



July 26, 2013

Issue 30, Volume 2

WEEKLY NEWSLETTER

Behavioral Health Resource on the Eastern Shore for Local Trainings, Events, Program Information, and More!

New Report Provides Health Data and Resources for Maryland Hispanic Community

Report is part of a series highlighting health data for specific racial and ethnic groups



Baltimore, MD (July 18, 2013) - The Department of Health and Mental Hygiene (DHMH) has released a new report, "Hispanics in Maryland: Health Data and Resources," the second in a series to raise awareness of health conditions and provide educational resources for minority populations in the state.

Between 2000 and 2010, Maryland's Hispanic population doubled to more than 470,000, accounting for 8.2 percent of the state's population.

The report highlights a number of troubling health disparities facing Hispanics in Maryland. For example, Hispanics in Maryland were three times more likely to not be able to afford seeing a doctor, and were five times more likely to be without health insurance, than Non-Hispanic Whites. Hispanics ages 18-64 were more obese than their Non-Hispanic Whites counterparts, and were significantly less likely to engage in leisure time physical activities. The HIV incidence rate was 3.6 times higher and the AIDS incidence rate was 4.7 times higher, for Hispanics than for Non-Hispanic Whites in Maryland. Tuberculosis incidence was 15 times higher for Hispanics than Non-Hispanic Whites in Maryland. "As Maryland's population continues to become more diverse, it is critical for us to understand the health challenges facing specific communities. This knowledge allows us to work to improve outcomes with targeted resources and outreach," said Dr. Joshua M. Sharfstein, DHMH Secretary.

The release of the report coincides with the launch of new Spanish-language website resources on the DHMH website. These include information about various public health issues, as well as translated forms for some of the Department's core services. The new information can be viewed at <http://dhmh.maryland.gov/spanish/SitePages/Home.aspx>. This spring, the Department released its report on Maryland's Asian and Pacific Islander population. The Department also plans to develop and release reports focusing on American Indian and African American health data and resources.

For information about the work of the DHMH Office Minority Health and Health Disparities, visit <http://dhmh.maryland.gov/mhhd/>.

To read the new report, visit <http://dhmh.maryland.gov/mhhd/Documents/Maryland-Hispanic-Health-Disparity-Data.pdf>.

The report is also available in Spanish:

http://dhmh.maryland.gov/spanish/Documents/91731_Maryland%20Hispanic%20Health%20Disparity%20Data_050213_SPA.pdf.


Stay connected: www.twitter.com/MarylandDHMH or www.facebook.com/MarylandDHMH

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www.msmhs.org

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

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ATTENTION

Queen Anne's
County
Residents:

New Emergency Food Pantry

Sponsored by Queen Anne's County
Christian Assistance, Inc.
410-739-4363



3rd Saturday of Every Month (except November)
9-11am

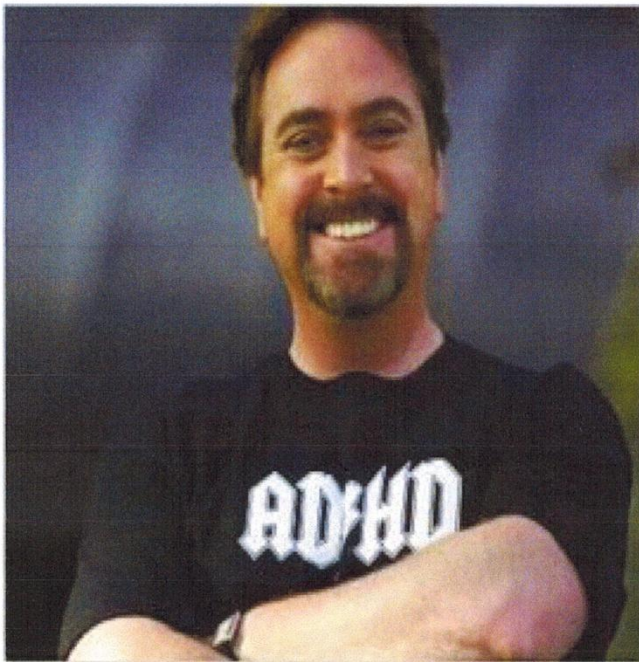
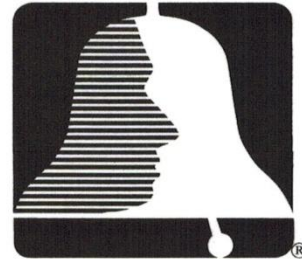
Safe Harbor Presbyterian Church: 931 Love Point Road,
Stevensville 21666 – back of church

Must be present to accept food. Bring photo ID.

A.D.D. & ME!

Presented by
MHATC*

(Mental Health Association in Talbot County)



Patrick McKenna

Successful Comedian from
Toronto's Second City Acting
Company and the
Red Green Show

Date: August 28, 2013

Time: 7:00pm

Avalon Theater, Easton, MD

Come hear an upbeat, funny
personal success story on
Attention Deficit Disorder and
ADHD and learn how to
effectively live with that special
condition in your family!

Tickets: \$10.00 each

Can purchased online at:

www.mhamdes.org

Or call: 410-822-0444

*MHATC is a United Fund Agency

Got Recovery?

Join us on Saturday, September 14th at **Great Marsh Park**, Cambridge, MD 11 am- 3 pm

Fun ~ Food ~ Fellowship ~ Free

Games ~ Music ~ Awards

Children, Families, Individuals in Recovery, Friends, & Sponsors

DRI-DOCK

RECOVERY & WELLNESS CENTER

CELEBRATE ~ YOUR ~ RECOVERY!



We're Happy, Joyous, & Free ~ and we STILL like to party!

DRI-DOCK: 108 Washington Street, Cambridge, MD 21613 ~ 410 228-3230 ~ website: dri-dock.org

Sponsored by the National Council on Alcoholism & Drug Dependence-Maryland (NCADD-MD), the Maryland Alcohol and Drug Abuse Administration (ADAA), and the Health Enterprise Zone "Competent Care Connections"

Be A Voice 2013



Hunger Action Symposium

6817 Dogwood Road, Windsor Mill, MD 21244

On Friday, September 27, join the Maryland Food Bank and renowned hunger advocates from across the state at our third-annual Hunger Action Symposium: *Be A Voice*. Featuring **former Secretary of Agriculture Dan Glickman** as our keynote speaker and **Bob Aiken, President and CEO of Feeding America**, the conference will be a forum for thought leaders, government officials, and concerned citizens to explore new ways to combat food insecurity in Maryland. Join us to add your voice to the conversation! Register today! <http://beavoice2013.eventbrite.com/>

*Check In / **FREE** Continental Breakfast: 8-9AM
Lunch is provided / **FREE** Parking!*

Connecting Marylanders with Food Supplement Program Benefits webinar

Tuesday, July 30, 2013
1-2:15pm

To Register: Send your name and email address to Laura Flamm at lflamm@mdhungersolutions.org.

