

BEHAVIORAL HEALTH ADVISORY BOARD
YOUTH & FAMILY COMMITTEE
MINUTES ■ Wednesday, September 12, 2018

<p>Members Present Denise Nielsen, Committee Chair Martie Miles, Aspiranet Marika Collins, Casa Pacifica Ken McDermott, Children and Family Services Heather Davidson, First 5 Ventura County Laurie Jordan, Rainbow Connection Dr. Steven Graff, Tri-Counties Regional Center</p> <p>Others Present Jerry Harris, BHAB Chair Gina Petrus, BHAB Irene Pinkard, BHAB Karina Garcia, Kids & Families Together Michelle Steinberger, Probation Yanka Ricklefts, SELPA B. Ariann Bulger, Seneca Michelle Angelo, United Parents</p>	<p>VCBH Managers/Staff Present Dina Olivas, Youth & Family Division Sr. Manager Daniel Hicks, Alcohol & Drug Programs Prevention Services Manager David Tovar, Office of Traffic Safety Program Administrator Hilary Carson, MHSA Pam Roach, Transformational Liaison Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Wednesday, October 10, 2018, 10:00 a.m. – 12:00 pm</p> <p>Ventura County Behavioral Health 1911 Williams Drive, Training Room (first floor), Oxnard</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Nielsen called the meeting to order at 10:05 a.m.		
II.	Approval of the Agenda Ms. Nielsen asked the Committee to review and approve today's agenda. Laurie Jordan moved to approve, Ken McDermott seconded. The motion passed unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Nielsen asked the committee to review and approve the minutes of the August 8, 2018 meeting. Ms. Jordan moved to approve, Heather Davidson seconded. The motion passed unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Nielsen welcomed everyone and asked for introductions.		
V.	Chair Announcements Ms. Nielsen encouraged all to take a look at three apps on itune: "It's not OK", "The Mood Ring", and "Anxiety Helper". Ms. Nielsen gave a shout-out to Casa Pacifica. A couple in their 70's told her how impressed they were with the loving way that Casa Pacifica staff has cared for their four-year-old Court-Appointed Special Advocates (CASA) child who was struggling in his foster care placement.		
VI.	Public Comments None.		
VII.	Presentation: Youth and Cannabis Use. Daniel Hicks, Alcohol & Drug Program Prevention Services Manager California was the first state to legalize medical marijuana. With the legalization of recreational marijuana, responsible legal regulation is important to reduce harm. 95% of addictions start before age 21, so many counties are trying to delay the first use. The social norms and regulatory policies have changed and make it more likely that youth will move from alcohol to marijuana. In coordination with a few Southern California counties, VCBH has developed a website,		

	<p>mjfactcheck.org / datosmarihuana.org, targeted at the parents of pre-teens and teens to increase their awareness. Studies show that parents play a role in decreasing the use of marijuana by their children. The website information is based on peer-reviewed research and is not judgmental. It uses a regional approach and is optimized for view on cell phones.</p> <p>VCBH and the Ventura County Office of Education (VCOE) are collaborating to inform parents. The school districts that have a Saturday Night Live program are most responsive.</p> <p>David Tovar spoke about dispensaries and how parents can structure their conversations with their children when talking about the health consequences of using marijuana.</p>		
VIII.	<p>Old Business: Finalize Fiscal Year 2017-18 Annual Report The committee reviewed the draft 2 of the report. Dr. Graff moved to approve it as written, Gina Petrus seconded. The motion passed unanimously.</p>	Approve FY 2017-18 Annual Report M/S/C	
IX.	<p>New Business: Committee Meeting Schedule in December Ms. Nielsen proposed to go dark in December, as in past years. By a show of hands, all agreed.</p>	Go dark in December C	
VIII.	<p>Ventura County Behavioral Health (VCBH) Youth & Family Division Updates</p> <p>A. Youth & Family Division – Dina Olivas</p> <ol style="list-style-type: none"> Ms. Olivas noted that VCBH has a safe prescribing protocol. Foster children’s medication regimens are reviewed and agreed on by a panel of psychiatrists. Everyone is welcome to join the VCBH All Stars Team for the NAMI Walk on October 13. VCBH is starting to train staff on Children and Adolescent Needs and Strengths (CANS) and on the pediatric symptoms checklist. <p>B. Youth & Family Division Medical Director – Lisa Acosta, M.D. Dr. Acosta was not in attendance but, through Ms. Olivas, provided the following update: The eating disorder workgroup continues to meet. Twenty six clinicians, from both the Adult and the Youth & Family Divisions, have volunteered to receive training for two days in October. Dr. Acosta is working on a procedure to assess eating disorders at Screening, Triage, Assessment and Referral (STAR), and having a cohesive team provide services to clients diagnosed with an eating disorder.</p> <p>C. Mental Health Services Act (MHSA) – Hilary Carson</p> <ol style="list-style-type: none"> The Suicide Prevention conference will take place on September 19 at Oxnard College. All are encouraged to fill out the Community Mental Health Needs Assessment Survey and distribute them in their offices. The survey can also be filled out online. 		
IX.	<p>Committee Members’ and Participants’ Comments, Activities, Updates</p> <p>A. Ms. Davidson noted that, following last month’s discussion (see Annual Report, Opportunities) a workgroup will meet to prepare a proposal for a Mental Health services Act (MHSA) Innovation project that will focus on early intervention in preschools.</p> <p>B. Yanka Ricklefs noted that Carpe Diem will take place on March 1st, 2019.</p>		
X.	<p>Items for the Next Meeting Agenda Ms. Litel will present the results of a parent/caregiver survey from United Parents.</p>		
XI.	<p>Adjourn The meeting adjourned at 11:35 a.m.</p>		

CONSEJO ASESOR DE BEHAVIORAL HEALTH

COMITÉ DE JÓVENES Y FAMILIAS

ACTAS ▪ Miércoles ▪ 12 de septiembre de 2018

<p>Miembros presentes Denise Nielsen, Copresidente de Comité Martie Miles, Aspiranet Marika Collins, Casa Pacifica Ken McDermott, Servicios para Niños y Familias Heather Davidson, First 5 Condado de Ventura Laurie Jordan, Rainbow Connection Dr. Steven Graff, Tri-Counties Regional Center</p> <p>Otros Presentes Jerry Harris, Presidente BHAB Gina Petrus, BHAB Irene Pinkard, BHAB Karina Garcia, Kids & Families Together Michelle Steinberger, Libertad Condicional Yanka Ricklefs, SELPA B. Ariann Bulger, Seneca Michelle Angelo, United Parents</p>	<p>VCBH Gerentes/ Personal Presente Dina Olivas, Gerente Senior del Comité de Jóvenes y Familias Daniel Hicks, Gerente de Servicios de Prevención de los Programas contra Alcohol y Medicamentos David Tovar, Administrador del Programa de Seguridad Vial Hilary Carson, MHSA Pam Roach, Enlace para la Transformación Edith Pham, Asistente BHAB</p> <p>PRÓXIMA JUNTA: Miércoles 10 de octubre de 2018, 10:00 a.m. – 12:00 pm Ventura County Behavioral Health 1911 Williams Drive, Training Room (planta baja), Oxnard</p>
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Nota: El Comité aún no ha aprobado estas actas. Puede haber adiciones/supresiones o correcciones antes de que las actas sean aceptadas en forma definitiva.

