone more in depth in our talks. I think she felt stuck.”

Friends, family members and officers have all told Vanessa there is nothing more she could have done without possibly alienating her sister or unintentionally escalating the situation without having a safety plan in place. But she still fights through the tears as she recalls Valerie and her plans to become an officer to protect others from becoming victims.

“I wish I would have fought harder to find out what was going on,” Vanessa said.

Vanessa said she is ready to fight for people like her sister. Fuelled by her pain and unfair guilt, Vanessa said she has dedicated herself during this month, as October is national Domestic Violence Awareness Month, to help others see the signs before they lose a family member.

“I don’t want any sister’s death to be in vain,” Vanessa said. “The weeks between her death and her services were a nightmare. Anything I can do to prevent another family from going through this, I will do.”

Friends and family of Valerie are hoping that her story could help prevent others from being the victim of domestic violence. They have also started a GoFundMe page to help Valerie’s family with funeral expenses. The family has a goal of raising $10,000. As of press time, they had raised over $9,500.

“I pray that the amount of joy that she brought to everyone who knew her, carries on,” Valerie’s friend Adriana Contreras wrote on the page. “Being just 21 years old, she was taken too soon from us and will be so greatly missed.”

“Research shows that there is something powerful about intervention from law enforcement just after an incident because the survivor is very open. When a member of law enforcement says to them, ‘based on the answers to these questions, I’m very afraid for your safety,’ it can make a huge difference.”

CAITLY MEADER
EXECUTIVE DIRECTOR
FAMILY SERVICES OF TULARE COUNTY
Vaccinating your child has never been more important. And if you ask local representatives, it’s a little too important.

Gov. Gavin Newsom signed two bills in August limiting vaccination exemptions for school age children. Senate Bill 276, and its companion bill Senate Bill 714, were approved by the Senate and Assembly and signed by the Governor on Sept. 9. SB 276, which takes effect on Jan. 1, 2020, requires the California Department of Public Health (CDPH) to standardize medical exemption forms for doctors detailing the medical basis for the exemption and give the agency the power to revoke them if they are deemed “inappropriate.” CDPH is also tasked with reviewing doctors who grant five or more exemptions in a year and to investigate schools with an overall immunization rate of 95% or less. SB 714 allowed children with a medical exemption issued before Jan. 1, 2020 to continue the exemption until that child enrolls in the “next grade span.” Grade spans were defined as birth to preschool, K-6 (including transitional kindergarten) and 7-12.

Gov. Newsom called for the bills after measles outbreaks in Washington, Oregon, and New York earlier year. 2019 already has the highest number of measles cases reported since the disease was officially declared eliminated in 2000.

Both bills passed on partisan votes and local Republicans led the charge to try and paint them as government overreach and endangering the lives and education of medically-fragile children.

“This legislation will unfairly target families with medically-fragile children,” said Senate Republican Leader Shannon Grove (R-Bakersfield). “It will harm children because it ignores the judgment of a family’s personal doctor and replaces it with a government bureaucracy. SB 276 is a dangerous intrusion on the doctor-patient relationship.”

Assemblyman Devon Mathis (R-Visalia) also opposed the bill. As a father of a child with spina bifida, a condition that affects the spine and nervous system, Mathis said he understands the need for vaccinations, but doesn’t trust a large bureaucratic organization like CDPH to process the requests efficiently enough to meet school deadlines, which can block a child’s entrance to a school district. “The fact that every single government agency has a backlog, it scares the hell out of me to think we would have a backlog of getting approval for our kids to go to school,” Mathis said.

Spina bifida can happen anywhere along the spine if the neural tube does not close all the way. When the neural tube doesn’t close all the way, the backbone that protects the spinal cord doesn’t form and close as it should. This often results in damage to the spinal cord and nerves.

Both Grove and Mathis also argued that there is already a state agency, the California Medical Board, which investigates doctors for malpractice, including fraudulent prescriptions, notes, and exemptions.

“If the author of this legislation and Sacramento Democrats truly want to crackdown on fraudulent medical exemptions, then the Legislature should focus on offering resources to the California Medical Board and making sure they do their job,” Sen. Grove said.

Mathis added, “The government doesn’t belong in that [doctor-patient] relationship. There are already laws on the books to go after bad doctors.”

AB276 does allow parents to appeal CDPH’s revocation to the Secretary of California Health and Human Services. The appeal would be conducted by an independent expert review panel of licensed physicians and surgeons established by the secretary. The secretary must adopt the decision by the panel and promptly issue a written decision to the child’s parent or guardian. The final decision of the secretary would not be subject to further administrative
review or appeal. During the appeal, a child would be allowed to continue attending school as long as the appeal is filed within 30 days of the state's denial of the medical exemption.

