

CIT empowers law enforcement, enhances safety

About 25 individuals representing law enforcement agencies on Maryland's Eastern Shore convened eight hours a day for five days last month at Eastern Shore Criminal Justice Academy in Salisbury to learn how best to work with people experiencing behavioral health crises.

At weeks' end, the officers were Crisis Intervention Team (CIT) trained. The CIT program is a model for community policing that brings together law enforcement, mental health providers, hospital emergency departments and individuals with mental illness and their families to improve responses to people in crisis.

Programs ultimately enhance communication, identify mental health resources for assisting people in crisis and ensure that officers get the training and support that they need. The national training curriculum model was developed through a partnership between NAMI, the University of Memphis CIT Center, CIT International and the International Association of Chiefs of Police. The curriculum provides an outline for local programs to follow and programs often innovate within these guidelines to meet local needs.

Team implementation saves public money. Pre-booking jail diversion programs, including CIT, reduce the number of re-arrests of people with mental illness by 58 percent, according to the TAPA Center for Jail Diversion. Individuals who encounter a trained officer receive more counseling, medication and other forms of treatment than individuals who are not diverted.

These services keep individuals out of expensive jail beds and hospitals. A 2011 study in Detroit, housing an inmate with mental illness in jail costs \$31,000 per year, while community-based mental health treatment costs \$10,000 per year.

The program gives officers more tools to do their job safely and effectively. Key components of the training are to combine patience and compassion for individuals while maintaining safety of officers.

Typically, officers arrive to take care of things, meaning get the person off the street, out of the business or away from neighbors. Trainers tell them to slow down the process if they can safely do so.

CIT trainer Sgt. Jessica Murphy, Ph.D., invited officers to convey adjectives used regarding people with behavioral health disorders and people with cancer. This is their list of adjectives:

One officer looked at the list on a whiteboard. "Wow, that makes it look bad," he said.

During the training, attendees learned Mental Health First Aid, heard testimonials from consumers who'd had run-ins with the law and learned the "four plays," when approaching someone in crisis. The plays are to introduce oneself, ask the person's name, convey audio and visual observations (upset,

angry, sad), and restate and reflect information provided. Instructors advised that an angry rant usually lasts about 30 minutes because people become exhausted. It's important, too, to look for the hook, or the thing that someone cares about. Practice empathy, not sympathy; be sincere and genuine and accepting, not judgmental. Remember that the bulk of all communication is nonverbal. All of the information was then practiced in roleplay based on actual reported interactions of law enforcement statewide.

At the start of the training, attendees were less than excited as most did not attend voluntarily. But, by weeks end, most officers saw the value in the training and some were considering getting involved as trainers.

Contact Eastern Shore Crisis Response CIT Coordinator Brandy James at bjames@santegroup.org to learn more about upcoming training opportunities for first responders in your area.

Behavioral Health

A- - hole

10-96

Bat sh- - crazy

Squirrel

Wacko

Cancer

Patients

Sick

Survivor

Brave

Fighter

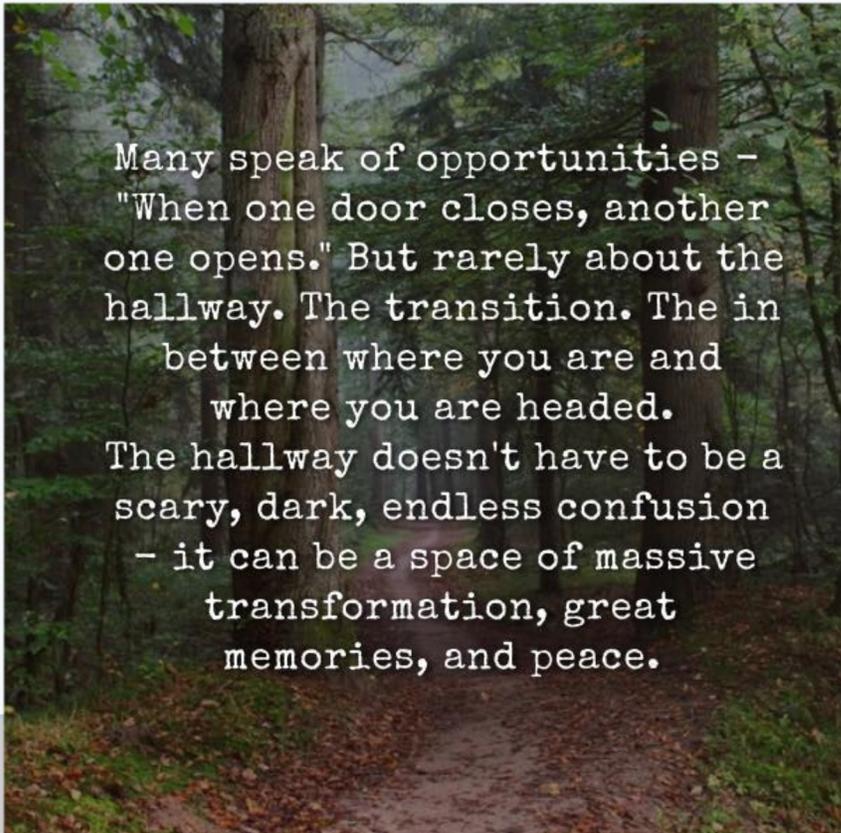


Our Mission

To continually improve the provision of behavioral health services for residents of Caroline, Dorchester, Kent, Queen Anne's and Talbot counties through effective coordination of care in collaboration with consumers, their natural support systems, providers, and the community at large.

