

# MARYLAND EIP WINTER NEWSLETTER



## CONTENT

**Happy Holidays from the Maryland EIP!**

**Advisory Council Meeting**

**Latest Research**

**Job Postings**

**Collaborator Updates**

## HAPPY HOLIDAYS FROM THE MARYLAND EIP!



The Maryland EIP team wishes everyone a very happy, healthy, and peaceful holiday season. While we recognize that the holidays can bring joy to some, for others it can lead to some disruptions to daily routines and increased stress. This year is also the third holiday season with the COVID-19 pandemic, and now with RSV, and influenza added, many find themselves facing new grief, stress, or disruptions. Whether you find the holidays to be the happiest or the hardest time of year, you are not alone. Prioritizing your mental health during this season can happen many different ways, but here are some suggestions to help keep on track throughout the holidays, inspired by a 2021 blog from the National Alliance on Mental Illness.

- 1. Accept Your Feelings:** A 2021 survey showed that 3 in 5 Americans find that the holidays negatively impact their mental health, but the message we often receive is that the holidays “should” be a happy time. If you notice that you’re spending a lot of time and energy thinking about what you “should” feel, take some time to notice what you are feeling, and allow that feeling to be with you. Accepting your feelings does not mean that you enjoy them, just that you allow them to come and go naturally.
- 2. Maintain Healthy Habits:** Often, the holidays are a huge disruption in our routines- from when we sleep, eat, work, exercise, and socialize, there may be pressure to change everything. Maintaining habits, especially around sleep, exercise, and going to therapy, is critical for mental health.
- 3. Set Boundaries:** The holidays are a giving season. It is important to only give as much of yourself, your time, your energy, and your money, as you are comfortable with. If saying “no” is hard, it might help to practice with a friend in advance, or send your regrets in an email or a text message, where you can think through what you want to say.
- 4. Make Time to Connect:** Especially when struggling with mental health, it can feel hard to reach out to others, or to spend time with them. Connection is a huge help for mental health. While balancing your routines and your boundaries, try to make time for joy with loved ones!

## Maryland EIP Outreach & Education Team

@marylandEIP

The Maryland Early Intervention Program: A collaborative for the early identification and treatment of mental illness with psychosis (Maryland EIP) offers specialized programs with expertise in the early identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults with, or at risk for, psychotic disorders. The Maryland EIP uses an integrated approach to address the health and mental health needs of young adults, including providing support for co-occurring substance use disorders, and metabolic and other co-occurring medical conditions.

For more information, contact us:

website: [www.MarylandEIP.com](http://www.MarylandEIP.com)

e-mail: [info@MarylandEIP.com](mailto:info@MarylandEIP.com)

phone: 1-877-277-MEIP (6347)

[facebook.com/MarylandEIP](https://www.facebook.com/MarylandEIP) | [twitter.com/MarylandEIP](https://twitter.com/MarylandEIP)

*6-minute video introducing the Maryland EIP:*

<https://vimeo.com/showcase/8686004/video/578502092>



# KEEP MARYLAND EIP SERVICES IN MIND

- **Outreach and Education Services** – To behavioral health providers, schools, primary care settings, and consumer organizations. For more information or to schedule a presentation to your organization, contact [Cameron Sheedy \(csheedy@som.umaryland.edu\)](mailto:csheedy@som.umaryland.edu).
- **Clinical Services** – For 12-30-year-olds who present with clinical high-risk symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychoses. Providers include the Strive for Wellness Clinic, the MPRC First Episode Clinic (FEC), and the Division of Community Psychiatry's RAISE Connection Program. The Maryland Early Intervention Program Network also currently provides services via two Early Intervention Teams: Johns Hopkins Early Psychosis Intervention Clinic (EPIC) & OnTrack Maryland at Family Services, Inc.
- **Consultation Services** – To providers regarding identification and treatment for individuals that may be experiencing symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychoses.
- **Training and Implementation Support Services** – Early Intervention Teams (EITs) throughout the state create a learning collaborative such that EITs and others providing services to those with early psychosis can collaborate, share resources, and provide support and coordination of service delivery.

