



February 28, 2014

Issue 9, Volume 3

WEEKLY NEWSLETTER

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



To accredit or not to accredit, that is the question....

As you may know, MSMHS is hosting a two-day National Accreditation Training on March 31st and April 1st through CARF International (Commission on Accreditation of Rehabilitation Facilities) at the Cambridge Police Department. The deadline for registration has been extended to Friday, March 14th. The cost is \$85 per person and a complimentary continental breakfast will be provided.

A few questions have since come up from providers surrounding this training. Perhaps this will help:

- 1) **What programs can we accredit?** With the rapid changes and advances in rehabilitation for mental health as well as alcohol and other addiction and substance abuse treatments, CARF's behavioral health standards reflect leadership in the field internationally.

CARF accredits behavioral health programs for both adults and children, including:

- | | | |
|---|---|-------------------------------|
| ▪ Assertive Community Treatment | ▪ Detoxification | ▪ Prevention/Diversion |
| ▪ Assessment and Referral | ▪ Drug Court Treatment | ▪ Residential Treatment |
| ▪ Business Networks | ▪ Employee Assistance | ▪ Service Management Networks |
| ▪ Case Management/Services Coordination | ▪ Inpatient Treatment | ▪ Supported Living |
| ▪ Community Housing | ▪ Integrated Behavioral Health/Primary Care | ▪ Therapeutic Communities |
| ▪ Community Integration | ▪ Intensive Family-Based Services | ▪ Opioid Treatment Programs |
| ▪ Crisis and Information Call Centers | ▪ Intensive Outpatient Treatment | ▪ Criminal Justice |
| ▪ Crisis Intervention | ▪ Out-of-Home Treatment | ▪ Juvenile Justice |
| ▪ Crisis Stabilization | ▪ Outpatient Treatment | ▪ Home and Community Services |
| ▪ Day Treatment | ▪ Partial Hospitalization | |

CARF accredits many other programs within each of the general categories listed above. Please refer to the [program descriptions](#) on CARF's website for further details.

- 2) **Should private providers participate?** No, private practices work off of individual practitioner licenses and are typically not accredited.
- 3) **Why seek accreditation when there is nothing in writing mandating it and what are the benefits?** The CARF accreditation process starts with a provider's commitment to continuous improvement and culminates with external review and recognition that the provider's business and service practices meet international standards of quality -- with all the steps in between focused on optimal outcomes for the persons the provider serves and sustained organizational success. Achieving greater satisfaction for stakeholders, improved organizational efficiency and effectiveness, as well as an enhanced community image, are among the benefits of the CARF accreditation process. Whether it were to become a mandate or not, wouldn't you want your agency to reflect such a statement? Plus, the accreditation process is lengthy and detailed... be a step ahead! Want another recommendation? Check out the National Council Article on page 21 "Behavioral Health Must Say "YES" To Accreditation."

Questions? Need a copy of the flyer or registration form? I'd be happy to help! Email Erica Horney at ehorney@msmhs.org.

We hope you can join us!

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

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

Visit Our Website:
www.msmhs.org

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on Facebook:



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Join us for
A Luncheon Tea
 to benefit Haven Ministries
 Sunday, May 18th 3 pm

We invite you to a full afternoon
 tea with scrumptious scones,
 savories, sandwiches, sweets,
 and tea!



Haven Ministries is a nonprofit
 organization providing shelter,
 food, and clothing.

Christ Church
 830 Romancoke Rd, Stevensville, MD 21666

\$35 per ticket

Checks can be made payable to Haven Ministries

Tickets sold at Our Daily Thread Thrift Store

Or by contacting Krista at

PO Box 44 Chester, MD 21619

410-739-4363, kristapettit@gmail.com



Mental Health Services

Subsidiary of Crossroads Community, Inc.

New Logo, New Website, Same Great Service.

Corsica River Mental Health Services, Inc. is a non-profit mental health clinic. Their mission is to provide caring, effective, and highly accessible psychiatric treatment and therapy to all mid-shore residents through their clinics in Centreville, St. Michaels and Cambridge.

Mental illness, a serious emotional disturbance, or a major life event is difficult to face. The staff at Corsica River Mental Health Services understands the chaos that can accompany these difficulties and knows how hard it can be to bounce back.

At CRMHS their caring staff provides support and encouragement to help people rebuild their lives and gain resilience. They provide dedicated services to adolescents, children, families, and couples. They help clients develop healthy methods to deal with stress.

CRMHS firmly believes that through effective psychiatric and counseling services and maintaining a healthy lifestyle, appropriate life balance and good relationships can be achieved.

Visit their new and improved website at www.crmhsinc.com.

Hey Youth!

Youth M.O.V.E of the Eastern Shore has new groups coming to your counties! Starting in March groups will be occurring in Dorchester County, Worcester, and Somerset counties! Join Youth M.O.V.E and learn how to advocate for yourself and others. Are there things that you are passionate about? Or do you want to learn how to create a budget? At Youth M.O.V.E we can help you learn new things and give you the ability to help others with the knowledge that you already have. If you're interested, contact the Youth Engagement Specialist in charge of your county:

Caroline and Talbot:

Marty Bailey

(410) 924-6970

m Bailey@msmhs.org

Dorchester and Wicomico:

Jill Bishop

(410) 924-6806

j Bishop@msmhs.org

Cecil, Kent, and Queen Anne's:

Paul Tue

(410) 924-6673

p Tue@msmhs.org

Worcester and Somerset:

Rowan Powell

(410) 924 4898

r Powell@msmhs.org



Youth M.O.V.E. Dorchester County



Dates and Times:

March 6th & 20th 4:00pm-5:00pm
April 3rd & 17th 4:00pm-5:00pm
May 1st & 15th 4:00pm-5:00pm

Location:

The Empowerment Center
615 B. Pine Street
Cambridge, MD 21613

What We Do:

'Motivating Others through Voices of Experience' (M.O.V.E.) Youth M.O.V.E. is youth lead and we are dedicated to helping youth use their voice to advocate for themselves and to help others.

Mission and Vision:

Youth M.O.V.E will work as a diverse collective to unite the voices and causes of youth while raising awareness around youth issues. We will advocate for youth rights and voice in all systems of care that serve them, for the purpose of empowering youth to be equal partners in the process of change.

Contact Information:

Jill Bishop, Youth Engagement Specialist

j Bishop@msmhs.org

410-924-6806





YOUTH M.O.V.E. LGBTQ

There is a new Youth M.O.V.E group coming to the Lower Shore.

This Youth M.O.V.E group will focus on LGBTQ youth and issues facing this population. Youth M.O.V.E is a youth led national organization focusing on youth speaking up and advocating for themselves and other youth. Any youth between the ages 14 to 25 interested in joining should fill out this form and send it in or contact Rowan Powell.

Name: _____

Date of Birth: _____

Address: _____

Email: _____

Phone: _____

**Youth M.O.V.E
Eastern Shore is
starting a LGBTQ
Group for the Lower
Shore.**

**If you are interested
in joining, or simply
have some
questions, email or
call Rowan Powell.**

Email:
rpowell@msmhs.org

Phone: 410-924-4898

**Fill out the interest form
and mail or fax it.**

FAX- 410 770-4809

**28578 Mary's Ct, Suite 1
Easton, MD 21601**



Quarter Auction

SATURDAY – MARCH 8, 2014


2:00 – 4:00pm (Doors open at 1pm)

Chesapeake Voyagers, Inc.

Location: Christ Episcopal Church

601 Church Street

Cambridge, MD 21613




Refreshments
will be
available for
purchase.

Paddles

\$5 for 1st paddle

\$1 for each additional one



MEN... This Quarter
Auction is for you too!!
We have items
specifically for MEN!!
This one isn't just for
the ladies!

Bring family & friends for a day of FUN and Excitement!!

FOR MORE INFORMATION call 410-822-1601

Celebrating Home * Tastefully Simple * Pampered Chef

Cookie Lee Jewelry * Mary Kay * Origami Owl * Avon

PartyLite * Thirty-One * Initial Outfitters and More!

Fundraiser to Benefit Chesapeake Voyagers, Inc.

www.chesapeakevoyagers.org



Focus on Autism Workshops



Two evenings of helpful information for parents,
childcare providers, and educators ---
Come to one or both sessions!

Wednesday, April 9, 2014*

Behavioral Strategies for Children and Youth on the Autism Spectrum

Presented by Becky Clark, Special Education Teacher for Queen Anne's County Public Schools

Learn about positive strategies that are specifically designed to address the behavior of your child on the Autism Spectrum.

Wednesday, April 30, 2014*

Apps for Today's Mobile Devices

Presented by Christina Schindler, Special Education Teacher Specialist for Queen Anne's County Public Schools

Explore the Apps-olute possibilities of today's mobile devices. Learn how the iPad can help support students with autism from academic tasks to social skills to fine motor practice. Specific apps will be highlighted along with parental controls and family-based iTunes management. Whether you are a mobile device novice or an expert, you will leave with new tips and tricks to support your learner.