The Food Supplement Program (FSP, formerly the Food Stamp Program, known federally as SNAP) is a valuable resource – putting healthy food within reach of over 750,000 Marylanders. Many that are eligible for benefits may turn to community organizations for assistance with the application process. This webinar is designed to build the capacity of front-line staff to answer questions about the Food Supplement Program application.

Through this webinar you'll learn:

- Why FSP is a vital resource for Maryland communities.
- Who is eligible for FSP benefits.
- The application process for FSP benefits.
- How to assist with filling out an application for FSP using www.marylandsail.org.

If you have questions, contact Laura Flamm: lflamm@mdhungersolutions.org or (410) 528-0021 ext. 23.

TRAUMA



People Experience Trauma Under Two Different Sets Of Circumstances

Some types of traumatic events involve (1) experiencing a serious injury to yourself or witnessing a serious injury to or the death of someone else, (2) facing imminent threats of serious injury or death to yourself or others, or (3) experiencing a violation of personal physical integrity. These experiences usually call forth overwhelming feelings of terror, horror, or helplessness. Because these events occur at a particular time and place and are usually short-lived, we refer to them as **acute traumatic events**. These kinds of traumatic events include the following:

- School shootings
- Gang-related violence in the community
- Terrorist attacks
- Natural disasters (for example, earthquakes, floods, or hurricanes)
- Serious accidents (for example, car or motorcycle crashes)
- Sudden or violent loss of a loved one
- Physical or sexual assault (for example, being beaten, shot, or raped)

In other cases, exposure to trauma can occur repeatedly over long periods of time. These experiences call forth a range of responses, including intense feelings of fear, loss of trust in others, decreased sense of personal safety, guilt, and shame. We call these kinds of trauma **chronic traumatic situations**. These kinds of traumatic situations include the following:

- Some forms of physical abuse
- Long-standing sexual abuse
- Domestic violence
- Wars and other forms of political violence

We know that many folks with Addictions & Mental Health problems suffer from past traumatic experiences.

Trauma Support group at the
DRI-DOCK Recovery & Wellness Center

Thursdays- 6 - 7pm

108 Washington St., Cambridge, MD

To participate please see one of the staff or call 410 228-3230

Parent led workshops proven to strengthen families.

**Learn how with Active Parenting of Teens,
a six-session video & discussion workshop
that's as fun as it is effective.**

Sign up today!

Sponsored by: Maryland Coalition of Families

2013 Dates: September 16, 23, 30,
October 7, 14, 21

Time: 5:30-7:30 pm

Location: Presbyterian Church, 617 N. Washington Street,
Easton, MD

For more information or to register call: 410-479-1146



This program is paid for through Maryland Coalition of Families for Children's
Mental Health with a grant from Rural C.A.R.E.S.

Mental Health First Aid

Instructor Training Program

Hosted by the Mental Health Association of Maryland &
The College of Southern Maryland

August 12 - 16, 2013

9:30 a.m. - 5 p.m.

Waldorf Center

3261 Old Washington Road

Waldorf, MD 20602-3223

Mental Health First Aid

The initial help given to a person showing symptoms of mental illness or in a mental health crisis until appropriate professional or other help, including peer and family support, can be engaged.



Potential Audience

- Hospitals and Health Centers
- Employers
- Faith communities
- Schools/ Universities
- Law Enforcement/ Justice
- Nursing home staff
- Families and caring citizens
- Substance Abuse Agencies
- Mental Health Authorities
- Policymakers

Certified Mental Health First Aid Instructors

- Learn to teach the 12 - hour Mental Health First Aid course, including the 5 - step action plan
- Receive all materials necessary to teach and evaluate the course, including a complete Instructors Kit.
- Apply the program to a range of adult learning styles
- Tailor presentations to diverse audiences and learning environments
- Access ongoing technical assistance and support
- Join a statewide instructor network of 150+

To register:

Complete the instructor application at the registration site below:
<https://www.surveymonkey.com/s/CCXH569>

Cost: \$1500 for new Instructors

\$700 for certified MHFA– Youth Instructors

Payments must be received by noon, July 30, 2013

For more information about MHFA
www.mhfamaryland.org
or contact Lea Ann Browning-McNee at
443-901-1550 ext. 209

Ensuring a compassionate and effective response to Marylanders in crisis

Mental Health First Aid Maryland is a program of Maryland's Mental Hygiene Administration in cooperation with the Mental Health Association of Maryland. Mental Health First Aid-USA is a collaboration of the Maryland Mental Hygiene Administration, the Missouri Department of Health and the National Council for Community Behavioral Healthcare.



www.MentalHealthFirstAid.org

Please copy, complete and mail with check.

Name: _____
 Credentials: _____
 Affiliation: _____
 Address: _____

 Phone: _____
 E-mail: _____
 Special accommodations: _____
 Number attending (\$35/person): _____
 Total enclosed: _____

Select one session for each time:

11 to 11:50 a.m.

Cog. Behav. Therapy for Weight Loss _____

Increasing Attendance with Incentives _____

2:30 to 3:20 p.m.

Insomnia in Medical & Psychiatric Patients _____

Billing for Integrated Care Beyond the

Behavioral Health Home _____

Lunch included at Ikaros (select one):

Greek Feast _____

Vegetarian Greek Feast _____

Mail registration form and payment (checks only, made payable to "Johns Hopkins Bayview Community Psychiatry Program") to:

Johns Hopkins Bayview Medical Center
 Community Psychiatry Program, Attn: Kathleen Clark
 5200 Eastern Avenue
 Mason F. Lord Bldg., East Tower, 5th Fl, Rm. 584
 Baltimore, MD 21224

Include a registration form for each attendant even if paying by one check.

Registration must be received by Sept. 20.

No refunds will be made after Sept. 1.

Participants can earn 2.5-4 CEUs Category I for Social Workers and LPCs.

For more information, e-mail sprais1@jhmi.edu.

Integrated Care Conference: Improving the Physical Health of People with Chronic Mental Illness

Please join us for a dynamic day of skill building, information sharing and networking. Hear evidence-based techniques for improving your clients' health, cutting-edge research from national leaders in the field and policy updates.

Speakers

Anita Everett, M.D., is the section director for Community Psychiatry at Johns Hopkins Bayview Medical Center. She is the past president of the Maryland Psychiatric Society and the American Association of Community Psychiatrists and the founder of Access to Wellness. She has spoken nationally about integrated care.

Sharon Praissman, MS, CRNP-A/PMH, developed and directs Access To Wellness, one of the longest running integrated care programs in Maryland.

David Hellmann, M.D., is the Aliki Perroti Professor of Medicine and Vice Dean and Chairman of the Department of Medicine at Johns Hopkins Bayview Medical Center.

Gail Daumit, M.D., MHS, is a nationally recognized expert in the health of people with mental illness. She has published extensively on exercise initiatives among those with severe mental illness.

Johns Hopkins Bayview Medical Center



Directions

From points south (including BWI Airport):
 Take I-295 north to the Harbor Tunnel Thruway (I-895). After exiting the tunnel, take exit 12, Lombard Street. At the first stop light, proceed straight onto Bayview Boulevard.

