



CHANGES...

JULY 1, 2017

BEHAVIORAL HEALTH SERVICES NETWORK

VOLUME 6 ISSUE 7

Santé's CIT program to launch Peer-to-Peer



Affiliated Santé Group's Critical Incident Team (CIT) Coordinator Brandy James has had a busy year garnering support of area law enforcement officers in a 40-hour training that better equips them to interact with people who may be in the midst of a behavioral health crisis.

Last fiscal year, 11 officers were CIT-trained. At the close of fiscal year 2017, 45 mid shore officers were trained and an additional seven were

trained in Critical Incident Stress Management. James said she plans to implement another program in the coming year that will be helpful to officers and other first responders —Peer-to-Peer groups and Peer Support Advisors. It's a program that has gained traction nationwide in recent years as law enforcement and other first responder agencies realize the benefit of peer support. The purpose of a peer support group is to aid an officer during times of both professional and personal crisis through the use of specially-trained volunteer officers within the department. Left untreated, the effects of trauma — depression, anxiety, marital discord, and alcoholism among them — can be catastrophic. In an intensely familial profession, a police officer may be more likely to seek help through one of their peers than someone outside of the uniform.

Dorie Jones, who works as a Critical Incident Stress Management (CISM) Specialist at the Federal Law Enforcement Training Center and is a co-founder of Crisis Support Solutions, has seen what can happen after the dust settles and an officer is left dealing with the mental and physical toll of a traumatic incident.

"It (peer support) brings to the department the call for care from a credible source," Jones said. "Just being in front of someone that shares that same uniform or a similar experience who is not judging, mocking or minimizing your experience already validates where you are as a hurting, suffering, struggling person. And at the end of the day, aren't we all people who need a sense of validation? To sit across from somebody and say, 'I get you' is incredibly validating."

The degree of support a volunteer provides can vary — even a simple pat on the back or taking an officer out to eat can be enough in some cases to keep them in the fight. For cops that are less likely to share their struggle with someone in the same profession, or for cases that require a higher level of training to treat, a volunteer can help the victim connect with the person they feel is most likely to help them — such as a chaplain or a psychologist. The program is not meant to be in competition with other avenues of treatment — instead, it should be viewed as complementary. It's making that initial connection — even if it results in a referral — that's a vital component of being a peer support volunteer.



Our Mission To continually improve the provision of behavioral health services for residents of Caroline, Dorchester, Kent, Queen Anne's and Talbot counties through effective coordination of care in collaboration with consumers, their natural support systems, providers, and the community at large.

Our Vision A rural behavioral healthcare delivery system that is clinically and culturally competent. This system will ensure access, have a community focus, be cost-effective, and be integrated to serve the community as a whole.



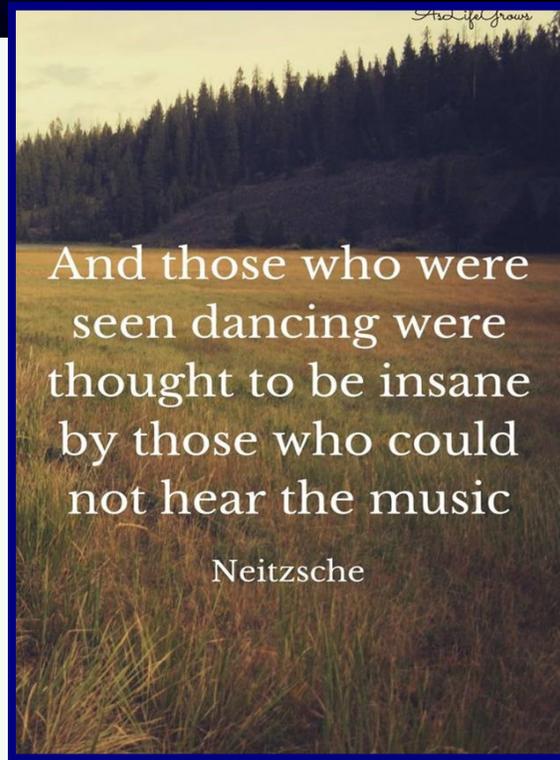
Copyright 2011
Sitka Scenes
Photography

Substance Use Disorder Resources

Marylanders who need help finding substance-use-disorder treatment resources are urged to visit MdDestinationRecovery.org or call the Maryland Crisis Hotline, which provides 24/7 support, at 1-800-422-0009.

