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Essential information for decision-makers

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The National Council for Mental Wellbeing has released a new framework for integrating physical health and behavioral health. The goal is to offer organizations that are shifting to an integrated model of care ways to not only improve care, but to increase efficiency and save money.

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New framework on comprehensive BH, physical health integration released

Although there have been numerous integrated care models introduced for well over a decade now, some organizations have been unable to find one that fits their capabilities and goals. Additionally, it may be harder to adopt a comprehensive model without a good road map, according to the National Council for Mental Wellbeing (National Council), which recently released a new resource for better physical health and behavioral health integration.

The Comprehensive Health

Integration (CHI) Framework provides an evidence-based model intended to guide providers, payers and policymakers to implement integrated care models and measure progress in organizing delivery of integrated services — referred to in the report as “integratedness,” according to health leaders. The term demonstrates the value produced by progress in integrated service delivery and provides initial and sustainable financing for integration.

The paper, “Designing, Implementing and Sustaining Physical Health-Behavioral Health Integration, The Comprehensive Healthcare Integration Framework,” was published under the National Council Medical Director Institute. The CHI

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Bottom Line...

The Comprehensive Health Integration Framework is intended to guide providers, payers and policymakers to implement integrated care models.

Mental health-focused foundation contributes to suicide prevention plan

A Nebraska state agency and a charitable foundation have partnered on an effort to update a state suicide prevention plan in a process that has been heavy on public input from diverse stakeholders. Organizers said the eventual document will serve as a toolkit to guide individuals and groups in how they can make a difference in reducing suicide risk in their communities.

The Nebraska Department of Health and Human Services is working with the Kim Foundation, an Omaha-based organization originally funded by a family that lost a daughter to suicide. The new plan will update a less formal one that lapsed in 2020, foundation Executive Director Julia Hebenstreit, J.D.,

Bottom Line...

A Nebraska foundation established by a family that lost a loved one to suicide has partnered with state government to create a roadmap for community participation in suicide prevention efforts.

told *MHW*. Hebenstreit said that while the previous planning effort mainly involved the typical stakeholder groups in behavioral health, this initiative expanded the public input process considerably.

Thirteen subpopulations, including suicide survivors, the agricultural community, parents of adolescents, members of racial minority groups,

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FRAMEWORK from page 1

Framework is intended to advance beyond current commonly used frameworks, such as the Substance Abuse and Mental Health Services Administration’s six levels and the Integrated Practice Assessment Tool, and guide bidirectional integration. It is applicable to child and adult populations, small and large providers, rural and urban locations and organizations with varying levels of resources.

“Our overarching goal is trying to get better updates and sustainability on integration,” Joe Parks, M.D., vice president of practice improvement for the National Council, told *MHW*. There had been a great deal of work on integration over the past 15 years, he said. Their hypothesis in working on this effort is there are a lot of good models, but not good measures of integratedness, said Parks.

According to the paper, the CHI Framework can function as a measurement tool for integratedness that permits practices, programs and provider organizations to delineate for themselves, payers and population

managers their progress in delivering integrated services to people served.

Integrated services

In any physical health or behavioral health setting, “integrated services” means the provision and coordination by a treatment team of appropriately matched interventions for both physical and behavioral health conditions, along with attention to social determinants of health, in the setting in which the person is most naturally engaged.

pay to integrate for two, three or four years. Then, when the grant goes away, the payment structure changes, he said.

The framework targets leadership and middle management, and organizations delivering general medical care and behavioral health care, said Parks. It will help behavioral health organizations looking to include primary care in their service delivery, or primary care offices seeking support from behavioral health organizations, he said. “It

‘It provides more of a measurement focus — you can’t manage what you can’t measure.’

Joe Parks, M.D.

“Our report is not just one way or the highway, you get to choose where your starting points are; you can measure how integration [is faring for your organization] and improve over that,” Parks said.

The framework offers organizations more flexibility and more options, said Parks. It puts organizations in a better place to negotiate rates. Parks said he has seen too many times when organizations use time-limited grants through SAMHSA, for example. You get extra

gives them a roadmap,” said Parks, adding that there is information from both the delivery side and the payment side.

There are other integrated care models made for one way or the other; however, the current framework more directly measures how much better things can get, said Parks. “It provides more of a measurement focus — you can’t manage what you can’t measure,” he said. “Everybody can do better than they’re doing now and we’re

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MENTAL HEALTH WEEKLY
Essential information for decision-makers

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showing how in measurement, and how much better you can get.”

