



## Minutes ~ April 4, 2018

### Community Support Network Partner Meeting

3:30 to 5:00 pm ~ Gene Albaugh Community Room at the Madelyn Helling Library

**Attending CSN Partners** – 34 attended (13 filled out evaluation forms) including: Aurora Mortensen, FTHB; Beth Kemplin, VCSS; Bill Robinson, Community Member; Char Weiss-Wenzl, NCPHD; Danielle Dawson, Community Beyond Violence; Dena Valin Malakian, The Friendship Club; Frank McClain, Balanced Relationships Project; Jan MacDonald, CANC/FTHB; Jason Clinkinbeard, Deputy, NC Sheriff Dept; Jennifer Hughes, NCPHD; Joette Collier, Foothills Truckee Healthy Babies; John Fairchild, Twin Cities Church; Jolene Hardin, Young Parents Program & CSN-CAPC Board; Joyce Ash, Child Advocates of Nevada County/FTHB & CSN-CAPC Board; Kathy Barale, FTHB; Kristen McGrew, PARTNERS FRC/NCSOS & CSN-CAPC Board; Laura Gerhart, Sierra Forever Families; Lindsay Dunkel, First 5 Nevada County & CSN-CAPC Board; Lindy Beatie, Big Brothers Big Sisters; Lourdes Vose, SNCS & CSN-CAPC Board; Marlene Mahurin, NCSOS/TUPE; Meg Luce, PARTNERS/NCSOS; Melinda Douros, CASA; Ned Russell, Got 40?, CSN-CAPC Board; Nick Ready, CPS; Rossnina Dort, Child Care Coordinating Council, CSN-CAPC Board; Sara Busse, Sierra Forever Families; Serenity Madison, CoRR & Coalition for a Drug Free Nevada County; Shera Banbury, Nevada County Mental Health and Substance Use Advisory Board; Sommer Wadman-Huntley, CoRR; Stephanie Kreiter, Dignity Health; Suze Pfaffinger, Big Brothers Big Sisters; Tim Highsmith, Deputy, NC Sheriff Dept; Susan Sanford, CSN Coordinator.

**Welcome & Introductions** – Cindy Wilson, Director of Public Health Nursing, Maternal Child Adolescent Health Director, Nevada County Public Health Department, and CSN-CAPC Board Member

### Meeting Minutes & CSN Announcements

Accepted minutes from March meeting; acknowledged Children's Bill of Rights and CAPC month

### 40 Developmental Assets – Ned Russell of Got 40?

Protecting Youth from Illicit Drugs ~ See detail on last page of minutes

### Meeting Focus – *Current Drug Use Trends Impacting Children and Youth in Nevada County*

Panelists:

- **Stephanie Kreiter**, Community Health and Outreach Specialist, Dignity Health, Sierra Nevada Memorial Hospital
- **Marlene Mahurin**, TUPE Coordinator, Nevada County Superintendent of Schools Tobacco Prevention Education Program (TUPE= Tobacco-Use Prevention Education)
- **Deputy Jason Clinkinbeard**, School Resource Officer, Nevada County Sheriff Department
- **Deputy Tim Highsmith**, School Resource Officer, Nevada County Sheriff Department
- **Nick Ready**, Program Manager, Child Protective Services, Nevada County
- **Sommer Wadman-Huntley**, Outpatient Program Manager, Community Recovery Resources

### Notes from Presentations

**Stephanie Kreiter**, Community Health and Outreach Specialist,

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CSN Vision Statement

All families in Nevada County have ready access to a well-integrated and coordinated support network that is easily available and well funded.  
*Community Support Network of Nevada County ~ [www.csnn.org](http://www.csnn.org) ~ [csnncorg@gmail.com](mailto:csnncorg@gmail.com) ~ 530-913-0270 (messages)*

