

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

August 15, 2016

NEXT MEETING:

Monday, September 19, 2016

1:00 p.m. – 3:30 p.m.

Ventura County Behavioral Health Administration
1911 Williams Drive, Training Room ♦ Oxnard, CA 93036

Note: The Behavioral Health Advisory Board has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

BHAB Members Present

Janis Gardner, Chair
Karyn Bates
Ratan Bhavnani
Nancy Borchard, Secretary
Gane Brooking
Mary Haffner
Jerry Harris, 2nd Vice Chair
Larry Hicks, Member-At-Large
Patricia Mowlavi
Cmdr. Ron Nelson
Denise Nielsen
McKian Nielsen
Irene Pinkard
Carol Thomas, 1st Vice Chair
Kay Wilson-Bolton
Sandra Wolfe

BHAB Members Absent

Monique Garcia
Sidney White
Supervisor John Zaragoza

Others Present

Sgt. Albert Miramontes
Nicoleta Weeks
Ronald Pollack
Diane Belmontes
Mahsa Hamedani Chadorchi
Mark Stadler
Lorenzo Moraza
Maria Cavucci
Ronald Pollack
Rachel McDuffee
Kimberly Bennett
Liz Warren
Mark Franke
Lori Litel
David Deutsch
Marika Collins
Jennifer Gomez

VCBH Managers/Staff Present

Elaine Crandall, Director
Healthier Johnson
Sandra Nelles, Contracts BH Manager
Deborah Thurber, M.D., Youth & Family Medical Director
Patrick Zarate, Alcohol & Drug Programs Manager
John Schipper, Adult Division Manager
Pete Pringle, Youth & Family Division Manager
Narci Egan, ACFO-HCA
Terri Yanez, Special Projects Senior Manager
Aurelia Musni, FM
Dee Turner, Fiscal
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 1:05 p.m.		
II.	Approval of the Agenda Ms. Gardner asked the Board to review and approve today's agenda.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the Board to review and approve the minutes of the July 18, 2016 meeting.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked for introductions.		
V.	Recognition Award: Pre-Trial Detention Facility Mental Health Unit Jerry Harris highlighted the work of the Pre-Trial Detention Facility Mental Health Unit: "... The interdisciplinary staff demonstrates concern for the treatment needs and well being of the severely and persistently mentally ill inmates and those with substance use disorders..." Ms. Gardner presented certificates of commendation to: 1. Sgt. Albert Miramontes "... for playing a critical role in making the jail mental health program a success... He serves as a liaison between the inmates, California Forensic Medical Group (CFMG) staff, VCBH staff, and custody staff..." 2. Heather Johnson , Community Services Coordinator, who "... has served as the mental health liaison to the jail since coming to VCBH in 2007. She works tirelessly to assure VCBH clients going into jail are continued on their prescribed medications while in custody..." 3. Nicoleta Weeks, R.N. , who "...in 1999 accepted the California Forensic Medical Group Program Manager position in Ventura County Detention facilities. As a result of her efforts, Ms. Weeks has been instrumental in making major improvements to the care of mentally ill inmates in the jail system..." 4. Ronald Pollack, M.D. , who "...began working with county inmates in 2013 and currently dedicates his full time practice to mentally ill individuals in the Pre-Trial Detention Facility..." 5. Diane Belmontes, L.V.N. , who "... [works] in the Ventura County jails as a medication and treatment nurse... Her passion and desire to help mentally ill inmates personifies th delivery of services that she provides..." 6. Mahsa Hamedani Chadorch, L.M.F.T. , who "...joined the California Forensic Medical Group Psychiatric team in 2013, bringing with her a great deal of knowledge in dealing with addiction and mental health behavior..." John Schipper, Nanchy Borchard, Cmdr. Ron Nelson, and Karyn Bates thanked the recipients for their caring attitude and hard work.	Information	
VI.	Chair Announcements A. September is Suicide Prevention Month. There is a "Preventing Suicide" conference at Cal State Channel Islands on September 16. Pre-register as soon as possible. B. The Out of the Darkness Community Walk is on September 17 at 9:00 a.m. at Constitution Park in Camarillo. C. The Marijuana conference What Future Do you Want to See is on September 28, 8:00-noon, at the Oxnard Marriott River Ridge Hotel. It will include participation from guest speakers from Colorado. Pre-registration is required. D. The NAMI California conference will take place on August 26 to 28 in San Francisco.		

	<p>E. The Farm Worker Innovation Proposal, which was approved at the CLC, will be sent to the State.</p> <p>F. Copies of the Site Visit Report of the Pre-Trial Detention Facility are being distributed to BHAB members. Members of the public who would like a copy should contact the BHAB Assistant, Edith Pham.</p> <p>Ms. Gardner reminded the BHAB members that any concerns that arise from a site visit need to be brought up to VCBH's attention before the reports are made public.</p> <p>G. During the September General Meeting, Director Crandall will give a presentation on the VCBH Annual Report.</p>		
VII.	<p>Public Comments None.</p>		
VIII.	<p>Board Members Comments and Announcements</p> <p>A. Denise Nielsen, Chair of the BHAB Youth & Family Committee, noted that the committee has been following the Continuum of Care Reform, which emphasizes the placement of foster children into foster families rather than congregate care. Community groups or churches who would like to have a presentation on recruiting foster families should contact Ms. Nielsen or Edith Pham.</p> <p>B. Sandra Wolfe noted that there are two vacancies on the BHAB, one in District 1 and one in District 5. She would like to see these vacancies filled.</p>		
IX.	<p>Presentation: VCBH Fiscal Report – Elaine Crandall, Director</p> <p>Ms. Crandall presented “BHAB Budget Report; Fiscal Year 2016 Preliminary Results”:</p> <ul style="list-style-type: none"> • Actual revenue was \$131,680 million, and actual expense was \$150,749 million. • Revenue by Division: 85% Mental Health, 12% ADP, 3% DUI. • Expenditure by Division: 86% Mental Health, 11% ADP, 3% DUI. • As Compared to FY 15, MHSA revenue is down and Medi-Cal revenue is up. <p>See attached for details.</p> <p>Ms. Crandall thanked her Fiscal staff for their hard work.</p>	Information	
X.	<p>Alcohol and Drug Programs Update – Patrick Zarate</p> <p>Mr. Zarate presented “Marijuana: Impacts, Prevention & Policy Implications”:</p> <ul style="list-style-type: none"> • In FY 2014-15, marijuana was the primary drug of choice of 71% of youth ages 5-17 in Ventura County, and average age of onset was 13 years of age. • 71% of 11th graders say it is “fairly easy” or “very easy” to get alcohol or marijuana. • 47% of adults have no concern or a slight concern about teens using marijuana. • Marijuana use by teens causes cognitive impairment, poorer academic performance and exacerbation of depression, which impacts schools and the behavioral health system. <p>See attached and venturacountylimits.org for details.</p> <p>Ms. Crandall noted that the State appreciates the work of Ventura County DUI Program and last year adopted some of VCBH DUI talking points in a white paper. VCBH DUI was also asked to present at the advisory council for Senator Fran Pavley.</p>	Information	
XI.	<p>New Business</p> <p>A. BHAB Annual Report Discussion of Timeline and Finalization – Jerry Harris Mr. Harris stated that each committee's Annual Report should be sent to him by September 6. He is hopeful that a draft BHAB Annual Report can be completed by the end of October; BHAB members can then review it and finalize it at the November 21st General Meeting before it is sent to the Board of Supervisors.</p> <p>B. Formation of Workgroup for Implementation of Specific BHAB Objectives After Ms. Crandall gives her presentation on the VCBH Strategic Plan, the BHAB will consider whether to create some workgroups to focus on the implementation of the BHAB Objectives.</p>		

