



September 12, 2014

Issue 35, Volume 3

WEEKLY NEWSLETTER

Your behavioral health resource for local trainings, events, program information, and more around the Shore!

Dear Mid-Shore Out of the Darkness Walkers:

Below is a note from our incredible walk chair, Pat Kotzen—and I have to thank each of you; as well as her—for making this first walk so tremendous. What a beautiful event. On behalf of the Maryland Board Team and AFSP-THANK YOU! Together, we helped raise more than \$27,000 for AFSP. This week is Suicide Prevention Week in the US, and I am attaching several new AFSP educational pieces I hope will encourage, help, and give you hope... (Pages 2-4)



#SelfiesAgainstStigma

1. Wear a Walk Shirt
2. Post a Selfie
3. Win a Prize!

Friday September 12, 2014

We will be holding our **International Survivor of Suicide Loss Day on Saturday Nov 22nd at several Maryland locations--** For more information, go to www.afsp.org/maryland. Those who have lost a loved one to suicide can come together that day in a safe and supportive environment to learn how others are moving forward after losing someone to suicide.

Finally, if you were inspired by our walk and are interested in getting involved as a Chapter volunteer, we'd love to have you join us in our "Movement to Prevent Suicide". Please email us at Maryland@afsp.org and we will be in touch with you to explain volunteer opportunities and upcoming volunteer orientation later this fall in Maryland. *Lastly—if you would like to be involved and on the planning committee for next year's Fairfax walk, please reply to this email or to Pat below!*

FROM OUR WALK CHAIR PATRICIA KOTZEN:

THANK YOU TO ALL WHO PARTICIPATED IN THE INAUGURAL MID-SHORE MD OUT OF THE DARKNESS WALK THIS PAST SATURDAY! Despite the heat and humidity, we had just over 300 walkers and 8 dogs. We exceeded our goal of \$15,000 and expect to more than double it by the end of the year. Remember, the cut-off for donations to this year's walk is midnight on December 31st, so there is still time!

We will begin planning for next year's walk very soon. If you are interested in joining the planning committee or you can help in some other way, please contact me at pskotzen@atlanticbb.net or 410-643-7674. Please send me an email if you would like to provide feedback or suggestions for the future. If you were unable to be with us on Saturday, I hope you will join us next year. We want to make the 2015 Mid-Shore MD Out of the Darkness walk even bigger and better!

For those of you who expressed interest in the HALOS (Healing After a Loved One's Suicide) Support Group, I will be contacting you with more information soon.

THANK YOU FOR YOUR SUPPORT – TOGETHER WE CAN MAKE A DIFFERENCE!

*All the Best,
Patricia Kotzen*

28578 Mary's Court, Suite 1
Easton, MD 21601

Phone: (410) 770 – 4801
Fax: (410) 770 – 4809

Visit Our Website:
www.msmdhs.org

"Like" us
on Facebook:



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If you wish to cancel your subscription to this newsletter, email us here:

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Hey Youth!

Youth M.O.V.E. Eastern Shore will be hosting a bowling event September 20, 2014 at the Easton Bowling Center. If you know of any youth who want to get involved with Youth M.O.V.E., here is a great way to get started. Food, games and more! Contact a Y.E.S. in your county.



REDUCE THE ANNUAL SUICIDE RATE 20% BY 2025



of all people who attempt suicide tell someone about their intention

Every day
108
people die by suicide

Suicide rates tend to be highest in the spring months, peaking in...



took more lives than war, murder + natural disasters

AFSP OFFERS...



21 programs that promote suicide awareness, education & prevention

AFSP HAS...



67 chapters and hosts over 320 walks across the country

AFSP CONNECTS...

you to more than



900 local support groups

AFSP PROVIDES...

a confidential screening program in



90 colleges & universities



Males are four times more likely to die by suicide

BUT Females attempt suicide three times as often

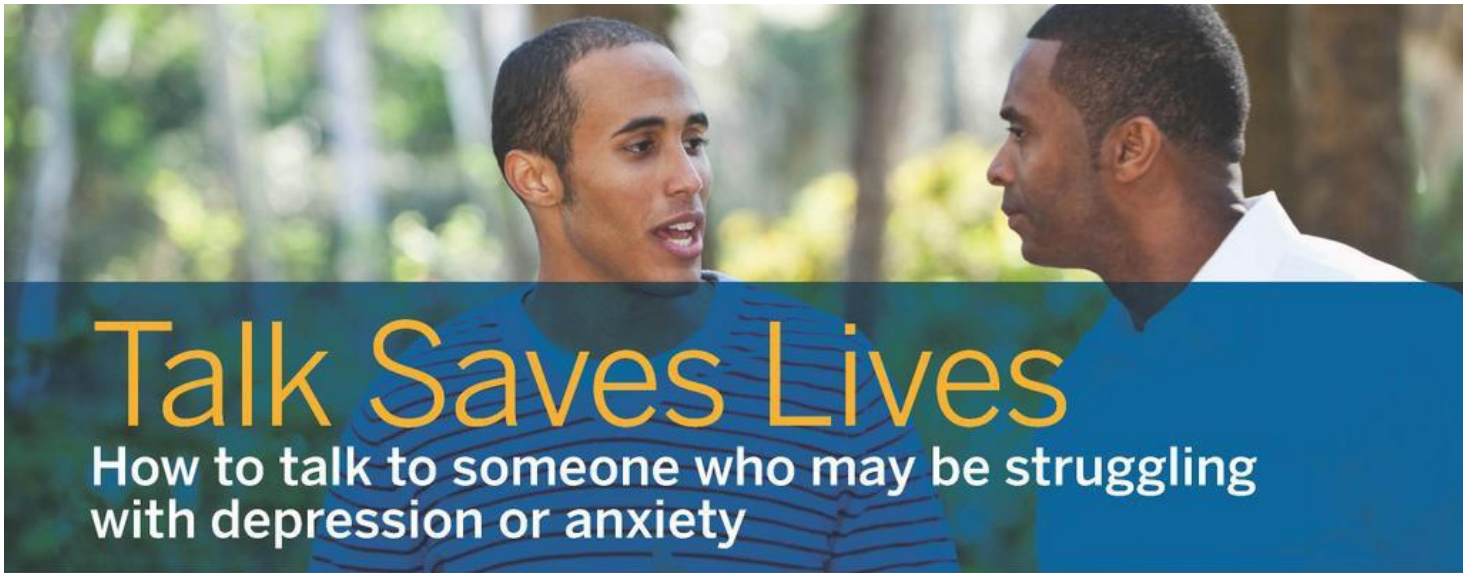
\$34
BILLION

The economic cost of suicide death in the U.S. annually

39,518 Americans died by suicide in 2011, making suicide the 10th leading cause of death for Americans



Those who attempt suicide do not go on to die by suicide



Talk Saves Lives

How to talk to someone who may be struggling with depression or anxiety

Don't assume someone else will reach out. Only 1 in 5 seeks help. You can encourage them to make that critical first step.