Parks said the Medical Director Institute presented this framework in April during the National Council's NATCON22 in Washington, D.C.

By using the framework, smaller agencies, which may not have a large staff or many resources, could make referrals and follow up, and remind patients about keeping their appointments, said Parks. Larger organizations with more resources could do approach-care coordination and care management. Physical health labs could check patients' glucose levels, lipids, and blood pressure, he said. Case managers and psychiatrists could work with primary care doctors and follow up with patients on general medication management, he said.

Parks presented an example of how a community mental health center (CMHS) has supported primary care practices. As a psychiatrist in Columbia, Missouri, Parks said he noted that many patients were making more emergency department (ED) visits due to respiratory problems than they were for psychiatric-related conditions. Many of the patients smoked, and Parks and colleagues learned that they were wheezing and not taking the best medications. They observed that those patients weren't using their inhalers correctly. Although the behavioral health support team did not provide primary care, their services were like wraparound care, making sure patients were getting the care and resources they needed.

The CMHC community mental health center got inhalers for the patients, resulting in fewer ED visits, and patients started taking fewer medications. Patients who overused the rescue inhalers experienced wheezing, jitteriness, sleeplessness and anxiety. “It was all connected,” said Parks.

Integration constructs

The framework includes three integration constructs. The integration constructs provide guidance on

Integrated care framework features 8 domains of integration

In the Comprehensive Health Integration (CHI) Framework, there are eight evidence-based domains of integration processes or services applicable to both physical and behavioral health settings and to adult, adolescent and child populations, according to the paper, “Designing, Implementing and Sustaining Physical Health–Behavioral Health Integration, The Comprehensive Healthcare Integration Framework.”

These eight domains incorporate best practices in integrated services and are designed to be consistent with a wide range of integrated service models. Each of these broad domains specifically addresses physical, behavioral and social determinants of health issues in an integrated manner:

1. Screening, referral and follow up;
2. Prevention and treatment of common conditions;
3. Continuing care management;
4. Self-management support;
5. Multidisciplinary teamwork;
6. Systematic measurement and quality improvement;
7. Linkage with community/social services for social determinants of health; and
8. Financial sustainability.

achievement of benchmarks of progress, while still permitting flexibility in the implementation process.

The three are:

- Screening and enhanced referral;
- Care management and consultation; and
- Comprehensive treatment and population management.

The names of the constructs are descriptive of the primary integration workflows which the provider organization implements within one or more of the domains (see sidebar, above) to be successful. They allow a provider organization to select one or more of the domains for a focused effort to advance their integration state and to identify one or more issues or conditions for which metrics can be selected to demonstrate the value of the integrated services provided.

The paper indicates that there is no single approach to design a

successful integrated program. In fact, there are a variety of organizational and program quality improvement and practice improvement strategies that can be successfully applied to match the needs of the individuals served within the structure, and the resources and mission of the program, according to the paper.

The expert panel working on the framework was made up of providers, fellow members of the National Council Medical Director Institute, trade association representatives, researchers in behavioral health, federal policy experts and payers over five sessions from August to December 2020 in virtual conferences. They suggest that collectively, providers, provider networks and provider associations should advocate for public and private payers and policymakers to adopt the CHI Framework to create a common language for improving integration more widely. •

For more information about the CHI Framework visit <https://www.thenationalcouncil.org/resources/the-comprehensive-healthcare-integration-framework>.

Collaborative aims to support youth MH needs in Michigan

Communicating effectively and collecting pertinent data related to the mental health needs of children in Michigan are among the key components of a statewide student-centered system with the goal to support students at risk for behavioral health issues. The Behavioral Health Learning Collaborative (BHLC) of Michigan comprises nearly 40 organizations, including school districts, child and adolescent health centers, social service agencies and health care organizations across the state.

True integration involves key stakeholders working together and sharing information, said presenters during Mental Health America's annual conference: *Forward Together: Recovery, Healing, Hope*, in Washington,

Bottom Line...

The BHLC of Michigan, a group of mental health and education professionals, is expected to go live during the 2022-2023 school year.

“Pre-COVID we were responding to a lot of students suffering in silence,” said Jaskiw. These growing issues were further exacerbated by COVID and provider shortages, he added. “Michigan needed an urgent response to dealing with the clusters of suicide,” he said.

