MID-SHORE BEHAVIORAL HEALTH WEEKLY NEWSLETTER

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

Volume 4, Issue 47

Surprising Links Between Bullying and Eating Disorders

November 16, 2015

DUKE UNIVERSITY MEDICAL CENTER

Being bullied in childhood has been associated with increased risk for anxiety, depression and even eating disorders. But according to new research, it's not only the victims who could be at risk psychologically, but also the bullies themselves.

Illustration by Mark Dubowski for Duke Medicine

Researchers at Duke Medicine and the University of North Carolina School of Medicine were surprised to find that in a study of 1,420 children, those who bullied others were twice as likely to display symptoms of bulimia, such as bingeing and purging, when compared to children who are not involved in bullying. The findings are published in the December issue of *International Journal of Eating Disorders*.

"For a long time, there's been this story about bullies that they're a little more hale and hearty," said lead author William Copeland, Ph.D., associate professor of psychiatry and behavioral sciences at Duke University School of Medicine. "Maybe they're good at manipulating social situations or getting out of trouble, but in this one area it seems that's not the case at all. Maybe teasing others may sensitize them to their own body image issues, or afterward, they have regret for their actions that results in these symptoms like binge eating followed by purging or excess exercise."

The findings come from an analysis of interviews from the Great Smoky Mountains Study, a database with more than two decades of health information on participants who enrolled at age 9. The data is considered a community sample and not representative of the U.S. population, but offers clues to how children ages 9 to 16 could be affected.

Participants were divided into four categories -- children who were not at all involved in bullying; victims of bullying; children who sometimes were victims and sometimes were instigators; and children who were solely bullies, repeatedly abusing other children verbally and physically, socially excluding others, and rumor mongering, without ever becoming a victim themselves.
The researchers were not surprised to find that victims of peer abuse were generally at increased risk for eating disorders.

Children who were victims of bullying were at nearly twice the risk of displaying symptoms of anorexia (11.2 percent prevalence compared to 5.6 percent of children who were not involved in bullying) and bulimia (27.9 percent prevalence compared to 17.6 percent of children not involved in bullying).

Children who were both bullies and victims had the highest prevalence of anorexia symptoms (22.8 percent compared to 5.6 percent of the children not involved in bullying) and also the highest prevalence of binge eating (4.8 percent of children as compared to less than 1 percent of uninvolved children) and vomiting as a way to maintain their weight.

But the impact of bullying behavior on those who were bullies was also significant, with 30.8 percent of bullies having symptoms of bulimia compared to 17.6 percent of children not involved in bullying.

All of these behaviors can have devastating effects on the long-term health of children, said Cynthia M. Bulik, Ph.D., a distinguished professor of eating disorders at the UNC School of Medicine and a co-author on the findings.

"Sadly, humans do tend to be most critical about features in other people that they dislike most in themselves," Bulik said. "The bullies' own body dissatisfaction could fuel their taunting of others. Our findings tell us to raise our vigilance for eating disorders in anyone involved in bullying exchanges -- regardless of whether they are the aggressor, the victim, or both."

Although many children experience lifelong effects, many appear to cope and succeed after such experiences, Copeland said. He and colleagues are examining myriad factors, including looking at financial and educational outcomes, and even if bullying or being victimized is associated with genetic biomarkers.

"We want to do a better job of understanding why some people are able to experience the same things as others and be able to get through them without the same consequences," Copeland said. "We really need to understand the resilience in those who have been bullied. That can help us determine the children who are going to need the most attention, and how we can promote those traits in others to increase their resilience."

Source: http://www.newswise.com/articles/study-finds-surprising-links-between-bullying-and-eating-disorders, www.sciencedaily.com/releases/2015/11/151116112055.htm

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:

In this issue…

Today, we reach two extraordinary milestones as an organization. Please join me in celebrating AFSP's expansion into all 50 states and the launch of our new mission statement to *save lives and bring hope to those affected by suicide*.

As we welcome more people to our cause, engage in meaningful partnerships, and expand the scope of our work, I'm pleased to announce a mission statement that encapsulates both the relentless spirit and the purpose of the work we do. Additionally, with volunteers in all 50 states we now have a way to deliver suicide prevention and education programs nationwide. This has never been done before, and is a critical step towards achieving our bold new goal of reducing the suicide rate 20 percent by 2025.

We were formed in 1987 by a small group of researchers and families who wanted to take action against this leading cause of death. Since then, we have grown into a movement of over a million people across the country that lead the fight against suicide.

Today, with the chartering of our 83rd Chapter in Delaware, AFSP now has at least one Chapter in every state to support the needs of local communities nationwide. In just the last 10 years, AFSP has grown from 14 Chapters to 83 Chapters, and it continues to grow each year.

I want to thank you for your dedication to the cause. Every call you make to support those affected by suicide, every conversation you have about the importance of mental health, every dollar you raise by walking for suicide prevention, every AFSP education and advocacy event you join – all of it makes a difference.

With your support, I truly believe that when we work together, we can *save lives and bring hope to those affected by suicide*.

Bob Gebbia
CEO, American Foundation for Suicide Prevention

Read the Press Release

Announcement from Maryland Responds

I am writing to inform you of my decision to step down as a volunteer coordinator in the state program of the Maryland Responds Medical Reserve Corps. I have accepted a new position within the Maryland Department of Health and Mental Hygiene (DHMH).

It has been an honor working with Medical Reserve Corps (MRC) members through Maryland Responds. The selflessness, passion, and bravery of Maryland Responders make me proud as both a Maryland resident and public health practitioner. I have been consistently humbled by the extraordinary dedication of Maryland Responders and will leave my position with the assurance that Maryland is indeed a healthier state because of your hard work.

My last day in office will be Wednesday, November, 25, 2015. Over the next week, please let me know if there are any open issues with Maryland Responds that you'd like to discuss, as I would be happy to help. Kindly direct general comments and concerns about Maryland Responds to mdresponds.dhmh@maryland.gov.

Dorothy Sheu, MPH
Maryland Responds Medical Reserve Corps - State Administrator/ Program Specialist
Office of Preparedness and Response
Maryland Department of Health and Mental Hygiene

Announcement from Chesapeake Voyagers, Inc.

We have experienced some sudden changes at CVI that I want to make you aware of. Audrey Larrimore resigned from her position last week. Audrey was a part of CVI since we opened our doors in 2009. She will be greatly missed by us all.

Some great news to share…. Maria Jenkins will now be filling the role of Peer Support Specialist!! Maria has been with us since 2013 when she was hired as our Administrative Assistant. Everyone welcomed Maria with open arms and she immediately became part of the CVI family! For a long time Maria didn't even know that she was providing Peer Support just by being herself through making mutual connections with everyone that walked through our doors. Now Maria's primary focus can be devoted to providing peer support. We are very happy to welcome her into her new role and are very excited to see what the future holds for us all!!

Diane Lane
Executive Director
Chesapeake Voyagers, Inc.