	<p>C. Approve the MICOP Innovation Proposal for a 30-day Public Comment Period Ms. Crandall stated that the previously-approved farm worker project went forward. The Mixteco Project is an innovation project; as such, it is not designed to expand current services. Statewide, the new approval process begins with a stakeholders process, followed by approval of the BHAB as a priority. It goes for a 30-day review before being sent to the Board of Supervisors (BOS). If the BOS approves the innovative concept, it goes to the State, which may or may not invite the county to defend the project.</p> <p>Locally, the Community Leadership Committee (CLC) decided that both the farm worker project and the Mixteco project were priorities. Workgroups for both projects were put in place, and the farm worker project was moved forward. The Mixteco project workgroup found an opportunity to do something else than what was originally proposed: instead of outreach, propose to do a study to see if an alternative, culturally-competent treatment would be as effective as traditional treatment. Ventura County has the largest Mixteco population in California. If the project is approved, VCBH plans to sole-source it to MICOP, who will then hire a researcher to conduct the study.</p> <p>Hillary Carson gave an overview of the proposal, which was developed in cooperation with MICOP (Mixteco Indigenous Community Organizing Project) and has been approved by the CLC. The proposal is to engage 500 individuals, of which 300 will receive intervention. MICOP is proposing a four-year study that will evaluate the effectiveness of up to two traditional indigenous approaches on rates of stress and anxiety within the Mixteco or Zapotec immigrant population.</p> <p>After a discussion, a motion was made to approve the MICOP Innovation Project proposal for a 30-day public comment period, then to return to the BHAB for discussion. Nine members approved, four opposed.</p>	<p>Open proposal for a 30-day public comment period. M/S/C</p>	
<p>XII. Old Business</p>	<p>A. Schedule Dates for Board Training, IPU</p> <ul style="list-style-type: none"> • Carol Thomas stated that she is looking at October, November or December to present her Board training. • Mr. Harris stated that he has organized a team to make a site visit to the Inpatient Unit (IPU) on September 27 at 2:00 p.m. <p>B. Laura’s Law/AOT Update – Mary Haffner The workgroup met July 27 with staff from the Superior Court, County Counsel and Public Defender who will handle the legal issues surrounding the petition process and treatment agreement. Telecare will be the provider. The program should start in January 2017. Ms. Crandall noted that the grant that VCBH has applied for stipulates that a Laura’s Law program must not be in place in order for the county’s application to be considered. Gane Brooking, Carol Thomas, Karyn Bates and Larry Hicks expressed interest in being involved in the discussions and planning of the implementation.</p> <p>C. Future Recognition Awards At the September BHAB General Meeting, Dr. Woods and Anita Catapusan will be the recipients of the recognition award. At the October meeting, Susan Kelly will receive the award.</p>		

<p>XIII.</p>	<p>TAY Committee Presentation – McKian Nielsen, Chair The VCBH Transitional Age Youth (TAY) serves youth ages 18 to 25. Recently, the TAY Committee has been researching the Transition to Independence Process (TIP) model. This is a youth-driven and evidence-supported practice which has been shown to be effective in improving the quality of life of TAY. It helps youth to focus on their strengths. It has been implemented in several counties in California and several states. The implementation of TIP in Ventura county would cost \$100,00 to train the 75 or so VCBH staff who work with TAY. The Committee continues to discuss whether to recommend the implementation of TIP. Mr. Nielsen encouraged everyone to attend meetings of the TAY Committee on the fourth Thursday of every month from 10:30 to noon in VCBH Administration, Suite 200.</p>	<p>Information</p>	
<p>XIV.</p>	<p>Contracts Ms. Crandall submitted the following agreements and MOUs, to be voted on by the Board of Supervisors (BOS):</p> <p>A. BOS Agenda – September 13, 2016</p> <ol style="list-style-type: none"> 1. ADP – Standard Agreement Amendment A04 2. ADP-VCOE MOU – Gateway Community School 3. Mental Health VCBH-Oxnard School District MOU 4. New Dawn Agreements <p>See attached VCBH Executive Summary for details.</p> <p>BHAB members approved sending the amendments and MOUs to the BOS as submitted.</p>	<p>Send documents to the BOS as submitted. M/S/C</p>	
<p>XV.</p>	<p>Adjourn The meeting adjourned at 3:35.</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	10/6/15 – 10/6/18	Karyn Bates	X	X										
District 2	2/23/16 – 2/23/19	Ratan Bhavnani	X	X										
District 3	1/27/15 – 1/26/18	Nancy Borchard	X	X										
District 3	1/12/16 – 1/12/19	Gane Brooking	X	X										
District 5	9/24/14 – 9/23/17	Monique Garcia	X											
District 2	4/7/15 – 4/7/18	Janis Gardner	X	X										
District 1	4/7/15 – 4/7/18	Mary Haffner		X										
District 4	9/17/13 – 9/17/16	Jerry Harris	X	X										
District 3	12/2/14 – 12/1/17	Larry Hicks	X	X										
District 2	3/15/16 – 3/17/17	Patricia Mowlavi	X	X										
District 4	10/13/15 – 10/13/18	Cmdr. Ron Nelson	X	X										
District 4	9/17/15 – 9/17/18	Denise Nielsen	X	X										
District 4	9/17/14 – 9/17/17	Mickian Nielsen	X	X										
District 5	9/17/13 – 1/10/17	Dr. Irene Pinkard	X	X										
District 2	1/5/15 – 1/7/19	Carol Thomas	X	X										
District 1	3/10/15 – 3/10/18	Sidney White, AICP												
District 3	4/14/15 – 4/14/18	Kay Wilson-Bolton	X	X										
District 5	1/11/15 – 1/10/18	Sandra Wolfe	X	x										
District 5	1/1/15 – 12/31/18	Supervisor John Zaragoza	x											

District 1		vacant												
District 5		vacant												

Present = X

- District 1 Supervisor Bennett
- District 2 Supervisor Parks
- District 3 Supervisor Long
- District 4 Supervisor Foy
- District 5 Supervisor Zaragoza



BHAB BUDGET REPORT

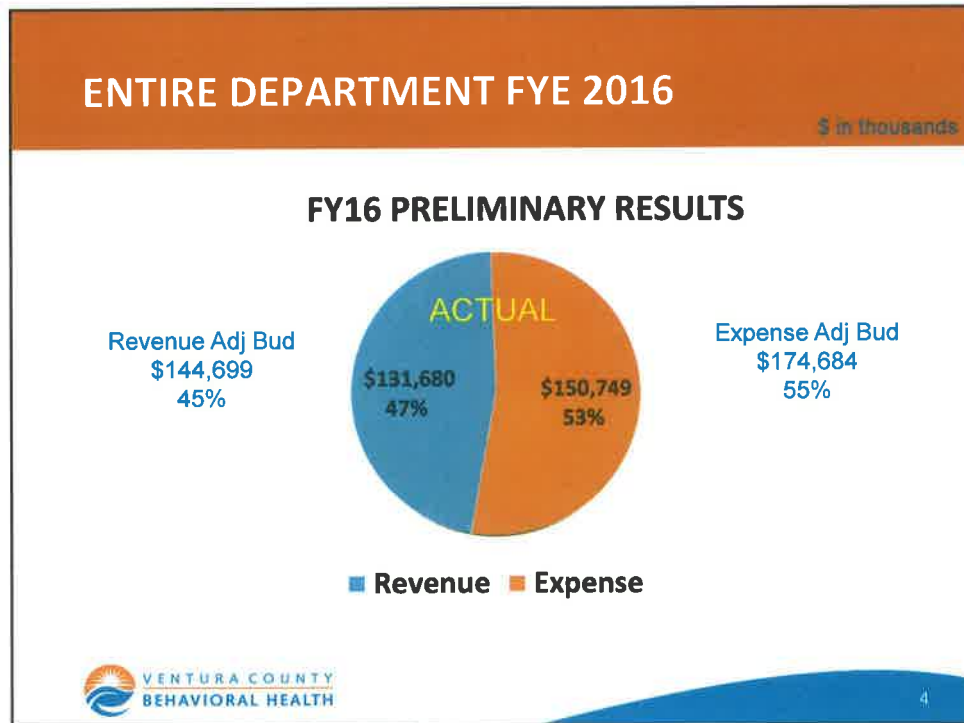
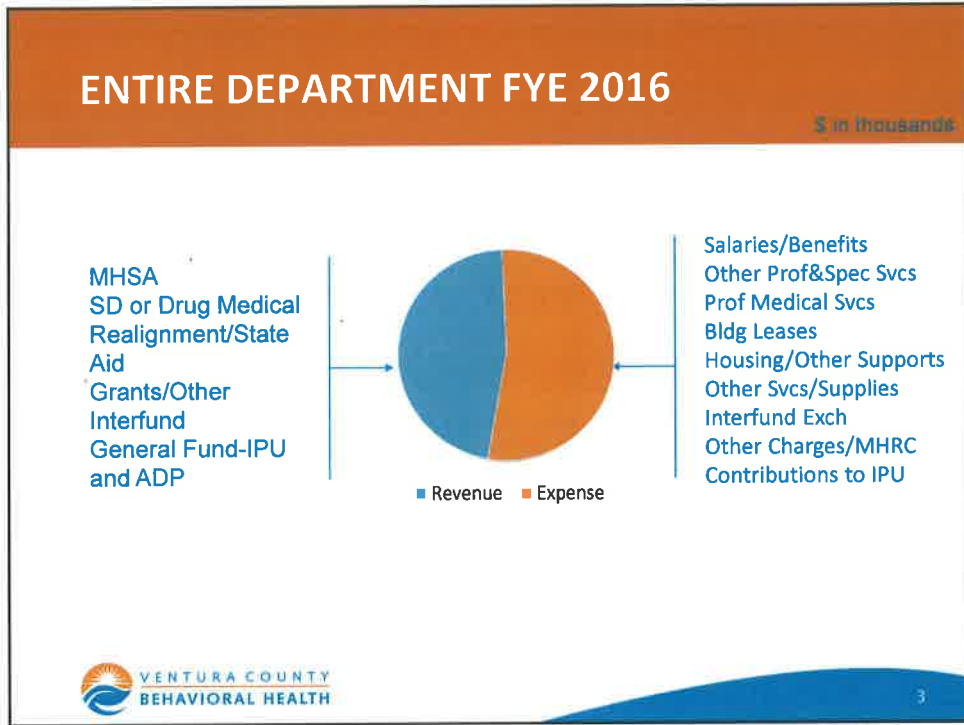
FY16 Preliminary Results