Doing away with silos

Jaskiw explained that typically, behavioral health systems work in silos, which makes it difficult to

This comprehensive, statewide approach is all about kids, it's about saving young lives,” he said.

Planning for the BHLC commenced with three summits that addressed the school curriculum, threat assessment and risk, and returning from hospital to school. The three gatherings, held two months apart — which Jaskiw pointed out were not conferences — brought together about 100 agencies and more than 300 attendees.

Jaskiw said any professionals or clinicians who deal with students should know whether that child has been hospitalized or is seeing a psychologist to inform better treatment and outcomes. “A lot of our practices are not institutionalized,” he said. “When I retire, I take something away.” A new person in his position would not know about it, Jaskiw said.

Jaskiw added, “An ambitious mission is to collaborate to reduce and strengthen the mental health of school-aged children, adolescents and their families in a comprehensive statewide approach. It's critical for us to connect those kids!”

‘An ambitious mission is to collaborate to reduce and strengthen the mental health of school-aged children, adolescents and their families in a comprehensive statewide approach.’

Nicholas Jaskiw

D.C. held June 9–11. Traditionally, behavioral health systems are siloed, making it extremely difficult to provide consistent high-level care across different aspects of children's lives, program officials noted. The BHLC of Michigan is a collaborative effort to address these issues, said education and mental health officials.

The urgency to develop the BHLC of Michigan came in response to the high rates of youth suicide issues across the state, Nicholas Jaskiw, school psychologist with the Newaygo County Regional Educational Service Agency, told attendees during the June 10 session, “BHLC: A Comprehensive, Statewide System for Equitable Behavioral Health.”

provide consistent high-level care to children and youth. The need to come together revealed the importance of working smarter and more effectively, he said. Coming together as a community, “we wanted to break that silo,” he said. The collaborative also built a website, he noted.

“De-siloing” the system is a replicable framework for any organization, Jaskiw said. “Our philosophy in Michigan now is we build it together,” he said. The BHLC's very ambitious agenda brings together primary care providers from every district, school, and hospital “so that we don't lose that child. We collaborate to reduce youth suicide and strengthen the mental health of school-aged children,” he noted.

BHLC components

The BHLC of Michigan aims to:

- Connect disparate behavioral health/suicide prevention programs and professionals;
- Expand access to knowledge and resources that improve health outcomes;
- Generate state and local data that can be leveraged to identify hot spots, allocate resources, and apply for public and private funding;
- Serves as a multiagency/multi-discipline cross-training platform; and
- Provide 24/7 critical incident/crisis/disaster mental health consultation to schools.

“We wanted to come up with something that was meaningful and impactful,” Scott Hutchins, school

mental health and Medicaid consultant for the Michigan Department of Education, told session attendees. “No one wants to see one more person lost — whether it be to violence or suicide.”

Currently, about 22 of 59 intermediate school districts (ISDs) are on board with the BHLC, said Jaskiw. Another 15 are scheduled to join by the end of summer, in time for the

live launch of the program during the 2022–2023 school year.

The statewide student-centered system will assist ISDs, child and adolescent health centers, state and local governments, social service agencies and health care organizations to seamlessly work together to identify and support students at risk for behavioral health issues. The BHLC shares best practices as well

as technology, training and other resources to help lead this effort.

The BHLC of Michigan, on its website, expressed a commitment to sharing best practices, as well as technology, training and other resources to help districts further their own mental health program. •

For additional information, visit <https://www.bhlcofmi.org>.

Hate crime laws reduce suicide attempts among some groups

Although hate crime laws are associated with reductions in the proportion of adolescents who attempt suicide, this potential appears to be contingent on naming sexual minorities, i.e., people who identify as LGBTQ+, as a protected group, said University of Indianapolis and Ohio State University researchers in a new study published in *Psychology, Public Policy, and Law*.

The article, “The association between hate crime laws that enumerate sexual orientation and adolescent suicide attempts,” published online first on June 23. The research was based on the dissertation by first author, Keeya Prairie, M.A., a doctoral student from the University of Indianapolis.

Sexual minority youth are at elevated risk for suicide, and previous research supports an association between hate crimes that target sexual minority youth and suicide attempts, the research indicated. Hate crime laws may reduce bias-motivated victimization or reflect community support for marginalized groups, although not all states with such laws explicitly name sexual minorities as a protected class, researchers stated.