Our Vision

A rural behavioral healthcare delivery system that is clinically and culturally competent. This system will ensure access, have a community focus, be cost-effective, and be integrated to serve the community as a whole.



Many speak of opportunities –
 "When one door closes, another
 one opens." But rarely about the
 hallway. The transition. The in
 between where you are and
 where you are headed.
 The hallway doesn't have to be a
 scary, dark, endless confusion
 – it can be a space of massive
 transformation, great
 memories, and peace.

News from the Shore

Dri-Dock Wellness and Recovery and the Dorchester County Addictions Program will host a free Recovery Holiday Luncheon and meeting for the recovery community from 11 a.m. to 3 p.m. Saturday, Dec. 17 in the center at 208 Sunburst Highway, Cambridge.

A traditional holiday lunch consisting of turkey, ham, green beans, yams, mashed potatoes, stuffing, and assorted desserts will be served at noon. Keynote speaker Bonnie S. will begin at 1:30 p.m. Please RSVP by Dec. 12 to Kaylin McJilton at 410-228-7714 ext. 108 or email kaylin.mcjilton@maryland.gov.

About 50 community members attend the Behavioral Health Coalition of the Mid Shore's annual Legislative Forum last month to engage in discussion about challenges for those providing and receiving behavioral health treatment.

Senator Addie Eckardt and Delegates Christopher Adams, Jay Jacobs, Steve Arentz, Jeff Ghrist, and Johnny Mautz attended the event and participated in a panel discussion.

Coalition members identified key areas of focus, presenting regional and statewide barriers including staff credentialing, licensing of staff and programs, substance use disorder reimbursement rates, enhancement of crisis services, Keep the Door Open Act, recovery support for youth, transportation and the closure of Adventist Behavioral Health Eastern Shore. Panel members encouraged providers to request funding from local government and suggested increased partnerships with local businesses. Issues requiring legislative change—licensure and credentialing—should first be addressed in meetings with top executives of the organizations involved, legislators said. Panel members offered to work with Coalition members to coordinate such meetings.

Those interested in participating in, or learning more about, the Behavioral Health Coalition of the Mid Shore may visit www.midshorebehavioralhealth.org/advocacy.



Mind Resilience

The Behavioral Health Administration has launched its resilience website, capping off a 10-year effort of its Resilience Committee. The site enables the committee to reach a much larger audience, providing the message of the value of resilience and well-being for children, families, individuals, those in recovery, communities and organizations.

The site provides information on numerous aspects of ‘Mind Resilience,’ including benchmark indicators across the lifespan. Core concepts include the following: sense of competency; caring and respect for others; problem solving and coping skills; optimism and hope for the future; ability to reframe stress; and a sense of purpose and meaning.

“By having an universal approach we can help create a common language and connection that promotes the importance of good behavioral health across settings, and the lifespan,” said Joan Smith, LCSW, of the BHA.

The State of Maryland: Mental Hygiene Administration (MHA/BHA) Resilience Committee partnered with the University of Maryland School of Medicine in 2014 to convene a Breakthrough Series Collaborative for promoting the adoption of resilience-based organizational and treatment practices in child-serving mental health agencies. The Center for Children, Catholic Charities, Carroll County Youth Services Bureau, Way Station, Wicomico Co. Health Department, and Upper Bay participated in this quality improvement initiative. Materials at the site reflects some of the work accomplished in the resilience collaborative series.

The site offers information to help both individuals and organizations achieve resilience. Organizational resilience is defined by a business, program, or service provider’s ability to be adaptable, flexible, and proactive. It is necessary for leadership in organizations to create a culture that embraces the inevitable change of shifting priorities and market forces. Mind resilience helps establish this mindset by engaging employees in ways they feel valued, and putting their best talents to work.

By maximizing and enhancing the skills of staff, who are an organization’s biggest resource, a business becomes invested in the well being of its workforce which in turn results in greater retention, productivity, and a positive environment to conduct business. Organizations, like individuals, are successful when they are resilient, resourceful, and interdependent.

Organizations attempt to incorporate resilience strategies to manage the unexpected, and understand that not all risk can be controlled for; use of go-to strengths in daily life and when challenged; foster adaptive behaviors to manage everyday stress and change; engage and promote effective partnerships with internal and external stakeholders and resources; and anticipation of challenges that are used as opportunities for growth – ability to be proactive.

Resilient organizations rebound and learn from adversity and crisis in ways that are productive and future oriented. Leadership encourages flexibility, creativity and innovation among all employees. The culture promotes unity of purpose and cohesiveness, which is reflective in everyday operations. Additionally, knowledge and information is mutually shared and respected to reduce communication silos. Employees at all levels are treated fairly, and held to the same standards of behavior.