-or-

Take I-95 through the Fort McHenry Tunnel to exit 59 (Eastern Avenue). Turn left onto Eastern Avenue and proceed approximately one mile to Bayview Boulevard on the right.

From points north and east:

Take I-95 south to exit 59 (Eastern Avenue). Turn right onto Eastern Avenue (west) and proceed approximately one mile to Bayview Boulevard on the right.

-or-

Take I-895 south to exit 12, Lombard Street. At the first stop light, turn right onto Bayview Boulevard.

Parking

There are visitor parking lots across from the Asthma and Allergy Center and the Mason F. Lord Building, East Tower.

Janelle Coughlin, Ph.D., is the director of the Obesity Medicine Program at Johns Hopkins Bayview and associate director of the Center for Behavior and Health at Johns Hopkins. She is widely published on obesity management and weight loss.

Maxine Stiltzer, Ph.D., of the Behavior Pharmacology Research Unit at The Johns Hopkins Hospital, pioneered the uses of contingency management in drug abuse and is a nationally recognized expert in the field.

Michael T. Smith, Ph.D., C.B.S.M., is the director of the Center for Behavior and Health, and the Behavioral Sleep Medicine Program at Johns Hopkins. He cofounded the Society of Behavioral Sleep Medicine.

Lisa Hadley, M.D., JD, is the clinical director of the Mental Health Administration of Maryland.

Panelists include integrated care clinicians and pioneers:

Dimitrios Cavathas
 Lori Doyle
 Ali Hartman
 Jean Mosie
 Noah Miller
 Toni Moore-Duggan
 Dennis Blair

Integrated Care Conference

Community Psychiatry Program
Access to Wellness

Johns Hopkins Center for
Behavior and Health

September 25, 2013

8:30 a.m. to 4:30 p.m.

Johns Hopkins Asthma and Allergy
Center Auditorium

Johns Hopkins Bayview Medical Center
 5501 Hopkins Bayview Circle
 Baltimore, Maryland 21224



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Agenda

8:30 a.m.

Registration and Continental Breakfast

9 a.m.

Welcome: Anita Everett, M.D. and Sharon Praissman, MS, CRNP-A/PMH

9:15 a.m.

Opening Remarks: David Hellmann, M.D.

9:30 a.m. TBD

10 a.m.

Exercise Initiatives: Gail Daumit, M.D., MHS

10:50 a.m. Break

11:05 a.m. Sessions

Cognitive Behavioral Therapy for Weight Loss: Janelle Coughlin, Ph.D.

Increasing Attendance and Compliance with Incentives*: Maxine Stiltzer, Ph.D.

11:50 a.m. Lunch***(included) and Walk

1:30 p.m.

Health Promoting Strategies--Success Stories from the Field: Panel of Integrated Care Providers

2:15 p.m. Break

2:30 p.m. Sessions

Insomnia in Medical & Psychiatric Patients: Michael T. Smith, Ph.D., C.B.S.M.

Billing for Integrated Care Beyond the Behavioral Health Home*: Panel

3:20 p.m.

DHMH Integration Updates: Lisa Hadley, M.D., JD

3:50 p.m.

The Behavioral Health Home DHMH

4:20 p.m. Closing Remarks

* Session does not qualify for CEUs

** Breakfast and lunch are included with registration. Lunch is at Ikaros Restaurant, 4901 Eastern Ave. This is approximately a ten-minute walk from campus. Street parking is available if you prefer to drive.



The Latest on Alzheimer's Disease & Geriatric Depression

Didn't attend AAGP this year? Not a problem! We captured the symposium on video and created a certified online archive...and you won't even miss an opportunity to ask questions. Here's what you can do:

- 1** First tune in online with an expert faculty triad for the American Association for Geriatric Psychiatry (AAGP) satellite symposium archive entitled, *Mature Mood Matters: New and Emerging Developments in Geriatric Depression*. Then, register for the live Q&A session on August 21 with Charles F. Reynolds III, MD for 30 minutes of Ask the Expert Q&A as a follow up to the archive.
- 2** Next, please join us for a second AAGP symposium archive entitled, *Technologies to Advance the Treatment of Alzheimer's Disease*. We welcome you to join the live Q&A session for this archive as well on September 4, when Gary W. Small, MD will be with us for another 30 minutes of online Ask the Expert Q&A.

Click on the activity titles below to participate in the online symposium archive and register for the live Q&A.

Mature Mood Matters: New and Emerging Developments in Geriatric Depression

View Symposium Archive – participate anytime!

Register for Ask the Expert Q&A

Live Q&A Webcast: Wednesday, August 21, 2013

1:30 PM - 2:00 PM ET

Technologies to Advance the Treatment of Alzheimer's Disease

View Symposium Archive – participate anytime!

Register for Ask the Expert Q&A

Live Q&A Webcast: Wednesday, September 4, 2013

1:30 PM - 2:00 PM ET

What are your toughest clinical questions regarding geriatric depression and Alzheimer's disease? Feel free to submit your questions prior to the Q&A launch by emailing the faculty at questions@cmeoutfitters.com.

No thanks, but what other online CME activities are available? [Click here](#)

Follow CME Outfitters on:



WC-022 - WC-023 - 072513-99

ESRO - Supporting Aging Adults: Alzheimer's & Dementia

When: Wednesday September 11, 2013 from 9:30 AM to 3:00 PM EDT

Where: Chesapeake Center, 713 Dover Road, Easton, MD 21601

The goal of this workshop is to raise awareness of the issue of Alzheimer's disease and Dementia. The workshop emphasizes the difference between these brain disorders and gives caregivers and supporters information that will be helpful in providing ongoing care for individuals in service care organizations.

Speaker: Lisa Meyer

Register Now!



Please call me with any questions regarding this course or any other training.

Sincerely,
Andrea Jones
DDA/ESRO
andrea.jones@maryland.gov
410-572-5945

PRESS RELEASE

Contact: Gary Pearce
[410-819-8067](tel:410-819-8067)
gpearce@talbotpartnership.org

FOR IMMEDIATE RELEASE (EASTON- June 23, 2013)



Next Parent Coalition Meeting is July 31

The Talbot Parent Coalition will be holding their next meeting on July 31 at 5:30 in the Easton Middle School gym. The Parent Coalition is a group of parents, under the support of Talbot Partnership, who are working to get the issues of drugs and alcohol on the table. Everyone is invited to join the group to discuss what more we can do to better understand the challenges and opportunities our youth face, tips for monitoring and safeguarding our youth and discussing how our community can engage teens in discussions about influence and ways to “stay above it.”

The speaker for that evening will be Suzanne Fischer, LPC, LCADC. Suzanne recently moved to the Eastern Shore from Pennsylvania. She is the former Managing Director of Daytop New Jersey, which is both a residential and outpatient program which provided treatment to adolescents who were in need of Substance or co-occurring treatment. Daytop offered a wide range of services, including working with not only the client but also their families. In April Suzanne opened a private practice in Easton.

In addition, there will be representatives from the Talbot County Addictions Program and local police agencies providing information on Signs of Use/Addiction and what enforcement is seeing/what parents can look for. There will also be an opportunity for parents to ask questions.