The new study appears to be the first to look at these specific issues, said Aaron Kivisto, Ph.D., associate professor of clinical psychology at the University of Indianapolis and second author of the paper. Only a small handful of other studies have looked at similar types of policies on youth suicide, he told *MHW*.

Kivisto noted that Keeya moved from South Carolina, one of four states without hate crime laws, he said. Her move to Indianapolis occurred at an interesting time, he said, when lawmakers were looking to put hate crimes on the books and determining whether or not to enumerate certain groups, Kivisto said.

Some hate crime laws target sexual orientation and ethnicity, while others do not focus on protected groups, he added.

Hate crime legislation in Indianapolis included sexual orientation and a number of groups. The legislation was passed by a Republican committee, but later amended to remove mention of any specific group, he said. The current research aimed to determine whether differences in these groups play out in any meaningful way, said Kivisto. “Does naming specific groups tend to protect the mental health of these groups [in states with] hate crime laws?” he noted.

Congress defines a hate crime as any act of criminality against a member of a minority group driven by bias against that group, or when the crime “manifests evidence of prejudice,” the research stated.

Research method

In the latest study, researchers analyzed data from the Youth Risk Behavior Survey, a national, biennial survey coordinated by the Centers for Disease Control and Prevention. The survey includes questions on

health-related behaviors that contribute to the leading causes of death and disability among high school students in grades 9–12, including suicide attempts and sexual behavior. It has been conducted every two years since 1991.

Researchers first analyzed all survey responses from 1991 to 2018, representing more than 697,000 high school students. Suicide attempts were measured by asking, “During the past 12 months, how many times did you actually attempt suicide?”

Results

There were 62,274 past-year suicide attempts among youth in states included in the full study sample, resulting in an estimated prevalence of 8.6%, the researchers reported. Rates of suicide attempts varied significantly by sexual orientation based on the subset of participants between 2015–2018, with the estimated prevalence among gay and lesbian (25.7%), bisexual (27.1%), and questioning (18.5%) youth approximately 2.9 to 4.3 times higher than their heterosexual peers (6.3%).

Although the key findings were not surprising, they were somewhat upsetting, Kivisto noted. There are number of massive disparities in suicide attempts depending on sexual orientation, he said. The findings, based on young people from 27 states, does provide some context for suicide as a big problem for sexual minority youth, said Kivisto.

Continues on next page

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The findings indicated a 1.2% decrease of 8.6% in suicide attempts, a small but significant effect, he said. When putting this information into context, it reveals that an estimated 250,000 young people had fewer suicide attempts. The 1.2% decrease in past-year suicide attempts of high school-aged adolescents is

the equivalent to 7.4% fewer suicide attempts, he said.

“These laws seem to do something important, but they’re not the silver bullet that addresses the entire issue,” Kivisto stated.

“The takeaway message is support of inclusion,” said Kivisto. People can save lives, he said. “Anyone from lawmakers to teachers, to clinicians

and parents — to the extent that anyone involved in a kid’s life — can convey the sort of message that these kids belong, that they have a place in our community,” Kivisto said. •

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NEBRASKA from page 1

school personnel and the LGBTQ+ community, were represented in focus group discussions that took place over the past six months, Hebenstreit said.

“In the past, the focus had been on the opinions of those who were already at the table,” she said. It was especially important to bring in the perspectives of parents and young people, she added.

The 13 groups participated in a total of 28 meetings. “They were grateful to have the opportunity to share their experiences,” Hebenstreit said of the participants. “These groups had not known that they had a voice.”

The meetings took place in each area of Nebraska’s regional behavioral health service system. “They know their communities better,” Hebenstreit said of regional leaders.

State’s data

People who worked on the plan have said they think the state is operating from a position of relative strength on this issue. In an unexpected development, the state’s overall suicide rate in 2021 actually declined from the previous two years, despite the anticipated effects of the COVID-19 pandemic on the community’s mental health.

The largest decline was in the 25-44 age group, said Sheri Dawson, R.N., director of the Department of Health and Human Services’ (DHHS) Division of Behavioral Health. She said Nebraska’s suicide rate is lower than rates in neighboring states. Suicide deaths in the Omaha metropolitan area dropped from 89 in 2019 to 76 in 2020, Hebenstreit added.