Dignity Health, Sierra Nevada Memorial Hospital

- Her job is to address the priority health needs for our community. The top three are: access to behavioral health care (mental health and substance use); access to quality health care; and chronic disease (management and prevention).
- From a hospital perspective, some concerns about youth and substance use: overdose death, poisoning accident, suicide, risky behavior. And longitudinal concerns: substance use has been shown to lead to high blood pressure, heart disease, stroke, COPD, liver disease, dementia, communicable diseases, mental health issues. Also a large impact on social determinants of health. Upwards of 80% of what impacts health is social factors rather than the health care you receive.
- Where we're going: quality-driven, value-based, accountable care organizations.
- Have to look at diseases as part of the whole picture of health.
- Concerns with youth using substances and what that means for the future.
- Watching what's happening with legalization of marijuana in California and other states. Impacts to hospitals include: higher rates of accidental poisoning due to edibles; higher rates of mental health evaluations for youth in the Emergency Department (ED). Colorado saw psychiatric consults for youth ages 13-21 who tested positive for marijuana increase nearly 7 times. SNMH has an 18-bed emergency department and they're already experiencing an average of 160 mental health evaluations in the ED monthly.
- Increase in youth use and decrease in the perception of harm around marijuana. Of the 13-21-year-olds who tested positive for marijuana, more than half also tested positive for other drugs, including alcohol.
- We're in the middle of the opioid epidemic. Seeing high levels of overdose across the nation.
- With legalization of marijuana, kids 2 to 2.5 years old are the age group most frequently seen in EDs for accidental ingestion (due mainly to edibles).
- Situation with infants very concerning. Not much data showing impacts on developing fetus or breastfeeding infants. Around 30% of moms at the hospital self-disclose that they use marijuana. Actual numbers might be much higher.
- Some of the available data reveal: lower scores on visual testing, increased behavioral problems, lower birth weights.
- Have been targeting opioid epidemic. Heroin deaths from 2015-16, nationwide, were up 19.5%. Seeing huge increases in older adolescent group. From 1999-2015, overdose death rates for teens 15-19 years old more than doubled and 80% were unintentional.
- Seeing synthetic opioids coming West from East coast - much more concentrated, and scary because of overdose potential.
- The other alarming trend is a rise in hepatitis C (coincides with opioid epidemic because of syringe use), especially among older adolescent youth. Costly to treat, has a huge impact on overall health (including liver failure, liver cancer)

**Marlene Mahurin**, Coordinator, Nevada County Superintendent of Schools, Tobacco Prevention Education Program (TUPE= Tobacco-Use Prevention Education. Pronounced TOO-pee.)

- Marlene's role is to support middle schools and high schools in bringing tobacco prevention education to campuses and helping them create and run advocacy groups.
- Site coordinators at each campus bring the curriculum, including a kit showing a healthy lung and a smoker's lung. Run peer educator groups.
- Do school-wide and other events.
- Work with Community Recovery Resources, Nevada County Public Health, and Coalition for Nevada County Youth (formerly Coalition for a Drug-Free Nevada County).
- This year they're really targeting parents - educating them about vaping and new marijuana laws. TUPE will be producing a parent education video. Get in touch if you'd like to be interviewed for it.

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- Talking to youth about the health risks of smoking is a really easy sell. They get it. When talking about vaping, e-cigs, or marijuana, the sell gets harder and harder.
- E-juice manufacturers have not had to list ingredients. Starting in June they will.
- Don't have much data on health effects of vaping, but starting to see "popcorn lung" named for a chemical in microwave popcorn bags that can cause lung tumors.
- Vaping started as a way to wean smokers off nicotine. Tobacco companies realized they were missing a huge market and changed tactics, marketing to youth.
- Showed slides of how vaping works. Final product is an aerosol.
- Most common chemicals found in e-juice: Propylene glycol (found in anti-freeze), Acetone (nail polish remover), Ethylbenzene (paints and pesticides), Formaldehyde (embalming), Nicotine (cigarettes), Rubidium (fireworks).
- Regular vapers can easily get pneumonia because aerosol condenses in their lungs.
- Advertising money has increased from less than \$10 million in 2010 to more than \$80 million in 2013. Really targeting kids.
- By the time teens graduate from high school, about half have tried marijuana.
- The culture has changed in terms of perceived harm. The new culture is "it's natural, it's plants, it's legal, my parents grow it." As an example, Marlene tells youth that it's fine for their parents to have a vineyard, but that doesn't mean it's healthy or legal for you to drink wine every day.
- TUPE program is about educating youth so they can make informed choices, it's not about what their parents do. Effects of drugs on youth are very different from effects on adults.
- There's not a stereotypical "stoner" any more. Marijuana use is a pretty accepted activity among youth.
- Lots of ways marijuana can be consumed. Smoked, eaten, vaped. Concentrations can be huge.
- Kids use stealth devices - for example a hoodie where the hood strings are a vape pen.
- With her permission, Marlene's PowerPoint is posted on the Meetings page of the CSN website:  
<http://csnnc.org/meetings/>

