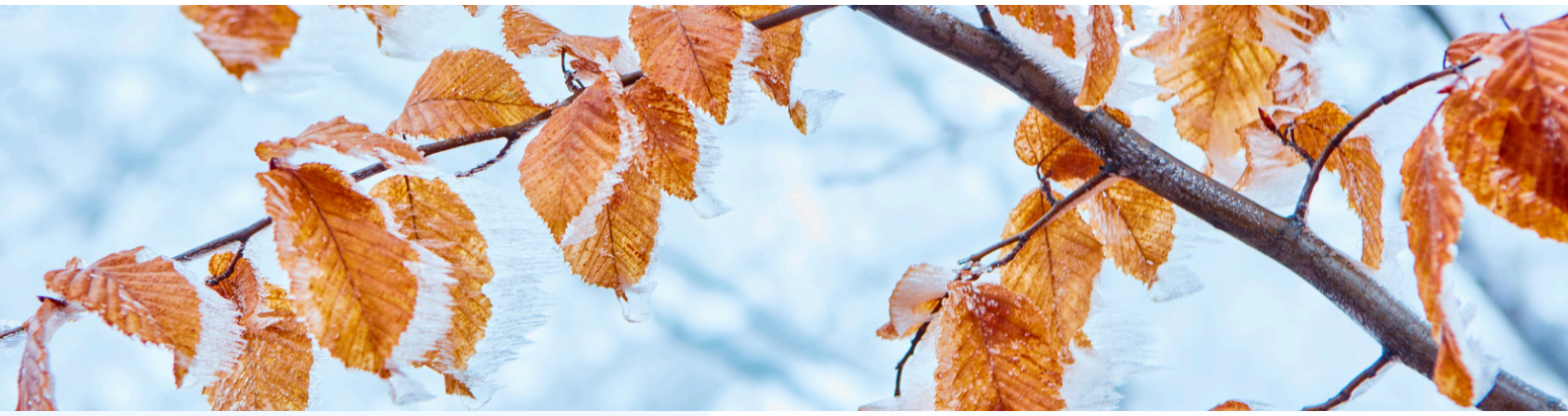
MARYLAND EIP WINTER NEWSLETTER



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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. Using an integrated approach, the Maryland EIP is committed to reducing disability by equipping young individuals and their families with tools to address their health and mental health needs, move successfully through the developmental stages of growth, and establish a life of their choosing.

For more information, contact us:

www.MarylandEIP.com

1-877-277-MEIP (6347)

MarylandEIP@som.umaryland.edu

6-minute introduction video

RINGING IN A NEW YEAR WITH THE MARYLAND EIP

At the start of a new year, our goals and resolutions are as promising and untarnished as the pages of our new calendars. Anything is possible! But as the frenetic holiday energy subsides and temperatures continue to plummet, a sense of inertia can start to take hold. It is important to remember that beneath the surface of the withered trees outside our windows, life continues. There is pleasure to be found in embracing a slower, more contemplative pace. Simple acts like reading a book, slow-cooking a meal, or playing a board game with family or friends can feel extra luxurious during these months when the outside world beckons to us less. Comfort and rest are two of life's true privileges and we will be grateful to have taken the opportunity to indulge in them once the summons of spring inevitably arrives.

Within the realm of the Maryland EIP, there is much to look forward to in the present year and beyond. In October, we received final approval of our proposal to lead the Maryland Center for Excellence on Early Intervention Program. The five-year contract allows the MEIP to continue its various activities, including outreach and education; the provision of clinical services to people at risk for or experiencing a first episode of a mental illness with psychosis; and state-wide training to providers of first episode treatment services. The MEIP represents a partnership among the University of Maryland School of Medicine, the University of Maryland Medical System, University of Maryland Baltimore County, and the Maryland Department of Health. We are incredibly grateful to have Natalee Solomon from Maryland's Behavioral Health Administration (BHA)'s Office of Transition-Aged Youth and Young Adult Services as our contract monitor and we are equally thrilled to continue providing vital care to young people and their families throughout Maryland.