6:00 – 8:00 PM ♦ Light refreshments available

Chesapeake College Higher Education Building Room #110

1000 College Circle, Wye Mills, MD 21679

***Preregister to Dolly McMahon at dolly_mcmahon@mail.cl.k12.md.us or 410-479-3609**

Sponsored by

The Family Support & Resource Centers of Talbot, Caroline, Dorchester, Kent, and Queen Anne's Counties

Refreshments provided by the Special Education Citizen's Advisory Committees from these counties

Maple Shade Mental Health Clinic

23704 Ocean Gateway
Mardela Springs, MD 21837
Phone (410) 677-0202
Fax (410) 677-0303

11793 Somerset Avenue
Princess Anne, MD 21853
Phone (410) 968-3547
Fax (410) 202-2756

382 West Main Street
Crisfield, MD 21817
Phone (410) 968-3547
Fax (410) 968-1078

Maple Shade Youth & Family Services, Inc is seeking an LCSW-C licensed individual for our Treatment Foster Care Program Director Full Time Position. This position offers a full benefit package and includes a bonus structure attached to the salary. Training and support from the Management Team Members will be provided. Hours are flexible. Must have computer knowledge as all records, forms, and policies are electronic. Must have 4 years of child welfare knowledge and/or experience with working with children. Please send letter of interest and resume to Jessica Holloway at Jholloway@maple-shade.org or fax to 410-677-0303.

Maple Shade Youth & Family Services, Inc is seeking Full Time and Part Time Licensed Therapists in our Wicomico and Somerset Offices. Therapist's sessions can be school based, office based, in the home, or in the community. Full time position offers a full benefit package and includes a bonus structure attached to the salary. Part Time position is paid by a percentage of billable hours & payment received. Hours are flexible. Must have computer knowledge as all records, forms, and policies are all electronic. LGSW supervision can be provided if needed. Maple Shade is NHSC Loan Repayment Program approved for LCSW-C or LCPC licensed individuals. Please send letter of interest and resume to Jessica Holloway at Jholloway@maple-shade.org or fax to 410-677-0303.

DHMH Releases Report on Continuity of Care for the Seriously Mentally Ill

Baltimore, MD (January 21, 2014) -- The Maryland Department of Health and Mental Hygiene has released the report of the Continuity of Care Advisory Panel. At the direction of Governor O'Malley, the Department convened the advisory panel – which included state and national behavioral health experts, consumers and stakeholders – to make recommendations to strengthen Maryland's public behavioral health service delivery system, improve health outcomes, and address deficiencies that lead to interruptions in care for individuals with serious mental illness.

Studies have shown that interruptions in treatment for individuals with serious mental illness – which includes conditions such as schizophrenia, bipolar disorder, and major depression – can delay recovery, and that, in rare instances, untreated mental illness can contribute to dangerous behavior.

The Advisory Panel convened four stakeholder workgroups, each to examine a particular barrier to care – economic, social, legal and clinical – and report their findings to the broader Advisory Panel.

Members of the public were invited to serve on the workgroups and had the opportunity to present data, reports, and information to the Advisory Panel. The Advisory Panel considered the expertise and recommendations of the workgroups when developing its final recommendations.

In total, the Panel's report offers 25 recommendations to address deficiencies to continuity of care in the following areas: (1) accessibility of mental health records; (2) services to address the needs of individuals with serious mental illness; (3) workforce training; (4) mental health literacy; (5) additional areas for research; (6) delegated decision making; (7) services for court-involved individuals; and (8) involuntary commitment.

To read the Advisory Panel's Final Report visit: <http://dhmh.maryland.gov/bhd/SitePages/CCAP.aspx>



Our next training is...

**"Overcoming
Obstacles with
Grieving Clients: A
Practical Approach"**

**Thursday, April 10th
9:00a.m. – 12:00 p.m.**

About the presenter...

**Amy Ginnavan,
LCSW-C, LCADC.**

Amy has been working in the field of social work for nine years, providing services to adults, children and families in the community through individual, group and family therapy. After working in the co-occurring field, Amy obtained her LCADC (Licensed Clinical Alcohol & Drug Counselor) license in September 2011

**Seaside Counseling &
Wellness Center**

11809 Ocean Gateway, Suites 2 & 5
Ocean City, MD 21842
Phone: (410) 213.7875
Fax: (410) 213-7877
seasidecounseling@gmail.com
www.seasidecounselingandwellness.com

CEU trainings continue for 2014 with...

"Facebook, Instagram, & Twitter, Oh My!": Ethical Boundaries and Social Media

Wednesday, March 12th 2014

9:00 a.m. – 12:00 p.m.

****Space is limited to 40 participants!****

**Category I CEU's for Social Workers, Professional Counselors,
Marriage & Family Therapists, Art Therapists, & Drug and Alcohol
Counselors**

***Please complete attached registration form to sign up!!**

\$45.00 for early registration

\$55.00 10 days prior to training

What Participants Will Learn...

- ❖ This workshop will address ethical issues created from social worker's increasing use of electronic interventions, communications, and social media. Discussions will focus on the use of social networking websites, video conferencing, telephone therapy or SKYPE, email, and text messaging with clients. Ethical concerns addressed will include confidentiality, privacy, informed consent, boundaries, documentation, and more.

Schedule:

- ❖ Continental Breakfast and registration begin at 8:30 am and the program will begin promptly at 9 am.

Confirmations:

- ❖ Registrations will be confirmed via email. If you do not receive a confirmation email by March 5th, please contact our office at 410.213.7875.

Parking:

- ❖ Parking is available in the front, on the side, and in the back of the Blue Heron Shopping Center. There is a front and rear entrance to Unit #5.

Cancellations:

- ❖ Registrants may cancel up to 5 days prior to the seminar and receive a full refund minus a \$15 administrative fee **OR** may request a full-value voucher good for one year, for a future seminar.



**11809 Ocean Gateway, Suite 5
Ocean City, Maryland
410.213.7875
Fax 410.213.7877
Email: seasidecounseling@gmail.com**

Name (Please Print)

Agency

Address

Phone

Email Address (for confirmation)

Training Name _____ Date of Training _____

Half Day Training (3 CEUs) ✧ \$45 Early Registration ✧ \$55 Registration *10 days prior to training*

Full Day Training (6 CEUs) ✧ \$75 Early Registration ✧ \$85 Registration *10 days prior to training*

✧ \$5 Discount per training for registering for 3 separate trainings in 2014.

✧ Check Enclosed (Pay to Seaside Counseling) ✧ Visa/MC ✧ Discover Total \$ _____

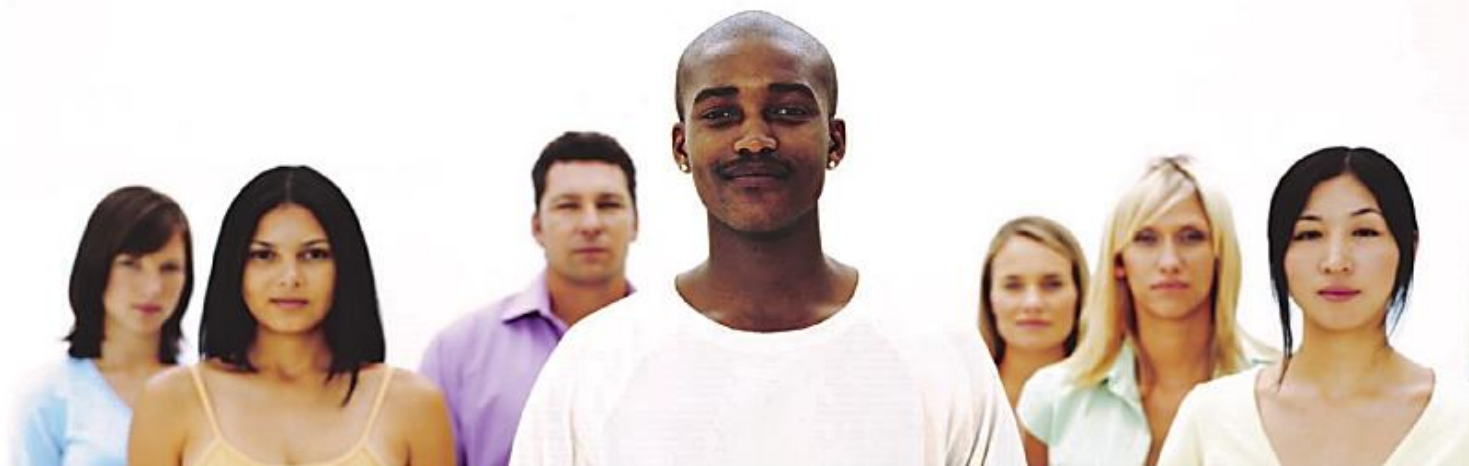
Credit Card #

Name on Card Exp. Date Billing Zip

Authorized Signature

Fax Registration to 410.213.7877 **OR** Mail to: PO Box 1249, Berlin, MD 21811

Need Health Insurance?



Open enrollment on Maryland Health Connection ends March 31, 2014.