The mission of the Talbot Parent Coalition is to inform parents about teen drug and alcohol abuse and to give parents the resources and tools to cope with these new realities of teenage life. We invite you to explore our website for information and the tools you need to cope. Teenage behavior is perplexing at the best of times; it can become overwhelming when you add the influence of drugs and/or alcohol.

To RSVP, email at mary@easternshoreparent.com or contact Talbot Partnership at [401-819-8067](tel:401-819-8067). For further information on the Parent Coalition, visit our website or Face book, or contact parentcoalition@talbotpartnership.org

Announcing “Behavioral Health System Baltimore” under Leadership of Bernard McBride, as new CEO



Baltimore Substance Abuse Systems (BSAS) and Baltimore Mental Health Systems (BMHS) are merging this fall to form a new nonprofit organization – **Behavioral Health System Baltimore** – which will focus on advancing behavioral health for individuals, families and communities, the two entities announced today.

Behavioral Health System Baltimore will advocate for and help guide innovative approaches to prevention, early intervention, treatment and recovery to help build healthier individuals, stronger families and safer communities. The organization will work to foster a more efficient, responsive and holistic behavioral health system in Baltimore to help ensure individuals and families get the help they need to address mental illness and substance abuse issues.

Also announced was the appointment of Bernard J. McBride, director of Bucks County (Pa.) Behavioral Health System, to lead Behavioral Health System Baltimore as its chief executive officer. *Above is a picture of some of the staff and Mr. McBride from this morning's announcement.*

Read more about the new organization and the new CEO on the website:
<http://www.bsasinc.org/?p=1872>

Kent County DSS Vacancies

The agency is recruiting for 2 vacancies in Service -- a Social Worker (1 candidate will be selected across 3 classifications) and a Social Worker Supervisor position.

If you are interested or know someone who is, apply through the state's job openings page at [DHR's Job Openings](#) page. Scroll down to the heading "Regular Ongoing Recruitments" to view the instructions to apply for: "Social Worker II, Family Services", "Social Worker I, Family Services", "Casework Specialist, Family Services" and "Social Worker Supervisor, Family Services".

Applying online is highly recommended, however, paper applications will be accepted for anyone that does not have an email address or computer access.

NOTE: You must create a profile in order to submit a state application online. However, you can use this same profile to apply for any state job at any time **AND** you can log in anytime to update your application when needed.

Email or call with any questions.

--

Vastina Fisher, HR Officer
Kent County Department of Social Services
350 High Street, PO Box 670
Chestertown, MD 21620
[410.810.7652](tel:410.810.7652) (Phone)
[410.778.2932](tel:410.778.2932) (Fax)
email: vastina.fisher@maryland.gov
website: www.dhr.maryland.gov



Maryland Center for Developmental Disabilities
at Kennedy Krieger Institute

The Maryland Center for Developmental Disabilities Transition Services Survey

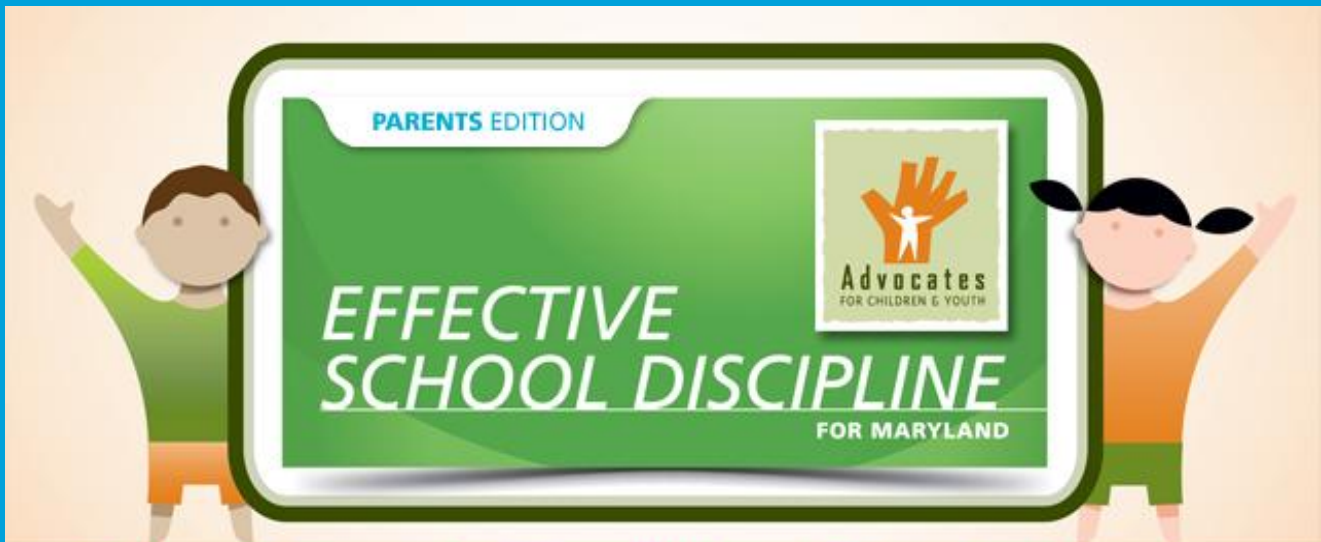
The Maryland Center for Developmental Disabilities (MCDD) at Kennedy Krieger Institute is conducting research on transition services for children with an autism spectrum disorder.

The purpose of this survey is to gather information to help the MCDD and its' partners to identify ways in which transition services can be improved, and to further identify ways to help families successfully navigate the transition process.

It is our hope that your input will help shape the future of transition services for Maryland families, and be shared with colleagues in our national network at the Association of University Centers on Disabilities 2013 Conference: *Promoting Inclusion in an Increasingly Diverse World*.

If you have any questions or thoughts that you were not able to convey through this survey, please feel free to contact us at [\(443\) 923-9555](tel:443.923.9555) or via E-mail at: mcdd@kennedykrieger.org.

To access this survey please click on the following link:
<http://www.surveymonkey.com/s/autismtransition>



A Shared Approach to Keep Children in School and Learning

There Is No Free Pass

Effective school discipline holds children accountable for their behavior. With effective school discipline, students are kept in school where they can actively learn from their bad choices and mistakes. There is no free pass.

We are all in agreement that there are some behaviors that warrant an out-to-school suspension. However, the use of out-of-school suspensions for behaviors that can be corrected in school is not the answer. On average, more than 50,000 students receive out-of-school suspensions every year. Some even become disengaged from school. These students, who are our future leaders and contributors to Maryland's economy, cannot afford **not to care** about their education. Let's continue to work on our children because there is too much at stake.

This summer, the Maryland School Board of Education is proposing changes that would create new school discipline regulations that will create a positive school climate that holds kids accountable; maintain an environment conducive to learning; and keep more kids in the classroom.

The state school board will need your support to make this happen. Advocates for Children and Youth will advise you when and how you can help. Please continue to follow us on Twitter at @MarylandACY and our Facebook page for updates.

For more information, please review the [fact](#) sheet or go to www.acy.org.



