

## Significant Funding Awards to Strengthen Early Childhood Mental Health, Assist Children of Incarcerated Parents Signal Encouraging Start to New Year

**A**pple, Inc., co-founder Steve Jobs once said that “Innovation distinguishes between a leader and a follower.” Ohio has continued to position itself among the national leaders in the delivery of high-quality behavioral health care services by making significant progress in this area in recent years. So far, 2016 appears to be off to an equally promising start.

This month, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) announced more than \$11 million in investments to strengthen early childhood mental health services and promote innovative solutions for families impacted by a parent’s incarceration.

On Jan. 14, the **Department announced** a \$2.3 million investment in interventions that help children of incarcerated parents stay on track developmentally by avoiding some of the same behaviors that led to a parent’s involvement with the criminal justice system.

The Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP), on behalf of the UMADAOPs of Ohio Federation, was selected to receive a one-time award to implement regional programs utilizing the nationally acclaimed ***Creating Lasting Family Connections (CLFC) curriculum***. The curriculum addresses substance abuse and violence prevention through personal, marriage and family strengthening programs. Ohio University’s Voinovich School of Leadership and Public Affairs was chosen to evaluate the project. The grants cover an 18-month period, ending June 30, 2017.

According to [youth.gov](http://youth.gov), an estimated 2.7 million — roughly 1 in 28 — children live with a parent who has served time in jail or prison. These children are more likely to have faced exposure to traumatic events, violence, alcohol and other drugs, and involvement in the child-welfare system. These experiences can negatively impact a child’s mental health, social, behavioral and educational prospects, and place a child at an increased risk for delinquency, violence, poverty and substance abuse, among other pitfalls.



“Growing up with an incarcerated parent is associated with a variety of negative outcomes resulting from financial instability, changes in family structure and societal stigma,” said OhioMHAS Director Tracy Plouck. “Children with a parent in prison also may face a number of other challenging circumstances such as witnessing drug abuse or violence in the home or in their community. They also may have experienced trauma relating to their parent’s arrest or from experiences leading up to it.”

To promote healthy social and emotional development and school readiness among children age six and younger, OhioMHAS on Jan. 21 **announced** \$9.1 million in funding that will benefit **75 counties** through the agency’s “Whole Child Matters: Early Childhood Mental Health (ECMH) Initiative.”

The funding calls for the addition of up to 64 mental health consultants who will work with teachers, staff and families of at-risk children in preschools and other early-learning settings. Plans also include establishing a centralized intake process and providing for a small cadre of trainers who will oversee professional development services statewide.

Counselors will work with early-learning programs such as childcare, Head Start and preschool to help develop a strong mental health foundation for children to reduce pre-school expulsions. Services rendered will include: on-site interventions and child/family-focused technical assistance to parents teachers and staff; resources for parents; training; and professional development.

“Our goal is to engage at-risk children as early as possible to reduce and eliminate expulsions and make a lasting, positive difference that contributes to a child’s future success,” said Valerie Alloy, Ph.D., OhioMHAS lead for early childhood mental health initiatives. “This funding reflects [Ohio’s] commitment to supporting healthy social and emotional development among young children as these are critical components of school readiness.”

Click [HERE](#) to learn more about Ohio’s early childhood mental health initiatives.

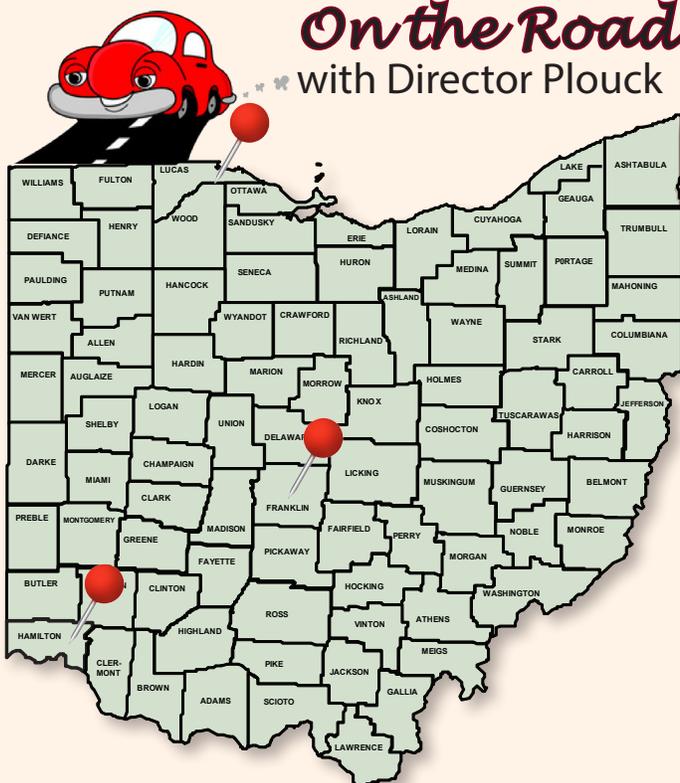


## National Start With Hello Week — Feb. 8-12

***Sandy Hook Promise*** is encouraging schools and youth organizations throughout Ohio to join them in recognizing **National Start With Hello Week** Feb. 8-12. ***National Start With Hello Week*** teaches students in grades 2-12 the skills they need to reach out to include those who may be dealing with chronic social isolation and create a culture of inclusion and connectedness within their school or organization. Participating organizations may also apply for a special \$10,000 “Start With Hello” Award. Click the link above for details.



