

# MID-SHORE BEHAVIORAL HEALTH WEEKLY NEWSLETTER

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

Volume 5, Issue 13



*Stacey McHoul said she ran out of psychiatric medicine a few days after leaving jail last year and soon began using heroin again. Courtesy of Kaiser Health News*

## THOUSANDS LEAVE MARYLAND PRISONS WITH HEALTH PROBLEMS AND NO COVERAGE



Stacey McHoul left jail last summer with a history of heroin use and depression and only a few days of medicine to treat them. When the pills ran out she started thinking about hurting herself.

"Once the meds start coming out of my system, in the past, it's always caused me to relapse," she said. "I start self-medicating and trying to stop the crazy thoughts in my head."

Jail officials gave her neither prescription refills nor a Medicaid card to pay for them, she said. Within days she was back on heroin — her preferred self-medication — and sleeping in abandoned homes around Baltimore's run-down Sandtown-Winchester neighborhood.

Thousands of people leave incarceration every year without access to the coverage and care they're entitled to, jeopardizing their own health and sometimes the public's.

Advocates for ex-convicts [held high hopes](#) for the Affordable Care Act's Medicaid expansion that [promised to deliver](#) insurance to previously excluded single adults starting in 2014, including almost everybody released from prisons and jails.

Many former inmates are mentally ill or struggle with drug abuse, diabetes or HIV and hepatitis C infection. Most return to poor communities such as West Baltimore's Sandtown, which exploded in violence a year ago after Freddie Gray died from injuries sustained in police custody.

But Maryland's prison agency, which three years ago said it was ["well positioned"](#) to enroll released inmates in Medicaid, is signing up fewer than a tenth of those who leave prisons and jails every year, according to state data. Few other states that have expanded Medicaid under the health law are doing any better, specialists say.

Officials of the Maryland Department of Public Safety and Correctional Services say they do the best they can with limited resources, enrolling the most severely ill in Medicaid while letting most ex-inmates fend for themselves.

"We are battling, every one of us," to maximize coverage, said prison medical director Dr. Sharon Baucom, pointing to efforts to train sign-up specialists, get Medicaid insurance for hospitalized inmates and share information on mentally ill inmates with other agencies.

"There are handoffs that could be improved," she said. "With the resources that we currently have, and the process that we have in place, we could do more — and we just need some more help."

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## SPECIAL POINTS OF INTEREST

- ❖ CVI Interview on QACTV
- ❖ Children's Mental Health Matters!
- ❖ Recovery for Shore Walk of Hope
- ❖ Medication Assisted Treatment (MAT) Support Group
- ❖ Trauma Summit – May 5-6
- ❖ Talbot DSS – Job Announcement
- ❖ Methadone Rebundling Update

Coverage under Medicaid was seen as an unprecedented chance to transform care for ex-inmates by connecting them to treatment, reducing emergency room visits, controlling disease and putting them on a path to rehabilitation.

As many as 90 percent of people leaving prisons and jails are eligible for Medicaid in states such as Maryland that expanded the federally supported program for low-income residents under the health act, experts estimate. The law gave states the option of extending Medicaid coverage to all low-income adults under 65, not just the children, pregnant women and disabled adults who were mainly included before.

### Sickest Inmates Are First In Line

Some 12,000 of Maryland's 21,000 prison inmates are designated at any given time as chronically ill with behavioral problems, diabetes, HIV, asthma, high blood pressure and other conditions, according to prison officials. But given limited means and the already tall order of connecting emerging prisoners with transportation, shelter and employment, the system must focus on enrolling the very sickest, Baucom said.

"It's a shame to have to make that call," she said.

Dr. Rosalyn Stewart saw what happened to many chronically ill ex-offenders when she ran a recently completed pilot program to enroll former inmates in Medicaid and get them treatment and shelter.

"People frequently ran out of their medications and did not have access to the care they needed," said Stewart, an associate professor at the Johns Hopkins University medical school.

McHoul, 40, spent two short stays last year in Baltimore's Women's Detention Center. The first time the facility released her without Medicaid coverage. Shortly afterwards she landed in a hospital with an inflamed esophagus. She got out after a second jail stay in August without knowing the hospital had enrolled her in Medicaid between incarcerations, she said.

At neither time did she have more than two weeks' supply of any medication, including Depakote, a mood stabilizer, she said. For some prescriptions there was less than a week's store.

"It was whatever was left in the blister pack," said McHoul, who's now in a Baltimore drug treatment program. "It's like, 'Here's your supply. Sign this that we gave them to you. See you later.'"

State policy is to give exiting prisoners 30 days' worth of medicine. But a court ordered McHoul released shortly after she was arrested the second time, which didn't give the jail enough time to prepare medications, said a corrections spokesman.

### A Burden For Emergency Departments

There are many Stacey McHouls.

"Maybe somebody needs prescription services and they're not enrolled and they don't know where to go," said Traci Kodeck, interim CEO of HealthCare Access Maryland, a nonprofit that connects consumers to coverage and has worked with the prison system. "Absolutely it happens. Many of them will end up in the emergency departments if we don't attempt to connect them to services prior to release."

Mark Pruitt, 46, was released from a Baltimore facility in October with no Medicaid card and a craving for heroin, which he said he had used before he was incarcerated for a parole violation.

He desperately wanted to enter a drug treatment program, but signing up for Medicaid to pay for it was going to take weeks — far longer than he could wait.



*Mark Pruitt, 46, from southwest Baltimore, said lapsed Medicaid coverage meant he couldn't enter an addiction recovery program last year after he was released. Courtesy of Kaiser Health News*

"I knew what I wanted. I wanted help," he said. "I really wanted help. But it's a struggle when you're broke — no money, no insurance, feeling defeated. Where do you turn?"

If administrators at a Baltimore recovery facility hadn't gotten him enrolled in Medicaid, he said, "I think I'd be dead."

From January 2014, when the Medicaid expansion took effect, through March of this year, Maryland released almost 16,000 people sentenced to prison or jail, according to state data. Thousands more cycle in and out of jails each year without being convicted.

But the corrections department said it enrolled only 1,337 released inmates in Medicaid from the beginning of 2014 through late March. Another 1,158 prisoners joined Medicaid over that time when they were hospitalized. (Medicaid covers inmates if they spend 24 hours as hospital inpatients; most return to prison.)

Many ex-prisoners are enrolled only when they experience a crisis and end up in an emergency room — the kind of expensive care health officials are trying to reduce. The law requires hospitals to treat emergency cases regardless of insurance coverage. They can retroactively sign those patients for Medicaid.

### 'They Don't Want To Do The Paperwork'

Monique Wright, 35, got out of Jessup Correctional Institution last fall and began suffering acute head and neck pain caused by scoliosis, a spine curvature. Without Medicaid coverage or a primary care doctor, she said she had to seek emergency care at Johns Hopkins Bayview Medical Center.

"It's the paperwork" that keeps prison officials from making sure people like her have Medicaid upon release, Wright said. "They don't want to do the paperwork. They don't have the staff to do the paperwork."

Advocates wonder why the corrections system is so poor at enrolling what, they often point out, is "literally a captive audience."

"They've had them housed for the past 10, 15 years," said a frustrated Andre Fisher, a case manager for ex-inmates at Druid Heights Community Development Corp., a nonprofit in West Baltimore. "What's so hard about it?"

Enrolling inmates in Medicaid can take weeks, prison officials said. Sometimes the card doesn't arrive until after they're out. Computer problems slowed signups in late 2014.

One mistake made by Maryland and most other states is not considering inmates for Medicaid until their release dates approach, said Colleen Barry, a professor at the Johns Hopkins Bloomberg School of Public Health who has studied the process.

"It's a bad way to do it because you're getting a very small number" of enrollees by waiting, she said. A better alternative is to enroll inmates when they are booked, as [Chicago's Cook County Jail has demonstrated](#), she said. Those incarcerated are generally ineligible for Medicaid, but putting them in the system when they enter makes it easier to trigger coverage when they leave, she added.

### Ex-Inmates Struggle To Get Medicaid Without Help

If it's hard for the prison system to enroll inmates, it's even harder for the individuals to enroll themselves. Those who emerge without Medicaid face a maze of applications, bus trips, phone calls and queues if they want to sign up. Many don't bother.

For most leaving incarceration, "it's up to you to go there, make sure you get your health insurance," said Jamal McCoy, 21, who was living with family in West Baltimore on home detention before he was released. "Most people don't go. Some people take it easy when they get home."

Those who try often find that lack of identification is the first challenge. To prevent fraud, Maryland and other states require Medicaid applicants to show verified Social Security numbers.

But jails frequently lose inmate IDs, say prisoners and enrollment officials. Those locked up for years are non-persons for much of the system, with no credit records or driver's licenses.

That can mean delays of many weeks when released prisoners are especially vulnerable. Gaps in coverage and care of even a few days after fragile patients leave the corrections health system can make the difference between life and death.

"If you're the diabetic that hasn't been compliant with your medication, you need your medication now," said Henrietta Sampson, director of treatment coordination at Powell Recovery Center, a Baltimore addiction recovery agency that works with ex-inmates. "You can't wait two weeks because you may drop dead."

Compared with the rest of the population, ex-prisoners in Washington state were [a dozen times more likely to die](#) in the first two weeks after release, according to research by Dr. Ingrid Binswanger, lead researcher for Kaiser Permanente Colorado's Institute for Health Research. Drug overdose, cardiovascular disease, homicide and suicide were the leading causes of death.

"It's very important to manage that transition, to make sure people have continuity of care," she said. (Kaiser Permanente has no relationship with Kaiser Health News.)

