MID-SHORE BEHAVIORAL HEALTH WEEKLY NEWSLETTER

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

Volume 4, Issue 51

Paulo Gregory Harris, Director of the Ingoma Foundation; Co-Lead Backbone for theCONNECT Network

Saving Maryland's Youth from Disconnection, Incarceration, Homelessness and Hunger

By Natasha Mehu, Maryland Association of Counties

At the MACo Winter Conference session, *Maryland's Disconnected Youth: The Impact of Jails, Jobs, Homelessness and Hunger*, attendees learned about the impact of these issues across the state and how state and local programs are providing programs to help.

Arlene Lee, the Executive Director of Governor's Office for Children (GOC), started the panel off with an overview of the GOC's four strategic goals to improve the well-being of children in Maryland: (1) reducing the impact of parental incarceration on children, families and communities (2) improving outcomes for disconnected youth; (3) reducing homelessness, and (4) reducing hunger. Lee shared a number of facts and statistics highlighting the impact of these issues. For instance, the number of homeless youth (between the ages of 14-15) who are not in the custody of a parent or guardian has increased by 75% since 2009. Additionally it is estimated that on any given day approximately 90,000 children in Maryland have a parent under some form of correctional supervision. Lee concluded by emphasizing the importance of a collaborative effort between the State and locals to address these issues. As part of the Governor's vision for *Economic Opportunity for All Marylanders*, the GOC will be working to focus on these four strategic goals, compile a catalog of all relevant state and local programs, and work with local management boards to provide funding to address one or more of these areas.

Next Rota Knott the Director for the Somerset County Local Management Board presented. Knott reviewed the findings of the county's recent local needs assessment which found that Somerset County's top needs were substance abuse, youth unemployment, juvenile recidivism, and child poverty. Over 700 county residents are impacted by incarceration, 800 youth are considered disconnected, and the poverty rate is 38% compared to 14% statewide. Knott then used those findings to bridge into how Somerset's local management board is addressing those issues in connection with the GOC's goals. Somerset County has a few programs that are working together to address the issue of disconnected youth and incarceration as these populations within the county often overlap. The Children of Prisoners Empowered program is a tri-county, cross-sector (government, law enforcement, mental health and substance abuse providers etc.) program that provides support for children with incarcerated parents and helps those parents during the reentry process. Another program, Safeguarding Children of Arrested Parents, is a collaborative effort with law enforcement to help mitigate trauma of arresting parents while children are present and to provide the families with follow up resources and connection to services after arrest. The county is also working on an online resource directory and a bridge program that helps youth access college. Knott also presented on a college and career access program, another collaborative effort, that helps not just the incarcerated population but all disconnected youth access GED, college and career readiness programs.

Paulo Gregory Harris, the Director of the Ingoma Foundation and Co-Lead Backbone for theCONNECT Network rounded out the panel's presentations. Harris discussed the CONNECT, Baltimore City's Youth Opportunity Network, a collaborative effort of over 60 organizations to reconnect out-of-school and out-of-work youth back into the economic life of Baltimore. The program developed from a planning grant to look at how to connect the City's youth to education and employment. They found that the youth often faced unique challenges navigating daily life in the City which helped them develop "hustle skills" to get what they need, when they didn't have the resources to get what they needed. So an additional goal was added to create entrepreneurship opportunities and to help tap into their capacity for ingenuity. The program offers the youth fellows a linked network with pathway navigators, likened to super caseworkers, that are trained to work together and to support the youth going through the program. There is peer support from fellows who have gone through the program to help provide guidance. The program also provides direct linkage to employers and opportunities. For instance the program works with the Mayor's fellowship to get youth placed into part-time, paying jobs at city agencies. In large part, Harris stressed the program's the comprehensive, collaborative and on-going approach to providing youth with the skills, support and guidance to overcome barriers to success.

The session was moderated by Senator Kathy Klausemeier, who represents District 8, Baltimore County, and serves on the Senate Finance Committee. The session was held from 2:15 pm – 3:15 pm on Thursday, December 10, 2015 at the Hyatt Regency Chesapeake Bay Hotel in Cambridge, Maryland.