	DISCUSIÓN /CONCLUSIONES	RECOMENDACIONES/ ACCIONES	RESPONSABLE
I.	Se convoca la reunión Presidente Nielsen convocó la reunión a las 10:05 a.m.		
II.	Aprobación del Orden del Día La Sra. Nielsen pidió al comité revisar y aprobar el orden del día. Laurie Jordan hizo la petición para su aprobación, secundado por Ken McDermott. La petición fue aprobada por unanimidad.	Se aprobó el orden del día sin modificaciones. M/S/C	
III.	Aprobación de las Actas La Sra. Nielsen pidió al comité revisar y aprobar las actas de la reunión del 8 de agosto. La Sra. Jordan hizo la petición para su aprobación, secundada por Heather Davidson. La petición fue aprobada por unanimidad.	Se aprobaron las actas sin modificaciones. M/S/C	
IV.	Bienvenida y presentaciones La Sra. Nielsen dio a todos la bienvenida y pidió que se hagan las presentaciones.		
V.	Anuncios del Presidente La Sra. Nielsen animó a todos a revisar tres aplicaciones en iTunes: "It's not OK", "The Mood Ring" y "Anxiety Helper". La Sra. Nielsen expresó su felicitación a casa Pacifica. Una pareja de más de setenta y años le dijeron lo bien impresionados que estaban con la manera tan amorosa que el personal de Casa Pacifica ha cuidado a su niño de cuatro años de edad, quien les fue designado por los Defensores Especiales de los Tribunales (CASA). El niño estaba teniendo dificultades en la casa de crianza en que fue colocado.		
VI.	Comentarios del Público Ninguno.		
VII.	Presentación: La juventud y el consumo de cannabis. Daniel Hicks, Gerente de Servicios de Prevención del Programa contra Alcohol y Medicamentos California fue el primer estado en legalizar la marihuana medicinal. Con la legalización de la marihuana recreacional, la regulación legal responsable es importante para reducir el daño. El 95% de las adicciones empiezan antes de los 21 años, por lo que muchos condados están tratando de retrasar el primer uso. Las normas sociales y las políticas regulatorias han cambiado y hacen más probable que los jóvenes pasen del alcohol a la marihuana.		


	<p>En coordinación con algunos condados del Sur de California, VCBH ha desarrollado un sitio web, mjfactcheck.org/datosmarihuana.org, dirigido a los padres de preadolescentes y adolescentes para incrementar su concienciación. Los estudios demuestran que los padres juegan un papel en la disminución del uso de la marihuana de sus hijos. La información del sitio web se basa en investigaciones revisadas por pares sin emitir juicios. Utiliza un enfoque regional y está optimizado para poder verse en los teléfonos celulares.</p> <p>VCBH y la Oficina de Educación del Condado de Ventura (VCOE) están colaborando para informar a los padres. Los distritos escolares que tienen un programa Saturday Night Live son los más receptivos.</p> <p>David Tovar habló sobre dispensarios y cómo pueden los padres estructurar sus conversaciones con sus hijos cuando hablan sobre las consecuencias para la salud del uso de la marihuana.</p>		
VIII.	<p>Asuntos Anteriores: Finalizar el Informe Anual del Año Fiscal 2017-18 El comité examinó el segundo borrador del informe. El Dr. Graff hizo la petición para que se apruebe sin modificaciones y Gina Petrus la secundó. La petición fue aprobada por unanimidad.</p>	<p>Aprobar el informe anual del FY 2017-18 M/S/C</p>	
IX.	<p>Nuevas Actividades: Calendario de Reuniones del Comité en diciembre La Sra. Nielsen propuso no tener sesión en diciembre, como en años anteriores. Acordaron por votación levantando la mano.</p>	<p>No tener sesión en diciembre C</p>	
VIII.	<p>Actualización de la División de Jóvenes y Familias de Ventura County Behavioral Health (VCBH)</p> <p>A. División de Jóvenes y Familias– Dina Olivas</p> <ol style="list-style-type: none"> 1. La Sra. Olivas de la División de Jóvenes y Familias observó que VCBH tiene un protocolo de prescripción segura. Los regímenes de medicamentos para niños en casas de crianza se revisan y se logran acuerdos entre un panel de psiquiatras. 2. Todos son Bienvenidos a unirse al equipo de VCBH All Stars para la caminata NAMI el 13 de octubre. 3. VCBH está comenzando a capacitar al personal acerca de las Necesidades y Fortalezas de los Niños y Adolescentes (CANS) y acerca de la lista de verificación de síntomas pediátricos. <p>B. Directora Médica de la División de Jóvenes y Familias – Dra. Lisa Acosta, M.D. La Dra. Acosta no estuvo presente, pero a través de la Sra. Olivas, proporcionó la siguiente actualización: El grupo de trabajo de trastornos alimentarios continúa reuniéndose. Veintiséis médicos, tanto de la División de Adultos como de la División de la Juventud y la Familia, se han ofrecido para recibir capacitación durante dos días en octubre. El Dr. Acosta está trabajando en un procedimiento para evaluar los trastornos alimenticios durante el proceso de Evaluación, Triage, Evaluación y Remisión (Star), y tener un equipo cohesivo que proporcione servicios a los clientes diagnosticados con un trastorno alimenticio.</p> <p>C. Ley de Servicios de Salud Mental (MHSA) – Hilary Carson</p> <ol style="list-style-type: none"> 1. La Conferencia de Prevención del Suicidio se llevará a cabo el 19 de septiembre en Oxnard College. 2. Se invita a todos a que completen la Encuesta de Evaluación de las Necesidades de Salud Mental de la Comunidad y las distribuyan en sus oficinas. La encuesta también se puede llenar en línea. 		

IX.	<p>Comentarios, actividades, actualizaciones de los miembros del Comité y de los Participantes</p> <p>A. La Sra. Davidson señaló que, después de la discusión del mes pasado (ver Informe Anual, oportunidades), se reunirá un grupo de trabajo para preparar una propuesta para un proyecto de Innovación de la ley de servicios de salud mental (MHSA por sus siglas en inglés) que se centrará en la intervención temprana en los centros preescolares.</p> <p>B. Yanka Ricklefs observó que Carpe Diem se llevará a cabo el 1 de marzo de 2019.</p>		
X.	<p>Temas para la agenda de la próxima reunión</p> <p>La Sra. Litel presentará los resultados de una encuesta para padres/cuidadores por parte de United Parents.</p>		
XI.	<p>Se levanta la sesión</p> <p>La reunión concluyó a las 11:35 a.m.</p>		

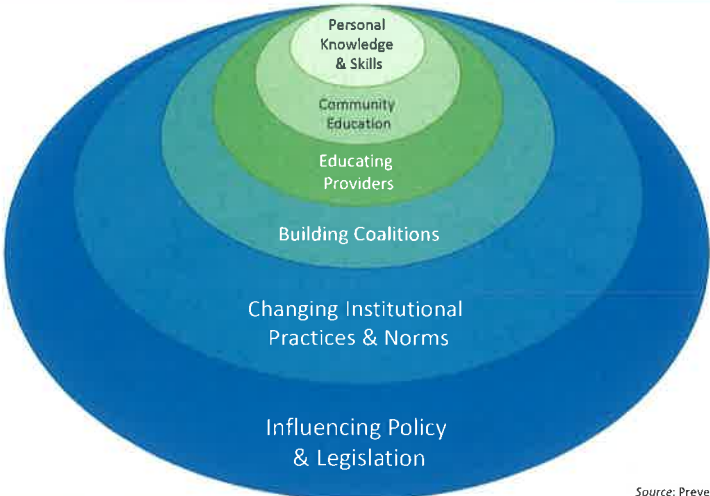
YOUTH & MARIJUANA

Current Prevention Efforts

Dan Hicks, ADP Prevention Services
Youth & Family Services Committee, September 2018