## On the Road with Director Plouck



A brief recap of Dir. Plouck's public activities this month:

- 1.7 Visited Twin Valley Behavioral Healthcare in Columbus.
- 1.8 Met with the Ohio Department of Rehabilitation and Correction advisory board to provide an overview of the national Stepping Up initiative to reduce the number of people with mental illnesses in jails.
- 1.14 Visited Summit Behavioral Healthcare in Cincinnati.
- 1.20 Provided remarks at the Ohio Housing Finance Agency board meeting regarding Ohio's housing inventory and needs for individuals with mental illness and substance use disorders.
- 1.21 Participated in a panel discussion at the "Ideas that work: Fighting the Drug Epidemic in Ohio" forum hosted by Attorney General Mike DeWine.
- 1.26 Provided remarks at the Ohio Association of County Behavioral Health Authorities awards luncheon.

## Birth Defects Prevention Month

In recognition of January as ***National Birth Defects Prevention Month***, Ohio's Fetal Alcohol Spectrum Disorder (FASD) Steering Committee is reminding women who are pregnant or thinking about becoming pregnant not to drink alcohol — Not a Single Drop. FASD, which is 100 percent preventable, refers to a group of conditions — including physical and behavioral issues — that can occur in children whose mother drank alcohol during pregnancy.



Originally formed in 2004, the committee, which consists of representatives from several state agencies, providers and adoptive parents of children with FASD from throughout the state, has recently reconvened and is working on finalizing its strategic plan. Local and national resources about FASD are available on the Ohio Department of Mental Health and Addiction Services [website](#) and Ohio FASD Steering Committee [Facebook](#) page.

For more information about Ohio's FASD initiative, contact Karen Kimbrough, the state's FASD coordinator, at [karen.kimbrough@mha.ohio.gov](mailto:karen.kimbrough@mha.ohio.gov).

## Ohio Addiction Recovery Network Seeking to Expand Membership

The ***Ohio Addiction Recovery Promotion Network*** (OARPN) is seeking to build a robust peer recovery network to enhance Ohio's ability to respond to the diverse needs of persons with substance abuse disorders. OARPN will serve as a forum for recovery leaders to develop strategies and educational tools for the primary prevention of substance abuse.



Membership is free and only requires a commitment of one to two hours per month. If you or your organization are interested in becoming involved with the Network, please complete a [membership form](#) and return it to Cathy Davis at [cdavis@norainc.org](mailto:cdavis@norainc.org). Questions? Please contact the Northern Ohio Recovery Association at 216.391.6672.

## Statewide Community Transitions Outreach Now Available



**RECOVERY**  
*Requires a*  
**COMMUNITY**

OhioMHAS is committed to helping individuals with mental illness and substance use disorders explore options for transitioning to community living. Outreach and technical assistance regarding resources for ***community transitions***, including the ***Residential State Supplement*** and ***Recovery Requires a Community*** programs, are now available throughout the state for nursing facilities, county boards, community mental health agencies, advocacy organizations and other stakeholders. For more information, please contact Rebecca Civittolo, community transitions specialist, at [Rebecca.Civittolo@mha.ohio.gov](mailto:Rebecca.Civittolo@mha.ohio.gov) or 614.466.1064.



Ohio Lt. Gov. Mary Taylor discusses Ohio's new acute pain prescribing guidelines during a Jan. 19 Statehouse press conference.

## Ohio Strengthens Opioid Prescribing Guidelines

As part of Ohio's continuing effort to curb the misuse and abuse of prescription pain medications and unintentional overdoses, the ***Governor's Cabinet Opiate Action Team*** (GCOAT) recently announced the adoption of ***new opioid prescribing guidelines*** for the outpatient management of patients with acute pain. Acute pain is typically short-term (generally resolved within 12 weeks), and can result from injuries as well as surgical and dental procedures.

The new guidelines, which recommend non-opioid treatment options when possible and limiting the amount of opioids used to treat acute pain where appropriate, expand upon Ohio's prescribing guidelines for emergency departments and acute-care facilities, and for management of chronic pain lasting longer than 12 weeks. All three guidelines were developed by GCOAT in conjunction with clinical professional associations, providers, state licensing boards and state agencies.

"Too many families are being torn apart by drugs and that is why we have been so proactive in exploring new ways to prevent Ohioans from becoming addicted to prescription opioids," said Gov. John R. Kasich. "Building upon

prescribing guidelines we established for emergency departments and chronic pain, these new protocols for treating short-term pain will strengthen our efforts to fight abuse, and, ultimately, save lives."

