

# MARYLAND EIP WINTER NEWSLETTER



## CONTENTS

- 1 CELEBRATING 10 YEARS
- 2 FAMILY MEMBER SPOTLIGHT
- 3 FALL MEETING HIGHLIGHTS
- 4 GUEST SPEAKER PERSPECTIVES
- 5 RESEARCH HIGHLIGHTS
- 6 JOB POSTINGS
- 7 COLLABORATOR UPDATES

## THE OUTREACH & EDUCATION TEAM

The Maryland Early Intervention Program: A Collaborative for the Early Identification and Treatment of Mental Illness with Psychosis (Maryland EIP; MEIP) 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:**

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

 1-877-277-MEIP (6347)

  @MarylandEIP

 [6-minute introduction video](#)

## WELCOMING WINTER WITH THE MARYLAND EIP

As we navigate through the seemingly slower pace of winter, we encourage everyone to remain mindful of their mental well-being. Taking daylight breaks during the workday or utilizing light therapy lamps can improve mood, energy, and sleep during these shorter days. Likewise, activity memberships (e.g., gym, yoga, dance classes, etc.) are often most cost-effective in the beginning of the year!



*Celebrating*  
— 10 YEARS —

Following the conclusion of the Maryland EIP's 10th year, we are thrilled to embark on our next decade of serving Marylanders and benefiting from the guidance of an expert Advisory Council. We so appreciate the engagement and exceptional turnout at our Fall Advisory Council Meeting on November 15th, 2023.

The meeting examined crucial topics surrounding client transitions from specialized Coordinated Specialty Care (CSC) programs to generalist community providers, with unique and compelling perspectives from **Alyssa Lord** (Deputy Secretary at the Behavioral Health Administration), **Angie Girard** (parent of a former client at the Maryland Psychiatric Center's First Episode Clinic), and **Dr. Monica Calkins** (co-director of HeadsUp and the Psychosis Evaluation and Recovery Center at the University of Pennsylvania). Advisory Council members provided valuable feedback during breakout sessions, sharing ideas of how the Maryland EIP can better transition clients through stages of their care. In addition to highlights of core content and feedback from the meeting, data detailing clinician perspectives around transitions, and updates on broader research endeavors from the EIP team are included on the following pages.

# KEEP MARYLAND EIP SERVICES IN MIND THIS WINTER



## OUTREACH & EDUCATION SERVICES

For 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 \(FEC\)](#), the [Division of Community Psychiatry's RAISE Connection Program](#), [Johns Hopkins Early Psychosis Intervention Clinic \(EPIC\)](#), and [OnTrack Maryland at Family Services, Inc.](#)



## CONSULTATION SERVICES

For 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 & 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.

## HIGHLIGHTS FROM THE FALL ADVISORY COUNCIL MEETING

### FAMILY MEMBER SPOTLIGHT: SUPPORTING A CHILD THROUGH TRANSITIONS OF CARE

**Angie Girard** is a compassionate mother whose son was a former First Episode Clinic (FEC) client at the Maryland Psychiatric Research Center (MPRC). One of our Clinical High-Risk for Psychosis (CHiRP) Predoctoral Interns, **John Fitzgerald**, sat down with Angie in November 2023 to discuss her experiences with navigating complex systems of care and the associated challenges. **Their conversation was condensed into a 5-minute video, which we shared during the Advisory Council meeting.**

Her valuable insights sparked lively discussions in our breakout sessions, prompting us to delve into ways to enhance and streamline care transition processes. **Click the link on this page to learn more!**



# TRANSITIONING FROM A FIRST EPISODE COORDINATED SPECIALTY CARE (CSC) PROGRAM WITHIN THE MARYLAND EIP

CSC programs within the MEIP network provide clinical services to individuals who...