Yet in some cases the prison system has stymied outside groups trying to arrange inmates' coverage. Stewart's group repeatedly sought permission — "continuously, for about three years," she said — to meet vulnerable prisoners inside the facility to get an early start on enrollment and post-release appointments. It never happened.

Baucom blamed the problem on "competing priorities" and staff turnover.

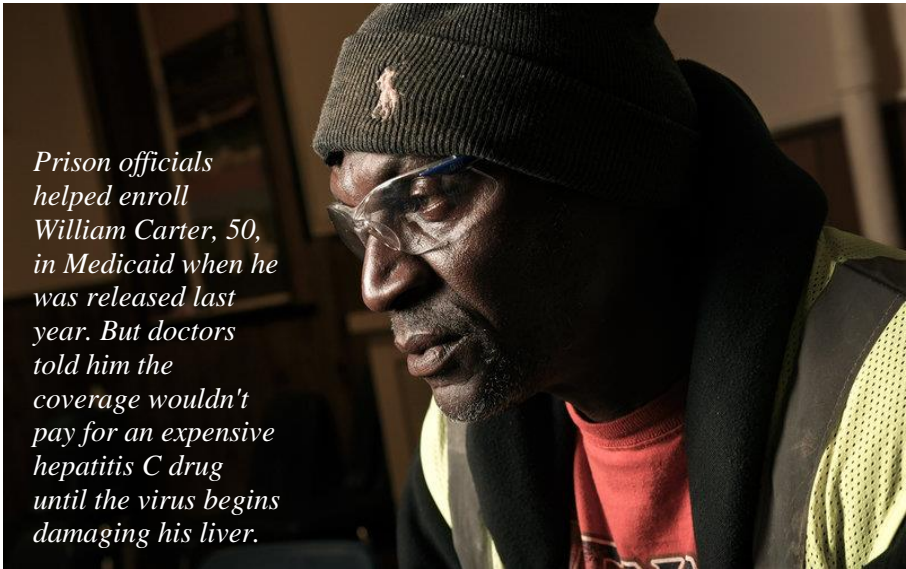
Acceptance into Medicaid by the state isn't the end of the story. Released inmates then must enroll in a private managed care organization hired by Maryland to provide coverage. That can take weeks longer.

Even when insured, ex-inmates face the [same barriers to care](#) experienced by other low-income Baltimoreans — or worse.

Many prison inmates are [infected with hepatitis C](#), which can cause liver damage or cancer over time. But the high cost of curing the disease has prompted Maryland's and other Medicaid programs to [limit access to treatment](#) to those whose livers are already compromised.







*Prison officials helped enroll William Carter, 50, in Medicaid when he was released last year. But doctors told him the coverage wouldn't pay for an expensive hepatitis C drug until the virus begins damaging his liver.*

"I guess I got to wait until damage is done to my liver," said William Carter, 50, adding that prison officials initiated Medicaid enrollment when he got out last year.

Released prisoners often have no idea that some Medicaid managed-care contractors allow them to use only certain doctors and pharmacies.

"So a patient goes to Walgreens or wherever to fill something and it's like, 'That'll be \$150,'" because he should have gone somewhere else, said Stewart. "They don't understand what the problem was."

Even checking all the right boxes sometimes isn't enough for ex-inmates, who bear the double stigma of poverty and a criminal history.

One released prisoner got an appointment to renew his mental health prescription with a facility in Carroll County, Maryland — his home — that also accepted his Medicaid card, said Baucom. After the clinic learned he had a prison record it cancelled the visit.

"It's not enough to have a card," Baucom said. "You've got to have access."

Neighborhoods are at risk when former inmates with chronic illness return.

"You really need to think about this as a public health issue," said Scott Nolen, director of drug treatment programs for the Open Society Institute-Baltimore, a nonprofit that works on criminal justice policy. "There is transmission of communicable diseases that happens in prison, in confined spaces. And now those folks are coming back into communities, and we want to make sure they get health care."

In few places is the burden greater than Sandtown-Winchester. Gray, 25, died of spinal injuries that prosecutors filing manslaughter and assault charges blamed on police who arrested him.

The Justice Policy Institute, a nonprofit, called Sandtown ["ground zero for the use of incarceration"](#) in Baltimore last year, estimating that [nearly one resident in 30](#) is in prison.

At the same time, three West Baltimore ZIP codes including Sandtown showed the highest rates of HIV infection in Maryland in 2014, according to hospital data from the Maryland Health Services Cost Review Commission obtained and analyzed by Kaiser Health News and Capital News Service.

The corrections department could use more computers, release planners and other enrollment resources, Baucom said.

"If you do the checkoff list, we've checked off everything we can do," she said, noting efforts not only to increase enrollment capacity but cooperation with the Maryland motor vehicle agency to get inmates state IDs.

Jesse Jannetta, a specialist at the Urban Institute in prisoner re-entry, believes Maryland's low signup rate "is not unusual" in other states. A [study](#) published in *Health Affairs* found prisons and jails nationwide had enrolled 112,520 people in Medicaid from late 2013 up to January 2015, although the authors believe the actual figure was higher.

Table 1: Overview of the Criminal Justice Involved Population

<b>Prisoners</b>	
Number of Prisoners as of December 31, 2012	1,570,397
Number of Admissions of Sentenced Prisoners during 2012	609,781
Number of Releases of Sentenced Prisoners during 2012	637,411
<b>Jail Inmates</b>	
Number of Inmates in Local Jails as of June 2013	731,208
Number of Persons Admitted to Local Jails, July 2012-June 2013	11,700,000
Weekly Turnover Rate, week ending June 30, 2013	60%
<b>Adults Under Community Supervision</b>	
Number Under Community Supervision as of December 31, 2012	4,781,300
Number Entering Community Supervision during 2012	2,544,400
Number Exiting Community Supervision during 2012	2,585,900

Sources: Bureau of Justice Statistics, Prisoners in 2012, Trends in Admissions and Releases, 1991-2012, U.S. Department of Justice, December 2013; Bureau of Justice Statistics, Jail Inmates at Midyear 2013 Statistical Tables, U.S. Department of Justice, May 2014, and Bureau of Justice Statistics, Probation and Parole in the United State, 2012, U.S. Department of Justice, Revised April 22, 2014. See sources for methodology and notes.

Federal and state prisons released 636,000 people in 2014, [according to the Justice Department](#). Millions more [are estimated](#) to cycle through jails each year.

Few independent experts expect Maryland — let alone most other states — to come anywhere close to full enrollment of emerging inmates anytime soon.

"It's fair to say we're just at the tip of the iceberg" in prisoner enrollment, said Johns Hopkins' Barry, a co-author of the *Health Affairs* study. "Maryland is always an innovator. If Maryland is still at the cutting edge of how to do this, many areas of the country don't have any of these types of programs in place."

*Kaiser Health News is a national health policy news service that is part of the nonpartisan Henry J. Kaiser Family Foundation.*

*This story came from a partnership with The Baltimore Sun and Capital News Service, which is run by the University of Maryland's Philip Merrill College of Journalism. KHN reporter Shefali Luthra and CNS reporters Catherine Sheffo, Daniel Trielli, Naema Ahmed and Marissa Laliberte contributed.*

Source: [www.npr.org/sections/health-shots/2016/04/24/475271336/thousands-leave-maryland-prisons-with-health-problems-and-no-coverage](http://www.npr.org/sections/health-shots/2016/04/24/475271336/thousands-leave-maryland-prisons-with-health-problems-and-no-coverage)



**MADC**

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Currently provide same day access?

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Have a plan to ensure long-term sustainability?

Know the core principles to address each of the top three system impacts?

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The old way of doing business is quickly fading and behavioral health practitioners and organizations must constantly improve performance. **MADC** wants to ensure professionals have all the right tools to develop agency transformation action plans that guarantee success.

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MADC, Main Office, Towson, MD 21286



Please join  
**University of Maryland Shore Regional Health**  
for the Grand Opening and Ribbon Cutting of

## **University of Maryland Shore Medical Pavilion at Easton - Phase II**

**Thursday, May 5, 2016**

**5-7p.m.**

500 Cadmus Lane • Easton, Maryland  
*Just off Idlewild Avenue*  
Light hors d'oeuvres will be served

### **RSVP**

Cathy Wright  
410-822-1000, ext. 5222 or [cathy.wright@umm.edu](mailto:cathy.wright@umm.edu)



UNIVERSITY of MARYLAND  
SHORE REGIONAL HEALTH

### **Watch It NOW!**



Check out Renee Carter's interview for QACTV with Avra Sullivan and Maria Jenkins of Chesapeake Voyagers, Inc. (CVI)!



