

CLOVIS CITY COUNCIL MEETING

July 18, 2022

6:00 P.M.

Council Chamber

Meeting called to order by Mayor Flores at 6:04
Flag Salute led by Councilmember Whalen

Roll Call: Present: Councilmembers Ashbeck, Bessinger, Mouanoutoua, Whalen
Mayor Flores

PUBLIC COMMENTS – 6:04

None.

CONSENT CALENDAR – 6:07

Motion by Councilmember Ashbeck, seconded by Councilmember Bessinger, that the items on the Consent Calendar be approved. Motion carried by unanimous vote.

1. Administration - Approved - Minutes from the July 5, 2022, Council Meeting.
2. Administration - Approved – Waive Normal Purchasing Process and Approve the Purchase of Replacement Desktop Computers and Servers using Competitively Bid Contracts with Purchasing Provisions for California State and Local Government Agencies.
3. Finance – Received and Filed – Findings & Recommendations from Community Facilities District Citizens Committee.
4. Finance - Approved - **Res. 22-82**, Measure C Extension Local Transportation Pass Through Revenues Certification and Claim Forms for 2022-23.
5. General Services – Approval - Claim Rejection of the General Liability Claim on behalf of Juan De La Torre.
6. General Services – Approved – **Res. 22-83**, Amending the City's FY 22-23 Position Allocation Plan by deleting two (2) Principal Office Assistant positions and adding two (2) Staff Analyst positions within the Fire Department.
7. Planning and Development Services – Approved – Bid Award for CIP 21-10 Fowler Avenue Street Improvements and Authorize the City Manager to Execute the Contract on behalf of the City.
8. Planning and Development Services – Approved – Final Acceptance for CIP17-28 Sunnyside Avenue Bike Lane.
9. Planning and Development Services - Approved – **Res. 22-84**, Final Map Tract 6166, located in the southeast area of Highland and Gettysburg Avenues (Lennar Homes of California, LLC).
10. Planning and Development Services - Approved – **Res. 22-85**, Annexation of Proposed Tract 6166, located in the southeast area of Highland and Gettysburg Avenues to the Landscape Maintenance District No. 1 of the City of Clovis (Lennar Homes of California, LLC).

PUBLIC COMMENTS REOPENED – 6:08

Brenda F., resident, shared her concerns on the increased use of marijuana near her apartment complex and made a complaint regarding her call for service from the Police Department and how the officer handled the incident.

COUNCIL ITEMS – 6:17

6:17 – ITEM 13 - APPROVED – APPOINTMENT TO CITY REPRESENTATIVE TO THE GOVERNING BOARD OF THE FRESNO METROPOLITAN FLOOD CONTROL DISTRICT (FMFCD) BOARD OF DIRECTORS.

The City Council presented a plaque honoring Roy Spina for serving on the FMFCD Board of Directors for the last 28 years.

Roy Spina, shared how he was appointed to the position 28 years ago by the late Council Member and Mayor at the time, Harry Armstrong. He also commented on his experience serving on the FMFCD Board and the important work that is done by the staff.

Motion for approval by Councilmember Ashbeck, seconded by Councilmember Bessinger. Motion carried by unanimous vote.

Sargeant Green, commented on the importance FMFCD serving Fresno County residents including the City of Clovis and shared his goals and duties stepping into this new role.

PUBLIC HEARINGS – 6:37

6:37 – ITEM 11 - APPROVED - **RES. 22-86**, SPR2001-018A2, A REQUEST TO APPROVE A SITE PLAN REVIEW AMENDMENT FOR THE CONSTRUCTION OF A NEW ± 2,500 SQUARE FOOT VISITOR CENTER FOR THE BOTANICAL GARDEN LOCATED AT 945 N. CLOVIS AVENUE. CLOVIS BOTANICAL GARDEN, ANNE CLEMONS, APPLICANT; CITY OF CLOVIS, OWNER; DWIGHT KROLL, REPRESENTATIVE.

Anne Clemons, Botanical Garden Representative, commented on the progress of this project leading up to this point and addressed Council's concerns with parking.