- 1 Ask if you can talk in private.
- 2 Ask questions to open up the conversation.
 - How are you doing?
 - You haven't seemed yourself lately. Is everything okay?
 - Is anything bothering you?
- 3 Listen to their story, and express concern and caring.
- 4 Ask if they have thought about hurting themselves or ending their life.
- 5 Encourage them to seek mental health services. Tell them seeking help can take courage, but it's the smart thing to do.

IF THEY ARE CONSIDERING SUICIDE:

- Take the person seriously.
- Tell them to call the National Suicide Prevention Lifeline: 1-800-273-TALK.
- Help them remove lethal means.
- Escort them to an ER, counseling service, or psychiatrist.

AVOID:

- Avoid minimizing feelings.
- Avoid advice to fix it.
- Avoid debating on the value of life.
- Avoid offering clichés.

DO:

- Listen.
- Express concern and caring.
- Ask open-ended questions.
- Talk about suicide openly and directly.

AFSP GRANTS *for* SUICIDE RESEARCH



AFSP funds over 30 grants each year. We welcome grants relevant to suicide prevention in the biological, psychological, and sociological domains. Listed below are the six types of grants we offer.

DISTINGUISHED INVESTIGATOR GRANTS

Up to \$100,000 over 2 years

- Awarded to Investigators at the level of associate professor or higher with an established record of research and publication on suicide.

STANDARD RESEARCH GRANTS

Up to \$90,000 over 2 years

- Awarded to individual investigators at any level.

LINKED STANDARD RESEARCH GRANTS

Up to \$225,000 over 2 years

- Awarded to investigators at any level performing research involving three or more unique sites.

YOUNG INVESTIGATOR GRANTS

Up to \$85,000 over 2 years

- Awarded to investigators at the level of assistant professor or lower.
- In addition to a maximum of \$75,000 for the investigator's research, these grants provide an additional \$10,000 (\$5,000 per year) for an established suicide researcher who will mentor the Young Investigator. AFSP can assist in matching mentors with mentees.

POSTDOCTORAL RESEARCH FELLOWSHIPS

Up to \$104,000 over 2 years

- Awarded to investigators who 1) have received a Ph.D., M.D., or other doctoral degree within the preceding six years, and 2) who have not had more than three years of fellowship support.
- Fellows receive a stipend of \$46,000 per year, with an institutional allowance of \$6,000 per year.

PILOT RESEARCH GRANTS

Up to \$30,000 over 1-2 years

- Awarded to investigators at any level.
- These grants provide seed money for new projects with the potential to lead to subsequent, larger investigations. The studies are typically more feasible than hypothesis-driven studies.

APPLICATIONS DUE NOVEMBER 15, 2014

**For more information please visit:
afsp.org/grants**

It's Time: Innovative Community Approaches to Children's Mental Health

By Julia Cranska, NAMI DEVELOPMENT INTERN and Darcy Gruttadaro, DIRECTOR, NAMI CHILD & ADOLESCENT ACTION CENTER

In June, NAMI and the Cigna Foundation joined forces to host a children's mental health forum – It's Time. The forum focused national attention on the need for increased innovative community programs for children and families. It featured national experts sharing how they have started and expanded community programs that improve the early identification of emerging mental illness and connect children and youth with effective programs and services.

One in five youth live with a mental health condition. On average eight to 10 years pass between the onset of symptoms to intervention. It's Time featured an array of national experts highlighting innovative community approaches to closing the gap and reaching children and families with mental health services and support.

Mental illness can create tremendous challenges in a child's future. The forum featured national experts providing nuts-and-bolts descriptions of their programs. Dr. Glenace Edwall, Director of Children's Mental Health in Minnesota, described their school-linked mental health program and how it grew from a \$30,000 initial investment into a \$45 million program with services delivered to children in schools across the state. Edwall stressed the importance of focusing on data collection and positive outcomes to expand programs.

Dr. John C. Duby, a leader with the American Academy of Pediatrics, shared innovative approaches to better address mental health in primary care. From a pediatric perspective, he emphasized the importance of continuing to increase mental health awareness as we work to expand the availability of mental health interventions.

Ingrid Donato, Mental Health Promotion Branch Chief in the Federal Center for Mental Health Services, covered bullying prevention. She focused on the heavy toll bullying takes on a child's self worth and stability.

Dr. Alvin Blank, an addiction Medicine Specialist and Psychiatrist with Cigna, stressed the importance of building workforce capacity because most families wait three to six months for their child to see a psychiatrist. Dr. Barry Sarvet, a leading national expert described the innovative program they developed in Massachusetts to expand workforce capacity. That collaborative care program is now in more than 17 states.

Dr. Ken Duckworth, NAMI's Medical Director, engaged in a lively conversation with two youth advocates from NAMI Northern Virginia, Leah Ganssel and Esther Lee. Each shared their stories and commitment to raising the national dialogue on mental health and youth advocacy.

Gary Mendell, the forums' final speaker, shared his family's personal tragedy in losing his young son to addiction. This led to the creation of "Shatterproof" a non-profit organization focused on raising broader understanding of addiction as a major public health concern.

NAMI and the Cigna Foundation filmed the forum to shared the content well beyond the June event. As Darcy Gruttadaro, NAMI's Director of the Child & Adolescent Action Center, said at the end of the forum, "it's time to start moving discussion into action." By changing the way youth receive services and support, we can change the future for millions of children living with emerging mental illness. "This is about adopting innovative approaches," Gruttadaro explains, "we can't just continue to have these dialogues."