This newsletter highlights our in-person fall Advisory Council Meeting on November 12th at the University of Maryland School of Medicine campus. The meeting's topic was *Optimizing Engagement in First Episode Psychosis Services* and featured presentations by three UMSOM Division of Psychiatric Services Research faculty members. Dr. Peter Phalen presented regional and national data on completion and discharge outcomes from Coordinated Specialty Care (CSC) programs. Dr. Melanie Bennett presented about current efforts to develop and evaluate an engagement navigator service to optimize CSC engagement, and Dr. Alicia Lucksted presented on the concurrent development of a data-driven tool designed to predict CSC disengagement. Feedback was solicited from Advisory Council members through guided group discussions. Details and core takeaways are included within the following pages.

KEEP MARYLAND EIP SERVICES IN MIND THIS SEASON

OUTREACH & EDUCATION SERVICES

For behavioral health and primary care providers, schools, and consumer organizations. For more information or to schedule a presentation to your organization, **contact Cameron Sheedy: csheedy@som.umaryland.edu**

CLINICAL SERVICES

For 12-30-year-olds at risk for, or already experiencing, early psychosis and their family members. Providers include the **Strive for Wellness Clinic**, the **MPRC First Episode Clinic (FEC)**, the **Division of Community Psychiatry's RAISE Connection Program**, and **Johns Hopkins Early Psychosis Intervention Clinic (EPIC)**.

CONSULTATION SERVICES

For providers regarding identification and treatment for individuals experiencing symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychosis.

TRAINING & IMPLEMENTATION SUPPORT SERVICES

For professionals establishing Early Intervention Teams (EITs) to collaborate, share resources, provide support, and coordinate service delivery with others providing early psychosis services throughout Maryland.

SPOTLIGHT ON OUR DEPARTING DIRECTOR

Congratulations and Thank You, Dr. Buchanan!

With his upcoming retirement at the end of March, we would like to acknowledge and offer our sincere appreciation to Dr. Robert (Bob) Buchanan for his excellent leadership and oversight of the Maryland EIP. As our Director for over a decade, Dr. Buchanan has been instrumental in driving high quality and innovative care, consultation, research, outreach, and education related to the early identification and treatment of psychosis across the state of Maryland and beyond. He is a true pioneer in the field and his contributions to young adults and families as well as to faculty, staff, and trainees leave a true legacy! **Thank you, Dr. Buchanan, for your hard work, dedication, and wisdom.** We can't wait to hear about your travels and family adventures!

A Note From Bob:

I will always be grateful for the opportunity to develop a state-of-the-art program for the treatment of people with a first episode of psychosis. In part, because of the services we are able to provide to the State and, in part, the opportunity to work with so many wonderful Department of Psychiatry and BHA colleagues. I will remember all of you with great appreciation and fondness as I ride off into retirement to spend more time with my grandchildren and pursue my interests in art, history, and sports.

OPTIMIZING ENGAGEMENT IN FIRST EPISODE PSYCHOSIS

HIGHLIGHTS FROM THE FALL ADVISORY COUNCIL MEETING

This meeting allowed Advisory Council members to learn more about some of the initiatives led by UMSOM faculty to understand and address high rates of client disengagement from Coordinated Specialty Care (CSC) programs. Three central questions were discussed:

Peter Phalen, PsyD
Assistant Professor, Division of Psychiatric Services Research, University of Maryland School of Medicine

1. Why do people leave early psychosis intervention programs?

Regional and national data indicate several factors and predictors.

- Connection Learning Healthcare System (CHLS) data from Maryland and Pennsylvania show that **less than 50% of clients are categorized as completing their 2-year CSC program**.
- National Early Psychosis Intervention Network (EPINET) data show several **predictors of completion including older age, greater participation in employment/education during treatment, higher socioeconomic status, and lower negative symptoms** (i.e., those that reflect a decrease in something that the person used to care about or do).
- Discharge type does not necessarily suggest a good or bad outcome. For instance, patients could move to another state, start pursuing new work or school opportunities, or could be feeling better. However, **"lost contact" is arguably always a suboptimal outcome, and Black, male, lower socioeconomic status clients are overrepresented in this category.**

ADVISORY COUNCIL

Based on your experiences, why do people leave CSC?

- *Internalized and/or external stigma*
- *Difficulty establishing and growing patient-clinician trust*
- *Inadequate diversity among clinical staff, which can exacerbate poor connection to treatment team*
- *Many people cannot afford to turn down a job or another opportunity in order to dedicate time to treatment*
- *Some families have multiple children with serious mental health concerns and are balancing competing demands*

Melanie Bennett, PhD
Professor and Director, Division of Psychiatric Services Research, University of Maryland School of Medicine

2. Could disengagement be better addressed by a centralized service staffed by professionals supporting CSC programs?

We have developed SPARK, a specialty engagement team for participants and families at high risk for disengagement.