Historically, Tulare County has a high rate of vaccination and a near non-existent risk of a measles outbreak. The Tulare County vaccination rate for 2017/2018 was 98.3% for children entering kindergarten, which includes two measles, mumps, and rubella (MMR) vaccines. Just last month, the Tulare County Health & Human Services Agency Public Health Branch officials reported that there is no known current risk related to measles in Tulare County at this time and that all specimens from Tulare County and surrounding counties tested negative for measles.

"The risk of being exposed to measles is increased at this time with outbreaks in other areas," said Dr. Karen Haught, Tulare County Public Health Officer. "Traveling, especially to places that do have outbreaks, can increase the risk of exposure to measles, which heightens the importance of getting the measles immunization."

Historically, Tulare County has a non-existent level of risk for a measles outbreak, according to a recent report by The Lancet Infectious Disease. It lists the county's past and current risk level at 0.00. The only county in California with a significant risk of an outbreak was Los Angeles. According to the report, LA County ranks 2nd in the nation on the list of potential outbreak sites, second only to Cook County in Illinois. The report based a county's risk level on two main factors, the amount of individuals traveling there from a country experiencing outbreaks and low vaccination rates fueled by non-medical exemptions.

Measles is one of the most highly contagious illnesses, with symptoms that include fever (over 101˚), cough, runny nose, conjunctivitis (red eyes) with discharge, and a rash that starts at the head and travels down the trunk and to the lower extremities. The virus is spread by a cough or sneeze by an infected person, and the virus can live for two hours after the person with measles has left the room. People with measles can infect other people from four days before to four days after the rash appears. The incubation period for developing measles is up to 21 days after being exposed.

The best way prevent measles is to get the measles immunization, which is available at your doctor's office, local pharmacy, or health clinic. The Public Health Branch has an immunization program that offer low-cost or no-cost immunizations for individuals who are uninsured or underinsured. Please call (559) 685-5725 for more information, or visit tchhsa.org/eng/index.cfm/public-health/immunizations/ to see the May 2019 immunization schedule, travel recommendations, and school requirements.

Children usually get their first vaccine against the measles between one year and 15 months of age, with a second vaccine between the ages of 4 and 6. Each individual requires two vaccines to be fully protected.

Travelers taking international or domestic trips should review the Centers for Disease Control and Prevention (CDC) vaccination recommendations at www.cdc.gov/vaccines/vpd/vp/measles. For those planning international trips, especially anyone of any age who does not have evidence of immunity, please ensure you're protected against measles. For more information, visit the CDC's international travel recommendations at www.cdc.gov/measles/travelers.html.

If you think you or someone in your family has measles or has been exposed, contact your doctor's office or a local clinic right away. Tell them you might have measles before you go in so that they can prevent other patients and staff from exposure.
Methadone clinics bring those with addiction

On the Level

As Visalia prepares for a third methadone clinic location, Tulare County Mental Health discusses the benefits of medically-assisted treatment for addiction.

Text by Reggie Ellis | Photography by Metro Graphics

As Tulare County’s largest city, Visalia deals with the brunt of many of the area’s most difficult problems. Visalia has most of the county’s violent crimes, homeless people and those dealing with drug addiction. As expected, the city is also home to most of the facilities, programs and organizations that deal with these issues.

This summer, methadone clinics, and the number of them in Visalia, became a topic in the broader discussions about homelessness, housing, blight quality of life at community meetings and city council meetings.

There are currently three methadone clinics in the entire county, two are located in Visalia and one is located in Tulare. The two in Visalia are operated by Aegis Treatment Centers and Bay Area Addiction Research and Treatment (BAART). The Tulare clinic is run by Kings View Substance Abuse Program. Residents began voicing their opposition to the clinics earlier this year when plans for a third methadone clinic in Visalia were submitted. Architect Larry Lewis submitted plans for a methadone maintenance treatment center at 109 NW 2nd Ave. adjacent to Oval Park. City staff said the applicant, Cornerstone Rehab Center LLC, will need a conditional use permit that will have to be approved by the Visalia Planning Commission, so there will be an opportunity for public comment.

The questions surrounding methadone date back to the FDA’s approval of the treatment for heroine addiction in 1972. Is using a drug to treat a drug socially responsible? Is it effective? Should we spend tax dollars on drug addiction?

The answer to all of those questions, according to the Tulare County Health and Human Services Agency (HHSA), is that we can’t afford not to use methadone maintenance treatment.