Maryland has established its own marketplace, Maryland Health Connection, as part of implementing the Affordable Care Act. All plans will cover mental health and substance use services. Other changes include:

- Young adults can be covered on a parent's plan until age 26
- Plans cannot drop coverage due to illness
- Rx discounts for Seniors
- Preventative care coverage

To determine eligibility for tax credits and enroll in a health plan go to www.marylandhealthconnection.gov or call 1-855-642-8572.

Ran Into Technical Issues With the Website?

If you tried to get coverage in the Fall, you may be able to get retroactive coverage. Governor O'Malley signed a law allowing individuals who ran into technical issues at Maryland Health Connection retroactive coverage from January 1, 2014 through the Maryland Health Insurance Plan (MHIP). The plan will be closed to those who do not apply for enrollment by March 31, 2014.

How Does Health Care Reform Affect You?

People with health insurance coverage live longer, healthier, and happier lives, yet millions of Americans cannot get insurance to cover their health needs. The health care reform law, the Patient Protection and Affordable Care Act (ACA) offers new choices for quality low cost private health insurance.

What is Covered? Here are just a few changes:

Preventive care visits

Screenings (like mammograms)

Newborn and Pediatric care

Emergency and Hospital care

Mental health (including substance use)

Immunizations

Maternity

Laboratory services

Prescriptions

Rehabilitative services

Now, you cannot be denied for coverage because of a medical condition.

RESOURCES

Maryland Health Connection is Maryland's marketplace to help you get connected to quality healthcare. Get your plan today at 855.642.8572 or www.marylandhealthconnection.gov

Maryland Health Benefit Exchange manages Maryland's state-based health insurance exchange. Visit the Exchange at www.marylandhbe.com

State of Maryland Health Education and Advocacy Unit helps those whose health plan has refused to cover a medical procedure or to pay for a medical service that has already been provided. Call 410-528-1840 for information.

NAMI Maryland advocates for excellent mental health services throughout the state. Visit www.namimd.org to learn about the issues and how you can help.

NAMI's Got You Covered will help you navigate the many changes taking place in health care reform. Visit www.nami.org/healthcoverage to find out more information.



NAMI Maryland

10630 Little Patuxent Parkway, Ste. 475, Columbia, MD 21044
Tel: 410-884-8691 Email: info@namimd.org
www.NAMIMD.ORG

A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children

Offers information and resources to help practitioners throughout health and social service systems implement best practices in engaging and helping families and caregivers to support their lesbian, gay, bisexual, and transgender (LGBT) children. Inventory#: PEP14-LGBTKIDS

[View All New Products](#)



The Arc & Sprout Film Festival, showcasing films related to the field of developmental disabilities, will take place in Baltimore on Sunday March 2nd!

The festival is presented by The Arc Baltimore and The Hussman Center for Adults with Autism at Towson University and will take place at the West Village Commons, Towson University.

For additional information including the film programs being offered, with links to trailers of selected films please visit: http://www.thearcbaltimore.org/events_sprout.html

You can also check out The Arc Baltimore's facebook events page:
<https://www.facebook.com/events/1392485871006366/>

There will be two unique programs (12:00noon & 2:00pm) with a total of 21 unique films from 5 different countries!

I hope you are able to attend and please help spread the word.

Sprout Film Festival Facebook: <http://www.facebook.com/sproutfilmfestival>

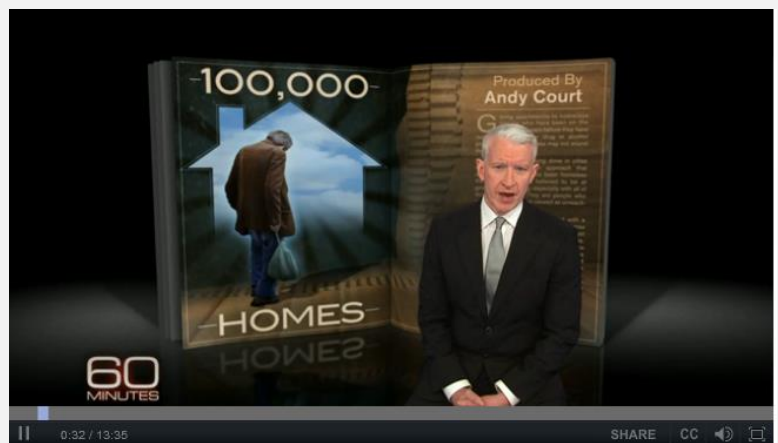


February 9, 2014, 7:22 PM|

Giving apartments to the chronically homeless can save taxpayer dollars, advocates say. Anderson Cooper reports on the 100,000 Homes Campaign, an innovative approach to fighting homelessness.

Click to watch →

100,000 Homes: Housing the homeless can save money?





STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Martin O'Malley, Governor; Anthony G. Brown, Lt. Governor

John A. Hurson, Chair; Mark Luckner, Executive Director

February 7, 2014

FOR IMMEDIATE RELEASE

Contact: Mark Luckner
Executive Director, CHRC
(410) 260-7046 / (410) 299-2170

COMMUNITY HEALTH RESOURCES COMMISSION AWARDS GRANTS TO EXPAND HEALTH CARE ACCESS AND REDUCE HOSPITAL ADMISSIONS/READMISSIONS

(Annapolis, MD) -- The Maryland Community Health Resources Commission (CHRC) announced today 20 grant awards totaling \$2.85 million to expand access in underserved areas of Maryland, reduce health disparities, and help support innovative community-hospital partnerships that will help reduce hospital ED visits, admissions and readmissions. These programs are projected to provide services for an estimated 50,000 Marylanders. An overview of the 20 grant awards is attached.

The Call for Proposals issued by the CHRC this year targeted the following six policy objectives: (1) Reducing infant mortality; (2) Increasing access to dental services; (3) Expanding primary care access; (4) Integrating behavioral health services in the community; (5) Building capacity of safety net providers; and (6) Addressing childhood obesity.

"These grants are going to make a meaningful impact by improving health outcomes and expanding primary care options in our most underserved communities," commented Lt. Governor Anthony G. Brown. "The CHRC is an important partner in Maryland's ongoing effort to address health disparities in order to reduce costs and improve the health of all Marylanders." In addition to today's grants that were announced, the CHRC is working with the Maryland Department of Health & Mental Hygiene (DHMH) to implement the state's Health Enterprise Zones Initiative, championed by Lt. Governor Anthony G. Brown, which provides a range of incentives to expand access, reduce health disparities, and reduce hospital admissions and re-admissions. The Lt. Governor leads the O'Malley-Brown Administration's work to improve health care in the state, having helped expand health care coverage to over 450,000 Marylanders, many of whom are children, and leading efforts to implement the Affordable Care Act in Maryland.

"DHMH appreciates the Commission's continued commitment to expanding health care access," commented Joshua M. Sharfstein, M.D, Secretary, DHMH. "These programs will support the state's ongoing efforts to improve population health and reduce hospital admissions and readmissions."

"Since its inception in 2005, the CHRC has awarded 142 grants totaling \$41.3 million, supporting programs in all 24 jurisdictions of the state," commented John A. Hurson, Chairman, Community Health Resources Commission. "These programs have collectively served approximately 139,000 low-income and uninsured Marylanders."

###



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Martin O'Malley, Governor; Anthony G. Brown, Lt. Governor

John A. Hurson, Chair; Mark Luckner, Executive Director

Community Health Resources Commission Fiscal Year 20 14 Grantees

REDUCING INFANT MORTALITY

Access to Wholistic and Productive Living (Year One Grant Award \$50,000)

This proposal seeks to expand services for pregnant and early postpartum women over the next two years in order to improve birth outcomes and rates of first trimester prenatal care in underserved communities in Prince George's County. Services include targeted case management, home visiting, linkage to prenatal care, smoking cessation services and/or health education. Grant funds will be utilized to hire staff to increase the number of zip codes in Prince George's County served by the Bright Beginnings program.

Mary's Center (Year One Grant Award \$200,000)

This proposal seeks to reduce health disparities and the State's infant mortality rate by expanding its current prenatal services at the Adelphi, MD clinic to include primary health care for women of reproductive age so that if they become pregnant, they will be in good health and will give birth to healthy birth weight babies. Grant funds will be used to support the salary costs of a Primary Care Adult/Family Medical Doctor, a Certified Nurse Midwife, a Family Support Worker, and a Life Cycle Health Educator at the Adelphi health center, which targets underserved communities in Prince George's County.

Calvert County Health Department (Year One Grant Award \$85,000)

This proposal seeks to improve overall health outcomes for reproductive age women and reduce infant mortality rates by creating a new, "one-stop shop" of integrated behavioral health and social services for substance abusing women and expectant mothers. CHRC grant funds will be utilized to support staff to develop and implement the multi-disciplinary program, which includes intensive case management and linkage to local obstetric providers, family planning, folic acid supplements, behavioral health services, WIC, social services, dental care, health insurance enrollment, and community resources such as education and job training opportunities.

