

# VOX *vitae*

THE VOICE OF LIFE

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Department of Psychiatry, University of Maryland School of Medicine

## *Greetings* from the Chair



As I approach my third year with the Department of Psychiatry, University of Maryland School of Medicine, I would like to thank my colleagues for another successful academic year.

I thought to begin this issue by bringing awareness to the growing epidemic in the state – many parts of Maryland have some of the highest rates of heroin and opioid drug use in the nation. Earlier this year, I was appointed to the Maryland Heroin and Opioid Emergency Task Force, and Dr.

Kelly Coble. The collaboration is a free service available to pediatric Primary Care Providers and provides telephone consultations with child mental health experts, resource and referral services, continuing education opportunities, and co-location sites to help youth receive mental health services in an expedited manner. The work of BHIPP is outstanding and certainly a model for future similar programs.

Finally, this past spring, the Department was truly saddened by the loss of the beloved Dr. Ronald Taylor, an alumnus ('73), psychiatrist, and philanthropist. The Taylor family and their generous nature have been so very kind to the Department throughout the years, and Dr. Taylor's passing reminds us how fragile life can be. His hard work, kindness, and legacy will forever have a lasting impact on the Department.

In closing, thank you for joining me for the fall edition of *Vox Vitae*, and best wishes for a continuing happy and healthy year.

Ever,

**Bankole A. Johnson, DSc, MD, MBChB, MPhil, FRCPsych, DFAPA, Dip-ABAM, FACFEI**  
*The Dr. Irving J. Taylor Professor and Chair, Department of Psychiatry; Director, Brain Science Research Consortium Unit; University of Maryland School of Medicine*

Christopher Welsh also serves with me as a workgroup member. Together, along with esteemed members from across the state, we have been meeting to discuss the epidemic at hand, as well as assess and advise improvements for the quality of care of treatment across the state. We will continue to keep the Department updated and look forward to the publication of the final report by the state in December.

As telemental health rises in popularity, I would also like to highlight the role of the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) and the efforts of Program Manager

“ The work of BHIPP is outstanding and certainly a model for future similar programs. ”

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# Maryland's Heroin and Opioid Emergency Task Force:

## Addressing an Emergency

*The increasing heroin and opioid epidemic in Maryland bears startling statistics:*

- *In 2013, there were 464 heroin-related overdose deaths, **greater than the number of homicides.***
- *Parts of Maryland have the **highest per capita rate of heroin and opioid drug use in the United States.** In some regions, **one in ten citizens are addicted to heroin.***
- *The number of heroin-related emergency room visits has **more than tripled in Maryland since 2010.***

Allowing those numbers to speak for themselves, the state is faced with a very serious emergency that only continues to increase at alarming rates. In an effort to combat this epidemic, the state and Governor Larry Hogan announced the establishment of the Maryland Heroin and Opioid Emergency Task Force on February 24, 2015.

The Task Force is comprised of high profile members who serve as top experts in their fields of government sectors and law enforcement, education, substance abuse and treatment, and prevention; additionally, one member is a mother whose daughter passed away due to a heroin overdose.

Bankole A. Johnson, DSc, MD, MBChB, MPhil, FRCPsych, DFAPA, Dip-ABAM, FACFEI, The Dr. Irving J. Taylor Professor and Chair in the Department of Psychiatry, University of Maryland School of Medicine (UMSOM), is a member of the Task Force.

*RIGHT: Maryland's Heroin and Opioid Emergency Task Force*  
*PHOTO CREDIT: <http://governor.maryland.gov/ltgovernor/home/heroin-and-opioid-emergency-task-force/meet-marylands-heroin-task-force>*

“

I am stricken by this epidemic that is taking lives and destroying families, and I am here to work at my fullest capacity with the other great leaders in our state.

– Professor Johnson

”

“To be appointed to the Task Force was a bit of a double-edged sword,” said Professor Johnson. “I was honored to be appointed, and I hope to contribute my experiences gathered throughout my career. At the same time, I am stricken by



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Hopefully, this Task Force will help the state to better coordinate efforts and steer resources to initiatives not previously afforded much attention. – Dr. Welsh

”

this epidemic that is taking lives and destroying families, and I am here to work at my fullest capacity with the other great leaders in our state.”



As part of his role as a Task Force member, Professor Johnson served as the Co-Chair of the Quality of Care and Workforce Development workgroup, and was joined by workgroup member Christopher Welsh, MD (pictured left), Associate Professor of the Department of Psychiatry, UMSOM, Medical Director of The Maryland Center of Excellence on Problem Gambling, as well as Medical Director of the University of Maryland Medical Center (UMMC) Outpatient Addiction Treatment Services.