Pat Wynne, Botanical Garden Representative, addressed Council's question regarding buses and asked Council to encourage the Clovis Unified School District to have class field trips to the Botanical Garden which offers an educational opportunity.

Motion for approval by Councilmember Whalen, seconded by Councilmember Ashbeck. Motion carried by unanimous vote.

ADMINISTRATIVE ITEMS – 7:07

7:07 – ITEM 12 - ADOPTED – ORD. 22-06, R2008-007A3, A REQUEST TO AMEND THE LOMA VISTA COMMUNITY CENTERS NORTH AND SOUTH MASTER PLAN TO REMOVE THE PLANNED LOCAL STREET IDENTIFIED AS MARENGO AVENUE WITHIN PLANNING AREA 1 AND PLANNING AREA 2 AND TO ADJUST THE UNDERLYING R-3 ZONE DISTRICT TO REFLECT THE MODIFIED CIRCULATION LAYOUT. AP MULTIFAMILY, LP, PROPERTY OWNER; WATHEN CASTANOS HOMES, APPLICANT; PRECISION CIVIL ENGINEERING, REPRESENTATIVE. (VOTE: 4-0-1 WITH COUNCILMEMBER WHALEN ABSENT)

Motion for approval by Councilmember Ashbeck, seconded by Councilmember Bessinger.
Motion carried by unanimous vote.

COUNCIL ITEMS – 7:09

7:09 – ITEM 14 - APPROVED – A REQUEST FROM THE 500 CLUB CASINO FOR THE CITY COUNCIL TO OPPOSE PROPOSITION 26 WHICH, IF PASSED, WOULD LEGALIZE SPORTS BETTING AT AMERICAN INDIAN GAMING CASINOS AND LICENSED RACETRACKS IN CALIFORNIA.

Tal Eslick, Representative for 500 Club and Taxpayers Against Special Interest Monopolies Coalition, commented on the issue regarding Prop 26 and the Southern California tribal casinos' initiative to remove competitors like card room businesses.

Councilmember Whalen indicated that he will be abstaining from voting on this item as he is a Judge Elect and is bound by Canon 5 of the California Code of Judicial Ethics where a judge or candidate for judicial office shall not engage in political or campaign activity that is inconsistent with the independence, integrity, or impartiality of the judiciary. He indicated that he doesn't refrain from all political activity as a Councilmember but for activities that are not directly impacting the City of Clovis, he will abstain from voting on.

Motion for approval by Councilmember Bessinger, seconded by Councilmember Mouanoutoua. Motion carried 4-0-0-1, with Councilmember Whalen abstaining.

7:19 – ITEM 15 - CONSIDER – TO PROVIDE DIRECTION ON THE MEASURE C RENEWAL, A HALF-CENT SALES TAX DEDICATED TO FUNDING NEW ROADS, FREEWAYS, SIDEWALKS, TRAILS AND PUBLIC TRANSPORTATION IN FRESNO COUNTY RENEWAL BEING CONSIDERED BY THE FRESNO COUNTY TRANSPORTATION AUTHORITY.

Mike Leonardo, Fresno County Transportation Authority Representative, addressed Council's question regarding the allocation of Transit Oriented Development (TOD) funds and commented on the process to redefine TOD in the current Measure C plans. He indicated that there will be an opportunity to redefine TOD from its current definition in the

current plan that was proposed by the City of Fresno, and staff from each agency will work together in this effort to create a plan that is mutually beneficial.

The Council discussed the Measure C process and the events leading up to the current plan which was proposed by the City of Fresno. It was the consensus of Council to support and approve the current plan that will be voted on at the next FCTA meeting.

