

WEEKLY NEWSLETTER

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



Volume 4, Issue 46

MENTAL HEALTH FOR ATHLETES: 6 WAYS TO REDUCE STIGMA IN SPORT

By: Jeff Grace | Swim Swam | November 12, 2015

"I am challenged with Bipolar II disorder."

For years that statement scared me – a lot. I wanted to be an advocate, but because of the fear of how people would react when I disclosed my illness, my struggles with remained a secret. I kept it hidden for 13 years.

Over the past two years I have reached a point where I can attack that fear head on.

I was scared that I would be fired, that I would not be able to get a job, that I would lose my friends, that my family would react poorly, that I would be seen as weak, crazy, overly emotional, out of control and that no one would want to be in relationship with me.

At times I felt my fears were over exaggerated, but when doing research for this article I came to realize that the trepidation I had was justified.

Statistics from the Canadian Centre for Addiction and Mental Health, based on a survey conducted in 2008 show:

- 42% of Canadians were unsure whether they would socialize with a friend who has a mental illness.
- 55% of Canadians said they would be unlikely to enter a spousal relationship with someone who has a mental illness.
- 46% of Canadians thought people use the term mental illness as an excuse for bad behavior, and 27% said they would be fearful of being
 around someone who suffers from serious mental illness.

Statistics from a 2004 study published on the Mental Health Connection of Tarrant County (an area of Texas that includes Fort Worth) website:

- More than 40% of those surveyed agree that anyone with a history of mental problems should be excluded from public office.
- Nearly one in three believe a child should be placed in an alternative setting as soon as he or she exhibits a mental illness in school.
- Over 50% believe major depression might result from people "expecting too much from life," and over 40% believe it results from a lack of will
 power.
- 60% said an effective treatment for major depression is to "pull yourself together."

Though some of these studies are dated, statistics from a 2015 survey (listed on the CAMH) shows it remains prevalent in the work place:

- 64% of Ontario workers would be concerned about how work would be affected if a colleague had a mental illness.
- 39% of Ontario workers indicate that they would not tell their managers if they were experiencing a mental health problem.

Even if stigma has been significantly reduced in the last decade it is safe to assume a significant percentage of people with mental health concerns still confront these prejudice on a regular basis

In our series 'Mental Health for Athletes', we've uncovered stigma may be magnified in the world of athletics. Conceding, "mental health concerns" implies weakness – a trait no athlete wants to portray.

Acknowledging that stigma is real is a start. But we need to take a proactive stance to minimize its far-reaching effects. And in doing so, we can save lives.

So what can be done?

Here are six ways we can reduce stigma surrounding mental health in sport:

- 1. Education
- Define Mental Toughness
- 3. Talk About It
- 4. Watch Your Language
- Celebrate Individual Differences
- 6. Become an Advocate

Learn more at: http://swimswam.com/mental-health-for-athletes-6-ways-to-reduce-stigma-in-sport

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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Deputy Secretary Gayle Jordan Randolph and I are extremely pleased to announce the appointment of Barbara J. Bazron, Ph.D. to the position of Executive Director of the Behavioral Health Administration (BHA) for the Maryland Department of Health and Mental Hygiene (Department). Dr. Bazron succeeds Dr. Albert Zachik, who was appointed Acting Executive Director of BHA when Brian Hepburn retired earlier this year. Dr. Bazron will join the Department effective December 9, 2015.

Dr. Bazron is a national recognized behavioral health expert with over 25 years of executive leadership experience within the fields of addictions, mental health, special education. She comes to the Department from the District of Columbia Department of Behavioral Health where, as Acting Director, she has led the single agency responsible for developing and managing the District's public behavioral health system and overseeing an annual budget of \$277 million. Previously, Dr. Bazron served as the Senior Deputy Director of the District of Columbia Department of Behavioral Health. In this role, she was responsible for overseeing the continuum of recovery-oriented services in the District of Columbia for adults, children, and youth. During her tenure, she successfully:

- * Managed co-occurring treatment for individuals with both substance use and mental health disorders;
- * Developed specialized housing and a system of support for transition age youth
- * Established innovation programs, including a suicide hotline with the public transit system, an urgent care clinic located at Superior Court, and a Youth Behavioral Health Diversion Program; and
- * Launched the Department's first applied research and evaluation unit.

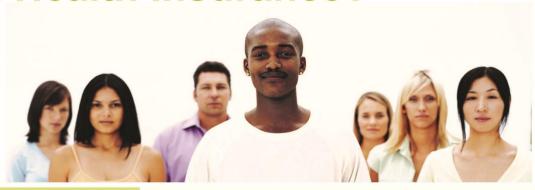
Dr. Bazron attended Oberlin College where she earned her Bachelor of Arts in Anthropology and Archeology. She earned her Masters of Education, with a concentration in Special Education, from the University of Cincinnati and her Doctorate of Philosophy from the University of Pittsburg.

Please join us in welcoming Dr. Bazron to the Department and thanking Dr. Zachik for his service to the Department during this transition.

Sincerely,

Van T. Mitchell Secretary

Need Health Insurance?



Health Insurance Open Enrollment Begins Nov. 1, 2015

Visit Maryland's health insurance market place, Maryland Health Connection during November 1, 2015—January 31, 2016 to:

- Enroll in a health and/or dental plan
- Change your current plan
- Re-determine eligibility for tax
- eligibility
- Enroll in Medicaid /MCHP
- enrollment for Medicaid/MCHP is open year-round.

www.marylandhealthconnection.com

You can enroll in or change your health insurance plan outside the open enrollment period if you have a qualifying life event, like:

- Getting married
- · Having or adopting a child
- Certain income changes
- Moving to or from Maryland
- Loss of health coverage: job loss, divorce, loss of Medicaid eligibility
- A change is disability status

You can visit the Maryland Health Connection website to learn more about qualifying life events, or call 1-855-642-8572 (TTY 1-855-642-8573)

How Does Health Care Reform Affect You?