All EIP initiatives may be contacted through our toll-free number (1-877-277-MEIP) or e-mail ([info@MarylandEIP.com](mailto:info@MarylandEIP.com)). For more information on accessing services offered through the EIP, visit [www.MarylandEIP.com](http://www.MarylandEIP.com).

## Maryland EIP Advisory Council Highlights

We want to take this opportunity to share highlights from November 9th's Maryland EIP Advisory Council meeting, and to extend our heartfelt gratitude to all our advisory council members. Your input is invaluable in planning how to ensure that the Maryland EIP can best serve all people with first episode psychosis in the state of Maryland! The focus of the meeting was on 988 and Maryland's Crisis Now Model. Advisory Council members were asked to reflect on how 988 and Maryland's Crisis Now Model can best intersect with the Maryland EIP.

### 988 & EXPANDING INTO THE CRISIS NOW MODEL

In Maryland, crisis hotline calls have increased 69% since 2016. Crisis services are an urgent need for our state. 988 is accessible anywhere, 24/7, and if you have a Maryland area code phone number, you'll be routed right to local crisis hotlines, which can connect you to local resources as needed. Veterans can press 1, Spanish speakers can press 2, and LGBTQ+ Youth under 25 can press 3, to be connected to specialized crisis lines.

As Professor Howard Goldman, a faculty leader with the Maryland EIP, highlighted, 988 represents the culmination of years of national advocacy work, particularly expanding crisis services to minimize times where law enforcement is called for individuals experiencing a mental health challenge. Congress first approved the change from the 10-digit national crisis hotline to 988 in October 2020, and it was officially active in all 50 states as of July 16, 2022.

Dr. Rodowski-Stanco, Director of Childhood, Adolescent and Young Adult Services at MD Dept of Health's Behavioral Health Administration (BHA), introduced the Crisis Now Model which will shape new crisis services development in Maryland. The Crisis Now Model includes "Someone to call, someone to see, and somewhere to go"; an integration between crisis hotlines like 988, mobile crisis response teams, and urgent access/walk-in clinics. These services require significant investments in both funding and provider capacity, but Maryland is forging ahead, with 8 crisis hotline centers – three of which also provide 24/7 text and chat – and mobile crisis response teams in 20/24 counties, with another two on the way.

From the BHA, Service Access and Practice Innovation leaders Barry Page (Program Manager; also of Early Intervention and Wellness Services) and Edward Soffe (Director), shared how 988 is being integrated with existing Maryland crisis resources, such as 211 Press 1, and local hotlines. The goal is to slowly switch all existing crisis hotline calls to 988 and to divert calls away from 911. Now, when someone with a Maryland area code calls 988, they'll be routed to a trained counselor who can: listen, work to understand their concerns, provide support, collaborate with the caller, and connect them with any needed resources. Currently, 85% of calls are resolved by the end of the call; others are connected to referrals or local resources, including, if necessary, local mobile crisis services. All crisis hotline centers in Maryland are accredited, and 5 of the 8 were already trained to handle a variety of mental health concerns that extend beyond only suicide-specific concerns. Crisis hotline staff can also consult with clinical staff affiliated with their call centers and enhanced training is planned. Other goals for 988 in Maryland include increasing the robustness of mobile crisis services, identifying plans for sustainability for 988, and reducing the wait time for an answer (current average = 30 seconds).

A video of the 988 presentation by Mr. Soffe and Mr. Page is available at <https://youtu.be/ELEpT9ICKTA>

For further information, see:

- <https://thinkbiggerdogood.org/>
- <https://www.samhsa.gov/find-help/988/partner-toolkit>
- <https://health.maryland.gov/bha/Pages/988Toolkit.aspx>



Professor Howard Goldman, Faculty Leader with Maryland EIP



Dr. Rodowski-Stanco, BHA director of Childhood, Adolescent and Young Adult Services



Barry Page, BHA Program Manager Early Intervention and Wellness Services, Service Access and Practice Innovation



Edward Soffe, BHA Director - Service Access and Practice Innovation

### Advisory Meeting attendees participated in breakout group discussions related to three questions:

1. What **recommendations** do you have for how EIP components and 988 can best be integrated?
2. What **training** could the EIP offer to 988 staff related to psychosis and what training could EIP staff receive about 988?
3. What **data** could be collected to know how well 988 is working for individuals with psychosis?

