MENTAL HEALTH WEEKLY

Essential information for decision-makers

IN THIS ISSUE...

Harbor Corporation, an Ohio-based mental health organization is providing online training opportunities to its staff courtesy of a formal agreement with Relias Learning, an educational software company. The Relias learning management system is helping to respond to the diverse needs and learning styles of Harbor staff. Its ability to track employees' training progress and conduct pre-and post-testing exercises is a real boon for the organization, says its director of human resources.
. . . *See top story, this page*

Nev. tech solution to curb homelessness, address MH issues
. . . *See page 3*

Android phone app detects students' MH, academic progress
. . . *See page 4*

CMS announces new clinical practice initiative
. . . *See page 6*

WINNER
2014
APEX®
AWARDS FOR PUBLICATION EXCELLENCE
GRAND AWARD

FIND US ON

facebook

mhwnewsletter

Time-strapped organizations move to get creative on staff training

The world continues to move faster for mental health treatment organizations as reimbursement mechanisms change and providers are pushed to integrate services with general health, and the CEO of Harbor Corporation in northwest Ohio likens the situation to "changing the engines of a 747 in flight." This means mental health treatment organization employees need more diverse clinical and business training than ever, but face greater time pressures for achieving this, Harbor CEO John Sheehan explains.

"The work happens faster now — patients are not in treatment as long as they once were," Sheehan told *MHW*. As a result, productivity concerns predominate for clinicians, and the idea of sending a treatment team to an out-of-town training conference for several days quickly takes on the appearance of an unaffordable luxury.

> ### Bottom Line...
> An Ohio mental health organization CEO says that in these tumultuous times for service providers, program administrators need to take advantage of technology in order to extend necessary training opportunities to staff.

Organizations seek innovative ways of engaging people in services

Improving mental health care for consumers through the use of smartphone applications and other technological supports appears to be the norm these days. But what about consumers who are reluctant to seek and engage in care?

Jeff Richardson, executive director of Mosaic Community Services, a community-based behavioral health service provider based in Timonium, Md., told *MHW* that the organization has for a number of years engaged consumers in nontraditional ways. "The world has changed a lot," said Richardson, adding that it's particularly true when engaging people who would not otherwise come in for treatment or are just not ready for treatment. "Web-based and online programs and smartphones are helping us do that."

Acknowledging that there are different ways to engage someone in services, Richardson said the organization, which serves about 27,000 a year with mental health, addiction, employment and primary care services, is undergoing a pilot program with a product developed in the

> ### Bottom Line...
> The new pilot program features a digital service available 24 hours, seven-days a week that will enable consumers to open up about their experiences within an anonymous and non-judgmental community.

This has made the concept of blended learning, combining online training with live sessions as needed, more attractive to mental health organizations in recent years. Harbor Corporation in July formally entered into an agreement with Cary, N.C.–based Relias Learning under which it now uses the online training company's learning management system to assign training and to develop curricula on important subjects.

"One of the great things about e-learning is that if a staff member's client cancels [an appointment], they can go in at that time," Tracy Sokoloski, Harbor's director of human resources, told *MHW*. "Also, we can use the system to track [employees' training progress] and to run reports."

Multiple needs

Sheehan says the historically disparate funding mechanisms for behavioral health and the rest of medicine have kept the mental health community "on an island" isolated from health care. But now the emphasis has turned to chronic disease management, seeking to improve outcomes while reducing costs. Harbor responded to the change this year in part by forming a joint operating company with Pro-Medica, which has the same level of experience on the inpatient mental health side in the Toledo area that Harbor has achieved in outpatient services.

This development and others could eventually fuel a doubling of Harbor's staff (it currently has around 650 employees), and it already is creating more complex training needs in the organization.

> **'Physicians are scientists, clinicians are a little more on the feeling side and nurses are somewhere in the middle.'**
>
> John Sheehan

For one, the merging organizations are accredited by separate national entities, making accreditation-related topics even more of a focus. Confidentiality provisions also have become a prominent training topic, as Harbor's client base exhibits a greater prevalence of comorbid substance use problems.