People with health insurance coverage live longer, healthier, and happier lives. Since the passage of the Affordable Care Act (ACA) and the launch of Maryland's insurance market place, Maryland Health Connections, in 2013., more Marylander's than ever before are receiving high quality, low cost private health insurance. In fact, according to recent Gallop poll, the uninsured rate in Maryland has dropped from 12.9% in 2013 to 7.8% in 2014.

REMEMBER: You cannot be denied coverage because of a pre-existing condition and all Qualified Health Plans sold in the Maryland Health Connection must cover:

Mental health (including substance use)
Preventive and wellness services
Rehabilitative Services
Laboratory services

Emergency and Hospital care Immunizations Maternity and newborn care Prescriptions

RESOURCES:

Questions about filing an insurance complaint?

Contact the Maryland Insurance Administration or call 410-468-2000 or 1-800-492-6116

<u>Maryland Heath Connection</u> provides in-person and phone enrollment assistance to help consumers learn about, apply for and enroll in appropriate health insurance products, including Medicaid eligibility, the Maryland Children's Health Program, and subsidized and non-subsidized qualified health plans. They also have enrollment events across the state.

Consumer assistance organizations called connector entities are staffed by navigators and assisters and provide free, in-person help to determine your eligibility for financial assistance or Medicaid and enroll if you qualify. Connector assistance organizations are divided into six regions:

- Central Region: Anne Arundel, Baltimore City and Baltimore County (877) 223-5201
- Southern Region: Calvert, Charles and St. Mary's County (855) 339-3007
- Lower Eastern Shore Region: Somerset, Wicomico and Worcester County (855) 445-5540
- Upper Easter Shore Region: Caroline, Cecil, Dorchester, Harford, Kent, Queen Anne's, and Talbot County (866)492-6057
- Western Region: Alleghany, Carroll, Frederick, Garrett, Howard and Washington County (855) 288-DOOR (855-288-3667)
- Capital Region: Prince George's and Montgomery County: (240) 773-8250



THE TRANSGENDER DAY OF REMEMBRANCE
THE GARFIELD CENTER FOR THE ARTS
& WASHINGTON COLLEGE
PRESENT AN EVENING WITH

KRISTIN BECK

FRIDAY, NOVEMBER 20, 2015

DISCUSSION/Q&A WITH KRISTIN 4-5PM DECKER THEATRE WASHINGTON COLLEGE

TDOR VIGIL

7PM GARFIELD CENTER
210 HIGH STREET, CHESTERTOWN
Find our more about TDOR by
visiting TDOR.INFO

"LADY VALOR" DOCUMENTARY
730PM GARFIELD CENTER
210 HIGH STREET, CHESTERTOWN
Stay for an informal discussion
with Kristin following the film.

ALL EVENTS ARE FREE AND OPEN TO THE PUBLIC

Kristin Beck, born Christopher Beck is known to be the first female Navy SEAL. She was interviewed by Anderson Cooper in June of 2013 and quickly became known throughout the world. Soon thereafter she became a civil rights activist giving speeches nation wide on transgender equality and transgender service in the US military.

GARFIELD CENTER FOR THE ARTS AT THE PRINCE THEATRE 210 HIGH STREET | CHESTERTOWN, MD 21620 410.810.2060 | GARFIELDCENTER.ORG









Hoarding Disorder Clinical Issues and Effective Interventions

Sponsored By: Anne Arundel County Mental Health Agency, Inc.

January 29, 2016 8:30 a.m. — 4:00 p.m.

Arundel Lodge, Inc. 2600 Solomons Island Road (Route 2), Edgewater, MD 21037

Instructor: Elspeth N. Bell, Ph.D.

Learning Objectives:

- Diagnostics Criteria for Hoarding Disorder
- · Comorbid Diagnoses Manifestations of the Hoarding Disorder
- Hoarding Behaviors Cognitive Processing & Emotional Attachment
- · Treatment Interventions
- Types of Professional Service Providers
- Treatment Planning

7 CEUs

Annapolis, MD 21401

WORKSHOP REGISTRATION

(Registration Deadline: January 22, 2016)

7 CEUs

NAME	ORGANIZATION _	
ADDRESS	CITY/ZIP	
PHONE Work	_Fax	Email
Special Accommodations:		=
CONTINENTAL BRE	AKFAST AND LU	JNCH WILL BE PROVIDED
Submit registration for	rm and \$85.00 (CHECK by <u>January 22, 2016</u> to:
AA Co. Mental Health Agency, Inc.		
Attn: Jane Murphy	Indicate the kind	d of attendance verification desired:
POB6675, MS3230	Social Work	ers, Licensed Professional Counselors
1 Truman Pkwy, Suite 101	Certificate	of Attendance (all other disciplines)

Questions? Call 410-222-7858 • Fax: 410-222-7881 • Email: mhaaac@aol.com

AA Co. Mental Health Agency, Inc. (AACMHA) is an approved sponsor of the Maryland Board of Social Work Examiners for Continuing Education Credits for Licensed Social Workers in Maryland. AACMHA maintains responsibility for the program.



TRAINING ANNOUNCEMENT

Title American Red Cross Heartsaver First Aid, CPR, AED

Description When an emergency strikes, will you be ready to save a life? Early CPR is an

integral part of providing lifesaving aid to people suffering sudden cardiac arrest. CPR helps to circulate oxygen-rich blood to the brain. Proper training

will teach you to:

Perform CPR

Give first aid

 For a victim of sudden cardiac arrest, use an automated external defibrillator (AED)

• Treat sudden illness; care for conscious and unconscious choking victims

Target Audience All Maryland Responders

Target Audience All Maryland Responders

Continuing Education

No credits provided.

Additional Information

Parking is free. Lunch on your own.

Date, Time, & Location

Multiple training opportunities available around the state of Maryland. Click link for physical address. Please pick one offering.

12/12/15 0830-1600 - Harford County - http://goo.gl/forms/Njt2PDEzLq

Registration

- 01/09/16 0830-1600 Prince George's County http://goo.gl/forms/dupGDyKqhx
- 01/16/16 0830-1600 Talbot County http://goo.gl/forms/2JCrJ4Xpvz
- 01/30/16 0830-1600 Allegany County http://goo.gl/forms/pZNG1j8x0G

Please direct questions/comments: clifford.smith@maryland.gov or 410-767-5266

MARYLAND RESPONDS MEDICAL RESERVE CORPS







Maryland Department of Health & Mental Hygiene Office of Preparedness & Response 300 W. Preston Street, Suite 202 Baltimore, MD 21201

Email: mdresponds.dhmh@maryland.gov

Web: mdr.dhmh.maryland.gov.