Elements of SPARK:

- Based outside of the CSC program
- Team includes a counselor and a peer support specialist
- Multiple options for referral (client self-referral, family referral, or referral from CSC)
- Provides emotional support
- Helps clients navigate concerns with CSC
- Finds community-based support for client

Current progress:

- Hired SPARK counselor and peer support specialist
- Invited three CSC sites to participate; prepping for feasibility project with those sites
- Deciding what information to track
- Creating patient- and family-facing materials to describe SPARK

Alicia Lucksted, PhD
Associate Professor, Division of Psychiatric Services Research, University of Maryland School of Medicine

3. Could engagement be optimized by using data to better identify people who are at risk for leaving CSC programs prematurely?

We are making a risk calculator—such as those used by physicians to determine a patient's likelihood of heart disease or vitamin D deficiency—for CSC programs that will use data already being gathered (e.g., age, mental health history, support system) to help predict when a CSC participant may be at risk of disengaging prematurely from their program. This tool is intended to complement clinical and client/family judgement so that teams might be able to further personalize treatment to reduce this risk.

The team conducted a survey among CSC teams, clients, and family members (50 each) across Maryland & Pennsylvania to assess their initial thoughts on the risk calculator.

- **Benefits shared by respondents included:** The stated purpose of the calculator (i.e., identifying people who may need additional support); Likely to help CSCs personalize care; Likely to help participants stay engaged.
- **Concerns and questions shared by respondents included:** Protection assurances regarding privacy, confidentiality, and use of data; Completeness and accuracy of the included variables; Potential bias or stigma in its predictions and/or use; Burden of using and interpreting new tool; Having the resources to address identified needs; How specifically it will be used (e.g., by whom, shared with whom, re-calculated how often).

ADVISORY COUNCIL

What excites you about the risk calculator?

- *Potential for "outside the box" solutions*
- *Opportunity to gain insights that may increase program effectiveness*
- *May identify patterns that clinicians might not associate as indicators of premature disengagement*

What worries you about the risk calculator?

- *It is hard to understand initially*
- *Being able to explain the tool and get clients interested in it*
- *How the results will be received by clients and family; Will predictors be misinterpreted as irreversible facts?*
- *Staff's ability to get data entered quickly; if there are lags, will the purpose of reaching client quickly be defeated?*
- *Sometimes it is clear that clients will be disengaging, but the solution is unclear; will the calculator add anything beyond clinical intuition?*
- *How accurate is the data that the calculator is based on? Self-report and clinician-report assessments can be done haphazardly at times.*

RESEARCH HIGHLIGHTS FROM THE MEIP NETWORK

1. Dialectical Behavioral Therapy (DBT) is thought to improve emotion dysregulation, which has been linked with both suicidal ideation and behavior among people with psychosis. Recently, there has been increased interest in the application of DBT to people with psychosis, however there is a current lack of randomized control trials (RCTs) of DBT for people with psychosis. **As the first step in a planned pragmatic RCT of DBT skills training for people with psychosis and high risk of suicide, Phalen et al. (2025) conducted a community clinician training followed by a pilot DBT skills group and presented findings from these experiences.** Community clinicians indicated near-universal interest, with 95% expressing a desire to serve as future volunteer study clinicians. Likewise, participants expressed appreciation for the non-judgmental atmosphere of the DBT skills group, positive interactions with fellow participants, and the satisfaction of learning new skills. Furthermore, participants described a positive impact on suicidality, emotional well-being, and interpersonal relationships. Analysis of quantitative assessments show corresponding improvements. Ultimately, this pilot suggests strong stakeholder interest in DBT for people with psychosis and high risk of suicide.