GET INVOLVED NAMI is proud of the collaboration with the Cigna Foundation. This successful event highlighted diverse and insightful voices. NAMI remains dedicated to improving mental health for all ages and recognizes the need for increased awareness of mental health for all ages and recognizes the need for increased awareness of mental illness in youth. To watch the forum online and to view the resources created for the event, please visit: www.nami.org/childrenmhforum.





The Maryland Department of Health
and Mental Hygiene
Office of Minority Health and
Health Disparities presents



Maryland's 11th Annual Statewide Health Disparities Conference

The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity

Wednesday, October 29, 2014
8:00 a.m. - 4:00 p.m.

Martin's West
6817 Dogwood Road, Baltimore, MD 21244

Who should attend:

- ◆ Those interested in discussing and learning about Community Health Workers in Maryland including: Practicing Community Health Workers; health departments; HEZ representatives; LHIP coalitions; elected officials; FQHCs; health service providers; faith and community based organizations; Health Benefit Exchange partners; academicians; and students

Attend this conference to:

- ◆ Understand the status of today's Community Health Worker (CHW) workforce in Maryland and other states
- ◆ Recognize how CHWs help to advance health equity
- ◆ Discuss training, credentialing, reimbursement and payment issues for CHWs
- ◆ Identify successful initiatives that utilize CHWs
- ◆ Learn about promising practices and lessons learned by practicing CHWs and initiatives that utilize CHWs

Registration is OPEN! For more information, visit
<http://dhmh.maryland.gov/mhhd>

This conference, including meals and parking, is free, however registration is required

Contact:

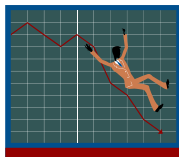
E-mail: DHMH.HealthDisparities@Maryland.gov Phone: 410-767-7117
Website: <http://dhmh.maryland.gov/mhhd>



Conference Co-Sponsor: University of Maryland, School of Public Health
Maryland Center for Health Equity

FRAILTY & FALLS IN THE OLDER ADULT LECTURE SERIES

September 23, 2014
8:30 a.m.—12:15 p.m.
William Hill Manor
501 Dutchman's Lane
Easton, MD 21601



September 30, 2014
8:30 a.m.—12:15 p.m.
Eastern Shore Hospital Center
5262 Woods Road
Cambridge, MD 21613

REGISTRATION FORM

Please type or print your name as you would like it to appear on your certificate.

Name: _____

Title: _____

Organization/Agency: _____

Preferred Mailing Address: _____

Work #: _____

FAX #: _____

E-mail: _____

Please indicate the date(s) you are registering for:

☐ September 23, 2014

☐ September 30, 2014

This lecture series is FREE for health professionals.

Eastern Shore AHEC is an approved sponsor of the MD Board of Social Work Examiners for Continuing Education credits for licensed social workers in the state of Maryland. This program will provide 2.5 Social Work CEUs per date.

CEU Information:

Social Work CEU ____ Yes



The Johns Hopkins Geriatric
Education Center Consortium

September 23, 2014

8:30 - 9:00 am

Registration & Breakfast

9:00 – 9:15 a.m.

Conference Welcome

9:15 – 10:45 a.m.

Traumatic Brain Injury & Older Adults: Special Considerations for Behavioral Health Professionals, Caregivers and Community Providers

*Anastasia B. Edmonston MS
CRC*

This session will focus on the physical, cognitive and behavioral sequela of brain injury, especially as they relate to older individuals.

10:45 – 11:00 a.m. **BREAK**

11:00 a.m. – 12:00 p.m.

Falls in the Elderly: The Seven Deadly Sins

*Dennis Klima PT PhD GCS
NCS*

This session will focus on an evidence-based approach to fall prevention among older adults in a variety of settings. Balance and gait changes associated with aging will be presented, along with those major intrinsic and extrinsic causes of falls. Specific issues related to falls will offer insight into building effective fall prevention programs, including floor recovery and the fear of falling syndrome.

12:00 – 12 :15 p.m.

Evaluations and Certificates



September 30, 2014

8:30 - 9:00 am

Registration & Breakfast

9:00 – 9:15 a.m.

Conference Welcome

9:15 – 10:30 a.m.

Exercise to prevent falls in Older Adults: A Comprehensive View

Brock Beamer MD

This session will provide a multifactorial approach to enhancing the ability of individuals to forestall falls, with an emphasis on exercise. Balance training will be discussed as an underutilized means to overcome intrinsic and extrinsic factors that increase an individual's fall risk.

10:30 – 10:45 a.m. **BREAK**

10:45 a.m. – 12:00 p.m.

Medications and Falls: How can you reduce the risk?

*Nicole Brandt PharmD MBA
CGP BCPP*

This session will provide information on how pharmacists can be involved in preventing injuries from falls through identifying classes of medications and specific medicines that can contribute to falls. Participants will learn about non-pharmacologic and pharmacologic interventions that help to improve bone health, thus reducing the risk of injuries due to falls.

12:00 – 12 :15 p.m.

Evaluations and Certificates



UNIVERSITY of MARYLAND
THE FOUNDING CAMPUS

GERIATRICS AND GERONTOLOGY EDUCATION
AND RESEARCH PROGRAM



**TUESDAY,
SEPTEMBER 16TH,
2014 AT 5:30 PM**

***ROCK HALL MUNICIPAL BUILDING
5585 MAIN ST., ROCK HALL, MARYLAND,
21661***

ATTENTION: FAMILIES IN CRISIS

Do you have a loved one who is struggling with:

- Addiction?
- Mental Health Issues?
- The Legal System?
- Unemployment?

"Families in Crisis" is a group designed to help YOU! We will meet every other Tuesday starting 9/16 through 11/25.