WHAT DOES IOH DO?

Instruments of Healing is a 501(c)(3) nonprofit organization, with the mission of using music to promote wellness and inspire, motivate, and educate our peers in their recovery from mental health and substance use challenges. The programs include instrumental experimentation, basic instruction, group jamming, solo singing, and sing-alongs. This unique mobile peer-run, peer-based organization brings a range of professional-grade musical instruments for use during the many programs we give throughout Maryland, Washington DC, Virginia, and beyond. During the programs, our participants lend each other a unique form of musical peer support that is non-judgmental, encouraging, and supportive. As peers teach each other, share their skills and talents, listen attentively to each other perform, and bond together over music, confidence and self-esteem is fostered during the IoH music-making experience.

IOH PROGRAMMING

An IoH program typically lasts 2-3 hours and involves an individualized musical journey of recovery for each venue we go to. No two programs are alike! You will find people who have never touched a musical instrument coming up to our musical stage and experimenting with our instruments - trying out the drums, strumming a guitar, or playing the keys on the keyboard. If our participants wish, we will give basic instruction on beats and chords, or how to make a sound out of a band or orchestral instrument. We often have people who are experienced musicians who are able to jam with us, and sometimes get the joy of reuniting people with instruments they have not had the opportunity to play in years. Also, people need not be completely experienced to jam. We often invite novices up to play drums on our songs so they can learn to keep a beat! We provide music and chord sheets to the songs we do, and let our participants choose the songs they wish to perform or sing along to. People can come up to our stage and sing the songs they love, getting the chance to perform in front of others, and building confidence and self-esteem. The audience of people looking on also get to participate as they sing along to the songs they choose, using the lyric sheets we provide. We alternate between musical experimentation and jamming/sing along time so that everyone gets a chance to participate in a way that is meaningful to them. Peers teach each other, support each other, listen to one another attentively, and learn new things about each other as they bond together over this musical experience.



WE INVITE YOU TO SHARE OUR PASSION

IoH is a mobile program, traveling to share our love of music and to bring musical healing to those who can most benefit. Please feel free to contact us for more information, to attend or book a program in your area, or to make a donation. As IoH continues to grow and expand rapidly, we are exploring more diverse sources of funding. IoH looks forward to helping many more to heal through music in the future.

CONTACT US: ANDY GOLDENSON, CEO SABRINA SCHRAM, COO

(Phone) 301.648.5235
(Email) iofhealing@gmail.com
(Website) www.instrumentsofhealing.org
(Facebook) www.facebook.com/instrumentsofhealing
(Twitter) http://twitter.com/instrumentsheal



Caron is pleased to partner with Maryland Addiction Recovery Center (MARC) in founding our Maryland Parent Support group. MARC shares our desire to meet the needs of parents and is providing the space for our group.

This group is open to all parents who might benefit so please feel free to spread the word!

Caron Parent and Family Support Groups are specifically designed to meet the needs of those with loved ones who are currently in treatment, are using alcohol and/or drugs in a problematic manner or are in recovery. Our mission is to help ourselves and in turn help others whose loved ones are struggling with addiction. The purpose of these groups is to provide family members a confidential, safe place to find support, education, encouragement and hope on their own path to Recovery for Life.

Parents of Addicted Children For:

When: 2nd and 4th Wednesday each month

Time: 7:00 - 8:30 p.m.

Where: Maryland Addiction Recovery Center

8600 LaSalle Road, Suite 212 Carroll Bldg

Towson, MD 21286

Caron Contact: Robin Cowles at 703-474-3822 or

RCowles@caron.org

New **Location!**



More than one million Marylanders live with a mental health or substance use disorder, also known as behavioral health disorders. Too often we focus on the diagnosis, reducing a whole person to a label, and viewing them through the lens of false assumptions. This is stigma and it can result in isolation, lack of opportunity and discrimination. Everyone has a unique story – find out what it is. Start a conversation. Ask a question. Listen with respect. The best way to fight stigma is to see the whole person. Refocus and look again.

WHAT is stigma?

Stigma is a pre-determined attitude or belief about an individual or a group of people that often results in isolation, lack of opportunity, and discrimination. Stigmatizing behaviors can be subtle or blatant, intentional or unintentional, but in all its forms, stigma is damaging.



WHO does stigma affect?

While stigma affects everyone, one of the most challenging problems facing our communities today involves the prejudice and discrimination against people with behavioral health disorders. Within any given year, one in four Marylanders (more than 1 million people) lives with a behavioral health condition, and these stigmatizing attitudes and behaviors create significant barriers to their recovery.

HOW does stigma hurt individuals with behavioral health disorders?

Stigma is perhaps the single most significant barrier to recovery, resulting in feelings of isolation, hopelessness and helplessness. It undermines relationships and creates barriers to employment, housing, even access to quality medical care. Stigma is not simply a negative attitude or lack of "political correctness." It can have life-threatening consequences.

HOW do I know when it's stigma?

We have to make judgments all the time, and we strive to base them on current and accurate information. However, stigma is a pre-judgment based on assumptions, not facts, and is often fueled by fear or ignorance. For example people often assume that individuals with a mental illness are violent, when the fact is that a person with a serious mental illness is much more likely to be the victim of a crime than to commit one. Find out the facts.



refocus refocus refocus: look again



HOW can I help fight stigma?

Stigmatizing attitudes and beliefs stem from assumptions that we may not even realize that we have. The best way to fight stigma is to see the whole person, not just their diagnosis. Start a conversation. Ask a question. Listen with respect. *Refocus and look again.*

Here's what you can do:

- Learn and share the facts about behavioral health issues with friends, family and coworkers. Behavioral health challenges are common, effective treatments are available and people recover all the time.
- Watch out for stereotypes. Everyone's story is unique, everyone's needs are different and no one's future can be predicted.
- Challenge your own assumptions. If you know someone has a behavioral health disorder, does it change your perception of them? Individual change can have a ripple effect on an entire community.
- Speak out when you see stigma happening. Call attention to it, share knowledge, be an agent of change.
- Treat everybody with the dignity and respect they deserve.