CITY MANAGER COMMENTS – 8:06

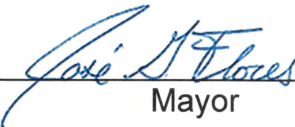
COUNCIL COMMENTS – 8:07

CLOSED SESSION – 8:15

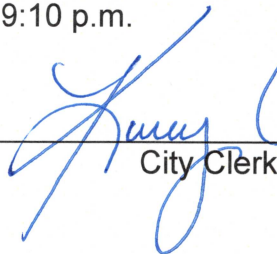
ITEM 16 - GOVERNMENT CODE SECTION 54957.6 CONFERENCE WITH LABOR NEGOTIATORS AGENCY DESIGNATED REPRESENTATIVES: JOHN HOLT, ANDREW HAUSSLER, SHONNA HALTERMAN, AND SCOTT G. CROSS EMPLOYEE ORGANIZATION: UNREPRESENTED EMPLOYEE: MANAGEMENT EMPLOYEES

Mayor Flores adjourned the meeting of the Council to August 1, 2022

Meeting adjourned: 9:10 p.m.



Mayor



City Clerk



Karey Cha

From: Public Comments <email@cityofclovisca.us>
Sent: Monday, July 18, 2022 4:47 PM
To: Karey Cha; Andrew Haussler; Rebecca Simonian
Subject: [External] Public Comment for City Council

Council Meeting Date: 2022-07-18

Item Number (put "0" if your comment is regarding an item not on the agenda): 0

Full Name: Andres Martinez Pais

Email: apais@icgworldwide.com

Comment: Good evening Clovis City Council,

Thank you for allowing me to leave a public comment tonight. I wanted to bring to your attention the California Mortgage Relief program, which has already distributed millions of dollars to thousands of eligible homeowners who are behind on their mortgage or property tax payments. Eligible homeowners can receive up to \$80,000 in mortgage payments and \$20,000 in property tax payments that they do not need to pay back!

In order to qualify, a homeowner must meet a set of requirements that can be found on the website at:

<https://link.edgepilot.com/s/31518104/6tPFDmsFUiYToJ-B0ildw?u=https://camortgagerelief.org/>. The website is available in 6 different languages and help with the application process can be easily reached by calling the program's call center at 1-888-840-2594.

The program will last until all of the funds from the billion dollar budget are distributed, so if any of your constituents or community members are in need of mortgage or property tax relief, please have them apply now!

If you have any questions please feel free to email (apais@icgworldwide.com) or call me (626) 660-8183, and I would be happy to assist anybody interested in applying for relief.

Thank you,
Andres Martinez Pais
Supporting Files (2 Max.):

Date: July 18, 2022
Time: 4:47 pm
Remote IP: 108.203.15.166

Links contained in this email have been replaced. If you click on a link in the email above, the link will be analyzed for known threats. If a known threat is found, you will not be able to proceed to the destination. If suspicious content is detected, you will see a warning.

Public Comments
July 18, 2022

Karey Cha

From: Public Comments <email@cityofclovisca.us>
Sent: Monday, July 18, 2022 4:48 PM
To: Karey Cha; Andrew Haussler; Rebecca Simonian
Subject: [External] Public Comment for City Council

Council Meeting Date: 2022-07-18

Item Number (put "0" if your comment is regarding an item not on the agenda): 0

Full Name: Cruz Avila

Email: cruza@alcoholjustice.org

Comment: SB 930 Bill

Wanted to provide information on bill to Clovis City Council

If passed, SB 930 would allow closing times for on-sale retailers to be extended from 2 a.m. to 4 a.m. as part of a "pilot program" conducted by the ABC. The pilot program may be conducted in seven cities: San Francisco, Oakland, Fresno, West Hollywood, Cathedral City, Coachella, and Palm Springs.

This bill recycles previously, failed bills: SB 58-Wiener (2019), SB 905-Wiener (2018), SB 384-Wiener (2017), and SB 635-Leno (2013).

Problems with SB 930:

- Disregards 40 years of peer-reviewed, public health research on the dangers of extending last call
- Ignores \$34 billion in annual alcohol-related harm & 11,000 alcohol-related deaths in California
- Subsidizes and rewards late-night alcohol-sellers at tax-payer and state expense

A few of the many harms/problems if SB 930 were to pass

I look forward to speaking with City Council

Cruz Avila
Alcohol Justice, Executive Director
415-302-5092
Supporting Files (2 Max.):

Date: July 18, 2022
Time: 4:48 pm
Remote IP: 50.76.38.66

Pharmacists tread carefully into the world of medical cannabis



The Healing Corner, a medical cannabis dispensary located in Bristol, CT, could pass for a spa. A potted sedge and weeping fig tree stand between padded chairs and loveseats.