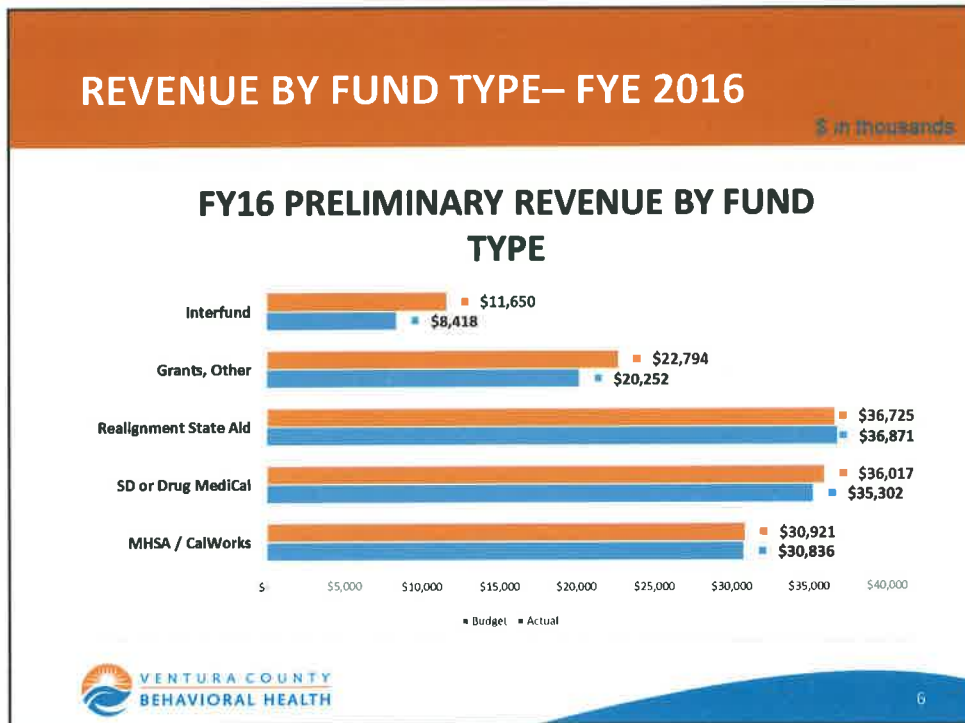
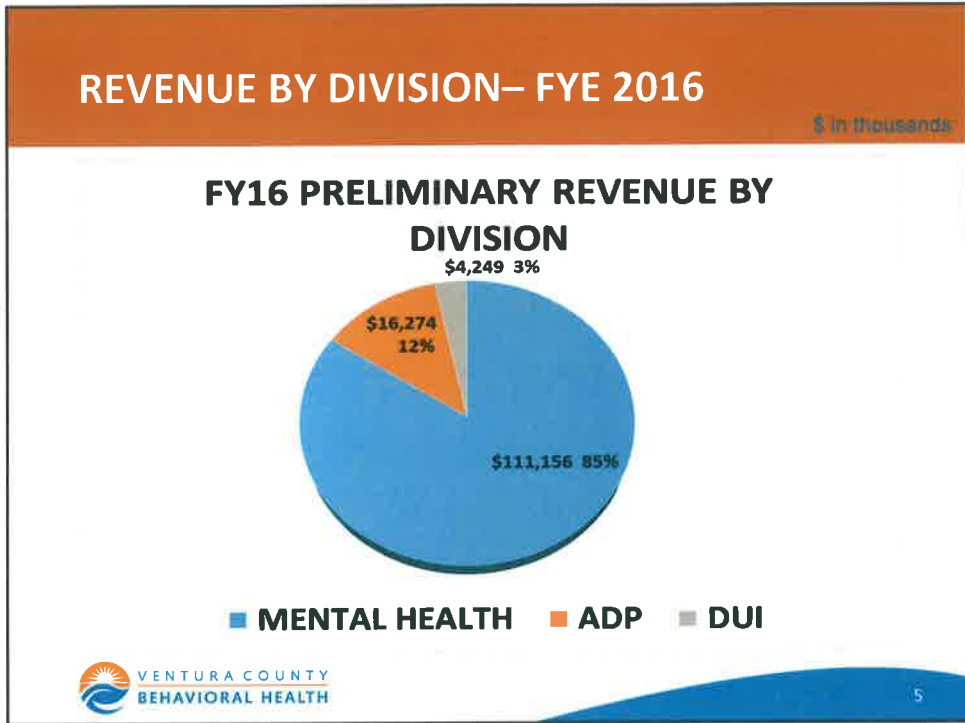
Elaine Crandall, Director
Behavioral Health Department

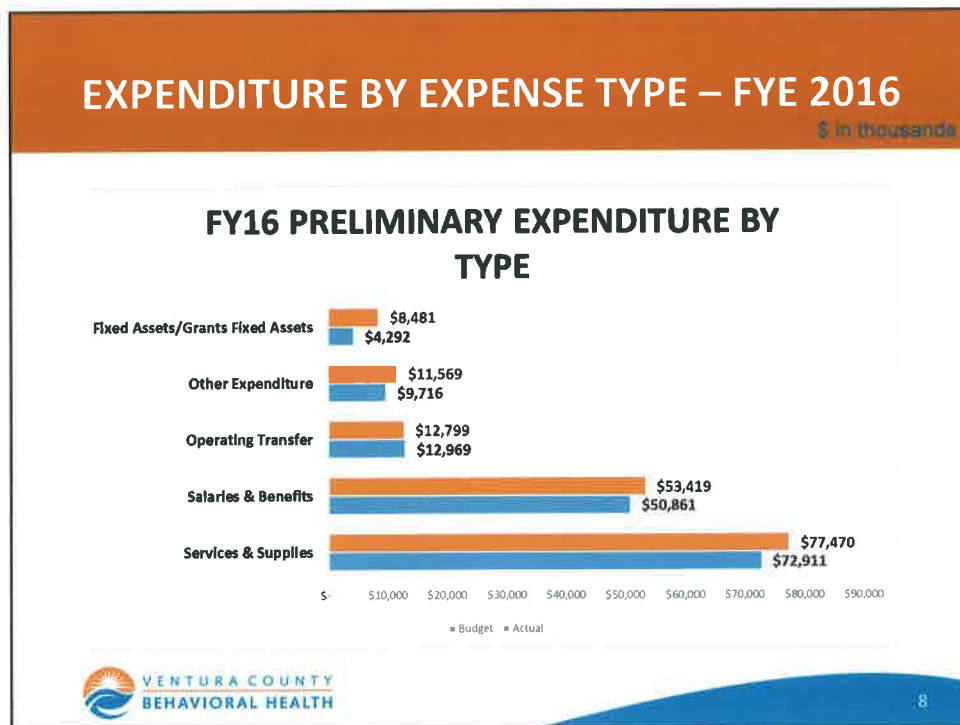
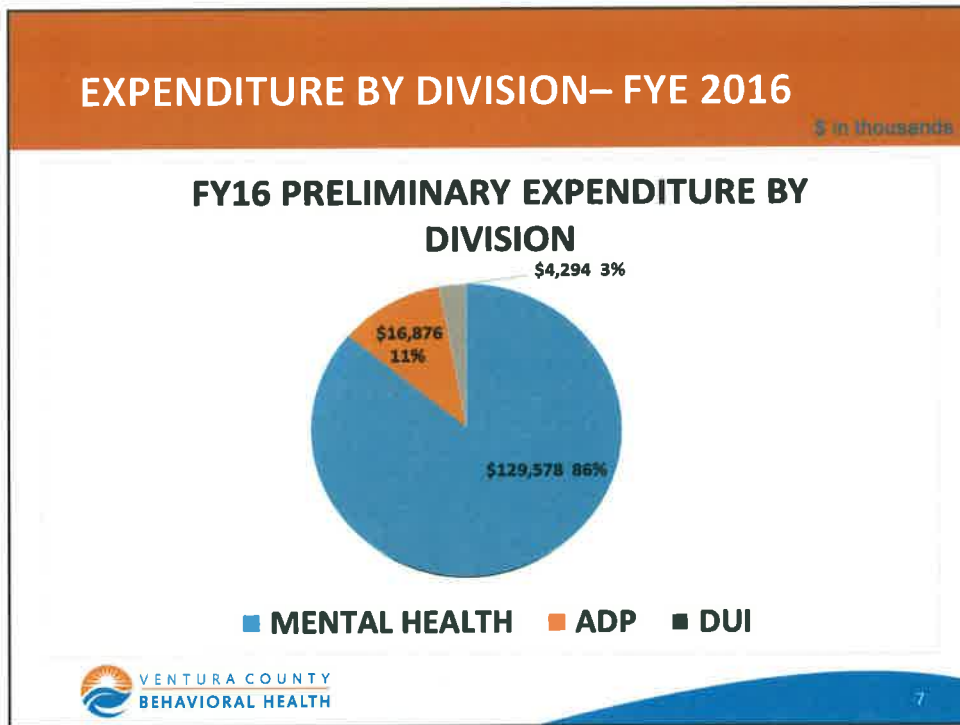
AGENDA