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 <b>1-on-1 Peer Support is Available Mon and Fri By Appt. Only</b>	2 RIM CLOSED	3 OPEN 10-5 10AM Restoring Families Support Group 4PM Women's Group	4 OPEN 10-5 1-3PM Mid-Day Matinee (movies + snacks) 4PM Men's Group	5 OPEN 11-7 2PM Anxiety and Depression Group 5PM "TeenChangers" Group	6 RIM CLOSED	7 <b>Check Out Our Facebook Page for Updates and Additional Information</b>
8	9 RIM CLOSED	10 OPEN 10-5 10AM Restoring Families Support Group 4PM Women's Group	11 OPEN 10-5 1-3PM Mid-Day Matinee (movies + snacks) 4PM Men's Group	12 OPEN 11-7 2PM Anxiety and Depression Group 5PM "TeenChangers" Group	13 RIM CLOSED	14
15 <b>Walk-in 1-on-1 Peer Support is Available Tues – Thurs</b>	16 RIM CLOSED	17 OPEN 10-5 10AM Restoring Families Support Group 4PM Women's Group	18 OPEN 10-5 1-3PM Mid-Day Matinee (movies + snacks) 4PM Men's Group	19 OPEN 11-7 2PM Anxiety and Depression Group 5PM "TeenChangers" Group	20 RIM CLOSED	21 <b>Job Search Assistance, Computer Skills, Prevention/ Education, Recovery Housing, Support Groups</b>
22 <b>"TeenChangers" Ages 14-18 Activities, Education, Support, Movies, Games</b>	23 RIM CLOSED	24 OPEN 10-5 10AM Restoring Families Support Group 4PM Women's Group	25 OPEN 10-5 1-3PM Mid-Day Matinee (movies + snacks) 4PM Men's Group	26 OPEN 11-7 2PM Anxiety and Depression Group 5PM "TeenChangers" Group	27 RIM CLOSED	28
	30 RIM CLOSED	31 OPEN 10-5 10AM Restoring Families Support Group 4PM Women's Group				

\*\*\* Anxiety and Depression Group Facilitated by Chesapeake Voyagers

Contact Brenna Fox 410-778-5894 to schedule a 1-on-1

Children's Mental Health Matters.org  
A MARYLAND PUBLIC AWARENESS CAMPAIGN

Maryland's First Lady, Mrs. Yumi Hogan, is the Honorary Chair of the 2016 Campaign!

*You are cordially invited to a display of the youth artwork and reception in honor of the students hosted by Mrs. Hogan.*  
May 2, 2016  
5:00-6:00pm  
Lowe House Office Building

Click [here](#) for more information and to register!



#### Presenters

Brandon J. Johnson, State Coordinator, Suicide and Violence Prevention;  
Director, MD-SPIN Grant

D'Lisa Worthy, Director, Project LAUNCH

Shanna Wideman, Project Director, Maryland Behavioral Health for Adolescents and Young Adults (MD-BHAY)

## Webinar: "Children's Mental Health Matters: Prevention, Promotion, and Intervention"

May 6, 2016 @ 11 a.m. – 12:30 p.m.

Behavioral Health Administration/Office of Child and Adolescent Services

Webinar Link:

<https://dhmh.webex.com/dhmh/j.php?MTID=m62a9d4bfcfa109f3be320b3fd2f54022>

To Join By Phone: +1-415-655-0003, Access code: 645 715 249

In honor of "Children's Mental Health Matters Month," join us as we discuss three areas of child health:

- Early Childhood Social and Emotional Health
- Youth and Young Adult Suicide Prevention
- Adolescent Substance Use Disorder Treatment and Intervention



MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE





## About Us MMF

Mariah's Mission Fund of the Mid-Shore Community Foundation, a 501(C)(3) public charity, was founded to honor Mariah Albee, who lost her life to heroin, a devastating drug that is destroying lives all across our nation. Established in 2014 by Mariah's family, the Fund provides support groups and resources to empower families and individuals struggling with the effects of addiction and substance abuse.

The old stereotype of heroin street junkies no longer applies. The modern heroin epidemic is affecting the sons and daughters of average citizens, our neighbors. Deaths from heroin overdose are rising at an alarming rate; heroin overdoses claimed 578 Maryland lives in 2014, more than double the number of lives lost in 2010.

Families struggle in silence to cope, answer "why?", and deal with the stigma of shame often associated with substance abuse. These families are part of a club no one wants to join. They need support, a forum to talk, and a sense of togetherness to move forward in a positive manner with their lives.

Join RECOVERY FOR SHORE and MARIAH'S MISSION in a

## "WALK of HOPE"

Come out and support the Journey of Recovery for those affected by the disease of addiction and mental health issues.

**Saturday, April 30, 7 p.m. (check-in) at Idlewild Park**  
**Two-mile walk in Historic Easton, 7:45 - 8:30 p.m.**  
**Cost: Free**

All are welcome -- those in Recovery, family members, supporters, treatment and community providers, leaders, etc.

Help us bring proof and **HOPE** that change is possible for a new life.

For more information, visit us on Facebook:  
 Recovery for Shore and Mariah's Mission Fund of the MSCF, or  
[mariahsmissionfund.org](http://mariahsmissionfund.org)





# **Join MARS Maryland Support Group**

**For Peer, By Peers  
In  
Medication – Assisted Treatment**

Please join us in launching our support group for individuals' in medication – assisted treatment (MAT) for opioid addiction looking for recovery and support!

**Have you ever felt misunderstood or judged for using  
MAT in your recovery?**

Come share support with others in MAT!  
This may be the recovery community you are looking for.

**JOIN US AT:  
Dri – Dock Wellness and Recovery Center  
208 Sunburst Highway (Route 50)  
Cambridge, MD  
(410)228-3230  
(443)205-9042**

Group Starts:  
Thursday, April 21, 2016  
6:00pm  
Starting May 5, 2016  
5:00pm



# The Mental Health Association in Talbot County

PRESENTS A FREE SPEAKERS SERIES DESIGNED FOR THE COMMUNITY

## SPRING INTO WELLNESS

6:00 PM - 7:30 PM

**AT THE TALBOT COUNTY LIBRARY, EASTON, MD**

THESE INFORMATIVE PRESENTATIONS RESPOND TO ISSUES WHICH AFFECT OUR COMMUNITY.

PRESENTATIONS WILL BE HELD IN THE FIRST FLOOR LARGE MEETING ROOM

**APRIL 25, 2016**

### REAL TALK ABOUT HEROIN AND ADDICTION

**DANIEL BRANNON, PRESIDENT AND CEO OF RIGHT TURN-IMPACT**

*IN 2015, DANNY WAS PERSONALLY ASKED BY GOVERNOR HOGAN TO SPEAK AT THE GOVERNOR'S PRESS CONFERENCE ANNOUNCING THE HEROIN AND OPIOID TASK FORCE.*

*A RECIPIENT OF THE NATIONAL PERSON PRIZE FOR HIGHER EDUCATION, DANNY HAS A DEGREE IN ADDICTIONS COUNSELING AND WORKS PASSIONATELY, HANDS-ON, HELPING ADDICTS, ALCOHOLICS, AND PEOPLE SUFFERING FROM SUBSTANCE ABUSE ISSUES TO FIND SOLUTIONS TO THEIR PROBLEMS.*

**MAY 2, 2016**

### SUICIDE RISK ASSESSMENT

WHY YOUTH TYPICALLY EXPERIENCE SUICIDAL THOUGHTS  
and THE SIGNS AND SYMPTOMS OF DEPRESSION

**DR. ROB SCHMIDT, Ed.D, LCPN, NCC,  
TALBOT COUNTY PUBLIC SCHOOLS, BEHAVIORAL SPECIALIST**

*DR. ROB SCHMIDT, IS A NATIONAL SPEAKER ON MENTAL HEALTH AND SUICIDE PREVENTION PROGRAMS. HE IS A BOARD MEMBER OF THE MENTAL HEALTH ASSOCIATION IN TALBOT COUNTY AND HAS WORKED WITH THE TALBOT COUNTY SCHOOLS FOR FIFTEEN YEARS.*

**COMING THIS FALL SEPT. 8, 2016**

### WRAP - WELLNESS RECOVERY ACTION PLAN

**DIANE LANE, EXECUTIVE DIRECTOR, CHESAPEAKE VOYAGERS, INC.**

DIANE LANE, EXECUTIVE DIRECTOR OF CHESAPEAKE VOYAGERS, INC., A NONPROFIT ORGANIZATION LOCATED IN EASTON THAT IS A WELLNESS AND RECOVERY CENTER PROVIDING PEER SUPPORT TO THOSE WHO HAVE MENTAL HEALTH AND/OR ADDICTION ISSUES.

**No reservation needed. Come as you are.**

**FREE • BRING YOUR QUESTIONS FOR THE KNOWLEDGEABLE STAFF • FREE**



# ***Teachable Moments and Transition Age Youth***

*By*

***Leslie Bishop-Joe***

*Sponsored By The Eastern Shore School Mental Health Coalition, with funding from the Maryland State Department of Education*

**Monday, May 2, 2016**

**8:30am—12:30p.m.**

**Chesapeake College**

**Eastern Shore Higher Education Center, Room 1100**

**Cost: \$15**

As professionals, we have an important role in the education and support of transition age youth. Engaging with youth and creating teachable moments leads to success for youth and for society. Ms. Leslie Bishop-Joe will share a model for working with this population and identify strategies that can be utilized to support the acquisition of both tangible and intangible life skills.

## **About the Presenter:**

*Leslie Bishop-Joe* is a Training Specialist at the Child Welfare Academy and has 20+ years of social work experience. She has practiced social work in San Antonio, TX, in Guam, in Washington, DC, and in Arlington, VA. She has experience in areas of Child Protective Services, Foster Care, Aftercare, AFDC Recertification, and Emergency Assistance. While working as the Foster Home Coordinator in Arlington County, Virginia, she trained and licensed all foster parents in the county. She has worked as a training consultant for the Wednesday's Child Program with the Metropolitan Washington Council of Governments, the Work of Heart Program at Adoptions Together, and at Phillips Community Teaching Homes, a therapeutic foster care program in Annandale, Virginia. She serves as a Trainer for Foster/Resource Parents using the PRIDE Model.