Mid-Shore Mental Health Systems, Inc.	28578 Mary's Court, Suite 1 Easton, MD 21601	Phone: (410) 770 – 4801 Fax: (410) 770 – 4809	Visit Our Website: www.msmhs.org	"Like" us on Facebook:	Follow us on Pinterest:

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The Mid-Shore Behavioral Health Coalition presents…

The 2016 Annual Behavioral Health Legislative Forum

Join your local legislators and behavioral health organizations of the Mid-Shore for an evening of networking and a panel discussion focusing on all topics related to behavioral health. Coffee and sweet treats available throughout the evening.

Tuesday, January 5th

6:00pm-8:00pm

Talbot County Community Center

Wye Oak Room
10028 Ocean Gateway
Easton, MD 21601

This event is FREE and open to the public.

Seating is limited. RSVP is appreciated, but not required to attend.
Please R.S.V.P to ehorney@msmhs.org or by calling 410-770-4801.

Free T-Shirt!

THE FIRST 50 PEOPLE WHO WALK THROUGH THE DOOR WILL RECEIVE A FREE ANTI-STIGMA T-SHIRT!

ALL LOCAL LEGISLATIVE OFFICIALS HAVE BEEN INVITED TO PARTICIPATE:

36th District

Senator Stephen Hershey

Delegate Jay Jacobs

Delegate Steven Arentz

Delegate Jeffrey Ghrist

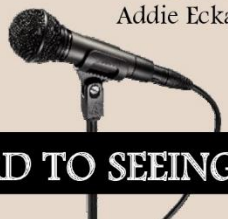
37th District

Senator Addie Eckardt

Delegate Johnny Mautz

Delegate Chris Adams

Delegate Sheree Sample-Hughes



WE LOOK FORWARD TO SEEING YOU THERE!

Mental Health First Aid: Military Members, Veterans, and their Families

January 18, 2016 from 0900hrs – 1730hrs

American Legion Talbot Post 70

29511 Canvasback Dr

Easton, MD 21601

Lunch provided

Individuals trained in Mental Health First Aid can help to:

- Break down the stigma associated with mental illness like anxiety, depression, post-traumatic stress disorder (PTSD), schizophrenia, bipolar disorder, and substance use disorders
- Reach out to those who suffer in silence, reluctant to seek help
- Let veterans know that support is available in their community
- Provide community resource information
- Make mental healthcare and treatment accessible to thousands in need

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Key components of the module for military members, veterans and their families include:

- A discussion of military culture and its relevance to the topic of mental health
- A discussion of the specific risk factors faced by many service members and their families such as trauma, both mental and physical, stress, separation, etc.
- Applying the ALGEE action plan in a number of scenarios designed specifically for service members, their families and those that support them
- A review of common mental health resources for service members, their families and those who support them

With grant funding from the Leonard and Helen R. Stulman Charitable Foundation, this program is being offered at a cost of only $15.00 per participant, which pays for the training manual.

For more information or to register for this course, please call the Mental Health Association in Talbot County at 410-822-0444 or email dmurphy@mhamdes.org.

"BEHAVIORAL HEALTH"

A Maryland State E.A.R.N. Grant-sponsored course

Free 6 week training in behavioral health!!!

- **Free enrollment is limited**
- **Six week session**
- **Enhance job skills and performance**
- **Mental Health First Aid Certification**

This continuing education program has been approved for: 44 contact hours of Category I for Social Workers, 44 hours of Category A for Psychologists, and 44 continuing education units for Licensed Professional Counselors & Therapists

Chesapeake College, Wye Mills, HPAC-143

8:00am – 4:30pm Thursdays, January 21 – February 18, 2016
8:00am – 12:00pm, February 25, 2016

Topics include:

- Motivational Interviewing concepts to be able to work with people who are experiencing symptoms of mental illness/addiction and cognitive or behavioral issues.
- Signs and symptoms of mental illness and substance use disorders
- Communication; Elements of informed choice, Informed decision making: and Challenging coercive language
- Certification in Adult Mental Health First Aid

For more information please contact Karen Bailor at:
Email: kbailor@chesapeake.edu
Phone: 410-820-5400, ext. 2704

This course is made possible by an Employment Advancement Right Now (EARN) grant awarded to the Eastern Shore Area Health Education Center by the Maryland Department

STAND UP

for the more than 1 million Marylanders who live with a mental health or substance use issue. Join us, and make your voice heard. Keep the Door Open!

@ LAWYERS MALL IN ANNAPOLIS

KEEP THE DOOR OPEN MD
Behavioral Health Coalition

#keepthedooropenmd | www.KeepTheDoorOpenMd.org

MentalHealthChannel
CHANGING MINDS

What is the Mental Health Channel?