ADVOCATES FOR CHILDREN AND YOUTH

8 Market Place, 5th Floor, Baltimore, MD 21202 | 410-547-9200

www.acy.org

Maryland SHIP "Health Action" Newsletter

July 26, 2013

Visit the [SHIP](#) site

Visit the [HSIA](#) site

Follow us on [twitter](#)

Like us on [Facebook](#)

Join Our List



Comments

Click [here](#)

to e-mail us with comments, questions, suggestions, and/or feedback.



Governor Martin O'Malley
Lt. Governor Anthony G. Brown
DHMH Secretary Josh Sharfstein

The 2013 State of Aging and Health in America Report Released

The State of Aging and Health in America 2013 is the sixth volume of a series, supported by the Centers for Disease Control and Prevention, which presents a snapshot of the health and aging landscape in the US. This series presents the most current information and statistics about the health of adults 65 and older.

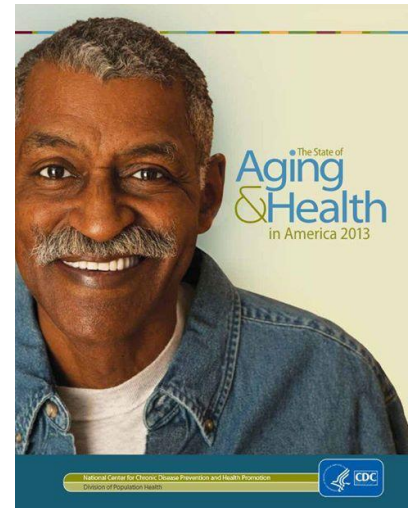
Twentieth century advances in protecting and promoting health among older adults have provided many opportunities for overcoming the challenges of an aging society. Effective public health strategies and advances in medical treatment contributed to a dramatic increase in average life expectancy in the US, and a transition from the risk of infectious disease to the growing impact of chronic disease.

Although infectious agents still present significant health challenges in the US, these diseases are no longer the leading killers of American adults. Instead, heart disease and cancer pose their greatest risks as people age, along with other chronic diseases and conditions, including stroke, chronic lower respiratory diseases, Alzheimer's disease, and diabetes.

The health indicators presented in The State of Aging and Health in America 2013 highlight these risk factors and various opportunities for prevention through a presentation of data, trends, and innovative resources. As suggested in the report, in order to continue to improve the health of older adults, the public health sector should continue to collaborate with aging services to improve opportunities for physical activity and access to care.

Click [here](#) to access The State of Aging Health in America.

Click [here](#) to view the SHIP Healthy Aging Featured Topic.



Climate Change Poses a Public Health Threat in Maryland



The Maryland Department of Health and Mental Hygiene (DHMH), in conjunction with the Climate Communication Consortium of Maryland and George Mason University, recently released the results of the first comprehensive survey of Maryland residents to find out what they think about the public health impacts of climate change. The survey was conducted to help DHMH understand public attitudes about health and the environment, and particularly about two important environmental changes occurring today: climate change and changes in the energy picture of the state and nation.

As described in the survey report many people identify threats to health as one of

the most important consequences of climate change. According to the results of the survey, air pollution was identified as the top personal health risk with 70 percent of state residents saying air pollution is a major or moderate risk to their health. Additionally, 79 percent of residents reported that in the past year, extreme weather posed a health risk to people in their community. The survey results provide insight for policy makers, public health officials, and the public about Maryland's response to climate change and energy needs.

Click [here](#) to read the full Public Health, Energy, and Climate Change survey report.

View the [SHIP measure](#) and [tools](#) for reducing the number of unhealthy air days.

Call for Abstracts Deadline Extended - Reduce Tobacco Use Conference 2014



The 11th National Reduce Tobacco Use Conference being held April 10-11, 2014 is accepting abstract submissions. The Call for Abstracts submission deadline has been extended until August 8, 2013. The National Reduce Tobacco Use Conference 2014 seeks plenary, sub-plenary, and concurrent session presenters to provide attendees with effective and replicable strategies for preventing and reducing the use of tobacco products among youth and young

adults. The National Reduce Tobacco Use Conference will showcase the latest in tobacco use prevention, reduction, and cessation with youth and young adults.

Click [here](#) for more information on how to share your expertise and submit an online abstract application.

View the [SHIP measure](#) and [tools](#) for reducing the proportion of adults who smoke.

View the [SHIP measure](#) and [tools](#) for reducing the proportion of youth who use any kind of tobacco product.

News from the Office of Primary Care Access

Workshop Will Focus on Needs Assessment, Economic Impact and Mapping Tools

The National Center for Rural Health Works (RHW) will hold a Regional Workshop on August 15, 2013, in Denver, Colorado. The workshop, hosted by the Colorado Rural Health Center, will provide training in the following areas: determining the financial feasibility of or assessing the need for a new or expanded rural health service; community health needs assessment (CHNA) toolkit; economic impact; and mapping tools. Registration is limited.

Click [here](#) for more information and to visit the RHW Workshops page

Affordable Care Act Resources

The new Health Insurance Marketplace (HIM) will open for enrollment on October 1, 2013. The Department of Health and Human Services (HHS) has updated HealthCare.gov to make it easier for consumers to sign up for coverage. For Spanish-speaking consumers, CuidadoDeSalud.gov will also be updated to match HealthCare.gov's new consumer focus.

Access the new toll-free Health Insurance Marketplace call center where

consumers can obtain information on their state's HIM at 1-800-318-2596.

Click [here](#) to visit the Maryland Health Benefit Exchange Web site.

Click [here](#) to visit the Maryland Health Connection Web site.

Please Remember to Register for the Rural Action Assembly


The Maryland State Office of Rural Health (SORH), the Rural Maryland Council (RMC) and the Maryland Rural Health Association (MRHA) are collaborating to host a day and a half conference focused on defining key issues for Maryland's rural communities. We hope through the integration of key rural stakeholders, we will work towards creating sustainable rural communities and continue planning for the future and prosperity of rural Maryland.


Click [here](#) for more information.

Remember to Submit your Nominations for the Rural Impact Awards

The Maryland Rural Health Association (MRHA), the Rural Maryland Council (RMC), and the State Office of Rural Health (SORH) will be recognizing individuals and organizations in rural communities for outstanding efforts that have impacted the economic development, sustainability, and health of their communities in rural Maryland at a Rural Impact Award Dinner the night of October 17th. Nominations are due by August 31, 2013.

Click [here](#) for more details about nominating a deserving program or individual.

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

Substance Abuse and Mental Health Services Administration
1 Chesapeake Road • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Monthly Newsletter

JDTR ATCC MHTG ADULT MHCS JUVENILE MHCS TOPICAL RESOURCES PEER RESOURCES TRAUMA TRAINING

7 Common Characteristics of Juvenile Mental Health Courts

Juvenile Mental Health Courts (JMHCs) are among the justice diversion programs available in some communities with approximately 53 in existence nationwide. JMHCs are specialty dockets within the juvenile court that combine intensive treatment with supervision while holding the youth, guardian, and community responsible for program outcomes. Based on a [National Institute of Justice](#)-funded study by [Policy Research Associates](#), “7 Common Characteristics of Juvenile Mental Health Courts” is now available on the [GAINS Center website](#). This report is based on a national survey of all JMHCs in the US; site visits, stakeholder interviews, observations of court proceedings, and focus groups; and extensive interviews of participants and their guardians. This document is a broad blueprint for communities to consider while planning for or evaluating a JMHC.