**Please contact Danielle Murphy with questions: [dmurphy@mhamdes.org](mailto:dmurphy@mhamdes.org) or 410-822-0444**

**To reduce any potential contract conflicts for the trainer or the Child Welfare Academy, this training is not available to DHR employees.**

*CEU's provided by Salisbury University Social Work Department—Includes Three (3) Category I CEU's  
Must remain for entire training to be eligible for CEU Certificate.*





## **Registration Form**

To register, please forward completed form to:

Danielle Murphy

Email: [dmurphy@mhamdes.org](mailto:dmurphy@mhamdes.org)

Fax: 410-820-7283

For payment, please mail a copy of the form and a check for \$15 to: MHATC, 611B Dutchman's Lane,  
Easton, Maryland 21624 (please make checks payable to MHATC).

You may also call 410-822-0444 and make payment with a credit card.

Please DO NOT submit registrations via mail

Thank You!

**Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

## **Trauma Summit: “From training to Practice”**

**Location: Wright Theater, Student Center, 5<sup>th</sup> Floor, UB - May 5-6, 2016**

Hosted by the School of Criminal Justice

College of Public Affairs, University of Baltimore (UB)

Co-Sponsored with Maryland Department of Health and Mental Hygiene,

National Center for Trauma Informed Care, SAMHSA, and the

National Association of State Mental Health Program Directors

### **Day 1: Foundation of Trauma and its Impact on the Well Being and Safety of the Community**

8:00-8:30 am	Registration and coffee
8:45-9:00 am	Welcome and introductions, Dr. Debra L. Stanley, Executive Director, School of Criminal Justice, (SCJ), Wright Theater, Student Center, University of Baltimore  Welcome, Dr. Barbara J. Bazron, Executive Director, Behavioral Health Administration, Maryland Department of Health and Mental Hygiene (DHMH)
9:00-9:30am	Opening keynote – President Kurt L. Schmoke, <i>University of Baltimore</i>
9:35-10:50am	Michael Barnes, Ph.D., L.P.C. – “ <i>The Secondary Trauma of Families: Insights and Interventions</i> ”, Clinical Program Manager for the -Center for Chemical Dependency [CeDAR], University of Colorado Hospital
10:50-11:00am	Break
11:00-12:00 pm	“ <i>Healing Neen - Surviving the Trauma</i> ”, Tonier Cain and Adrian Muldrow, consumer advocates, Annapolis, Maryland
12:00am-12:45pm	Lunch (box lunches –please bring to assigned classroom)
12:45-2:15pm	Rotating workshop Session 1 (Go to Assigned workshop noted on your card)  1. Workshop #1: <i>Building Trauma Informed Organizations</i> - Ibet Hernandez, Sanctuary Institute, Inc. , Yonkers, New York, Room – BC 227 2. Workshop #2: <i>The Illuminations Program - Artwork Creating Change</i> – Dr. Heather L. Pfeifer, SCJ, University of Baltimore, BC 221 3. Workshop #3: <i>Trauma Informed Care</i> -Darren McGregor, Chief, Clinical Services, Special Populations, Maryland DHMH, BC 235
2:15-2:25pm	Break
2:25-3:55pm	Rotating workshop Session 2 (prior workshops repeated to allow all participants to attend each workshop session) [Go to assigned workshop].  1. Workshop #1: <i>Building Trauma Informed Organizations</i> - BC 227 2. Workshop #2: <i>The Illuminations Program - Artwork Creating Change</i> – BC 221 3. Workshop #3: <i>Trauma Informed Care</i> –BC 235
4:00-4:30 pm	Small Group work – Diagnose problems within participants’ agencies and communities (needs assessment for addressing and supporting trauma)

## **Day 2: Application of Trauma-Informed Principles, Solutions, and Recommendations**

8:45 am	Welcome – Roger Hartley, Dean College of Public Affairs
9:00-9:45am	Keynote – “ <i>Managing a trauma-informed courtroom</i> ”, Honorable Marcia P. Hirsch, Mental Health Courts, Queens Supreme Court, Queens, New York – Wright Theater, Student Center, UB
9:45 – 10:45 pm	Dr. Theodore Corbin, Drexel University
10:45-11:00 am	Break
11:00-12:15 pm	Best Practices in Trauma-Informed Responses - Panel Discussion Facilitator – Dave Thomas <ul style="list-style-type: none"> <li>• Ibet Hernandez, Sanctuary Program – Yonkers, New York</li> <li>• Father Jeff Putthoff, “<i>What happens when you stop liking those you serve?</i>” Founder of Hopeworks, Camden, NJ</li> <li>• Dr. Joan Gillece – <i>NASMHPD– Trauma Informed Community Model</i></li> </ul>
12:15-1:10 pm	Lunch
1:05-2:35 pm	Rotating workshop Session 3 (prior workshops repeated to allow all participants to attend each workshop session) <ol style="list-style-type: none"> <li>1. Workshop #1: Building Trauma Informed Organizations - Ibet Hernandez, BC 205</li> <li>2. Workshop #2: <i>The Illuminations Program - Artwork Creating Change</i> - Dr. Dr. Heather L. Pfeifer, BC 221</li> <li>3. Workshop #3: <i>Trauma Informed Care</i> -Darren McGregor, BC 207</li> </ol>
2:35-3:20pm	Small (4) group – Develop a Trauma Response Action Plan – identify at least one thing you can do to change your organizational practices to become more trauma responsive.
3:20-3:50pm	Debrief and discuss next Steps

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### **Outcomes:**

**Follow-up:** UB Trauma Team will follow-up 3 months after the Summit with Baltimore Agencies to assess the success of implementing the Action Plan for establishing a Trauma Informed Community

**Replication:** That the *Trauma Summit Model* will be duplicated in other communities within Maryland and around the country.





# Trauma Summit

Location: Wright Theater, Student Center, 5<sup>th</sup> floor, University of Baltimore

## Registration Form

Please complete and return your signed Registration Form as soon as possible. Registration will be accepted on a first-come-first-serve basis.

\_\_\_\_\_  
Print Name Professional Title: \_\_\_\_\_

Agency Name and Address for future correspondence:

(or attach business card)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Number: \_\_\_\_\_ Home or Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Participant Agreement Statement:

I agree to be in full attendance of the training session(s) that I have registered for in order to receive the certificate of completion and/or the CEU's.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Check if you are requesting:** Continuing Education Units (CEUs) \_\_\_\_\_ Area \_\_\_\_\_  
**Please indicate any special needs/accommodations (i.e. food, physical accommodations)**

\_\_\_\_\_  
\_\_\_\_\_

Return Form to:

Linda Garnett, LGSW  
University of Baltimore  
School of Criminal Justice  
10 W. Preston Street, Baltimore, MD 21201  
410-837-6084 ~ Fax to 410-837-6051 ~ Email to [lgarnett@ubalt.edu](mailto:lgarnett@ubalt.edu)



# 05/11/2016

## SUPPORT VS ENABLING

**Where do you draw the line and when do you cross it?**

Author, Speaker, Radio Host and Professional Counselor Devon Blackwood will offer an informative talk on the age old topic of support versus enabling a loved one who suffers from addiction. Learn how we as caregivers, providers and a community can help.

\*Rural CARES is a regional System of Care Collaborative, part of The Institute for Innovation and Implementation, University of Maryland School of Social Work. Rural CARES is funded under Federal grant #SM059052, issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services. Opinions expressed in this and all publications or events are those of the authors or presenters and do not necessarily reflect those of SAMHSA or HHS.

**MAY 11, 2016**

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**CAROLINE COUNTY  
PUBLIC LIBRARY  
100 MARKET STREET  
DENTON, MD**

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**6:00 – 8:00 PM**

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**SEATING IS LIMITED  
REGISTRATION  
SUGGESTED BUT NOT  
REQUIRED**

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**LITE REFRESHMENTS**

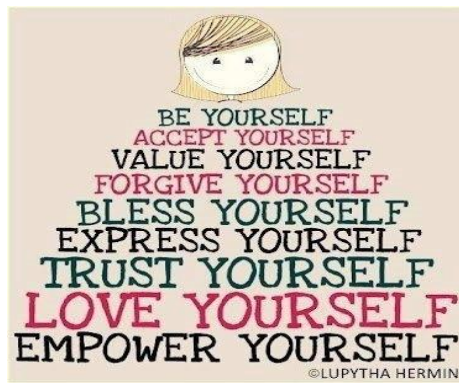
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**CALL 410-479-1146 OR  
EMAIL  
TTODD@MDCOALITION.ORG**

**HOSTED BY  
SHORE TRAINING  
COLLABORATIVE**

Funding provided by  
Rural CARES\* w/support from  
FCPKC

Visit the  
Community Training Calendar  
[mhamdes.org](http://mhamdes.org)



## “Empower Me”

May 17, 2016

Caroline County Public Library  
Federalsburg Branch, Morris Avenue  
6-7:30pm

People For Better Housing, Inc, in collaboration with Talbot County DSS and  
Mid Shore Mental Health Systems,  
present a training for parents, to teach them to Empower their children.

Research has shown:

**“Stranger Danger” does not work. Predators are often people we know.  
“Bad Touch, Good Touch” is not the same with ALL children.**

For more information, please contact Sherone Thompson,  
[thompson\\_sherone@yahoo.com](mailto:thompson_sherone@yahoo.com). RSVP by May 13<sup>th</sup>. Seating is Limited.  
Light refreshments will be served.

Empower Me is a program developed by the Jacob Wetterling Resource Center and the Gunderson National Child Protection Training Center.