It's a channel like you'd see on cable, but on the web. This is where all TV is headed. We thought we'd get here first.

Why MHC?

Because everyone can benefit from better mental health.

What's Our Mission?

Create engaging, enlightening, informative programming, commercial free, to help all viewers improve their mental health.

83 EPISODES NOW ONLINE

Browse all MHC episodes or view them by these topics:

- addiction / substance abuse
- adults
- anxiety / panic
- bipolar
- children
- comedy
- community
- depression
- eating disorder
- experts
- families
- LGBT issues
- psychosis
- research
- schizophrenia
- seniors
- suicide
- teens / young adults
- trauma / PTS
- veterans
- wellness

DISCLAIMER

All content on the Mental Health Channel is for information purposes only. It is not and should not be considered medical advice.

Do not make treatment decisions based on information you see on the site. Instead, seek help from a doctor or trained counselor. If you are having a mental health emergency, call 9-1-1.

Mental health is a broad and complex subject, and you will find diverse and at times conflicting opinions here, from many sources and interviewees — some trained and others not. These views do not represent the opinions of the Mental Health Channel or our affiliates, partners or funders.

MHC videos are not and should not be considered an endorsement of any medicine, product, treatment regimen, doctor, therapist or expert.

PROVIDER ALERT

METHADONE REBUNDLING FEEDBACK REQUESTED

DECEMBER 15, 2015

Maryland Medicaid is proposing a re-bundling plan for methadone reimbursement rates. The goal of this program is to address the practical needs of providers and participants and create flexibility in the administration of Methadone maintenance.

Briefly, the Department is proposing to reduce the weekly bundled rate from $ 80 per week to $ 42 per week for a bundled service that includes specific deliverables and includes a minimum of a once a month face-to-face session. The re-bundled weekly rate would also add the ability for OTP programs to separately provide and bill for outpatient counseling Level 1 services (H0004 and H0005). The proposal is designed to offer flexibility to OTP treatment providers to continue to receive payment for the bundled services while an individual requires higher levels of counseling outside of what the OTP provider delivers. Additionally the proposal creates an effective way to manage guest dosing. For additional information and important details, please review the proposal that is attached to this letter in full.

The Department is interested in your feedback. After reviewing the proposal, please send comments and suggestions to: dhmh.medicaidsud@maryland.gov.

The Department will accept suggestions through 1/10/2016.

Following the close of this informal comment period, the Department will further evaluate the plan, draft our State plan Amendment, and will submit regulation changes in Mid-February, following the regulatory process. The Department recognizes the time and commitment of staff and stakeholders in developing this proposal and has the goal of implementing the changes before Summer of 2016.

Methadone Re-bundling Proposal

December 14, 2015

Executive Summary

The Behavioral Health Unit proposes re-bundling the methadone reimbursement rates to include a $42 per week per patient bundle for methadone maintenance, and the ability for Opioid Treatment Programs (OTP) to bill, in addition to alcohol and/ or drug assessment (H0001), for outpatient counseling (H0004 and H0005) separately, as clinically necessary.

The goal of this program is to address the practical needs of providers and participants and create flexibility in the administration of Methadone maintenance and the provision of counseling services. This proposal aims to strengthen continuity of care across the substance use disorder service spectrum. The re-bundled weekly rate will allow providers to bill for the outpatient counseling services provided by an OTP but also allow participants to continue receiving their methadone when they need to attend more intensive levels of treatment, such as treatment in an intensive outpatient program. This change will also enable the Department to address the needs of participants requiring temporary dosing at their non-OTP home site (guest dosing) and creates a mechanism of payment for providers whose participants are clinically appropriate to receive take home medication.

Current Methadone Reimbursement

Currently Maryland Medicaid reimburses OTPs for methadone maintenance at a bundled weekly rate of $80. According to COMAR 10.09.80.05.E, this bundle includes a comprehensive substance use disorder assessment; an individualized treatment plan; methadone dosing; substance use disorder and related counseling; medical services; ordering and administering drugs; and discharge planning.