In 2014, more than 262 million opioid doses were dispensed in Ohio for the management of acute pain — 35 percent of the state's 750 million total dispensed opioid doses. Prescription opioids remain a significant factor to unintentional drug overdose deaths in Ohio, contributing to nearly one-half of all injury-related deaths in 2014.

"No prescriber can predict which patients will become addicted to their opioid pain medication, so why take the chance if the patient's acute pain can be managed without them?" said Dr. Amol Soin, a pain management specialist and vice president for the State Medical Board of Ohio. "Just because clinicians can prescribe a 30-day supply of medication doesn't mean that they should." Learn more:

[\*\*\*Prescribing Guidelines Fact Sheet\*\*\*](#)  
[\*\*\*Prescribing Guidelines Summary\*\*\*](#)  
[\*\*\*Prescribing Guidelines Website\*\*\*](#)  
[\*\*\*Video — Gov. Kasich\*\*\*](#)  
[\*\*\*Video — Dakota B., Ohioan in Recovery\*\*\*](#)  
[\*\*\*Watch the press conference\*\*\*](#)



OhioMeansAccessibility

## Interactive Employer Toolkit Released

A new interactive toolkit makes it easier for Ohio employers to recruit, hire and retain qualified workers with disabilities. ***Hiring Ohioans with Disabilities: A Toolkit for Employers, Managers and Human Resource Professionals*** was produced by Opportunities for Ohioans with Disabilities and the Ohio Department of Job and Family Services (ODJFS).

The toolkit was created in response to a recommendation of the Ohio Workforce Integration Task Force (WIT), convened in 2014 by Gov. John R. Kasich and the Ohio General Assembly. The workgroup concluded that Ohio employers needed a clear, consistent and practical resource that outlines how best to tap into the skilled and motivated workforce individuals with disabilities represent.

Employers can download the toolkit to learn about:

- Best practices from Ohio's top employers;
- Tax incentives for hiring workers with disabilities;
- Free sources of consultation and assistance;
- Making reasonable workplace accommodations;
- Offering more flexible work arrangements;
- Interacting with people with disabilities;
- Recruiting and accommodating veterans with disabilities;
- Using job coaches to help workers with disabilities;
- Managing disability leave;
- Accommodating service animals in the workplace.



Click [\*\*\*HERE\*\*\*](#) to download the toolkit.

## Move to Consolidated Technology Platform Designed to Increase Clinical, Operational Efficiencies in Hospitals

OhioMHAS has announced plans to integrate the **Netsmart** myAvatar® CareRecord™ electronic health record (EHR) platform across its six regional psychiatric hospitals. The move will standardize workflow, streamline documentation and reporting, and enhance clinical and operational efficiencies.

The transition to a comprehensive system through an expanded collaboration with Netsmart will provide the hospitals with a single, consolidated health record for each patient. Netsmart will also provide OhioMHAS with key clinical and operational capabilities currently done through multiple, fragmented systems, including computerized physician order entry (CPOE), laboratory interface, incident reporting and billing.

The platform will support integrated billing, e-prescribing and electronic medication administration records (eMar). Designed to meet the requirements of health and human services providers, **myAvatar CareRecord™** also supports forensic and civil processes common in state psychiatric care.

"This is an investment in the future of mental health treatment for the people who receive care in our state hospital system," said OhioMHAS Director Tracy Plouck. "The implementation of the fully expanded EHR will improve communication, patient safety and clinical care efficiencies in our hospitals, while reducing dependence on legacy information



systems that are not integrated."

All solutions will be hosted by Netsmart in its secure, state-of-the-art data center, with software maintenance and updates also provided by Netsmart. This will provide cost savings to OhioMHAS and reduce the burden on staff.

"The implementation of the Netsmart medical record in our Regional Psychiatric Hospitals has the potential to provide many benefits to our patients and staff by decreasing fragmentation, improving "real-time" access to important clinical data, and enhancing communication of hand-off informa-

tion," explained OhioMHAS Medical Director Mark Hurst,

M.D. "The improved access to clinical information within the hospital system and the ability to relay this information promptly via Netsmart CareConnect™ to those providers who are caring for the patients following their return home should be of great benefit in providing the consistent and integrated treatment which our patients benefit from and deserve."

Netsmart, based in Overland Park Kan., has an office in Dublin, Ohio, that includes a network monitoring center, as well as client support, consulting, public sector sales, quality assurance and development staff. Netsmart provides technology solutions to nearly 100 behavioral health providers in Ohio.

Netsmart is the knowledge and technology partner of choice for 33 state-level mental health and addiction organizations and nearly 480 county behavioral health providers nationwide, helping them deliver quality care and services and improve the health of the populations they serve. Netsmart public sector clients include mental health and addiction service agencies, public health departments, social service and child- and family-service agencies, and vital-records offices.