The walls are painted a cool taupe, and a blue tabletop fountain softly burbles in the reception area. There's even a smiling Buddha statue in the consultation room, where David Slomski, PharmD, or one of the other three Healing Corner pharmacists reviews a menu of the dispensary's offerings to select a product that will best suit a patient's disease state and treatment goals. But make no mistake—the Healing Corner is devoted to the care of patients who have tried and failed to find relief through traditional medications.

When Connecticut finally allowed medical cannabis dispensaries to begin seeing patients in 2014, Slomski didn't waste any time jumping on board. Fresh out of University of St. Joseph School of Pharmacy in Hartford, Slomski—now dispensary manager at the Healing Corner—was eager to seize the opportunity to be an entrepreneur and pioneer in the industry. "My license number is three," he said. Slomski is also chair of the Connecticut Pharmacists Association (CPA) Medical Marijuana Dispensary Academy, a continuing education creator and presenter, and winner of CPA and Pharmacists Mutual's 2015 Distinguished Young Pharmacist Award.

Connecticut was certainly the right place to do it. It was the first state in the nation to mandate that a registered pharmacist be onsite at all medical cannabis dispensaries.

Pharmacists get in the game

The law permitting the use of medical cannabis in Connecticut was enacted in 2012, and it took 2 years to work out issues such as how to license dispensaries and pharmacists, where medical cannabis providers would obtain their products, and what conditions would qualify patients for a card.

Four more states—Arkansas, Min-



nesota, New York, and Pennsylvania—went on to mandate pharmacist involvement in the provision of medical cannabis. Though pharmacists are a common thread, the laws vary widely in what qualifying conditions make patients eligible for the program, how pharmacists and prescribers become authorized to prescribe or dispense, whether pharmacists or physicians must be onsite at dispensaries or be available as a consultant only, and more.

Here's how it works in Connecticut. To get a medical marijuana card, a patient must be diagnosed by a Connecticut physician or advanced practice registered nurse as having one or more qualifying conditions. The only stipulation is that the provider has an active controlled substance registration in good standing and has access to the Connecticut Prescription Monitoring Program.

"They don't need any special certification; they just need to register with the State of Connecticut to certify patients," Slomski said. To work with patients using medical cannabis, however, pharmacists are encouraged to educate themselves by participating in continuing education and keeping up to date on any developments in the medical cannabis field. A dispensary pharmacist must be onsite at the dispensary facility during business hours.

The legal outlook is hazy

Joseph Friedman, RPh, MBA, is chief operations officer at PDI Medical, a dispensary located in Buffalo Grove, IL. Illinois does not mandate that pharmacists be involved with the dispensing of medical cannabis, but Friedman has been an active participant and advocate for pharmacists as providers of medical cannabis and is a frequent presenter at health conferences across the country.

Among pharmacists, one question he said he gets a lot is, "I'd love to get into this industry. Am I going to be taken away in handcuffs?"

"There are questions that have to do with federal law versus state law, and which one really takes precedence, even in a particular state where medical cannabis is legal," Friedman said.

States that allow medical cannabis typically treat it as if it were a Schedule II drug, based on the rules and regulations imposed to dispense it—the Oregon Board of Pharmacy even officially reclassified it as Schedule II in 2010—so it can be used therapeutically. Even so, no one can say for certain how or if the federal government will take any legal action against pharmacists and other dispensers of what remains a Schedule I drug federally. The picture is even hazier since U.S. Attorney General Jeff Sessions has indicated his Department

THE Healing CORNER



Timothy Wang, security; Briana Nocera, patient access representative; Amanda Labbe, PharmD; Juli Bradley, office manager; Bobby Lavoie, CPhT; Marlene Chasse, CPhT; Slomski; and Geri Ann Bradley, RPh.

■ Adult- and medical-use regulated laws

■ Comprehensive medical marijuana law

■ CBD/low THC product law

■ No marijuana access law

Source: National Conference of State Legislatures

of Justice may be willing to crack down on cannabis.