Proposed OTP Methadone Reimbursement

OTP providers will continue to bill the current reimbursement code for methadone maintenance (H0020). This code will be adjusted to be a weekly bundled rate of $42 per week per participant, to cover the following:

- Medical plan of care
- Once a month face to face meeting
- Methadone dosing
- Initial medical service (evaluation and ordering of Methadone)

- Nursing services related to dispensing methadone
- Ordering and administering drugs
- Point of care toxicology testing (G0434)
- Transitional Care Coordination

Counseling services may be billed in addition to the bundled rates and the H0001 Alcohol and/or Drug Assessment code. OTPs that are certified to deliver level 1 counseling may choose to bill H0004 and H0005 procedure codes for individual and group counseling respectively. In this plan OTPs will be compliant with 42 CFR 8.12 by having the capacity to bill counseling codes.

In order to bill for IOP level of care an OTP provider (Medicaid Provider Type 32) must obtain credentialing from the appropriate credentialing agency. The OTP providers that are certified to deliver IOP level of care would then need to register with Medicaid as a Provider Type 50 in order to obtain authorization and claims payment for IOP services.

Under this plan, OTP providers who are qualified to provide higher levels of counseling will have the ability to be reimbursed for doing so. OTP providers who do not have the credentials to provide higher levels of counseling, will still be able to refer participants out to other providers and be reimbursed for the methadone maintenance services they are providing. These changes will allow for better continuity of care for patients needing higher level counseling services.

Guest Dosing

When a patient needs to receive methadone treatment at an OTP other than the one they regularly attend, they may need a guest dose from another OTP. Currently, there is no authorization for Maryland Medicaid to pay the guest OTP treatment site. Under this proposal the Department would authorize payment of $ 3.00 per day to the provider delivering the guest dosing assuming coordination with the "home" provider to ensure correct dosing and avoid duplicative dosing.

Under this proposal the home provider will receive the weekly rate and the guest dosing provider will receive the $ 3.00 per day rate (only for days medication is managed by the guest dosing agency).

Participants will be allowed up to 30 days of guest dosing per year, with the ability for their home provider to request additional units for special circumstances through a clinical review. It will be the responsibility of the guest provider to be in touch with the home provider in order to receive information about dosing and ensure that the home provider is not dosing while the guest provider is.

Guest providers will bill H0020 with a modifier that will mark the claim for the reduced guest dosing reimbursement amount of $3 per day.

Face to Face Requirements

According to federal regulations 42 CFR 8.12, the maximum time allowed for take home methadone treatment is for 31 days. This means all patients must be seen at least once a month for medication management.

OTPs are required to update the individualized treatment plan according to state regulations every 90 days via a face to face evaluation (COMAR 10.47.02.04; 10.47.02.11). However, if a patient at an OTP is receiving take home methadone treatment and has been stable for one year, the treatment plan may be updated every 180 days.

Proposed OTP Buprenorphine Reimbursement

Similar to the proposed methadone reimbursement plan, OTP providers will continue to bill the current reimbursement code for buprenorphine maintenance (H0047). However, this code will be reduced to be a bundled rate of $35.00 per week per patient, to cover the following:

- Medical plan of care
- Once a month face to face meeting
- Buprenorphine dosing
- Initial medical service (evaluation and ordering of Buprenorphine)
- Nursing services related to dispensing
- Ordering and administering drugs
- Point of care toxicology testing (G0434)
- Transitional Care Coordination

The reimbursement rate for buprenorphine inductions will remain the same (H0016 $200.00); as will the reimbursement rate for buprenorphine itself when purchased and administered by the OTP (J8499 $7.43 per 8mg or J8499 $4.15 per 2mg).

3/4 of high school heroin users started with prescription opioids

Nearly 25% high school seniors who misused prescription opioids more than 40 times, also used heroin

Date: December 3, 2015
Source: New York University

Nonmedical use of prescription opioids (a.k.a.: pain-killers, narcotics) such as Vicodin, Percocet, and Oxycontin has become increasingly problematic in recent years with increases nation-wide in overdoses, hospital treatment admissions, and deaths. Use also appears to be contributing to heroin initiation, which has increased in recent years, as the demographics of users are shifting. Those previously at low risk -- women, whites, and individuals of higher income -- are now using at unprecedented rates.

A recent study, published in *Drug and Alcohol Dependence* by Joseph J. Palamar, PhD, MPH, an affiliate of the Center for Drug Use and HIV Research (CDUHR) and an assistant professor of Population Health at NYU Langone Medical Center (NYULMC), is among the first nationally representative studies in the US to examine the linkages between nonmedical use of opioids and heroin in high school seniors. The researchers examined associations between frequency and recency of nonmedical use of opioids and heroin. Sociodemographic correlates of use of each drug were also examined.