TOPICS TO BE DISCUSSED

**- REBUILDING
TRUST**

**- MANAGING
EMOTIONS**

**- LOVING
WITHOUT
ENABLING**

**COME AND FEEL
WELCOMED TO
SHARE YOUR STORY!**

**SPONSORED BY:
RECOVERY IN MOTION
A.F. WHITSITT CENTER**

300 Scheeler Road
Chestertown, MD 21620

Ms. Alice
(410)-778-7054

First meeting is September
16th at 5:30 PM

PRESS RELEASE

Contact: Sharon Huseman
410-819-8067
sharonh@talbotpartnership.org

FOR IMMEDIATE RELEASE (EASTON- September 4, 2014)

Teen Pitfalls - Stress, Boredom, Extra Money (Part 2)

According to CASA Chairman and President and former U.S. Secretary of Health, Education and Welfare Joseph A. Califano, Jr "Two of the most common questions regarding teen drug use and addiction are: how can it happen to my child, and how can it happen to young boys or girls who seem to be typical teens?" said Califano. "These questions are often asked where the drug-abusing teen does not exhibit one of the usual warning signs of drug abuse – being physically or sexually abused, having a learning disability or eating disorder, suffering from serious depression or another mental health condition. The National Center on Addiction and Substance Abuse (CASA) at Columbia University's teen survey suggests that for many teens, the answers to these questions can be found in high stress, frequent boredom and too much spending money."

Parental Pessimism

Parents are likelier than teens to view teen drug use as a *fait accompli*. More than four out of 10 parents said teens are "very likely" or "somewhat likely" to try drugs, compared to only one of 10 teens. Teens whose parents believe that future drug use is "very likely" are more than three times likelier to become substance abusers than teens whose parents say future drug use is "not likely at all."

"Many parents think they have little power over their teens' substance use and a disturbing number view drugs in schools as a fact of life they are powerless to stop," noted Mr. Califano. "How parents act, how much pressure they put on school administrators to get drugs out of their teens' schools, their attitudes about drugs, and how engaged they are in their children's lives will have enormous influence over their teens' substance use. Talbot Partnership agrees with Mr. Califano that **"Parent Power is the most underutilized weapon in efforts to curb teen substance abuse."**

Five Ways Parents Can Reduce Teen Risk

- Be sensitive to the **stress in your children's lives and help them cope.**
- Understand when and why your children are bored and help relieve their boredom.
- Limit the amount of money your children have to spend and monitor how that money is spent.
- Know who your children's friends are.
- Be engaged in your children's lives: help them with their homework, attend their sports events, participate in activities together, and **talk to them about drugs.**

Source: **CASA News Release Part 2**

For further information on the dangers of alcohol and other drugs, contact Talbot Partnership at 410-819-8067. Please also visit our website at www.talbotpartnership.org or find us on Facebook.

SAMHSA Releases 2013 National Survey on Drug Use and Health (NSDUH) Results

MEMORANDUM

September 4, 2014

TO: State Mental Health Commissioners/Directors
NASMHPD Financing and Medicaid Division
NASMHPD Medical Directors Council

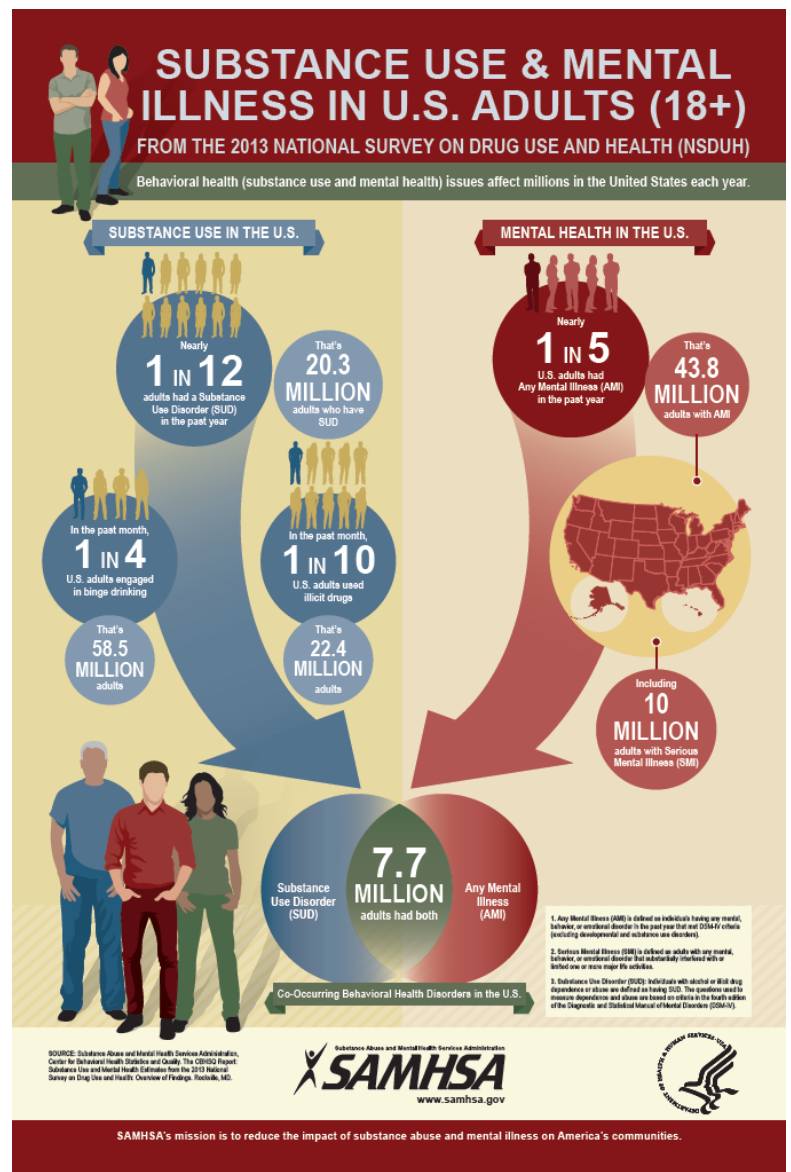
FROM: Robert W. Glover, Ph.D., Executive Director, NASMHPD
Stuart Yael Gordon, J.D., Director, Policy and Healthcare Reform

RE: SAMHSA Releases Report on 2013 NSDUH Survey

SAMHSA held a press conference in Washington, D.C. today to release of the results of the 2013 National Survey on Drug Use and Health (NSDUH).