Potential contributing factors to the recent declines include increased public awareness of warning signs, stronger linkages to crisis services in the community, and ongoing work to decrease stigma around mental health, Dawson said.

Some subgroups have seen increases in suicides, however, including adolescents and young adult women. “In 2021 in Omaha, there was an increase in suicides among youth,” Dawson told *MHW*. This led

‘I’ve been a nurse for 40 years, and when I first started, suicide wasn’t even something I talked or learned much about.’

Sheri Dawson, R.N.

to increased attention around mental health-related services in the school system, she said.

The Kim Foundation has been an active leader in a state suicide prevention coalition, so its participation as the main partner in the planning process has been a logical extension of that role.

“Our focus is to look at suicide as a preventable public health problem,” Dawson said, helping the public to understand the factors

associated with suicide and the strategies that can be used to promote wellness. The foundation’s participation likely adds credibility to the effort, she said, in that foundations generally are seen as independent voices and have access to resources outside of government.

The focus group discussions centered on the question of what it would take to offer better support to communities in the effort to address suicide risk. Topics that were part of the discussions included addressing gaps in crisis care and shortages in the behavioral health provider workforce. Dawson said the groups have addressed messaging around suicide and the types of approaches that have resonated with specific populations.

A draft plan that will include goals and strategies should be out for review by this fall, Dawson said. “It will be a toolkit, so that no matter where you live in the state, it will show, ‘Here’s how you can make a difference,’ as a parent, a teacher, an employer.”

Metrics for success

Hebenstreit said that while data on suicide will serve as an important marker of the prevention plan’s impact, it also will be critical to evaluate the degree to which people become more empowered to have conversations about suicide in their communities. So often she hears people lament that they don’t know what to say when a community encounters this crisis.

“The awareness and the conversations will be the biggest shift for

us,” Hebenstreit said. The plan will include sections outlining specific suggestions for ways that individuals and groups can get involved.

Organizers said this is an ideal time to create a new suicide prevention plan for the state, given next month’s rollout of the national 988 system and Nebraska’s decision this month to join the national Governor’s Challenge effort to prevent suicide among active-duty military members, veterans and their families.

Seeing so much happening around this issue certainly represents a major change for Dawson. “I’ve been a nurse for 40 years, and when I first started, suicide wasn’t even something I talked or learned much about,” she said.

The Kim Foundation has served as a supportive resource and compassionate voice around suicide and related topics in the state. Among its activities, it awards around \$1.5 million annually to nonprofit organizations in

areas such as direct care and mental health provider staff training in trauma-informed care. The foundation also offers its own training to community groups on suicide prevention and mental health awareness, while the DHHS conducts provider trainings specific to suicide. •

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Health care partnership to deliver inpatient care to children

An innovative psychiatric health care system and top-rated children’s hospital, both Minnesota-based, last week announced a new partnership that will deliver inpatient mental health services to patients as young as 6 years old. Health leaders say the move is intended to address the urgent mental health needs of vulnerable children and adolescents and provide them with age-appropriate, personalized care.

“We’re trying to provide the community with as much mental health services as they need,” Ryan Williams, M.D., physician executive at PrairieCare and medical director for the inpatient unit at Children’s Minnesota, told *MHW*. Williams said he has had a number of leadership roles at PrairieCare, such as chief medical officer and chief of medical staff, before he eventually transitioned in to physician executive to

well,” he stated. “This may change the average length of stay for inpatient psychiatric patients. Only time will tell.”

New unit components

The new Children’s Minnesota inpatient mental health unit, opening this fall, will provide a healing environment that includes:

- A total of 22 dedicated inpatient psychiatric beds at the system’s St. Paul hospital that will allow parents to stay overnight with their child;
- The ability to serve children with more complex medical needs, meeting the urgent mental health needs of the most vulnerable kids in Minnesota and the region; and
- A dedicated, multi-disciplinary care team of psychiatrists, psychologists, program therapists, nurses, occupational therapists, and child life and music therapists to provide individualized treatment tailored to meet each child’s needs.

‘This will allow us to serve children with more complex medical needs, meeting the urgent mental health needs of the most vulnerable kids in Minnesota and the region.’

Ryan Williams, M.D.

Under the partnership, Children’s Minnesota is preparing to open its first inpatient mental health unit this fall. PrairieCare will provide programmatic guidance and joint leadership for the new unit. The unit will provide high-quality psychiatric care for approximately 1,000 children and adolescents, some as young as 6 years old, each year.

help more with community collaborations.