1. Preliminary Results
 - a) FYE 2016 REVENUE/EXPENSE
 - b) BY DIVISION BY FUND TYPE
 - c) All reported numbers are Pre-CAFR (Comprehensive Annual Financial Reports)
 - d) \$ in thousands
2. Revenue & Expense Discussion
3. Funding Volatility (M. Geiss)









FYE 2016 Pre-CAFR SUMMARY

\$ in thousands

FY16 PRELIMINARY RESULTS BY DIVISION AND FUND					
	MHL	MHSA	ADP	DUI	TOTAL BHD
REVENUE					
MHSA / CalWorks	-	29,808.2	1,000.1	28.1	30,836.5
SD or Drug MediCal	13,165.3	16,856.7	5,280.3	-	35,302.3
Realignment State Aid	29,671.6	2,038.7	5,160.5	-	36,870.8
Grants, Other	8,036.3	3,161.8	4,833.5	4,220.9	20,252.5
Interfund	5,315.3	3,102.6	-	-	8,417.9
TOTAL REVENUE	56,188.4	54,968.0	16,274.5	4,249.0	131,680.0
EXPENDITURE					
Salaries & Benefits	19,648.9	22,001.0	5,821.6	3,390.1	50,861.5
Services & Supplies	33,427.2	27,524.2	11,054.9	904.4	72,910.7
Other Expenditure	2,935.1	6,780.8	-	-	9,715.8
Fixed Assets/Grants Fixed Assets	4,282.6	9.1	-	-	4,291.7
Operating Transfer	12,911.7	57.6	-	-	12,969.3
TOTAL EXPENDITURE	73,205.3	56,372.7	16,876.5	4,294.5	150,749.0
MHSA Unspent Funds - Reduce (Add)	-	1,404.7	-	-	1,404.7
Net County - Cost (Surplus)	17,016.9	-	602.0	45.4	17,664.4



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FY 16 DISCUSSION - REVENUE

1. MHSA revenue down as compared to FY15 but close to FY16 adjusted budget.
2. Growth seen in MediCal revenue as compared to FY15 but ended less than adjusted budget.
3. Expect Realignment revenue to settle at or very close to FY16 adjusted budget.
4. Grants & Other less than budget. Most Grants & Other Revenues are based on actual costs.
5. Interfund revenue is the 'sale' of services to other County agencies. An example is the costs of clinicians providing services in the Ambulatory Care clinics.



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FY 16 DISCUSSION - EXPENDITURE

1. Salary & Benefits savings of \$2.8m.
2. Savings in Services & Supplies due to delay in opening of CSU, STRTP, and MHRC.
3. Other Expenditures very close to FY16 adjusted budget. Small variance due to savings in State Hospital and Managed Care expense.
4. Fixed assets expenditures expected to be less than FY16 adjusted budget mainly due to delay in MHRC
5. Operating transfers for FY16 are on budget.



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FY 16 Funding Volatility

Liability / Exposure

- 08-09 Certification issue – annual reduction of \$280K
- Did not disallow FY 09-10
- Still waiting for decision for the following years:
FY 10-11, FY11-12, FY12-13, FY13-14

Delays in Programs (MHRC / CSU)

- ↓ Fixed Assets MHRC
- ↑ Facility Improvements / Repairs CSU
- ↑ Cost of Out of County Placements
- ↑ Contractors cost w/o revenue
CCR – Unfunded Mandate
Laura's Law



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FY 16 Summary

- Overall ended well
- Next 2 months –
 - Annual Operations Report, Budget FY16-17
 - Financial Outlook FY16-17 against Operational performance.

Questions ?



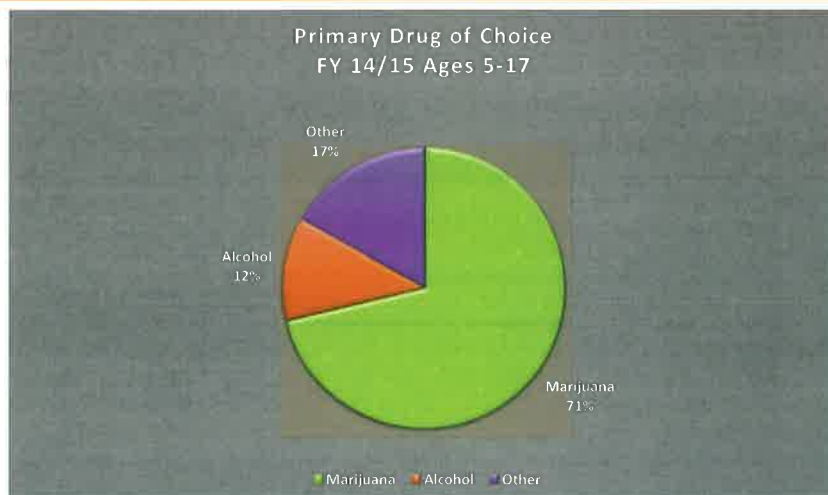
MARIJUANA

IMPACTS, PREVENTION & POLICY IMPLICATIONS

July 2016

Patrick Zarate
Ventura County Alcohol & Drug Programs

Ventura County Adolescent Treatment Program / Primary Drug Problem



Ventura County Adolescent Treatment Program / Age of Onset

TOTAL CANNABIS USING CLIENTS (n=129)	98 percent of Youth in Tx
TOTAL AVERAGE AGE OF ONSET	13 years of age
TOTAL CANNABIS FIRST DRUG (n=63)	49 percent
TOTAL CANNABIS DAILY USERS (n=53)	41 percent
TOTAL ALCOHOL FIRST DRUG (n=23)	17 percent
TOTAL STARTED CANNABIS & ALCOHOL (n=34)	26 percent
TOTAL STARTED W/ CANNABIS ALONE OR CANNABIS AND ALCOHOL (n=97)	75 percent



Ventura County Place of Last Drink (POLD) Survey

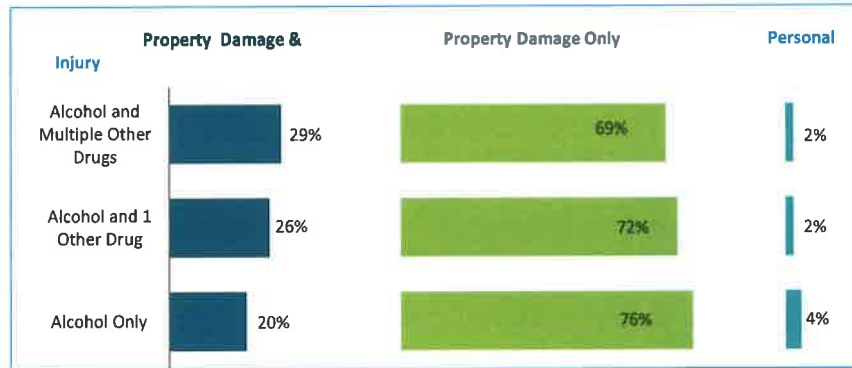
- Respondents ages 18-24 more likely to report marijuana use than other ages
- Older (55+) were more likely to report Rx drug use compared to other age groups