HELP NEEDED:

The **Mental Health Association in Talbot County** is working to compile a comprehensive list of resources for **New Mothers** seeking information and support with **perinatal depression and anxiety**. Below is a draft that will be distributed to Pediatricians/OB-GYNs/mid-wives and birthing centers. If anyone has an **Eastern Shore resource** that could be added to this list (especially for Cecil County), please contact Jackie Davis, Executive Director for MHATC, at 410-822-0444, or by email at jdavis@mhamdes.org. Any and all assistance is appreciated!

Healthy New Moms
Maryland's Maternal Mental Health Campaign

Eastern Shore Mental Health Resources for New Mothers

Eastern Shore Crisis Response & Resource Helpline – 1-888-407-8018
(call center available 24/7 for all nine counties on the Eastern Shore)

Life Crisis Center Hotline – 1-800-422-0009

Lower Shore Early Intervention Program – 410-677-6590

PRMC 24 Hour Hotline – 410-543-7160

NEW: Online Facebook Support Group Coming

Other Resources in Maryland

Postpartum Support Maryland – 240-432-4497- www.postpartummd.org

Healthy New Moms – 443-901-1550 – www.healthynewmoms.org

PPDMOMS – 1 – 800-773-6667 – www.1800ppdmoms.org

National Suicide Prevention Lifeline – 1-800-273-8255

SOAR WORKS | MARYLAND

CONTACT INFO: http://soarworks.prainc.com | phone: (410) 402 8344 | Caroline Bolas

SOAR Works! Around the country, SOAR projects produce positive outcomes by linking people experiencing homelessness to disability benefits.

1 SOAR Ends Homelessness and Supports Recovery

Access to benefits and housing promotes recovery

SOAR is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR seeks to end homelessness through increased access to SSI/SSDI income supports.

2 SOAR Benefits Staff

SOAR-assisted approval rate on SSI/SSDI applications in Maryland: 84% vs. 10-30% for non-SOAR applications

SOAR-trained staff prepare comprehensive quality SSI/SSDI applications that are more likely to be approved, and approved quickly. SOAR reduces frustration and time navigating the process, providing time for staff to focus on enhanced services.

3 SOAR Benefits Clients

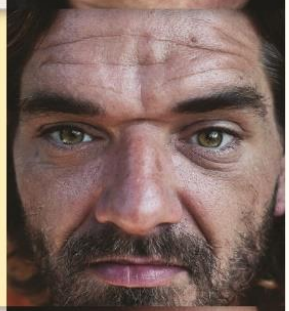
84% of SOAR clients stated receiving benefits helped them access treatment and support

Receipt of SSI/SSDI, along with Medicaid/Medicare benefits, provides access to needed treatment, services, and housing; and supports for employment goals. A recent study found that after receiving SSI/SSDI benefits through SOAR, 72% of formerly homeless individuals were living in their own housing.*

4 SOAR is Cost-Effective

SOAR reduces uncompensated care and increases public reimbursements

States can recover funds for people who are eligible for SSI/SSDI. Once someone is approved for SSI and Medicaid, providers can bill Medicaid for services provided up to 90 days prior to the SSI protective filing date. Ten states reported an average of $10,465 per person in Medicaid reimbursement as a result of SOAR.**



5 SOAR Reduces Institutionalization

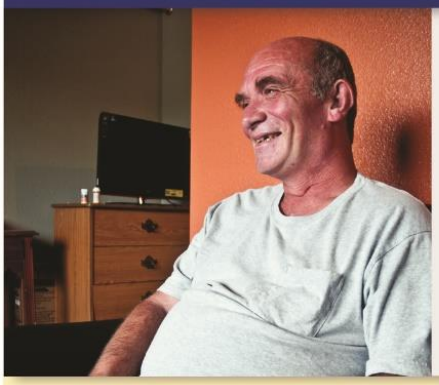
SOAR facilitates re-entry efforts through access to housing and healthcare

Access to SSI/SSDI diminishes the possibility of a return to institutional life among persons who are transitioning from prison or jail or who are being discharged from state psychiatric hospitals.

*Health Care for the Homeless, Baltimore in Maryland

**2014 SOAR Outcomes Summary. http://soarworks.prainc.com/files/SOAR2014Outcomes508.pdf

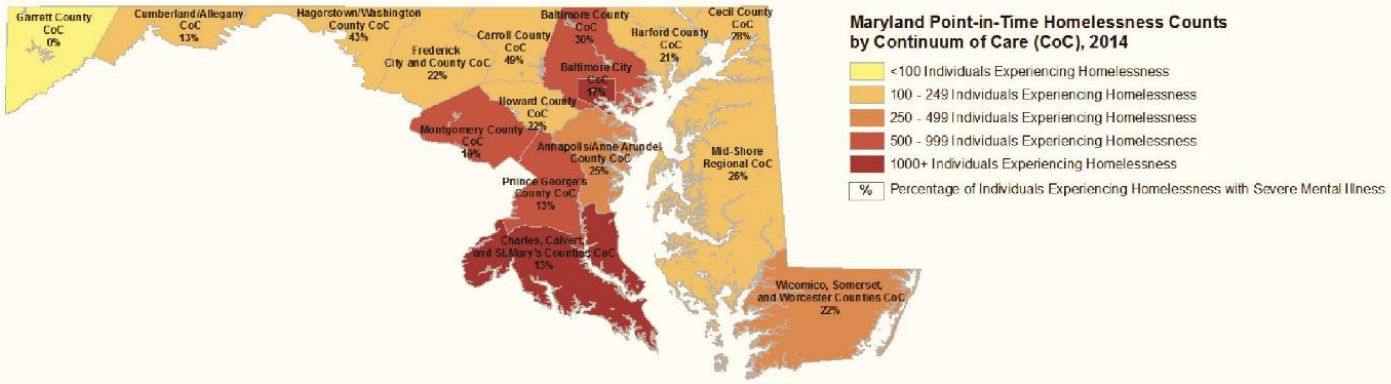
Success Stories



Sam, now in his 40s, had been homeless for most of his adult life. Living on the streets and in shelters, he had lost all contact with any family members. Severe mental health issues had prevented him from ever holding a job for more than a few weeks at a time. He had applied for SSI on a number of occasions, but had been denied because he was unable to provide the necessary information. Things changed when he was referred to a SOAR trained case manager. By collecting his medical records and producing a comprehensive medical summary report, the case manager was able to clearly document his disability, and he was approved for SSI within days of applying. Now he has an apartment of his own and says that for the first time that he can remember he now has hope for his future.

Rosa graduated from a very prestigious university and obtained a well-paying job in finance. However, in her early 20s she experienced her first psychotic episode. Her illness continued to worsen and she had about a dozen hospitalizations in a 10 year period. She continued to try working, but was unable to maintain employment and became homeless and estranged from her family. She was referred to a SOAR trained case manager who helped her submit a successful application for SSDI. After obtaining SSDI, she was able to return to college where she took some courses in teaching. Now she is in permanent housing, has a part-time job teaching math and reading in a local charter school and has reestablished relationships with her adult son.