**Deputy Tim Highsmith and Deputy Jason Clinkinbeard**, School Resource Officers, Nevada County Sheriff Department (Tim is at Bear River High School, Jason is at Nevada Union HS)

- It's not illegal to possess tobacco or vape pens, so there's no law enforcement option. Schools can do suspensions or expulsions.
- They mostly see marijuana. With prop 64, first offense consequence of getting caught with marijuana at school is 4 hours of community service and 8 hours of drug diversion. There's no fine, it doesn't go to the parents, it kind of puts the ownership back on the kids, which is good, but there's not really a big consequence for it. Also not much consequence even if kid is selling.
- This school year: 10 cases for drug possession at school - all marijuana (in some different forms); 13 kids cited - two for sales, the rest for possession.
- Have started seeing THC pills - clear gelatin capsule they're filling with concentrated cannabis to ingest (cannabis is finely ground)
- The numbers don't speak to actual use because kids are using before and after school, and caching off-campus to use during school day. Kids may not possess it, but they smell of it.
- Some use in elementary and middle schools, but mostly high school - youngest kid they've dealt with was 11.
- They primarily see marijuana, but suspect there are also a lot of pills. And word of mouth from students is that cocaine use is on the rise at parties.

**Nick Ready**, Program Manager, Child Protective Services, Nevada County

- About 95% of drug use that CPS deals with is methamphetamines.
- In child welfare, the statutes are clear. Drug use on its own is not a reason for CPS to get involved.

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- CPS has to ask: what's the effect on the children? If an allegation can't be illustrated or conveyed, the law says CPS is not to go out and act.
- In Nevada County, marijuana is considered low level. In Nick's 10 year with CPS, they have never removed a child because of marijuana use by the parent/s.
- Child welfare has a high and different threshold to meet for intervening where drug use is concerned.
- A major trend is pos tox babies for methamphetamines. Data show it tends to happen in clumps - none for a while, then a group of 3 or 4, or 5 or 6.
- Seeing an increase in heroin use. Relatively easy access compared to some other things, and cheaper.
- Withdrawal can be horrible for a pos tox baby. Negative behavioral effects usually appear around ages 5-6 years: hyper-vigilance, irritability, anxiety, inability to self-regulate - leads to social isolation.
- CPS is proactive when they go out - want to project this to their families: you may not see a problem now, but in the future it's very likely.
- When a baby is pos tox for marijuana, State does not mandate a visit to the family, but our CPS does in order to educate. They say, "We're here because we don't want to see you again."
- Different cities have different drug cultures and problems that come to the attention of CPS. Truckee is alcohol and cocaine; Nevada City is heroin and pills; Grass Valley is methamphetamine; Penn Valley is alcohol and methamphetamine.
- 95% of CPS child removals are probably due to methamphetamine.

#### Additional info from Public Health

- If a pregnant woman uses alcohol it is well-documented to have negative effects on a developing fetus.
- If a pregnant woman uses opioids, withdrawal can be awful for the baby.
- There is a push for systemic pediatric screening for infants and toddlers so that possible developmental issues can be discovered as soon as possible.