Drug Used	Age Group	2009	2010	2011	2012	2013	2014	Combined
Used Marijuana	18-24	65%	76%	60%	56%	66%	65%	65%
	25-34	44%	43%	50%	57%	53%	50%	50%
	35-44	25%	29%	24%	43%	30%	21%	28%
	45-54	16%	19%	13%	5%	22%	12%	15%
	55+	8%	7%	--	8%	5%	17%	7%
Used RX Drugs	18-24	29%	24%	33%	39%	36%	29%	31%
	25-34	39%	53%	35%	30%	23%	38%	36%
	35-44	42%	54%	44%	39%	65%	52%	49%
	45-54	66%	65%	80%	90%	65%	65%	71%
	55+	85%	87%	100%	92%	80%	67%	86%



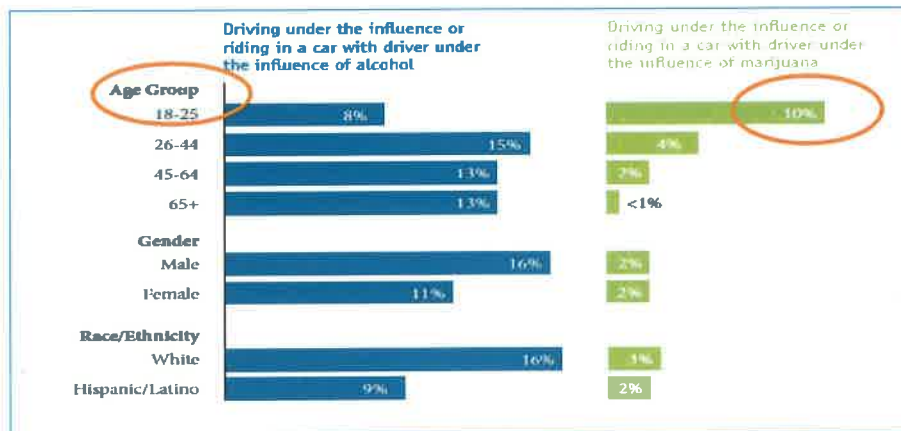
IMPAIRED DRIVING Ventura County Place of Last Drink (POLD) Survey

- Those indicating poly-drug use on the day of their DUI arrest & being involved in a crash, were **more likely to report both personal injury & property damage.**



Ventura County Community Health Survey 2013

Local data indicate **young adults were more than twice as likely to have been in cars when driver was under the influence of marijuana** (compared to other ages)



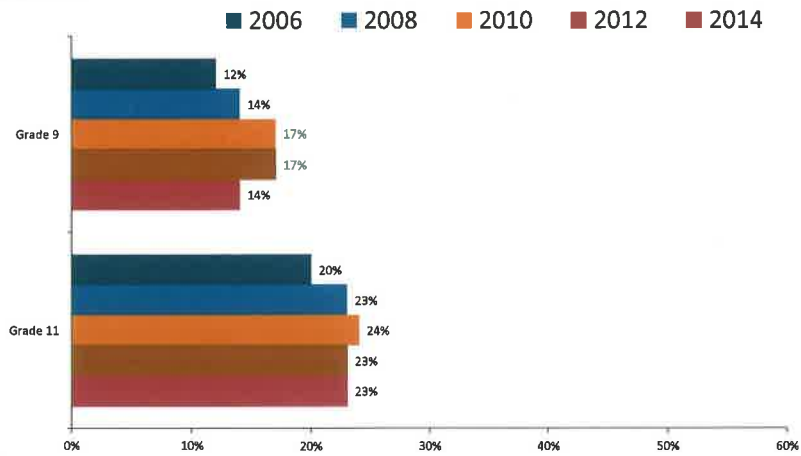
Just a DUI?

- **Alcohol:** The average BAC of those who indicated drinking was 0.14
- **Binge Drinking and Weed:** 75% of those drinking alcohol in addition to using marijuana were binge drinking on the day of DUI arrest (avg. 8+ drinks day of arrest)
- **Other Drugs:** 19% indicated using other drugs in addition to marijuana before their arrest including Rx drugs (13%), methamphetamine (4%), cocaine (4%), heroin (1%) and/or other drugs (2%)
- **Miles Driven:** Half (50%) drove four or more miles before being stopped
- **Passenger:** 38% report had one or more passenger at time of DUI



Ventura County Youth –last 30 day MJ use

CHKS, 2006-14



California Healthy Kids Survey (CHKS) Ease of Access

How difficult is it for students in your grade to get any of the following substances if they really want them?	9 th graders	11 th graders
	Percentage indicating "fairly easy" or "very easy" to get	
Alcohol	58%	71%
Marijuana	54%	71%

Marijuana is already perceived to be as easy to obtain as alcohol



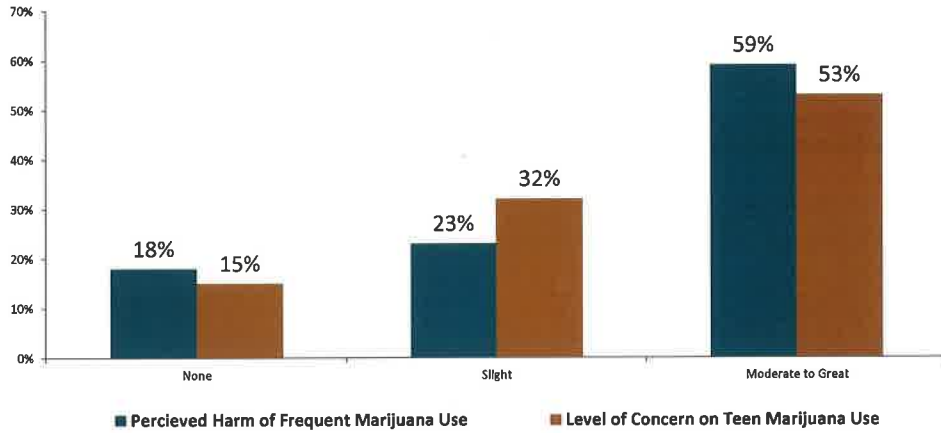
Monitoring the Future – National Data Perceptions of Harm

Marijuana-Related Items		
How much do you think people risk harming themselves (physically or in other ways), if they...	10 th graders	12 th graders
	Percentage indicating "great" risk	
Try marijuana once or twice	15%	13%
Smoke marijuana occasionally	24%	16%
Smoke marijuana regularly	45%	36%

Only one in every six HS juniors perceives occasional use as risky, and – here's problem, fewer than half view regular with "great risk"

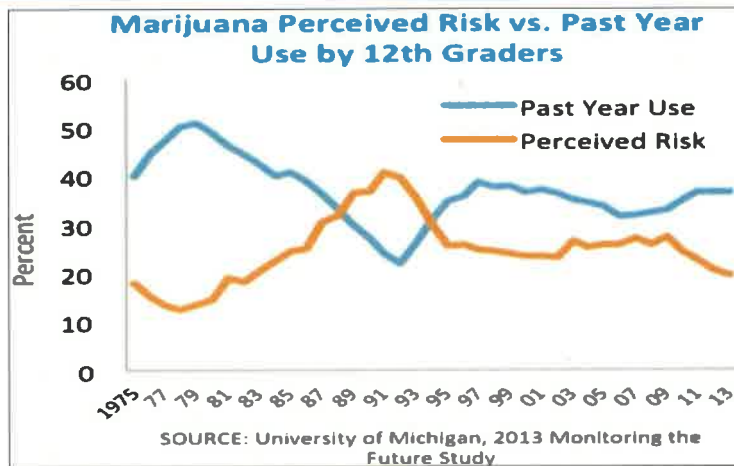


Ventura County Resident Perceived Harm Concern for Teen Marijuana Use, 2014-2015



VC Community Health Survey 2014
(Random Digit Dial, scientific sample)

A Strong Inverse Relationship: Perceived Risk and Teen Marijuana Use



Preventing Teen Use

Why Do We Care?