"We've reached the threshold of more than 50% of the states [allowing or approving] medical marijuana legislation, but in terms of federal law, the DEA and FDA have refused to reclassify marijuana as anything other than a Schedule I drug. So, on a national basis, it continues to be illegal," said Gina Moore, PharmD, MBA, assistant dean for clinical and professional affairs at University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences in Aurora, CO.

Megan Veselov, PharmD, a former New York dispensary pharmacist who is now an instructor at Albany College of Pharmacy and Health Sciences in Albany, NY, urges pharmacists to stay on top of evolving policy, especially at the state level. "There is a lack of standardization in laws between states, which can be confusing for patients and providers. Each state has different regulations regarding what medical con-

ditions can be treated using cannabis, dosage forms, labeling requirements, quantities that can be purchased, and so on," she said.

It's not easy being green

Federal prohibition also restricts the amount of medical cannabis research that can be conducted, and that's a major issue for health professionals who are open to treating patients with cannabis but wary of a lack of scientific evidence.

"Doctors and pharmacists aren't seeing peer-reviewed articles and research studies in their trade magazines and scientific journals," said Friedman.

"A lot of the traditional drug information compendia do not contain information about marijuana uses or drug interactions. At least the evidence is starting to be published, whether or not it's anecdotally. But pharmacists should look at different sources of information for potential drug interactions for marijuana," said Moore.

In the absence of good science, pharmacists who treat patients using medical cannabis rely on each other to solve tenacious problems or share cases in which a patient has responded particularly well to a certain strain, dosage, or delivery method. It's a bit of guess and check, but by working together, medical cannabis pharmacists have put together their own sort of research.

"When [Connecticut pharmacists] first got started, we were making educated guesses in terms of recommending the appropriate dosage forms and strain types for patients. We did this by leveraging our resources in other countries, like Canada and Israel. They both have federal medical marijuana programs, so they have some double-blinded, placebo-controlled clinical trials where they're comparing cannabis extracts to conventional pharmaceuticals. So early on and even continuously, we're always scouring the publications that hit the shelves," Slomski said.

"Now that the patient count has grown and we've been in operation for 3 years, it's gotten to a point where we've been documenting our patient outcomes," Slomski said. "And when we get a new patient, we do have a little bit of a database where we could see, 'Okay, this patient's similar demographic, similar symptom relief—these are things that have worked well for other patients,' and that allows us to

make a better recommendation for our newest patients.”

“There’s a lot of networking and conversations that go on. I don’t know everything, I don’t claim to know everything, but I do reach out and have conversations with those who are more knowledgeable,” Friedman said.

“The problem is standardization—every dispensary’s product is different. Manufacturers may have similar dosages of THC [tetrahydrocannabinol] and CBD [cannabidiol], but the varying excipients may potentially alter the absorption, distribution, and metabolism. So it’s very hard to extrapolate data in products available in various states. But we’re doing that anyway because it’s the best we have,” said Melani Bersten, PharmD, a dispensary pharmacist in Minnesota. “Similar to when pharmacists compound medications, we understand the basic pharmacologic properties and hypothesize what will happen in the body. Our only solution under the current legal restrictions is to start low and go slow and prepare our patients for the experimental nature of the medicine.”

“As far as selecting the strains, I know what we have in inventory. I

know the species and the ratios of the cannabinoids and I know what they do, and I know what this patient is trying to accomplish, and so I make my recommendations based on that,” Friedman said. “There’s a little bit of trial and error, but we try to minimize the error and get to a benefit a lot faster than just throwing products at them and saying, ‘Hey, try this.’”

“Once I understand the patient and the medications they’re on and the goal of therapy, I make sure they understand what cannabis is and how it can help them,” Friedman said. “I go through the different routes of cannabis administration and help them understand the difference between sativa and indica. I talk about the strains and the THC and CBD ratios. So, these are quite comprehensive conversations—it’s never just a 5-minute thing. There’s a lot to it.”

Who could benefit from medical cannabis?