#### **Sommer Wadman-Huntley**, Outpatient Program Manager, Community Recovery Resources

- CoRR serves as many people as they can on as many levels as they can, including: mental health, family support, children's services, child development, anger, emotional regulation, and substance use.
- Sommer has been with CoRR for about 15 years. She started in adolescent services.
- Lots of resources in the community because the awareness of the need for them is greater.
- Kids are using as young as 9.
- It comes to what CoRR can do, once drugs have been introduced, to help educate them and make them aware of what the risks are, and then support families in the community and schools and law enforcement on how to be more of a support.
- As far as marijuana is concerned, anyone who's really struggling with substance use or mental health issues probably has more going on than marijuana use.
- With legalization, marijuana does not bring as much money, so people here are taking it to Sacramento and elsewhere and trading it for cocaine and bringing cocaine back.
- Emerald Triangle - a lot of movement between Grass Valley, Chico, Humboldt.
- Culture shift now that marijuana is legal. Formerly many people growing their own to use themselves in different forms; now there are also edibles, clothing, vape pens.
- CoRR provides many services - they work closely with all groups represented on this panel, and others.
- Can go from Emergency Services to a residential bed (lots of moving parts); inpatient and outpatient perinatal services that can keep kids and moms together; transitional housing.
- Educate parents about what drugs are doing to their bodies as well as how it affects their children.
- Adolescent services - work to educate youth; work with juvenile probation and juvenile court system, high school district

- Not here to say who's right or wrong. Here to meet you where you are, and where do you see yourself, and how can we help you be successful in achieving that kind of stuff.
- CoRR is involved when people are working with probation and CPS and there is a mandate to complete treatment and test clean.
- Serenity Madison is a great resource for more information.
- Children's Program just started. Hosted by a social worker and an adolescent. For kids 7-12 years old whose parents are affected.

## **Q&A**

Q: How will levels of THC be measured if people get stopped for erratic driving?

A: Tim & Jason - Right now there's no threshold for marijuana for driving. Would administer DUI test, as they would for alcohol.

Q: I see people doing drug deals near CoRR. Has CoRR worked with the police to stop this?

A: Sommer - CoRR is not working with law enforcement on catching sellers. CoRR is here to help people who need support.

A: Tim & Jason - That would be Grass Valley's jurisdiction. Call 911 to report suspected drug deals.

Q: Stephanie to Sommer: Do you want to talk about what CoRR is doing with GVPD?

A: Sommer - GVPD is working with Dignity Health and the Lovett Recovery Center. There are "Angel Bed Days" - example of a man who went to emergency room and was transported to a bed and engaged in services in 15 minutes. Ongoing barrier: don't have time to wait until money comes - people need services.

Q: With legalization what is threshold for reporting marijuana for mandated reporters?

A: Nick - Need to ask if it is abuse or neglect. Most of their calls are about grows. If driving with child and smoking, that could be endangerment. CPS is a legally-driven department, not a moral one. Have to hit certain legal marks in order to be able to respond.

Q: Can we get a CSU (Crisis Stabilization Unit) for adolescents?

A: Stephanie - Will add that question to an upcoming brainstorming session. Right now, if youth come to Emergency Department for a 5150, they sometimes stay there for days because there's nowhere for them to go. Hard to get beds. Raises the question of "What can we do on the prevention side?"

Q: Because of opioid crisis, it's been hard to get funding for meth treatment. Are there ways to get better treatment?

A: Sommer - Money will always be an issue. Funding for inpatient treatment is very limited, but outpatient services are always available. Do private pay based on sliding scale.

Q: Why do we allow sales of vape pens?

A: Marlene - They are not supposed to be sold to minors but they order online. We are trying to provide factual info to young people so they understand their choices; talk to them about advertising ploys - corporate manipulation; curriculum has a component of goal setting, and what they value, and what direction they want their life to go, and how using marijuana could affect that; address stress - help them find healthy ways to cope.

Q: How can we help kids if some substances are deemed to be no big deal; how can we be proactive beyond education; and how can we tell kids it's okay to not use drugs?

A: Sommer - It's always okay to tell kids it's okay to not use drugs.

Nick - Get kids involved in community. Gives them a sense of purpose; find value in other things; their self-esteem goes up. We've had a lot of success with that.

Q: Is drug use linked to trauma and what's being done to address trauma?

A: Nick - Yes. Usually a sign of traumatic childhood or untreated mental health issue.

Sommer - It's traumatic to use drugs...CoRR is developing Trauma-Informed programs and embedding that into all its services.

Q: What is our opioid overdose rate in Nevada County for those under and over 18?