The Need for SOAR in Maryland



Making SOAR even more successful in Maryland

- **Increased agency participation in the SOAR Initiative**
- **More trained staff undertaking SOAR applications**
- **Expansion of partnerships with community medical providers**
- **Expansion of partnerships with jails, hospitals, housing, supported employment**

2014 Point-In-Time Count: Over 7850 homeless persons in Maryland. Of these, 1740 are chronically homeless, 1525 have a severe mental illness and 1138 a chronic substance use issue. SOAR is an extremely valuable tool in helping end homelessness in Maryland.

SOAR Works!

It's a life saver, it's got me off the streets. I'm not living in abandoned buildings anymore. Basically, I'm able to work myself back into the mainstream of society.
—SOAR applicant

SOAR gives me the rare opportunity to change a person's life for the better in a matter of months. It merges my skills and belief systems into one successful and meaningful endeavor.
—SOAR case manager

SOAR enables case managers to help those they serve achieve a more hopeful and fulfilling life, surely a win-win for all.
—SOAR Local Lead

Let's SOAR!

Do you know clients who can't work due to a severe mental illness?

Do they need SSI or SSDI?

Do they see a psychiatrist?

Send them to SOAR

Contact your SOAR Local Lead to find out the process

SOAR Lead for your County or Region

A few things make it more or less likely that we can help

More likely

- Severe MH diagnosis
- Psych hospitalizations
- 6+ months of MH treatment
- Not able to do ADLs, interact with people, concentrate
- No recent work

Less likely

- Moderate MH diagnosis
- Current SSI/SSDI case pending at hearing or Appeals Council
- Shows signs of good functioning, such as being able to care for kids
- No evidence of MH symptoms persisting when in recovery

If appropriate, We'll SOAR them!

Over 80% of initial SOAR claims in Maryland are approved

in an average of less than 80 days

SOAR = SSI/SSDI Outreach, Access, and Recovery
For more information, visit soarworks.prainc.com

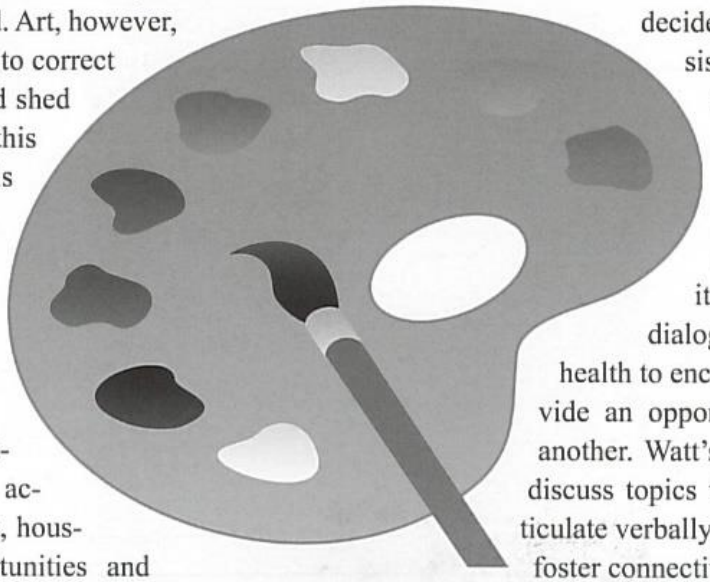
Consumer Network News
The Quarterly Newsletter of On Our Own of Maryland, Inc.
VOLUME TWENTY TWO ♦ NUMBER THREE ♦ AUTUMN 2015

Excerpt

Using Art to Bust Behavioral Health Stigma

by Michelle Livshin

Much of the general public has preconceived notions about people who live with behavioral health issues, conceptions that are often false and misguided. Art, however, is a tool that can be used to correct those misconceptions and shed light on the reality of this experience. Individuals living with behavioral health disorders often experience stigma on a day-to-day basis as a result of these assumptions. This stigma can impact their personal relationships, their ability to access quality medical care, housing, employment opportunities and can even affect their self image. Artwork can be used as a powerful advocacy tool to combat both external and internal stigma.



Visual art provides us with access to another's perspective, promotes awareness, can spark dialogue and can connect individuals. It can even address a social issue or cause. Because art can change one's understanding of an issue or open a dialogue, it can also work to reduce the stigma that exists surrounding the experiences of people with behavioral health issues.

When an artist creates a piece of artwork he or she illustrates his or her experience (emotions, feelings, beliefs) and when that art is displayed, the artist then shares this with the audience. This allows the audience to access a viewpoint different from their own and can provide them with a glimpse into a world that they have either not yet considered, have not experienced or do not fully understand. This type of exposure can break down the existing stereotypes by exposing the audience to a more complete, personal, and accurate representation of someone's experiences.

Cheryl Maxwell is a woman who lost her sister Carolyn Watts, an artist, to a battle with depression. Watts' art tells the story of her struggle, which she kept a secret from her family and friends for most of her life. When Watts took her own life, Maxwell decided to publicly display her sister's artwork throughout Baltimore City in order to give others the chance to understand what it felt like to live with depression. Many of the exhibits also included facilitated dialogues surrounding mental health to encourage discussion and provide an opportunity to learn from one another. Watt's artwork helped others to discuss topics that can be difficult to articulate verbally, which in turn can work to foster connectivity within the community.

Arundel Lodge, a psychiatric rehabilitation program that offers recovery-oriented services for people with behavioral health struggles, is another place where art has been successful in combating the stigma associated with behavioral health issues. The Art Program and Gallery Director, Katerina Evans, showcases artwork from individuals who are currently in recovery from a behavioral health struggle. Their art program works to "create a safe, supportive community of artists where people can explore, express, and recover through classroom studio, and gallery programs in the visual arts." The artwork created through their day program is showcased at Arundel Lodge's Open Eye Gallery and at other venues throughout Maryland.

In an interview with Evans, she explains that participants of the program are not only able to express themselves through the artwork they create but are also able to define themselves as talented artists who happen to live with a behavioral health issue. Director of Communications and the Arts for the Missouri Institute of Mental Health, Andrea Purnell explains that many might assume that individuals who have a mental health condition are not capable of producing captivating fine art; therefore, when they see a beauti-

Using Art to Bust Behavioral Health Stigma

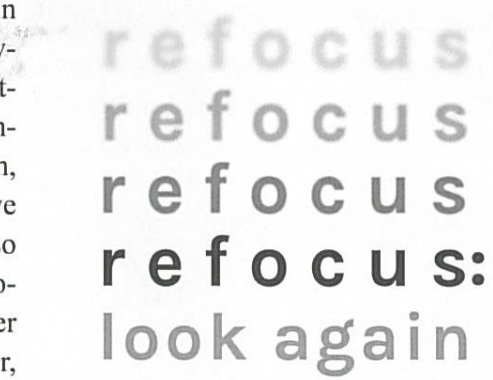
ful piece of artwork from someone with a behavioral health issue, they are able to see the artist as more than a diagnosis. They are able to see the artist as someone who is first and foremost, a talented and skilled creator. This also gives the artist the chance to see him or herself in the same light.