### Summit Behavioral Healthcare Teaming with Conservatory to Promote Healing Through Arts Spring Concert Slated for March 11

The University of Cincinnati Conservatory of Music (**CCM**), in collaboration with Summit Behavioral Healthcare (SBH), will hold a spring concert for hospital patients and staff at 3 p.m. on March 11.

The concert is an outgrowth of the continued collaboration between the hospital's vocational rehabilitation staff and the Conservatory. Kristin Suess, director of career services for the Conservatory, and Micki Cole, a workshop program evaluator specialist at SBH, have been driving forces behind the partnership.

"Our therapeutic approaches are most effective when they incorporate all aspects of the person, not only the mental illness and its characteristics and impacts, but the patient's strengths, interests, and relationships — in essence their personhood," said SBH Clinical Director Dr. Richard Sexton. "There are many avenues through which we can reach out to patients and offer them opportunities for engagement, pleasure and enjoyment. Among the most exciting of these avenues are two most human and fulfilling: art and music."

## Now in Year Three, Ohio SBIRT Project Paying Dividends Additional Partners to Conduct Screenings in 2016

Ohio's five-year Screening, Brief Intervention and Referral to Treatment (**SBIRT**) initiative enters its third year of operation in 2016. So far, grant administrators say the project is producing the positive outcomes anticipated when the program launched in 2014.

As of Jan. 1, participating partners had screened 18,353 patients for alcohol and other drug use and depression symptoms. Of that total, 83 percent scored in the "low-risk" screening and feedback category, 12 percent in the "brief intervention" service level, 2.5 percent in the "brief treatment" service level, and 2.4 percent required a referral to more intensive services at a specialty provider.

Follow-up interviews conducted with patients who scored in the "brief intervention," "brief treatment" and "referral to treatment" ranges, indicate that alcohol use days have been reduced from about seven days to approximately four days.



This year, the project will welcome a number of new provider organizations. Partners already screening patients include: Firelands Family Health Services and Regional Medical Center, Health Partners of Western Ohio (locations in Kenton,

Lima and New Carlisle), Compass Community Health Care in Portsmouth, Mercy Health Clermont County Hospital and the Wood County Health District in Bowling Green. Third Street Family Services in Mansfield and Health Partners of Western Ohio in Bryan will soon be operational.

OhioSBIRT is supported by a five-year, \$10 million cooperative agreement from the federal Substance Abuse and Mental Health Services Administration (**SAMHSA**). The program is designed to reduce morbidity and mortality of alcohol and other drug use through early intervention and the integration of medical and behavioral health approaches.

## News & Research Roundup

### Researchers Move Closer to Understanding the Cause of Schizophrenia

Scientists have taken a significant step toward understanding the cause of schizophrenia, in a **landmark study** that provides the first rigorously tested insight into the biology behind any common psychiatric disorder. More than two million Americans have a diagnosis of schizophrenia, which is characterized by delusional thinking and hallucinations. The drugs available to treat it blunt some of its symptoms but do not touch the underlying cause. The New York Times **reported** that the findings, which appear in the journal *Nature*, will not lead to new treatments soon, but they provide researchers with their first biological handle on an ancient disorder whose cause has confounded modern science for generations. *The Times* article noted that the findings also help explain some other mysteries, including why the disorder often begins in adolescence or young adulthood.

### Free Suicide Prevention Guide for Law Enforcement

SAVE, Facebook and Instagram have teamed up to release a free ***Suicide Prevention Guide for Law Enforcement***. Developed in partnership with and endorsed by the nation's leading law enforcement agencies (Badge of Life, Copley, International Association of Chiefs of Police, National Police Suicide Foundation, Safe Call Now, The Pain Behind the Badge and The Barbara Schneider Foundation), the guide is written in language familiar to those serving our communities and is intended to help those in law enforcement recognize if a colleague might be at risk of suicide and how to take action to help him/her. The guide addresses issues specific to officers, including confidentiality and disclosures, cultural differences, distressing content posted on Facebook, and provides suggested resources. Request free, printed copies of the guide or wallet cards to distribute at conferences, community events or to local police departments by sending an email to [dreidenberg@save.org](mailto:dreidenberg@save.org).



### Active Minds Healthy Campus Award Applications Sought

Active Minds Inc., is seeking applications for the **2016 Active Minds Healthy Campus Award**. The award recognizes U.S. colleges and universities that are prioritizing mental health alongside physical health and demonstrating innovation and excellence in promoting student well-being. The **Active Minds Healthy Campus Award** is the only award of its kind that celebrates leadership, innovation, collaboration and excellence in campus health. Up to five winning institutions will have their efforts showcased as part of a national media tour this fall. Learn more and download the call for applications **[HERE](#)**. Applications are due **Feb. 16**.