Spectrum of Prevention



The diagram consists of six concentric, semi-circular layers of varying shades of blue and green, arranged from smallest to largest. Each layer contains text representing a level of prevention effort:

- Personal Knowledge & Skills
- Community Education
- Educating Providers
- Building Coalitions
- Changing Institutional Practices & Norms
- Influencing Policy & Legislation

Source: Prevention Institute




2



- **1996:** Prop 215 – CA becomes first state to legalize medical marijuana
- **2004:** SB 420 – Established medical marijuana card program for caregiver system
- **2015:** MMRSA – CA legislature creates Bureau of Medical Cannabis Regulation
- **2016:** Prop 64 – Voters approve AUMA for adult use of non-medical marijuana
- **2017:** County of Ventura and local cities consider policy options.
- **2018:** Release of CA Bureau of Marijuana Control regulations – see 'Delivery'

Ventura County Cannabis Policy Snapshot – As of June 30, 2018

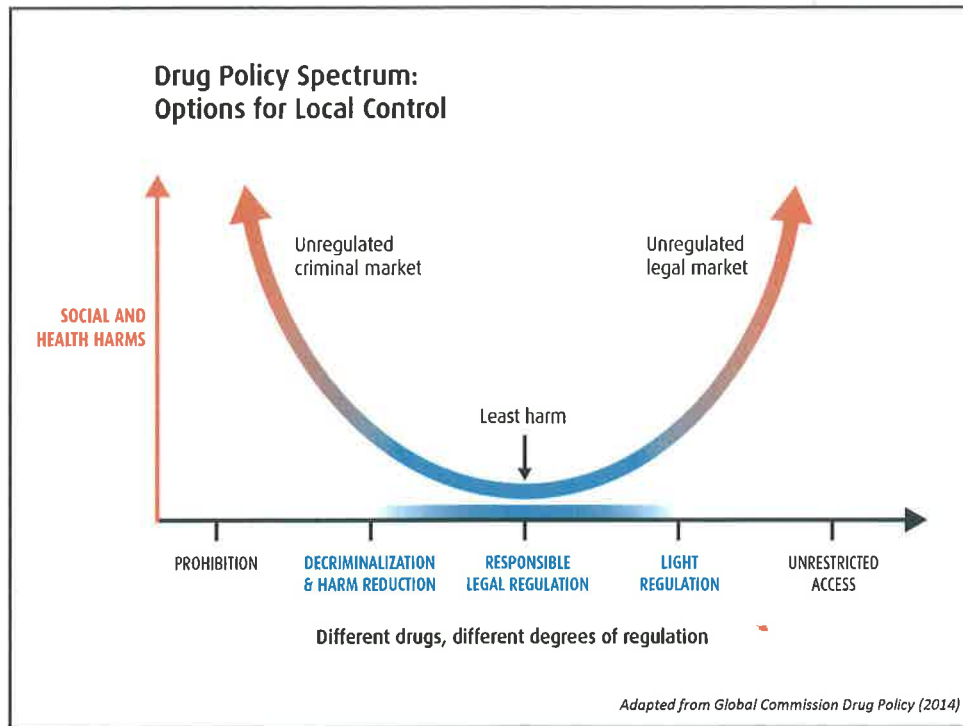
- **Camarillo:** Prohibits commercial cannabis businesses.
- **Fillmore:** Prohibits commercial cannabis businesses. Allows limited adult use deliveries. Imposes a tax on proceeds of cannabis sales, if ever allowed in the city.
- **Moorpark:** Prohibits commercial cannabis businesses.
- **Ojai:** Permits three cannabis dispensaries and/or delivery services for medical and adult use.* The existing three medical dispensaries will be given an opportunity to apply for a city license to sell cannabis for adult use.
- **Oxnard:** Prohibits commercial cannabis businesses. Delivery allowed from non-local medical businesses.
- **Port Hueneme:** Permits medical and adult use cannabis businesses. Delivery allowed only from local medical businesses.
- **Santa Paula:** Prohibits commercial cannabis businesses. The November ballot will include a measure asking voters whether to impose a tax on commercial cannabis cultivation and its sale.
- **Simi Valley:** Prohibits commercial cannabis businesses. The November ballot will include two measures asking voters (1) whether the City Council should allow cannabis business in town and, if so, its location (a non-binding advisory question); and (2) whether any future cannabis businesses should be taxed (binding).
- **Thousand Oaks:** Permits one medicinal dispensary and one testing facility (permits not issued as of 6/30/18). Delivery prohibited. The November ballot will include a measure asking voters whether to impose a tax on cannabis businesses.
- **City of Ventura:** Prohibits commercial cannabis businesses except for non-local medicinal delivery by up to three retailers located within Ventura County.
- **Ventura County (Unincorporated):** Prohibits commercial cannabis businesses except for non-local medicinal or adult use delivery. Further policy under consideration.



- Commercial cannabis businesses prohibited
- Commercial cannabis businesses prohibited except certain types of deliveries
- Medicinal and/or testing businesses allowed; adult use businesses prohibited.
- Medicinal and adult use businesses allowed

* Via an ordinance introduced in Ojai on June 26, 2018 and adopted on July 10, 2018 (Administrative Report to City Council from City Manager, June 27, 2018). Existing regulations limit the number of medical dispensaries to three.

Noncommercial delivery from a primary caregiver (with five or fewer qualified patients) is permitted under state law and is not addressed here.



A FEW SIMPLE FACTS:

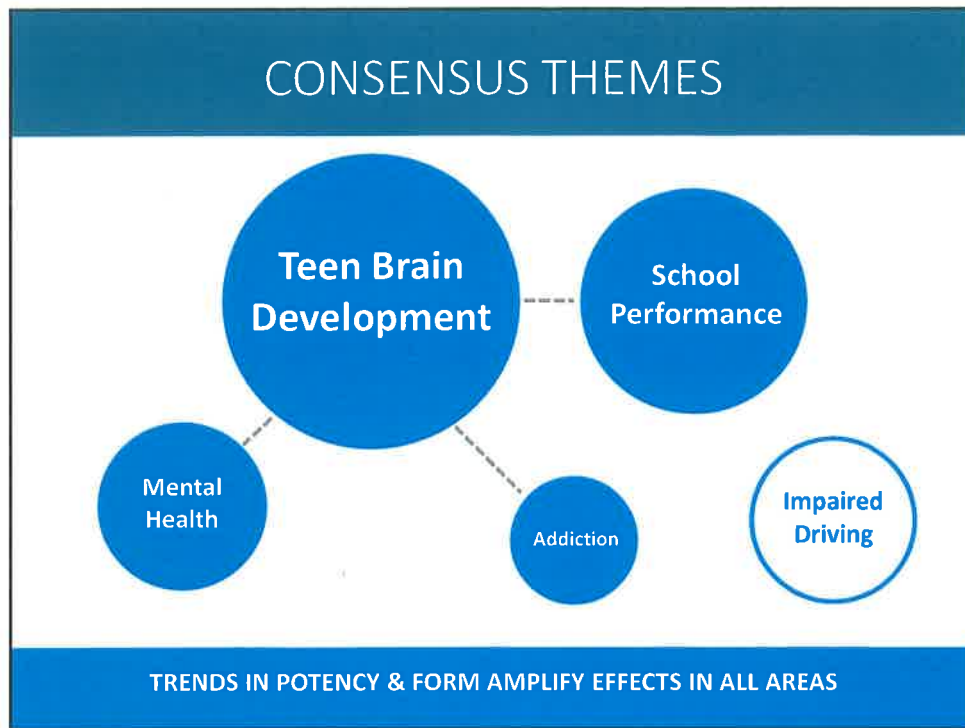
- Youth brains are developing throughout adolescence, with *myelination* and *selective pruning*, until about age 25
- BUT, average age of intoxicant first use is around age 13, and
- > 95% of addiction happens before 21, while key elements of reward system and judgment are still maturing
- Early and frequent THC use 'screws it up'

Marijuana FactCheck

A fact-based, informational campaign regarding marijuana, with focus on adolescent health.