- Advertise EIP to 988 staff so they can encourage people to seek support, (e.g. SEESs); consultation services
- Advertise 988 resource within EIP:
  - add 988 to the centralized line offerings: include it in the telephone message, refer families and loved ones who call the centralized line to 988
  - add it into client safety plans
  - discuss 988 with both patients and families; integrate 988 into intake information and family groups
  - destigmatize 988 with clients - role play/practice calling 988
  - create a handout for service users about what they can expect
- Use 988 instead of emergency petitions when possible

- Bidirectional training for 988 and Maryland EIP staff:
  - receive crisis training from crisis experts and disseminate to all Maryland EIP staff
  - provide specialized training on psychosis above and beyond what they currently receive: the benefits of relationship building; how to recognize psychosis and when it might be a trauma reaction; de-escalation techniques and person-first language; how to work with families; limiting police involvement; normalizing experience of psychosis

### Data to collect:

- Data around police involvement
- How available are 988 and other crisis services?
- Number of people who call with needs for medication
- % of 988 calls for psychosis
- Do clients know about 988 and how many remember it after it's put on the initial safety plan?
- What are the experiences of teams using 988?

### Also, for the future...

- Should/could 988 have access to medical records?
- When to use 988 instead of 24/7 clinic support line?

## Latest Research

Recently-published research on specialized clinical services for first episode psychosis:

- [Moe et al., 2022](#) reviewed data for adolescents and young adults with first episode psychosis to identify various risk factors for self-harming behaviors and suicide. These risk factors include previous deliberate self-harming behavior, suicidal ideation, child abuse and neglect, comorbid medical and psychiatric diagnoses, and receiving prior care for mental illness. The findings also point to an acute period of time (3-6 months) after initial diagnosis of a psychotic disorder during which youth are at an increased risk for self-harm and suicide, lending guidance toward optimal follow-up times and the value of continuity of care.
- [Murphy, Fedele, & Öngür, 2022](#) examined the impact and efficacy of a coordinated specialty care (CSC) approach to facilitate recovery of young adults after a first episode of psychosis. CSC utilizes a collaborative, team-based approach, including psychiatrists, therapists, case management, occupational therapy, family support, and peer specialists. The peer specialists are particularly well-equipped to provide support to patients due to their lived experience with a mental health condition and training to leverage their experience to counteract the power imbalance between patients and practitioners.
- [Randall et al., 2022](#) evaluated changes in health service use and overall experiences of youth in early psychosis after the implementation of telepsychiatry services in response to COVID-19. Although there was an increase in scheduled appointments, an increase in missed appointments was also seen. Additionally, a preference for face-to-face interactions with providers was reported—especially among younger patients, who endorsed increased anxiety and difficulty talking about themselves during telepsychiatry appointments. While telepsychiatry can help overcome barriers to service access, including difficulties with travel and transport, both clinicians and patients reported issues with internet connectivity and lack of technical support.

## Research opportunity!

First-degree relatives (brothers, sisters, parents, and children) of people with a diagnosis of Schizophrenia or Schizoaffective Disorder are invited to participate in brain imaging research

- Participants between the ages of 18 and 64
- Cannot have current substance abuse or dependence (including alcohol and cannabis)
- Study involves 3-4 appointments (1 visit for initial consent and screening (via Zoom); 2 MRI scan appointments (in-person); 1 session for assessments (in-person))
- Participants will be paid an hourly rate plus bonuses for their time

The project is conducted under the direction of James A. Waltz, PhD, Assistant Professor, MPRC Outpatient Research Program