In today's fast-changing clinical and business environment, "We're constantly in an innovation state," Sheehan said. To understand how best to manage reimbursement and establish a financial model that is sustainable, staff training becomes a critical component, he said.

Having an arrangement with a training organization that serves as an exclusive partner with the National Council for Behavioral Health allows Harbor to respond to the diverse training needs and learning styles of its staff, Sheehan indicates.

"Physicians are scientists, clinicians are a little more on the feeling side and nurses are somewhere in the middle," he said. "For us to develop a curriculum on our own would be challenging. The experts understand these needs."

Sokoloski believes the Relias learning management system's ability to track employees' training progress and to conduct pre- and post-testing exercises greatly benefits her organization. "We need to determine 'Are we delivering what we need?'" she said.

Sheehan says an organization could lose a bit of the human interaction element as it moves to more online training, but there are ways to compensate for that with online forums and other features.

Sheehan considers the invest-

ment in training to be a critical marker of his organization's long-term viability. "Some reports estimate that up to 40 percent of mental health centers could eventually be out of business," he said. "A lot of disruptive things are happening. The ones that will make it are those that are progressively looking at what they need to survive."

Broader training needs

Kristi McClure, L.C.S.W., senior product manager for health and human services at Relias, told *MHW* that clinical and management staff in mental health organizations now need a broader scope of knowledge. "It's not as much 'I work with just this population' anymore. Now it's 'I need to treat the whole person,'"

McClure said.

Relias' learning management system and content libraries offer mental health organization employees regular access to self-paced courses on key clinical and management topics. McClure says the technology has come a long way since the days when the Health Insurance Portability and Accountability Act (HIPAA) training she received as a social worker a decade ago took the form of a giant text file. "Now it is interactive and involved," she said of online learning.

Users of the Relias system also can manage any live trainings they conduct themselves or through another outside source via the Relias learning management system.

McClure said some of the clini-

cal topics that are proving very timely in training right now include primary care integration and trauma-informed care. On the management side, she is hearing a great deal about leadership issues as longtime executives leave organizations, forcing these companies to take a close look at promoting from within and easing employees' transition from a clinical peer role to that of a supervisor.

Relias made news of its own on the business front last week, as the European media group Bertelsmann SE & Co. (which includes book publisher Penguin Random House among its holdings) announced that it had reached a deal to acquire Relias from private equity firm Vista Equity Partners. •

Nev. tech solution to curb homelessness, address MH issues

A collaboration of Las Vegas–based agencies is at the heart of an initiative to provide a real-time technological platform for law enforcement, social service and provider agencies to provide necessary tools and resources to help curb homelessness and mental health problems in Nevada's Clark County.

SPIRIT (Suppression, Prevention, Intervention, Referral, Intelligence Tool) Inc. has entered into an agreement with the Clark County Department of Social Service that will take effect Nov. 17. Agencies such as WestCare, a nonprofit provider organization, and law enforcement will have access to community partner referral sources in real-time, assessment tools, accountability checkpoints, secure community portals, and reporting mechanisms, all within a collaborative tool to assist those in the community needing help.

The SPIRIT project was originated, developed and piloted in Clark County three years ago with an emphasis on at-risk youth and their families and linking them with resources to improve their health, safety and well-being.

> ### Bottom Line…
> In addition to treatment, consumers in the new program will also have access to food, housing and services for other issues they might have, including substance abuse and domestic violence.

Law enforcement is often the first respondent to mental health crisis–related situations, which may result in individuals being incarcerated, said Eric Nidiffer, CEO of SPIRIT. "We continue to see a trend happening. There's no way to plug anyone to outside resources."

"SPIRIT is considered the hub, a collaborative system of care," Nidiffer told *MHW*. The collaboration of the Las Vegas Metropolitan Police Department, WestCare and the Clark County Department of Social Service will result in the establishment of a Mobile Outreach Safety Team (MOST).