The exhibits created and displayed through Arundel Lodge's day program have been well received throughout the community. After one of the exhibits that showcased a short personal story beside each artist's work, a patron expressed that reading the artist's personal story while also viewing their artwork helped him to understand the artist's experiences with more clarity.

Artwork can be used as a powerful advocacy tool that can combat both external and internal stigma.

Another place that uses art to reduce stigma is the American Visionary Art Museum (AVAM), in Baltimore, Maryland that showcases exclusively self-taught artists, with little to no formal training. Throughout the museum, artwork from talented, creative visionaries, many of whom also have behavioral health diagnoses, are displayed. The founder of AVAM, Rebecca Hoffberger, created a museum that not only offers "a different and unique perspective on artistic works, but she has also used the AVAM as a means through which to challenge and shape the greater community as well" (Maryland State Archives Website, 2006). The goals of AVAM are to promote awareness, promote respect for one another's talents and to empower (AVAM Website, 2013).

In the upcoming months, Peter Bruun, a Baltimore artist, curator and community activist will be launching The New Day Campaign, an initiative that uses "art to challenge stigma and discrimination associated with mental illness and addiction" (Peter Bruun, 2015). This campaign was created to honor the life of Bruun's daughter, Elisif Bruun, who died of a heroin overdose in February 2014. The initiative will run from Oct 1 to Dec 31, 2015 and will include 15 art exhibits and 60 public events that are meant "to educate the public, support advocacy, offer healing experiences, and facilitate people-to-people connecting" (Peter Bruun, 2015).



Images tell stories that sometimes words cannot explain and they can provide the viewer or artist with a deeper understanding of a particular issue, perspective or opinion. They can be used to connect individuals, foster dialogue, or to combat distorted perceptions. In this way, art can be an impactful tool used to combat stigmatizing attitudes toward people who live with behavioral health issues. A work of art is not just an object that is aesthetically pleasing but is also a tool that can be used to educate and advocate for an issue that affects a growing number of Americans.

The Anti-Stigma Project is launching a new public outreach campaign called Distorted Perceptions, which has been created to reduce stigma among the general public toward people who live with mental health and/or substance use issues. The campaign's focus is on changing existing perceptions of behavioral health diagnoses by seeing a person for more than their condition. Our materials will make their debut at the New Day Campaign events and exhibits, so keep an eye out for them!

FREE WORKSHOP

The Anti-Stigma Project

presents

"Stigma...in Our Work, in Our Lives"

Within the mental health and substance use communities, a very real and powerful phenomenon is at work. It can damage therapeutic, professional, and personal relationships, threaten the effectiveness of services and treatment, and often keeps people from seeking the help they need. That phenomenon is stigma.

The interactive workshop, Stigma…in Our Work, in Our Lives is designed to reduce stigmatizing attitudes, behaviors, and practices within the behavioral health system.

Through a variety of learning approaches, you will:

- **Identify stigmatizing attitudes and behaviors and discuss their impact on the design, delivery and receipt of services**
- **Examine the impact of stigma on the lives of behavioral health professionals, family members, and consumers**
- **Formulate a plan to combat stigma**
- **Talk, listen and learn in a comfortable atmosphere**

Presented by On Our Own of Maryland, Inc.'s Anti-Stigma Project (visit www.onourownmd.org)

The Anti-Stigma Project workshops are free to behavioral health programs, clinics, or hospitals that receive full or partial public funding from the state of Maryland.

"Stigma...in Our Work, In Our Lives" is a 3-hour workshop and requires a minimum of 10 participants with a maximum of 50 participants. We understand that not all programs are created alike. Therefore workshop length and participant minimums/maximums are negotiable upon request.

For more information or if you would like to schedule a workshop, please contact Kristen Myers at 443-996-2441 kmyers@onourownmd.org

What Participants Are Saying...

"I stigmatize a lot more than I've ever admitted to myself."
~Montclair, New Jersey

"This is probably the best chance to improve the quality of treatment in Maryland."
~Baltimore, Maryland

"I realized...how unaware I was."
~Towson, Maryland

"[The leaders were] very clear. Fun and intelligent. Very friendly and approachable. Bring 'em back!"
~New Britain, Connecticut

FREE ONLINE SBIRT TRAINING

psattcelearn.org

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training: 4-hour Self-Paced, Online Course

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders and those at risk of developing these disorders. Overall, substance use contributes to over 70 conditions that require medical care. Screening can be easily used in primary care settings and enables healthcare professionals to systematically identify and assist people whose drinking or substance use may cause or complicate medical and mental health functioning.

This 4-hour training is relevant for both primary care and behavioral health providers. Our training provides a brief overview of the prevalence of substance use, criteria for risky use, and the effects of substance use on health and mental health functioning. We review the two approved screening tools (AUDIT and AUDIT-C), and teach providers how to conduct a three-step Brief Intervention utilizing motivational interviewing techniques focused on motivating people toward positive behavioral change. For individuals identified to be at high risk for an alcohol use disorder, we teach providers how to motivate patients to accept a referral to specialty substance abuse treatment services.

CME Credit Available!

Pacific Southwest (HHS Region 9)
ATTC eLearning

FREE CE Credit Available for:
LMFT, LCSW, LPCC, LEP, Registered Nurses, RADT, CADC-CAS, CADC, CADC-CS, LAADC, CATC, NCAC, MAC

Continuing Medical Education (CME) Now Available!

Course Objectives:
At the conclusion of this course, participants should be able to:
• Describe the background and rationale for conducting SBIRT in a variety of health settings
• Explain how to utilize screening procedures to identify patients engaged in at-risk alcohol use behaviors.
• Demonstrate a three-step motivational interviewing-based brief intervention strategy to motivate patients to change their at-risk behavior and/or seek treatment.

CME Statement:
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Morehouse School of Medicine and UCLA Integrated Substance Abuse Programs. The Morehouse School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Welcome to the Pacific Southwest Addiction Technology Transfer Center
Online Learning Center
We are constantly adding new courses and content. Check back frequently for new courses & opportunities.

Fair Insurance Coverage:
IT'S THE LAW

Federal law prohibits your private health insurance plan from discriminating against you because you have a mental illness, including a substance use disorder. Coverage for a mental health concern now must be equivalent to coverage for physical health problems, like heart disease, diabetes and cancer.

Under the federal "Mental Health Parity" law:

1. You are entitled to the treatment your physician says is necessary for your mental health or substance use disorder. Your health plan cannot require you to fail first at less-expensive treatments if it does not have the same "fail first" requirement on all other illnesses covered by your plan.