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# ***Traumatic Grief***

## ***“Helping When the Worst Has Happened”***

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

**May 20, 2016**

**8:30 a.m. — 3:30 p.m.**

**Arundel Lodge, Inc.**

**2600 Solomons Island Road (Route 2), Edgewater, MD 21037**

**Instructor: Victor Welzant, Psy. D.**

**The International Critical Incident Stress Foundation, Inc**

Participants will increase their knowledge of how trauma impacts the grief process and will gain skills for evaluating and supporting persons who have experienced traumatic death and loss. Both acute and longer term intervention will be addressed.

**Topic Include:**

- Traumatic Grief: An Introduction
- Common Grief Responses
- Intervention Strategies in the Acute Phase
- Intervention Strategies in Later Stages
- Addressing Vicarious Traumatic Stress in the Clinician

**6 CEUs**

### **WORKSHOP REGISTRATION**

(Registration Deadline: May 17, 2016)

**6 CEUs**

NAME \_\_\_\_\_ ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

PHONE Work \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

**CONTINENTAL BREAKFAST AND LUNCH WILL BE PROVIDED**

**Submit registration form and \$75.00 CHECK by May 17, 2016 to:**

**AA Co. Mental Health Agency, Inc.**

**Attn: Jane Murphy** \_\_\_\_\_

**POB6675, MS3230**

**1 Truman Pkwy, Suite 101**

**Annapolis, MD 21401**

**Indicate the kind of attendance verification desired:**

\_\_\_\_\_ Social Workers, Licensed Professional Counselors

\_\_\_\_\_ Certificate of Attendance (all other disciplines)

**Questions? Call 410-222-7858 • Fax: 410-222-7881 • Email: [mhaaac@aol.com](mailto:mhaaac@aol.com)**

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

## **Thrive@25**

An initiative to prevent homelessness among the most at-risk youth with child welfare involvement

**Thrive@25 invites ALL Child Welfare Workers and Resource Parents from both the local departments of social services and treatment foster care agencies to a learning opportunity**

## **Understanding and Responding to the Unique Needs of LGBTQI Youth and Young Adults**

**PLACE: YMCA of the Chesapeake, Easton, MD**

**Thursday, June 2, 2016**

**5:30 to 8:00 PM**

Presenter: Marlene Matarese, Ph.D., Deputy Director, The TA Network for Children's Behavioral Health; Director, Training and Technical Assistance, The Institute for Innovation and Implementation; Co-Director, National Wraparound Implementation Center; and Clinical Instructor, University of Maryland School of Social Work

This learning opportunity, intended to bring together workers and resource parents from both the public and private systems of care, is the first in a series of trainings on topics of interest to those who live and work with transition age youth and young adults. With an increase in awareness related to the harmful effects of bullying of LGBTQI youth as well as the risk factors this population faces, the importance of addressing the unique needs of LGBTQI youth is critical. This training is designed to help participants to understand facts and history about the LGBTQI community and people. Participants will gain knowledge about LGBTQI youth experiences generally and the specific experiences of youth in the children's behavioral health system. The trainer will walk participants through the reasons why safe spaces are needed in the lives of LGBTQI youth and will provide participants with strategies to foster safe spaces and build resilience in young people who identify as LGBTQI.

Online registration is required for a maximum of 70 adults. Child care for youth over 2 and under 12 years of age and a light meal for children and participants will be provided beginning at 5:30 PM. [Please register by clicking here](#) or visit

[http://theinstitute.umaryland.edu/events/frm\\_eventregistration.cfm?event\\_id=675](http://theinstitute.umaryland.edu/events/frm_eventregistration.cfm?event_id=675)

Two (2) Continuing Education Credits are available to registered participants through The Institute for Innovation and Implementation, University of Maryland School of Social Work. For further information, please call or email Laly Murphy at 410-820-5571; email: [vmurphy@ssw.umaryland.edu](mailto:vmurphy@ssw.umaryland.edu)

This presentation is sponsored by **Thrive@25**, Maryland's federal planning grant to end and prevent homelessness for youth with child welfare involvement. There is no cost to registered participants.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CA1835. The contents of this publication do not necessarily reflect the views or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it.



# Veterans Outreach

Thursday, June 30, 2016

1 p.m. – 4 p.m.

Meet Veterans  
Meet Veteran Service Providers

Veterans, Bring a copy of your DD214,  
or come to find out how to get one.  
In any event...

## VETERANS THIS IS FOR YOU!

**TALBOT COUNTY SENIOR CENTER  
400 BROOKLETS AVE.  
EASTON, MD**

Information and Sign up: Deb Cavalier  
dcavalierusa@gmail.com – 410.822.2869 X255





## ESRO-Person Centered Thinking Workshop with Lisa Meyer: June 13 and 14, 2016

### When

Monday June 13, 2016 at 9:30 AM  
EDT

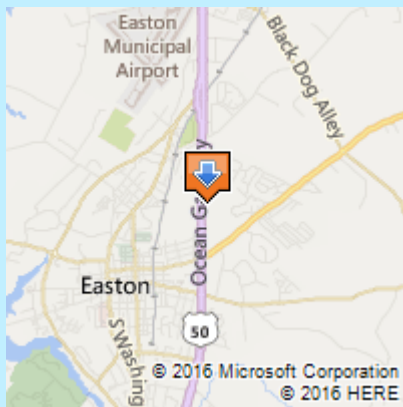
-to-

Tuesday June 14, 2016 at 3:30 PM  
EDT

[Add to Calendar](#)

### Where

**Holiday Inn Express Easton, MD**  
8561 Ocean Gateway  
Easton, MD 21601



[Driving Directions](#)

You're invited to attend this 2 day session on Person Centered Thinking. This training is very popular and is for anyone who wants to impact outcomes for people who use this process. As more and more services are delivered through a person-centered approach, successes are more abundant for all involved.

This training fills up quickly, and we ask that you register only if you know you can attend both days of training. If you need special accommodations or are unable to attend after registering, please email me at the address below.

To see the agenda, please click, "get more information" below!

[Get more information](#)

[Register Now!](#)

We look forward to seeing you at the training.

**Sincerely,**

Andrea Jones M.S.W.

[andrea.jones@maryland.gov](mailto:andrea.jones@maryland.gov)



# Regional Supports Intensity Scale "SIS" Trainings

*Want to learn about the Supports Intensity Scale-Adult Version™(SIS-A™) assessment? Join the American Association on Intellectual and Developmental Disabilities (AAIDD) and DDA as they discuss the SIS-A assessment being used in Maryland.*



## **What is the Supports Intensity Scale --Adult Version (SIS-A) Assessment?**

The Supports Intensity Scale® (SIS®) was launched in 2004, and is a standardized assessment tool designed to measure the pattern and intensity of supports that a person (16 years and older) with intellectual disabilities requires to be successful in everyday adult settings. The SIS-A, released in 2015, features user enhancements that address users feedback to collect additional demographic information and reorder the sections and subscale items on the paper form.

## **How is the SIS-A different from other assessments?**

Unlike traditional assessments, SIS-A does not look at a person's deficits, but instead looks at daily supports needed for an individual to live a successful life. The assessment process is positive, progressive, and fulfilling for individuals, families, and professionals.

## **Why SIS-A is unique?**

Traditionally, a person's level of developmental disability has been measured by the skills the individual lacks. SIS-A shifts the paradigm from deficits to needs through a team approach with the individual and friends/supporters of the individual. The SIS-A evaluates what practical supports people with developmental disabilities need to successfully participate in adult life activities.

## **SIS-A is positive, supports-oriented, and person-centered**

SIS-A allows professionals and family members to start the supports planning process with the goals and aspirations of the person, instead of skills and deficits. SIS-A also involves the person being evaluated, making the supports assessment process inclusive and consumer-oriented.

## **Who Should Attend?**

These trainings are open to all - Self-Advocates, Family Members, Advocates, Provider Agency Staff, Coordinator of Community Services Staff, DDA Staff.

## **Where?**

The sessions will be held in all four regions. You can choose which time and location works best for you.

**Central Region** - May 16, 2016 Meeting House Room 100

**Eastern Shore Region** - May 17, 2016 Salisbury University Commons Building

**Southern Region** - May 18, 2016 - Bowie Comfort Inn & Conference Center

**Western Region** - May 19, 2016 - Ramanda Plaza Inn in Hagerstown

## **When?**

An afternoon and evening session will be held at each location.

The time of the sessions are

**1pm - 3:30pm or 6pm - 8:30pm**

Both sessions are the same. There is no need to attend both.

### ***Want to Register?***

Simply CLICK on the day and time below that you want to attend to register.

<a href="#"><u>May 16th 1pm at The Meeting House</u></a>	<a href="#"><u>May 17th 1pm at Salisbury University</u></a>	<a href="#"><u>May 18th 1pm at Bowie Comfort Inn</u></a>	<a href="#"><u>May 19th 1pm at Ramada Plaza Inn</u></a>
<a href="#"><u>May 16th 6pm at The Meeting House</u></a>	<a href="#"><u>May 17th 6pm at Salisbury University</u></a>	<a href="#"><u>May 18th 6pm at Bowie Comfort Inn</u></a>	<a href="#"><u>May 19th 6pm at Ramada Plaza Inn</u></a>

### ***Additional Supports/More Information***

If additional supports are needed, please contact your regional training coordinator.