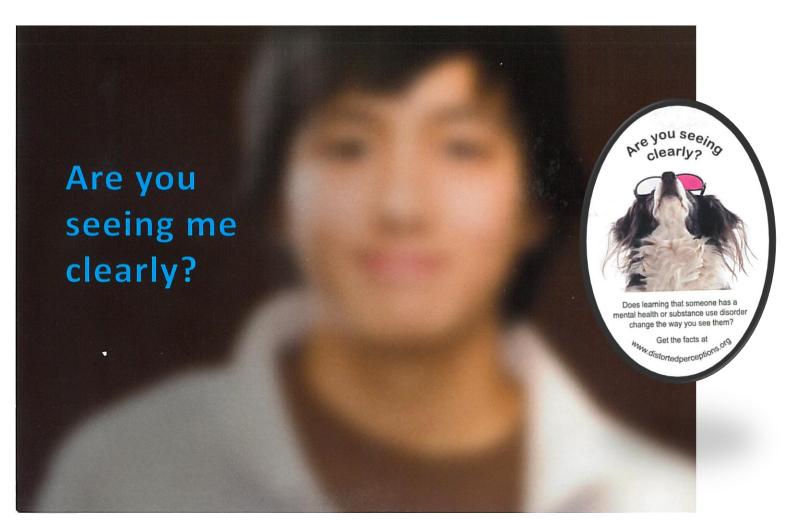


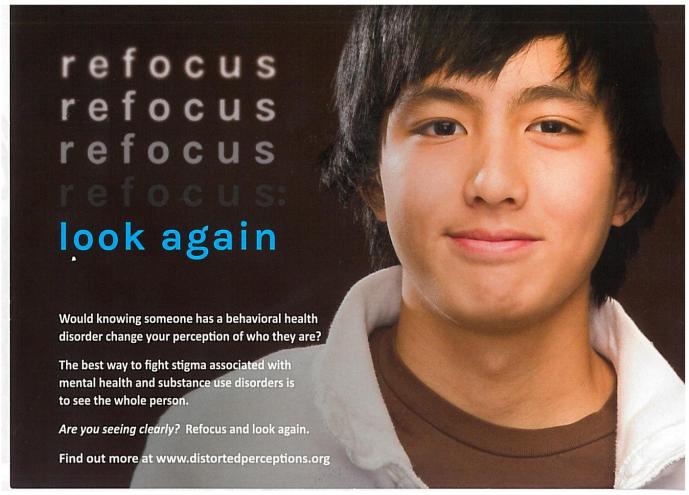




WHERE can I get more information?

For more information, visit http://www.onourownmd.org/projects/the-anti-stigma-project or http://www.distortedperceptions.org. The Anti-Stigma Project offers nationally recognized workshops that challenge individuals and organizations to examine the impact of stigma both personally and professionally, and to develop practical and creative solutions.









DISTORTED PERCEPTIONS OUTREACH CONTEST

Become part of the Anti-Stigma Project's new Distorted Perceptions campaign, help reduce stigma in your community, AND win cash and prizes at the same time! Each center has the opportunity to win TWO additional scholarships to the On Our Own of Maryland Annual Conference held in beautiful Ocean City, Maryland as well as \$150 cash for your center so you can celebrate your accomplishments. You can throw a party or purchase something you've been wanting at the center!

What's involved?

Simply take photos or videos of your center's members engaging the public in the Distorted Perceptions campaign - wear the t-shirts, start conversations, share on social media, hand out marketing materials, have an open house — whatever you can do to spread the word, start a conversation and fight the stigma. Then share with us what you've accomplished — send us a two page description along with photos and/or videos that highlight what you've done with our materials.

Submissions are due by April 1st to On Our Own of Maryland, Inc. and can be submitted via electronically or by old-fashioned snail mail.

The winning center will be announced on May 15th.

Refocus, look again and enter your photos or video to win!

E-mail to ooomd@onourownmd.org or mail to 7310 Esquire Court, Mailbox 14
Elkridge, Maryland 21075

Dorchester County Tobacco Retailer's Guide

Reducing Youth Access To Tobacco



Be a Part of the Solution!

WHEN SELLING TOBACCO PRODUCTS:

- Never guess a customer's age.
- Always check the birth date on the ID. Never simply ask the customer's birthday or if they are over 18.

NOTE: Maryland driver's licenses issued to those under age 18 are vertically-oriented.

- Always check the photo on the ID and determine if customer matches the photo.
- Never allow the purchase if the ID appears to be fake.





- Tobacco use is the leading cause of preventable illness and death in the United States.
- ◆ Each day in the U.S., more than 3,200 people younger than 18 years of age smoke their first cigarette.
- Starting smoking at a young age increases the risk of cancer, heart disease and other health problems.
- ♦ 1/3 of youth smokers who continue smoking into adulthood will die prematurely from tobacco related disease.

For questions or information on Smoking Cessation Classes call 410-228-3223



For more information on reducing youth access to tobacco contact

Julie T. Jones

Coordinator
Tobacco Prevention & Cessation Program
Dorchester County Health Dept.
3 Cedar Street
Cambridge, Maryland 21613
(410) 901-8133
FAX (410) 901-8199
julie.jones@maryland.gov

Funded by the Cigarette Restitution Fund through the Department of Health and Mental Hygiene

> Publication Date: April 2015 Adapted from Wicomico County Health Department

KNOW THE LAW

IT IS ILLEGAL TO:

- Sell tobacco products, tobacco paraphernalia and electronic cigarettes to anyone under the age of 18
- Have tobacco products immediately accessible to customers. Products must be accessible to staff members ONLY
- ♦ Sell single cigarettes (Cigarettes may only be sold in packages of 20)
- ♦ Sell tobacco products without a valid license that is visibly posted on the premises

In Dorchester County, selling to minors comes with consequences:

First violation: Fine up to \$300.00

Second violation: Fine up to \$1,000.00

Third or subsequent violations: Fine up to \$3,000.00

Sale or distribution of an Electronic Nicotine Device to a minor:

A fine up to \$1,000.00

As a tobacco retailer, you play an important role in keeping tobacco products out of the hands of youth.