## News & Research Roundup, cont.

### NCAA Issues New Mental Health Guidelines for Student Athletes

The National Collegiate Athletic Association (NCAA) has released a [new set of guidelines](#) that outline best practices for the mental health care for college athletes. The guidelines suggest that athletes should be evaluated and treated by licensed practitioners and that institutions should establish “clearly communicated procedures for referring athletes to qualified practitioners,” as well as create clear emergency-action plans for when an athlete is feeling suicidal or experiencing psychosis. Athletic programs should include mental-health screenings as part of a team’s annual preparticipation exams, the guidelines state, and require mental health education that teaches the athletes about self-care, stress management, sleep, peer intervention and how to identify and recognize symptoms of mental health disorders. Twenty-four different mental health organizations — including the American College Health Association, the Association of Black Psychologists and the American Psychiatric Association — helped create the strategies.



### Panel Recommends Depression Screening for All Adults

All adults should be screened for depression, according to a panel appointed by the Department of Health and Human Services. If initial screening tests indicate an increased risk of depression, health care providers are advised to conduct assessments to look for substance abuse or other medical conditions. The U.S. Preventive Services Task Force wrote in [JAMA](#) that “major depressive disorder is associated with suicide and impacts the ability to manage other health problems.” “Depression has a major effect on quality of life for the patient and affects family members, especially children,” the group added. All adults should be screened for depression at least once, the task force advised. [Read](#) the accompanying editorial.



### Heavy Alcohol Use Among Suicide Decedents: Differences in Risk Across Racial-Ethnic Groups

Recent studies conducted by UCLA professor Mark Kaplan and a team of researchers shed light on the association between alcohol abuse, racial-ethnic demographics and suicide. The study, funded by the National Institute on Alcohol Abuse and Alcoholism, reveals patterns between heavy alcohol use immediately prior to suicide, with certain demographic groups, notably 43 percent of American-Indian/Alaskan Native men and 35 percent of women, demonstrating heavy alcohol use (defined as postmortem blood alcohol level at or above .08) at the time of suicide. [Heavy Alcohol Use Among Suicide Decedents: Differences in Risk Across Racial-Ethnic Groups](#) appears in the January 2016 online issue of the journal *Psychiatric Services* published by the American Psychiatric Association, and emphasizes the markedly elevated risk of suicide associated with heavy alcohol use across all racial-ethnic groups, especially Hispanic women.

### CMS Proposes to Cover 15 Days of Inpatient Addiction Treatment Per Month

Medicaid would cover 15 days of inpatient addiction treatment per month under a [new proposed plan](#) by the Centers for Medicare and Medicaid Services, which runs the program. Inpatient rehab would be covered for anyone enrolled in a Medicaid managed care plan. People on Medicaid generally have had to rely on funds from state and local sources for drug or alcohol treatment, NPR [reported](#). Critics have argued the plan doesn’t go far enough in terms of length of stay. The National Institute on Drug Abuse notes in its [guide to drug addiction treatment](#) that there is no predetermined length of treatment. “However, research has shown unequivocally that good outcomes are contingent on adequate treatment length,” the guide states.

### Study Analyzes Co-Morbidity of Fetal Alcohol Spectrum Disorder, More than 400 Other Conditions

Researchers from the [Center for Addiction and Mental Health](#) in Toronto have identified more than 400 diseases that can co-occur in people with Fetal Alcohol Spectrum Disorder (FASD). The findings reinforce that alcohol can affect any organ or system in the developing fetus, according to a [media release](#). FASD is an umbrella term that describes the range of disabilities that can occur in people as a result of alcohol exposure before birth. The researchers reviewed previous studies and found FASD can affect the brain, vision, hearing, heart, circulation, digestion and musculoskeletal and respiratory systems, among others. According to the researchers, among people with Fetal Alcohol Syndrome (FAS) — the most severe form of FASD — more than 90 percent had co-occurring problems with conduct. About 80 percent had communication disorders, related to either understanding or expressing language. In addition, 70 percent had developmental/cognitive disorders and more than 50 percent had problems with hyperactivity and attention. The study was published in [The Lancet](#).



## News & Research Roundup, cont.

### NIDA Director: High Prescribing Rates Likely Factor in Neonatal Abstinence Syndrome Increase

High prescribing rates of opioid painkillers are likely a factor in the [increase](#) in Neonatal Abstinence Syndrome (NAS), according to Dr. Nora Volkow, director of the National Institute on Drug Abuse. Dr. Volkow wrote in a recent edition of the [British Medical Journal](#) that between 2000 and 2009, the incidence of NAS among newborns increased from 1.2 to 3.4 per 1,000 live births. An estimated 14 percent to 22 percent of pregnant women in the U.S. are prescribed opioid painkillers. Babies born with NAS undergo withdrawal from the addictive drugs, such as oxycodone, morphine or hydrocodone, their mothers took during pregnancy. The syndrome affected seven babies for every 1,000 admitted to a neonatal intensive care unit in 2004. That number jumped to 27 infants per 1,000 by 2013. As part of Ohio's ongoing effort to mitigate the impact of opiate abuse, the Kasich Administration launched the Maternal Opiate Medical Support (M.O.M.S.) Project in August 2013. By engaging expecting mothers in a combination of counseling, medication-assisted treatment (MAT) and case management, the three-year project is estimated to reduce infant hospital stays by 30 percent. [Read more.](#)



### Faces of Human Trafficking Resource Guide

The U.S. Department of Justice Office for Victims of Crime has developed a resource guide to raise awareness of human trafficking and the many forms it can take, as well as the important role that everyone can play in identifying and serving victims. The [Faces of Human Trafficking](#) awareness kit includes videos, fact sheets and a discussion guide intended to be used for outreach and education efforts of service providers, law enforcement, prosecutors and others.