2. With few exceptions your co-payment or co-insurance for your mental health benefit should not be higher than it is for other medical care, and you should have only one deductible and out-of-pocket maximum that covers all of your health care.

3. When you visit a psychiatrist for medication management and for psychotherapy on the same day, you should pay only one co-payment.

4. You should have access to an "in network" mental health provider who:
   - is qualified to treat your condition
   - can see you in a reasonable amount of time at a location accessible from your home.

5. Mental health-related visits or treatment should not require pre-authorization, unless your plan requires pre-authorization for most other medical care.

6. The number of visits or hospital days should not be limited, unless similar limitations apply to most other medical illnesses under your plan.

7. Your health plan should pay even if you don't complete the treatment or a prior recommended course of treatment.

8. Your health plan is required to provide you with a written explanation of:
   - how it evaluated your need for treatment
   - why it denied the claim
   - the basis for its conclusion that the plan complies with federal law.

9. You have the right to appeal your plan's decision about your care or coverage.
   You have the right to appeal the claim with your plan and **The Maryland Insurance Adminstration (www.http:www.mdinsurance.state.md.us/sa/consumer/appeals-and-grievances.html)**

10. If you have an out-of-network benefit in your plan and see an out-of-network psychiatrist, the health plan should reimburse you for a portion of the amount you paid for the visit. If the amount you are reimbursed is significantly less than the amount the health plan pays to other doctors who are out-of-network, this may be illegal. You can see what doctors are paid by checking the explanation of benefits you receive from your plan.

If you have concerns about your health plan's compliance with federal law:

- **The Maryland Insurance Administration** • 410-468-2000 or 800-492-6116 • www.mdinsurance.state.md.us
- **Maryland Parity Project** • 443-901-1550 x206 • www.mhamd.org or www.marylandparity.org
- **MPS - Maryland Psychiatric Society** • 410-625-0232 • www.mdpsych.org
- **Health Education & Advocacy Unit - Maryland Attorney General** 410-528-1840 or 800-261-8807 www.oag.state.md.us
- **Call the federal government's Center for Consumer Information and Insurance Oversight (CCIIO) at** 877-267-2323 ext. 6-1565 **or email its Public Health Interest Group, also part of CCIIO:** phig@cms.hhs.com
- **Contact a benefit advisor at the U.S. Department of Labor at** 866-444-3272 • www.askebsa.dol.gov

mhamd NAMI Maryland MPS AMERICAN PSYCHIATRIC ASSOCIATION

Terms of plans differ. This document is not intended to be legal advice. It is intended for public education and awareness only.

7/15

HUFFPOST HEALTHY LIVING

It's a Crisis! Can We Start Talking About How to Solve It?

By **Greg D. Williams, M.A.** , Addiction public policy expert, filmmaker, activist, and social entrepreneur.

History was made in Washington, D.C., one month ago today. Despite hurricane and flooding threats, tens of thousands of people from around the world joined to UNITE to Face Addiction in dramatic fashion for the first time in the "public eye."

Oct. 4, 2015 was the first time that major musicians, politicians, actresses, athletes, models, journalists, authors, and advocates joined their voices together on the National Mall to push for addiction solutions for the health crisis impacting 85 million Americans.

The "AIDS Quilt" unveiling on this same National Mall took many years to determine the cultural, political, and philanthropic significance of breaking new ground around that shamed and marginalized public health crisis. One theme rose above all others for participants and attendees at the UNITE to Face Addiction Rally: that systemic and bold solutions be added to the ongoing problem-laden addiction epidemic dialogue about the lives being lost.

While national news stories about the problem continue on *60 Minutes* and on the front page of *The New York Times* in recent weeks, the people who stood on the hallowed ground beneath the Washington Monument on Oct. 4 all knew something that America will soon learn.

There is a better way. While we don't have the "cure" for addiction to alcohol or other drugs, there is so much that can be done -- and is being done.

What We Know

Problem: Our country's approach to addiction is not working, largely because it has not been viewed or treated like a health issue.
The Path Forward: We know we must educate all Americans that addiction is a public health issue, not a crime -- even President Obama and Congress agree on this one! It's time to open the hearts of the rest of the non-believers. If not their hearts, let's aim for their wallets by educating them with data about how this path will save them money.

Problem: We know that 9 out of 10 -- 90 percent -- of the more than 22 million people currently suffering from addiction today began using alcohol or other drugs during adolescence.
The Path Forward: Young people are not educated about the nature and risks of addiction and parents don't know how to talk to their kids about this issue. It's time to start educating young people and families about this pediatric health crisis, just like we have with childhood obesity and smoking.

Problem: We know that only about 10 percent of those needing addiction treatment actually get it.
The Path Forward: Continue to fill the halls of congress just as 670 individuals and families from around the country did on Oct. 5 -- the day after the UNITE to Face Addiction rally. If we do this we will create the ongoing political will to pass new legislation and fully implement existing bi-partisan supported federal legislation -- The Mental Health & Addiction Equity Act -- that can help end some of the discrimination for the largest current treatment gap for any major health problem. Action by our policymakers can save the health system, employers, and taxpayers scores of billions of dollars every year.

Problem: There are 23 million Americans living in recovery from addiction who often remain hidden and marginalized by their "status" as people in recovery.
The Path Forward: Continue to shift the current cultural perception that people with addiction do not get well by celebrating publicly the truth that people do recover from addiction. Not only did those on the big stage at UNITE to Face

Addiction -- Joe Walsh, Steven Tyler, Darryl Strawberry, Jason Isbell, John Rzeznik, and Jonathan Butler recover -- but so did the tens of thousands of people who celebrated in front of them.

Together we must continue to face addiction because no one should ever have to overcome addiction alone. No longer can we sit on the sidelines and let others worry about changing the system. While system and cultural change is harder for the press to write about than focusing on the problem, it is the only path forward if we are going to save lives.

Facing Addiction is ***our*** movement. Now is ***our*** time.

Greg Williams is the Co-Founder of Facing Addiction -- a national effort organizing people, communities, and organizations to face addiction and stand up for recovery together. He has been in long-term recovery from addiction to alcohol and other drugs since age seventeen. He is the director of the feature-length documentary "The Anonymous People," and has a Master's degree in addiction public policy from New York University.

This post is part of a series produced by facingaddiction.org, in conjunction with their event Unite to Face Addiction (Sunday, Oct. 4, National Mall, Washington, D.C.). The blogs are also part of The Huffington Post's "What's Working" solutions-oriented journalism initiative. For more information on facing addition, visit www.facingaddiction.org.