Marijuana FactCheck

- Strategic direction
- Regional collaboration
- Target audiences
- Messaging tone
- Positioning



DATOS MARIHUANA

ENGLISH

SEGUN LOS HECHOS

INICIO CEREBRO ESCUELA VAPORIZAR COMESTIBLES POTENCIA USO MEDICINAL

lo más reciente sobre el cannabis y la salud y seguridad de nuestros hijos

Desarrollo cerebral

"Boligrafo vaporizador"

Coeficiente Intelectual (CI)

La escuela y las notas

MARIJUANA FACTCHECK

ESPAÑOL

FOCUSED ON FACTS

HOME BRAIN SCHOOL VAPING EDIBLES POTENCY MEDICAL

SCHOOL

How does marijuana affect school life?

WHAT WE KNOW: Since the negative effects of marijuana on teens' attention, memory and learning can linger for days or even weeks, a student who uses frequently may be regularly operating at a reduced mental capacity at school. Marijuana use, especially among young people, has been shown to have a connection to lower grades, skipping classes, studying less, and an increased potential for dropping out. Increasing teen use of vaping and edibles raises the concern of student marijuana consumption while actually on campus. Social life is also affected and teens who use marijuana are less likely to participate in school activities.

WHAT WE'RE WATCHING: The causal relationship between marijuana use and its affect on school life and performance requires further research. However, marijuana users self report a perceived influence on a variety of poor outcomes and low achievement.

Can cannabis use impact high school completion?

TRUE MARIJUANA FACTCHECK

HOME BRAIN SCHOOL **VAPING** TOILES POTENCY MEDICAL

SEARCH ESPANOL

FOCUSED ON FACTS

VAPING

What is marijuana vaping?

WHAT WE KNOW: Although often smoked in joints or pipes, more teens are using odorless cannabis vaporizers - or **vaping** - to avoid inhaling smoke, and also to **evade** detection of marijuana use. Vaping is done with a handheld, battery-operated pen-like device, which activates the heating and dispensing of THC or other drug source. Vaping pens often look like the e-cigarettes that use nicotine or flavored liquids, but are optimized for cannabis concentrates with THC levels as high as 90%.

WHAT WE'RE WATCHING: High school students report vaping dried cannabis as well as higher-THC products like hash oil and wax, but the rates and long term effects are still being studied. We also need to learn how to identify and prevent hidden marijuana use by students and youth.

Are e-cigs and vape pens safe to use?

WHAT WE KNOW: These devices are often considered a safer alternative to smoking marijuana. However, experts agree that long-term use of any vaporizing (or e-cigarette) devices may be unhealthy.

EXPLAINER VIDEOS

Fast Cannabis Use Permanently Damages Teen Brn

Micro-Video



The image is a screenshot of the Marijuana FactCheck website. At the top, there is a navigation bar with the logo "TRUTH 2018 MARIJUANA FACTCHECK" and a search bar. Below the navigation bar are menu items: HOME, BRAIN, SCHOOL, VAPING, EDIBLES, POTENCY, and MEDICAL. The main content area is titled "ABOUT" and contains the following text:

MARIJUANA FACTCHECK
 Everyone wants to make the best and most informed decisions they can, for themselves and their families. But decisions can only be as good as the facts they are based upon.

We've been hearing from a lot of people who would like to see a clear, scientifically-based, unbiased source of information about marijuana and its effects, particularly upon youth. They have found that it can be hard to sort between the information and misinformation swirling around the internet. Here you will find a compilation of the latest findings and research, and we will continue to update the site as new and ongoing studies reach fruition. We encourage you to visit this site on a regular basis, to explore, to share and to have the facts – allowing you to best make the decisions possible for you and your family.

Marijuana FactCheck reviews and tracks verifiable resources via the following criteria:

- Thorough and significant studies
- Trustworthy sources: leading institutions, recognized experts and peer-reviewed journal articles
- As current as possible, conducted within at least the last five years
- Appropriate sample size, random controls and generalizable data
- Avoidance of biased sources, out of context reviews or selectively chosen data
- Transparency about funding and affiliations
- Considers compiled results of relevant meta-analyses
- Recognizes limitations that require further study

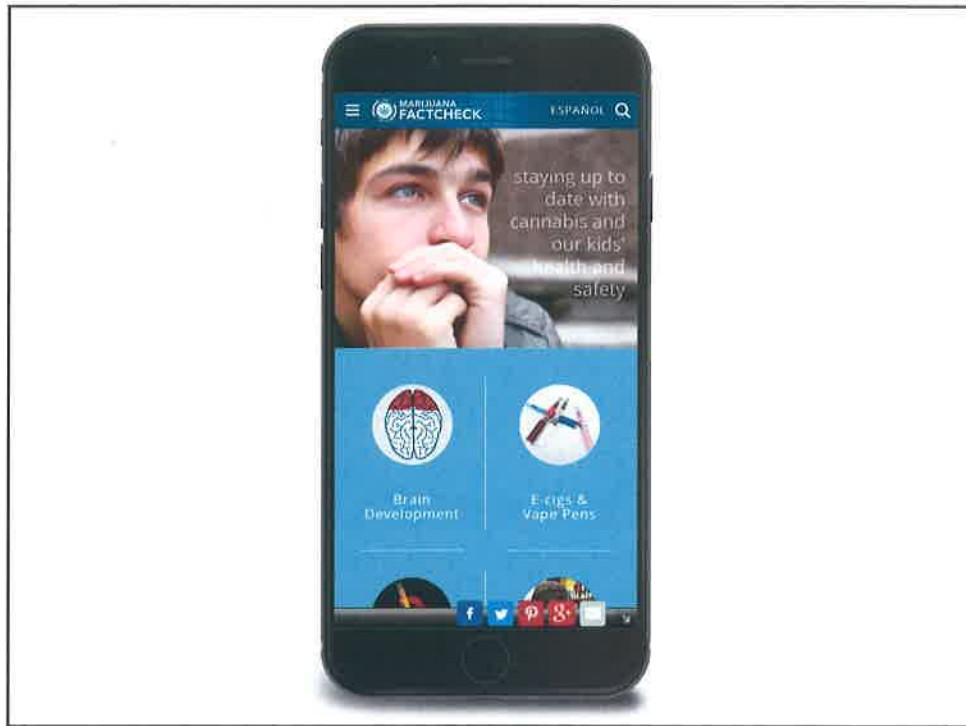
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Los Angeles County Department of Public Health
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Orange County Health Care Agency
[Learn about local resources in Orange County](#)

San Bernardino County Behavioral Health
[Learn about local resources in San Bernardino County](#)



ONLINE PROMOTION

ATTENTION SPAN REDUCED?




MARIJUANA FACTCHECK
FOR PARENTS

Suggested Post

Marijuana FactCheck

Important info for parents.



Can edibles send a child to the ER?
Marijuana edibles can look like snacks to children.