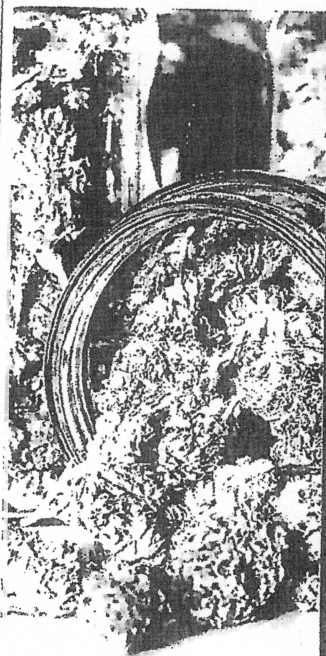
Most states with medical cannabis laws limit its use to patients diagnosed with a predefined set of qualifying conditions. Common qualifying conditions are cancer, HIV/AIDS, multiple sclerosis, cachexia or wasting syndrome,

glaucoma, amyotrophic lateral sclerosis (ALS), Crohn disease, and seizures. More states are beginning to include pain, PTSD, and problems with sleep. Some are less explicit—the District of Columbia and California both allow use for any condition that cannot be adequately treated by other means and that limits a patient’s ability to perform activities of daily living.

“I did not necessarily expect the diversity of patients finding relief with medical cannabis [in New York]. There tends to be a stigma or stereotype of individuals who use cannabis, but we really see every demographic and a wide variety of medical conditions,” said Veselov.

But there are also patients for whom medical cannabis might not be a good choice. “One of the things we look out for are any cardiovascular comorbidities, because especially with the inhaled cannabis, it could decrease blood pressure with a paradoxical increase in heart rate. So any of our cardiovascular patients, we’re going to caution them about that,” Slomski said.

“Consulting with patients on their medical cannabis requires assessing the patient’s goals of therapy and asso-



CBD oil and the myth of “natural” cures

“I think in general people think that CBD and THC are cure-alls and that because they’re natural products, they don’t have drug interactions, there are no side effects. I see it all the time online—‘You have a migraine? Try CBD oil,’ ‘You have pain, try CBD oil,’” said Matt Makelky, PharmD, clinical neurology research fellow at University of Colorado (UC) Skaggs School of Pharmacy and Pharmaceutical Sciences. Makelky also works at UC Hospital’s epilepsy clinic. “And the reality is that CBD does interact with some medications, and if you’re doing this unguided, bad things could happen.”

Makelky participates in research on CBD’s effect on Parkinson disease, using certain products with reliable properties to “figure out the holy grail of doses”—not an easy feat, since DEA places “cumbersome” regulations on product sources, access, and storage but little guidance on compounding. “We don’t want to get it too high and they have toxic effects, or too low and they’re not getting any relief.”

CBD is thought to be an inhibitor of CYP 3A4 and CYP 2D6. Makelky cautions pharmacists whose

patients are both using medical cannabis and taking the following drugs—“just to name a few possibilities,” he said.

- Warfarin
- Zonisamide
- Eslicarbazepine acetate (Aptiom—Sunovion)
- Cyclosporine
- Calcium channel blockers
- Benzodiazepines
- Haloperidol (Haldol—Johnson & Johnson)
- Atorvastatin (Lipitor—Pfizer)
- Simvastatin

“If I were in the pharmacy and somebody came up and said, ‘I’m thinking about using CBD, what do you think?’ I would want to know what meds they’re on. And if they’re on any prescription meds, they need to talk to their doctor because there’s just no guidance, and the doctor needs to know,” Makelky said.

“I think the big takeaway point is that CBD is good, but it’s not benign. It can interact with other drugs, and we don’t understand it enough to where people should be administering it to themselves without any physician or pharmacist involvement.”