For information on many of the policies currently implemented to fight substance use disorder and overdose in Maryland, see <http://goo.gl/KvEzQw>. If you know of someone who needs treatment for a substance use disorder, treatment facilities can be located by location and program characteristics through the Maryland Certified Treatment Directory page at <http://goo.gl/rbGF6S>.

The Maryland Department of Health is the state agency that protects Maryland's public health. It works to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement. Stay connected: www.twitter.com/MarylandDHMH and www.facebook.com/MarylandDHMH.



And those who were
seen dancing were
thought to be insane
by those who could
not hear the music

Nietzsche



The science of happiness

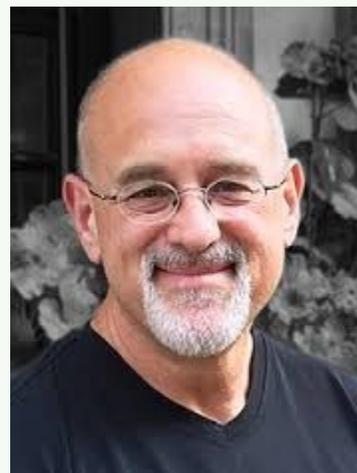
Dan Gilbert, author of "Stumbling on Happiness," challenges the idea that we'll be miserable if we don't get what we want. Our "psychological immune system" lets us feel truly happy even when things don't go as planned.

Gilbert believes that, in our ardent, lifelong pursuit of happiness, most of us have the wrong map. In the same way that optical illusions fool our eyes -- and fool everyone's eyes in the same way -- Gilbert argues that our brains systematically misjudge what will make us happy. And these quirks in our cognition make humans very poor predictors of our own bliss.

The premise of his current research -- that our assumptions about what will make us happy are often wrong -- is supported with clinical research drawn from psychology and neuroscience. But his delivery is what sets him apart. His engaging -- and often hilarious -- style pokes fun at typical human behavior and invokes pop-culture references everyone can relate to. This winning style translates also to Gilbert's writing, which is **lucid**, approachable and laugh-out-loud funny. *Stumbling on Happiness*, published in 2006, became a *New York Times* bestseller and has been translated into 20 languages.

In fact, the title of his book could be drawn from his own life. At 19, he was a high school dropout with dreams of writing science fiction. When a creative writing class at his community college was full, he enrolled in the only available course: psychology. He found his passion there, earned a doctorate in social psychology in 1985 at Princeton, and has since won a Guggenheim Fellowship and the Phi Beta Kappa teaching prize for his work at Harvard.

Listen to Dan Gilbert's TED Talk here https://www.ted.com/talks/dan_gilbert_asks_why_are_we_happy



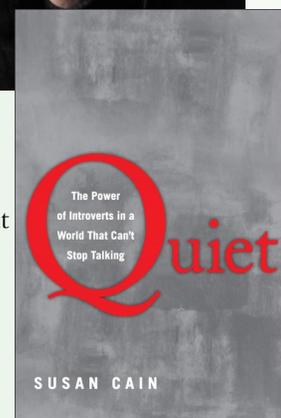
Introvert leads "Quiet Revolution"

Susan Cain is the co-founder of Quiet Revolution and the author of the bestsellers *Quiet Power: The Secret Strengths of Introverts*, and *Quiet: The Power of Introverts in A World That Can't Stop Talking*, which has been translated into 40 languages, has been on the New York Times bestseller list for over four years, and was named the No. 1 best book of the year by *Fast Company* magazine, which also named Cain one of its Most Creative People in Business. Cain is also the co-founder of the Quiet Schools Network and the Quiet Leadership Institute.