- Have experienced a first episode of psychosis within the past two years
- Have needs that are deemed clinically appropriate for outpatient treatment
- Live within approximately 30 miles of a CSC clinic



CSC treatment is typically provided to clients for a 2-year duration; components include:



Medication management with a psychiatrist



Individual psychotherapy



Group therapy



Service coordination & case management



Supported education & employment services (SEES)



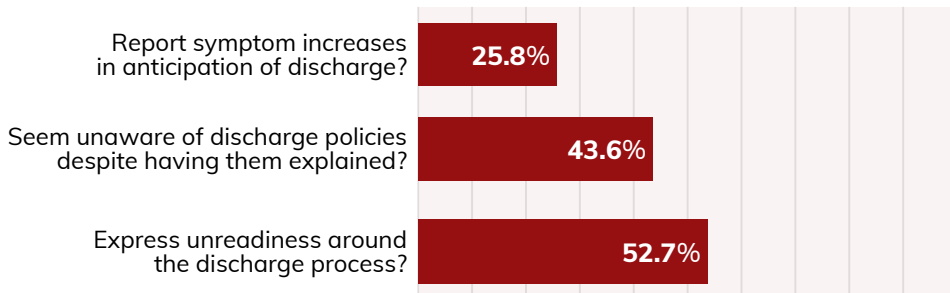
Peer support

## SURVEY OF CLINICIAN PERSPECTIVES

In September 2023, our team surveyed clinicians from CSC programs affiliated with the MEIP to gauge their perspectives on various aspects related to discharge. Each of the 12 respondents were asked to provide an approximate percentage to a series of questions, and those estimates were subsequently averaged. A selection of our preliminary findings are below:

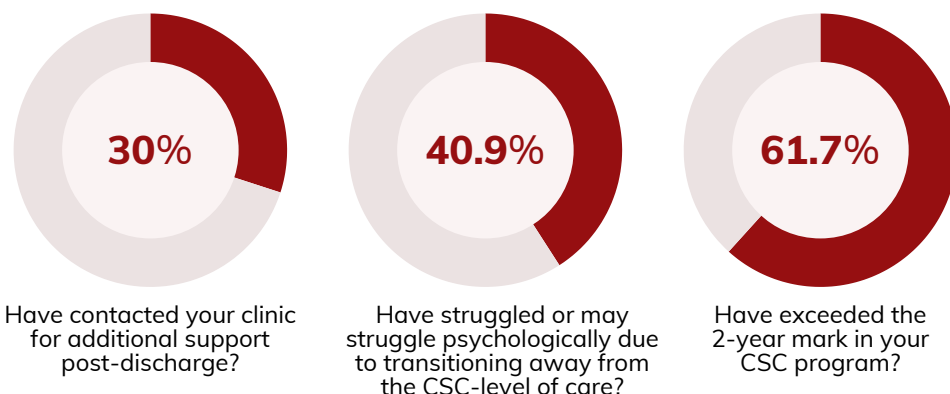
### CLIENT SENTIMENTS WHEN NEARING DISCHARGE

Approximately what percentage of soon-to-be-discharged clients...



### CLIENT BEHAVIORS AROUND THE TIME OF DISCHARGE

Approximately what percentage of clients...



Although clients are thoroughly assessed in 6-month increments, these findings underscore an **additional need to capture comprehensive well-being in the post-transition period**. We aim to develop further mechanisms to **better understand and refine care transitions** for our clients.

## ADVISORY COUNCIL PERSPECTIVES

During breakout sessions, we asked our Advisory Council members:

**How can the Maryland EIP improve CSC transition processes?**

Recommendations & key notes included:

- There is no guarantee that all (or even most) clients are ready for discharge at 2 years; prolonging CSC components throughout stepdown care would be desirable.
- Akin to intake coordinators, consider establishing a corresponding “discharge coordinator” position to help transitioning clients through the process.
- Maintain a provider/referral list, including specialties (e.g., Clozapine prescribers).
- Consistency and communication regarding the dissemination of resource lists is essential.
- Increase community provider trainings to minimize clinical stigma relating to psychosis-spectrum symptoms and diagnoses.





# STEPDOWN CARE AND TRANSITIONS IN PENNSYLVANIA: PERSPECTIVES FROM GUEST SPEAKER DR. MONICA CALKINS



The phenomenal **Dr. Monica Calkins** presented on **stepdown care and transitions out of a first-episode psychosis CSC program**. Dr. Calkins is a Professor of Psychology in Psychiatry at the University of Pennsylvania, and she wears many professional hats; these include serving as Co-Director of the Pennsylvania Early Intervention Center (HeadsUp) and as Associate Director of the Psychosis Evaluation and Recovery Center (PERC),\* an early psychosis CSC program serving the Greater Philadelphia community.

During her talk, Dr. Calkins provided an overview of research pertaining to best practices in stepped care for young people experiencing early psychosis, in addition to highlighting dramatic differences in implementation across the United States and beyond.