### Study: Most People Who Overdose on Prescription Opioids Continue to Receive the Drugs

A [new study from the Boston Medical Center](#) finds 90 percent of people who overdose on prescription opioids continue to receive prescriptions for the drugs. Researchers analyzed data from a national commercial insurance claims database. They identified almost 3,000 patients who were taking long-term opioids for chronic pain not related to cancer who experienced a nonfatal overdose between 2002 and 2012. More than half of the 90 percent of patients who continued to receive opioid prescriptions after their overdose got them from the same doctor. Seven percent of patients who overdosed experienced a second overdose, the study found. Two years after the first overdose, patients who still had an opioid prescription were twice as likely to have a second overdose, compared with those who no longer had an opioid prescription. The risk of a repeat overdose was greatest for patients taking the highest opioid doses. In an [editorial accompanying the study](#), Dr. Jessica Gregg of Central City Concern in Portland, Ore., said many providers do not know when a patient overdoses.

### February is Teen Dating Violence (DV) Awareness Month

February is Teen Dating Violence (DV) Awareness Month. Dating violence is more common than many people think. One in three U.S. teens will experience physical, sexual or emotional abuse by someone they are in a relationship with before they become adults. The theme for this year's Teen DV Month is "Love=Setting Boundaries," because boundaries are an important part of every healthy relationship. Visit [loveisrespect](#) for information and updates. Share your thoughts on teen dating violence using the hashtag #teenDVmonth.



### CMS Announces \$157M in "Accountable Health Communities" Funding

The U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS) has [announced](#) \$157 million in funding to test whether screening beneficiaries for health-related social needs and associated referrals to and navigation of community-based services will improve quality and affordability in Medicare and Medicaid. Award recipients under this model, referred to as "bridge organizations," will oversee the screening of Medicare and Medicaid beneficiaries for social and behavioral issues, such as housing instability, food insecurity, utility needs, interpersonal violence and transportation limitations, as well as help them connect with and/or navigate the appropriate community-based services. CMS anticipates awarding 44 cooperative agreements ranging from \$1 million to \$4.5 million. Interested applicants may [submit a non-binding Letter of Intent \(LOI\)](#) until Feb. 8. Applicants will receive a confirmation email after the submission of their LOI. Applicants must include their LOI confirmation number on the cover page of their application. CMS will [accept applications](#) through March 31. Questions about the model and applications can be submitted to [AccountableHealthCommunities@cms.hhs.gov](mailto:AccountableHealthCommunities@cms.hhs.gov). Read the [HHS media release](#) that accompanied the announcement.



## Training Opportunities

### CWRU Center for Evidence-Based Practices Trainings

The Case Western Reserve University Center for Evidence-Based Practices has released its schedule of upcoming trainings. Click the links below for more information:

Feb. 25 — [Foundations of Motivational Interviewing, Part 1 \(Cleveland\)](#)

March 9 — [SE/IPS Regional Training Day 1: Intro to SE/IPS and Benefits Advocacy \(Columbus\)](#)

March 24 — [Foundations of Motivational Interviewing, Part 2 \(Cleveland\)](#)

April 20 — [SE/IPS Regional Training Day 2: Intro to Helping Individuals Find and Keep Jobs \(Columbus\)](#)

May 18 — [SE/IPS Regional Training Day 3: Intro to Team Integration and Motivational Interviewing \(Columbus\)](#)

### New Online Course | Gambling 101: An Introduction to Problem and Pathological Gambling

OhioMHAS is pleased to announce the latest eBasedAcademy course offering — *Gambling 101: An Introduction to Problem and Pathological Gambling*. This training provides an overview of problem gambling, addressing topics such as screening assessment, treatment and prevention techniques, as well as history and research available. At the conclusion of this training, participants will be able to: recognize disordered gambling signs and symptoms, describe the history of gambling in society, and apply treatment models and strategies to treat gambling disorders. Visit [www.ebasedacademy.org](http://www.ebasedacademy.org) for more information.

### AAP Building Mental Wellness Learning Collaborative Workshops and Online Learning Modules

The Ohio Chapter of the American Academy of Pediatrics (Ohio AAP) has developed its Building Mental Wellness learning collaborative to help primary care clinicians — and anyone who provides care for children — develop the breadth and depth of clinical skills necessary to confidently provide family-centered, coordinated care to children and families within the medical home. The collaborative includes two free, educational opportunities: a series of 11 online learning modules (each approximately 30-80 minutes) that provide tips and tools that can be immediately implemented in practice and a full-day, interactive *Transforming Care for Youth with Mental Health Concerns* workshop delivered by clinical experts. Click [HERE](#) for more information about the learning collaborative and to register for the online training or workshops.