[Learn More](#)

Mifactcheck.org

Like Comment Share



reviewing the latest research on kids' health and safety

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información más reciente sobre la salud y seguridad de niños y jóvenes

DATOS MARIHUANA
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TRUE MARIJUANA **FACTCHECK**
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EDIBLES
Can marijuana edibles be a shot in the arm? The simple answer is yes. Edible marijuana is not processed in Colorado, since it may contain other types of seeds for emergency reasons after consuming marijuana. About half of the cases involved bulk essentially eating marijuana edibles. **V TRUE**

E-CIGARETTES & VAPING
A safer alternative to smoking marijuana? It seems like the simple answer is no. It is difficult to determine because THC is inhaled, and the rest of the smoke is high, especially for inexperienced users. Burns and spikes from smoking a pipe and vaping devices are increasing. **V FALSE**

WAX, DABS, OIL
Are they safe? The simple answer is yes. "Smoking" or "vaping" marijuana edibles is generally safer than smoking. Edibles become more popular because of higher potency. The high potency can lead to more use of marijuana as opposed to other forms. **V TRUE**

Visit www.mjfactcheck.org to find out what's true and what's not in the conversation about marijuana.

TRUE MARIJUANA **FACTCHECK**
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V TRUE "Marijuana use by teens has been linked to a permanent decrease in IQ."
Studies have shown that using marijuana frequently as a teen can lead to impaired brain development. IQ intelligence tests showed scores dropping up to 8 points. IQ did not rise again after stopping use as an adult. (Source: National Academy of Sciences)

ATTENTION
PROBLEM SOLVING
EMOTIONS
COMPREHENSION
MEMORY

IQ drops up to 8 points

Visit www.mjfactcheck.org to find out what's true and what's not in the conversation about marijuana.





DATOS MARIHUANA

SEGÚN LOS HECHOS



"El consumo de marihuana en adolescentes está vinculado a una pérdida permanente de inteligencia (CI)".

Los estudios han demostrado que el consumo frecuente de marihuana en la adolescencia daña el desarrollo cerebral. Las pruebas que miden el Coeficiente Intelectual (CI) han demostrado una disminución del mismo hasta 8 puntos. El CI no subió después de haber dejado de consumir marihuana en la adultez.

capacidad de
ATENCIÓN disminuida

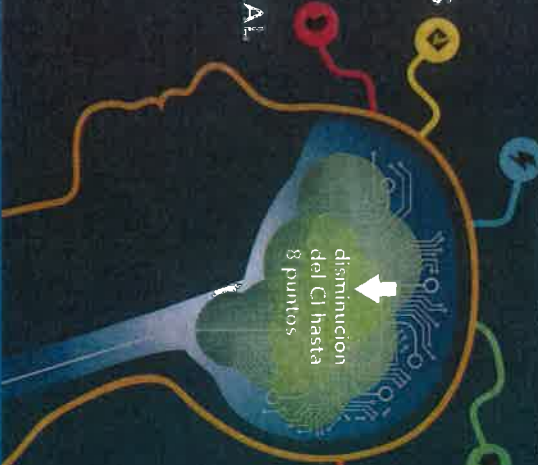
dificultad para
RESOLVER
PROBLEMAS

disminución de la
COMPRESIÓN
verbal

disminución
del CI hasta
8 puntos

pequeña
MEMORIA

errores control
EMOCIONAL



www.datosmarihuana.org

INFORMACIÓN MÁS RECIENTE SOBRE LA SALUD
Y SEGURIDAD DE NIÑOS Y JOVENES

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DATOS MARIHUANA

SEGÚN LOS HECHOS



COMESTIBLES

¿Puede un niño terminar en el hospital por la marihuana comestible? Después que las tiendas de marihuana recreativa abrieron en Colorado, el doble de niños menores de 10 años fueron atendidos en la Sala de Emergencias después de haber consumido marihuana. Casi la mitad de los casos eran niños que accidentalmente ingirieron comestibles derivados de la marihuana.



VAPORIZAR ("VAPING")

¿Una alternativa más segura que fumar la marihuana? La respuesta simple es no. Es difícil medir qué cantidad de THC se inhala y el riesgo de sobredosis es alto, especialmente para usuarios sin experiencia. Las quemaduras y lesiones por explosiones de cigarrillos electrónicos y dispositivos de vaporización han ido aumentando.



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INFORMACIÓN MÁS RECIENTE SOBRE LA SALUD
Y SEGURIDAD DE NIÑOS Y JOVENES

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CBHDA TALKING POINTS ON MARIJUANA AND YOUTH SAFETY

May 2015

Since enactment of the voter-approved Compassionate Use Act of 1996 (Proposition 215), California's discussions on marijuana policy have been characterized by multiple conflicting interpretations and confusion about the ability and limits of local government authority to regulate marijuana availability in social and commercial settings, with serious inconsistencies between federal, state and local laws.

While many local governments now have ordinances or policy provisions to address marijuana businesses, and while concerns often include references to the health and safety of children and youth, *few communities have carefully considered the science on the harmful effects of marijuana use on the developing teen brain and the relationship between availability and teen use.*^{i ii iii iv v}

Marijuana Use Poses Serious Risks to Teen Brain Development

1. Research strongly suggests that marijuana use during adolescence and early adulthood results in impaired neural connectivity in several areas of the brain, including the hippocampus, a critical region associated with learning and memory.^{vi}
2. Developmental problems associated with regular marijuana use during adolescence include reduced IQ scores, poorer school performance,^{vii} higher school dropout rates, as well as decreased attention, and impaired cognitive and verbal performance.^{viii}
3. There are no definitive findings on whether or not these impairments are reversible with abstinence or reduced consumption, but research supports an abundance of caution with respect to increased availability and resulting teen marijuana exposure and use.
4. Chronic marijuana use can lead to addiction, based on the criteria for dependence established in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition. Approximately 9% of those who use marijuana are estimated to be dependent, with the risks of dependency increasing sharply up to 17% as the age of initiation decreases into adolescence.^{ix}
5. Like alcohol, marijuana and associated THC-containing products are intoxicants with considerable potential for abuse and dependence, but they also contribute to impaired judgment and increased susceptibility to psychiatric problems, including depression, insomnia and paranoid delusions.^x
6. Heavy use can exacerbate the course of illness in patients with schizophrenia and other mental disorders, particularly when there is early age onset.^{xi}

In addition to pending state legislation regarding medical marijuana (e.g. AB 266, SB 634), California is likely to have at least one ballot measure in 2016 to legalize non-medical use. Many prevention professionals are concerned that widespread availability of an intoxicant like marijuana will lead to more widespread use, and will compound problems already posed by legal substances like alcohol and tobacco. Indeed, a recent New England Journal of Medicine article, "Adverse Effects of Marijuana Use," concludes:

Repeated marijuana use during adolescence may result in long-lasting changes in brain function that can jeopardize educational, professional, and social achievements. However, the effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties but also by its availability and social acceptability. In this respect, legal drugs (alcohol and tobacco) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs not because they are more dangerous than illegal drugs, but because their legal status allows for more widespread exposure.^{xii}

Preparing for 2016 and Beyond

Marijuana is more widely available and more potent than ever before. The national average potency of THC has increased from approximately 4% in 1998 to 15% in 2012, with some dispensaries advertising potencies up to 30%. Increased potency levels, decreasing perception of harm, the increased risk of addiction with adolescent use, the impact on mental health, coupled with the academic consequences of use, have led to increased concern about marijuana use in California teens and young adults.

Research on the effects of marijuana on the developing brain, together with experience from alcohol and tobacco policy in California, provide important guidance for any initiative that would make marijuana legal, including established ways to manage an array of likely negative consequences.