If you or someone you know would like more information about this study, please contact Jacob Nudelman (jnudelman@som.umaryland.edu; 443-840-9087)



# Job Postings

The **Maryland Psychiatric Research Center** (MPRC), part of University of Maryland, Baltimore, School of Medicine (UMSOM) is seeking a parent of an adolescent or young adult who has experienced psychosis to function as a **Family Peer Support Specialist** in the **First Episode Clinic** (FEC). A Family Peer Support Specialist will use their own experiences to provide family-to-family support, education, advocacy, coaching, and more to families seeking assistance. Please apply here <https://umb.taleo.net/careersection/jobdetail.ftl?job=210001E0&lang=en#.Y1q99wgi6Jl.link>

## Supported Employment and Education Specialists:

### **OnTrack Montgomery and RAISE**

These are full-time positions. The Education and Employment Specialist assists clients to continue, resume, or adapt their academic or vocational activities successfully using the IPS (individual placement and support) model. This position requires a bachelor's degree in Psychology or a related field, or equivalent combinations of education and experience from which comparable knowledge and abilities have been acquired, along with working knowledge of a broad range of occupations and jobs, and general knowledge in job development/experience. A current, valid MD state driver's license is also required. No more than two points on the driving record per year are permitted.

### **OnTrack Montgomery:**

- <https://pm.healthcaresource.com/cs/sheppardpratt/#/job/22900>
- <https://pm.healthcaresource.com/cs/sheppardpratt/#/job/23919>

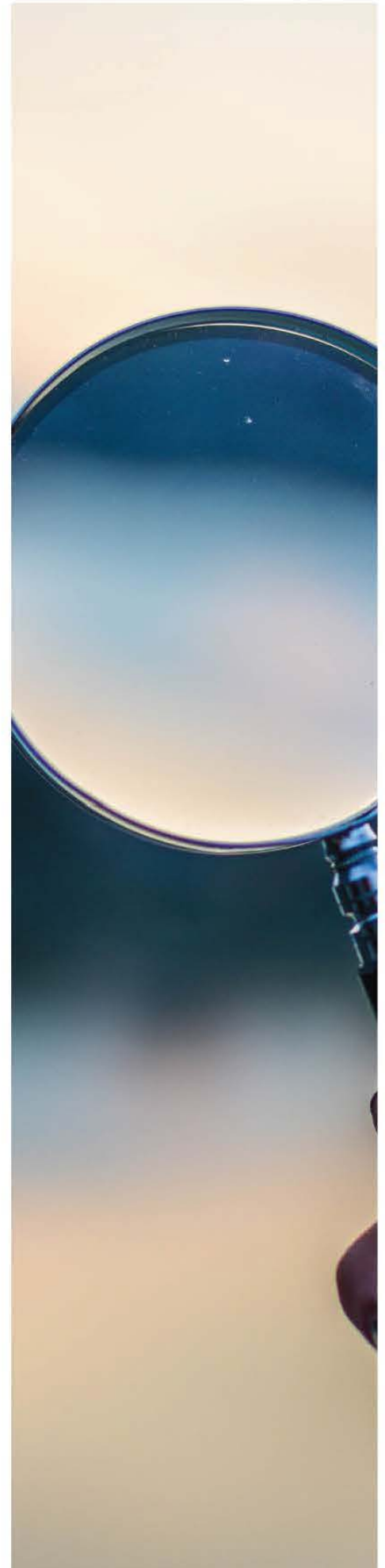
### **RAISE:**

- [https://careers.peopleclick.com/careerscp/client\\_uofmarylandmedsys/external/gateway/viewFromLink.html?jobPostId=166158&localeCode=en-us](https://careers.peopleclick.com/careerscp/client_uofmarylandmedsys/external/gateway/viewFromLink.html?jobPostId=166158&localeCode=en-us)