Together, the team met over the course of several months with workgroup-appointed individuals to contribute input on topics including the quality of care of treatment across the state. The workgroup then submitted their report to the Lieutenant Governor in late July of this year, the findings of which helped to inform and guide the Task Force in the compilation of its Interim Report, which was released on August 24, 2015, and can be downloaded: <http://governor.maryland.gov/ltgovernor/home/heroin-and-opioid-emergency-task-force/interim-report>.

By way of these recommendations, the Governor and state aim to increase public awareness of the epidemic at hand, increase access to treatment, improve quality of care, and more. This month,

the workgroup recently submitted updated recommendations for the final report.

Ultimately, the end goal is to reduce heroin and opioid use, save lives, and repair families and communities.

“Heroin addiction has been a big problem in Baltimore and the rest of Maryland for a long time, and the city and state already do a lot more than many states,” said Dr. Welsh. “Hopefully, this Task Force will help the state to better coordinate efforts and steer resources to initiatives not previously afforded much attention.”

*The final report, which will include more comprehensive recommendations, will be submitted to Governor Hogan on December 1, 2015. For more information and updates, please visit <http://governor.maryland.gov/ltgovernor>.*

\*Cited from <http://governor.maryland.gov/ltgovernor/home/heroin-and-opioid-emergency-task-force/heroin-facts>

# Spotlight on *Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)*



*Kelly Coble,  
LCSW-C, BHIPP  
Program Manager*

Broad access to early detection and treatment of mental health problems is a state priority, but youth with mental health needs do not always receive timely services. Expanding the capacity of Primary Care Providers (PCPs) to treat youth mental health problems is part of the solution.

BHIPP can help support and supplement the excellent work of PCPs by providing specialized information and strategies specifically related to mental health. - Coble

**Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)** was established to support the capacity of PCPs to deliver behavioral health services to children, adolescents, and their families. The program, supported by the Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education, began pilot operations in fall 2012 and expanded statewide in July 2013.

“We know that families have better access to and are often most comfortable with their Primary Care

Provider,” said BHIPP Program Manager Kelly Coble. “PCPs are often the first to hear concerns from a family regarding mental health and, for this reason, working closely with PCPs is a way to help increase access to mental health care.”

BHIPP is a collaboration of the University of Maryland School of Medicine (UMSOM) Department of Psychiatry, the Johns Hopkins University Bloomberg School of Public Health, and Salisbury University Department of Social Work. The service is free and available to any pediatric PCP serving children and adolescents in Maryland, regardless of patient insurance status.

BHIPP provides telephone consultations with child mental health experts, resource and referral services, continuing education opportunities, and the co-location of social work trainees.

“BHIPP can help support and supplement the excellent work of PCPs by providing specialized information and strategies specifically related to mental health,” added Coble, “as well as provide real time information on available community supports and mental health resources.”

## **How Does the Program Work?**

The BHIPP consultation service is available Monday through Friday, from 9 a.m. to 5 p.m., at **855-MD-BHIPP**. PCPs may call to discuss any topic pertaining to their patients’ behavioral health needs that may include: medication management, diagnostic issues, developmental delays, school and learning issues, autism spectrum disorders, trauma, and early childhood mental health.

When a PCP calls the given number for BHIPP, a licensed mental health counselor answers the phones, collects information related to the consultation question, and answers questions related to general behavioral health needs like assistance with screening or referral assistance. For specialty consultations (like with regarding questions about initiating or managing a medication), a follow-up call is scheduled with the appropriate consultant.

Calls are typically returned within several hours and no later than 24 hours, and all of the consultants' recommendations, along with any referrals, are summarized and sent to the PCP within 24 hours.

## Resource and Referral

BHIPP maintains a database of behavioral health providers across the state and is able to provide referrals and resources best suited for the personalized care of a specific patient. While BHIPP does not see or communicate directly with patients, it serves as a crucial liaison between PCPs and patients by informing physicians of available treatment resources and methods. To date, more than 480 PCPs are enrolled in BHIPP.

## Co-Location

In partnership with Salisbury University, BHIPP places graduate level social work students in primary care offices to provide co-located mental health services.

“In these cases, a Masters-level social work student is placed in a designated pediatric primary care office, and is able to provide onsite mental health care in collaboration with that pediatrician,” said Coble.

Currently, there are 11 students placed in western Maryland and on the eastern shore, and these individuals are able to provide screenings, brief interventions, and assistance with referrals.