### National Center on Substance Abuse and Child Welfare Offering Free Online Training

SAMHSA's [National Center on Substance Abuse and Child Welfare](#) recently launched an [updated online tutorial](#) for substance abuse treatment professionals. The tutorial provides information on the operations of child welfare and the dependency court, effective engagement strategies and treatment practices for families involved with child welfare systems, services needed by children whose parents have substance use disorders, and methods of improving collaboration among substance use disorder treatment, child welfare and court systems. The course is designed to highlight key considerations and effective strategies for working with these families to achieve reunification and recovery. This course is free and approved for 4.5 Continuing Education Units (CEUs).

### Winter 2016 Substance Abuse Prevention Skills Trainings

Drug-Free Action Alliance, with support from the SAMHSA Center for Substance Abuse Prevention and OhioMHAS, is hosting a series of Substance Abuse Prevention Skills Trainings (SAPST) as part of *Ohio's Strategic Prevention Framework Partnerships for Success* initiative. Click the links below for more information and to register.

Feb. 16-19 [Shelby County Counseling Center](#) (Sidney)

March 14-17 [Paint Valley ADAMH Board](#) (Chillicothe)

### SAMHSA Electronic Health Records Boot Camp Series

Beginning Feb. 10, SAMHSA will present a six-part "Electronic Health Records Boot Camp" [webinar series](#) to help behavioral health leaders increase their understanding of electronic health records (EHRs) and prepare to implement EHR systems within their organizations. Participants will learn about the benefits of EHRs and have the opportunity to get their questions answered and concerns addressed alongside other substance use and mental health treatment leaders. Click the link above for more information.



## Training Opportunities, cont.

### Tri-County Board Offers Mental Health First Aid Trainings — Feb. 3 & 5

The Tri-County Board of Recovery and Mental Health Services, serving Darke, Miami and Shelby counties, is sponsoring a [Youth Mental Health First Aid training](#) for persons who work with young people ages 12-18 on Feb. 3 and a [general Mental Health First Aid training](#) for individuals who work with adult populations on Feb. 5. Cost of the each eight-hour training is \$25, which includes all course materials. For more information, email [Ridgewayj@tcbmds.org](mailto:Ridgewayj@tcbmds.org) or call 937.335.7727 ext. 216.

### Star Behavioral Health Providers Tier One “Intro to Military Culture” Trainings

The Ohio Brain Injury Program, in partnership with the Ohio National Guard, OhioMHAS, Ohio Department of Veterans Services, The Ohio State University, the American Red Cross, OhioCares, the Military Family Research Institute at Purdue University and the Center for Deployment Psychology, is hosting a series of free Star Behavioral Health Providers (SBHP) Tier One “Intro to Military Culture” trainings. Eligible providers receiving the training may be listed in a comprehensive public access provider registry that will identify them as having completed the training. The registry is a valuable resource for service members, veterans, families and referring professionals in and outside the military. Click [HERE](#) for more information about the registry and trainings listed below.

Feb. 17 — Cincinnati (A Tier II Training will be offered in Cincinnati March 23-24)

March 3 — Akron

May 5 — Athens

### The G.A.P. Network Summit Slated for Feb. 26-27

Drug-Free Action Alliance will host the [2016 G.A.P. Network Summit](#), “Managing Grief, Building Advocacy, Developing Collaboration,” Feb. 26-27 at the Crowne Plaza Dublin. Presenters include Jim Joyner, [Joyner & Associates](#); Paula Stephens, [Crazy Good Grief](#); and Brittany Sandidge, [Drug-Free Action Alliance](#). Click [HERE](#) to register. View the [agenda](#).

### When Faith Hurts — March 1-2

The Mental Health and Recovery Board of Ashland County will partner with University Hospitals, Rainbow Babies & Children’s Hospital and the Ashland Theological Seminary to host, “When Faith Hurts: Understanding, Recognizing and Responding to the Physical, Emotional and Spiritual Impact of Child Maltreatment” on March 1-2 at the Ashland University Convocation Center. Topics covered will include: Adverse Childhood Experiences (ACE) and Trauma-Informed Care (TIC), use and misuse of scripture in counseling maltreated children, corporal punishment and implementing personal safety training in faith-based institutions. Cost is \$60, including meals and materials for both days and 12 CEU’s for counselors and social workers. Click [HERE](#) to register.