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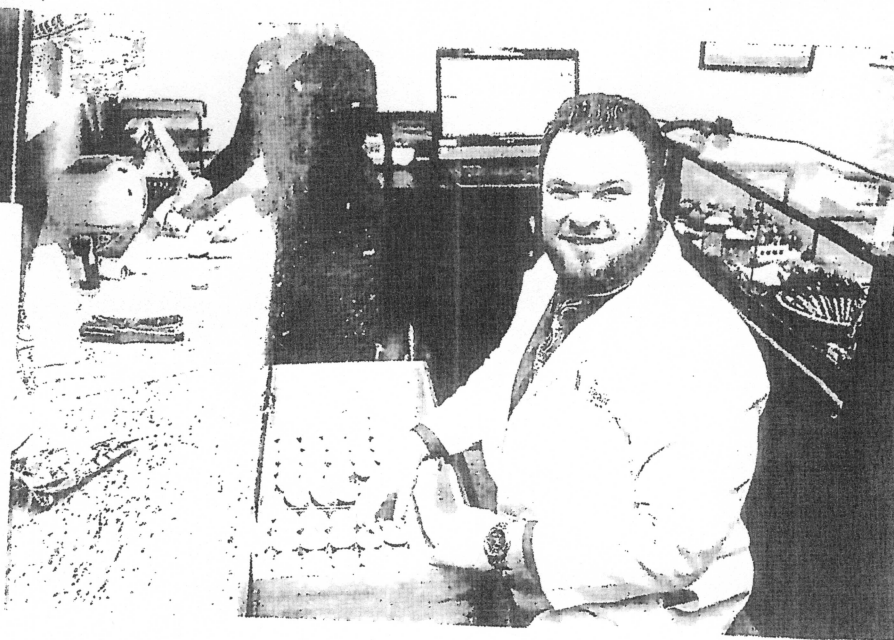
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any other substance that somebody might be taking and to get a full history and understand some of the adverse effects that might be present," said Moore.

Veselov agrees. "Many patients are utilizing cannabis for their various medical conditions but may be hesitant to be open about it. Cannabis is just like any other medication, with drug interactions, side effects, and dosing considerations. We need to be including it in our conversation with our patients and make sure we are as educated on cannabis as we would be with any therapy," she said.

Seeing results

"Pharmacists are trained to do consultations, record keeping for controlled substances, and keeping [of] accurate inventories," Slomski said. "So when health care providers realize pharmacists are doing the dispensing, that this is operated almost like a traditional pharmacy, it makes them feel much more comfortable adding medical marijuana as a therapeutic option for their patients."

"Medical cannabis is bringing us back to treating the patient as a whole and supporting patients for symptom self-management through education, or referring to a physician as recommended," Bersten added.

Though Slomski has found an entrepreneurial outlet and new way to practice pharmacy by working in the dispensary, seeing patients' quality of life improve is what's most rewarding.

"It's just tremendous when parents tell us their child was able to either cut back on the amount of traditional antiepileptic drugs that they are on, with the supervision of their child's neurologist, by substituting with some of these medical cannabis products," Slomski said.

"And it's a great source of pride to have patients with PTSD come in and say, 'Hey, I slept for 8 hours for the first time in 15 years'—something as simple as that. To hear that from patients, it's fantastic."

Rachel Balick, reporter

ciated symptoms, as the diagnosis of cancer, ALS, or any chronic disease is accompanied by comorbidities like anxiety, depression, and insomnia. Medical cannabis can affect multiple symptoms across various systems, which affects quality of life," said Bersten.

Connecticut dispensary pharmacists gained authority to treat pediatric patients with certain conditions in October 2016. "We are currently treating six pediatric patients. We're using high-CBD cannabis oils or tablets to treat their seizure disorders with some of these medical cannabis preparations that aren't intoxicating—they don't have THC, which causes the euphoric effect associated with cannabis use, but they provide the therapeutic effect of CBD," Slomski said.

How should patients use cannabis?

"A lot of people's perception about medical marijuana is what they see on the news. You see file footage from Colorado, California, where there's jars of marijuana on display, and that's just not the case," Slomski said.

"Everything that [Healing Corner has] is in the conventional prescription bottles, labeled as a conventional prescription. And there are a lot of other things besides the smokable form—tablets, capsules, sublingual preparations like sprays, breath strips, tinctures—and we find that the vast majority of our new patients who are naive to cannabis go to those dosage forms," Slomski continued.

Still, "having an inhaled delivery route—oils for vaporization—is ideal for many of our patients using cannabis for immediate symptom relief,"

said Minnesota's Bersten. "It's fast-acting [and] avoids the gut and the liver to a greater extent than swallowing cannabis."