Among the NSDUH findings:

- An estimated 24.6 million individuals aged 12 or older were current illicit drug users in 2013 including 2.2 million adolescents aged 12 to 17. In 2013, 60.1 million individuals aged 12 or older were past month binge drinkers, including 1.6 million adolescents.
- Of the estimated 22.7 million individuals aged 12 or older in 2013 who needed treatment for an illicit drug or alcohol use problem, 2.5 million received treatment at a specialty facility.
- In 2013, about 1 in 10 adolescents (10.7 percent) had a major depressive episode (MDE) in the past year. Among adolescents with MDE, 38.1 percent received treatment or counseling for depression in the past year.
- In 2013, nearly 1 in 5 adults aged 18 or older (18.5 percent) had a mental illness (i.e., “any mental illness,” or AMI) in the past year; 4.2 percent had a serious mental illness (SMI); and 3.9 percent had serious thoughts of suicide in the past year.
- In 2013, 1.4 percent of adolescents had co-occurring MDE and substance use disorder (SUD); 3.2 percent of adults had co-occurring AMI and SUD; and 1.0 percent of adults had co-occurring SMI and SUD.
- In 2013, 1.4 percent of adolescents aged 12 to 17 (359,000 adolescents) in the United States had both SUD and MDE in the past year (Figure 5).
- In 2013, 3.2 percent of all adults aged 18 or older (7.7 million adults) had both SUD and AMI.
- In 2013, 1.0 percent of all adults aged 18 or older (2.3 million adults) had co-occurring SUD and SMI.





**American
Red Cross**

FIRST AID CPR/AED

WHEN

October 2– Easton

October 9– Cambridge

October 15– Chestertown

October 22– Centerville

October 29– Chestertown

November 6– Denton

**ALL COURSES OFFERED FROM
9 AM– 3PM**

WWW.MIDSHOREHEALTH.ORG

**F
R
E
E**



**HEALTHIEST
MARYLAND**

Made possible with funding
from the Maryland
Department of Health and
Mental Hygiene's Healthiest
Maryland Businesses program.



The Maryland Early Intervention Program

A collaborative for the early identification and treatment of mental illness with psychosis

What is the Early Intervention Program?

We offer specialized programs with expertise in the early identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults at risk for, or in the early stages of, a mental illness with psychosis.

We use an integrated approach to address the health and mental health needs of young adults, including providing support for co-occurring substance use disorders, and metabolic and other co-occurring medical conditions. The EIP is committed to reducing disability by equipping individuals at risk and their families with tools to manage their illness, move successfully through the developmental stages of growth, and establish a life of their choosing.



Who does the Early Intervention Program serve?

- Individuals in the early stages of a mental illness with psychosis who may have strange and unusual experiences, such as
 - ✓ *Hearing or seeing things that others do not see or hear*
 - ✓ *Having unusual thoughts or beliefs that appear as strange to themselves or others*
 - ✓ *Feeling fearful or suspicious of others, sometimes including others they usually trust*
 - ✓ *Isolating themselves from family and friends*
- Health and behavioral health providers interested in
 - ✓ *Learning about early psychosis*
 - ✓ *Receiving consultations on complex cases*
 - ✓ *Implementing or Supporting an Early Intervention Team*
 - ✓ *Referring individuals in the early stages of a mental illness with psychosis for treatment*
- Family members, friends, educators, and others interested in learning about the early stages of a mental illness with psychosis and available services.

What services are available?

We are striving to develop a comprehensive, state-wide program, with services provided within the University of Maryland, as well as by satellite sites across the state. All EIP activities are guided by a multi-disciplinary Advisory Council, including youth, family and consumer advocacy membership. We integrate research into each of these components and will focus on using existing/new objective methods for early detection and prediction of disease emergence, progress, or recovery.

- **Outreach and Education** – to behavioral health providers, schools, colleges/universities, youth and family organizations, and primary care settings.
- **Clinical Services** –for individuals (aged 12-30) having experiences that indicate a risk for future psychosis, who have early signs of psychosis, or who are in the initial stages of psychosis.
- **Consultation Services** – to providers regarding identification and treatment for individuals that may be experiencing symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychosis.
- **Training and Implementation Support** – to providers establishing Early Intervention Teams (EITs) throughout the state; creating a learning collaborative so that EITs and others providing services to those with early psychosis can collaborate, share resources, provide support, and coordinate services.

Who is operating the EIP?

The EIP builds on the foundation of the University of Maryland School of Medicine Department of Psychiatry Maryland Psychiatric Research Center and the Divisions of Child and Adolescent Psychiatry, Community Psychiatry, Psychology, and Psychiatric Services Research; and the University of Maryland Baltimore County Department of Psychology.

How can I learn more?

To get more information, request education, make referrals, or request consultations, contact us at:

(877) 277-MEIP (6347)

E-mail info@MarylandEIP.com

Visit our website at www.MarylandEIP.com



Live WELL

Living WELL with Diabetes Workshop

Thursdays for 6 weeks
10:00 am-12:30 am
September 11, 18, 25
October 2, 9, 16

Cambridge MAC Center
Cambridge, Maryland

To register or for more information
please call:
Julie Donaldson
410-924-0636

FREE

I've had diabetes for
over 30 years, and
almost everyone in my
family has struggled
with high sugar too.

The Living Well with
Chronic Conditions

Workshop put me back in control.

At 69 years old, I feel like I am
finally living.



Living well

Take Charge of your Health

MAC
Maintaining Active Citizens
Your Area Agency on Aging
Dorchester, Somerset, Wicomico, Worcester


MID SHORE
HEALTH IMPROVEMENT COALITION

To find out about the next Living WELL workshop in your area,
call 410-742-0505 ext. 130 or visit midshorehealth.org

SAVE THE DATE

Kent and Queen Anne's County
Mental Health Town Meeting & Resource Fair
Saturday November 8, 2014- 9:30am – 12:30 pm
Location: Presbyterian Church of Chestertown

This event is being held to raise awareness of mental health needs, the importance of getting early intervention, and what we have in local resources to provide help.