"12.4% of students reported lifetime nonmedical opioid use and 1.2% reported lifetime heroin use," said Dr. Palamar. "As frequency of lifetime opioid use increased, so too did the odds for reporting heroin use, with over three-quarters of heroin users reporting lifetime nonmedical opioid use. More frequent and more recent nonmedical opioid use was associated with increased odds for reporting heroin use."

The study, 'Nonmedical Opioid Use and Heroin Use in a Nationally Representative Sample of US High School Seniors,' used data from Monitoring the Future (MTF), a nationwide ongoing annual study of the behaviors, attitudes, and values of American secondary school students. The MTF survey is administered in approximately 130 public and private schools throughout 48 states in the US. Roughly 15,000 high school seniors are assessed annually. The study utilized MTF responses (N = 67,822) from 2009-2013.

Recent (last 30-day) opioid use was also a robust risk factor for heroin use. Almost a quarter (23.2%) of students who reported using opioids >40 times reported lifetime heroin use. Females and students residing with two parents were consistently at low odds for reporting use of opioids and heroin; black and Hispanic students were less likely to report opioid or heroin use than white students.

"Interestingly, said, co-author Pedro Mateu-Gelabert, PhD, a principal investigator with CDUHR, "while we found that black and Hispanic students were at low risk for both opioid and heroin use generally, black and Hispanic students were more likely to use heroin without first using opioids in a nonmedical manner. This suggests that it is primarily the white students who may be transitioning from pill use to heroin."

The researchers note that future interventions should be aimed at decreasing nonmedical opioid use among adolescents and young adults in order to prevent initiation of heroin use.

"The importance and urgency of the need for prevention, treatment, and intervention cannot be emphasized enough," said Dr. Mateu-Gelabert. "Governmental officials at the local, state and federal agencies such as Health and Human Services (HHS) and now the Food and Drug Administration (FDA), are all desperately trying to stem the unprecedented rise in drug overdose deaths, which are now the leading cause of injury death in the U.S."

"Any nonmedical use of opioids can be risky, but special attention needs to be given to adolescents who use more frequently," stressed Dr. Palamar.

Dr. Palamar goes on to point out that a good number of teens are not educated about prescription opioids. Teens may think they're safe because they're government approved, pharmaceutical grade, and easily found in their parents' medicine cabinet.

"A teen may take an Oxy a couple of times and remain unscathed," he said. "But a lot of teens don't realize these pills can be physically addicting. A lot of teens don't trust warnings about the harm prescription opioids can cause because they're taught that using any drug -- even marijuana -- even once -- will ruin their life forever."

The researchers emphasize that nonmedical opioid use can and does place teens at serious risk -- for accidental overdose and for dependence.

"Teens experimenting with pills need to look at all of these people around them becoming addicted to--and dying from heroin," says Dr. Palamar. "Most of these people started on pills and felt they had no choice but to move onto heroin. Targeting this group may prevent future heroin initiation, and decrease the troubling trend nation-wide in opiate-related deaths."

Story Source:
The above post is reprinted from materials provided by **New York University**. *Note: Materials may be edited for content and length.*

Cite This Page:
New York University. "3/4 of high school heroin users started with prescription opioids: Nearly 25% high school seniors who misused prescription opioids more than 40 times, also used heroin." ScienceDaily. ScienceDaily, 3 December 2015.

NAMI National Alliance on Mental Illness E-News Policy ★ Advocacy ★ Action

NAMI Applauds Agreement on the 2016 Budget Bill

NAMI Executive Director Mary Giliberti today praised the House and Senate for their work in reaching agreement on the federal budget bill for 2016.

"This bill clearly demonstrates recognition by the Committee that wise investments in mental health services and research benefit people with mental illness, families, and the nation as a whole," Giliberti stated. "We are particularly grateful for the agreement's increased funding for early intervention in the treatment of psychosis, funding for research at the National Institute for Mental Health, and investments in vital services and supports that can prevent negative consequences such as homelessness and incarceration. NAMI is grateful for the efforts of key bipartisan leaders in Congress in bringing about these important investments including Senators Roy Blunt (R-MO) and Patty Murray (D-WA) and Representatives Tom Cole (R-OK) and Rosa DeLauro (D-CT)."