Finding Purpose After Living With Delusion

Damon Winter/The New York Times



Meaning in Madness: Milton Greek, who has been diagnosed with schizophrenia, believes that decoding the messages in delusions can help some people recover.

ATHENS, Ohio — She was gone for good, and no amount of meditation could resolve the grief, even out here in the deep quiet of the woods.

Milt Greek pushed to his feet. It was Mother's Day 2006, not long after his mother's funeral, and he headed back home knowing that he needed help. A change in the medication for his [schizophrenia](#), for sure. A change in focus, too; time with his family, to forget himself.

And, oh yes, he had to act on an urge expressed in his [psychotic](#) delusions: to save the world.

So after cleaning the yard around his house — a big job, a gift to his wife — in the coming days he sat down and wrote a letter to the editor of the local newspaper, supporting a noise-pollution ordinance.

Small things, maybe, but Mr. Greek has learned to live with his diagnosis in part by understanding and acting on its underlying messages, and along the way has built something exceptional: a full life, complete with a family and a career.

He is one of a small number of successful people with a severe psychiatric diagnosis who have chosen to tell their story publicly. In doing so, they are contributing to a deeper understanding of mental illness — and setting an example that can help others recover.

"I started feeling better, stronger, the next day," said Mr. Greek, 49, a computer programmer who for years, before receiving medical treatment, had delusions of meeting God and Jesus.

"I have such anxiety if I'm not organizing or doing some good work. I don't feel right," he said. "That's what the psychosis has given me, and I consider it to be a gift."

Doctors generally consider the delusional beliefs of schizophrenia to be just that — delusional — and any attempt to indulge them to be an exercise in reckless collusion that could make matters worse. There is no point, they say, in trying to explain the psychological significance of someone's belief that the C.I.A. is spying through the TV; it has no basis, other than psychosis. Continue Reading [Here](#)

Want a Peaceful, Productive, Happy and Healthy Classroom or School?
Use the PAX Good Behavior Game

Research proven for kids, teachers, & others...

Benefits in the classroom.....

Compatible with other prevention efforts.
Major improvement in engaged learning.
60-90 minute more time to teach and learn each day
75-125 fewer disruptions per hour in classes.
20%-30% less need for special education.



Reductions in deviant and criminal behaviors.....

A 30% to 60% reduction in referrals, suspensions or expulsions.
Significant reduction in life-time juvenile and adult criminal acts.

Increased mental health.....

50% - 70% reduction in mental health difficulties (e.g., ADHD and conduct symptoms).
A 10% to 30% reduction in injuries or stress related complaints.
Reduction in directly observable symptoms of ADHD such as inattention and fidgeting, even for children not on medication.
Reduction in observable symptoms of Oppositional Defiance and Conduct Disorders, whether or not the child is in therapy or the family is receiving interventions.
Reduction in the manifest symptoms of depression or PTSD.

Substance Use Prevention.....

25% to 50% reduction in use of tobacco or other drugs over a child's lifetime.
This includes methamphetamine, GBH, marijuana and more.

A Best Practice...

"There are over 20 published studies on the positive effects of the Good Behavior Game showing many positive outcomes such as: reducing disruptions, aggression, increasing engaged instruction, reducing ADHD symptoms, decreasing drug use, decreasing tobacco use, decreasing criminal behavior, reducing costly problems for society for pennies per day."

-Dr. Dennis Embry, creator of the PAX Good Behavior Game

The Good Behavior Game is a named best practice by:

- The Centers for Substance Abuse Prevention
- The Surgeon General
- The American Federation of Teachers
- The National Registry of Effective Programs
- And many, many others

Easy to Use...

One teacher or whole school can start PAX Good Behavior Game — unlike other best practices. Can be started and be effective ANY time of the year – unlike most best practices. Reduces need for so many programs, easing burden of staff, unlike many best practices that take class time. Flexible yet consistently produces high quality results; low cost and saves money and time; involves school and home, too.

Uses break-through "behavioral vaccine" concept as simple as hand washing to prevent disease.
Applies latest "brainecogenomic" research so that staff learn the principles to use with new challenges.

For more information about the Good Behavior game contact:

Claire Richardson

claire@paxis.org

520-907-5240

A Weekly FAX from the Center for Substance Abuse Research

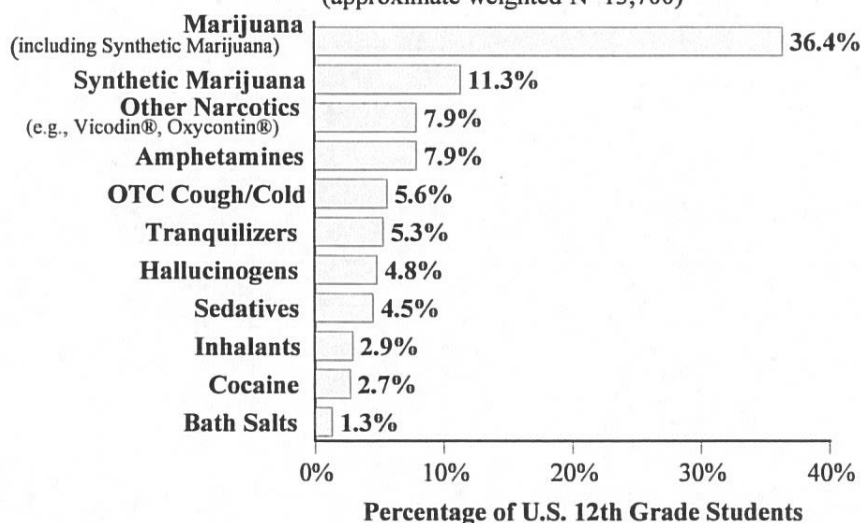
University of Maryland, College Park

One in Nine U.S. High School Seniors Report Using Synthetic Marijuana in the Past Year

Marijuana and synthetic marijuana are the most prevalent illicit drugs used by 12th graders, according to data from the most recent national Monitoring the Future (MTF) survey. Slightly more than one-third (36.4%) of high school seniors reported using marijuana in the past year, including 11.3% who reported using synthetic marijuana, compared with less than 8% for all other illicit drugs (see figure below). These estimates of synthetic marijuana use among U.S. high school students are nearly identical to those found by another 2012 survey of high school students (see *CESAR FAX*, Volume 22, Issue 17). The MTF survey also found that approximately one-fourth (24%) of 12th graders perceive a great risk for harm in trying synthetic marijuana once or twice, and one-third (33%) think there is a great risk for harm in using the drug occasionally, compared to 15% and 21%, respectively, for marijuana. Previous research on high school students has shown that students' perceived risk is related to their likelihood of using a drug (see *CESAR FAX*, Volume 20, Issue 3).