Agenda:

8:30am-9:30am	Set-up
9:30am-10:00am	Doors Open, Registration, Resource Tables
10:00am-10:45am	Guest Speaker: Dr. Mark Komrad
10:45am-11:00am	Questions for Dr. Komrad
11:00am-11:45am	Panel Discussion (Moderator - Kate Farinholt: Executive Director of NAMI MD)
11:45am-12:30pm	Resource Tables with Light Refreshments Served



Shore Behavioral Health

Shore Behavioral Health has been pleased to have expanded its inpatient capacity. Along with the inpatient unit, we continue to offer a mental health intensive outpatient program at Shore Regional Medical Center at Dorchester and an addictions outpatient program at Shore Regional Medical Center at Easton. Emergency psychiatric evaluations are provided in the Emergency Departments of both Medical Centers.

Shore Behavioral Health is striving to improve its services and to meet the needs of consumers and providers in the Mid-Shore area. If you have used or interacted with any of our services, please take a moment to rate and comment on your experience. Please email your comments back to jmistrangelo@shorehealth.org.

1. I have used/interacted with (check all that apply) ☐ Inpatient Unit ☐ Mental Health IOP
☐ Chemical Dependency IOP ☐ Emergency Psychiatric Evaluation (Behavioral Health Response Team BHRT)
2. Shore Behavioral Health staff were courteous and responsive. ☐ Yes ☐ No
3. I was directed/connected to the appropriate person to best help me. ☐ Yes ☐ No
4. I was satisfied with my interaction with Shore Behavioral Health. ☐ Yes ☐ No
5. I would recommend/use the services of Shore Behavioral Health again. ☐ Yes ☐ No
6. I would like to be contacted by a representative of Shore Behavioral Health. ☐ Yes ☐ No
(if yes, please share your contact information)
7. Please address the following concern:

Thank you for sharing your comments and concerns. If you have any further questions, please contact us at 410-822-1000 ext 8120.

Take the Survey

The Maryland Department of Health and Mental Hygiene, Office of Preparedness and Response is seeking adult participants to complete an anonymous online survey. The purpose of this survey is to enhance our understanding of how people view and engage with their community. The survey should take approximately 20 minutes or less, and will ask questions about individual and community beliefs, with the express purpose of understanding factors related to community engagement such as volunteering in an emergency context.

Results of this survey will be used to enhance our understanding of how people view and engage with their community. In addition, this survey will help us identify factors related to community engagement including volunteering in emergency situations. The results of this survey will assist us in improving our programs and building a more resilient and prepared Maryland.

Anyone who is 18 years or older is welcome to participate in this survey. Please feel free to forward this invitation to your family, friends and colleagues. We realize your time is valuable, and appreciate your consideration.

To thank you for your participation, at the end of the survey, you can enter a raffle to win 1 of 5 emergency survival kits.

To access the online survey, please use the following link:

https://www.surveymonkey.com/s/Survey_on_Community_Engagement



This study has been approved by the Maryland Department of Health and Mental Hygiene Institutional Review Board. If you have any questions about your rights as a participant in this survey, please contact:

--Ms. Gay Hutchen, IRB Administrator: 410.767.8448; gay.hutchen@maryland.gov

DHMH and State Employees: Deciding not to participate in this survey will not have any effect on your employment.

If you have any questions or concerns about this survey, please contact:

--Ms. Anne Links, M.S. (anne.links@maryland.gov)

--Dr. Al Romanosky, PhD, MD (al.romanosky@maryland.gov)

--MD Responds Medical Reserve Corps (mdresponds.dhmh@maryland.gov)

Thank you,

MD Responds Medical Reserve Corps

[UM SMC at Chestertown's new Emergency Department offers privacy, safety in areas for specialized treatment](#)



**Jen Nutley, RN, FNE-A,
Manager of Emergency Services,
UM SMC at Chestertown**

Emergency treatment at the University of Maryland Shore Medical Center at Chestertown will be greatly enhanced by the size and design features of the new Emergency Department, now nearing completion.

The new facility increases the space devoted to emergency care from just over 4,500 square feet to more than 8,000, and offers a number of areas for specialized treatment with greater safety, privacy and efficiency.

For example, for cases involving sexual assault, there is an entirely private Sexual Assault Forensic Examination (SAFE) room, set apart from the other exam rooms. Jenn Nutley, RN, FNE-A, manager of Emergency Services, is one of 11 nurses employed by UM Shore Regional Health who have completed the 80 hours of specialized training to be certified as SAFE nurses.

"It's important for people to know that we can examine and assist victims of sexual assault in an entirely private setting," says Nutley. "Recently, the rate of reporting sexual assault in our community seems somewhat low, so we are hoping that knowing what our capabilities are in the new Emergency Department will reassure people that in the unfortunate event that an assault occurs, the care they need is right here in their community."

Another specialized area designed for privacy – and also safety – is the behavioral health room, where treatment is provided for cases in which the patient may be a danger to himself or others, such as severe depression, mental illness or substance abuse. Located on a separate hall from other patient rooms in the ED, the behavioral

health room includes an observation window from the workstation immediately outside it. Secured doors connect the room to both a private bathroom and to medical technology, such as oxygen equipment, so that a patient with behavioral health issues can receive more advanced care without having to be moved out of this specialized room.

"We get a very steady volume of patients in the ED for behavioral health treatment," says Nutley. "Severe depression seems to be one of the most frequent presenting problems. In the new ED, the behavioral health is set off so that individuals needing this kind of treatment will not have other patients walking past them and they won't have to walk past others. I think the ED staff will find that the new, designated behavioral health room is a much better setting in which to provide the best possible care."

The ED staff is also looking forward to the new department's indoor decontamination area – the current "de-con" area is outside the Department. "This is important in a rural area where you have a lot of farmers and other field workers handling fertilizers, pesticides and other potential contaminants," says Deborah Davis, MD, medical director of Emergency Services for the hospital.

Says Nutley, "Decontamination is one of those things we don't do often, but when the need arises, it can be a critical need. Having a state-of-the art facility and equipment here in our Emergency Department is a real benefit to this community."

Families and friends of patients receiving emergency care also will find the new ED to be more accommodating. A consultation room where they can meet with the doctors and nurses, talk with a chaplain or just have some private time is a feature made possible by the increased size of the new ED. "When a patient is getting care, it's good to have a place to talk to his or her loved ones that is out of the way, or where the family can be together privately," says Nutley.

One enhancement that is not as immediately obvious as the specialized rooms is visual, real-time technology that enables ED physicians to consult with UMMS physicians, such as pediatricians who specialize in pediatric emergency and inpatient care.