The organization provides activities and invites ways for all staff to feel invested and valued by the organization. Likewise, authority for those in overall decision making roles is understood and respected. Lastly, overall evaluation of the effectiveness and relevancy of an organization is customer driven. Given the customer those in behavioral health serve, the latter becomes increasingly important as agencies provide services that may help to vastly improve lives. The site provides promotional materials.

“By having an universal approach we can help create a common language.”

Visit Mind Resilience online at <http://www.mindresilience.org/>



A story of struggle, success

Those unfamiliar with surgeon, author and speaker Sherwin Nuland, who was 83 when he died March 3, 2014, may want to check out books he authored and take a listen to his TED Talk about his personal struggle with depression that led him to seek electro shock therapy.

The author of a dozen books — including the award-winning *How We Die*, a clear-eyed look at life's last chapter — Nuland came to TED in 2001 to tell a story he'd never told before. The world-renowned surgeon, clinical professor of surgery at Yale and best-selling author began his talk with a history of mental health and mental illness ... and gradually began to weave in his own story, of a depression so crippling, so impossible to shift, that in his 40s he was in line for a lobotomy. But his young doctor made a bold suggestion, and then stuck to it in the face of widespread doubt: Nuland would try electric shock therapy. It's a stunning talk.

TED's Tom Rielly, who saw the talk live, said, "Sherwin's talk took us on a journey into the hell of his darkest depression and his improbable journey back. From literally sleeping in the gutter to recovering his life via a caring young doctor who kept him from being lobotomized, Nuland's powerful storytelling nearly stopped the Monterey conference room from breathing, and then ultimately allowed a tearful catharsis. Nuland affected me more powerfully than any talk before or since. Having lived with the illness for more than 30 years I know how easily it could have been I who was prostrate on the street. I will always be grateful to him for showing me the power of honesty even about the things that terrify."

TED Content Director, Kelly Stoetzel, wrote: "[Nuland] made himself really vulnerable on the stage. He talked about something that his colleagues didn't know about — that he had suffered from depression so severe that he became catatonic and had undergone electroshock therapy to heal. It made me cry. I thought, 'This is the weirdest thing, I'm at a conference and I'm crying — I don't know if I love that or hate that!'"

TED Curator, Chris Anderson, summed it up this way: "[Nuland's] talk at TED 12 years ago remains one of the most powerful moments in the conference's history. He combined brilliant storytelling with remarkable personal candor and vulnerability. He inspired many at the time, and continues to do so today."

Listen online at <http://blog.ted.com/remembering-sherwin-nuland/> Courtesy of TED Blog



Social psychologist explores divisiveness

How can the US recover after the negative, partisan presidential election of 2016? Social psychologist Jonathan Haidt, Ph.D., studies the morals that form the basis of our political choices.

Haidt is a social psychologist at the New York University Stern School of Business. His research examines the intuitive foundations of morality, and how morality varies across cultures—including the cultures of American liberals, conservatives, and libertarians.

He is the author of *The Happiness Hypothesis*, and of the New York Times bestseller *The Righteous Mind: Why Good People are Divided by Politics and Religion*. In conversation with TED Curator Chris Anderson,

Haidt describes the patterns of thinking and historical causes that have led to such sharp divisions in America — and provides a vision for how the country might move forward.

Listen online at https://www.ted.com/talks/jonathan_haidt_can_a_divided_america_heal Courtesy of TED Talks





December 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4		6	7	8	9	10
11	12 CIT Advisory 1:30 @ MSBH	13 Roundtable on Homelessness 1:30 Consumer Council 3-4 @ CVI	14	15	16	17
18	19	20	21	22 MSBH Closes @ 11:30 for staff party	23 Holiday Break MSBH Closed	24
25 Christmas Day	26 Holiday Break MSBH Closed	27	28 BHSN Integration 2-3 @ MSBH	29	30	31

App for medication assisted treatment providers

Opioid use disorder has become an increasing concern in the United States. As part of the HHS Opioid Initiative, SAMHSA developed MATx—a free mobile app that provides immediate access to information about medication-assisted treatment for opioid use disorder.

MATx is a one-of-a-kind resource that will make it easier for practitioners to provide the effective, evidence-based care that their patients living with an opioid use disorder desperately need.

The app includes: information about medications approved by the U.S. Food and Drug Administration for use in the treatment of opioid use disorder and treatment approaches for practitioners; clinical support tools, such as treatment guidelines, ICD-10 coding, and recommendations for working with special populations; and access to critical helplines and SAMHSA's treatment locators. MATx is available for free download on mobile devices.

Learn more at the [Collaborator Tools](#) page.

A CHILD'S
LAUGH COULD
SIMPLY BE ONE
OF THE MOST
BEAUTIFUL
SOUNDS IN
THE WORLD! *(unknown)*



Mid Shore Behavioral Health is located at 28578 Mary's Court, Easton, MD 21601. You are invited to join us in our work to improve services on the Eastern Shore by joining the BHSN workgroups, Email kstevens@midshorebehavioralhealth.org for information.