Children’s Minnesota is also the first inpatient unit in the city’s eastern metropolitan region to treat kids under 12 years old, said Williams. He explained that the average inpatient psychiatric stay is 7-10 days. “With Children’s Minnesota being a traditionally more subspecialty medical/surgical hospital, I expect the patients on the psychiatric unit may very likely have medical complexities that will need addressing as

Key collaboration

Collaboration is important between the organizations, Williams said. “We can’t do it alone. We have to lean on each other.” This collaboration will also help and support the entire family, Williams added.

The partnership will include a **Continues on next page**

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Continued from previous page

partial hospital program — another level of care, where young patients can attend the program during the day, then go home at the end of day and on the weekend. Other services will include medication management, individual therapy, case management and intensive outpatient programs, he noted.

New staff will be hired, as well as possibly two children and adolescent psychiatrists, he said. Williams said he will be able to help out initially in that area.

Meanwhile, psychiatric care will be available for children as young as 6 years old. “Psychiatric care is pretty rare for children that young,” said Williams. But sometimes they may need medication management or behavioral disruption [services], he added. “The cool thing is that with the psychiatric unit, it’s the first one allowing parents bed space for an overnight stay.”

The addition of these beds at Children’s Minnesota will help fill the demand, he said. Williams noted that previously children can spend up to a week in an emergency department or a standard medical/surgical bed waiting to be able to go to an inpatient hospital, Williams said. “They may be able to complete a psychiatric consult, but that doesn’t fully immerse them in the quality and depth of psychiatric care they would receive on a psychiatric unit.”

He added, “They miss out on family therapy, individual therapy, group therapy, case management support, social work support, consistent psychiatry with medication management and often a comprehensive discharge plan, to name a few things.”

Williams said the new partnership is an important step and will fulfill a community need. “We can combine our expertise in providing high-quality psychiatric inpatient care and Children’s Minnesota’s expertise and bandwidth with providing high-quality medical care to children.” •

Coming up...

The **National Association for Children’s Behavioral Health** is holding its annual public policy conference **July 19–20** in **Washington, D.C.** For more information, visit <https://www.nacbh.org/public-policy-conference>.

The **American Psychological Association** is holding its annual convention, “APA 22,” in **Minneapolis** and **virtually** on **Aug. 4–6**. For more information, visit https://convention.apa.org/?_ga=2.173989539.1018587257.1652295243-475887881.1652295243.

BRIEFLY NOTED

APA encouraged about Senate gun bill

American Psychological Association (APA) President Frank C. Worrell, Ph.D., said in response to the Senate bill aimed at restricting access to firearms: “The American Psychological Association commends the Senate taking a first step toward addressing our nation’s public health crisis of gun violence with the introduction of the Bipartisan Safer Communities Act,” according to an APA news release. “This bill would make critical investments in local initiatives, such as extreme risk protection order laws and crisis intervention programs. It would also reinforce firearms bans for domestic abusers and enhance the federal background check system for individuals under age 21 who attempt to purchase firearms.”

“Although APA appreciates the measure’s focus on increasing access to mental health services and supports by expanding Certified Community Behavioral Health Clinics and school-based health programs under Medicaid, we must not conflate mental illness with gun violence. Both are critical and deserve the attention this bill would provide, but we ask again that policymakers avoid inaccurate rhetoric that blames gun violence on mental illness. We look forward to working with Congress to pass this much-needed bill.”

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In case you haven’t heard...

California may require labels on pot products to warn of mental health risks, NPR reported June 17. Indeed, many scientific studies have linked marijuana use to an increased risk of developing psychiatric disorders, including schizophrenia. The risk is more than four times greater for people who use high-potency marijuana on a daily basis, compared with those who have never used, according to a study published in *The Lancet Psychiatry* in 2019. One study found that eliminating marijuana use in adolescents would reduce global rates of schizophrenia by 10%. Doctors and lawmakers in California want cannabis producers to warn consumers of this and other health risks on packaging labels and in advertising, similar to the requirements for cigarettes. They also want sellers to distribute health brochures to first-time customers that outline the risks cannabis poses to youths, drivers and those who are pregnant, especially for pot that has high concentrations of tetrahydrocannabinol, or THC, the chemical primarily responsible for marijuana’s mental effects.