This technology will enable younger patients to remain in the ED and potentially avoid transfer to another hospital. National statistics show that the great majority of pediatric emergency cases are treated successfully without admission to a hospital, and the electronic care or “e-care” capacity of the new ED in Chestertown assures local parents that their children can be cared for safely and effectively close to home.

Construction of the new ED also created a new main entrance and a new location for the Chester River Auxiliary's Gift Shop. The new shop will be located just inside the main entrance where it will get prime attention from visitors. Shop manager Molly Streit anticipates moving into the new space in the second week of September; most merchandise in the present shop location is now on sale.

The new Emergency Department is projected to open by the end of September. A community-wide open house will be held on Tuesday, September 16 at 5:00 p.m. The public is encouraged to come out to help celebrate as well as get an insider's look at the new space before it is in full operation.

This entry was posted in [Uncategorized](#) on [September 10, 2014](#) by [Kate Gallagher](#).

Associated Black Charities wants each of you to know that -

September is Prostate Health Month

National Prostate Health Month (NPHM) is observed every September in the United States by health experts, health advocates, and individuals concerned with men's [prostate](#) health.

Associated Black Charities and the Department of Health & Mental Hygiene - Office of Minority Health and Health Disparities through the M.O.T.A. (Minority Outreach & technical Assistance Grant is working in our Dorchester County Community to focus on:

- Increasing public awareness of the importance of prostate health
- Providing easily accessible information on prostate health screenings
- Educating about risk factors and symptoms of prostate related diseases and
- Advocating for further research on prostate health issues.

The Light Blue ribbon is the symbol for Prostate Cancer.



Associated Black Charities wants you to be aware of a **FREE Prostate Cancer Screening supported by our Talbot County MOTA Partner (Chesapeake Multi-Cultural Resource Center - Easton, MD). This screening will be held at the Shore Regional Cancer Center - 509 Idlewild Ave - Easton, MD. For more information please contact (410) 820-6800 to schedule an appointment.**

Associated Black Charities is working in our communities to create improved health outcomes for everyone. Contact our office if you would like more information on how to improve your health or for some tips you can share with someone else.

***We invite you to join us for our
2014 NAMI Maryland Annual Conference***

October 17-18, 2014

9:00am - 5:00pm

The Conference Center at Sheppard Pratt

6501 N. Charles Street

Baltimore, MD 21285

It's almost that time of year again!

REGISTRATION IS OPEN!

You will have the opportunity to meet one of the most hardworking groups of intelligent decision makers and advocates in the area. The more than 30 workshops and plenaries will include practical, skill-building sessions tailored for specific audiences including mental health and health providers, criminal justice and social services professionals, and individuals with mental illness and their family members.

Please help NAMI Maryland! If you or someone you know is affiliated with any businesses or organizations that might wish to become a sponsor of the Annual Conference, please forward them this email or let us know!

[Click here](#)

to register for the

2014 NAMI Maryland Annual Conference and to see descriptions about some of the excellent workshops that are scheduled!

[Click here](#) for a conference flyer to hand out to friends and colleagues.

[Click here](#) for a Sponsorship Packet.

[Click here](#) for an Exhibitor Form.

Thank you for taking the time to read this email and helping us make this year's conference a success!

As an accredited academic institution, the University of Maryland School of Medicine's Mental Health Services Training Center is an approved sponsor of the Maryland Board of Social Work Examiners for 6 Continuing Education credits (Category 1) per day for licensed social workers in Maryland; as a sponsor of 6 Continuing Education (CE) per day acceptable to the Maryland Board of Examiners of Psychologists; and 6 Continuing Education Units (Category A) per day by the Board of Professional Counselors and Therapists, upon completion of this training and a completed evaluation. The Training Center maintains responsibility for this program. A Certificate of Attendance will be made available for all other disciplines.



Since you already work in social services, we know deciding to pursue your Master of Social Work degree is a big decision. You owe it to yourself to maximize your potential earning power with a [Master of Social Work](#) degree online from the top ranked University of Southern California. The demand for Master level social workers is greater than ever before, with more than 700,000 new jobs projected by 2022.

As part of a long standing partnership with the University of Southern California School of Social Work, National Council members accepted to the online MSW@USC program in 2014 will receive a \$5,000 scholarship, and those accepted to the one-year online advanced standing program will receive \$2,500.

So don't miss the deadlines to apply to the MSW@USC and attend one of the top social work schools in the country. **Hurry!**

January Priority Deadline - October 31, 2014

January Complete Deadline - November 14, 2014

Classes start January 5, 2015

[Learn More Now](#)

P.S. Please forward this to someone you think may be interested in receiving their MSW.



Learning to Love Groups: National Council Invites Applications for New Learning Community

The National Council, in partnership with New York University's McSilver Institute for Poverty Policy and Research at the Silver School of Social Work, is pleased to announce the launch of the [Learning to Love Groups Learning Community](#). This exciting initiative is an opportunity for organizations to strengthen group delivered services by improving the knowledge and skills of group facilitators and their supervisors.

Groups offered through behavioral health services present unique opportunities to support consumers in their recovery. The potential benefits include:

1. Reduction in feelings of isolation by recognizing that others face similar challenges
2. Experience of social and emotional support from others
3. Opportunities to try new behaviors in a safe environment
4. Improvement of social skills and social networks
5. Inspiration and motivation through observing improvement in others
6. Increased hope and self-efficacy
7. Increased self-awareness through helpful and respectful feedback

Despite these clear benefits, organizations struggle to equip staff with the knowledge, skills and tools needed to provide engaging and effective groups. Learning to Love Groups is designed to address this widespread challenge by providing group facilitators and their supervisors with the critical information, training and tools necessary for delivering engaging, effective and practical themed centered groups. A primary aim of the learning community is to strengthen and reinforce supervisors' role in coaching and guiding their supervisees involved in facilitating groups.