MARYLAND TOBACCO RETAILER QUICK REFERENCE GUIDE

It is against the law to sell **ANY** tobacco product or tobacco paraphernalia to **anyone** under the age of 18. Compliance checks are being conducted and enforced in Maryland.

Fines can be as high as \$10,000.

To comply with the laws, retailers and clerks must:

- Ask for photo ID from everyone under 27.
- 2 Check to make sure all customers are at least 18.
- 3 Refuse to sell tobacco to everyone under 18.

 No cigarettes, no cigars, no dip, no e-cigarettes.

 No Tobacco Period.





S NOT AN INCONVENIENC IT'S THE LAW.



www.NoTobaccoSalesToMinors.com

UNDER 21 DRIVER'S LICENSE (VERTICAL)



- Birthdate
- Expiration Date
- **G** Height
- Weight
- **G**host Portrait
- 18 Under 18 Until
- O Under 21 Until
- (1) Red Box for Under 21

OVER 21 DRIVER'S LICENSE (HORIZONTAL)



TIPS FOR REFUSING A TOBACCO SALE

- •Explain it's against the law to sell tobacco to anyone under 18. Be tactful and polite, yet firm. You are following the law so you don't get fined or lose your job. That's a valid reason.
- Resist customer pressure. Keep in mind, you are not obligated to sell any tobacco product. If the customer can't provide a valid ID or you don't think it's authentic, refuse to sell the tobacco product. Don't be intimidated into breaking the law.
- •Stay calm. If the customer gets angry, get help from your manager or a security officer. You may also offer to call the police.

What to say:

"I'm sorry, I can't sell tobacco products to anyone under 18. It's nothing personal—it's the law. I could lose my job or be fined a lot of money."

"I'm sorry, I must check a photo ID of anyone under 27 before selling tobacco. It's nothing personal—it's the law."

2015	2016
Anyone born afte	er today's date in
1997	1998

May 2015

www.NoTobaccoSalesToMinors.com

HOW TO CHECK AN ID.

- 1 No ID. No Sale! Ask for a valid photo ID of every customer who is under age 27 and purchasing tobacco.
- 2 Check photo ID before getting the requested product.
- Ompare the ID photo to the customer. Does it match?
- Check for fake IDs. Have the customer remove the ID from their wallet and check to make sure the ID is not tampered with (plastic peeling, smudges, and misaligned numbers).
- 6 Check the expiration date. An ID must be current and not expired to be valid.
- 6 Is the license vertical? In Maryland this means the customer is under 21. Check the "Under 18 Until" [date] to verify they are at least 18 before selling them tobacco.
- Calculate and verify age.

HOW TO CALCULATE AGE.

If you are verifying the age of a customer, it is easiest to use the following method:

Add 20 to the year they were born, then subtract 2.

For example, Birthdate on ID: 08-11-1998 Today's date: 05-20-2015

> 1998 +20 -2

2016 be 18 until Aug

The customer will not be 18 until August 11, 2016. Comparing today's date (05-20-2015) to the date the customer turns 18 (08-11-2016), you see that selling tobacco to this customer is illegal. You must refuse the sale.

REMEMBER: Add 20...subtract 2.



MidShore Veteran's Network Meeting

January 12, 2016

10:00am at

Talbot County DSS

301 Bay Street

Easton, Maryland

If you are a veteran and/or work with veterans, we are looking for you to be a part of the MidShore Veteran's Network.

This group will meet monthly to bring together resources and create events for veterans and their families on the MidShore.

It you have any questions and/or would like more information please call 410-725-9996 or email dkarpf.mcv@gmail.com









Prevalent and under-treated

Stigma, treatment barriers affect male and female survivors

Date: November 3, 2015
Source: American Psychological Association



Rates of military sexual trauma among men who served in the military may be as much as 15 times higher than has been previously reported, largely because of barriers associated with stigma, beliefs in myths about male rape, and feelings of helplessness, according to articles published by the American Psychological Association.

Female veterans who were sexually assaulted are also more prone to develop post-traumatic stress disorder than other women who experienced combat, and are significantly less likely than other PTSD sufferers to seek help, according to studies appearing in a special issue of the journal *Psychological Services*.

"We know that there is under reporting among men and women and hope that this special issue will help to bring awareness and treatment for those that serve and protect us," said the issue's co-editor, Michi Fu, PhD, a clinical practitioner. "I personally wanted to pull together scholarship after hearing of reports of military sexual trauma being so much more prevalent than in the general population."

The special issue is a comprehensive look at the issues facing men and women who experienced military sexual trauma while serving, as well as a presentation of evidence-based strategies for preventing future sexual violence and encouraging people to come forward and seek treatment. The articles urge more public education and monitoring of victims.

Story Source:

The above post is reprinted from <u>materials</u> provided by **American Psychological Association**. *Note: Materials may be edited for content and length.*

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American Psychological Association. "Military sexual trauma: Prevalent and under-treated: Stigma, treatment barriers affect male and female survivors." ScienceDaily. ScienceDaily, 3 November 2015. www.sciencedaily.com/releases/2015/11/151103100242.htm>.

What is military sexual trauma (MST)?

Military sexual trauma, or MST, is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experienced during his or her military service. The definition used by the VA comes from Federal law (Title 38 U.S. Code 1720D) and is "psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training." Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character."

More concretely, MST includes any sexual activity where a Service member is involved against his or her will -- he or she may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities. Other experiences that fall into the

category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person's body or sexual activities; and threatening and unwelcome sexual advances. The identity or characteristics of the perpetrator, whether the Service member was on or off duty at the time, and whether he or she was on or off base at the time do not matter. If these experiences occurred while an individual was on active duty, active duty for training, or inactive duty for training, they are considered by VA to be MST.