#### ***Central and Southern Regions***

Donna Will - [donna.will@maryland.gov](mailto:donna.will@maryland.gov)

#### ***Eastern Region***

Andrea Jones - [andrea.jones@maryland.gov](mailto:andrea.jones@maryland.gov)

#### ***Western Region***

Alison Johnston - [alison.johnston@maryland.gov](mailto:alison.johnston@maryland.gov)

Developmental Disabilities Administration, 201 W. Preston St., 4th Floor, Baltimore, MD 21201

## **NOTICE TO OFFERORS – CHARLES COUNTY**

### **REQUEST FOR PROPOSALS NO. CSA16-02**

The Charles County Department of Health Core Service Agency (CCCSA) is requesting proposals to acquire a vendor to implement and provide a **Tri-County Independent Living Program for Transition Age Youth, 18-25 years of age**. This RFP seeks to address the needs of independent housing, mental health services, substance use services, and a variety of other support services for young adults with mental illness and substance use concerns. For purposes of the RFP, the Charles County Department of Health Core Service Agency (CCCSA) shall be the grantor of record for the provision of these services in Charles County.

### **REQUEST FOR PROPOSALS NO. CSA16-01**

The Charles County Department of Health Core Service Agency (CCCSA) is requesting proposals for the provision of **Projects for Assistance in Transition from Homelessness (PATH) in Charles County**. This RFP seeks proposals to outreach and case management services to address the needs of securing benefits, linkages with mental health, somatic health and substance abuse services, independent housing, transportation, resource procurement and/or crisis intervention. For purposes of the RFP, the Charles County Department of Health Core Service Agency (CCCSA) shall be the grantor of record for the provision of these services in Charles County.





# Hike to Fight Suicide

Suicide prevention starts with everyday heroes like you. You'll raise money for critical research and prevention programs, and show your community that you support a culture that's smart about mental health.



AMERICAN FOUNDATION FOR  
Suicide Prevention

[afsp.org](http://afsp.org)



AMERICAN FOUNDATION FOR  
Suicide Prevention  
MARYLAND CHAPTER



## ALL-YOU-CAN-EAT STEAMED CRABS

Maryland Crab Soup • Fresh Corn on the Cob  
Fried Chicken Wings • Vegetarian Pasta • Vegetable Ratatouille  
Oysters • Cole Slaw • Tossed Salad • Pitchers of Soda  
Cash Bars for Other Adult Beverages

Food: 7:00 - 9:00 • Beverages: 6:00 - 11:00

WEDNESDAY, JUNE 8, 2016  
6:00 P.M. - 11:00 P.M.

**CAPTAIN JAMES CRAB HOUSE**  
2127 Boston Street • Baltimore, MD 21231  
410-675-1819

JOIN US FOR RAFFLE ITEMS, A SILENT AUCTION,  
GIVEAWAYS - AND MUCH, MUCH MORE!

To purchase tickets, please visit:  
<http://afsp.donordrive.com/event/partyforlife/>  
For more information contact: [Maryland@afsp.org](mailto:Maryland@afsp.org)

### TICKET OPTIONS:

- 1 Ticket to the All-You-Can-Eat Crab Feast: \$70
- 1 Ticket to the All-You-Can-Eat Crab Feast - Young Professional Level: \$60  
(For Young Professionals Only)
- 1 Table of 8 Tickets to the All-You-Can-Eat Crab Feast - Reduced Rate: \$520



## WALK WITH AFSP IN CAPITAL PRIDE PARADE to #ENDSUICIDE

Join AFSP! The annual  
Pride Parade steps off  
Saturday, June 11, 2016  
at 4:30 pm, from 22nd &  
P Streets, NW,  
Washington, DC. It travels  
1.5 miles through Dupont  
Circle and 17th Street,  
passes by the Logan  
Circle neighborhood and  
ends along the revitalized  
14th Street corridor at S  
Street.

Email:  
[afsp.ncac.volunteers@  
gmail.com](mailto:afsp.ncac.volunteers@gmail.com) to join in!



# Haven Ministries

Hope Through Shelter, Clothing & Food

## Street Outreach Services

Do you know that Haven Ministries staff proactively works with individuals and families who are experiencing a housing crisis before they are in need of emergency shelter services and helps connect them with available resources? An average of 20 individuals and families are helped monthly through Street Outreach.

Here are what some of our clients have said about our Street Outreach services:

*"(Haven Ministries) Case Manager helped me access their case management services without judging me."*

*"The case manager helped me connect to different churches in Queen Anne's County to help with back rent, as well as to provide me money, diapers, toiletries, and cleaning supplies"*



## Second Annual Purse Bingo!

June 26, 2016  
KI American Legion  
800 Romancoke Rd, Stevensville  
Doors open 12:30, Bingo starts at 2:00  
\$20 in advance, \$25 at door  
410-604-1450

## Luncheon Tea

Sunday, May 15  
3pm  
Christ Church,  
830 Romancoke Rd, Stevensville  
\$35 per ticket  
410-739-4363

## Run4shelter!!

September 10, 2016  
Check it out: 5K, 10K, Half Marathon, 2  
Mile Walk, Kids Fun Run!  
Accepting sponsors now!  
410-739-4363  
run4shelter.net



## Haven Ministries Shelter Update:

- 23 men, women, and children served at the homeless shelter winter 2015-16
- 140 dinners prepared for every guest and volunteer
- Over 336 shelter volunteers!

Haven Ministries has had a very busy shelter season which included many guests, countless hours of case management services, and a blizzard!

Many people often ask: "What is next for the guests?" Since our Case Manager has worked diligently throughout the shelter season to connect each guest to jobs and community programs, many guests are able to move on to safe and affordable housing. If

necessary, we continue to work with clients even when the shelter closes for the season.

We are also diligently working toward establishing a permanent shelter location for year-round services and a home to be used for transitional housing.



## Haven Ministries Food Pantry

Haven Ministries volunteers distribute over **7,000** pounds of food monthly. An average of **89** people from our community receive food. This represents over **250** people in households served through this program.



### Our Daily Thread Thrift Store

Expanded hours will include Mondays. The store is open for shopping and donations from Monday - Saturday 10-4. We are located near Cracker Barrel on Thompson Creek Road, Stevensville. We are seeking Thrift Store volunteers. Please call Liz at 410-353-0455 to help!



***"I hope to be able to continue volunteering for many years to come and look forward to the day when we can operate the shelter year round in a permanent facility."***

Haven Ministries Volunteer



### Future Plans:

- \* Daytime Resource Center
- \* Job Programs
- \* Multiple Transitional Homes
- \* Expanding Transportation Services
- \* Year round shelter facility

As we continue to move forward with our future plans, it is vital that we are financially capable of increasing staff and programming costs. Your financial contribution keeps all of the Haven Ministries' programs moving forward. Your gift truly **impacts** the lives of our vulnerable community members!

**Please consider donating to Haven Ministries:**

PO Box 44, Chester, MD  
21619  
haven-ministries.org  
410-739-4363

-----  
Name: \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \_\_\_\_\_

\$25:\_\_\_ \$50:\_\_\_ \$100:\_\_\_ other:\_\_\_





MAY IS **OLDER**

# AMERICANS

# MONTH



JOIN US AT SAINT  
MARTIN'S MINISTRIES  
FOOD PANTRY FOR A  
D E L I C I O U S  
BREAKFAST ON THIS  
SPECIAL OCCASION.

Envoy of Denton and Saint  
Martin's Ministries wish to  
honor our Older Americans.

Envoy of Denton, nominated by  
Shore Update readers as the  
Best Skilled Nursing Facility  
in 2016, provides skilled  
nursing, rehabilitation care, and  
dementia care.

Saint Martin's Ministries has  
been providing food for older  
adults in Caroline county for  
over 30 years. Many of the  
elder clients who come to Saint

Martin's Ministries for help are struggling to keep food on their table with just  
\$16/month in food stamps.

TUESDAY, MAY 3, 2016  
**9 AM TO 11:30 AM**

SAINT MARTIN'S MINISTRIES  
FOOD PANTRY

14259 BENEDICTINE LANE  
RIDGELY, MD 21660

**ENVOY**  
*of Denton*

420 Colonial Drive  
Denton, MD 21629  
P. (410) 479-4400  
F. (410) 479-2338  
[consulatehealthcare.com](http://consulatehealthcare.com)

PROGRAM MANAGER SENIOR II  
**Director of Social Services, Talbot County**  
**Recruitment #16-005483-0006**

DEPARTMENT	DHR - Talbot County DSS
DATE OPENED	4/19/2016 7:00:00 AM
FILING DEADLINE	5/19/2016 11:59:00 PM
SALARY	\$73,612.00 - \$107,429.00/year
EMPLOYMENT TYPE	Full-Time
HR ANALYST	Deenna Greene
WORK LOCATION	Talbot

[Go Back](#) [Click HERE to apply](#) [Click HERE to view benefits](#)

## Introduction

This is a Management Service position that serves at the pleasure of the Appointing Authority.

## GRADE

24

## LOCATION OF POSITION

Talbot County Department of Social Services  
301 Bay Street  
Easton MD 21601

This office is located on Maryland's Eastern Shore of the Chesapeake Bay and approximately 90 minutes from Baltimore, MD and Washington, D.C.

## Main Purpose Of Job

The Maryland Department of Human Resources (DHR), in cooperation with the Talbot County Government, seeks a strong administrator to direct all program activities of the Talbot County Department of Social Services (TCDSS) including Child Welfare, Family and Adult Services, Financial Assistance Programs, Nutrition Assistance, and Child Support. In addition to providing mandated services, TCDSS has a nationally accredited (National Children's Alliance) Children's Advocacy Center; a strong advisory board; model community partnerships and an exceptionally talented and dedicated staff. TCDSS is accredited by the Council On Accreditation for Children's and Family Services The Talbot County DSS has a staff of 70 a \$13.2 million operating budget and is located in Easton, MD which was voted the "8th best smallest town in America".