### 2016 Ohio Problem Gambling Conference — March 3-4

The 2016 Ohio Problem Gambling Conference on March 3-4 at the [DoubleTree by Hilton Hotel Columbus — Worthington](#) will bring together national and local experts in problem gambling prevention, intervention, treatment, recovery, administration and responsible gambling. Focusing on the theme of “Community Readiness,” a few of the featured topics include Frank Kros, J.D., M.S.W., on “Cortisol Made Me Do It,” Julie Hynes, C.P.S., M.A., R.D., on “Best Practices in Prevention and Integration with Life Skills;” the NIATx Process for Engagement and Retention, Getting Paid; Coalition Building; and a Gambling Industry Panel. The cost includes all meals on March 3 and breakfast on March 4: **\$50 - Early-Bird Registration — must register by January 31**; \$75 — registration rate beginning Feb. 1; \$35 lunch included — Optional Ethics Training held March 4 from 1:15-4:30 p.m. A block of rooms has been reserved for this conference. Please be sure to book your room by Feb. 11 as this is a busy weekend in Columbus. For more information, please visit the [2016 Ohio Problem Gambling Conference website](#).

### Regional Problem Gambling Trainings

Recovery Resources, in partnership with OhioMHAS, will host a series of regional “Advanced Disordered Gambling Trainings” this spring. Upcoming offerings include: [Gambling and Cultural Competencies](#) (April 7 in Cleveland and April 8 in Columbus) and [Gambling as a Co-Occurring Disorder](#) (May 5 in Cleveland and May 6 in Columbus). The cost, which includes breakfast and lunch, is \$50. Click [HERE](#) for more information or to register.

## Training Opportunities, cont.

### OPPA Annual Psychiatric Update — March 13

Registration is now open at the early-bird rate for the upcoming [\*Ohio Psychiatric Physicians Association \(OPPA\) Annual Psychiatric Update: Innovations & Controversies in Psychiatry\*](#). This year's meeting will be held on March 13 at the Hilton Columbus at Easton. Topics include: *Marijuana in 2016: Science, Policy and Treatment*; *Youth with Gender Dysphoria*; *Assisted Outpatient Treatment and Thinking Carefully About Guns, Mental Illness and the Law*. **The early-bird rate ends on Jan. 31.**

### Save the Date! Ohio's 2016 Recovery Housing Conference — April 18-19

The 2016 Ohio Recovery Housing Conference, "Building Community," will take place April 18-19 at the Crowne Plaza Columbus North — Worthington. Registration information will be available in February.

### Save the Date! ADAPAO Annual Conference — May 4

The Alcohol and Drug Abuse Prevention Association of Ohio (ADAPAO) will host its annual conference on May 4 from 9 a.m.-4 p.m. at the Boat House at Confluence Park in Columbus. This year's conference, "Creating Healthy Communities: A Public Health Approach to Prevention," will include content on marijuana, the relationships between prevention and recovery, and the role prevention can play in our increasing understanding of trauma as a risk factor for behavioral health issues. Registration materials will be available in mid-February at [www.adapao.org](http://www.adapao.org).

### Save the Date! 2016 Trauma-Informed Care Summit — June 22-23

The Ohio Departments of Developmental Disabilities (DODD) and Mental Health and Addiction Services (OhioMHAS) are partnering to host the Third Annual Trauma-Informed Care Summit and Institute June 22-23 at the Crowne Plaza Columbus North — Worthington. The Summit promotes the recognition of trauma as a public health concern and its impact on the emotional and physical well-being of individuals. This training will help participants recognize the importance of implementation of theory to practice, sustainability and collaboration across all human services systems in responding to persons with lived traumatic experiences. More information will be available on the OhioMHAS website in the coming months.

### Mark Your Calendar: 2016 Ohio Promoting Wellness & Recovery Conference (OPEC) — June 27-29

Save the date! The 2016 Ohio Promoting Wellness & Recovery Conference (OPEC) will take place June 27-29 at Ohio University in Athens. OPEC focuses on creating access, improving quality and making connections with Ohio's prevention, early intervention and treatment workforce for children, families and communities. OPEC will offer six subject-matter tracks, including: early childhood mental health, adolescent treatment and recovery/peer support, prevention, collective impact, youth development and cultural competency. Cost is \$100. Watch for updates via Twitter (@OPECconference) and at [www.OPECconference.com](http://www.OPECconference.com).

### Latest OSAM Drug Trend Report Available

The OhioMHAS Office of Quality, Planning and Research has released the most recent Ohio Substance Abuse Monitoring Network drug trend report. Click [HERE](#) to download the full *Surveillance of Drug Abuse Trends in the State of Ohio: January – June 2015* report. The OSAM Network consists of eight regional epidemiologists located in the following regions: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The OSAM Network conducts focus groups and individual qualitative interviews with active and recovering drug users and community professionals (treatment providers, law enforcement officials, etc.) to produce epidemiological descriptions of local substance abuse trends. Qualitative findings are supplemented with available statistical data, such as coroners' reports and crime laboratory data. View past reports [HERE](#).

**OSAM**Ohio Substance Abuse  
Monitoring Network

**Have a news story or training opportunity you'd like to share with colleagues?  
Please forward submissions to [Eric.Wandersleben@mha.ohio.gov](mailto:Eric.Wandersleben@mha.ohio.gov) for consideration.**