How common is MST?

VA's national screening program, in which every Veteran seen for health care is asked whether he or she experienced MST, provides data on how common MST is among Veterans seen in VA. National data from this program reveal that about 1 in 4 women and 1 in 100 men respond "yes," that they experienced MST, when screened by their VA provider. Although rates of MST are higher among women, because there are so many more men than women in the military, there are actually significant numbers of women and men seen in VA who have experienced MST.

It's important to keep in mind that these data speak only to the rate of MST among Veterans who have chosen to seek VA health care; they cannot be used to make an estimate of the actual rates of sexual assault and harassment experiences among all individuals serving in the U.S. Military. Also, although Veterans who respond "yes" when screened are asked if they are interested in learning about MST-related services available, not every Veteran who responds "yes" necessarily needs or is interested in treatment. MST is an experience, not a diagnosis, and Veterans' current treatment needs will vary.

How can MST affect Veterans?

MST is an experience, not a diagnosis or a mental health condition, and as with other forms of trauma, there are a variety of reactions that Veterans can have in response to MST. The type, severity, and duration of a Veteran's difficulties will all vary based on factors like whether he/she has a prior history of trauma, the types of responses from others he/she received at the time of the MST, and whether the MST happened once or was repeated over time. Although the reactions men and women have to MST are similar in some ways, they may also struggle with different issues. Race/ethnicity, religion, sexual orientation, and other cultural variables can also affect the impact of MST.

Although trauma can be a life-changing event, people are often remarkably resilient after experiencing trauma. Many individuals recover without professional help; others may generally function well in their life, but continue to experience some level of difficulties or have strong reactions in certain situations. For some Veterans, the experience of MST may continue to affect their mental and physical health in significant ways, even many years later. Some of the experiences both female and male survivors of MST may have include:

Strong emotions: feeling depressed; having intense, sudden emotional reactions to things; feeling angry or irritable all the time

Feelings of numbness: feeling emotionally 'flat'; difficulty experiencing emotions like love or happiness

Trouble sleeping: trouble falling or staying asleep; disturbing nightmares

Difficulties with attention, concentration, and memory: trouble staying focused; frequently finding their mind wandering; having a hard time remembering things

Problems with alcohol or other drugs: drinking to excess or using drugs daily; getting intoxicated or "high" to cope with memories or emotional reactions; drinking to fall asleep

Difficulty with things that remind them of their experiences of sexual trauma: feeling on edge or 'jumpy' all the time; difficulty feeling safe; going out of their way to avoid reminders of their experiences

Difficulties in relationships: feeling isolated or disconnected from others; abusive relationships; trouble with employers or authority figures; difficulty trusting others

Physical health problems: sexual difficulties; chronic pain; weight or eating problems; gastrointestinal problems

Although posttraumatic stress disorder (PTSD) is commonly associated with MST, it is not the only diagnosis that can result from MST. For example, VA medical record data indicate that in addition to PTSD, the diagnoses most frequently associated with MST among users of VA health care are depression and other mood disorders, and substance use disorders.

Fortunately, people can recover from experiences of trauma, and VA has effective services to help Veterans do this.

How has VA responded to the problem of MST?

VA is strongly committed to ensuring that Veterans have access to the help they need in order to recover from MST.

- Every VA health care system has a designated MST Coordinator who serves as a contact person for MST-related issues. This person can help Veterans find and access VA services and programs. He or she may also be aware of state and federal benefits and community resources that may be helpful.
- Recognizing that many survivors of sexual trauma do not disclose their experiences unless asked directly, VA health
 care providers ask every Veteran whether he or she experienced MST. This is an important way of making sure
 Veterans know about the services available to them.
- All treatment for physical and mental health conditions related to experiences of MST is provided free of charge.
- To receive free treatment for mental and physical health conditions related to MST, Veterans do not need to be service connected (or have a VA disability rating). Veterans may be able to receive this benefit even if they are not eligible for other VA care. Veterans do not need to have reported the incident(s) when they happened or have other documentation that they occurred.
- MST-related services are available at every VA medical center and every facility has providers knowledgeable about
 treatment for the aftereffects of MST. MST-related counseling is also available through community-based Vet
 Centers. Services are designed to meet Veterans where they are at in their recovery, whether that is focusing on
 strategies for coping with challenging emotions and memories or, for Veterans who are ready, actually talking about
 their MST experiences in depth.
- Nationwide, there are programs that offer specialized sexual trauma treatment in residential or inpatient settings. These are programs for Veterans who need more intense treatment and support.
- To accommodate Veterans who do not feel comfortable in mixed-gender treatment settings, some facilities have separate programs for men and women. All residential and inpatient MST programs have separate sleeping areas for men and women.

In addition to its treatment programming, VA also provides training to staff on issues related to MST, including a mandatory training on MST for all mental health and primary care providers. VA also engages in a range of outreach activities to Veterans and conducts monitoring of MST-related screening and treatment, in order to ensure that adequate services are available.

How can Veterans get help?

For more information, Veterans can speak with their existing VA health care provider, contact the MST Coordinator at their nearest VA Medical Center, or contact their local Vet Center. A list of VA and Vet Center facilities can be found at www.va.gov and www.vetcenter.va.gov. Veterans should feel free to ask to meet with a clinician of a particular gender if it would make them feel more comfortable.

Veterans can also learn more about VA's MST-related services online at www.mentalhealth.va.gov/msthome.asp and see video clips with the recovery stories of Veterans who have experienced MST at http://maketheconnection.net/conditions/military-sexual-trauma.







Kicking substance addiction in teens: Tobacco dependence should be treated with same urgency as other drugs, study says

Date: November 3, 2015 Source: University of Georgia

Substance abuse treatments that target main issues such as serious drug and alcohol addiction are not frequently being used to also wean adolescents from tobacco, a University of Georgia study finds.

Tobacco addiction in adolescents is oftentimes an overlooked issue because it doesn't carry with it the stigma that alcohol abuse and other serious drugs do, according to the study's lead author, Jessica Muilenburg, an associate professor at UGA's College of Public Health and health promotion and behavior graduate coordinator.