A: Stephanie - Lots of overdoses going on without people knowing. There's a "California Opioid Dashboard" - a great surveillance tool, find online at [https://pdop.shinyapps.io/ODdash\\_v1/](https://pdop.shinyapps.io/ODdash_v1/) and select Nevada County. Have done a lot to increase naloxone (an opioid reversal agent) in community. Law Enforcement and Fire are carrying it. Can get over the counter, or with a prescription and their insurance will pay for it, also available at several places in the community. If it's a fentanyl overdose, additional doses of naloxone may be needed. Cindy - Public Health is one of the distribution points. It has it available for free with a training 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays from 12-3. It can save peoples' lives. CDRT (Child Death Review Team) has not seen an opioid death for several years.

Stephanie - Naloxone can be on hand in situations such as someone being on a prescribed opioid who has a child in the house who might accidentally ingest the opioid. Could also be used on the person with the prescription if they react badly to the opioid at any time.

Q: Are there different fines for different amounts of marijuana in possession?

A: Tim - Stiffer consequences for 18 and older. Lesser consequence if 18 or younger. Drug diversion treatment and community service.

Q: Have you seen an increase in first episode psychosis?

A: Sommer - There are lots of psychoses related to substance use disorders. If there are mental health issues in the family, the likelihood is that mental health issues can come on earlier with drug use. Lots of psychosis with meth use. In emergency department it can be hard to tell if it's meth or a mental health issue.

Stephanie - SNMH is seeing more people with psychosis when only marijuana is involved.

Attendee - El Dorado Co. is starting a program because they're seeing a jump in first episode psychosis in kids younger than 16, and some is definitely substance induced.

Sommer - Marijuana can be laced or sprinkled with other drugs. Can even induce coma.

Q: Are heroin deaths and hepatitis C increasing in Nevada County?

A: Stephanie - We're going to start surveying. Nevada County doesn't have a syringe exchange and disposal program, so we know people are sharing needles. Hep C can live in a syringe for 63 days.

Sommer - Need to be abstinent from drug use for at least six months before doctors will test for hepatitis C.

Cindy - If kids were not vaccinated for hepatitis B, we would also be seeing that with the hepatitis C infections, and hepatitis B is deadly.

**Building the Network Moment/Collaboration Mixer and Network Announcements** - Omitted to give more time to panel and Q&A.

**Meeting Evaluations** – Attendees filled out evaluation forms.

**Adjournment** – Next meeting May 2, 2018, Gene Albaugh Community Room, at the Madelyn Helling Library.

***2018 CSN Partner Meeting Dates ~ January 3, February 7, March 7, April 4, May 2, June 6, July & August-hiatus, September 5, October 3, November 7, December-hiatus***

## Community Support Network of Nevada County Meeting Agreements

- Make decisions by consensus.
- Create an atmosphere of mutual respect that includes active listening and listening without judging.
- Start and end on time.
- Maintain a sense of humor and a positive attitude.
- Bring concerns to the whole group. Don't take them to the parking lot after the meeting.
- Set up the room in an inclusive way.
- Take responsibility for a task only if you have the time to accomplish it.
- Everyone is empowered to be a process observer and take ownership for the health of the meeting and is responsible for the health of the whole meeting.
- Be sensitive to others' need for more information. Make sure everyone understands.
- Be careful of injecting your self-interest and label it as such. Be able to layout your agency's interest and be open to other's interests.
- Meetings are meaningful and have a shared purpose.
- This is a living document and can be changed as needed.

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### 40 Developmental Assets – Protecting Youth from Illicit Drugs – April 4, 2018

The 40 Developmental Assets are 40 experiences and qualities that promote healthy attitudes and behaviors and, at the same time, protect youth from high-risk behaviors. The more of the assets a child has, the stronger the effects.

| # of Assets      | <i>Percent of youth who use harmful substances depending on how many of the 40As they have</i> |       |       |           |
|------------------|------------------------------------------------------------------------------------------------|-------|-------|-----------|
|                  | 0-10                                                                                           | 11-20 | 21-30 | 31-40     |
| Illicit drug use | <b>38%</b>                                                                                     | 18%   | 6%    | <b>1%</b> |

To learn more about the 40 Developmental Assets (Got40?), call: 530-271-5617 or email: [info@Got40.org](mailto:info@Got40.org) or [NedRussell@pacbell.net](mailto:NedRussell@pacbell.net).