In **Pennsylvania**, the Office of Mental Health and Substance Abuse Services (OMHSAS) has funded 11/17 first-episode CSC sites for “Stepped Care” or “Step Down” programs. OMHSAS allowed flexibility such that criteria for these transitions vary by program, with most requiring that individuals receive services in their primary first-episode psychosis (FEP) program for a specific amount of time (often 24-months). Notably, Pennsylvania collects standardized data using a “Step Transitions Form.” This makes it possible to examine care transitions over time.

**Preliminary data** on longitudinal clinical outcomes from programs based in Pennsylvania was also shared. Support for utility of CSC programs and stepped care included bolstering and maintenance of social and role functioning gains, in addition to maintenance and continued reduction of psychiatric symptom severity between years two and three of care. Improvements in overall quality of life, family functioning, and service satisfaction following two years of engagement in CSC services were also described.

In **her conclusion**, Dr. Calkins reflected on the need for additional work to elucidate and standardize optimal care transitions from FEP CSC programs. She also proposed some future directions for Advisory Council Meeting attendees to consider within the context of the Maryland EIP and beyond. **These included:**

- **Making efforts to bolster readiness to receive patients within referral networks.**
- **Providing explicit training for CSC providers in transition planning.**
- **Advocating for improved funding models for post-CSC services.**

\* Along with our Maryland-based programs, PERC is one of the CSC programs that is part of the [Connection Learning Healthcare System \(Connection LHS\) EPINET Hub!](#)



## CHALLENGES WITH CARE TRANSITIONS

Adapted from [Daley, George, & Rosenblatt \(2022\)](#).

- Lack of appropriate services in routine community care.
- Inadequate financing for stepped care.
- Staffing issues and limited capacity to extend care.
- Participant disengagement prior to transition.
- Variable participant readiness for transitions.

## TRANSITION PLANNING BEST PRACTICES

Adapted from [Pollard & Hoge \(2018\)](#).

- Start early and work as a team!
- Clarify needs and goals post-CSC via shared decision making.
- Select referrals mindfully and arrange warm hand off.
- Educate receiving provider(s) about CSC services and dismantle stigma/misconceptions.
- Consider marking the transition with a celebration or graduation.
- Maintain contact with clients & provide post-transition follow-up.
- Consider re-admission if indicated (and program allows it).



For this edition, we are excited to showcase some of the excellent work of our recent Advisory Council presenters and valued colleagues: Dr. Nev Jones (1-2), Dr. Monica Calkins (3-4), and Dr. Linda Darrell (5).

1. **Ojeda, Jones, et al. (2021)** analyzed data from 76 outpatient public mental health programs serving transition age youth (TAY) with severe mental illness (SMI) in Los Angeles and San Diego counties. They found that **the presence of youth peer specialists and the offering of multiple peer-guided services was associated with increased use of outpatient mental health services and reduced use of inpatient mental health services**. Preventing hospitalizations of TAY with SMI through the use of peer support services has potential to decrease costs to healthcare systems in California and beyond.
2. **Van der Ven, Jones, et al. (2022)** used data from a network of Coordinated Specialty Care (CSC) programs to examine **differences in time-to-treatment outcomes by ethnoracial group and other indicators of social position**. In their cohort study of individuals in New York State 16 to 30 years old with recent onset non-affective psychosis (<2 years), Asian, Black, Latinx, and multiracial individuals had a longer onset to first contact and shorter first contact to CSC pathway when compared to more advantaged, predominantly White, privately insured individuals. These findings **emphasize the importance of intersectional approaches in understanding delays in entry to CSC for individuals with first-episode psychosis**.
3. **Dong, Moore, Westfall, Kohler, & Calkins (2023)** employed item response theory (IRT)-based computer-adaptive test (CAT) simulation to generate a short form of the Pennsylvania first episode psychosis program evaluation (PA-FEP-PE) **assessment battery**, reducing the number of items on the form by more than 50% (from 158 to 67 items). The short form identified six factors: (1) positive affect and surgency; (2) psychiatric services satisfaction; (3) antipsychotic side effect severity; (4) family turmoil and associated traumas; (5) trauma load; (6) psychosis. **The streamlined evaluation was well-accepted and reduced clinician and service user burden without compromising validity, reliability, or clinical utility**.
4. **Moore, Calkins, et al. (2022)** developed a psychosis risk calculator for young people aged 8-21. After participants completed a series of assessments encompassing clinical psychopathology, neurocognition, and environmental exposures, a cross-validated framework predicted psychosis spectrum (PS) risk based on three factors: low Children's Global Assessment Scale (C-GAS); percent unmarried in one's neighborhood; and delusions of predicting the future and/or having one's thoughts or actions controlled. **This study's focus on assessing risk along the full PS, rather than only on higher levels of risk (where conversion to frank psychosis is more common), may facilitate earlier screening, earlier access to mental health care, and improved prevention efforts**.
5. **Darrell et al. (2016)** explored the vital role of historically Black colleges and universities (HBCUs) in social work education for African American and other communities of color as well as the safe and nurturing context in which this education takes place. Via a case example, the Morgan State University School of Social Work, **the authors illustrate how HBCUs empower students through supportive relationships, positive recognition, and self-actualization**. They call for increased visibility of HBCUs as champions of social and economic justice for all historically marginalized groups.