The police department will serve as the point of contact to originate the referrals for MOST. The Department of Social Service will oversee monitoring and reporting. WestCare will handle the MOST staff

and align treatment and services for the individuals needing help. SPIRIT will be the technological component handling the real-time connectivity, communication and accountability pieces for each stage of the processes for the agencies and provider organization.

"We've seen a disproportionate homeless population impacted by the issue of mental health," Timothy Burch, director at the Clark County Department of Social Service, told *MHW*. The new initiative will help de-escalate crisis-related issues, he said. About 1,683 officers of the Las Vegas Metropolitan Police Department have been trained in conflict intervention training (CIT), he said. MOST will consist of an oversight clinical director and four mental health counselors, Burch added.

If an individual is homeless, MOST will use the county's Homeless Management Information System to locate the shelter or service they are in, said Burch. "If they are intoxicated or high, they can already go to the WestCare detox center," he said.

The state provided the country

with $500,000 in block grant funding for the initiative, Burch added. County officials intend to work on an interim study in February 2017 to resolve a long-term strategy for improving the mental health system, he said. "That depends on the legislature and is speculation until they take action," he said.

Web-based system

SPIRIT is a Web-based system, and the MOST staff will be using mobile devices, tablets, laptops, etc.,

have to take more legal actions or processes for the safety and well-being of the individual and those around them," he said. When the individual falls within the criteria for the MOST initiative then through the CIT unit, law enforcement will yield the individuals with the proper information to ensure safety and proper follow-up to WestCare, he said.

Nidiffer noted that there will be nearly 200 collaborative providers who will stand a potential to receive referrals from the MOST initiative, including those at WestCare. "De-

ment facilities and the like through the MOST team."

Avoiding duplication

Collaboration is key, said Nidiffer, adding that without it there may be a rise in recidivism and duplication of services. "Nationally, there is an urgent problem with duplication of services," he said. "This can lead to over-medicating and high costs to agencies as they are over-treating or over-servicing an individual due to the fact that the left hand is not communicating with the right hand."

Nidiffer added, "When each agency has a single siloed system in place and they are just looking at the client through their view, they fail to see in some cases that individuals are clients of multiple agencies. We have even witnessed some individuals [who are] clients of a single agency receiving funds for treatment from each one — all for the same treatment."

The problem of duplication, said Nidiffer, is faced by many due to not collaborating or communicating properly. "Then the individual is at risk to either abusing the system or being double-serviced for a single issue," said Nidiffer. "We cannot look at communication and collaboration through a single lens. We have to look at the holistic problem of siloed systems and the benefit to a safe and secure way of sharing information with proper consent in place, when necessary, in an effort to better help the individual." •

> ### 'In some cases, law enforcement will have to take more legal actions or processes for the safety and well-being of the individual and those around them.'
>
> Eric Nidiffer

to utilize the platform, Nidiffer said. "The level of urgency, conditions surrounding the event, and legal ramifications around the action sparking law enforcement's involvement and a number of other criteria are taken into account to ensure the individual is best suited for the MOST initiative," he said.

This will be done through the Las Vegas Metropolitan Police Department's CIT unit, Nidiffer said. "In some cases, law enforcement will

pending upon the needs of the individual, referrals can go through SPIRIT to address not just their mental health needs, but also any housing, food, substance abuse, domestic violence and other issues they may have," he said. It is a solution to get to the root of their causes, not just address the surface view, he said.

Nidiffer added, "So WestCare could play a role in the actual treatment, or the individual could be referred to food banks, shelters, treat-

Android phone app detects students' MH, academic progress

There's no doubt that stressors associated with college life may affect students' behaviors, not to mention their educational outcomes. With that concern in mind, Dartmouth researchers have developed a smartphone app for Android phones that can automatically assess students' mental health, academic performance and behavioral trends.

The StudentLife smartphone app

integrates the MobileEMA (a flexible ecological momentary assessment) component to probe students' states (e.g., stress, mood) across the term.