Her writing has appeared in the *The New York Times*, *The Atlantic*, *The Wall Street Journal*, and many other publications. Her record-smashing TED talk has been viewed over 14 million times and was named by Bill Gates one of his all-time favorite talks.

Cain has also spoken at Microsoft, Google, the U.S. Treasury, the S.E.C., Harvard, Yale, West Point and the US Naval Academy. She received Harvard Law School's Celebration Award for Thought Leadership, the Toastmasters International Golden Gavel Award for Communication and Leadership, and was named one of the world's top 50 Leadership and Management Experts by *Inc. Magazine*.

She is an honors graduate of Princeton and Harvard Law School. She lives in the Hudson River Valley with her husband and two sons. Visit Cain and the Quiet Revolution at www.quietrev.com. Listen to her TED Talk here https://www.ted.com/playlists/171/the_most_popular_talks_of_all





Massachusetts Medical Society favors supervised drug use sites

The increasing number of opioid overdoses in Massachusetts has prompted doctors to call for state-run injection sites in an attempt to combat the use of drugs.

Over the weekend, members of the Massachusetts Medical Society voted 193-21 in favor of Supervised Injection Facilities (SIF), which essentially allow drug users to shoot up while under the supervision of medical professionals.

"You have to stay alive to get better," said Dr. Barbara Herbert, an addiction specialist.

Over the last decade, Herbert has found that people often die before they can even seek help. Monitoring the use, in her opinion, is better than potentially losing a life.

"The idea that someone would show up and inject in front of me is not an appealing idea," Herbert explained, "But the idea that they would go two blocks away and die is so much worse."

According to a report from the society's House of Delegates, the facilities have worked in other countries where they are allowed to operate. For example, in Vancouver, Canada, they have led to a 35 percent reduction in overdoses and a 30 percent increase in users seeking treatment. Vancouver's SIF, InSite, opened in 2003 and was the first of its kind in North America.

In order to operate a similar program in Massachusetts, its legislature would need to make it legal.

"I need to take a look at that one. I'm not familiar with it," said Gov. Charlie Baker on Monday.

The idea is not entirely new in the state.

Last year, the Boston Health Care for the Homeless Program established a "safe room" for addicts to come to while they are under the influence. SPOT, or the Supportive Place for Observation and Treatment, allows users to live out their high while under the supervision of medical professionals.

"We are finding that it's an effective way to get people into treatment, but it also doesn't go far enough," said Dr. Jessie Gaeta, who helped create the space.

While lawmakers on Beacon Hill might not be sold on the idea at the moment, there is already a proposal on the table to establish a framework for such a facility in the future. Watch the report here: <http://www.nbcboston.com/news/local/Mass-Medical-Society-Votes-in-Favor-of-Supervised-Injection-Facilities-421079843.html>

Courtesy NBC News/Boston



July 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4 MSBH Closed Independence Day	5	6	7	8
9	10	11 Roundtable on Homelessness 1:30 Consumer Council 3-4 @ CVI	12	13 BHSN C & A 3-4	14	15
16	17 RBHAC 11-12:30	18 BHSN Aging 11-12	19	20	21 BHSN Forensic 9-11	22
23	24	25	26 BHSN Quarterly 9-11 @ Channel Marker	27	28	29
30	31					



Mid Shore Behavioral Health is located at 28578 Mary's Court, Easton, MD 21601. You are invited to join us in our work to improve services on the Eastern Shore by joining the BHSN workgroups, Email kstevens@midshorebehavioralhealth.org for information.

QAC posts warning signs

Queen Anne's County is joining other Maryland jurisdictions that have posted signs warning about the heroin epidemic, which continues to plague the region at staggering rates.

Maryland State Police said four new signs will feature an "updated count of heroin overdoses and deaths in Queen Anne's County."

The first will be erected at 8 a.m. on June 28 at the State Police barracks near Centreville, on Route 301. Signs will also be placed at the two county high schools, and County Commissioner Jim Moran is looking for state permission to put the fourth sign on Route 50 for people driving east from the Bay Bridge.