What most don't realize is that tobacco, she said, "changes the chemistry of your brain and makes you crave whatever your drug of choice is, which is why kicking the tobacco habit with the rest of your addictions is important.

"It's a drug, but it's not treated in the same capacity and with the same urgency as other drugs. We are saying to treat it with the same urgency, because relapse is less likely if you treat the nicotine as well."

Muilenburg has focused much of her research on tobacco use in adolescents and young adults -- considering treatment factors that might help them beat these behaviors permanently. For this study, published in the *Journal of Adolescent Health*, she and her co-authors looked at addiction treatments for adolescents and young adults ages 12-28.

Tobacco use is a public health concern that frequently starts during early adolescence and continues across a person's lifespan. According to the Department of Health and Human Services, approximately 2.6 million adolescents smoke cigarettes, and 3.3 million use some sort of tobacco product.

The researchers tracked down substance abuse centers throughout the U.S. and analyzed treatment practices in those considered adolescent-only clinics. To gather the necessary information, they completed surveys with each of the counselors in those 22 centers.

After analyzing several factors, researchers found that a small number of counselors in these adolescent-only substance abuse treatment centers actually implemented some sort of tobacco cessation treatment when seeing patients. Additionally, they found that a majority of these counselors do have the knowledge to implement tobacco cessation treatments and the ability to prescribe medications -- such as the patch or nicotine chewing gum -- to help adolescents quit. However, counselors don't typically do so for the adolescents they are seeing.

"Their primary goal is getting them off of alcohol and other drugs, but if we can get them off of all drugs, including tobacco, it will be more beneficial for them in the future," Muilenburg said.

Study results show the implementation of these programs needs to be more widely used for adolescents with substance abuse issues, she explained.

The researchers also recommend that more counselor training be implemented. Right now, understanding how to treat tobacco-dependent individuals is not a requirement when counselors obtain their licensure. Considering tobacco's ability to alter the brain and cause relapse, Muilenburg and study co-authors believe it needs to be taken more seriously.

Story Source:

The above post is reprinted from <u>materials</u> provided by **University of Georgia**. The original item was written by Sydney Devine. *Note: Materials may be edited for content and length.*

Journal Reference:

 Jessica L. Muilenburg, Tanja C. Laschober, Lillian T. Eby. Substance Use Disorder Counselors' Reports of Tobacco Cessation Services Availability, Implementation, and Tobacco-related Knowledge. Journal of Adolescent Health, 2015; 57 (3): 327 DOI:10.1016/j.jadohealth.2015.06.001

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New Grant Opportunities

Cooperative Agreement for the Provider's Clinical Support System - Medication Assisted **Treatment**

Application Due Date: Monday, January 11, 2016

Anticipated Award Amount: Up to \$1,000,000



The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2016 Cooperative Agreement for the Provider's Clinical Support System - Medication Assisted Treatment (Short Title: PCSS-MAT) grant. The purpose of this program is to expand on the Drug Addiction Treatment Act (DATA) of 2000 and continue SAMHSA's currently funded PCSS-MAT initiative.

Expand Care Coordination Targeted Capacity Expansion

Application Due Date: Monday, January 4, 2016



SAMHSA's Center for Substance Abuse Treatment is accepting applications for \$3.6 million in grants to Expand Care Coordination Targeted Capacity Expansion through the Use of Technology Assisted Care in Targeted Areas of Need. The purpose of the program is to enhance and/or expand the capacity of substance use disorder treatment providers to serve youth and adults with substance use disorders or co-occurring substance use and mental disorders who have been underserved and/or have special needs.

Making Black Lives Matter Initiative

Application Due Date: Monday, November 23, 2015



BLACK LIVES MATTER. The Hill-Snowdon Foundation recently launched its Making Black Lives Matter Initiative, a three-year, \$900,000 grant making and strategic co-funding initiative that seeks to support blackled organizations. Learn more and submit your Request for Information by November 23

National Council's Health Justice Learning Collaborative

Application Due Date; December 11, 2015



Do you have an effective relationship with corrections facilities in your community? If your answer is no, then join us for a 12-month customized technical assistance and training initiative offered by the National Council. Thanks to support from the Open Society Foundations, the Health Justice Learning Collaborative is offered at no cost to participating organizations. A \$2,500 honorarium will be provided to participating organizations.



News

ADVOCATING FOR A JUST, HUMANE AND HEALTHY SOCIETY

Save the Date: MHAMD Announces 2016 Legislative Reception

Mark your calendar for MHAMD's annual **Legislative Briefing & Reception**, set for the late afternoon and evening of February 10, 2016, at the Loews Annapolis. Watch your mail for more information on this always-informative event.

LEP and Title VI Videos

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. National origin discrimination includes, among other things, failing to provide meaningful access to individuals who are limited English proficient (LEP). Executive Order 13166 requires federal agencies that provide federal financial assistance to develop guidance to clarify the language access obligations of recipients of such assistance.

The videos listed below explain the Title VI obligations of recipients of federal financial assistance and federal agencies pursuant to Executive Order 13166.

<u>Interagency Video Training Series on Communicating Effectively with Limited English Proficient Members of</u> the Public (captions)

<u>United States Department of Justice Language Access Planning and Technical Assistance Tool for Courts Public Event on February 28, 2014, Online Video (captions)</u>

<u>Breaking Down the Barriers: Translating Limited English Proficiency Policy into Practice</u>, Department of Justice, Online Video, (English, Spanish, Chinese, Vietnamese, and Korean)

Overcoming Language Barriers, Department of Justice, Online Video, Overcoming Language Barriers Video Resources

<u>Title VI of the Civil Rights Act of 1964: Implications for Persons who are Limited English Proficient, Training for Grantees of the Office of Refugee Resettlement, U.S. Department of Health and Human Services, Office of Civil Rights</u>

Understanding and Abiding by Title VI of the Civil Rights Act of 1964, Department of Justice, Online Video

Trauma and the Brain: Understanding Abuse Survivors Responses



This animation is for any professional working with a service user when gender-based violence is a feature in the case. We have produced this animation to help you in your work with service users who have experienced gender-based violence, and to help more professionals to understand the effects of abuse.