Phalen, P., **Lucksted A.**, Fox, K., Yusuf, A., Hochheiser, J., Jones, N., Fetisova, A., **Hackman, A.**, and **Bennett, M.**

2. Persistent cannabis use by individuals with first episode psychosis (FEP) is associated with more severe symptoms, high rates of relapse and rehospitalization, and poorer psychosocial functioning and recovery. Researchers, clinicians, and many family members of Coordinated Specialty Care (CSC) clients agree on the benefits of helping individuals move toward reduction and abstinence. However, many young people with FEP report benefits from cannabis use (including stress reduction, anxiety management, sleep promotion, and enjoyment) and a preference for making their own decisions about when and how to address their cannabis use. Due to their differing perspectives, young people and families often struggle to communicate about psychosis and cannabis issues and frequently feel misunderstood. **Lucksted et al. (2025) conducted qualitative interviews with young people with FEP and family members to discuss how conversations about cannabis use could be more beneficial.** Analysis suggests that in order to support better cannabis discourse, CSC providers should be well-informed and confident in their cannabis knowledge, able to help clients and family members engage in shared decision making about cannabis use, and extend their existing communication building and social skills training protocols to help clients more effectively manage disagreements about this topic.

Lucksted, A., Bencivengo, D., Saravana, A., Boumaiz, Y., Kreyenbuhl, J., Margolis, R. L., Nayar, S., **Rinehimer, K.**, **Rouse, K.**, Scheinberg, R., Thomas, E. C., Walker, D. D., **Wolcott, M.**, Burris, E., Myers, L., Kelly, C., Swigart, A., Vatza, C. L., Brandt, A. S., Sarpal, D. K., Goldberg, R. W., **Buchanan, R. W.**, Moore, T. M., Jumper, M. B. E., Fooks, A., Ered, A., Caulkins, M. E., & **Bennett, M.**

3. **This Academic Highlights by Tandon et al. (2025) presents the consensus findings of a multidisciplinary panel of 8 experts in psychiatry, psychology, and psychosocial research convened in June 2025 to evaluate key drivers of functional impairment, encompassing psychopathological, individual, societal, and treatment-related factors, in persons with schizophrenia.** Panelists met virtually in a structured, facilitated discussion to analyze publicly available clinical trial and meta-analytic data and share their own perspectives on the utility, mechanisms of action, and implementation barriers of psychosocial and psychotherapeutic interventions. The agenda included (1) identification and categorization of drivers of functional impairment; (2) review of psychosocial interventions; (3) evaluation of validated tools and measurement-based care strategies; and (4) consideration of emerging digital interventions and their potential to enhance scalability. Consensus was reached through iterative discussion, with a focus on aligning evidence with real-world practice and on generating practical, patient-centered recommendations. The panel concluded that the evidence necessitates shifting the field from a narrow focus on symptom control toward a paradigm of meaningful functional recovery. To close the gap between research and practice, care must be grounded in patient priorities, informed by validated measurement, and delivered through recovery-oriented, multimodal, and digitally enabled strategies.

Tandon, R., Barch, D. M., **Buchanan, R.W.**, Green, M. F., Keshavan, M. S., Marder, S. R., Nasrallah, H. A., Vita, A.

RESEARCH OPPORTUNITIES

Strengthening Disability Benefit, Work & School Services in Early Psychosis

With funding from the National Institute of Mental Health, **researchers from the University of Maryland School of Medicine and the University of Pittsburgh School of Social Work are seeking to understand more about youth and young adult decisions related to school, work, and disability benefits** — both while receiving early psychosis intervention services and after discharge.

Study visits include **a brief interview and online survey (3 visits) and a longer interview (3 visits, optional)**. All participants will be compensated $60 for each study visit, totaling up to $360.

Who is eligible to participate? Participants of early intervention in psychosis programs aged 18 and older. Former participants and participants aged 15-17 years old may also be eligible; contact for more information.

Email, call, or text with any questions:
pathways@pitt.edu
(813) 415-5532

or complete this **interest form** to have a member of the research team contact you:

University of Pittsburgh School of Social Work
University of Maryland School of Medicine

Skills for Talking About Cannabis

Concerned about a loved one's cannabis use?

University of Washington researchers have developed a group-based intervention designed to help family members learn motivational strategies to connect with their loved ones who are receiving early psychosis services and regularly using cannabis.

This study consists of **six weekly 90-minute virtual group sessions**. Participants are also asked to complete **three surveys.** Family members may earn up to $125 for full participation in the study.

Who is eligible to participate? Family members of young people who regularly use cannabis and are enrolled in psychosis services.