Percentage of U.S. 12th Grade Students Reporting Past Year Use of Drugs* Other Than Alcohol and Tobacco, 2012

(approximate weighted N=13,700)



*Amphetamines include Adderall® (7.6%), Ritalin® (2.6%), methamphetamine (1.1%), and crystal methamphetamine (0.8%). Hallucinogens include salvia (4.4%), ecstasy (3.8%), LSD (2.4%), and PCP (0.9%). Other narcotic drugs used nonmedically include Vicodin® (7.5%) and Oxycontin® (4.3%). Drugs with less than 2% prevalence were ketamine (1.5%), GHB (1.4%), Rohypnol® (1.5%), steroids (1.3%), and heroin (0.8%). Amphetamines, sedatives, tranquilizers, and other narcotics include only use "... on your own—that is, without a doctor telling you to take them." OTC Cough/Cold refers to use for the explicit purpose of getting high.

NOTE: Youth who report using synthetic marijuana likely have no idea what specific synthetic cannabinoid they are using or what the effects will be, especially since the types and amounts of synthetic cannabinoids can vary greatly between products, lots, and even within the same package.

SOURCE: Adapted by CESAR from National Institute of Drug Abuse, *Monitoring the Future: National Results on Adolescent Drug Use, 1975-2012, Volume I: Secondary School Students*, 2013. Available online at http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2012.pdf.

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HEALTHCARE GEARS UP FOR COMING MANDATES

COMPANIES TRY TO
EASE THE PAIN OF NEW
GOVERNMENT
REGULATIONS

By Michele Masterson

Ask everyday consumers what government healthcare mandates mean and they are likely to respond with salty language. Ask healthcare providers the same question and they might say, "A big headache."

Speech technology companies are looking to change that sentiment for the healthcare industry, offering solutions so that physicians and hospitals can deliver great patient care while lessening the onus of adhering to myriad rules.

Added to that is the burden of skyrocketing costs that have hit both patients and providers where it hurts the most—their pocketbooks.

“Speech for healthcare is an area where technology has wanted to be and is trying to be,” says Judith Markowitz, president and founder of J. Markowitz Consultants. “It’s a growing area, but there are issues. Healthcare is highly regulated. The money for healthcare is being squeezed, and healthcare service providers are being squeezed even more as Congress gets its way.”

HEALTHCARE MANDATES: MEANINGFUL USE

The healthcare industry is faced with sifting through various pieces of U.S. legislation, many of which stem from the Health Information Technology for Economic and Clinical Health (HITECH) Act, which falls under the American Recovery and Reinvestment Act of 2009. Part of that mandate calls for healthcare providers to use electronic medical records (EMRs), also known as electronic health records (EHRs).

EMRs are used to comply with “meaningful use,” which is, according to the Department of Health and Human Services, a “set of standards defined by the Centers for Medicare & Medicaid Services Incentive Programs that governs the use of electronic health records and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria.”

Dr. Nick van Terheyden, chief medical information officer at Nuance, explains that the underlying requirement is that healthcare providers need to have granular data, but at the same time must be able to create discrete data without entering and generating it through a manual process.

“An analogy I have is that you don’t ask the CEO of Bank of America to enter stock data,” Dr. van Terheyden says. “Likewise, we shouldn’t ask clinicians to enter discrete data. We should be able to capture that from their narrative. Now we can actually generate discrete data that will drive systems that will help measure it and deliver quality care.”

Meaningful use has three stages and is aimed at clinicians and hospitals. Stage one, which was implemented during



“The money for healthcare is being squeezed, and healthcare service providers are being squeezed even more as Congress gets its way.”

2011–2012, called for healthcare organizations to electronically capture information in a standardized form, among other criteria.

Stage two goes into effect in 2014, and covers advanced clinical processes, including more rigorous health information exchange, in addition to other criteria. Stage three goes into effect in 2016, and focuses on issues such as improved quality, safety, and efficiencies that can lead to better health outcomes.

EMRS ARE SEEING EXPLOSIVE GROWTH

Meaningful use has been front and center for speech technology providers who have been keen to offer solutions.

“Meaningful use has driven broader adoption of medical systems like EMRs,” says Ben Brown, senior research director for medical and imaging equipment at KLAS Research, a health information research company. “Because EMR adoption has increased so much over the last couple of years with meaningful use, it

has opened up a big opportunity for growth in the speech recognition sector.”

The largest player in this arena is Nuance, which has several products, including those under its Dragon Medical 360 umbrella. The solution uses front-end speech recognition and back-end computer-aided medical transcription, while also analyzing physician narratives and translating them into clinical and quality indicators.

“Dragon Medical focuses on converting spoken word to text, and in between that is an editor who checks the correctness of [the information] and feeds it back,” Dr. van Terheyden says. “[For example], one of our back-end solutions, Dragon Medical 360 eScript, bundles up a voice file, sends it to a machine, and transcribes it. We’ve now layered on top of that a number of unique pieces of technology that essentially takes the narrative and extracts the meaning.”

Nuance solutions include combining speech recognition with Clinical Language Understanding (CLU). “CLU is

our version of natural language processing, what I would call natural language on steroids," Dr. van Terheyden says. "It allows us to extract from the narrative the discrete data that is absolutely essential for the meaningful use criteria, but it doesn't ask clinicians to enter that data using the keyboard or mouse."

Hot on the heels of Nuance is M*Modal, whose products span coding, imaging, transcription, practices, and radiology through its Fluency offerings. The company uses proprietary automatic speech recognition in all its solutions, and believes that the answer to EMR constraints is to create better documentation.

"We really do believe that most problems, whether it's EMR adoption or EMR's ability to actually report on quality measures or coding, [are] a documentation issue at the time a record is created," says Aaron Brauser, director of Catalyst products at M*Modal. "So if we can get it right, then it makes everything else go that much better. If it's a mobile user talking into an EMR, it's about taking that quality of captured information and being able to reuse it so that it's not just putting it in some sort of static file, but putting it into a consumable way for other downstream events."