Planned Parenthood-Maryland (Year One Grant Award \$125,000)

This proposal seeks to reduce infant mortality rates by increasing access to comprehensive women's health services in Baltimore, Anne Arundel, and Wicomico Counties, building on evidenced-based strategies currently used in Baltimore City. Grant funds will be utilized to provide same-day access to Long Acting Reversible Contraception (LARC), prevent substance-exposed pregnancies by implementing use of SAMHSA's evidence-based practice of Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool, and outreaching to clients to educate and connect those eligible to provisions of the Affordable Care Act.

INCREASING ACCESS TO DENTAL CARE SERVICES

Allegany Health Right (Year One Grant Award \$45,000)

This proposal will support a program that will target low-income, special needs patients with low health literacy and provide access to dental care services and oral health education for underserved communities in Allegany County. Grant funds would be utilized to support a Dental Case Manager's time, to pay for discounted dental treatment, and to support collaboration with the Western Maryland Health System Emergency Department to divert dental patients to discounted urgent dental care services.

Charles County Health Department (Year One Grant Award \$100,000)

This proposal supports a school-based dental program that will screen children in the Charles County public school system and provide access to fluoride, dental sealants, and clinical services in an area of southern Maryland that is lacking in oral health safety net infrastructure. Grant funds will be utilized to support the salaries of a dentist, dental hygienist, dental assistant, and community health worker.

Frederick Community Action Agency (Year One Grant Award \$90,000)

This proposal seeks to improve oral health and reduce hospital emergency department visits for non-emergent dental needs by expanding access to oral health care for underserved residents in Frederick County. CHRC grant funds will be utilized to recruit dentists to provide non-emergent dental services and a Registered Dental Hygienist to provide fluoride varnish and oral health education to lower income children and adults.

EXPANDING ACCESS TO PRIMARY CARE IN UNDERSERVED AREAS**West Cecil Community Health Center (Year One Grant Award \$180,000)**

This proposal seeks to expand access in an Medically Underserved Area (MUA) in Harford County. Grant funds will be utilized to support the start-up operational costs of opening a new Federally Qualified Health Center site that will serve residents of Cecil and Harford Counties.

Health Care for the Homeless (HCH) (Year One Grant Award \$140,000)

This proposal supports an emergency department diversion/referral program that will target homeless individuals in Baltimore City who utilize hospital emergency departments at high rates and establish a “medical home” for these individuals. CHRC grant funds will be utilized to enable the grantee to implement an emergency room diversion team, partner with three Baltimore hospitals, facilitate access to comprehensive primary and preventative care services, and promote health insurance enrollment for homeless individuals in Baltimore.

Mobile Medical Care Aspen Hill Multicultural Clinic (Year One Grant Award \$180,000)

This proposal will support the opening of a multicultural, safety net health clinic in Aspen Hill, a “Medically Underserved Area” of Montgomery County. Grant funds will be utilized to open the new clinic and expand access for a highly diverse and underserved area of Montgomery County.

Health Care Access Maryland (Year One Grant Award \$200,000)

This proposal targets individuals with chronic disease conditions who frequently utilize hospital emergency departments and promote access to primary and preventative care services in the community. Grant funds will be utilized to support new ED diversion teams deployed in one Baltimore City hospital (Sinai).

INTEGRATING BEHAVIORAL HEALTH IN THE COMMUNITY**Frederick Mental Health Association (Year One Grant Award \$120,000)**

This proposal seeks to expand access to behavioral health care services in the region and reduce behavioral-health related hospital emergency department visits at Frederick Memorial Hospital. CHRC grant funds will be utilized to expand the hours of a new behavioral health urgent care/walk-in service that is available to residents regardless of ability to pay or health insurance status.

Mosaic (Year One Grant Award \$300,000)

This proposal will promote access to bi-directional, integrated health care by “co-locating” Mosaic behavioral health professionals and Baltimore Medical Systems (BMS) primary care services in four clinic locations. CHRC grant funding will be utilized to support two physicians and two full time care managers to implement the integrated model at two BMS locations and two Mosaic locations. Services include somatic, case management, addiction and behavioral health, which are traditionally provided across “siloes” programs.

Worcester County Health Department (Year One Grant Award \$250,000)

This proposal seeks to develop an integrated behavioral health unit in Worcester County by adding access to primary care services in an existing behavioral health facility, providing screening and preventive services. CHRC grant funds will be utilized to support the salary costs of one nurse practitioner, one community health nurse, one health services clerk and one community health worker. The new unit would provide team-based care and access to publicly supported psychiatrists and therapists.

PROMOTING CAPACITY OF SAFETY NET PROVIDERS**Access Carroll (Year One Grant Award \$125,000)**

This proposal seeks to promote the long-term financial sustainability of the grantee, a free clinic in Westminster, as it transitions to a revenue model that involves billing third-party payors. Grant funds will be utilized to hire a full time biller/coder and consultant help to design and implement billing systems and enhance the use of its IT system.

Health Partners (Year One Grant Award \$110,000)

This proposal seeks to promote the long-term financial sustainability of the grantee, a free clinic in Waldorf, as it transitions to a revenue model that involves billing third-party payors. Grant funds will be utilized to support the salary costs of four new health clinicians in a patient-centered medical home model.

Allegany County Health Department (Year One Grant Award \$30,000)

The proposal will address workforce challenges in this rural area of the state by supporting a “behavioral health learning collaborative” that will provide training and technical assistance to providers in the region. CHRC grant funding will be utilized to support the start-up costs of the collaborative, which will provide access to training and technical assistance and enable behavioral health providers to participate in Maryland’s ongoing efforts to promote functional behavioral health integration.

ADDRESSING CHILDHOOD OBESITY**University of Maryland-Baltimore Department of Pediatrics (Year One Grant Award \$195,000)**

This proposal seeks to reduce rates of childhood obesity by engaging three public schools in the Promise Heights neighborhood of West Baltimore. Grant funding will be utilized to support efforts to promote adoption of healthy lifestyle choices and increase physical activity, including the development of home and school environments that support those healthy choices. A secondary goal of the program is to develop an inter-professional pediatric obesity prevention training program for future leaders in medicine, nursing, and social work. CHRC grant funding will support the salary costs for a full-time program manager, partial clinical coordinator, research assistant, and minimal funding for Community School Coordinators.

Baltimore City Health Department (Year One Grant Award \$275,000)

This proposal seeks to support efforts to reduce childhood obesity by addressing food insecurity for residents in known food deserts throughout the city. Grant funds would build on the current Virtual Supermarkets Program, a national, award-winning program that uses online grocery ordering and delivery to bring food to community sites in food desert neighborhoods. The program would engage corner stores to provide retail options for affordable, healthy food options.

Somerset County Health Department (Year One Grant Award \$50,000)

This proposal seeks to support a public outreach campaign that will build community awareness and support for healthy lifestyle choices to reduce rates of childhood obesity. Grant funds will be utilized to create new after-school opportunities for physical activity, expanded access to affordable healthy food options, and provide home visitation and health coaching for youths between the ages of 4 and 18 deemed at highest risk of obesity by their health care provider.

###

The Project SAM (Smart Approaches to Marijuana) rally in Annapolis is on Tuesday, March 4. Below is a copy of the agenda and speakers for the event. Talbot Partnership needs your help to ensure a strong showing of supporters, press, and legislators.

This formal kick-off and Legislative Briefing is on March 4th at 5:00 in room 145 of the House Office building in Annapolis. This is an opportunity to demonstrate to the legislature that there is grassroots support in opposition of efforts to legalize marijuana.



Introduction and Overview - Gary Pearce

Video – Kevin Sabet

Kevin is an assistant professor of psychiatry, Director of the Drug Policy Institute at the University of Florida, a consultant, professor, author, and drug policy advisor. With Patrick J. Kennedy, he co-founded Project SAM (Smart Approaches to Marijuana) in January 2013. In February of 2013, Salon Magazine referred to Kevin as "the quarterback of the new anti-drug movement." NBC News called Kevin a "prodigy of drug politics." He is the only drug policy staffer to have served as a political appointee in two US administrations.

Mike Gimbel –

Mike Gimbel has been in the field of substance abuse education, treatment and prevention for over 30 years. Mike was the first Drug Czar for Baltimore County, Maryland and has served on the SADD National Board of Directors, Testified in front of Congress and received numerous awards for his work with those who are suffering from a substance abuse problem. Mike now runs *Mike Gimbel Associates, LLC*, which is a nationally recognized substance abuse consulting company providing alcohol, tobacco and other drug abuse education.