Key elements of Learning to Love Groups include:

- Coaching from NYU and National Council faculty through individual and cohort consultation calls focused on enhancing the supervisor's role as group facilitator coaches
- Access to tools and curriculum from experts in group facilitation, focused on quality of supervision for group facilitators and outcome measurements
- Virtual learning through webinars focused on effective group facilitation skills
- Evaluation of the group facilitator skills, the effectiveness of an organization's groups and the learning community process through observation, satisfaction surveys and written tools

Participating organizations are expected to establish and empower a two to three person team composed of the program supervisor, group facilitator and a peer leader, if possible, for participation in learning community. Organizations will be chosen for participation in this six month learning community through a competitive application process. Cost is \$3,000 for National Council members and \$5,000 for nonmembers.

Want to learn more? Join our Learning to Love Groups [informational webinar](#) on Sept. 11 at 12:00 pm EDT to hear about an exciting opportunity to strengthen your group delivered services.

Application Submission

For consideration, please submit the [application](#) by close of business (5:00 pm EDT) on September 19, 2014. Questions about the application can be directed to Daisy Wheeler at DaisyW@thenationalcouncil.org. For more information about Learning to Love Groups Learning Community, please contact Karen Johnson, Director of Trauma-Informed Services, at 202-684-7457, ext. 275 or karenj@thenationalcouncil.org.



In the 2013-2014 legislative session, 21 states passed or considered legislation or appropriations related to Mental Health First Aid. These included appropriations to support Mental Health First Aid activities, teacher training requirements, and more. In addition to standard legislative efforts, states and community advocates have collaborated to find creative approaches to implement Mental Health First Aid, including applying for federal and private grants and finding new partners (such as religious leaders, public safety entities, social service agencies, librarians, veteran's organizations, and college health services).

The National Council updated the [Mental Health First Aid State Policy Toolkit](#) for 2014 to help you learn about actions you can take in your state to get the attention of policymakers and other community stakeholders. Advocates and policymakers can use the toolkit to help support state-level efforts to enact Mental Health First Aid policies.

[Download the toolkit to access:](#)

- Sample bill language;
- Examples of potential executive actions to support Mental Health First Aid;
- Talking points, fact sheets, and other informational resources;
- Sample op-ed and other media resources; and
- Strategies for success in planning and carrying out a Mental Health First Aid initiative in your state.

The toolkit also includes a 2013-2014 State Policy [Tracking Chart](#) to outline what bills and appropriations were successfully implemented and those that died in the legislature this past year.

Read the [executive summary](#) or download the [full toolkit](#).

Have any questions or comments about the toolkit? Contact [Tramaine Stevenson](#), Director of Mental Health First Aid Operations.

Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. For more information, visit www.MentalHealthFirstAid.org.

The National Council for Behavioral Health is the unifying voice of America's community mental health and substance use treatment organizations. Together with our 2,200 member organizations, we serve our nation's most vulnerable citizens – the more than eight million adults and children living with mental illnesses and substance use disorders. We are committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. Learn more at www.TheNationalCouncil.org.



The Only Place You Need to be This Spring

2015 National Council Conference Registration Now Open

Join us April 20-22, 2015 at the premier healthcare specialty conference. Register today for your spot at the [2015 National Council Conference](#), a conference known broadly as a 'not to miss' event for mental health and addiction treatment professionals.

The absolutely lowest registration rate is available [NOW](#). Register using the Fall Preview Rate until October 10, 2014. At \$925 (\$725 for members), we promise you a display of knowledge, resources, creativity, innovation, energy, and community that you will not discover anywhere else.

4,500 attendees, 4,500 opportunities to connect with peers and luminaries. Join a community of healthcare executives, mental health and addiction treatment professionals, clinicians, advocates, innovators, researchers, and technology leaders.

300 speakers. The National Council works to bring its attendees the most engaging, inspiring, and cutting edge speakers, to inform and inspire. Don't miss speakers like...

General Colin L. Powell, USA (Ret.). 35-year veteran of the U.S. Army and former Secretary of State and Chairman of the Joint Chiefs of Staff to discuss his 13 rules for leadership.

Holly Green. Behavioral scientist and leading business strategist to share the tricks of Fortune 100 powerhouses.

Dan Buettner. New York Times best-selling author of The Blue Zones to explain where people live the longest and how we can achieve better wellness.

Linda Rosenberg. Healthcare policy and practice reform leader and Mental Health First Aid USA pioneer outlines the future of mental health and addictions care.

250 Exhibit Booths. Not your average exhibit hall, this one is packed with people you want to hear from. Vendors fly in from all over the country to share with you their innovative products and ideas in areas like business development, technology, insurance, and much, much more.

125 Sessions. Choose from a packed, inspired agenda and prepare to hear from innovators in practice improvement, finance reform, integrated healthcare, health technology, policy and advocacy, social justice, and professional development.

17 Tracks. The hardest part is choosing! Focus on one track or mix it up — tracks range from substance use, children's mental health, integration, and health IT to healthcare marketing. We've created tracks on several new topics, including criminal justice, the peer workforce, and tech innovations.

3 Days Packed with Learning and Fun. Connect with your colleagues to discover new ideas, discuss innovations, and prepare for the future.

1 Great Destination. Get the choicest [hotel room](#) at Gaylord Palm Resort, a luxury destination all its own, or one of our other hotels. The early bird gets the best room.

Register before October, 10, 2014 for the **Fall Preview Rate**. Consider bringing three colleagues from your organization to save an additional *\$50 off* of each registration.

Visit www.TheNationalCouncil.org/Conference for more information.

Stay tuned for more.



The National Council's Centers of Excellence recent crowdsourcing project highlighted for us struggles among treatment organizations to improve quality. Prominent among their struggles is the delivery of group services and, importantly, skills for supervisors of staff running groups.

Leaders of treatment organizations and their staff understand the positive impact of group treatments, including the group as a community of support, a safe place to learn and refine new skills. Groups are highly valued as a sound clinical and financial investment, worthy of attention, time and energy, but hard to deliver.

We believe that the National Council policy work is most effective when aligned with efforts to improve quality, and "Learning to Love Groups" is a new training and technical assistance offering consistent with our commitment to quality. As a former clinician, supervisor and program director, I've experienced both success and failure in delivering group treatment and so this newest offering is near and dear to my heart. We've recruited excellent trainers and tried to make the training affordable.

Please take a moment to [learn more about Learning to Love Groups](#). You won't be sorry. If you decide to go forward and participate in the learning community, please be in touch with me and let me know if it's helpful.

Follow the **National Council** on