Dartmouth researchers presented their findings, "StudentLife: Assessing Mental Health, Academic Performance and Behavioral Trends of College Students using Smartphones," Sept. 8–12 at the ACM International Joint Conference on Per-

vasive and Ubiquitous Computing in Zurich, Switzerland.

Many questions arise, say researchers, when one thinks about the academic performance of college students, such as why do some students do better than others? Under similar conditions, why do students burn out, drop classes or even drop out of college? What is the impact of stress, mood, workload, so-

ciability, sleep and mental well-being on educational performance?

"We're making a small contribution towards a larger goal [through the use of] technical assistance to help people understand their mental state and why they may be slipping academically," Andrew Campbell, professor of computer science at Dartmouth and lead author of the study, told *MHW*. "I was interested in the stress and strain of student life on campus [and its effects] in the classroom and on the academic side of things."

The StudentLife app is unique, Campbell said. "It's a novelty," he said. There have been applications that came before StudentLife that were developed to detect a person's moods via phone data, he said. However, how anxious a person is or how much sleep an individual gets is usually based on user input, said Campbell.

Campbell noted that there has never been real objective data about what's going on in the lives of students as opposed to just observing them. "This is the first time that data was used from embedded devices on the phone," he said. "We extended it [by] putting software on the phone that tells us many more behaviors without students typing it in on the smartphone," he said.

Campbell added, "We collected sensory data on the app phone. That's the motivation behind the StudentLife project."

Study method

The StudentLife dataset is a large longitudinal dataset that is anonymized, protecting the privacy of the participants in the study. Researchers say StudentLife is the first study that uses passive and automatic sensing data from the phones of a class of 48 Dartmouth students over a 10-week term in the spring of 2013 to assess their mental health, academic performance and behavioral trends.

Researchers used computational methods and machine learning algorithms on the phone to assess sensor data and make higher-level infer-

ences (i.e., sleep, sociability, activity, etc.). The StudentLife app that ran on students' phones automatically measured such human behaviors 24/7 without any user interaction:

- Bedtime, wake up and sleep duration;
- The number of conversations and duration of each conversation per day;
- Stress level through the day, across the week and term;
- App usage;
- Outdoor and indoor (on-campus) mobility; and
- In situ comments on campus and national events, cancelled classes, the Boston bombing.

> ## 'We found that people with depression slept less, and had fewer conversations between 6 p.m. and 12 p.m.'
>
> Andrew Campbell

Researchers say they also used a number of well-known pre– and post–mental health surveys and spring and cumulative GPA as ground truth for evaluation of mental health and academic performance, respectively. "We had their grades from all their classes," said Campbell.

Study findings

Researchers found that sensor data of such behaviors as sleeping and face-to-face conversations correlated with results from gold-standard clinical medical surveys such as the PHQ-9 depression scale, noted Campbell, a result he and his colleagues found surprising.

"We found that people with depression slept less, and had fewer

conversations between 6 p.m. and 12 p.m.," Campbell said. "On the teaching side, we found no correlation between class attendance and the grades." That was also surprising, he said. "We thought students who attended class more often would do better," he said.

The app is a major breakthrough, Campbell said. "StudentLife uses passive sensing to automatically determine sleep, activity and sociability. The results indicate significant correlation to stress, depression, loneliness and academic performance."

Campbell added, "We're interested in students' mental health. We want to get an understanding of what influences their grades in class. You could see how students are doing on a day-by-day basis and intervene before they get seriously ill."

Future implications

Researchers say the results could open doors to some breakthroughs for the first time, such as having a phone that automatically knows if you are depressed, stressed or lonely. They also say that, aided by intervention software, students can track their mental health and academic performance indicators with the goal of improving both.

"We collected data from the students and did not give them any feedback," said Campbell. "We wanted to capture their behaviors." The next phase in the development of this app will include feedback and intervention, he said.