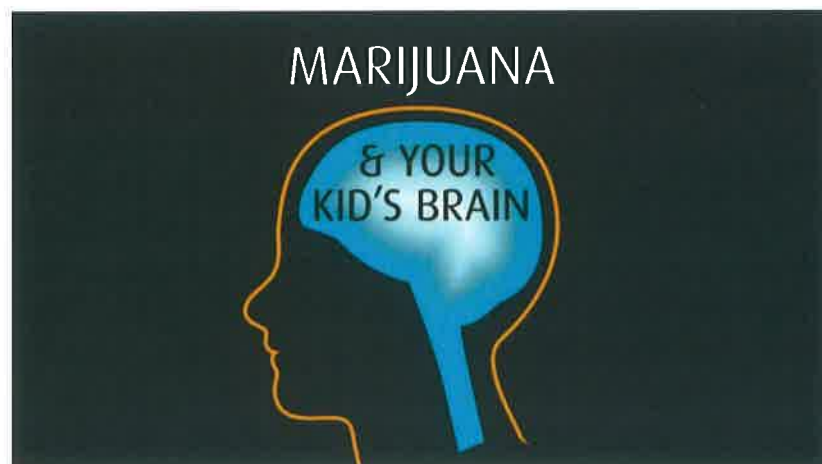


What's the Big Deal with youth exposure to marijuana?



13

Marijuana & Your Kid's Brain



14

How Will it Impact Our Public Schools Behavioral Health System?

- **Cognitive impairment**
- **Risk of psychosis**
- **Poorer academic performance**
- **Exacerbation of depression**
- **Increased risk to developing fetus**
- **Impaired driving**
- **Others?**



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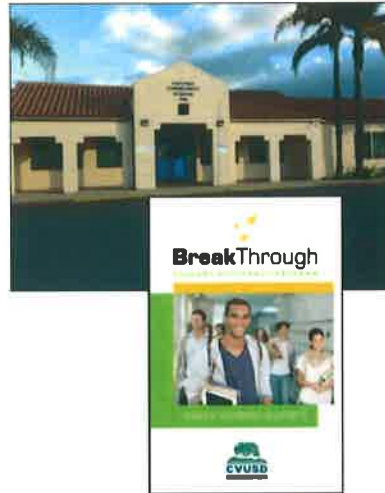
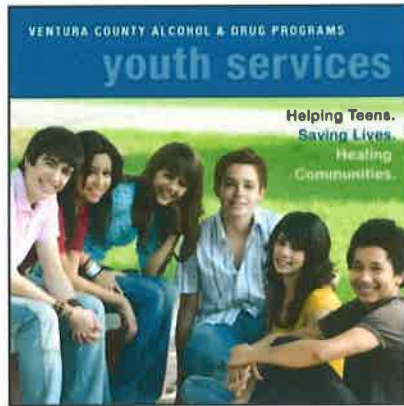
Unprecedented Potency & Modes of Delivery

- **FAVORED FORMS: EXTRACTIONS & CONCENTRATES**
(45% EDIBLE CONSUMPTION IN COLORADO)
- Modes of administration: harder to detect & intensified (i.e. vaping, dabbing and edibles)
- Concentrated forms: BHO, honey oil, wax, shatter, dabbing
- Increased potency: Locally, 40-80% THC levels



16

Youth Services



If addiction is a river, then treatment is...



Integrated Prevention – Using a Public Health Approach

UNIVERSAL (COMMUNITY)

- Impact social norms, attitudes, & policies to delay the age of onset
- GOAL = decrease group risks by changing the sequence of behaviors
“change the context that leads to earlier and heavier use”

INDICATED (INDIVIDUAL)

- Impact individual decision-making guided by education
- GOAL = alter individual risks, increase healthy options/choices
“intervene early and help people choose health”

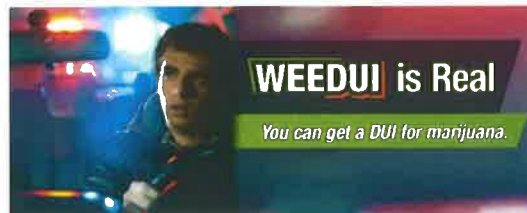


19

Working Upstream

Community Education

Includes targeted or “narrowcasting” messages to target audiences



- Public events, community venues, online
- Colleges, schools, non-profit agencies
- Worksites with target ages (UPS, NBVC)



20

Text News for Parents Campaign



MARIJUANA TOOLKIT FOR SCHOOL RESOURCE OFFICERS (SRO)

Here is a Toolkit to use when talking about marijuana at schools. These materials are targeted to parents, and help to start the conversation about the risks of marijuana use by teens. For additional information, contact Janet Kaplan: janet.kaplan@ventura.org or (805) 981-8486.

PUBLICATIONS

- ▶ Printed versions supplied
- ▶ See POFs on flash drive for use in presentations

Marijuana Overview:

- Marijuana & Your Kid's Brain – Parent Card
- Weed: Myths & Facts, Student version – Booklet

Marijuana & Driving:

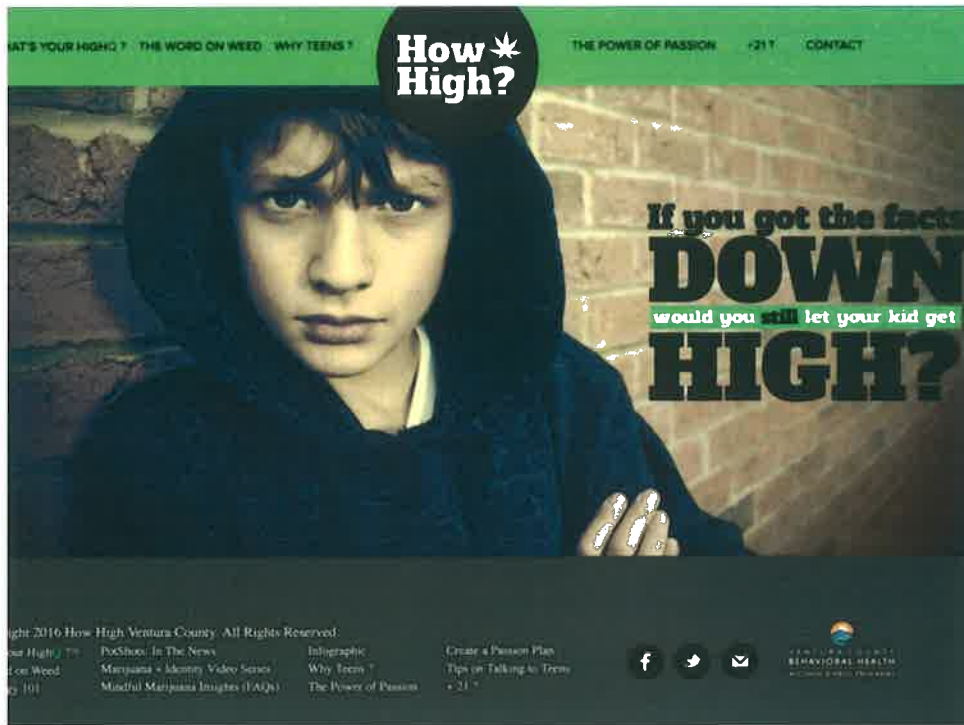
- Did you know? – Card (English)
- ¿Sabía que? – Card (Spanish)

MARIJUANA & YOUR KID'S BRAIN VIDEO

This is best used in large format events where you can reach a large audience of parents. It illustrates the real risks of early marijuana use, the effects on behavior and explains how the teen brain develops and is impacted by marijuana use.

- ▶ Video files are on flash drive or can be viewed online:
 - Marijuana & Your Kid's Brain (English) youtu.be/dwQbW9SNKY
 - La Marihuana y el Cerebro de sus Niños (Spanish) youtu.be/X1tybWcegoE

School Resource Officers (SROs) county-wide were given tool kit, materials, and training on matching message to audience



Parents can 'test their wits on weed'

The advertisement features a woman in a white shirt looking thoughtful, with her hand to her chin. To her left are four green circles containing the numbers 83, 105, 94, and 120. To the right of the woman is the text "WHAT'S YOUR HIGHQ?" in a large, stylized font. Below this, it says "Have you taken our ten-question quiz to test your wits on weed?" and "What'sYourHighQ.com". At the bottom left is the logo for "VENTURA COUNTY BEHAVIORAL HEALTH" and at the bottom right is the number "24".

Intentional, Strategic, On Message, and Has to Be Engaging

It may seem obvious...

Young people are highly-connected and use multiple forms of media to be informed and inform others

- Understand the current context
- Tailor message, medium and tone
- Make it INTERACTIVE and SHARABLE!



Channels of Activation



Understand and utilize web base analytics & new social media platforms...