Talbot County, a progressive county with a population of approximately 38,000 and a median household income of \$58,495.

## MINIMUM QUALIFICATIONS

Possession of a Master's Degree in Social Work or a related field and at least five years of professional employment in social services administration or supervision.

DESIRED OR PREFERRED QUALIFICATIONS

Desired qualifications include, but are not limited to: strong leadership and management skills, particularly in fiscal and human resource management; ability to implement change, motivate staff and maintain relationships; ability to acquire new funding from non-traditional sources; and strong communication skills.

SELECTION PROCESS

If you are in state service and a promotional candidate, your salary will be determined in accordance with the State of Maryland Salary Guidelines.

BENEFITS

[STATE OF MARYLAND BENEFITS](#)

FURTHER INSTRUCTIONS

If you have any questions about this recruitment, please contact the Department of Human Resources at 410-767-7414.


Applications will only be accepted via this online employment center. You will be required to provide a resume, salary history, and current salary requirements. This information must be uploaded as a single document or faxed to 410-333-0882 attention: Deenna Greene with the title "Social Services Director, Talbot County".

Additional information about DHR is available at [www.dhr.maryland.gov](http://www.dhr.maryland.gov).

TTY Users: call via Maryland Relay

*We thank our Veterans for their service to our country, and encourage them to apply.  
As an equal opportunity employer Maryland is committed to recruiting, retaining and promoting employees who are reflective of the State's diversity.*

Click on a link below to apply for this position:

<a href="#">Fill out the Application NOW using the Internet.</a>	<div>Apply Online</div> 
<a href="#">Apply via Paper Application.</a>	You may also download and complete the <a href="#">Paper Application here</a> .





STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

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April 22, 2016

Dear Stakeholders:

Thank you for your comments and interest in our December 2015 draft proposal to rebundle the Medicaid reimbursement rate for methadone treatment. This proposal was developed to align our payment policy to clinical best practices that indicate methadone and counseling together result in better patient outcomes than treating patients with methadone alone. Specifically, studies show methadone with counseling results in less drug use, less criminal activity, and fewer risks related to infectious diseases. Federal requirements also require Opioid Treatment Programs to provide adequate substance abuse counseling to each patient as clinically necessary.

In February 2016, we posted public comments received on the December draft proposal and the Department's response to those comments on our website. Based on your input, we have posted an updated re-bundling proposal to the Behavioral Health Integration website which may be accessed here: <http://dhmh.maryland.gov/bhd/Pages/Integration-Efforts.aspx>. As promised in December, the Department is opening another 21 day comment period on the revised proposal. Please direct your comments to [dhmh.medicationsud@maryland.gov](mailto:dhmh.medicationsud@maryland.gov) by **May 13, 2016**.

As was the case in February, at the conclusion of the comment period, the Department will review, respond to and post comments received to the Behavioral Health Integration website by mid June. A provider alert will be sent by Beacon Health Options, the Department's ASO, when the Department's response to comments are posted. We will also disseminate our response to comments through the Behavioral Health Integration listserv, through the Medicaid Advisory Committee and the Local Health Officers. These comments will be considered as we determine next steps for promulgating regulations and seeking needed federal authorities for implementation.

Thank you for your engagement and feedback as we refine this proposal. For additional information, please refer to the Behavioral Health Integration website or direct any questions to [dhmh.medicationsud@maryland.gov](mailto:dhmh.medicationsud@maryland.gov).

Sincerely,

Shannon M. McMahon  
Deputy Secretary, Health Care Financing

# SAMHSA is accepting applications for up to \$33 million for SAMHSA Medication Assisted Treatment grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug Opioid Addiction (MAT-PDOA) grants totaling up to \$33 million over three years.

This program aims to provide funding to states to enhance/expand their treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated care, and evidence-based medication assisted treatment (MAT) and recovery support services to individuals with opioid use disorders seeking or receiving MAT.

Through SAMHSA funding we hope to: 1) increase the number of individuals receiving MAT services with pharmacotherapies approved by the FDA for the treatment of opioid use disorders; 2) increase the number of individuals receiving integrated care; and 3) decrease in illicit opioid drug use at six-month follow-up; and 4) decrease in the use of prescription opioids in a non-prescribed manner at six-month follow-up.

SAMHSA expects that up to \$11 million will be available each year to provide up to 11 grants of up to \$1 million each for states using a certified Electronic Health Record (EHR) system or planning to certify their currently non-certified EHR system. States not using a certified EHR system or not planning to certify their EHR system can receive up to \$950,000 a year. All grants are projected to last for up to three years. The actual award amounts may vary, depending on the availability of funds.

**WHO CAN APPLY:** Eligibility is limited to 27 states identified as having an increase of 25 percent or more in admissions for opioid use disorders in recent years (2007-2012) based on SAMHSA's Treatment Episode Data Set: 2002-2012. The application must be submitted by the Single State Agency (SSA) for Substance Abuse within the state.

FY 2015 MAT-PDOA grantees funded under TI-15-007 are not eligible to apply for this program. [See Section III-1 of the RFA for complete eligibility information.]

**HOW TO APPLY:** You must go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://www.samhsa.gov/grants/applying>) to download the required documents you will need to apply for a SAMHSA grant. Your application must be submitted through <http://www.Grants.gov>. Please refer to Appendix B – Guidance for Electronic Submission of Applications, PART II of the Funding Opportunity Announcement.

**APPLICATION DUE DATE:** Applications are due by 11:59 PM (Eastern Time) on **May 31, 2016**. Applications must be received by the due date to be considered for review. Please carefully review application and submission language discussed in PART II: Section I.

**ADDITIONAL INFORMATION:** Applicants with questions about program issues should contact Sherrye McManus at (240) 276-2576 and/or [sherrye.mcmanus@samhsa.hhs.gov](mailto:sherrye.mcmanus@samhsa.hhs.gov) ([link sends e-mail](#)). For questions on grants management issues contact Eileen Bermudez at (240) 276-1412 and/or [oreileen.bermudez@samhsa.hhs.gov](mailto:oreileen.bermudez@samhsa.hhs.gov) ([link sends e-mail](#)).

**For more information, contact the SAMHSA Press Office at 240-276-2130.**

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*The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (DHHS) that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.*



SAMHSA's Disaster Technical Assistance Center (DTAC) offers webinars and podcasts that address mental health and substance use (behavioral health) responses to disasters.

## Building Awareness of Disaster Behavioral Health (DBH)

**Disaster Anniversaries** will help listeners understand common reactions individuals who have survived a disaster may experience as the anniversary approaches and how to use disaster anniversaries as opportunities to build resilience and enhance recovery among survivors and communities.

- Access the [Disaster Anniversaries Webcast \(Date Recorded: July 6, 2015\) \(35:21\)\(link is external\)](#)
- [Download the presentation \(PDF | 3 MB\)](#)

In **Behavioral Health Response to Ebola**, four providers relate lessons learned during the high-stress situation of supporting a quarantined individual who is homeless during the 2014 Ebola outbreak in Dallas, Texas.

- [Access the Behavioral Health Response to Ebola Webcast \(Date Recorded: June 16, 2015\) \(55:15\)\(link is external\)](#)
- [Download the presentation \(PDF | 2.6 MB\)](#)

The **Behavioral Health Response to Mass Violence Podcast** informs DBH professionals about the psychological responses to mass violence and suggests strategies and interventions to provide immediate support and mitigate long-term negative mental health consequences.

- [Access The Behavioral Health Response to Mass Violence Podcast \(Date Recorded: August 14, 2013\) \(28:50\)](#)

The **Understanding Compassion Fatigue and Compassion Satisfaction: Tips for Disaster Responders Podcast** can help DBH professionals learn about the positive and negative effects of helping disaster survivors.

- [Access the Understanding Compassion Fatigue and Compassion Satisfaction: Tips for Disaster Responders Podcast \(Date Recorded: August 1, 2013\) \(25:19\)](#)

The **Post-Disaster Retraumatization: Risk and Protective Factors Podcast** informs DBH professionals about the concepts and signs of retraumatization and associated risk and protective factors, and highlights promising treatment strategies and tips for avoiding retraumatization.

- [Access the Post-Disaster Retraumatization: Risk and Protective Factors Podcast \(Date Recorded: July 10, 2013\) \(38:47\)](#)



The goal of the **Mass Casualty: Support and Response Webinar** is to share information about emotional reactions to mass casualty events. The webinar also addresses what Medical Reserve Corps team members, Commissioned Corps Officers, and other first responders may encounter in the field during a crisis event, and familiarizes participants with related disaster behavioral health resources, available through SAMHSA.

- [Access the Mass Casualty: Support and Response Webinar \(Date Recorded: April 23, 2013\) \(47:33\)](#)

The goal of the **Helping Children and Youth Cope in the Aftermath of Disasters: Tips for Parents and Other Caregivers, Teachers, Administrators, and School Staff Podcast** is to help parents, caregivers, teachers, and other school staff to identify common reactions of children and youth to disaster and trauma, and discover helpful approaches to support immediate and long-term recovery.

- [Access the Helping Children and Youth Cope in the Aftermath of Disasters: Tips for Parents and Other Caregivers, Teachers, Administrators, and School Staff Podcast \(Date Recorded: January 17, 2013\) \(49:16\)](#)
- [Download presentation \(PDF | 1.6 MB\)](#)

The goal of the **Deployment Supports for Disaster Behavioral Health Responders Podcast** is to prepare DBH responders and their family members for deployment by reviewing pre- and post-deployment guidelines and ways to prepare oneself and one's family members for the stress of deployment and reintegration into regular work and family life.