The smartphone app raises many privacy concerns, Campbell noted. "Whenever we collect personal data from phones we are concerned about protection of that data and making it as secure as possible."

Ultimately, the use of this app may help other populations, he said. "I think ultimately we would like the technology to be applicable to a broader population," he said. It could be used potentially in the workplace; we can look at how well people are doing in their place of employment, he said. •

CMS announces new clinical practice initiative

The Centers for Medicare & Medicaid Services (CMS) on Oct. 23 launched a new innovative model to support clinicians in achieving large-scale health care transformation. The Transforming Clinical Practice Initiative will provide up to $840 million over the next four years to support 150,000 clinicians in sharing, adapting and further developing comprehensive quality improvement strategies, which are expected to lead to greater improvements in patient health and reduction in health care costs.

To date, there have only been small-scale investments in a collaborative peer-based learning initiative, said officials. CMS estimates that about 185,000 clinicians currently participate in existing programs, models and initiatives that facilitate practice transformation. This represents only 16 percent of the nation's one million Medicare and Medicaid providers. While this is an increase over previous years, there is much more work to be done.

The Transforming Clinical Practice Initiative is one of the largest federal investments uniquely designed to support clinician practices through nationwide, collaborative and peer-based learning networks that facilitate practice transformation, said CMS officials.

Through this initiative, CMS will invest in the creation of evidence-based, peer-led collaboratives and practice transformation networks to support clinicians and their practices as they move toward and navigate a value-based health care system that rewards value and high-quality care.

The initiative leverages the preliminary success of existing programs and models that have proven effective in achieving transformation, specifically in quality improvement, health care collaborative networks, and financial and program alignment. It identifies existing successful health care delivery models and works to rapidly spread these models to other health care providers and clinicians.

Practice Transformation Networks

The Practice Transformation Networks are peer-based learning networks designed to coach, mentor and assist clinicians in developing core competencies specific to practice transformation. This approach allows clinician practices to become actively engaged in the transformation and ensures collaboration among a broad community of practices that creates, promotes and sustains learning and improvement across the health care system.

CMS will award cooperative agreement funding to successful applicants who have pre-existing relationships with multiple clinician practices (primary care and/or specialists) that include data-sharing capabilities. Successful applicants will collaboratively lead clinicians and their practices through the transformation process, achieve the initiative's goals, and ensure that clinicians and their practices can maintain and sustain these activities in a dynamic care delivery system.

Support and Alignment Networks

The Support and Alignment Networks will provide a system for workforce development utilizing national and regional professional associations and public-private partnerships that are currently working in practice transformation efforts. Utilizing existing and emerging tools (e.g., continuing medical education, maintenance of certification, core competency development), these networks will help ensure sustainability of these efforts. These will especially support the recruitment of clinician practices serving small, rural and medically underserved communities and play an active role in the alignment of new learning.

CMS will award cooperative agreement funding to successful applicants that may include eligible medical professional associations, specialty societies and other organizations that are involved in aligning their programs with the aims of the initiative; generating evidence-based guidelines for clinical practice; promoting measurement for improvement; supporting members and practices in work to reduce unnecessary testing and procedures; and effectively incorporating safety and patient and family engagement. •

Applications will be accepted from eligible applicants for both cooperative agreement funding opportunities starting Oct. 23, 2014. Applicants are encouraged, but not required, to submit a Letter of Intent by Nov. 20, 2014. Applications are due to CMS no later than Jan. 6, 2015.

CMS anticipates announcing awards in spring/summer 2015. Visit http://innovation.cms.gov/initiatives/Transforming-Clinical-Practices for more information.

United Kingdom and referred to as the Big White Wall (BWW). It's an online intervention tool for consumers with mental health issues to get involved anonymously, explained Richardson. "It's something that very comfortable for them," he said.

The program is a digital service available 24/7 via PC, mobile and tablet.