## The Rise of Telemental Health

In addition to the telephone warm line, BHIPP has begun to pilot telepsychiatry consultation via videoconferencing technology in three pediatric primary care sites across Maryland. These sites are geographically diverse (located in Somerset, Charles, and Allegheny Counties) and provide the availability of face-to-face assessment with a child psychiatrist. The goal of the one-time consultation is to assist PCPs with assessment, diagnosis, and treatment planning in the care of their patients.

## Continuing Education

BHIPP provides continuing education to help keep PCPs and mental health providers updated of ongoing treatment methods and trending care. A sampling of such services includes in-office trainings, availability of Grand Rounds, and the dissemination of targeted information that can help impact the patient community for the greater good.

## Program Availability

BHIPP is available to any pediatric primary care provider (pediatrician, nurse, physician assistant, family physician, or other health care practitioner that is part of the child or adolescent's primary care team) from private practices, group practices, practices affiliated with various institutions, federally qualified health centers, school-based health centers, and many, many more.

*For more information, please visit **Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)** at <http://www.mdbhipp.org> or contact Kelly Coble at 410-706-8723.*

**Interested in a particular topic?  
Want to nominate a faculty member  
for a spotlight?**

Please email Managing Editor Lisa Cleary at [lcleary@psych.umaryland.edu](mailto:lcleary@psych.umaryland.edu) with suggestions.



HONORING  
**RONALD J. TAYLOR,**  
**MS, MD, MBA**

*University of Maryland School of Medicine alumnus ('73)*



On May 3, 2015, University of Maryland School of Medicine (UMSOM) alumnus ('73) Ronald J. Taylor, MS, MD, MBA, passed away at 70 years old. The psychiatrist and philanthropist had devoted his lifetime to helping patients and supporting his community, like with his alma mater.

He loved art and music, particularly the Baltimore Symphony Orchestra, and one of his life highlights was winning an auction to conduct the orchestra. Dr. Taylor also had a soft spot for animals; he was a former board member of the Baltimore Zoo and was also the loving owner of his miniature Yorkshire Terriers, Felix and Oscar.

## CAREER HISTORY: AN ESTEEMED PSYCHIATRIST

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Dr. Taylor had a longstanding career as an esteemed psychiatrist in the community, and was kindly looked upon by colleagues and favored by patients.

In 1976, Dr. Taylor began his career with the establishment of the Taylor Medical Group, a private practice in Towson that he managed until 1997. His brother, Dr. Richard Taylor, a neurologist and '75 graduate of the UMSOM, joined the practice and oversees it to this day. Together, the psychiatrist-neurologist team of Taylor Medical Group was able to offer a unique combination of healthcare services to patients and even housed the very first full-body CT scanner in the entire metropolitan Baltimore area.

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We started out in practice together, so we worked together for a number of years. – *Dr. Richard Taylor*

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“We didn’t argue much, interestingly enough, even though we were brothers,” Dr. Richard Taylor said, fondly laughing. “We started out in practice together, so we worked together for a number of years.”

In addition to serving as a medical director of Taylor Medical Group, Dr. Taylor was also

on staff as a psychiatrist with the University of Maryland Medical Center, University of Maryland St. Joseph Medical Center, Good Samaritan Hospital, Lutheran Hospital, and Maryland General Hospital.

“...Ron was a man who lived a fulfilled life. He touched others with his philanthropic nature and his name will be lasting because he was so thoughtful. – Professor Johnson”

Dr. Taylor later acted as a medical director for Marshall Medical Services and American PsychManagement Inc. (1984-1988), and was named chief of Sheppard Pratt-Medlantic Alliance in 1988. He was the psychiatrist to the Circuit Court of Baltimore County (1993-1997), and provided psychiatric services at the University of Maryland, Baltimore County (1994-1997) and Johns Hopkins University (1996-1997).

Up until his passing, Dr. Taylor was an adjunct assistant professor with the Department of Psychiatry, UMSOM.

## TIMELINE OF EDUCATIONAL ACHIEVEMENTS

- 1966 Bachelor's Degree in psychology from **Washington & Jefferson College**
- 1968 Master's Degree in psychology from **Yeshiva University**
- 1973 Medical Degree from the **University of Maryland School of Medicine**
- 1973-74 Junior Assistant Resident in psychiatry, **University of Maryland School of Medicine**
- 1974-75 Assistant Resident in psychiatry, **University of Maryland School of Medicine**
- 1975-76 Chief Resident in psychiatry, **University of Maryland School of Medicine**
- 1981 Master's Degree in business from the now-named **Loyola University Maryland**



“Ron had always been a kind man,” said Professor Bankole Johnson, The Dr. Irving J. Taylor Professor and Chair in the Department of Psychiatry, UMSOM. “I enjoyed my time getting to know him personally, and my family was always fond of his welcoming, compassionate spirit. Even though I was quite saddened to hear of his passing, I do know that Ron was a man who lived a fulfilled life. He touched others with his philanthropic nature and his name will be lasting because he was so thoughtful.”