Therefore, the Substance Abuse Prevention and Treatment (SAPT) Committee of the County Behavioral Health Directors Association of California (CBHDA) finds that:

A. California Should Adopt Strong Policies Shown to Protect Public Health

Any statewide initiative to legalize marijuana should require both state and local health agencies to play a leadership role in adopting, monitoring and enforcing regulations. The following evidence-based strategies should form the foundation for marijuana policy should legalization occur:

- I. Adequate revenues for funding effective prevention, treatment and education programs must be ensured;
- II. Adoption of a 21-year age limit for the use and possession of non-medical marijuana;

- III. Strict enforcement of laws prohibiting sales or furnishing of marijuana to underage youth conducted by local law enforcement agencies;
- IV. Adequate funding of compliance check operations through state and local fees and taxes;
- V. Restrictions on the types, number, and location of retail outlets, avoiding youth locations;
- VI. Prohibition of products that are likely to appeal to youth; and
- VII. Strict regulation of marijuana marketing—with limits on advertising and messaging attractive to youth—within constitutional limitations that protect commercial speech.

B. State and Local Governments Play a Critical Role in Protecting Teen Health and Safety

Legal drugs in California provide important lessons about efforts to protect youth from exposure and to delay the age of first drug use. Chief among these is the critical role of state *and* local government in developing, enhancing and enforcing effective strategies to protect the health and safety of young people, while operating within state regulatory structures.

Therefore, CBHDA also:

- I. Recognizes the constitutional powers of California counties and cities to protect the health and welfare of their communities and its residents—including, especially, youth;
- II. Supports legislative judgments made by locally-elected officials about potentially dangerous or unhealthy land uses, with deference given to protecting youth; and,
- III. Urges local governments, under existing and proposed California state policies on marijuana regulation, to consider the research on marijuana and teen brain development, and to exercise their duty and discretion to either: adopt a program, modify a program, or to opt out entirely.

Impacts Support an Abundance of Caution

At this time CBHDA neither supports nor opposes proposals for legalization of marijuana for non-medical purposes. However, great caution is warranted for all policy makers given the lessons learned over the last eighty years since Prohibition was repealed, and given more than thirty years of tobacco prevention policy.

Legal drugs are extremely profitable industries, yet extremely costly for Americans; both in terms of mortality and impacts to public services.

- A leading cause of disease and a major contributor to health care costs, tobacco kills some 480,000 Americans every year.^{xiii}

- In 2004 diabetes cost society \$131.7 billion, cancer cost society \$171.6, while alcohol cost \$185 billion. The total cost of substance abuse addiction that year was \$559 billion.^{xiv}

Conclusion

To protect youth from long-term harms, policymakers must develop regulatory strategies that are far more robust and sustainable than currently envisioned. Increased youth use leads to increased addiction, and increased addiction leads to an increase in the health and social problems that accompany addiction, such as lost productivity and diminished quality of family life.

Policy deliberations about marijuana in California continue to focus largely on the proposed benefits of making marijuana legal, and frequently point to alcohol regulation as a model. However, the public health impacts of alcohol to California communities suggest something quite different. Marijuana cannot be treated like any other “ordinary commodity,” and marijuana policy must be health-driven, not profit-motivated. These important decisions will affect all of California for generations to come.

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- ⁱⁱⁱ Rubino T., Parolaro D. Long lasting consequences of cannabis exposure in adolescence. *Mol Cell Endocrinol*. 2008;286(1-2 Suppl 1):S108–13.
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- ^{vi} Ventura County. (2015) “Marijuana and Your Kid’s Brain.” *Marijuana in Ventura County: A Gateway for Discussion*, © 2014, Ventura County Behavioral Health. <http://venturacountylimits.org.s94613.gridserver.com/resources/article/E413A9/marijuana-and-your-kids-brain-video>
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- ^{viii} Meier M.H., Caspi A., Ambler A., et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proc Natl Acad Sci USA*. 2012;109:E2657-2664.
- ^{ix} National Institute on Drug Abuse (NIDA). *DrugFacts: Marijuana*. <http://www.drugabuse.gov/publications/drugfacts/marijuana> April 2015.
- ^x National Alliance on Mental Illness (2013) *Marijuana and Mental Illness* Fact Sheet. Duckworth, K., Freedman, J., reviewers. http://www2.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/Marijuana_and_Mental_Illness.htm
- ^{xi} *Ibid*.
- ^{xii} Volkow, N., Baler, R., Compton, W., Weiss, S. (2014). Adverse health effects of marijuana use. *New England Journal of Medicine*
- ^{xiii} U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- ^{xiv} NIDA. Drug abuse and addiction: One of America’s most challenging public health problems. <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude>

No safe time, No safe amount

Marijuana, also called cannabis, is a strong drug with THC, which is not safe for babies.

Marijuana use during pregnancy and breastfeeding is not recommended. You should also try to avoid marijuana use before becoming pregnant.

Research is new and ongoing, caution is urged, and the only safe amount of THC is zero.

TALK TO YOUR HEALTHCARE PROVIDER

At your next prenatal visit, talk about your possible marijuana use. Being honest will help you get the best care for you and your baby.

- If necessary, ask for help to quit marijuana while you are pregnant or breastfeeding.
- Medical marijuana isn't safer than recreational marijuana. There is no safe amount during pregnancy and breastfeeding.
- Learn about different ways to treat nausea and pain.
- Talk about any other medications you might be taking.

FOR MORE INFORMATION:

Call (805) 981-5115 or

Toll Free (800) 781-4449 (press 2 then 1)

mjfactcheck.org/pregnancy



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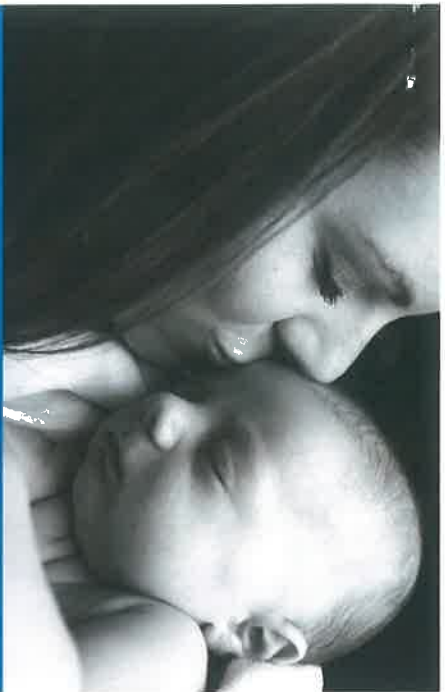
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BEHAVIORAL HEALTH
ALCOHOL & DRUG PROGRAMS

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MARIJUANA & PREGNANCY



Clearing the smoke



3 ways marijuana may harm your baby

- While you're pregnant
- When you're breastfeeding
- Near your baby

WHILE YOU'RE PREGNANT

If you use marijuana in any form during pregnancy, your baby may have:

- Smaller birth size or prematurity
- Possible risk of stillbirth
- Delayed brain growth
- Slowed development
- More health problems

WHEN YOU'RE BREASTFEEDING

No matter how marijuana is used, the THC can be transmitted to breastmilk.

- Marijuana stays in breastmilk a long time.
- Infants who drink breastmilk that contains THC may have trouble nursing.
- Since your baby is still growing, brain development can be slowed.

NEAR YOUR BABY

Marijuana, like tobacco, should not be smoked or vaped by you or anyone near your baby.

- Secondhand smoke or vapor may enter your baby's lungs.
- Inhaled THC may hurt your baby or other children.
- In addition to THC harms, asthma or breathing problems may develop.
- Nearby adults using marijuana may be impaired and put your baby at risk.

NO SAFE FORM

Marijuana comes in many forms. Cookies, candies, foods, drinks and other cannabis edibles are *not safer* for use than smoking.



Some newborns may have withdrawal symptoms like excessive crying and trembling.

WHAT IS THC?