The budget bill includes a number of important provisions including:

- An increase of $50 million for the State Mental Health Block Grant program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), with 10% of these funds designated as a "set aside" for funding early intervention programs for people with serious mental illness, an increase from the current 5% set-aside. NAMI, in partnership with the National Institute of Mental Health (NIMH), held a Congressional briefing in October to focus attention on the promise of First Episode Psychosis (FEP) programs such as those established through the *NIMH Recovery After an Initial Schizophrenia Episode (RAISE)* initiative and to ask Congress for this increase in funding. These programs in research sites across the country showed positive outcomes in reducing disability and fostering recovery.

- An increase of $85.4 million in funding for biomedical and services research at NIMH. Total funding for NIMH in FY 2016 will be increased to $1,548,390,000, a vital investment in research to advance understanding of the causes of mental illness and to identify new treatments for these conditions.

- An increase of $1.5 million for Criminal Justice/Mental Health Collaboration grants funded through the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) program administered by the U.S. Department of Justice. This program, whose total funding will be $10 million in fiscal year 2016, provides vital grants to states and communities to support jail diversion, mental health courts, law enforcement training, and community reentry programs for people with mental illness and co-occurring substance use disorders involved with criminal justice systems.

The bill also provides $15 million for a new Assisted Outpatient Treatment (AOT) pilot program through SAMHSA. NAMI will be encouraging SAMHSA to focus on funding projects modeled after San Francisco's new AOT program that include a significant outreach and engagement component prior to AOT or if an AOT order is necessary, to assist and empower people under AOT orders to realize their personal goals and achieve better outcomes.

SAMHSA

New Publications

TAP 21: Addiction Counseling Competencies
Provides guidelines to enhance the competencies of substance abuse treatment counselors. Discusses patient assessment and screening, treatment planning, referral, service coordination, counseling, family and community education, and cultural competency.

TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women
Assists treatment providers in offering treatment to adult women with substance use disorders. Reviews gender-specific research and best practices, such as common patterns of initiation of substance use among women and specific treatment issues and strategies.

TIP 55: Behavioral Health Services for People Who Are Homeless
Equips those who provide services to people who are homeless or at risk of homelessness and who need or are in substance abuse or mental illness treatment with guidelines to support their care. Discusses prevention and treatment as part of integrated care.

TIP 59: Improving Cultural Competence
Assists professional care providers and administrators in understanding the role of culture in the delivery of substance abuse and mental health services. Discusses racial, ethnic, and cultural considerations and the core elements of cultural competence.

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS

Strengths-Based Supervisory Skills for Integrated Care Success

Tuesday, December 22, 3:00-4:30 pm Eastern/12:00-1:30 pm Pacific

Register for free at: https://goto.webcasts.com/starthere.jsp?ei=1086371

Employees don't leave bad jobs, employees leave bad managers. The interdisciplinary, cross-function team is what defines integrated primary and behavioral health care, and your role as a leader on the team is critical to overall success of your integrated care program. Take the time to gain a better understanding of your personal strengths and key areas for continued growth as a leader of the most important behavioral health and primary care team – yours.

Join this webinar to hear from two professionals with significant experience leading integrated care teams in safety-net primary care providers. They'll help you build your confidence as a supervisor and as a leader by sharing the skills you need to improve team communication, patient care and team effectiveness. Learn strategies to help you partner with your diverse team of employees to develop shared expectations, elicit needs and enhance their autonomy. Come prepared with your questions and challenges as a supervisor and join in on the robust discussion of what it really takes to lead an effective integrated care team.

Already have a burning question? Send it to Nick Szubiak in advance of the webinar and we may be able to work it into the presentation.