- [Access the Deployment Supports for Disaster Behavioral Health Responders Podcast \(Date Recorded: August 23, 2012\) \(27:18\)](#)
- [Download presentation \(PDF | 1.6 MB\)](#)

The goal of the **Cultural Awareness: Children and Youth in Disasters Podcast** is to assist DBH responders in providing culturally aware and appropriate DBH services for children, youth, and families impacted by natural and human-caused disasters.

- [Access the Cultural Awareness: Children and Youth in Disasters Podcast \(Date Recorded: August 1, 2012\) \(54:25\)](#)
- [Download presentation \(PDF | 1.7 MB\)](#)

The goal of the **Self-Care for Disaster Behavioral Health Responders Podcast** is to provide information, best practices, and tools that enable DBH responders and supervisors to identify and effectively manage stress and secondary traumatic stress through workplace structures and self-care practices.

- [Access the Self-Care for Disaster Behavioral Health Responders Podcast \(Date Recorded: April 23, 2013\) \(56:47\)](#)
- [Download presentation \(PDF | 1.41 MB\)](#)

The goals of **Introduction to Disaster Behavioral Health** are to educate participants about the mental health, substance abuse, and stress management needs of people who have been exposed to human-caused, natural, or technological disasters.

- [Access the Introduction to Disaster Behavioral Health \(Date Recorded: July 14, 2011\) \(1:04:37\)](#)
- [Download presentation \(PDF | 1.57 MB\)](#)

The goal of **Applying Cultural Awareness to Disaster Behavioral Health** is to provide information, recommendations, and tools that can be used to assess and strengthen cultural awareness practices in disaster behavioral health services.

- [Access the Applying Cultural Awareness to Disaster Behavioral Health \(Date Recorded: August 24, 2011\) \(1:11:54\)](#)
- [Download presentation \(PDF | 3 MB\)](#)

Visit [SAMHSA DTAC](#) to learn more about resources dedicated to disaster behavioral health.



# SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS



Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce and prevent problematic use, misuse and dependence on alcohol and other drugs. The [SAMHSA-HRSA Center for Integrated Health Solutions \(CIHS\)](#) has resources for you to learn the basics or refine your current practice.

**Learn the basics.** Get to know what's involved in the three basic components of [screening](#), [brief intervention](#) and [referral to treatment](#) and read about what SBIRT looks like in practice on our [SBIRT page](#).

**Train your staff.** There are many [training curricula and online courses](#) to help you and your staff understand the core components of SBIRT and how to implement the practices.

**Share pocket guides.** Check out the variety of [workflow charts and diagrams](#) that can help providers in various settings to gain confidence in how to conduct screenings and brief interventions for drug and alcohol use.

**Make sure you get reimbursed for these services.** Set up a financial plan before you begin to implement SBIRT by learning the [cost benefits](#) and the billing and coding you'll need to put into place for [reimbursement of SBIRT activities](#).

**Have more questions?** Contact us to schedule a [free, one hour consultation](#) on SBIRT implementation with one of our [subject matter experts](#).

Also be sure to visit SAMHSA's [SBIRT web page](#) to view additional resources on SBIRT, including the latest reimbursement codes and a list of federally-funded medical training programs on SBIRT.

**Stay informed.** Subscribe to [CIHS' news and updates](#) to get regular information about practical tools and resources to support your agency's efforts to address substance use.



# NIDA Releases New Summary of Research on Early Childhood Risk and Protective Factors

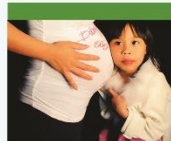
## Principles of Substance Abuse Prevention for Early Childhood

### A Research-Based Guide



#### Chapter 1

Why Is Early Childhood Important to Substance Abuse Prevention?



#### Chapter 2

Risk and Protective Factors



#### Chapter 3

Intervening in Early Childhood



#### Chapter 4

Research-Based Early Intervention Substance Abuse Prevention Programs



#### Chapter 5

Selected Resources



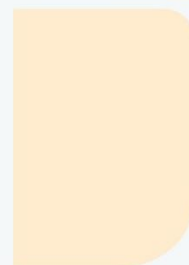
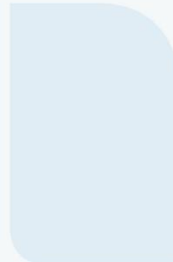
#### Appendix 1

From Theory To Outcomes—Designing Evidence-Based Interventions



#### Appendix 2

Selecting and Implementing an Intervention



The brain is an organ that adapts in both short- and long-term ways to its environment, and prevention science over the past few decades has shown clearly that a person's experiences during the first few years of life and even prenatally can have an enormous impact on his or her risk or resilience for drug use and related psychiatric conditions. To address this science, NIDA is proud to announce the latest in our series of evidence-based guides for practitioners and researchers: **[Principles of Substance Abuse Prevention for Early Childhood](#)**.

The new online guide describes the principles derived from research designing, implementing, and testing prevention programs aimed at the first 8 years of life (including prenatally) and the supporting data that have been gathered so far on 17 evidence-based prevention programs.

Read more **[here](#)**.



## Upcoming Webinars

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### Applying for the CCBHC Demonstration Program: Application Overview and Strategies for Success

**Date:** Tue., May 3, 2016 3:00 pm ET

**Presenters:** Heidi Arthur, Principal, Health Management Associates

**Register:** <https://attendee.gotowebinar.com/register/304438650631326978>

With states' Certified Community Behavioral Health Clinic planning well underway, states and potential CCBHCs must have a clear understanding of how their planning year activities will play into their applications—**due October 31**—and what they can be doing now to meet the criteria in the application guidance. As states convene their CCBHC Steering Committees, solicit input from stakeholders, oversee technical support and training for CCBHCs, conduct the actual certification, and design their prospective payment systems, how competitive is their approach based on required application elements? What is necessary to create the strongest possible application? Join Heidi Arthur of Health Management Associates (HMA) for a deep dive into the CCBHC demonstration program application, with a focus on what is required for each section. Participants will walk away with a strong understanding of the application requirements and strategies to ensure readiness for a competitive submission by the deadline.

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### Putting Community Back into Community Mental Health

**Date:** Thu., May 12, 2016, 1:00 pm ET

**Speakers:** Lydia Prado, Vice President for Child & Family Services, Mental Health Center of Denver; Maya Wheeler, Community Outreach Liaison, Forest Street Compassionate Care Center

**Register:** <https://attendee.gotowebinar.com/register/4720875593554240513>

The Dahlia Campus for Health and Well-Being is not a traditional mental health clinic. It is an innovative community center that offers a place for neighbors to connect, learn new skills and find supports they need to increase their overall health and wellness. The 4-acre site features a hub of services and program, including: mental health services, pediatric dentistry, preschool, urban farm, training kitchen and more.

By engaging and partnering with the surrounding community, the Mental Health Center of Denver created a supportive and inclusive space with programs beyond traditional community mental health. [Register today](#) to hear how they did it and lessons learned through the community engagement process.

For more information on the Dahlia Campus, check out this blog on [Conference 365](#).

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*The National Council does not offer continuing education credits or certificates of attendance for webinars. A recording and the PowerPoint will be posted in our [archives](#) within 48 hours following the event.*



## The Call for Applications for Connect 4 Mental Health's 2016 Community Innovation Awards

**Apply Now**

While there is no one approach to effectively address mental illnesses, the Community Innovation Award winners offer best practices for all communities to consider.

Now in its third year, the awards program honors local community programs that have successfully introduced novel approaches to address mental health in one of four program categories:

- Early intervention
- Creative use of technology
- Continuity of care
- Service integration

Winning organizations receive a \$10,000 award to further their work, as well as access to one-on-one mentoring from past C4MH honorees to learn from other exemplary programs and to facilitate best practice sharing.

**Entries are due by July 22, 2016** and will be judged by a committee of representatives from C4MH and the mentor community organizations. Winners will be notified in fall 2016.

Learn more about Connect 4 Mental Health, the Community Innovation Awards, past award winners and the need for community-oriented solutions to address serious mental illness at [www.connect4mentalhealth.com](http://www.connect4mentalhealth.com).



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### About Connect 4 Mental Health™

*Connect 4 Mental Health (C4MH) is a nationwide initiative calling for communities to prioritize serious mental illness and advocate for new approaches that aim to help make a difference for individuals living with these conditions, their families and their communities. The campaign encourages collaboration among the mental health community and other community-based organizations – such as emergency services, law enforcement and public housing — to develop localized interventions that provide additional support for those with serious mental illness and also may help address larger community problems. C4MH is an alliance between the National Alliance on Mental Illness (NAMI), the National Council for Behavioral Health (National Council), Otsuka Pharmaceutical Development & Commercialization, Inc. and Lundbeck. To learn more, visit [www.connect4mentalhealth.com](http://www.connect4mentalhealth.com).*



The National Council's activities don't stop after [Hill Day 2016](#). Stay in the race as the [Middle Management Academy](#) takes place June 8-11, right after Hill Day ends! Whether experienced or new to middle management, attendees learn to lead by example, motivate staff and direct the front line toward excellence.

Hone your financial and leadership skills with other health care managers who face similar situations, learning from each other's experiences. Effective middle managers are directly correlated with increased productivity, better bottom lines and happier employees.



Core focus areas:

- Financial literacy
- Conflict resolution
- Leadership style and application

[Register for the Middle Management Academy](#) today and prepare your organization for the long haul!

*Weekly  
Quote*

It's not selfish to love yourself, take care of yourself, & to make your *Happiness* a priority. It's necessary.

— Mandy Hale

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