Drug interactions are a big factor in making choices about medical cannabis treatment. "Drug interactions have not been very well documented, because unfortunately, with [medical marijuana] being federally illegal, there haven't been controlled trials here in the United States to see what the [interactions] are," said Slomski.

"We work very closely with physicians for patients who are on warfarin and antiepileptic drugs, especially with the pediatric patients. There's a fairly well-documented interaction between CBD and clobazam (Onfi—Lundbeck), so for any of our patients who are on [Onfi], we always get on the phone with the physician to make sure that they keep a close eye on those levels," Slomski said.

Friedman also uses caution with patients taking drugs that experience has shown could interact with medical cannabis products. "Corticosteroids, warfarin, some hospital-administered antibiotics. Certainly, there are additional drug interactions where something's going to make you lethargic, and cannabis can accentuate that," he said. "Cannabis increases the level or effect of a lot of different medications, and whether that's going to be clinically significant or not is certainly something to have a conversation with the patient about."

"I think we're just starting to become aware of more drug interactions that are possible with marijuana, and we need to treat marijuana like



9:30 AM

CITY OF CLOVIS

Received

2



JUN 23 2022

ADMN/CITYMGR

APPLICATION FOR APPOINTMENT TO COMMISSION OR COMMITTEE

(Please complete a separate form for each commission or committee appointment desired.)

Name of commission or committee you are interested in serving on: Fresno Metropolitan Flood Control District

Name: Sargeant J. Green

Home Address: 540 Jordan Avenue City: Clovis Zip: 93611 ✓

Phone Number: (559) 230-9050

Number of Years Clovis Resident: 23

Email Address: sgreen@mail.fresnostate.edu

Current Employer & Position: California Water Institute at Fresno State, Project Director

Business Address: 2703 Barstow Avenue, Fresno, CA 93740

Business Phone: (559) 278-8653

Years/Months Employed: 15 years, 2 months

Please list past or present City appointments, as well as any other public service appointment or elected position held with dates served:

No City appointments

Current public service position

Board of Director, Tule Basin Land and Water Conservation Trust

Past public service positions

Member, California Water Quality Monitoring Council, 2007 – 2016

Association of California Water Agencies, Chair of Water Quality Committee, Chair of Clean Water Subcommittee, member of Board of Directors and Executive Committee, 2002 – 2016

Member and President, I-5 Business Development Corridor, 1996 - 2004

Member, Board of Directors, Fresno Slough Water District, 1996 – 2000

Member and Chair, Fresno County Water Advisory Committee, 1990 – 2004 (committee disbanded)

Please list all clubs/organizations you belong to and any volunteer work you have performed:

North Spartan League, Fresno, baseball coach

Clovis Junior Soccer League, soccer coach

Item 13

What experience or special knowledge can you bring to your area of interest? Please list occupational experience, if applicable:

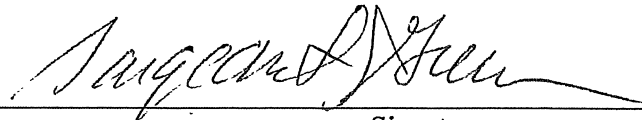
I have worked in the water industry for my entire career, including as a Senior Water Resource Scientist with the California Regional Water Quality Control Board in the Fresno office, as General Manager of Tranquillity Irrigation in Fresno County, Secretary-Manager of two Resource Conservation Districts, as a private consultant conducting property environmental cleanups, staff Project Director and Center for Irrigation Technology, Executive Director at Fresno State's water programs and finally as the Associate Director of Water Resource Policy Initiatives for the California State University Chancellor's office.

List any affiliation you believe may present a conflict with serving on a City Commission or Committee:

None

Why do you want to be on the Commission or Committee?

I hope to offer the Flood District my service and experience in a way that continues to make it premier water management organization. I have special experience in groundwater quality matters and investigations which will continue to be a challenge under the new Sustainable Groundwater Management Act. The District facilities are intimately integrated into groundwater management and will continue to be an important aspect of the local groundwater sustainability plan.



Signature

6-22-2022

Date