Watch the video here: https://vimeo.com/126501517



Stronger Together.

ON THE ROAD WITH CASE MANAGEMENT TO CARE MANAGEMENT



High caseloads. Shifting roles. New expectations. How do behavioral health staff providing direct care and their supervisors manage constant change and stressful environments?

As the behavioral health field dramatically shifts, case management staff face real people with real needs while criteria for services get tighter and community resources are fewer and farther between.

As a field, we haven't really come to terms with how to stratify need, including the social determinants of health, and so direct care staff are caught in this dilemma. Many organizations are facing the challenge of dramatically increased caseloads and stagnant resources. In one state, an organization had moved from a traditional case management model to a care management model with a resulting 250 percent increase in caseload (from 40 patients to 100).

That is simultaneously staggering...and not surprising.

Clinicians on this team were serving the same type of client they had always served, but were required to serve a lot more of them. Although external role expectations had changed, staff hadn't changed their understanding of their role or their tactics for responding to the human need in front of them. The organizational leaders recognized the caseloads were too high and were recruiting staff to help, but that takes time. Even with new staff on board, people will still need support to shift to a new role.

In this circumstance and many others like it around the country, staff begin to feel paralyzed, overwhelmed and unable to think productively about change. It is in that moment that it is important to help them explore ways to reconnect to their passion and learn the new skills they need to shift to a new role.

That is why I am so passionate about the work my team and I are doing as part of the National Council's Case Management to Care Management training. During this training, which equips case managers with the expanded skills they need to help the people they serve navigate the new health care marketplace and manage their whole health needs, we ask staff to hit the "pause" button for the day. What happens if they can actively reflect on their jobs and consider what is possible? Sometimes their situation can be dramatically improved through a few simple shifts in paradigm.

In Ohio, at a recent training for supervisors, we talked about the critical role supervisors play in supporting practice change. The discussion centered on how hard it is as a supervisor to help staff move forward with new practices when you are just figuring them out yourself. Many struggle with finding the balance between pushing for change and knowing when to allow time for adjustment to change. Supervisors are caught between moving toward a whole health, wellness, recovery and resilience model while focusing on outcomes and the realities of limited staff, community resources and overwhelming need.

As our field shifts to a focus on data-driven care with measurable outcomes, and coordinated care, a huge change for direct care staff is the focus on supporting health behavior change.

We say, who better than the behavioral health workforce to support change in health behavior?

We are experts at helping people find ways to live in the community in the face of potentially disabling symptoms and economic challenges. However, we often don't recognize how successful we are, or that those same skills can transfer to the whole health model of care: helping someone manage both physical health issues and address some of the accompanying lifestyle changes that are needed.

At a recent training, this issue came up in a heated way. "But people don't want to change, they don't care about their health, how can we motivate people who are unmotivated?" Rather than put the question in a "parking lot" and move ahead with the established curriculum, we dug into this pressing question for the training participants. Together we explored times when they had experienced personal success with change, seen people they served change or were able to tap into that spark in someone who had previously seemed "unmotivated." By the end of the afternoon, we hadn't changed the world, the fact that care management is challenging or that change is hard and slow (most of the time). But we had identified strategies and developed a plan for how this group might work together as a team and support each other's learning.

Upgrading case managers' skills gives behavioral health organizations a competitive edge in promoting services across the health care system. One person, one team, one organization at a time – leveraging their own resources, working at what can be changed – we have more power than we know.

MARCH 7 - 9, 2016 | LAS VEGAS



Are you equipped to navigate the turbulent financial waters facing our nation's mental health and addiction treatment organizations?

From the advent of value-based purchasing and other alternative payment models to payers' growing insistence on solid data about costs to the rising tide of mergers and acquisitions among health care organizations...we have stormy seas ahead.



At NatCon16, we offer a full track designed to help you chart tough choices and implement smart strategies for your organization's financial health.

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- 1. Positioning for the Future of Managed Care
- 2. Better Care, Smarter Spending, Healthier People: A CMS Update
- 3. DSRIP and Other Medicaid Opportunities
- 4. Behavioral Health Payment Reform Overview 2016 and Beyond
- 5. Performance Measurement, Payment Reform and Value-based Purchasing
- 6. Payment Reform at the Provider Level: Are You Gambling with Your Agency's Growth?
- 7. Payment Reform at the Health Plan/Provider Interface: Innovative Contracting Arrangements
- 8. Same Payers, Different Rules: Effective Approaches For Dealing With Both Commercial and **Public Plans**
- 9. Go Big or Go Home: CEOs Share Strategic Growth Strategies
- 10. Health Plan/Provider Collaborations to Achieve Better Care at Lower Costs
- 11. Why Value-based Payments Could Be the Best Thing That Ever Happened
- 12. Becoming a Millennial Nonprofit
- 13. Back Office Management: Billing Processes for Complex Contracts
- 14. Sustainability: Uncovering the Actual Cost of Care
- 15. Conversations that Matter: Case Rate Payment Reform Boot Camp (two-hour preconference event on March 6)

Set sail for NatCon16 with your finance and operations team and set your organization up for financial success.

Register today.







You've seen the data on addictions' impact on our country and know the costs to families and communities. On November 10, Dr. Oz sat down with U.S. Surgeon General Vivek Murthy to discuss the state of addictions in our country and why we have to change the way we think about and address these diseases.

They will set the stage for the National Night of Conversation on Thursday, November 19. The White House designated the 19th a special evening building upon President Obama's visit to West Virginia where he discussed the growing epidemic. It is a call to action to encourage families to sit down and talk to their children about addictions.

On November 19, the National Council will show our support on social media, posting an empty dinner plate with the hashtag #NightofConversation. This plate symbolizes that dinner is about much more than food; it's also about conversation.

It is critical that all of us are part of the conversation. We urge you to tune in or to set your DVR to Dr. Oz today. Then, join the entire country on November 19 as we participate in the #NightofConversation.

Warm regards,

Linda Rosenberg President & CEO, National Council for Behavioral Health