Consumers visiting the site can gather information about mental health and addiction issues and can opt to participate in any number of nonclinical support groups, said Richardson. They'll be joining other people who are struggling with similar issues, he said. "Support is available 24 hours a day, seven days a week," added Richardson. Interventions are available and consumers can be linked up with appropriate

resources, he noted. This tool can also engage consumers with formal clinical services, he said.

Addressing pressing issues

BWW was designed to address common mental health problems, such as depression and anxiety, but it offers a broad range of services, and has supported individuals with conditions ranging from stress to PTSD, including co-morbid behavioral health issues such as smoking cessation and weight management, Jen Hyatt, president and CEO of Big White Wall, told *MHW*.

The program was created to break down mental health stigma, and solve the most pressing issues facing mental health care in the UK: lack of access, long waiting lists, and the stigma that prevents people from seeking help, Hyatt, said.

An independent review of the program revealed that 73 percent of BWW members share something for the first time, 80 percent report improved self-management of their condition, and 95 percent report improved wellbeing as a result of using BWW, she said.

"BWW establishes escalation pathways to community mental health providers in accordance with the purchasing organizations requirements," said Hyatt. "BWW also supports individuals (via peer and staff support) to engage with any treatment programs they are already on."

Therapeutic interventions include:

- Talk therapy in community, groups and on a one-to-one basis;
- Guided groups informed by recognized therapies such as cognitive behavior and interpersonal therapies;
- Extensive useful stuff section on the website to help people self-manage psychological distress; and
- Networking based on peer support including the ability to make friends and follow their moods and activities.

National Council learning community to track chronic health conditions

The National Council for Behavioral Health is embarking on a new learning community to help organizations explore the use of smart phones and applications to advance and improve care for people with addictions and mental illnesses.

During a webinar on Oct. 16 attendees learned of opportunities available to assist individuals receiving addiction and/or mental health services with diabetes and hypertension care. The National Council is looking to identify and test up to three mobile apps that will serve as adjunct to consumers' treatment. It will involve some mobile application they can have with them all the time, said Kathy Reynolds, vice president of health integration and wellness promotion at the National Council.

About 50 percent of consumers with depression have diabetes, said Reynolds. Conversely, consumers with diabetes are at risk for depression, she said. The goal is to help consumers find solutions to these chronic health conditions, Reynolds said. Healthy eating and exercising are key to addressing these chronic conditions, she said.

The National Council intends to look at what's available out there for free or very little costs, said Reynolds. "We want to work with up to 20 organizations to determine if apps are effective for people with SPMI or addictive disorders," she said. "We want to identify, track and trend outcomes for consumers with diabetes and hypertension."

One of the key successful uses of apps by organizations is to be able establish dashboards to track and provide information to clinicians and provide service where it is most needed, said Ron Grace, former director of Thresholds, told attendees. Grace is now at Harvard and working on smartphone apps can be introduced in community behavioral health services and in the field. Grace said it's important for clinicians to have a real-time understanding of what the health conditions are day to day.

Reynolds told *MHW* that the applications to the National Council for the learning community will be reviewed and 20 groups chosen to participate on Nov. 3. Face-to-face meetings will be held on Nov. 19 in Washington, D.C. to embark on the nine-month process, she said.

For more information about the Learning Community, visit www.thenationalcouncil.org.

Video counseling

The program will allow users to participate in video counseling via the Internet with mental health professionals, said Richardson. A number of evaluation tools will enable consumers to meet their recovery goals.

The Big White Wall staff will monitor the consumers, he said. Mosaic clinicians will be able to identify how the consumers are using the services, Richardson noted. "We have to be careful," he said. "There's a lot of value in the anonymity of people sharing things. Maintaining that anonymity is going to be criti-

cal." There's a comfort level there that needs to be maintained, he said.

"We really need to think differently than we have in the past," Richardson said. "[Organizations] need to be willing to take some risk and see a little bit farther into the future than seeing that bills are paid and doors are kept open."

Richardson said Mosaic wants to make sure consumers have access to and take advantage of this program. They will help secure locations around the Maryland community for people to participate, such as public

libraries. The consumers will have free access to the local sites.