## RESEARCH OPPORTUNITY

First-degree relatives (siblings, 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](mailto:jnudelman@som.umaryland.edu); or 443-840-9087



# JOB POSTINGS

## PEER SUPPORT SPECIALISTS

- **Early Psychosis Intervention Clinic (EPIC), within the Adult Outpatient Program of Community Psychiatry at Johns Hopkins Bayview**, is seeking a **Certified Peer Specialist** who will use the insight and learned experiences from their own recovery to assist, engage, and encourage service participants. The Peer Specialist will work as a member of a first episode psychosis multidisciplinary treatment team. The job is both community-based and clinic-based depending on patient and team need. Applicants must have a valid driver's license and be comfortable driving in Baltimore City and surrounding counties. **Click [here](#) to apply.**

## SUPPORTED EMPLOYMENT AND EDUCATION SPECIALISTS (SEES)

- **OnTrack Montgomery County and OnTrack Prince George's County** are seeking full-time **Supported Employment and Education Specialists (SEES)**, who will assist clients to establish, maintain, or adapt their academic or vocational activities successfully using the Individual Placement and Support (IPS) model. This position requires a bachelor's degree in Human Services or a related field; or a combination of education and experience from which comparable knowledge and abilities have been acquired. Applicants must have basic computer skills and a current, valid driver's license with no more than three points on the driving record. **Click [here](#) to apply to the OnTrack Montgomery County position** and **click [here](#) to apply for the the OnTrack Prince George's County position.**
- The **First Episode Clinic (FEC)** is also seeking **two** full-time **Supported Employment and Education Specialists (SEES)**. This CARF-accredited, state licensed outpatient mental health clinic is located at the Maryland Psychiatric Research Center (MPRC) in Catonsville, Maryland. **Click [here](#) to learn more and apply.**

## RECOVERY COACHES

- The University of Maryland's Division of Community Psychiatry's **RAISE Connection Program** is seeking a **Recovery Coach** to provide full-time clinical care. Come join a dynamic and supportive team! **Request more information from Mike Papa: [mpapa@som.umaryland.edu](mailto:mpapa@som.umaryland.edu)**
- **Early Psychosis Intervention Clinic (EPIC), within the Adult Outpatient Program of Community Psychiatry at Johns Hopkins Bayview**, is seeking a **Recovery Coach** with LGPC or LMSW credentials to join their multi-disciplinary team devoted to serving patients ages 13-30 with new onset psychosis/schizophrenia. The candidate will be responsible for providing counseling and rehabilitative therapy services, completing comprehensive psychiatric assessments, developing and implementing treatment plans, and monitoring patient progress. This position has a \$5,000 sign-on bonus. **Click [here](#) to learn more and apply.**

## LOOKING AFTER YOURSELF WHILE LOOKING FOR A JOB

Getting a new job is an exciting and rewarding achievement, but the process of *searching* for that job can easily become a stressful and demoralizing ordeal. Here are some tips for managing your mental health during the job search:

