From the IIMHL and IIDL Update List

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IIMHL AND IIDL UPDATE

Welcome to this bi-monthly edition of Update for 30 March 2016.

IIMHL and IIDL aim to improve client outcomes through leadership development in the mental health, addiction and disability sectors.

Update allows the rapid transfer of new knowledge through sharing information about upcoming Leadership Exchanges, as well as key national documents, training and webinars.

Please feel free to share this e-bulletin with others.

IIMHL / IIDL Leadership Exchange 2017- 27th February to 3rd March 2017
Theme: Contributing Lives, Thriving Communities

The next Leadership Exchange takes place across Australia and New Zealand, with the Combined Meeting being hosted in the beautiful city of Sydney, Australia.

We urge members to book accommodation for this event as early as possible using the link below. Sydney is hosting many international events at this time (e.g. Mardi Gras) and accommodation will be at a premium. All rooms are King rooms or twin share (two single beds) for the excellent price of A$329.00, given the high cost of hotel rooms in Sydney.
http://www.hilton.com/en/hi/groups/personalized/S/SYDHITW-GIIMH-20170226/index.jhtml?WT.mc_id=POG

In this issue:

- **IIMHL Feature Article - USA**

  - **The Current State of Behavioral Health Quality Measures: Where Are the Gaps?**

- **Other IIMHL Articles of Interest - USA & Canada**

  - **Zero Suicide in Healthcare International Declaration**

- [The Adverse Childhood Experiences (ACEs) Survey Toolkit for Providers](#)
- [How Childhood Trauma Can Make You A Sick Adult](#)
- [Learning Community Supports Interagency Planning for Youth with Co-occurring Intellectual/ Developmental Disabilities and Mental Health Disorders](#)
- [1.2.3. Care: A Trauma sensitive toolkit for caregivers of children](#)
- [Reconciliation in Mental Health - Canada](#)

- **IIDL Feature Articles - Australia and Canada**

  - [A Life Well Lived](#)
  - [Key Capacities Involved in Agency Transformation to Personalised Life and Support Options](#)

IIMHL Feature - USA

The Current State of Behavioral Health Quality Measures: Where Are the Gaps?
Milesh M. Patel, M.S., Jonathan D. Brown, Ph.D., M.H.S., Sarah Croake, M.P.P., Rita Lewis, M.P.H., Junqing Liu, Ph.D., M.S.W., Lisa Patton, Ph.D., D. E. B. Potter, M.S., Sarah Hudson Scholle, M.P.H., Dr.P.H.

This review examined the extent to which exist ing behavioral health quality measures address the priority areas of the National Behavioral Health Quality Framework (NBHQF) as well as the extent to which the measures have received National Quality Forum endorsement and are used in major reporting programs. Methods: This review identified behavioral health quality measures in widely used measure inventories, including the National Quality Measures Clearinghouse, National Quality Forum, and the Center for Quality Assessment in Mental Health. Additional measures were identified through out- reach to federal agencies.

Measures were categorized by type, condition, target population, data source, reporting unit, endorsement status, and use in reporting programs. The additional domains and subdomains were based on a categorization scheme developed by Pincus et al for the International Initiative for Mental Health Leadership project, which conducted a review of international initiatives in mental health quality measurement one- third of these measures address broad mental health or substance use conditions rather than a specific condition or diagnosis Results: The review identified 510 measures. Seventy-two percent are process measures. The most common data source for measures is administrative claims, and very few measures rely on electronic health records or surveys. Fifty-three (10%) measures have received National Quality Forum (NQF) endorsement, and 28 (5%) unique measures are used in major quality reporting pro- grams. Several subdomains of the NBHQF, such as treatment intensification, financial barriers to care, and continuity of care, lack measures that are NQF endorsed.

Conclusions: Despite the wide array of behavioral health quality measures, relatively few have received endorsement or are used in reporting programs. Future efforts should seek to fill gaps in measurement and to identify the most salient and strongest measures in each priority area.

http://www.iimhl.com/files/docs/20150803.pdf

Other IIMHL Articles of Interest - USA

Zero Suicide in Healthcare International Declaration
March 2016

1. ZERO SUICIDE: An International Declaration for Better Healthcare involved people from:• Canada • China • Denmark • French Polynesia • Hong Kong • Japan • Malaysia • Netherlands • New Zealand • Taiwan • United Kingdom • United States.
2. History has shown that action by organizations can, eventually, make a large and life-saving difference, even for issues that at first seem intractable. Stroke, AIDS and heart disease have dropped dramatically. However: not for suicide.
3. This declaration is a " all to Action", and was developed by participants in the September 2015 IIMHL match event in Atlanta, which was planned by a group who convened in Oxford, United Kingdom in June 2014 for the first ever international gathering of Zero Suicide pioneers. IIMHL is a unique international collaborative that focuses on improving mental health and addictions services. IIMHL is a collaboration of eight countries: Australia, England, Canada, New Zealand, Republic of Ireland, Scotland, USA and Sweden. International Association of Suicide Prevention (IASP) The 2015 match event was also sponsored by IASP, a group of professionals and volunteers from more than fifty different countries dedicated to preventing suicidal behavior, alleviating its effects, and providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors. IASP is a Non-Governmental Organization in official relationship with the World Health Organization (WHO) concerned with suicide prevention.

zerosuicidedeclaration

The Adverse Childhood Experiences (ACEs) Survey Toolkit for Providers
The National Crittenton Foundation (TNCF), 2015

The National Crittenton Foundation (TNCF), in partnership with ASCEND at the Aspen Institute, introduces a comprehensive adverse childhood experiences (ACE) survey toolkit to equip human service providers with the tools and tips needed to administer the ACE survey. TNCF developed the ACEs Survey Toolkit for Providers based on the implementation of the ACE survey with participating members of the Crittenton family of agencies, which provide services to girls and young women impacted by violence, childhood adversity and the resulting trauma.