Delegate Jeannie Haddaway-Ricco –

Delegate Haffaway –Ricco was first appointed to office in 2003 by Governor Bob Ehrlich to replace Kenneth D. Schisler who was appointed as the Chair of the Maryland Public Service Commission. At the time, she was the youngest member of the Maryland House of Delegates. District 37B covers parts of Caroline, Dorchester, Talbot, & Wicomico counties. In 2006, she ran for her first election and has served in the House of Delegates in various capacities, including Minority Whip. She is currently a candidate for Lt. Governor, running with David Craig

Video - Bob DuPont -

Robert L. DuPont, M.D. is a national leader in marijuana prohibition, drug policy and treatment. He was the first Director of the National Institute on Drug Abuse (NIDA) from 1973 to 1978 and was the second White House Drug Czar from 1973 to 1977 under former Presidents Richard Nixon and Gerald Ford. In 1978 Dr. DuPont became the founding President of the Institute for Behavior and Health, Inc.^[1] In 1982 he founded Bensinger, DuPont & Associates,^[2] a national consulting firm. Dr. DuPont is a Fellow of the American Society of Addiction Medicine^[3] and a Life Fellow of the American Psychiatric Association. He was the founding president of the Anxiety Disorders Association of America (ADAA) and currently maintains a psychiatric practice in Maryland specializing in addiction and anxiety disorders.

Delegate Cathy Vitale –

Cathy Vitale is a Republican member of the Maryland House of Delegates, representing District 33A. She was first elected to the chamber in 2010. She received her degree from the University of Maryland in Government and Politics in 1985 and her Juris Doctor from the University of Baltimore School of Law and was admitted to the Maryland Bar in December of 1989.

Maryland Police Chiefs Association

Dr. Christine Miller –

Christine has worked in a variety of scientific disciplines following her undergraduate degree from MIT, but during her Ph.D. studies, she focused on neuroscience and mental health. For the past twenty years she has researched the cause of schizophrenia, ten of those years spent at Johns Hopkins University, first as a postdoctoral fellow and then faculty member. It was during this time that she became aware of the growing body of research showing a strong connection between marijuana and schizophrenia. Now semi-retired, she devotes much of her time to educating the public about this under-recognized risk of marijuana abuse.



PRESS RELEASE

Contact: Gary Pearce
410-819-8067
gpearce@talbotpartnership.org

FOR IMMEDIATE RELEASE (EASTON- February 27, 2014)

Health Risks of Synthetic Drugs

There's a good chance that most parents are only familiar with a couple of types of synthetic drugs - Spice (also known as K2) and bath salts. The fact is that the list of dangerous, illicit synthetic drugs on the market continues to grow rapidly. 51 new synthetic cannabinoids were identified in 2012, compared to just two in 2009

Synthetic substances that mimic marijuana, cocaine and other illegal drugs are making users across the nation seriously ill, causing seizures and hallucinations and even killing some people.

With alcohol and marijuana, parents know what symptoms to look for in their kids. The newest substances — synthetic drugs — can create a wider variety of symptoms that parents sometimes don't know to look for. Some signs parents can look for to help determine if your child is using synthetic marijuana can include: agitation, elevated blood pressure and heart rate, loss of control, pale skin, and excessive sweating.

Similar to the adverse effects of cocaine, LSD, and methamphetamine, synthetic cathinone (an amphetamine-like stimulant) use is associated with increased heart rate and blood pressure, chest pain, extreme paranoia, hallucinations, delusions, and violent behavior, which causes users to harm themselves or others.

Synthetic drugs are formulated in chemical and pharmaceutical labs around the world. Many substances were originally developed as possible new prescription drugs but were shelved because of bad side effects or because they did not do the job they were intended to do.

These drugs can be purchased from drug dealers who work with smugglers, or they can easily be purchased online. They sound like something you might find on the fragrance aisle at Target, but these are actually dangerous drugs masked as harmless fragrances, sold in convenience stores and online. There are many websites offering to sell these "research chemicals" to anyone with the money to buy them.

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

Saturday, March 29, 2014 ★ Sports Legends Museum ★ 6:00pm until 11:00pm

301 Camden Street, Baltimore, MD 21201

Ticket Cost \$125.00

(21 and over event)

Includes:

- \$100,000.00 "Heavy D Bucks"
- Open Bar
- Heavy Hors d'oeuvres
- Free Parking
(behind museum)
- Music
- Live Auction & more...



*In Honor of
Dr. Ronald Gutberlet*

*Tickets available online at
www.infantandchildloss.org*

Benefiting



Center for Infant & Child Loss

SIDS and Healing Family Initiatives



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University of Maryland, School of Medicine, Department of Pediatrics
1-800-808-7437 or 410-706-5062

www.infantandchildloss.org

*Funds are administered by the
University of Maryland Baltimore Foundation, Inc.*

"Have a Day"





SAMHSA'S GAINS Center *for* Behavioral Health and Justice Transformation

February 26, 2014

Third in the GAINS Center Five-Part Series of Evidence-Based Practice Webinars: Illness Management and Recovery

Title: "Illness Management and Recovery"

Presented by: Kim Mueser, PhD, of the Center for Psychiatric Rehabilitation at Boston University and Susan Gingerich, MSW, of the Illness Management and Recovery Program

Date and time: March 11, 2014 from 2:30 pm - 4:00 pm ET

To complement the "Illness Management and Recovery" (IMR) brief (available [here](#)) written by Dr. Kim Mueser and released on the GAINS Center website in early December, Dr. Mueser of the Center for Psychiatric Rehabilitation at Boston University and Susan Gingerich of the Illness Management and Recovery Program will hold a webinar on the brief and share their knowledge on what the research says and how to apply IMR in real world settings.

This webinar will be followed by three "Ask the Expert" discussion groups in subsequent weeks, allowing participants the chance to **Participants will need to call the number AND log-in to the link to join the webinar:**

Call-in #: 888-677-3788

Participant passcode: IMR

Log-in For Participants:

URL: <https://www.mymeetings.com/nc/join/>

Conference number: PW4112096

Audience passcode: IMR

For a list of other upcoming EBP webinars, please click [here](#).

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation
Funded by the Substance Abuse and Mental Health Services Administration
GAINS@prainc.com



In case you missed an opportunity to see "The Anonymous People"...

The Biggest Online Film Festival Screening Ever! **Panel discussion including filmmaker, Greg Williams to follow @ 5pm on Saturday*

On March 1st, the Hazelden Betty Ford Foundation, a founding partner of the ManyFaces1Voice call-to-action campaign, will host a free online stream of *The Anonymous People* via the Hazelden Social Community: www.hazelden.org/social (You must join the online community to watch, but joining is free).

http://manyfaces1voice.org/online_screening.php



SAMHSA-HRSA **Center for Integrated Health Solutions**

Making Integrated Care Work

NEWS & UPDATES

NATIONAL COUNCIL
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MENTAL HEALTH FIRST AID

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

SHARE    

Resources for the New Integrated Healthcare Workforce

Thursday, March 6, 2pm-3:30pm Eastern/11am-12:30pm Pacific

A strong integrated primary and behavioral healthcare workforce has clearly defined roles, core competencies, tailored staff development trainings, and strategies for recruiting and retaining employees experienced in integrated care.

Join us on **March 6 for a webinar** to discuss the newly released set of core competencies for the integrated workforce, explore a provider's perspective on workforce considerations, and to explore resources related to these competencies. CIHS' workforce resources include job descriptions, workforce training, and recruitment and retention programs.

Takeaways:

- A shared set of competencies needed for team members to excel in their work.
- Understanding of how different team member's competencies contribute to your overall integrated care team's skill set.
- Strategies and trainings to strengthen your integrated care team's knowledge and skills.
- Options for training and professional development to help you recruit and retain team members with the needed competencies.

Presenters: Michael Hoge, The Annapolis Coalition on the Behavioral Health Workforce; Laura Galbreath, SAMHSA-HRSA Center for Integrated Health Solutions; and Kristin Spykerman, Cherry Street Health Services - Heart of the City Health Center

Register today at <http://www.integration.samhsa.gov/about-us/webinars>

Registration is free.

Closed Captioning Available Upon Request

Web: www.integration.samhsa.gov

Email: Integration@thenationalcouncil.org

Phone: 202.684.7457





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BEHAVIORAL HEALTH MUST SAY "YES" TO ACCREDITATION



Linda Rosenberg
President and CEO, National Council for Behavioral Health

I like it when something has more than one use or benefit, whether it's a kitchen implement, a black suit, or a good idea. As we've been thinking about the changes that are underway in healthcare, it occurred to me that the benefits of accreditation are multiplying.

I've always worked in behavioral health organizations that had national accreditation and have had the opportunity to see first-hand the benefits — in terms of establishing expectations for staff and management, setting health and safety standards, supporting quality improvement, and providing the community with confidence in the organization. And I know from member organizations that are accredited that most can't imagine not having accreditation, but for some organizations accreditation is of questionable value.



In an accreditation discussion the question always comes up — if an organization is accredited, will the state authority grant deemed status? Will the state accept national accreditation in lieu of its own inspection process? The discussion more often than not then moves from the issue of deemed status to a discussion of differences between states when it comes to behavioral health policies and regulations. The refrain is — no two states are alike — and accreditation is a uniform set of standards and expected organizational behaviors. Yet as you look from state to state and organization to organization, the issues are the same and the attempted solutions are variations on a few themes.

Changing marketplace dynamics necessitate changes in business strategy. And in this increasingly competitive health world, accreditation brings new benefits. Let me explain. Qualified Health Plans that are being sold through state and federal Marketplaces (we used to call them exchanges) must themselves be accredited by a national accrediting organization and almost all health plans in the commercial and Medicaid space have NCQA accreditation. If your behavioral health organization is considering contracting with a health plan that is accredited by NCQA, having national accreditation could provide you with a competitive advantage.