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## EDUCATIONAL ROOTS

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Dr. Taylor boasted an impressive education (see sidebar), and he planted early roots with the Department of Psychiatry, UMSOM, where he obtained his medical degree. During that time, he also simultaneously helped to establish the very first dedicated adolescent psychiatric service in the Baltimore area at Taylor Manor Hospital, an institution developed and operated by Dr. Taylor’s uncle, Irving J. Taylor, MD, who was also a 1943 UMSOM graduate. (Taylor Manor Hospital is currently known as Sheppard Pratt at Ellicott City.)

“I am very grateful to the University of Maryland for giving me an opportunity and a profession that became a path for my life,” the late Dr. Taylor is quoted as having said. “I have been tremendously successful because of my relationship with the university. Other nonprofits have interested me over the years

and to which I have donated. But, the School of Medicine is very special to me.”

Dr. Taylor was known throughout UMSOM for encouraging the ideals of education among budding medical students.

In 1979, he joined the Medical Alumni Association (MAA), an independent charitable organization dedicated to supporting UMSOM and Davidge Hall, and later became its 111th president. In 2013, along with his brother, the two endowed the presidency of the MAA.

“That was originally his idea,” said Dr. Richard Taylor. “Ron came to me and said, ‘Look, why don’t we do this thing?’ We had both been prior presidents of the MAA, and since I’ve also supported both the medical school and the Medical Alumni Association, this was clearly an appropriate idea at the time.”

*BELOW: Dr. Ronald J. Taylor with his dogs, Felix (right) and Oscar (left).*





Education is the most important thing. That's how you help others help themselves. – *Dr. Richard Taylor*



Supporting educational endeavors has always been important to the entire Taylor family because, as Dr. Richard Taylor explained, the School is what nurtured and launched both of their careers.

“Education is the most important thing. That’s how you help others help themselves,” Dr. Richard Taylor said. “Our family motto has always been: live, let live and help others to live.”



Dr. Taylor pledged \$500,000 to establish a fellowship in his name, the Ronald J. Taylor MD ('73) Fellowship in Psychiatry.



In 1999, both brothers also funded the endowment of the Dr. Ronald J. Taylor and Dr. Richard L. Taylor Lectureship in Neurology and Psychiatry. In 2006, the Taylor brothers gathered with the late Dr. Irving J. Taylor and other Taylor family members to renovate the freshman medical school lecture hall in the Bressler Research Laboratory, now designated “Taylor Lecture Hall.”

In the fall of 2013, further marking his generosity, Dr. Taylor pledged \$500,000 to establish a fellowship in his name, the Ronald J. Taylor MD ('73) Fellowship in Psychiatry. The generous gift, one of the largest to the Department, will be awarded to a new junior faculty member who has shown exceptional promise toward medical education and research.

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## WELL-DESERVED RECOGNITION

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In 1982, the American College of Physician Executives extended its membership to Dr. Taylor, recognizing him for his medical and administrative talents.

In addition, the 1807 Circle of the John Beale Davidge Alliance named Dr. Taylor a member to its society of generous donors who contribute \$50,000 and more. In 2013, Dr. Taylor was given the Distinguished Service Award by the MAA for his contributions in establishing an operating budget and planning for the renovation of Davidge Hall, as well as for his longstanding support.


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## FAMILY MATTERS

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Dr. Richard Taylor shared that his brother's generous nature stemmed back to their childhood. The Taylor brothers grew up in Hagerstown and, when they were boys, their parents would give them money to use for bus fare and to see a movie. One day, Dr. Taylor came back home alone without any of his money and without having seen a movie.

"Our parents asked him, 'What did you do with the money?' As it turned out, Ron had come across someone in dire straights, so he had given away all his Saturday entertainment money, and obviously couldn't get to see the movie and had to walk home instead of taking the bus," said Dr. Richard Taylor.

In addition to being the beloved brother of Dr. Richard (Kathie) Taylor, Dr. Taylor was the brother of Debbie Taylor, and the uncle of Steven (Meghan) Taylor as well as Allison Taylor. He was also the great-uncle of Sydney V. Taylor and Joshua S. Taylor. 

### **Submissions? Questions? Comments? Please send them our way!**

*Vox Vitae*, Voice of Life, is a Department of Psychiatry newsletter, and is a collaboration between the University of Maryland School of Medicine and the University of Maryland Medical Center, 110 S. Paca Street, 4th Floor, Baltimore, MD 21201.

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