GETTING ON BOARD WITH ICD-10 AND HIPAA

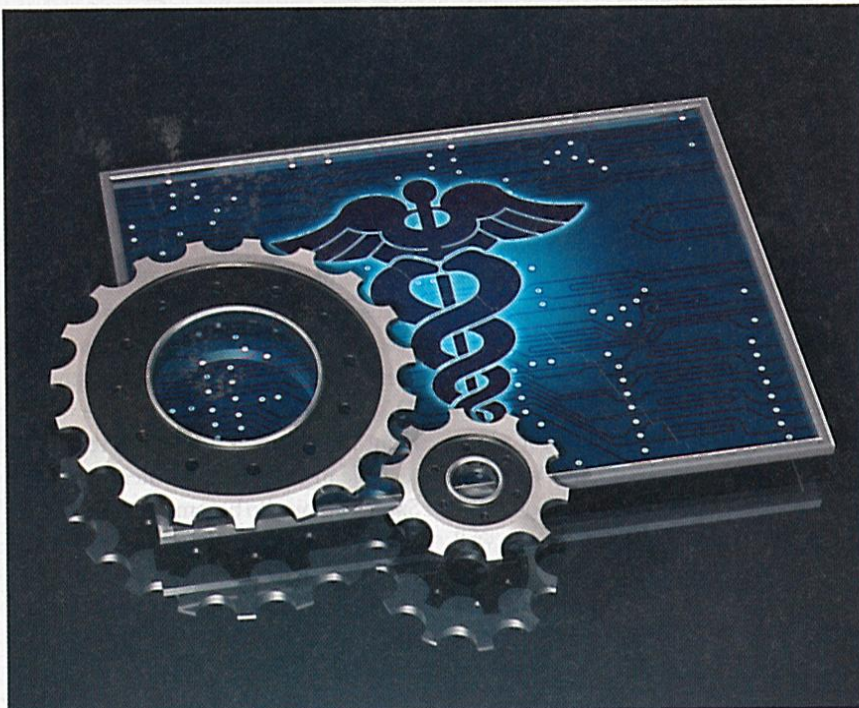
More changes are coming in the form of International Statistical Classification of Diseases (ICD) codes, which are overseen by the National Center for Health Statistics (NCHS) and fall under the auspices of the Centers for Medicare & Medicaid Services. These statistical codes classify diseases, diagnoses, and causes of death. Currently, ICD-9 codes are being used, but they will be updated to include additional diagnostic information in October 2014, affecting doctors who are covered under the Health Insurance Portability and Accountability Act (HIPAA). The healthcare industry has been scrambling for solutions to make this transition as painless and seamless as possible. Enter speech technology.

M*Modal has a number of coding solutions, and recently struck a deal with 3M Health Information Systems that enables its clinical documentation platform to work with the 3M 360 Encompass System. The union marries metrics, analytics, clinical documentation improvement (CDI), computer-assisted coding, and cloud-based speech understanding into a unified data workflow.

"For health IT companies to make a meaningful impact on CDI and the ICD-10 conversion, they need to provide physicians with tools that facilitate more timely and accurate coding at the front end, during the patient encounter, not days or even weeks later," Brauser says. "By using speech recognition to prompt physicians for additional clarity, and creating structure out of patient narratives, healthcare professionals can drive back-end processes such as billing and ICD-10 compliance. And that translates to more accurate reimbursements and patient information."

Nuance also has several speech-enabled coding solutions, including Clintegrity 360, which was released in March. The solution blends CDI and clinical coding with Nuance's voice-enabled CLU. Nuance maintains that ICD-10 is not so much a coding challenge, but a clinical documentation issue, and rather than focusing just on the back end of the process, clinicians should concentrate on the importance of care.

"Organizations need to start with high-quality electronic documentation from the beginning of the care," said Janet Dillione, executive vice president and general manager of Nuance Healthcare, in a



"Organizations need to start with high-quality electronic documentation from the beginning of the care."

statement. “Clintegrity 360 is an end-to-end computer-assisted solution that both helps physicians improve documentation in real time at the point of care within the EHR while providing downstream coding, quality, and case management teams with a set of computer-assisted coding and reporting tools.”

VOICE BIOMETRICS TO THE RESCUE

Another part of HIPAA covers security and the disclosure of protected health information. These rules went into effect in March 2013, and now cover not only clinicians and hospitals, but also business associates of healthcare providers and healthcare plans. Penalties for breaching privacy can be hefty, ranging from \$25,000 to \$1.5 million per occurrence.

However, speech technology companies are ready to combat these potentially substantial fines in the form of voice biometrics.

“We see a lot of new opportunities for insurance companies to incorporate voice biometrics e-signatures into their sales process to make these initiatives as painless and frictionless as possible,” says Nik Stanbridge, director of product marketing at VoiceVault, whose customers include Blue Cross/Blue Shield, Aetna, and WellPoint. “What we see every day are the risks associated with providing the wrong person with access to data. Voice biometrics is very well placed to provide a tiered level of security where the confidence threshold is a consideration.”

Another voice biometrics provider, Voxeo, provides technology for SkyePass, a start-up by Jay Bolton, founder of Integrated Voice Solutions, that works to reduce caller fraud, including in the healthcare industry. SkyePass uses Voxeo’s Security Suite (for voice biometrics and location-based services) and Voxeo’s Prophecy platform, on which the application resides. SkyePass is scheduled to release its biometrics solution in the third quarter of this year.

“People can enroll in SkyePass and have their biometrics, some of which will be voice, as well as location and device information, create a unique representation [that they can use] when

they interact with organizations,” Bolton explains. “It all comes down to ‘How can you make sure someone is who they say they are?’ [It verifies] where you are, who you are, and what you know.”

Bolton points to the “Third Annual Benchmark Study on Patient Privacy & Data Security,” conducted by the Ponemon Institute and sponsored by ID Experts in 2012, which found that 94 percent of healthcare organizations have suffered data breaches, costing the

**Ninety-four percent
of healthcare
organizations have
suffered data
breaches, at a cost
of approximately
\$7 billion a year.**

healthcare industry an average of \$7 billion a year.

Using SkyePass, patients, doctors, and administrative staff will be the only people who have access to medical records.

“A lot of that mandate is about how fast can you warn someone that a medical record has been breached, and how fast can you take action on that,” Bolton says.

THE FUTURE OF VIRTUAL ASSISTANTS


Fueled by government mandates, patient satisfaction, and ease of use for clinicians, speech solutions are just what the doctor ordered, especially thanks to the Siri effect. Virtual assistants may be well known for guiding customers on the Internet, but now they are poised to make a foray into healthcare too.

According to a Nuance survey released in February, 80 percent of 10,000 doctors

polled believe that within five years, virtual assistants will dramatically change their interactions with EMRs. Sixty-five percent felt that virtual assistants could deliver more precise and timely data that could boost care and notify them of missing information.

Enter Florence, a virtual assistant from Nuance that can actively listen and take directions from a user—in this case, a clinician—and engage in conversational, humanlike dialogues to fulfill specific requests. Nuance’s virtual assistant prototype is fueled by speech recognition and natural language understanding. The overarching goal of a virtual assistant for healthcare is to simplify how clinicians interact with technology, Dr. van Terheyden explains, adding that the key is to allow clinicians to work with tools easily, and be able to simply voice commands such as “Show me the lab results.”

“Our expectation is that Florence will be integrated into EMRs and other healthcare applications to further streamline usability and increase productivity so that physicians first and foremost focus on patient care,” Dr. van Terheyden explains. “As we build out the Florence prototype, we’re exploring myriad ways that virtual assistants can be used, from password security processes by leveraging voice authentication to accessing timely, accurate information to support care to assisting with patient medication and health adherence.”

M*Modal’s Brauser is also optimistic about speech technology’s future in healthcare. “As speech solutions become more embedded, there will be growth,” Brauser predicts. “[As little as] four or five years ago, you really didn’t hear about speech recognition, and now it’s in phones, TVs, and cars—all creating this environment where people are getting very comfortable in using it as an interaction tool. Speech is going to become more and more prevalent in healthcare as it is able to be more interactive and responsive, and give instantaneous feedback.” 

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