Here's why ... the NCQA standards for health plans require plans to have a process in place to ensure that staff are properly credentialed to provide services. There is a provision within the standards for provider organizations with external accreditation to be recognized as facilities and to avoid having to credential individual staff members.

On the other hand, when contracting with a provider organization that does not have external accreditation, the health plan is responsible for conducting some type of review to certify that the provider organization has a process for credentialing staff and that requires more work on the part of health plan staff.

So a health plan may never tell you that they require, or even prefer to contract with organizations that are accredited, but there may be differences in the number of referrals that are given, or the size of contracts awarded based on the added complexity of working with organizations that are not accredited.

I've always thought accreditation is a good idea and now the benefits are multiplying. If your organization isn't accredited, it might be time to rethink your position. Let me know what you think. Post your comments here or [contact me](#).



SHARE     

Upcoming Webinars

Successful Partnerships: What Primary Care Needs from Behavioral Health

Date: Monday, March 3, 1:00-2:00 pm ET

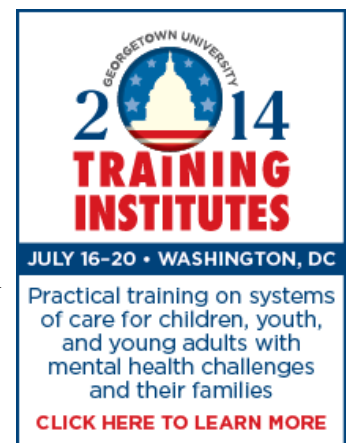
Speakers: *Suzanne Daub, LCSW, Senior Integrated Health Consultant, National Council for Behavioral Health; Andrew Kind-Rubin, PhD., Vice President of Clinical Services and Chief Clinical Officer, Child Guidance Resource Center; Joe Schatz, CRNP/PMH-NP, Behavioral Health Consultant, Chespen*

Register for free at <http://www.thenationalcouncil.org/events-and-training/webinars/>

As integrated healthcare delivery becomes the norm, more FQHCs and health centers are contracting to get specialty behavioral health staff onsite. What opportunities do community behavioral health organizations have to “loan” staff to their healthcare partners? What’s in it for you? What are the clinical protocols? What does primary care expect and how is the culture different? Whose EMRs are the services recorded in? How are they billed? So many questions...For answers, join this webinar offered by professionals from an FQHC and community behavioral health organization that have partnered to deliver quality care and achieve better patient outcomes. A National Council expert shares tips on successful bidirectional partnerships based on years of field experience.

This webinar offers a sneak peek into the robust [Behavioral Health Primary Care Integration track](#) at the National Council for Behavioral Health Conference, May 5 – 7, 2014 in Washington, DC. [Register now](#) for the best on integration and much more.

When you sign up for the webinar, you’ll receive a coupon code to save \$50 off your Conference registration.



Clarifying the Medicare Conditions of Participation for CMHCs

A Joint Webinar by the National Council for Behavioral Health and National Association of State Mental Health Program Directors

Date: Tuesday, March 4, 2:00-3:30pm ET

Speakers: *Mary Rossi-Coajou, Senior Nurse Consultant, Center for Clinical Standards and Quality/Clinical Standards Group, Centers for Medicare and Medicaid Services; Don Howard, Health Insurance Specialist, Center for Clinical Standards and Quality/Survey and Certification Group, Centers for Medicare and Medicaid Services*

Register for free at: <http://www.thenationalcouncil.org/events-and-training/webinars/>



A recently published federal rule from the Centers for Medicare and Medicaid Services (CMS) established, for the first time, conditions of participation (CoP) for organizations that are certified as community mental health centers in Medicare. What does this rule mean for your organization – and what do you have to do to comply? Join this webinar to hear from the CMS staff who wrote the rule.

You’ll learn the details of the CoPs, payment policies, and the certification process.

Behavioral Health Centers of Excellence: The Future of Health

Date: Wednesday, March 5, 2:00-3:00 pm ET

Speaker: Dale Jarvis, Dale Jarvis & Associates

Register for free at <http://www.thenationalcouncil.org/events-and-training/webinars/>

For the past two months, the National Council for Behavioral Health has hosted a behavioral health center of excellence crowdsourcing project on our [Conference 365 blog](#). The [concept paper](#), [biweekly blog posts](#) by Dale Jarvis, and your responses are literally shaping our definition of what behavioral health centers of the future look like.

On March 5, we will host the second webinar of the Behavioral Health Centers of Excellence crowdsourcing project. This roundtable webinar will dig into the project's details and provide an opportunity for you to:

- Learn more about the key elements of a behavioral health center of excellence
- Gain an understanding of how to measure excellence

Add your voice and ideas about increasing the relevance of behavioral health as healthcare reform continues to unfold

SHARE     

Leadership Skill Building Opportunities

The National Council has upcoming opportunities for executives, middle managers, young leaders, and everyone in between. You and your staff can further your skills to better lead your organization in our new healthcare climate.

[Season Leaders at Conference '14](#) (May 4)

If you've been a CEO in the behavioral health field for more than 15 years, this program is for you. The Seasoned Leaders preconference event connects you with your peers for a day of small group discussions to hone your strategic skills. You will discuss negotiation and collaboration tactics with faculty from Harvard's Kennedy School of Government and recharge for the challenges ahead. P

Participation includes backstage access to many of the Conference's general and thought leader sessions. [Application required.](#)

Cost: \$325 (\$375 for non-members)

[Middle Management Academy](#)

The Middle Management Academy is a popular program for new managers, "star" employees, and managers who want to continue building their skills. It instills practical skills that can immediately benefit an organization and its bottom line. Upcoming training opportunities include:

- April 30 – May 3 in Washington, D.C. before the National Council Conference (Participants can attend the Conference for the steeply discounted rate of \$300)
- September 7 – 10 in Lincoln, NE

Cost: \$1,250 (\$1,350 for non-members)

[Young Leaders Program at Conference '14](#) (May 5-7)

The National Council Conference's Young Leaders Program fosters continued success in your rising leaders under the age of 35. This program includes access to the entire Conference at the *significantly* discounted price of \$300 (\$400 for non-members). Young leaders from across the country learn from one another and rub elbows with some of healthcare's biggest names. Participants leverage specialized learning and networking opportunities, making this a can't-miss opportunity for your young staff members.

Cost: \$300 (\$400 for non-members)





THE CARTER CENTER
MENTAL HEALTH PROGRAM

The Rosalynn Carter Fellowships

for Mental Health Journalism

Application Information 2014-2015



The goal of the Rosalynn Carter Fellowships for Mental Health Journalism is to enhance public understanding of mental health issues and combat stigma and discrimination against people with mental illnesses. Working journalists tackle timely and unique topics in the field of mental health.

"Informed journalists can have a significant impact on public understanding of mental health issues, as they shape debate and trends with the words and pictures they convey."

— Rosalynn Carter, Former First Lady of the United States



Online application can be
accessed at the following site:

[www.cartercenter.org/
mhjapplication](http://www.cartercenter.org/mhjapplication)

Inquiries:

info@mentalhealthjournalism.org
(404) 420-5165

We're on:



www.mentalhealthjournalism.org

www.cartercenter.org

What the Fellowships Offer

- **Professional Development:** Fellows come to The Carter Center for training and then work on their projects from their own newsrooms or offices, maintaining complete independence. Fellows participate in advisory groups with mental health and media experts and other fellows that meet quarterly by conference call.
- **Online Community:** Fellows receive access to the Mental Health Media Forum, containing exclusive areas for dialogue with current and former fellows on mental health reporting.
- **Stipends:** Six U.S. fellows are awarded stipends of \$10,000 each. Fellows in Colombia receive a comparable stipend in their own currency.
- **Flexibility:** The fellowships do not require recipients to leave their places of employment; fellows control the schedule of their project work.
- **Unique Projects:** Fellows are encouraged to choose timely topics that may educate the public and/or raise awareness. Use of new and emerging media and multimedia projects are welcomed. Fellowships are tailored to suit the needs, interests, and experiences of each fellow.



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more information

Waging peace. Fighting disease. Building hope.

Important Dates

April 14, 2014

All applications must be submitted online

April 28, 2014

Deadline for letters of recommendation to be submitted online

July 11, 2014

Fellowship recipients announced on the Carter Center website (www.cartercenter.org) at 9 a.m. EDT

September 2014 & 2015

All recipients attend a three-day fellowship meeting in Atlanta, Ga.

2013-2014 Fellows

UNITED STATES

Christie Aschwanden
Independent Journalist
Cedaredge, Colo.

Rick Goldsmith
Independent Filmmaker
Berkeley, Calif.

Jonathan Martin
The Seattle Times
Seattle, Wash.

Naomi Jenise Morgan
The Florida Courier
Riverview, Fla.

Amy Standen

KQED
San Francisco, Calif.