Email or call for more information:
projectstac@uw.edu
(503) 451-3725

or complete this brief **screening survey** to confirm your eligibility:

UNIVERSITY of WASHINGTON

Taking Action for Whole Health and Wellbeing

Researchers from Temple University are seeking participants for Taking Action, an online peer facilitated group process that supports individuals in creating a personalized system for recovering, sustaining, and/or improving their whole health and enhancing their lifestyle.

Participation entails:
3 online interviews and if assigned to the intervention group, 5 online Taking Action group meetings, which will be delivered from 5–7:30PM ET on Mondays (March 9 – April 6) or Thursdays (March 12 – April 9)

Participants may be compensated up to $105 in electronic gift cards.

Participants are eligible if they are at least 18 years old and:

- Are currently enrolled in college in the US and have at least 2 semesters left
- Experience significant mental health challenges
- Have no prior Taking Action experience

To determine eligibility, complete the **screener**:

Email **takingaction@temple.edu** with any questions.

Temple University Collaborative
On Community Inclusion of Individuals with Psychiatric Disabilities

Do you have experience with a specialty clinic for first-episode psychosis?

The University of North Carolina Department of Psychiatry is conducting a research study to survey attitudes about text messages, financial incentives, and other data communication means to help patients at these clinics make their appointments, take their medications, and/or avoid substances.

Participants will be asked to complete a one-time ~45-minute survey and will be compensated $60 for their time.

You may be eligible if you are at least 18 years old and have been:

- A patient who received specialty care for first episode psychosis;
- A family (biological, adoptive, or chosen) member to such a patient; or
- A clinician who provided this specialty care.

UNC SCHOOL OF MEDICINE

complete the **eligibility screener** or scan the QR code:

Email **isha_patel@med.unc.edu** with any questions.

COLLABORATOR UPDATES

ON OUR OWN OF MARYLAND'S TAY PROJECT

On Our Own of Maryland (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization promoting equality, justice, autonomy, and choice for individuals with mental health and substance use needs. **The Transitional Age Youth (TAY) Project empowers Young Adults 18 to 29 to share their experiences and shape the behavioral health system where they receive care.**

Ongoing opportunities:

- **Mentorship & Leadership:** Gain access and connections to opportunities that will further your personal and professional goals. This can be done through 1:1 virtual meetings.
- **Access to Conferences & Events:** Opportunities to attend and participate in conferences, workshops, and community events that support leadership development, learning, and networking.
- **Certified Peer Recovery Specialist (CPRS) Support:** Young adult Peer Support Specialists or those working towards certification can receive guidance, training support, and assistance navigating the certification process.
- **Free Trainings**: Access to ongoing learning opportunities covering a range of topics that support advocacy, leadership, and professional growth for young adults. Many offer CPRS CEUs!

For more information or to get involved, contact TAY Project Coordinator, Kris Locus: krisl@onourownmd.org

MARYLAND COALITION OF FAMILIES

The Maryland Coalition of Families (MCF) offers family peer support at no cost to parents and caregivers across Maryland. As experienced caregivers, we provide support, guidance, and hope to people who love or care for someone with a behavioral health challenge and advocate to improve the systems they rely on. Our Family Peer Support Specialists provide emotional support, resource connection, systems navigation, support groups, and educational workshops to families who have a loved one with mental health, substance use, or problem gambling disorders.

Our services include:

- Assistance to identify and access resources, services, and programs for themselves or their loved one.
- Providing guidance to navigate complex systems including healthcare, education, or child welfare.
- Offering strategies for self-care.
- Build natural support systems with others on similar journeys.
- Building natural support systems to connect with others on a similar journey.
- Helping parents and caregivers share their stories and use their voice to raise awareness, reduce stigma, and advocate for change.

For more information, please visit www.mdcoalition.org

NAMI MARYLAND

Feeling lost right now? Get activated with us. This year we're back in-person for NAMI Maryland Advocacy Day on February 10th, and we're telling our legislators to stand up for our mental health by supporting bills that make mental health care accessible.

Email advocacy@namimd.org to get involved or ask any questions!

All are encouraged to sign up for **NAMI Smarts for Advocacy on February 3rd**, our story-telling workshop where we gather ahead of Advocacy Day to help you gain confidence sharing your story.

Whether you're able to make it to Advocacy Day or not, all are encouraged to join NAMI Smarts for Advocacy, as we will have opportunities year round where your story will make a difference. Get involved at advosmarts.eventbrite.com