- THC is the strong ingredient in marijuana which may harm your baby.
- THC can reach your baby no matter what form you use.
- The amount and strength of THC in smoke, vapor, food, drinks, or lotions is unknown.

No existe momento seguro ni dosis segura

La marihuana, también llamada cannabis, es una droga fuerte que contiene THC, el cual no es seguro para los bebés.

No se recomienda consumir marihuana durante el embarazo y la lactancia.

También se debe evitar el consumo de marihuana antes de quedar embarazada.

La investigación es reciente y continua, la precaución es necesaria y la única dosis segura de THC es cero.



HABLE CON SU MÉDICO

En su próxima consulta prenatal no deje de mencionar si consume marihuana porque esto la ayudará a obtener una mejor atención para usted y su bebé.

- Si es necesario, pida ayuda para dejar la marihuana durante el embarazo o la lactancia.
- La marihuana medicinal no es más segura que la marihuana recreativa. No existe una dosis segura para el embarazo y la lactancia.
- Conozca diferentes formas de tratar la náusea y el dolor.
- Mencione cualquier otro medicamento que esté tomando.

PARA MÁS INFORMACIÓN:

Llame al (805) 981-5115 o a la línea gratis (800) 781-4449 (presión el 2 y luego el 1)

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LA MARIHUANA Y EL EMBARAZO



No son compatibles



Consumir marihuana daña al bebé de 3 formas:

- Durante el embarazo
- Durante la lactancia
- Cerca del bebé

DURANTE EL EMBARAZO

Si consume marihuana en cualquiera de sus formas durante el embarazo, su bebé podría:

- tener bajo peso al nacer o ser prematuro.
- nacer muerto.
- tener retraso en el desarrollo cerebral.
- tener un desarrollo lento.
- tener más problemas de salud.

DURANTE LA LACTANCIA

Al consumir marihuana en cualquiera de sus formas, el THC pasa a la leche materna.

- La marihuana permanece mucho tiempo en la leche materna.
- El bebé que ingiera leche materna que contenga THC puede tener problemas durante la lactancia.
- A medida que crece el bebé, su desarrollo cerebral podría retrasarse.

CERCA DEL BEBÉ

La marihuana, al igual que el tabaco, no se debe fumar ni vaporizar cerca del bebé.

- El humo o el vapor pasivos pueden entrar a los pulmones del bebé.
- El THC inhalado daña al bebé y a otros niños.
- Además de los daños que causa el THC, el bebé puede desarrollar asma o problemas respiratorios.
- Los adultos que estén bajo los efectos de la marihuana pueden poner en riesgo al bebé que tengan cerca.

NO EXISTE FÓRMULA SEGURA

La marihuana existe en muchas formas. Las galletitas, caramelos, alimentos, bebidas y otros comestibles hechos con cannabis no son más seguros que fumar la marihuana.



Algunos recién nacidos muestran síntomas de abstinencia como llanto excesivo y temblores.

¿QUÉ ES EL THC?

- El THC es el ingrediente activo de la marihuana que puede dañar al bebé.
- El THC puede afectar al bebé en cualquiera de las formas que se consuma.
- Se desconoce la dosis y la potencia de THC en el humo, el vapor, los alimentos, las bebidas y las lociones.

**BEHAVIORAL HEALTH ADVISORY BOARD
Youth & Family COMMITTEE
2017-2018 Annual Report**

Submitted by Denise Nielsen, Chair
Finalize on 9/12/18

Youth & Family Committee members

Denise Nielsen, Committee Chair
Gane Brooking, BHAB
Margaret Cortese, BHAB
Marlen Torres, BHAB
Martie Miles, Aspiranet
Marika Collins, Casa Pacifica
Ken McDermott, Children's Family Services
Heather Davidson, First 5 Ventura County

Crystal Cummings, Kids & Families Together
Laurie Jordan, Rainbow Connection
Regina Reed, SELPA
Tyler Baker-Wilkinson, Seneca
Dr. Steven Graff, Tri-Counties Regional Center
Lori Litel, United Parents
Sheri Long, Vista Real Charter Real High School

Organizations that participate occasionally or regularly

Ventura County Behavioral Health
Ventura County Probation Agency
Interface Children & Family Services

New Dawn
Vista del Mar Psychiatric Hospital

DRAFT 2

MISSION

The BHAB Youth & Family Committee advocates for the continuum of care and development in the delivery of services for youth and their families, believing that addressing the unique needs of minors and their caregivers is essential to the health of the community.

INTRODUCTION

The BHAB Youth & Family Committee meets on the second Wednesday of the month from 10:00 to noon at the Ventura County Behavioral Health Administration building in Oxnard. Attendance and participation are open to the families of youth receiving mental health services from Ventura County Behavioral Health, service providers, Behavioral Health Advisory Board (BHAB) members, and anyone with an interest in the children and youth residing in Ventura County. The Youth and Family Committee is responsible to look into the needs, programs and services for children and youth, and to report on these matters to the BHAB.

2017-18 OBJECTIVES

- 1. Continuum of Crisis Stabilization Options**
 - a. Monitor the Crisis Stabilization Unit. Identify remaining gaps in the continuum of crisis services.
 - b. The Committee will receive ongoing updates from the Suicide Prevention workgroup.

- 2. Continuum of Care Reform**

Follow and evaluate the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.

- 3. Community and Parent Outreach**
 - a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.

- b. Recruit community members to serve on the Committee, and inform families about mental health services available.
- c. Create innovative strategies to increase parent participation in this Committee.
- d. Raise awareness of alcohol and drug use information. Actively disseminate alcohol and drug use prevention information to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
- e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's WellnessEveryDay/SaludSiempre website.
- f. Continue to oversee the development of the family resource app.

DRAFT 2

ACHIEVEMENTS

1. Increased membership on this committee as a result of an update in the BHAB Bylaws.
2. Members disseminated information on the services available to children and youth and their parents/caregivers.
3. Members provided community support in the wake of the Thomas Fire.
4. Members continued to monitor and receive updates on the children's Crisis Stabilization Unit (CSU).

2017-18 PRESENTATIONS

November 2017: Straight Up Reality Improv, presented by Katherine Kasmir.

February 2018: Alcohol & Drug Programs, presented by Richard LaPerriere.

April 2018: Collaborative Educational Supports (COEDS), presented by Aliya Maki.

May 2018: Ventura Early Intervention Prevention Services (VIPS), presented by Denise Pont.

June 2018: 2-1-1 Ventura County, presented by Kelly Brown.

CHALLENGES

1. The loss of Vista del Mar Psychiatric Hospital due to the Thomas Fire in early December 2017 negatively impacted the community and VCBH clients.
2. As a result of the Continuum of Care Reform, group homes have to convert their license or stop operating. Only two providers, Casa Pacifica and Seneca, operate a local Short-Term Residential Treatment Program (STRTP).
3. Recruiting foster families, including emergency foster families, who could serve as an alternative to STRTP, is problematic.
4. Prevention and early intervention services for children ages 5 and under are insufficient. Parents/caregivers and preschool teachers are not attuned to the mental health needs of young children.

OPPORTUNITIES

1. The committee is eager to design a Mental Health Services Act (MHSA) Innovative project that will focus on early intervention for young children exhibiting signs of emerging mental health needs but who do not qualify for services currently available. The project will target preschool teachers and engage academic institutions and local colleges to develop a curriculum for teachers and enhance the current coursework.
2. Utilize the results of parent surveys administered by United Parents to understand the needs and concerns of parents and caregivers.

RECOMMENDATIONS

1. Create a one-page flyer on the BHAB Youth & Family Committee and distribute copies at various community events.
2. Educate parents and caregivers, particularly those with children in private preschools.
3. Understand the needs and concerns of teachers, from preschool through high school.