Cindy Uken

The Billings Gazette
Billings, Mont.

COLOMBIA

Silvia Camargo Abello
and **María Cristina**
Castro Pinzón
Semana
Bogotá, Colombia

Fernanda Hernández

Martínez and Paula
Andrea Bedoya
Sánchez

Caracol Televisión
Bogotá, Colombia

ROMANIA

Cosmin Bumbuț
Freelance Photographer
Bucharest, Romania

Elena Stancu

Marie Claire Romania
Bucharest, Romania



DATA SHORTS

Behavioral Health Data and Analysis | February 2014, Vol. 3, Issue 2

Demographics of Adults Served In the Public Mental Health System in FY 2013

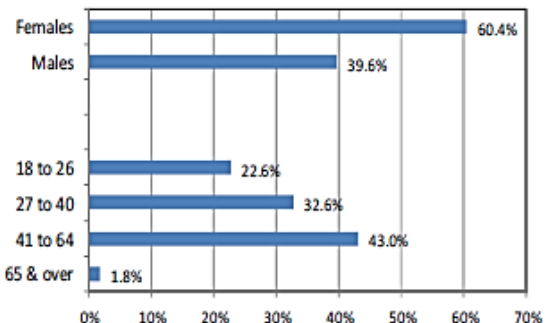
Many changes in Medical Assistance (MA) eligibility occurred on January 1, 2014. Under MA expansion, inpatient and other services provided on hospital grounds are now covered by MA for those consumers who had PAC eligibility. Additionally, the previous rules limiting MA eligibility to individuals who have children or those with a disability have been removed, and new income limits are in place (limits have risen from 113% of the Federal Poverty Level (FPL) to about 139% of the FPL). As a result, it seemed an appropriate time to review the characteristics of consumers in the Public Mental Health System (PMHS) before these changes affect it and to examine how the overall demographics may change as a result of these new policies.

The first graph shows the gender and age of current PMHS adult consumers. Currently, 60% of the adults are women; once the effects of the changes are seen, it seems likely that there will be nearly an equal number of adult men and women in the PMHS. Currently, the greatest percentage of adults falls into the 41 to 64 year old category. The average age of those in the PMHS is slightly under 39 years. While there may be a slight increase in participation of younger adults, the distribution is not likely to change a great deal since it mirrors the composition of the general population.

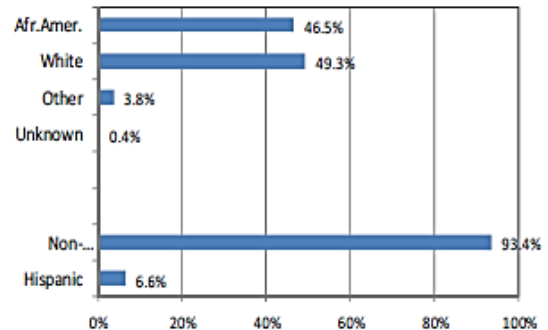
The second graph depicts the race and ethnicity of PMHS participants. White adults currently account for the largest percentage of adults in the PMHS, followed closely by African Americans. There are very few individuals of other races. Adults of Hispanic or Latino origin constitute about 7% of PMHS adults, well below the 12% of the general population as reported in the 2010 census. As with age, it is likely that the changing demographics of the general population will have a greater impact on these distribution than the eligibility changes that have occurred.

The final graph shows the percentage of adults using various PMHS services in FY 2013. Outpatient services have been omitted from the graph; 92.4% of adults in the PMHS receive outpatient services, and including that percentage would have overwhelmed the display. Note that an individual may have received and therefore be included in multiple services during the year, but that the percentage is calculated on an unduplicated count of people across all services, meaning each person is counted only once. Other than outpatient services, the most frequently used are Psychiatric Rehabilitation Program (PRP) services (13.4%), inpatient services (7%), and Residential Rehabilitation Program (RRP) services (4.8%). Slightly more than 3% of adults receive Case Management, ACT/Mobile Treatment services, or Supported Employment services. There is no expectation that the shape of this distribution will change, although, with the addition of many more adults into service, the percentage receiving each of these services may decrease.

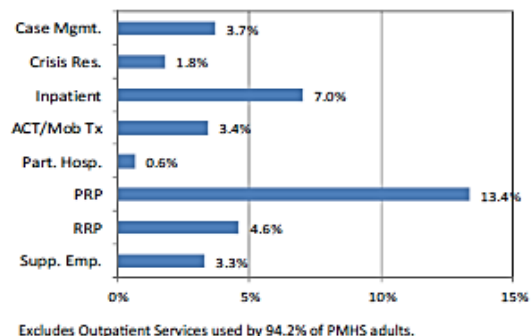
FY 2013 PMHS Adults by Gender and Age



FY 2013 PMHS Adult by Race and Ethnicity



Percentage of Adults Served Using Selected PMHS Services



Conference '14 Speaker, Dr. Thomas Insel, is “Blazing Trails in Brain Science.”

[Home](#) > [Conference 365](#) > [Conference '14 Speaker, Dr. Thomas Insel, is “Blazing Trails in Brain Science.”](#)

February 5, 2014 | [Conference Speakers](#) | [Comments](#)

This article was reposted from the New York Times and written by Benedict Carey.

The police arrived at the house just after breakfast, dressed in full riot gear, and set up a perimeter at the front and back. Not long after, animal rights marchers began filling the street: scores of people, young and old, yelling accusations of murder and abuse, invoking Hitler, as neighbors stepped out onto their porches and stared.

It was 1997, in Decatur, Ga. The demonstrators had clashed with the police that week, at the Yerkes National Primate Research Center at nearby Emory University, but this time, they were paying a personal call — on the house of the center's director, inside with his wife and two teenage children.

“I think it affected the three of them more than it did me, honestly,” said Dr. Thomas R. Insel, shaking his head at the memory. “But the university insisted on moving all of us to a safe place for a few days, to an ‘undisclosed location.’

“I’ll say this. I learned that if you’re going to take a stand, you’re going to make some people really angry — so you’d better believe in what you’re doing, and believe it completely.”



For the past 11 years, Dr. Insel, a 62-year-old brain scientist, has run an equally contentious but far more influential outfit: the National Institute of Mental Health, the world's leading backer of behavioral health research.

The job comes with risk as well as power. Patient groups and scientists continually question the agency's priorities, and politicians occasionally snipe at its decisions. Two previous directors resigned in the wake of inflammatory statements (one on marijuana laws, one comparing urban neighborhoods to jungles), and another stepped down after repeatedly objecting to White House decisions.

Dr. Insel has not merely survived; he is the longest-serving director since Dr. Robert H. Felix, the agency's founder, retired almost a half-century ago. His tenure stretches over three presidencies and, more important, coincides with a top-down overhaul in the substance and direction of behavioral science.

The extent of this remodeling is not widely understood outside scientific circles nor universally appreciated within them. But in recent months, its author has begun to reveal his instincts publicly, in blog posts and speeches. Last summer, he questioned whether people with schizophrenia should remain indefinitely on antipsychotic medications — a shot at accepted medical wisdom.

A few months earlier, he had called out psychiatry's diagnostic encyclopedia, the D.S.M.-5, as “not scientifically valid,” weeks before a new edition was released. Psychiatrists were not happy, and they told him so. Days later, he issued a statement saying that the manual was the best “currently available,” if imperfect.

For anyone with a psychiatric diagnosis, or a family member with one, Dr. Insel's long, twisting career and the convictions it has fostered provide a guided tour through behavior science: where it has been, where it's going and why.

The story is neither predictable nor probable, at least by the standards of Washington officialdom. It is less a tale of perseverance than one of restless curiosity — of ascending the trail by straying off it, repeatedly and without approval.

The Young Doctor

The first time he walked away was from premedical studies.

Dr. H. Herman Insel, an eye surgeon in Dayton, Ohio, and his wife, Ruth, a social worker, were determined that all four of their boys get a medical education, and the first three went fairly smoothly. The last one out of the house, the Eagle Scout who collected insects and snakes and filled the basement with aquariums, was ahead of the program, if anything.

At the age of 15, Tom Insel had entered the prestigious six-year B.A.-M.D. program at Boston University. But two years in, the boy wanted out. He decided it was time to step off the treadmill and see the world.

"My father didn't want me going anywhere, and I was too young to be drafted for Vietnam," Dr. Insel said in a recent interview at his office here. "I told him, 'O.K., so how about I go to Hanoi? They could use some help there.'"

The two reached a compromise, and the son spent six months backpacking around the world, stopping to work in a tuberculosis clinic in Hong Kong and at a mission hospital in Bihar, India. The experiences brought him full circle, back to medicine and to Boston, where he completed the M.D. program in 1974. "I was sure I was going to be a doctor of global health or tropical medicine in some underdeveloped country," he said.

Instead, he found an untamed world closer to home: psychiatry, which in the 1970s was ruled by a cabal of Freudian theorists and lacked a scientific infrastructure. After a graduate course at Stanford, followed by an internship and residency in psychiatry, he landed a position in the mental health institute's in-house research branch, known as the intramural program.