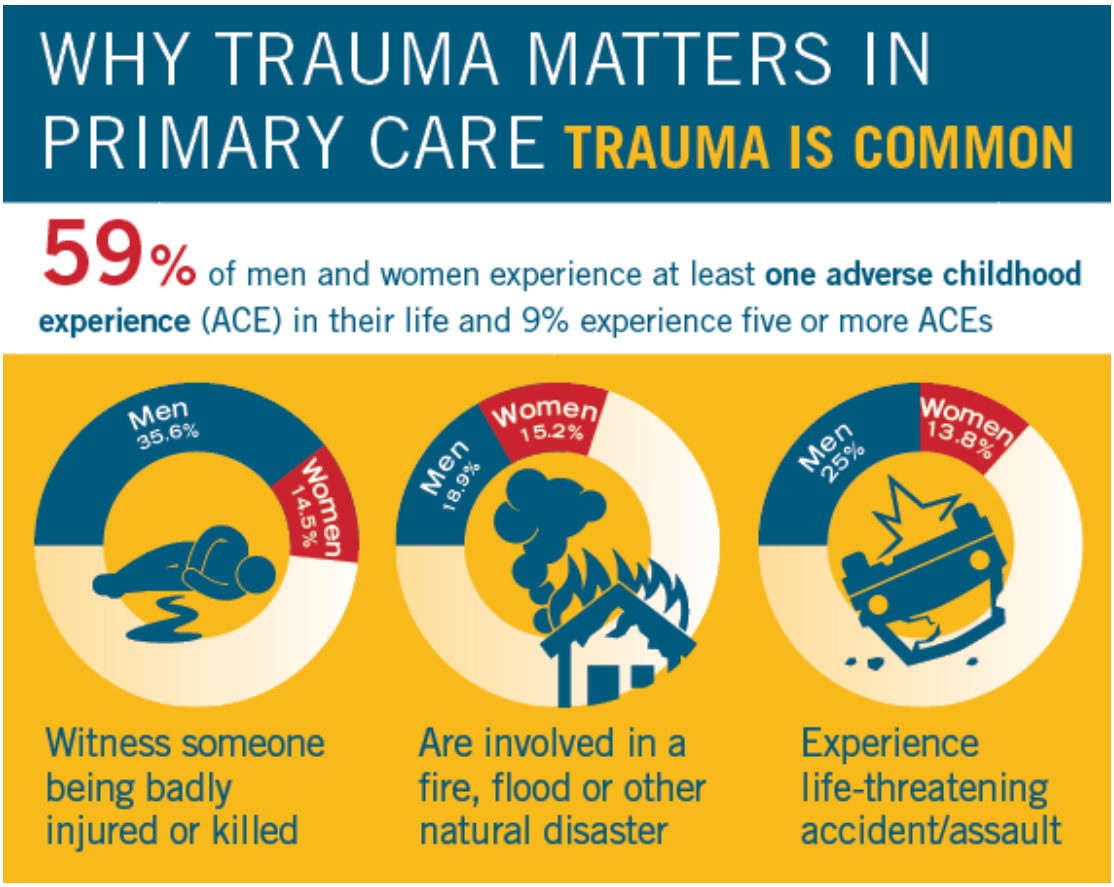
Closed Captioning Available Upon Request

Register Today →

SAMHSA HRSA Health Resources & Services Administration

integration.samhsa.gov
integration@thenationalcouncil.org
202.684.7457

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) provides tailored training and technical assistance to SAMHSA's PBHCI grantees, HRSA Behavioral Health Integration grantees, and SAMHSA's MAI-CoC grantees. Let us know how we can help you. No request is too big or too small. Contact us at Integration@TheNationalCouncil.org or 202-684-7457.



Think trauma is rare? That it only happens to someone else? It's more common than you think.

More than half of all people – 59% of men, women and children — experience traumatic events in their life. And the effects are extensive — affecting emotional and physical health.

Given that there are more than 506 million visits to primary care providers annually, it's no surprise that these settings are crucial to identifying and being sensitive to trauma.

View and share our new infographic, Why Trauma Matters In Primary Care, developed as part of the National Council and Kaiser Permanente's Trauma-informed Primary Care Initiative.

Please also share on Twitter and Facebook to help get the word out.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

At a time when more Americans with a mental illness or addiction reside in jails and prisons than in health care institutions, it is clear that change is necessary.

The Excellence in Mental Health Act will feed crucial funding into addiction and mental health care, making it possible to shift the burden of care from the criminal justice system to service providers who are exponentially better equipped to treat these health problems and get people into recovery.

It's time for behavioral health systems and correctional systems to join forces as partners to help change this.

On Tuesday, December 8, lawmakers, behavioral health professionals and corrections officials from across the country gathered at a symposium in Washington, D.C. to discuss opportunities the Excellence Act creates for our criminal justice system. The panelists agreed: behavioral health reform can prevent inmates from ending up in jail in the first place—and can keep them from falling through the cracks when they return to their communities upon release.

Let's support behavioral health care for those with mental illness and addictions in our communities—before they're put in jail.

Read more in my commentary on The Huffington Post.

Sincerely,

Linda Rosenberg, President and CEO
National Council for Behavioral Health

Weekly Inspiration