Follow Greg D. Williams, M.A. on Twitter:
www.twitter.com/facingaddiction

Source: http://www.huffingtonpost.com/greg-d-williams-ma/its-a-crisis-can-we-start_b_8466574.html

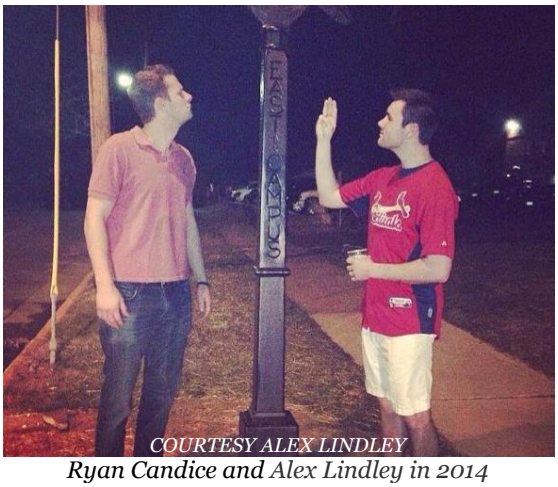
---

After A Buddy's Suicide, These Friends Are Ending The Stigma

"I know that mental illness isn't in someone's control, it's a disease."

By **Lindsay Holmes**, Healthy Living Editor, The Huffington Post

On an early June morning in 2014, University of Missouri students Alexander Lindley and Danny Kerth learned that their childhood friend and fellow Mizzou classmate Ryan Candice had died by suicide.



Ryan Candice and Alex Lindley in 2014

Candice was the type of person anyone would want to have in their corner, his friends said. Loved ones remember him as kind. A rock. Someone people could connect with instantly. At least a dozen people said he was their best friend -- and they were all right. "He was so inclusive and open to everyone, which made it incredibly easy for him to make friends," Lindley explained.

When he died, Candice was only 20 years old, just three weeks shy of his 21st birthday.

Lindley and Kerth described waking up to a string of missed phone calls from friends and feeling dumbfounded by the news. The last time Kerth saw Candice was just a couple of weeks before; their group of friends had hung out, staying up until 3 a.m. just chatting and catching up.

"That was something special about Ryan -- you could have gone months without seeing him and still, every time you were with him, it was as if not a moment was lost," Kerth recalled. "That was a special trait that very few have."

Their friend never let on that he was struggling, they said, an unfortunately common occurrence with mental health issues.

Suicide was the second-leading cause of death among 15 to 29-year-olds globally in 2012. And approximately one person every 40 seconds will die by suicide worldwide -- a frightening statistic of which many people are unaware.

"You start to think, 'Why would he do this to us?'" Lindley said. "It dawned on me that it was the stigma surrounding mental illness -- especially for guys on college campuses -- that keeps someone from reaching out."

Ryan Candice and Carolyn Dolan in 2011.

Candice's death wasn't the first time this group of friends experienced the loss of someone to a mental health issue. Another childhood friend, Carolyn Dolan, died by suicide two years earlier. The loss of two young people so close together felt earth-shattering, but it also served as a wakeup call to the serious and devastating effects of mental illness.

"I'd been through two eulogies by the age of 21," said Lindley, now 23. "Something had to change."

Lindley, Kerth and their friends decided to make a documentary called "Wake Up," and not just as a way to heal: they viewed it as a platform for awareness. And clearly they weren't the only ones who felt such a film was necessary: Within 24 hours of launching a three-minute PSA and a crowdfunding campaign for the project, the group had raised $10,000 and were able to hire a director and make a 12-minute short.

What's more, before graduating, Candice's friends helped found the Missouri Suicide Prevention Coalition, an on-campus organization designed to inform students and faculty about mental health issues.

"Freshmen year in college, in particular, is probably one of the most stressful times in any young adult's life. It's very high pressure," Kerth explained. "Sometimes your friends need a little nudge that's it okay to reach out for help."

Men, specifically young college men, often believe they're supposed to act "strong" and therefore mental health issues are considered a "weakness." Lindley believes this facade may have prevented Candice from reaching out to his closest friends, and research proves it's a problem: A recent mental health analysis found that men are more likely not to speak up if they're having suicidal thoughts.

What's more, many young people don't know the signs of mental health issues and suicide. Harmful self talk, social withdrawal and changes in sleep patterns are all potential red flags, according to the American Foundation for Suicide Prevention.

While the conversation on mental illness still has a long way to go before stigma is eradicated, efforts like the "Wake Up" project are certainly invoking positive change by challenging the negative stereotypes that plague sufferers of mental illness and often prevent them from seeking proper treatment.

Lindley and Kerth said that the process of creating the film taught them more about mental illness and the massive impact it has on society.

"Before this project, I don't think I possessed the empathy that I do now," Kerth said. "I know that mental illness isn't in someone's control, it's a disease."

The pair's next goal, Kerth says, is to raise enough money to create a full-length film that will put a lens to an under-addressed problem in the mental health community by showcasing how mental illness affects men. They hope to show the film across college campuses to help educate students on mental health disorders and banish the stigma surrounding them.

"Mental illness is an affliction, just like any other disease," Lindley said. "It's time for people to be able to receive the treatment they need and to feel comfortable to ask for that help. They're not alone in this."

For more on the "Wake Up" documentary, check out projectwakeup.org or the film's GoFundMe page.

Source: http://www.huffingtonpost.com/entry/suicide-prevention-projectwakeup_56439848e4b08cda34872274?utm_hp_ref=healthy-living

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS

Join an Innovation Community

If your organization is integrating primary and behavioral health care services and is ready for rapid implementation of change on a critical integration issue, then apply to participate in one of four SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) Innovation Communities.

Innovation Communities are groups of up to 20 organizations who share knowledge and apply learned skills for a term of nine months to drive measurable change for a high-priority issue in health care integration.

Teams who participate work together to address a specific integration challenge. Each Innovation Community is facilitated by two CIHS staff and up to three additional subject matter experts. CIHS will share the key lessons learned from each Innovation Community with primary and behavioral health care providers nationwide.

LEARN MORE →

The Topics

Motivated, solutions-oriented organizations are invited to apply for one of the following communities:

- **Hiring and Supervising Peers to Support Integrated Care**: Open to behavioral health provider organizations, this community focuses on the development of skills, policies and procedures required to support a strengths-based approach to hiring and supervising of peer providers as part of the integrated primary care team and to enhance their job performance while promoting a culture of recovery and resiliency.

- **Advanced Behavioral Health Integration in Primary Care**: Implementing Trauma-Informed Care: HRSA-funded safety net providers with well-established behavioral health integration will learn how to adopt trauma-informed principles and practices to improve engagement and retention, health outcomes and client satisfaction.

- **Integrating Primary Care into Substance Use Treatment Provider Services**: This is for licensed or certified substance use treatment providers beginning to integrate primary care services to move addiction treatment providers forward in their primary integration efforts. This community will cover all aspects of integration including interdisciplinary team approaches, billing and care pathway development.

- **Integrating Primary Care and Wellness: Sustaining Integrated Services**: Open to behavioral health provider organizations looking to expand integrated health services toward an organization-wide whole health focus, demonstrate the link between primary care and wellness quality metrics and cost, and analyze how to maximize available funding sources to sustain integrated primary care and wellness programming.