**RAISE** is also seeking a **social worker** to provide full-time clinical care. Candidates must be LCSW-C, licensed certified social workers, or licensed master's social worker grads. Come join a dynamic and supportive team! Those interested can find more information and submit an application at [https://careers.peopleclick.com/careerscp/client\\_uofmarylandmedsys/external/gateway/viewFromLink.html?jobPostId=163120&localeCode=en-us](https://careers.peopleclick.com/careerscp/client_uofmarylandmedsys/external/gateway/viewFromLink.html?jobPostId=163120&localeCode=en-us)

**Johns Hopkins EPIC** is seeking a **therapist**. For more information please go to <https://jobs.hopkinsmedicine.org/jobs/?affiliate=Johns%20Hopkins%20Bayview%20Medical%20Center>, and under requisition number, enter 448664

The University of Maryland, Baltimore (UMB), Department of Psychiatry (Child and Adolescent Division) has a full-time opening within its **Prince George's School Mental Health Initiative Program** for a **Counselor or a Senior Counselor** dependent upon the chosen candidate's qualifications. The University of Maryland, Division of Child and Adolescent Psychiatry, National Center for School Mental Health Counselor position would provide a full continuum of mental health services and consultation to youth with severe behavioral and emotional challenges who are enrolled in Prince George's County Public Schools. The individual would provide a broad range of clinical services including: 1) assessments and evaluation, 2) individual, group, and family therapy, 3) crisis intervention, 4) teacher consultations, and 5) school-wide education and training regarding mental health issues. [https://umb.taleo.net/careersection/umb\\_external\\_staff/jobprint.ftl](https://umb.taleo.net/careersection/umb_external_staff/jobprint.ftl)



# Collaborator Updates



## NAMI Maryland

The holidays can be a joy-filled season, but they can also be stressful and especially challenging for those impacted by a mental health condition.

A NAMI study showed that **64% of people with a mental health condition report holidays make their conditions worse.**

For individuals and families coping with mental health challenges, the holiday season can be a lonely or stressful time, filled with anxiety and/or depression. If you're living with a mental health condition, stress can also contribute to worsening symptoms. The COVID-19 crisis has made maintaining mental health more challenging for so many.

We know that the holidays are challenging. That's why **NAMI Maryland** has collected several resources you may find helpful as we navigate the holiday season. You can read all these resources here:

<https://tinyurl.com/NAMIMDCopingWiththeHolidays>

## Maryland Healthy Transitions

The Healthy Transitions Team at Crossroads Community will be holding a free motivational workshop that consists of a six-month series beginning in November 2022 at Chesapeake College from 3pm-4pm and will run through April 2023. Dates and times coming soon.

The speaker, Mike Nelson, is a minister, author, speaker, and trainer. He will share how he overcame his difficulties in school to graduate from college and discovered his "student success" formula. Mike travels the country speaking at high schools and colleges to provide motivational and educational presentations. His specialty is speaking in high schools through his Student Success Tour School Assembly program, where he uses cutting edge principles to show students how to succeed academically and personally.

### EVENT CONTACT

Deanna at [lewisd@ccinonline.com](mailto:lewisd@ccinonline.com)



## Maryland Coalition of Families

The Maryland Coalition of Families (MCF) provides family peer support and navigation services to families who care for a loved one with mental health, substance use, or problem gambling challenges.

**MCF is dedicated to Supporting Families with Behavioral Health Challenges.** MCF's Family Peer Support Specialists all have extensive training and lived experience with behavioral health challenges in their own families. In addition to providing one-to-one family peer support and navigation, they are knowledgeable about both local and state resources.

**MCF's support** staff are able to provide remote as well as face-to-face family peer support and navigation, depending on a family's preference. The methods they use to stay in communication with families include phone calls and texts, emails, and one-to-one in-person or video support. MCF staff help by listening to concerns, attending meetings, assisting with completing forms, explaining rights, and making connections to appropriate services.

All services are provided **free** to Maryland families. In addition, MCF offers trainings and support groups.

**For more information** see their website ([www.mdcoalition.org](http://www.mdcoalition.org)), call their statewide intake line at **410-703-8267** or email [info@mdcoalition.org](mailto:info@mdcoalition.org)