Generating 1,275 "Likes" and 210 "Shares" Via The ABC (TV) Los Angeles Facebook Page



Media Impact By Channel

As of 12/12/14 – three weeks after launch

Media Channel	Media Impressions
Traditional Media Impressions (TV, Print, Radio)	1,171,686 impressions
Website Traffic (Estimate via Google Stats and data triangulation)	60,000 site visitors (<i>estimated</i>)
Facebook Impressions (Paid + Owned) (84,510 unique VC visitors) – over 10% of the County (demographic: 13-55 residents)	229,547 impressions; 84,510 unique VC visitors in target demo
Facebook Impressions (Earned)	2,788,944 impressions
Facebook Engagements (Comments, Likes, Shares) - (Paid + Owned)	174 engagements
Facebook Engagements (Comments, Likes, Shares) - (Earned)	2,342 engagements
Twitter Impressions (Earned)	388,184 impressions
YouTube Views + Engagements (25% generated from paid, 75% generated from earned, 20% Spanish language)	24,604 engagements/views
YouTube Ad Impressions English (Paid)	32,359 impressions
YouTube Ad Impressions Spanish (Paid)	2,094 impressions
High Q Questions/Answers	6,540 answers
High Q Quiz Completed	654 completed quizzes
Email: School District to Parent/Guardian Dissemination (Brent Valley Unified) - Middle: 3,997, High: 6,796, Total Parents: 9,613	9,613 parent/guardian (S2P) communications
Total Impressions	4,716,741

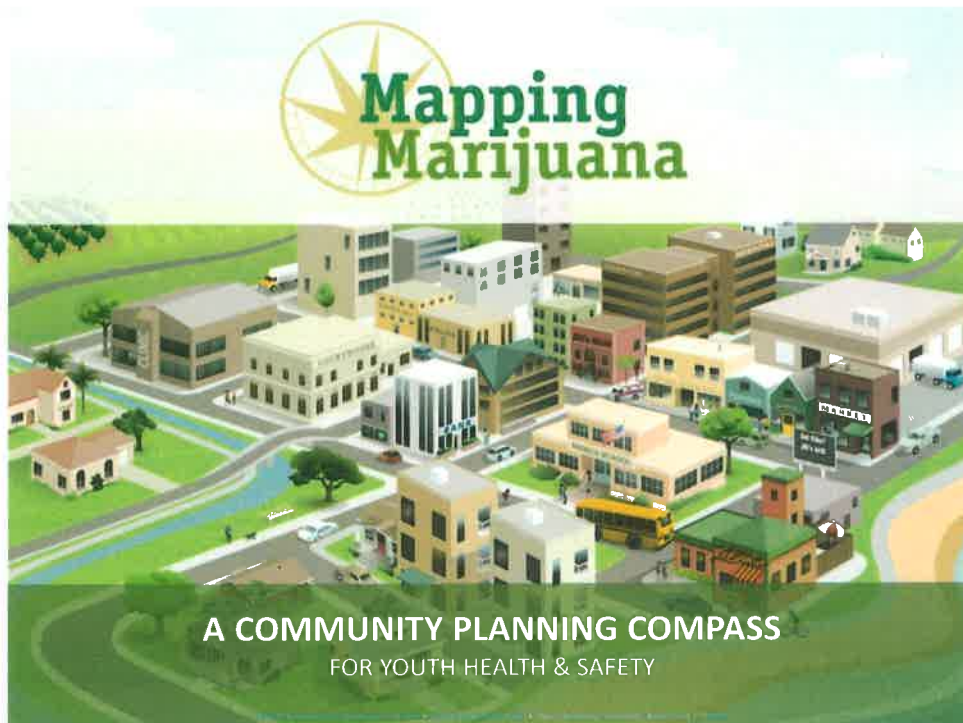


Community Prevention Efforts

- Efforts should be **Data Informed**
- **Raise the Profile** of the Problem = Public Dialogue
- Coordinate **Key Change Agents and Resources**
- **USE EFFECTIVE STRATEGIES TO REDUCE PROBLEMS**



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THE FUTURE IS HAZY

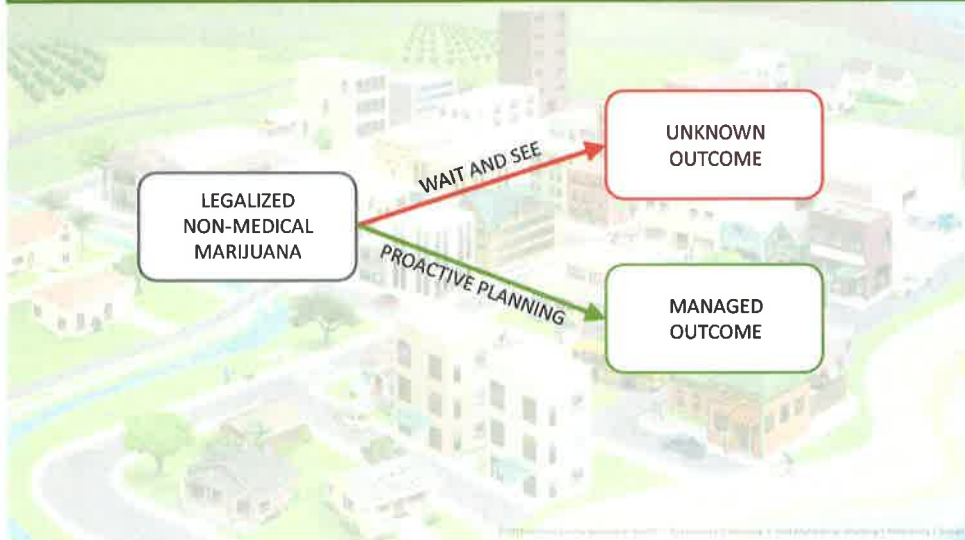
"The ugly truth is that Colorado was suckered. It was promised regulation and has been met by an industry that fights tooth and nail any restrictions that limit its profitability.

Just like Big Tobacco before it, the marijuana industry derives profits from addiction...and its survival depends on turning a percentage of kids into lifelong customers."

- Ben Cort, Director of Professional Relations, Center for Addiction Recovery and Rehabilitation, University of Colorado Hospital



WHY PLAN NOW?





EXISTING FRAMEWORKS: ALCOHOL & TOBACCO

COMMUNITY RECOGNITION OF RISKS

- Public acceptance of regulations to mitigate harms
- National, state & local controls
- Regulated potency and dosage
- Advertising restrictions, particularly to youth
- Perceived harm by youth and their parents

LOCAL LEVEL CONTROLS

- Sales restrictions – age, permits, zoning, CUPs, etc.
- Responsible Beverage Sales & Service training
- Social Host laws – penalties for unruly parties with youth

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BUSINESSES



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Mapping Marijuana **BUSINESSES**

RETAIL OUTLETS

Customers looking for a high ask a marijuana 'buddender' for advice

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Mapping Marijuana **BUSINESSES**

TOURISM

travelTHC
Featured Properties

FEATURED 420 FRIENDLY RENTALS PROPERTIES

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Mapping Marijuana

BUSINESSES



MARKETING & MEDIA

Teens who view marijuana advertising are twice as likely to use the drug.

©2014 American Medical Association. All rights reserved. For more information, visit www.ama-assn.org

Mapping Marijuana “Community Planning Compass” Targeting Municipal Leadership



Use Lessons from Tobacco & Alcohol Policy

1. **Limit Access –**
 - Where, How, Who
 - Outlet placement and density, limit sales venues, etc.
2. **Restrict Age and ENFORCE IT**
3. **Use Local Controls – like Conditional Use Permits**
4. **Limit Advertising and Marketing to Youth**
5. **Retain Smoke-Free policies**
6. **Fund Prevention Efforts over the long term**

*For VCBH the challenge, and the opportunity, is to learn from alcohol and tobacco that came before this, and set the highest standards **LOCALLY** for protecting youth. To that end...*



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“77 percent of teens now see smoking marijuana as ‘totally safe’ ”

(SAMHSA 2016)

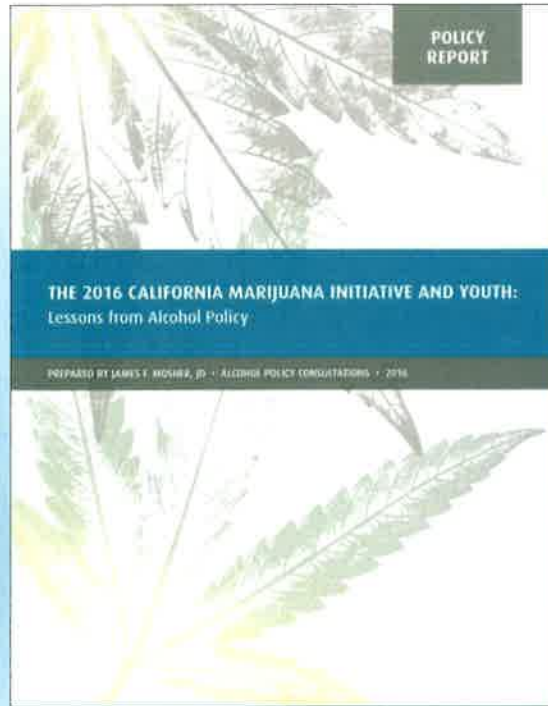
What that tells us is that social messages are important