The toolkit comes on the heels of a growing body of research on ACEs, which reveals that traumatic childhood events such as abuse, neglect and household dysfunction can have lifelong implications on health and well-being.

How Childhood Trauma Can Make You A Sick Adult
by Jane Ellen Stevens

The CDC-Kaiser Permanente Adverse Childhood Experiences Study found that survivors of childhood trauma are up to 5,000 percent more likely to attempt suicide, have eating disorders, or become IV drug users. Dr. Vincent Felitti, the study's co-founder, details this remarkable and powerful connection in a video produced by Big Think.

http://bigthink.com/embeds/video_idea/vincent-felitti-on-childhood-trauma

Learning Community Supports Interagency Planning for Youth with Co-occurring Intellectual/ Developmental Disabilities and Mental Health Disorders
National Technical Assistance Center for Children's Mental Health Georgetown University Center for Child and Human Development SEPTEMBER 2015

Public systems are confronted with obstacles when providing for children with intellectual/developmental disabilities (IDD) who also have mental health or behavioral disorders. Many among this very diverse group of children and youth encounter restricted access to essential supports. Their behavioral difficulties and distress are often misunderstood and sometimes ignored. Since our national and states' public and private systems and categorical funding are not consistently structured to address their needs, these children and youth are at high risk for expensive and preventable out-of-home placements in foster care, juvenile detention, psychiatric institutions and developmental disabilities centers, as well as homelessness or incarceration as adults. Many individuals face a series of disrupted placements and long-term confinement, as well as medically preventable acute psychiatric inpatient and emergency room treatment. Children and youth with IDD experience serious trauma at rates far higher than their peers, including bullying, teasing, and physical, emotional and sexual abuse, which often does not receive needed attention. As a group, they may suffer from significant medical problems as well. Stress for parents can be severe and unrelenting, especially when their children are excluded from community-based public programs or offered services that do not match their needs. In some states families find they are unable to obtain intensive services that their children need unless they relinquish custody to state authorities.

An email invitation to apply to join the Learning Community was sent in May 2015 to the identified Children's Mental Health Director for each state and US territory. As part of the application, each Children's Director was required to identify a crossagency team that would participate in the meetings.

Learning processes resulted which helped agencies and children and families.

http://gucchdtacenter.georgetown.edu/publications/MHDD_Report.pdf

1.2.3. Care: A Trauma sensitive toolkit for caregivers of children
Spokane Regional District Health, 2015

Study after study documents the effects of adverse childhood experiences (ACEs) on a person's health and brain development. Most recently, research published in

the *Journal of the American College of Cardiology* found that the more ACEs people had, the higher their risk of suffering heart disease, diabetes or stroke as an adult — even if the trauma ended decades ago.

For teachers, parents and daycare providers — or anyone else who cares for children with these kinds of experiences — the challenge of helping them just became a little more straightforward through a user-friendly "toolkit" developed by the Spokane Regional Health District that pulls together current research and offers resources and strategies.

http://srhd.org/documents/123Care/1-2-3%20Care%20Toolkit.pdf

Other IIMHL Article of Interest - Canada

Reconciliation in Mental Health
IIMHL Leadership Exchange, September 2015

The Wharerata Group, in support of the International Initiative for Mental Health Leadership (IIMHL) hosted the Reconciliation in Mental Health, *Leadership Exchange* with co-hosts the First Nations Health Managers Association and the Thunderbird Partnership Foundation. This two-day meeting brought together Indigenous leaders in mental health and addictions, as well as supporters to discuss mental health, reconciliation, and the need for acceptance and inclusion of Indigenous knowledge, sharing and translation.

http:///www.iimhl.com/files/docs/20160330c.pdf

IIDL Features - Australia and Canada

Two articles published by Michael Kendrick

A Life Well Lived

Research from many perspectives identifies key life circumstances that are required for human health and well being.

This article examines the commonality of these circumstances across age, ability and culture and provides intentional strategies that need to be considered in support people to live good and fulfilled lives.

http:///www.iimhl.com/files/docs/20160330a.pdf

Key Capacities Involved In Agency Transformation To Personalised Life And Support Options

<mark>Lorna to provide brief blurb</mark>

http:///www.iimhl.com/files/docs/20160330b.pdf

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General enquiries about this Update or for other IIMHL information please contact Erin Geaney at erin@iimhl.com.

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Any leader in mental health, addiction and disability services can join IIMHL or IIDL free by using this link: http://www1.iimhl.com/Join.asp

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