DRAFT 2

2018-19 OBJECTIVES

1. Continuum of Care

- a. Follow and evaluate the implementation of the Continuum of Care Reform (CCR). Identify further needs or gaps in services to children in foster care.
- b. Monitor the Crisis Stabilization Unit. Identify remaining gaps in the continuum of crisis services for both children covered by Medi-Cal and children with private insurance.
- c. Advocate for the availability of psychiatric hospital beds in the county for the pediatric population. Ensure communication and care coordination of medical information between care providers.

2. Community and Parent Outreach

- a. Engage community agencies to schedule presentations regarding the role and activities of this Committee.
- b. Recruit community members to serve on the Committee, and inform families about mental health services available.
- c. Create innovative strategies to learn about parents/caregivers' needs and concerns.
- d. Raise awareness of alcohol and drug use information. Actively disseminate alcohol and drug use prevention information to the community partners, including community-based organizations (CBOs), law enforcement, and school districts.
- e. Maintain the availability of relevant materials on the Ventura County Behavioral Health's [wellnesseveryday/saludsiempre](#) website.
- f. Continue to oversee the development of the family resource app.
- g. Raise awareness of services for children ages 0-5 and access to those services.

The Promise of Continuum of Care Reform (CCR)

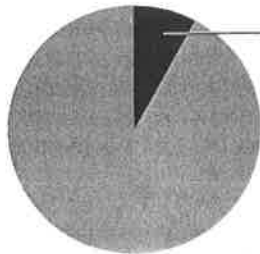
All children will live with a committed, permanent and nurturing family.



FACTS ABOUT CONGREGATE CARE

64,196

Children and Youth in Foster Care



5,125
in congregate care (group homes)

Congregate Care = Greater Challenges

PERMANENCY

These youth are more likely to have multiple placements, difficulty with reunifying and often re-enter foster care.

EDUCATION

14% of youth in congregate care drop out from high school - compared to 4% of foster children not placed in congregate care.

JUVENILE JUSTICE

Youth in congregate care are more likely to have juvenile justice involvement.

Many of these young people in congregate care have needs which could be better addressed in loving, resourced and supportive home-based settings. This is the promise of CCR.

TRANSFORMATION TO TRAUMA-INFORMED FAMILY-BASED CARE

The Starting Point: Children and Family Teams (CFTs) Lead the Way

Child Welfare in all counties use CFTs to drive placement decisions, case planning, and care coordination.



PLACEMENT

Child Welfare is aiming to match each child/youth to a home-based caregiver who can meet their needs. Caregivers, legally prioritized for adoption, will have access to training, services, supports and funding from various agencies to enable them to care for children/youth in the least restrictive setting.

CASE PLANNING

All agencies involved in supporting the child and family; child welfare, mental health, probation, education and the judiciary, coordinate to provide timely, culturally and linguistically appropriate trauma-informed services.

CARE COORDINATION

The resource parent (caregiver), children and families will receive integrated, coordinated support and services in home-based settings whenever possible. Limited and short term use of residentially based services.

CFTs are built to listen to and prioritize the "youth voice."

VISION



Children shouldn't have to move to access needed services. All systems share responsibility for youth and families.



Children and youth living with supportive families who have access to timely, relevant training, resources and a team of support.



Better outcomes for children, youth and families.

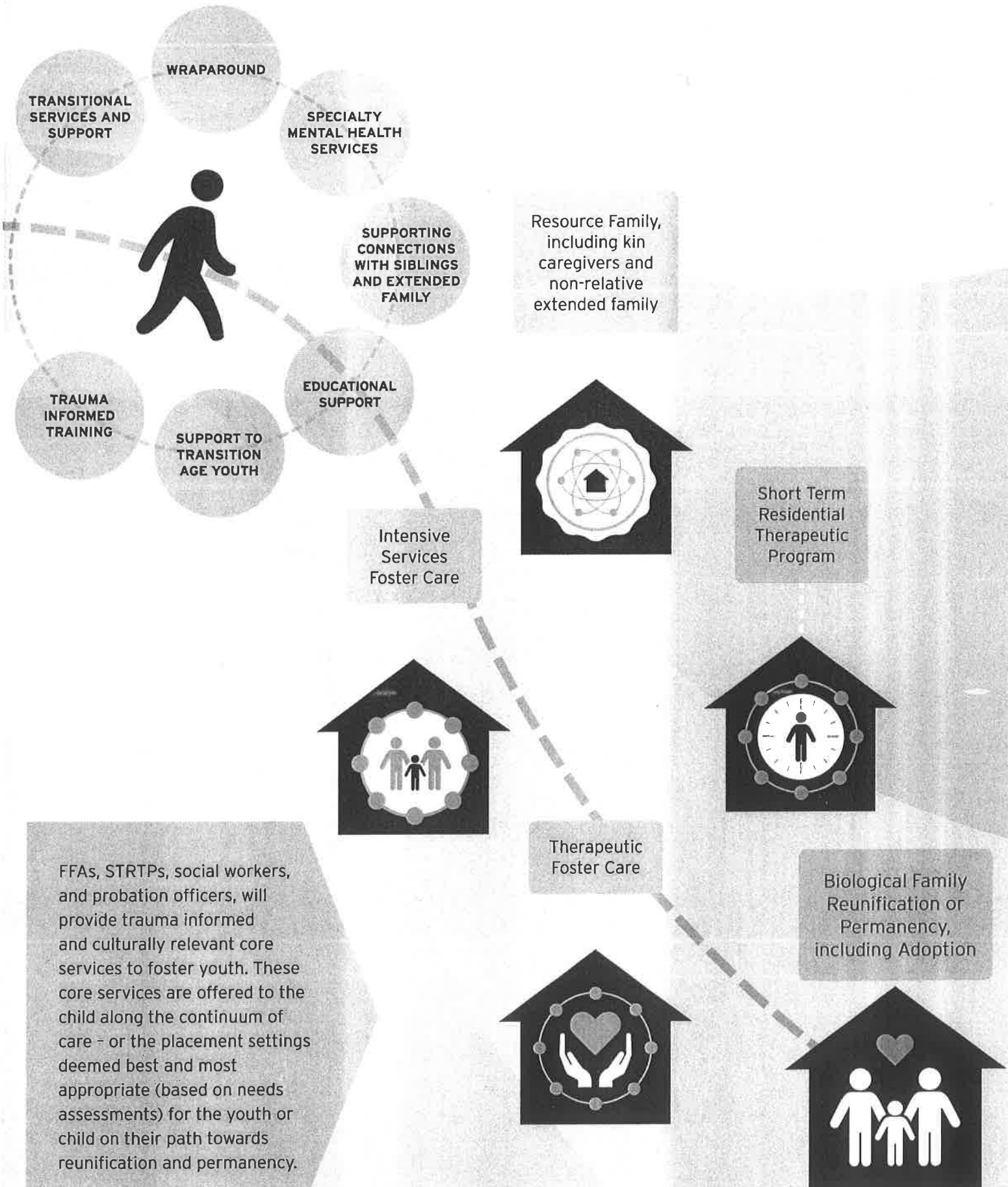
CCR is re-inventing recruitment of resource families and re-defining their role as a team member in meeting the needs of the child.



Higher levels of care, such as group homes, will only be for a specific period of time, as an intervention, not a placement.



The Continuum of Care Reform (CCR)



FFAs, STRTPs, social workers, and probation officers, will provide trauma informed and culturally relevant core services to foster youth. These core services are offered to the child along the continuum of care - or the placement settings deemed best and most appropriate (based on needs assessments) for the youth or child on their path towards reunification and permanency.