Timeline

Innovation Communities run from December 2015 to August 2016 and include a kickoff webinar, monthly coaching sessions, bimonthly coaching calls and a closing webinar.

Expectations

Innovation Community participants must be willing and able to commit adequate time, energy and enthusiasm to participate in all Innovation Community activities and have support from their executive leadership.

Ready to Get Started?

Don't miss out on this opportunity – there are no direct costs to participate, only staff commitment and active engagement. **Apply by 5:00pm EST on Wednesday, December 2, 2015**.

For more information about the Innovation Communities, please contact Integration@TheNationalCouncil.org.

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.

Watch *The Raising of America* Online and Spread the Word!

When parents and communities are squeezed, their young children pay the price. How can we do better? California Newsreel's acclaimed new documentary series, *The Raising of America: Early Childhood and the Future of Our Nation*, shows how a strong start for all our kids leads to a healthier, more prosperous and more equitable nation.

Watch all episodes online (free!) Nov. 9th - Nov. 30th at www.raisingofamerica.org.

Episodes

EP. 1: THE RAISING OF AMERICA Signature Hour

EP. 2: ONCE UPON A TIME: When Childcare for All Wasn't Just a Fairy Tale

EP. 3: ARE WE CRAZY ABOUT OUR KIDS?

EP. 4: WOUNDED PLACES: Confronting Childhood PTSD in America's Shell-Shocked Cities

EP. 5: DNA IS NOT DESTINY: How the Outside Gets Under the Skin

More video clips, interactives, discussion guides, toolkits and other resources at www.raisingofamerica.org.

Join the conversation: What can--and should--we do as a nation to give all our kids a strong start? #RaisingOfAmerica @Raising_US

Find us on Facebook **Twitter @Raising_US** **www.raisingofamerica.org**

NATCON16

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH NATCON CONFERENCE

MARCH 7 – 9, 2016 | LAS VEGAS

This Isn't Monopoly Money: Friday Is Your Last Chance at a REAL $200

Wouldn't it be nice if you really could advance to 'Go' and collect $200, like in Monopoly?

Well, you can't. But through Friday you can save $200 off NatCon16 registration with the Fall Preview Rate.

Friday is your *very last chance*. Don't stop at Go — advance to www.TheNationalCouncil.org/Register.

Want to save even more? Register three or more people from your organization and save $50 off each registration.

www.TheNationalCouncil.org | #NatCon16

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

Tell Us How Your Insurance Is Working For You

Do you or a loved one struggle to get the mental health care you need? Do you have insurance that covers the costs of your care? Take the **Coverage4Care survey** and tell us about your experiences.

The survey can be completed in about 20 minutes. It's important! Your answers will help us advocate for better care and coverage for yourself and your loved ones. It doesn't matter what type insurance you have, or whether you have insurance at all. We want to hear from you

Spread the word. Share this **survey** with your family and friends. Post links to your Facebook and Twitter.

The survey closes on Monday, December 14th, 2015 at Midnight EST.

Thank you for your help.

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

Submissions are now being accepted for the *CRISIS* issue of the National Council for Behavioral Health's magazine.

Should your work be featured? It should if you have a success story, innovation, or promising practice to share. For instance, if you:

- use technology to make your crisis services accessible
- use technology in a creative way to track or triage crisis situations
- have a unique collaboration with first responders and other related agencies to connect people in crisis to appropriate care
- have built a fail-safe infrastructure to respond to crises in your community
- have tailored your crisis response teams to meet the unique needs of your area

Tell us why your work should be featured in the next issue of the National Council Magazine, releasing in Spring 2016.

Submit your story idea by **Monday, Nov. 23 by Noon Eastern**. Please send an email to Susan Partain (**SusanP@TheNationalCouncil.org**) with the following information:

1. Your name and contact information, or the contact information of the person(s) to be interviewed/who will write the article
2. A 3-4 sentence outline of the community program/service that this story would highlight, including outcomes (can be overall impact to your community or an individual story)
3. 1-2 sentences on what makes your program/crisis services unique

The National Council magazine is a great opportunity to earn national recognition for the wonderful work you do in your community and for the people in whose lives you make a difference.
Magazine readership includes decision makers — CEOs, administrators, clinicians, board members, individuals in recovery—in 2,500+ addiction mental health care organizations. The magazine is also distributed to federal policymakers and administrative agencies, payers, health care associations, state and local governments and media outlets throughout the U.S. Copies are mailed to National Council member organizations and VIPs, and the complete magazine is shared via web, email, social media and blogs.

View past issues at **www.TheNationalCouncil.org/Consulting-Best-Practices/Magazine.**

The editorial team will review all submissions and notify you by **December 7** if your idea is selected for inclusion.

If you have questions or wish to discuss further, please contact Susan Partain at **SusanP@TheNationalCouncil.org**.

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

Reducing ER Admissions with Care Transitions Part 2

Date: Tue., Nov. 24, 4:00 pm EST

Register: **https://attendee.gotowebinar.com/register/7474996086653974273**

Mental illness and addiction make up **one of every eight emergency department visits** in the U.S. About 41 percent of psychiatric visits lead to hospital admission, which is 2.5 times the rate of emergency department visits for other conditions. People increasingly rely on emergency departments for basic care and intermediate services because of the lack of access to mental health and addiction services. To help reduce hospital admissions for behavioral health conditions, we'll focus on building partnerships between behavioral health treatment organizations and emergency departments to avoid unnecessary, costly emergency department admissions.

Hear from WestCare Nevada and Jefferson Mental Health Center on their experiences about the key elements of partnership and how to develop your own. Experts from the American Association for Emergency Psychiatry will lead and frame the conversation.

Digital Self-Care: Using Technology to Improve Outcomes and Engagement

Date: Thu., Dec. 3, 1:00 pm EST
Speakers: Laura Galbreath, director, SAMHSA-HRSA Center for Integrated Health Solutions at National Council for Behavioral Health; Abigail Hirsch, Chief Clinical Officer at myStrength; Sandra Dixon, Director of Addiction Services at DCCCA, KS

Register: **https://attendee.gotowebinar.com/register/7108180315862265602**

As the **nationwide shortage** of psychiatrists grows, many behavioral health providers are asked to do more with fewer resources. But what if you already feel stretched too thin?

myStrength, a leading provider of digital health solutions, offers an interactive mobile and web-based platform that helps patients manage their depression, anxiety or substance use problems, and allows behavioral health providers to extend their care to meet the increasing demand for treatment.

Learn more from a fellow provider about the benefits of digital self-care technologies.

** All webinar recordings and slides are available in our webinar archives within 48 hours of the presentation.*

We do not offer continuing education credits or certificates of attendance for our webinars, but we do offer continuing education credits during our National Council Conference.