- **Establish clear boundaries:** This includes setting realistic goals for how you spend your time (e.g., dedicating particular hours of each day to the job search), as well as developing specific criteria to help determine which jobs to apply to (e.g., those that meet your salary needs or provide important benefits).
- **Ask for help:** Make a list of people you are connected to within your chosen field(s) and request a casual meeting or phone call. This will help to build your professional network and may help get your "foot in the door" of an organization you are interested in. Additionally, if the job search is creating excessive anxiety or distress, never hesitate to reach out to a mental health professional who can offer a new perspective and help you to identify and implement adaptive coping mechanisms to ease you through the process.
- **Make time to practice mindfulness:** It can be difficult to present ourselves well outwardly when we feel disoriented or uneasy internally. Regaining a sense of calm doesn't need to be a long, drawn-out endeavor; the [3-Minute Breathing Space Exercise](#) is a helpful method to try.
- **Remember you only need one:** One of the worst aspects of job hunting is the toll it can take on your self-confidence. It is not comfortable, nor easy, for anyone to endure the near-constant rejection that is inherent to the process. Hold on to the fact that no matter how many No's you receive, you only need one Yes. Remember—you have a uniquely valuable combination of skills, qualities, and experiences. Eventually, you will find your perfect fit.



# COLLABORATOR UPDATES

## MARYLAND HEALTHY TRANSITIONS

Healthy Transitions works with emerging adults with serious mental health conditions between the ages of 16 and 25 as they move into the adult life of their choosing.

The program provides youth-driven, strengths-based, non-stigmatizing, and developmentally appropriate services that help young adults manage mental health symptoms that limit their ability to transition into adult roles. We also aim to raise community awareness about the strengths and needs of Transition Age Youth, how the public can best support them, and signs and symptoms of common mental illnesses.

Our team of Transition Facilitators fosters independence in emerging adults by improving quality of life in major life domains: decreasing symptoms of mental illness, increasing employment and educational success, fostering family and peer relationships, providing and developing age-appropriate housing options, and teaching essential independent living skills.

Healthy Transitions empowers young adults in Anne Arundel County at **Arundel Lodge** ([www.arundellodge.org](http://www.arundellodge.org)), as well as in Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties at **Crossroads Community** ([www.ccinonline.com](http://www.ccinonline.com)).

For more Maryland Healthy Transitions Outreach & Education information, contact **Sylvia McCree-Huntley**: [shuntley@som.umaryland.edu](mailto:shuntley@som.umaryland.edu) or click [here](#)

## MARYLAND COALITION OF FAMILIES

Maryland Coalition of Families (MCF) connects, supports and empowers individuals and families who care for someone with behavioral health needs. Using personal experience as parents, caregivers, youth and loved ones, our staff provide one-to-one emotional support, resource connection and systems navigation to families and caregivers of individuals who have mental health, substance use or problem gambling challenges.

**A Family Peer Support Specialist** helps those who care for someone with a behavioral health challenge to:

- Navigate services and systems.
- Access to resources, services and programs to support themselves or their loved one.
- Learn strategies for self-care and well-being.
- Build natural support systems with others on similar journeys.
- Share their story to reduce stigma and raise awareness.
- Use their voice to educate decision-makers and advocate for systems change.

All services are provided free to Maryland families. In addition, MCF offers trainings and support groups. For more information, visit [www.mdcoalition.org](http://www.mdcoalition.org) call their statewide intake line at **410-730-8267** or email [info@mdcoalition.org](mailto:info@mdcoalition.org)

## NAMI MARYLAND

**Great news — the 2024 NAMIWalks Maryland website is now open at [www.namiwalks.org/Maryland](http://www.namiwalks.org/Maryland)!** Step forward with NAMIWalks and leave your footprint on the local landscape of mental health.

NAMIWalks is the nation's largest grassroots event series dedicated to supporting individuals and loved ones coping with mental health conditions, and now is the ideal time to add your individual momentum to this rapidly growing movement! Plus, NAMIWalks Maryland is one of the top ten NAMIWalks events in the country, bringing together hundreds of people together to support Mental Health for All right here in our state.

**Together we will show the power of community on Saturday, June 1st, 2024 at Hunt Valley Towne Centre.**

When you participate in NAMIWalks, you are:

- Promoting public awareness of mental health to reduce stigma by reaching millions of people through personal networks;
- Raising funds for NAMI's free, top-rated mental health programs and support our mission of recovery-focused support, education, and advocacy for individuals and loved ones affected by mental health conditions;
- Building community and using NAMIWalks as a positive platform for discussion around openly talking about mental health conditions, letting people know they are not alone.

There are many ways you can make a difference through NAMIWalks: as a sponsor, team captain or team member, virtual walker, or an individual participant.

**Plus, registration for NAMIWalks is 100% free!** However you decide to participate in NAMIWalks Maryland, you'll be joining a national movement of people who care.

We'll see you there!