In Tulare County, 6% of people 12 and older misuse opioids. More than half of opioid-related deaths are attributed to painkillers purchased at a pharmacy and not drugs purchased on the street. In fact, three in four adults in Tulare County have a prescription for opioids, according to the California Department of Public Health. Many of those adults also have overlapping pain medicines.

“The human body needs three things to survive: food, water and the chemical motivation for life, which in our bodies is dopamine,” said Natalie Bolin, deputy director of clinic services with Tulare County Mental Health.

When someone takes a drug, such as meth, their dopamine levels rise too fast and too intensely for their brain to properly balance. Bolin said dopamine levels for someone on meth are 1,000 picograms per millilitre, 20 times higher than normal. That puts a lot of pressure on the brain and results in extreme chemical withdraws that can only be satisfied with the drug itself or a safely prescribed alternative.

“Methadone allows us to stabilize dopamine levels so that the patient can focus on counseling instead of cravings,” Bolin said. “You can’t do any real recovery until you get to a point where you are not thinking about the drug every second of every day.”

As of July 1, Tulare County HHSA became a mandated service provider of Drug Medi-Cal Organized Delivery System operated by the California Department of Health Care Services (DHCS). Bolin said the county made the decision in order to receive state funding to implement evidence-based treatment plans for substance abuse disorder, more commonly referred to as drug addiction. The federal government pays 89% of the cost as part its Medi-Cal funding, while the state covers about 18%, and counties pick up the remainder.

The state pilot program, the first of its kind in the country, is in response to the high cost of court-ordered residential treatment facilities which have a high rate of failure once the person completes the program. Under the pilot program, initial studies show that an intensive outpatient treatment, which combines methadone and behavior therapy, is more effective and cost effective. In other words, counties in the
program treat drug addiction as a chronic disease, much like diabetes or heart disease.

According to DHCS, 8.5% (nearly 3 million) of Californians age 12 and older suffer from addiction but only 1 in 10 seek treatment. Barriers to access treatment include the lack of health insurance, out-of-pocket costs and the stigma of addiction. In order to qualify for the pilot project, residents must live in a participating county, be eligible for Medi-Cal and have been diagnosed with substance abuse disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders, the standard for mental health diagnoses in the United States.

From 2015-2017, the number of opioid deaths remained stagnant but the number of people prescribed buprenorphine, the most commonly used drug to treat opioid addiction, increased by 49% in Tulare County.

“That means more people are accessing treatment,” Bolin said. “And we have a 40-60% success rate treating it more like a disease than thinking of addiction in the traditional way.”

Methadone clinics are the most common place to administer a Medicated-Assisted Treatment (MAT), where the use of FDA-approved medications is combined with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of substance use disorders.

Three main types of opiate medications are used at methadone clinics throughout the nation. These include naltrexone, buprenorphine, and, of course, methadone. Bolin said all the drugs essential serve the same purpose, which is to trick the brain into thinking the patient is using the drug. Unlike buying opioids on the street, clinics control the dosage and do not “cut” or lace the drug with non-medical chemicals that can be extremely hazardous, such as bleach, bath salts, gasoline, and paint thinner.

“We are administering FDA approved medications that are safe and we are looking carefully at the amount we need to start, and then begin dwindling it down as we move toward recovery,” Bolin said.

Regardless of how people feel about methadone clinics and their effect on the area, Bolin said it has been proven that treating addiction both chemically and mentally is far less expensive than dealing with the effects of addiction through the courts and hospitals. The United States spends $78 billion on drug control policy but just $2.8 billion on treatment services. According to the Center on Addiction, 2 cents of every dollar spent on addiction and substance abuse goes toward treatment in California yet 98 cents is spent on the consequences of addiction.

“There are huge costs to not treating addiction,” Bolin said.

That’s not to say there aren’t challenges to MAT and methadone. According to American Addiction Centers, only a quarter of people prescribed methadone reach a point where they no longer need it and another 25% will never completely ween themselves off the replacement medication. About half are likely to be on and off users of the medication as they relapse and re-enter treatment. Like any medication, there are some mild side effects in short term use, such as slowed breathing, sexual dysfunction, nausea, vomiting, restlessness and itchy skin. Effects from long term use can include respiratory problems. Similar to prescribed opioids, there is also the possibility of replacing one addiction for the other. Abuse of methadone has the same side effect as most legal drugs including insomnia, swelling, loss of appetite, low blood pressure, irregular heartbeat and depression.

Bolin said there are risks associated with any medication, but, in the case of methadone, it would be far riskier for the patient, and the community, to remove methadone clinics from the equation.
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Woodlake Health Center
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