There he embarked on another kind of walkabout, this time studying the effect of an early antidepressant drug in people with obsessive-compulsive disorder. In a series of studies, he and a senior colleague, Dr. Dennis Murphy, showed that the drug soothed people's symptoms within weeks, much faster than standard psychotherapy.

The results had the opposite effect on many old-school psychiatrists. "Obsessive-compulsive neurosis," as it was known then, was a specialty of Freudian analysts, and here was some upstart barely out of school saying he'd discovered a better, faster form of treatment.

He wasn't yet 30 years old. "I don't think it helped that I still looked like I was 17," Dr. Insel said.

The pendulum has swung so far toward drug therapy in recent years that it is hard to recapture how disruptive those 1980s studies were. Dr. Insel's work and that of many others, testing the effect of new medications, would turn the field away from long-term talking cures and increasingly toward medication and short-term behavior therapies rooted in the same kind of randomized, controlled trials conducted in other fields of medicine. (Today, psychiatrists often treat O.C.D. with short-term cognitive therapy, complemented by antidepressant medication.)

Any young investigator at the forefront of such a shift was bound to feel a professional updraft, and Dr. Insel was soon fielding offers from universities trying to build a psychiatric research department.

At an age when most young scientists are scrambling for a foothold, a mentor and a viable project, his path was all but set. He and his wife, Deborah, a writer, had two young children and every reason to grab for longer-term stability.

Instead, they passed. Again, Dr. Insel abandoned course in midstride, taking a year's sabbatical to study basic neuroscience.

"I just wanted to try something else," he said. "I got bored, that's really what it was."

The Biology of Love

He also lost his job.

In 1985, returning to the mental health institute after his year away, he began studying tiny mouselike rodents called voles in an effort to understand the biology of attachment. This project was a long way from O.C.D., and to many others in the field, it seemed like the brain-science equivalent of backpacking to Hanoi.

"No one told me at the time that it was pointless to try to reduce a complex social behavior like pair bonding to neural biology, so I didn't know any better," Dr. Insel said. "I just assumed we could do it and started looking for the best model."

He settled on voles for a good reason. One species, the prairie vole, is monogamous; it forms long-term pair bonds after mating. Another, the montane vole, is polygamous; it mates and moves on. The two species are closely related, so the difference in their behavior might be rooted in some discrete neural process that could be isolated, Dr. Insel argued.

In a series of studies in the late 1980s and early 1990s, his team showed just that: Injections of a protein called vasopressin induced monogamous bonding in male prairie voles even when the animals didn't mate. Likewise, blocking the action of the

protein prevented the post-mating bond that usually formed. Injections of the hormone oxytocin prompted similar bonding instincts in female prairie voles.

In a paper published in the journal *Nature* in 1993, Dr. Insel's group reported that vasopressin is "both necessary and sufficient for selective aggression and partner preference formation, two critical features of pair bonding in the monogamous prairie vole."

The paper was widely reported, and again put the mental health institute in the vanguard of a new area of research. But the agency was changing emphasis, phasing out its research into social behaviors. Dr. Michael Brownstein, the scientific director at the time, politely instructed his young research star to find another project — or another job. (The two are now good friends.)

He chose Door No. 2, and it took all of three months. Emory University was looking to replace the director of the Yerkes primate center, who was about to retire, and Dr. Insel was at the top of their list. He had already run a lab, as chief of the neurobiology division of the mental health institute, and his work with voles would diversify Yerkes's portfolio, which then was focused on studying H.I.V. in primates.

He packed up his family and his voles, and moved south. "Acclaimed Researcher to Head Yerkes Center," read the headline in *The Atlanta Journal-Constitution* on Aug. 20, 1994, the day the hiring was announced. "All I know is I had to go out and buy my first tie," is how Dr. Insel tells it.

He quickly expanded rodent research at the center and also deepened his own work on the biology of attachment, with the help of an Emory postdoctoral student, Larry Young, who has since extended the research on his own. The work with voles effectively scotched the assumption that a complex behavior could not be reduced to brain biology. Oxytocin and vasopressin are now a focus of intense interest as possible modulators of social behaviors in other species, though the effects of such proteins are still a matter of debate.

His necktie came in handy at Yerkes. Between the march on his home in Decatur and other crises, the "psychiatrist who became a bench scientist," as he has described himself, took on yet another role: He became a public official.

He was comfortable in front of audiences, relaxed with the news media, and willing to see at-home protests as part of the job, nothing to lose sleep over. The precociousness was long gone. By 2000, he had some well-tailored suits to go with his ties, a commanding view over his field, and some strong beliefs about how to improve its infrastructure.

All of which made him "the natural choice" for the mental health institute's director, in the words of Dr. Elias Zerhouni, then director of National Institutes of Health who hired him for the job in 2002, citing his "ability to communicate a compelling vision for mental health research, his outstanding scientific record, and his proven leadership skills."

The Path Ahead

In one way, it was a homecoming, a return to Washington and to the National Institute of Mental Health, where he'd made a name for himself. In a more consequential sense, however, Dr. Insel's arrival as director signaled yet another departure, this one far larger than just about anyone could have anticipated. Dr. Insel has sharply shifted the agency's focus — to basic neuroscience and genetics, at the expense of the very type of behavioral research he himself had once done. That change has generated a mix of optimism and outrage.

"I met Tom when he came in, and my expectations were low," said Dr. E. Fuller Torrey, of the Stanley Medical Research Institute, a nonprofit supporting research in schizophrenia and bipolar disorder, and a longtime critic of the mental health institute. "He was a bench scientist, and I frankly doubted that he had the political skills to be an effective director or had a strong commitment to serious mental illness.

"I was wrong on both counts. I think he's the best director we've had."

Others strongly disagree. "Instead of being an institute of mental health, he has made it almost exclusively a brain research institute," Dr. Allen Frances, an emeritus professor of psychiatry at Duke and the author of the book "Saving Normal," wrote in an email. "N.I.M.H. is betting the house on the long shot that neuroscience will come up with answers to help people with serious mental illness." He added, "It does little or no psychosocial or health services research that might relieve the current suffering of patients."

Dr. Insel says the agency does in fact support some psychosocial research — testing new services for people with schizophrenia, for instance — but does not deny that its primary mission is biological. Still, he has generally been spared such sharp public criticism, perhaps because many have confused a reflexively earnest good nature with an easily compromising one.

"He's been able to use the bully pulpit without being a bully, without being offensive," said Dr. Steven E. Hyman of the Broad Institute at M.I.T. and Harvard. Dr. Hyman was Dr. Insel's predecessor as director of the mental health institute; the two share most scientific instincts and speak regularly.

"It's not something I was particularly good at," he went on. "They kept giving me media training, and it never stuck."

That open-minded nature can mask two stubborn convictions. One is that the previous generation of biological research in psychiatry has been largely a disappointment, both in advancing basic science and in improving lives.

Yes, the revolution in pharmacology (in which he played a role) gave doctors more drugs to use, allowing millions of people to reduce their symptoms. Yet the overall impact of this drug revolution on public health has been mixed, and decades of research on the drugs' mechanisms — on serotonin, for example, the target of antidepressant drugs like Prozac — has taught scientists nothing about the causes of mental illness.

The same is true of most research using "animal models," in which scientists try to create psychiatric problems in animals and study them.

"We've had this huge increase in the use of all interventions, a 250 percent increase in use of antipsychotics, without any change in the morbidity or mortality in people with mental disorders; it hasn't budged," Dr. Insel said. "If that were the case for cancer, there'd be an outcry for more research, money and new priorities."

In a blog post in August, he questioned the wisdom of long-term drug treatment for people with schizophrenia, writing, "We need to ask whether in the long term some individuals with a history of psychosis may do better off medication." The post became an overnight sensation among patient advocates who had been making the same case for decades.

His second stubborn conviction is that the only way to build a real psychiatric science is from first principles — from genes and brain biology, as opposed to identifying symptom clusters. Some of the mental health institute's largest outlays under Dr. Insel have been to support projects that, biologically speaking, are like mapping the ocean floor.

One is the Psychiatric Genomics Consortium, a far-flung group of top research centers that share data and analysis, based at the lab of Dr. Patrick F. Sullivan at the University of North Carolina. The other is the Human Connectome Project, a \$40 million, five-year program to build a baseline database for brain structure and activity using M.R.I. imaging.

In April, when in a blog post Dr. Insel wrote that the D.S.M.-5, was "at best a dictionary" and lacked scientific validity, he wasn't exaggerating for effect. He had to qualify his comments because he doesn't yet have a replacement. But he is determined to remake psychiatric diagnosis entirely and has set up an alternative framework for doing so, called the Research Domain Criteria — RDoC, for short — to be built from the ground up, on genetic findings.

"My philosophy is really based on humility," he said. "I don't think we know enough to fix either diagnostics or therapeutics. The future of psychiatry is clinical neuroscience, based on a much deeper understanding of the brain."

That future may feel too far away for many patients, as well as many scientists. But this is one path Dr. Insel is not likely to wander from, no matter who disapproves.



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