Mosaic will also work with local phone distributors and use grant funding to obtain smartphones. "Most of the people we serve are poor and do not have a lot of resources," said Richardson. "A cell phone is a critical link to a job and to maintain appointments," he said.

Other partners will be involved with this initiative, which is scheduled to start this week, said Richardson, adding that he is not at liberty to discuss that at this time.

"Technology platforms and products like Big White Wall allow consumers to stay connected to treatment, to join supportive communities, and to manage symptoms all from the comfort of their homes," Linda Rosenberg, president and CEO of the National Council for Behavioral Health, told *MHW*. "The National Council views these new entrants into behavioral health with excitement."

Rosenberg added, "Technology has transformed our lives in so many ways and now it's a force for improved health. This is the future — we held an health summit this year in partnership with the Atlantic Monthly and we're about to launch a learning community bringing together apps and behavioral health organizations. Payment changes follow innovation and we applaud organizations like Mosaic for being early adopters." •

For more information about the Big White Wall, visit www.bigwhite wall.us.

STATE NEWS

Ohio law passed to help people with undiagnosed MH issues

Senate Bill 43, which passed the Ohio Legislature unanimously, grants probate judges the power to order outpatient treatment for those with a documented history of harming themselves or others. It also empow-ers families of such people to initiate the process necessary to order that treatment, *CantonRep.com* reported Oct. 18. The law is aimed at ensuring that people with untreated mental illnesses get the help they need, with the additional hope that it will reduce the burden on emergency rooms, jails and prisons. Most Ohio counties didn't utilize the previous law because probate judges felt the verbiage wasn't clear enough. Under the new law, if a person complies with the court order, the case against them can be expunged after 90 days.

Vermont agencies join to provide better integrated MH care

The Vermont Council of Developmental and Mental Health Services and the Vermont Care Network (formerly Behavioral Health Network of Vermont) have come together under the partnership of Vermont Care Part-ners to provide statewide leadership for an integrated, high-quality system of comprehensive services and supports. These two agencies have formed a partnership to better serve Vermonters affected by developmental disabilities, mental health conditions and substance use disorders. Vermont Care Network executives suggest that the new partnership highlights the provider network that the members have formed to create structure around single-entity contracting, quality assurance, collaboration with other provider networks, and the identification and creation of new opportunities and markets, *vtdigger.org* reported Oct. 9.

Coming up…

The **American Group Psychotherapy Association** annual conference will be held **Feb. 26–28, 2015** in **San Francisco, Calif.** The conference topic is "Promoting Secure Attachments through Group Therapy." For details and to register, visit **www.agpa.org/home/continuing-ed-meetings-events-training/annual-meeting**.

For more information on behavioral health issues, visit

www.wiley.com

In case you haven't heard…

Ann Fisher Raney, LCSW, CEO of Skokie, Illinois–based Turning Point Behavioral Health Care Center announced Oct. 22 that the award-winning outpatient mental health center will serve as the clinical partner for Chicago-based Erasing the Distance (ETD) on a new project about depression in families entitled *Tell Me What You Remember*. ETD uses the power of performance to disarm stigma, spark dialogue, educate and promote healing surrounding issues of mental health. The company utilizes both volunteers and ETD company members to collect stories from real people struggling with a variety of mental health issues. The stories are then shaped into performance based on verbatim transcripts and brought to life by professional actors. Every performance will be followed by a talkback moderated by ETD founder/executive artistic director Brighid O'Shaughnessy and Raney. Members of Turning Point's counseling staff will work with the director and cast to develop processes for feeling grounded and supported as they explore and perform the challenging subject matter. Turning Point will also create a "Depression in Families Toolkit" containing mental health facts and information on accessing community resources. "We are thrilled at the opportunity to integrate the clinical expertise and professional guidance of the staff at Turning Point into our process," said O'Shaughnessy. For more information visit www.tpoint.org or www.erasingthedistance.org.