Kids don't live in a bubble

As more states go toward or talk about having medical marijuana and having legalized marijuana, it creates a perception — including among our impressionable youth — that it's safe



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BEST PRACTICE RECOMMENDATIONS			
Policy Category	Policy	California Alcohol Policy	Proposed ACMA Policy
Social Accountability	1. Establish a 21-year age limit for fermenting, possessing or purchasing	Yes	Yes
	2. Prohibit hosting parties where marijuana is used by minors	No	No
	3. Hold social hosts liable for preventing minors from using home settings	Partial	No
Commercial Accountability	4. Prohibit commercial farming or sale to those under 21 years of age	Yes	Yes
	5. Provide strict enforcement of the 21-year age limit as it applies to commercial marijuana providers	Partial	Partial
	6. Impose strict license sanctions on retail marijuana businesses that provide marijuana to underage youth without regard to retailer consent	Yes	Partial
	7. Prohibit use of false identifiers to obtain marijuana, with incentives for retailers	Yes	No
	8. Mandate server/wine training	Partial	No
	9. Prohibit retail outlet density	Partial	Partial
	10. Institute commercial outlet liability	Partial	No
11. Impose home-delivery restrictions	No	No	
Pricing	12. Impose high tax rates that increase over time	No	Partial
	13. Prohibit price promotions	No	No
Driver Vehicles	14. Adopt zero tolerance laws for youth drivers	Yes	No
Marketing	15. Restrict advertising on electronic media to programming with 15% or less youth audiences	No	No
		TOTALS: Yes: 5 Partial: 5 No: 5	TOTALS: Yes: 2 Partial: 4 No: 9

Marijuana Conference
September 28, 2016



 VENTURA COUNTY
BEHAVIORAL HEALTH

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MEMORANDUM

DATE: August 10, 2016

TO: Behavioral Health Advisory Board

FROM: Contracts Administration

SUBJECT: Board of Supervisors Agenda

Executive Summary

Ventura County Behavioral Health (VCBH) will be requesting Board of Supervisors approval for the following:

Board Agenda – September 13, 2016

1. ADP – Standard Agreement Amendment A04

The State Department of Health Care Services (DHCS) multi-year Standard Agreement is the established mechanism that allows the County to receive Federal and State allocated funds for Substance Use Disorder (SUD) services provided by community-based providers and County staff. The County uses these funds to support a wide variety of services, such as individual and group treatment, day treatment, parenting skills training for adults and adolescents, short and long-term residential recovery, early intervention, prevention, and education programs, including County-operated and sub-contracted programs, modalities, and services. For the Drug Medi-Cal (DM/C) funding component, community-based organizations that are certified by the State DHCS as DM/C providers contract with the County which acts as a pass-through entity for related federal and state funding. Periodically, the Agreement is amended to account for unexpended state funds reallocated from prior years, and/or to increase/decrease DM/C allocations determined by an updated projection of units of service provided throughout the year.

Under realignment, the Fiscal Year (FY) 2011-12 state budget and accompanying law (Chapter 40, Statutes of 2011 [Assembly Bill (AB) 118] and Chapter 13, Statutes of 2011, First Extraordinary Session [ABX1 16] moved funding for SUD programs from the State to local governments to meet local community needs and priorities. The County of Ventura now receives funding for its SUD services through two allocation methods—the State DHCS Agreement (SAPT Block Grant and D/MC) and realignment funding (instead of direct allocation).

The purpose of this amendment is to modify the terms and conditions (including the addition of Threshold Language Translation Requirements), decrease the overall multi-year funding from \$28,014,088 to \$27,758,304 (a decrease of \$255,784), and identify the changes in funding amounts. The 2015 and 2016 total State General Fund amount has been reduced and the HIV Set Aside amount has been eliminated. The Standard Agreement Amendment A04 reflects amendments from the original contract to the SAPT Block Grant and the State General Fund awards for 2014, 2015, and 2016. Also, the Drug Medi-Cal reimbursement rates are being changed for FY 2016-17. All other terms and conditions remain the same.

2. ADP-VCOE MOU – Gateway Community School

VCBH has been providing alcohol and drug program services at Gateway Community School for the past few years under a joint MOU with the Probation Agency for the Recovery Classroom program, which ended June 30, 2016. Ventura County Office of Education (VCOE) and VCBH would like to continue the collaboration and partnership by establishing the proposed MOU. VCOE believes that providing on site services is more convenient for the students and enables more students to access services. The proposed MOU for alcohol and drug program services between VCBH and VCOE is needed in order to create and confirm an effective working relationship between the parties, and to provide the means by which VCBH and VCOE will maintain a collaborative relationship to ensure inter-agency services to students and families at Gateway Community School.

VCOE agrees to allocate space to accommodate VCBH staff as they work on site at Gateway Community School, provide referrals to VCBH as appropriate, communicate student information to VCBH through the referral process, and provide information about VCBH and offered programs as appropriate. VCBH will contribute up to 30 hours per week at Gateway Community School for an alcohol and drug counselor to deliver services to approximately 16 students, including screenings and assessments, substance abuse individual and group counseling, case management, and linkage with collateral services. In partnership with VCOE and Gateway Community School, VCBH will provide drug and alcohol information and education to students, families and staff. VCOE will reimburse VCBH for counselor staff time at an amount not to exceed \$27,300 for the one-year period, effective July 1, 2016 through June 30, 2017.

3. Mental Health VCBH-Oxnard School District MOU

The proposed MOU for the coordination and collaboration of mental health outreach and awareness activities between VCBH and the Oxnard School District (OSD) is needed in order to create and confirm an effective working relationship between the parties, and to provide the means by which VCBH and OSD will maintain a collaborative relationship to facilitate inter-agency services to staff, students and families at five selected school sites in the 93033 zip code. There is no additional fiscal impact associated with this recommendation. The services are already provided from existing programs and additional resources are not required to support the project.

OSD agrees to provide a primary contact at each individual school site, establish monthly parent meetings at each site, provide access to staff development opportunities to educate staff, and work with VCBH to establish target goals and gather data to analyze and measure the success of reducing barriers to mental health services.

VCBH will provide and deliver a monthly curriculum on mental health issues at regularly scheduled parent meetings, provide mental health information and education to OSD faculty and staff, meet with OSD staff to identify and reduce barriers to accessing mental health services, partner with OSD in community outreach and awareness activities, and work with OSD to establish target goals and gather data to analyze and measure the success of reducing barriers to mental health services. In partnership with California State University (CSU) at Northridge, VCBH and faculty from the CSU psychology department have developed the curriculum and evaluation tool. Spanish speaking VCBH staff will present the curriculum at the OSD parent meetings and community outreach activities.

4. New Dawn Agreements

In May 2016, VCBH was notified by City Impact, Inc. that after providing mental health services for the past several years, they were refocusing their mission and would no longer provide mental health services after June 30, 2016. To avoid any interruption in services to clients, VCBH agreed to transition the services to New Dawn in July 2016.

New Dawn provides Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal specialty mental health services, Triple P Prevention and Early Intervention (PEI) and Triple P First 5 services to children and their families through three agreements. EPSDT is a children's health component of Medicaid, a federally-mandated program. States are required to provide Medi-Cal recipients under the age of 21 any health or mental health service that is deemed "medically necessary". Examples of mental health services include: individual, group, family therapy, case management and crisis intervention. The Triple P PEI program serves children up to 8 years of age and their families and the Triple P PEI First 5 program specifically provides services to children 0 to 5 years of age and their families. The Triple P PEI programs are designed to address emerging mental health issues and use the Triple P evidence based practice model. Triple P gives parents and caregivers simple and practical strategies to help them confidently manage their children's behavior to prevent more severe, long term mental health issues. Services are considered "short term" in nature, and families targeted for these programs are not currently receiving mental health services.

The proposed agreements with New Dawn are for a combined total maximum amount of \$1,460,245 (\$853,259 for EPSDT, \$330,234 for Triple P PEI, and \$276,752 for Triple P First 5) for the service period beginning July 1, 2016 through June 30, 2017. Payment will be made according to the provisional unit of service rates. The agreements are funded with Short Doyle/Federal Financial Partnership (FFP), EPSDT Realignment, Mental Health Services Act (MHSA) Prop 63, and the First 5 Grant.