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

SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center Presents:

Working Together with Native Communities to Support the Healing of our Service Members, Veterans, and their Families

Date: Fri., Dec. 11, 2015, 3:00 p.m. - 4:30 p.m. EST

Presenters: *Seprieono Locario, M.A.* | Tribal Action Plan and Wellness Coordinator, Substance Abuse and Mental Health Services Administration's (SAMHSA) Tribal Training and Technical Assistance Center; *Lieutenant Colonel John Frederikson, USA Ret., Ed.D.* | University of Montana, National Native Children's Trauma Center

Moderator: *Mirtha Beadle, M.P.A.* | Director, SAMHSA's Office of Tribal Affairs and Policy

Register: **https://goto.webcasts.com/starthere.jsp?ei=1085077**

Native communities have one of the highest records of military service per capita of any other ethnic group. To move toward more successful outreach to American Indian (AI) and Alaska Native (AN) tribes and communities, both tribal culture and military culture must be honored.

Possessing cultural knowledge and skills to build successful relationships is key to behavioral health providers working with tribal service members, veterans and their families (SMVF).

This webinar will include information on cultural beliefs, healing practices and strategies for working with tribal leadership in rural communities. Presenters will outline available resources and discuss how to address and prevent behavioral health issues in tribal SMVF.

Learning Objectives

- Describe the need for AI/AN cultural information, knowledge, skills, and competencies among SMVF providers and peers working in rural communities
- Discuss strategies to increase access to traditional and non-traditional tribal warrior health and healing programs for rural SMVF
- Explore opportunities for collaboration and coordination among tribal community partners and state and federal behavioral health systems
- List at least three best practice resources, tools, and/or strategies that can be used for enhancing outreach and engagement of tribal SMVF in rural communities

Target Audience
Representatives serving SMVF from state, territory and tribal behavioral health systems, workforce development and training staff, providers, mental health and addiction peers, military family coalitions and advocates.

If you have any questions about your registration, please contact Sarah Degnan, Project Assistant, at 518-439-7415 ext. 5272 or by email at sdegnan@prainc.com.

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

Certified community behavioral health clinics (CCBHCs) are game changers – that's for sure. And for provider organizations in the 24 states that are currently planning for CCBHC implementation, they pose head-scratching questions, like…

- What exactly is a CCBHC?
- Why are they game changers?
- What are their advantages?
- What challenges does my organization face in preparing to become a CCBHC?
- What should we focus on first?

Given the magnitude of the changes ahead, behavioral health executives must present a united front. What does your C-suite need to know—and what big decisions do they face in the months ahead?

Let the National Council help raise your C-suite's bar with training and consulting from the industry's leading experts.

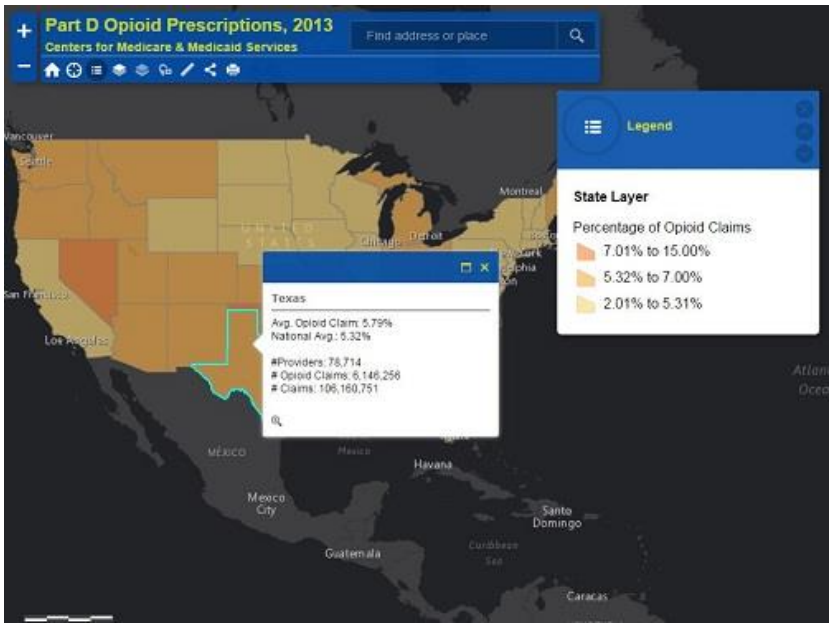
- Jeanne Supin, president and CEO of Wautauga Consulting, helps strong organizations accomplish large-scale transformations. She's been doing it for 25 years.
- MTM Services, one of behavioral health's foremost leadership and management consulting firms, has led 700+ behavioral health organizations in adapting to changing health care delivery and payment systems.
- Steven Rosenberg, president of Community Oriented Correctional Health Services, prepares executives to embrace change and thrive. He's been in the game for 40 years.

Check out our brand new CCBHC Resource Hub and explore new ways to engage your entire C-suite.

PS. Our new Resource Hub is under construction – stay tuned for more resources as they become available – and let us know if you have questions the website doesn't answer!

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

CMS ANNOUNCES AVAILABILITY OF NEW MEDICARE PART D OPIOID DRUG MAPPING TOOL



In the midst of a national opioid epidemic, a new tool from the Centers for Medicare and Medicaid Services (CMS) allows providers to track the number of opioid prescription claims in their communities, counties and states. The tool – The Opioid Heat Map – shows local level data of de-identified Medicare Part D opioid prescription claims, comparing it to data across the country. With this new tool, providers will now be able to see real time Medicare data on the prescription of opioids across the country.

Specifically, for each region, the tool provides data on:

- Percentage of opioid claims;
- State average;
- National average;
- Total providers;
- Total opioid claims; and
- Total claims

The tool was developed in response to the increasing amount of deaths each year related to drug overdose for both opioid-based pain relievers and from illicit drugs like heroin. CMS noted that "in 2013, overdose from prescription opioid pain relievers claimed more than 16,000 lives, with more than 145,000 people dying from these overdoses in the last decade."

NOW AVAILABLE: 2015 National Drug Threat Assessment

This annual assessment provides policymakers, law enforcement personnel, and prevention and treatment specialists with relevant strategic drug intelligence to assist in the formulation of counter-drug policies, establish law enforcement priorities and allocate resources. Read more.

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

Save the date. March 8, 2016, you'll rock with country star and person in recovery Joshua Scott Jones and mingle with the superstars improving the lives of those living with mental illnesses and addictions at the National Council Celebration of Excellence Concert & Awards Dinner.

Your ticket gives you access to an elegant reception, concert and dinner. And, just like your favorite concert, you can select your spot with our interactive seating map. There's even a "Find a Friend" tool to pick the seat next to your colleagues.

Tickets go fast, so purchase your ticket and grab your seat. If you're coming with a large group, snag a reserved table upfront.

Prefer the view from the stage? Submit your nomination for one of 18 awards to put yourself front and center at the Celebration of Excellence.

Questions? Email Awards@TheNationalCouncil.org.

Weekly Inspiration