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Photographer: Jim Brown, State of Maryland

UMMC Building Renamed for Walter P. Carter

The University of Maryland Medical Center building at 701 West Pratt Street has been re-named and dedicated in honor of the late Walter P. Carter, a Baltimore civil rights leader who fought to make high-quality mental health services available to all. The building now houses outpatient psychiatry clinics and programs.

The dedication ceremony on January 5 was hosted by UMMC President and CEO Jeffery Rivest and Chief of Psychiatry Anthony Lehman, MD and was attended by many distinguished guests including Walter P. Carter's wife, Joy Richardson Carter, his daughter, State Delegate Jill Carter, City Council President (now Mayor) Stephanie Rawlings-Blake, University of Maryland Medical System President and CEO, Bob Chrencik, School of Medicine Dean, E. Albert Reece, MD, PhD, MBA, and UMB President, David J. Ramsay.

As a civil rights activist in the late 1960's and early 1970s, Walter P. Carter dedicated his life work to advocate for inner city citizens – with a particular focus on equal housing opportunities. At the height of this country's civil right's movement, he worked to elevate inner city communities using grassroots support to garner equal access.

At the dedication, Rivest said, "The University of Maryland Medical Center has made a commitment to provide the essential services of the Carter Center to a special and vulnerable population in our community. With the support of our partners in the city and state government, we look forward to continuing to fulfill this commitment on behalf of our community."

Division of Community Psychiatry – A History of Serving the Community

The original Walter P. Carter Center (WPCC) opened in 1977 to provide comprehensive mental health services to the surrounding community including children, adolescents, adults and the elderly. In a single location, the WPCC provided emergency screening and psychiatric evaluations, emergency treatment unit for brief stays, acute inpatient care, traditional outpatient programming, a day program, community crisis beds and case management. Over the next 15 years, the center expanded to include psychiatric rehabilitation services with a residential component. In addition, it housed the first Program of Assertive Community Treatment (PACT) in the State of Maryland.

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Outpatient Clinical Services

Fayette Clinic
410-328-2207

Carruthers Clinic
410-328-2293

Program of Assertive Community Treatment (PACT)

Adult & Child
410-328-2190

Psychiatric Rehabilitation

Harbor City Unlimited
410-328-2177
Intake: 410-328-4102

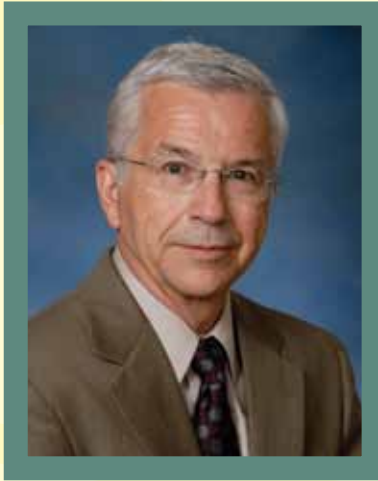
Case Management & Public Benefits Services

**Community Support
Program**
410-328-0810

SSI Outreach Program
410-328-1406

Safe Haven Shelter
410-328-7123

Letter from the Chairman



Remembering the man and recommitting to the mission. Those themes reverberated during the recent relocation of our community mental health programs to the 701 West Pratt Street Building, now renamed for civil rights activist and leader, Walter P. Carter. This event carried special significance for all of us at the University of Maryland School of Medicine Department of Psychiatry and the University of Maryland Medical Center.

For over a quarter century, our comprehensive mental health programs have served the community and persevered through many challenges, including privatization, conversion from grant funding to fee-for-service, statewide economic stresses, and

continued downsizing of the state mental hospital system. These challenges have occurred as the demand for mental health services have grown, fueled by enhanced public awareness, the continued grind of social factors that contribute to mental health problems, and scientific advances that raise expectations.

Our community mental health programs have more than survived these challenges. They have thrived. The programs have grown and changed in many ways, as described in the excellent articles in this issue of inPSYCH. Our psychosocial rehabilitation program, originally housed on the fourth floor of the old Carter Center now occupies multiple sites in the community, including a modern facility down the street from the newly dedicated Carter Center and supported housing sites scattered throughout the city. We have added Safe Haven to assist homeless persons with serious mental disorders. Building upon research in our department, we have added new evidenced-based services, including assertive community treatment, substance abuse services, supported employment, life skills training, and better coordination of medical and mental health treatments. Such developments represent the best in the longstanding synergy between our academic and service missions.

On a more personal note, my first job at the University was as Director of Research at the Carter Center in 1986. I am filled with pride over the resilience and growth of our programs. I did not know Walter P. Carter, but I do know about his mission to help his community. The dedication ceremony included many who did know him, including members of his family and those who marched with him during the civil rights movement. This coming together reaffirmed our commitment to a mission of which I think Walter P. Carter would be proud.

ANTHONY F. LEHMAN, MD, MSPH
Professor and Chair,
Department of Psychiatry,
University of Maryland School of Medicine

...continued **A History of Serving the Community**

The Division of Community Psychiatry continues to grow and remain current with evidence-based practices. Through the support of the Baltimore Mental Health Systems, the core service agency of Baltimore City, and the State of Maryland Mental Hygiene Administration, the division grew to include a child PACT team, a certified evidence-based adult PACT, a HUD supported Safe Haven Shelter for homeless people with mental illness in need of treatment, and an expanded residential rehabilitation program with 19 homes serving 51 individuals with serious mental illness. Harbor City Unlimited relocated to a newly-renovated, larger and more appropriate space to provide enhanced rehabilitation services to the community.

Through the commitment of serving individuals with serious and persistent mental illness, the legacy of Walter P. Carter continues to live on in the newly dedicated Walter P. Carter Center, a thriving center of mental health programs, including both Community Psychiatry programs and other Addiction, Adult, Child/Adolescent and Geriatric Psychiatry outpatient programs.



Making a Difference: A Family Invested, A Life Saved

By Steven Gordon,
PMHCNS-BC, PMHNP-BC,
Family Psychiatric Nurse Practitioner



As a family psychiatric nurse practitioner at PACT, I see many cases that have the potential to take a turn for the worst. But through the hard work and dedication of our patients, families, and PACT

staff, those cases have a positive outcome for the family and the community as a whole. Below is one of those stories.*

JD was admitted to the Child and Adolescent PACT team when he was 14 years old, and was discharged a few days shy of his 19th birthday. When he was discharged from the C&A PACT team, he was also discharged from mental health treatment. JD is the definition of resiliency.

JD was admitted to the C&A PACT team due to severe mood lability, extreme anxiety, school avoidance, parent child conflict issues, and repeated hospitalizations. JD also had several medical issues: he was obese, had severe asthma and was diabetic. During his treatment period, JD was removed from his home and placed in a group home for 6 months due to his relationship with his mother. He was placed in several schools unsuccessfully, given numerous medication trials, arrested for possession, and began smoking marijuana.

However, through the persistence of the C&A PACT team and their interventions of building

his ego strengths, helping him self-differentiate, and building an alliance with his mother, JD was able to grow in hope and strength, which eventually led him to a path of success.

JD first built trust with the PACT team and the intervention process. Through this phase, he was slowly able to develop an underlying trust with his mother. JD also committed to taking medication for his anxiety, which was very helpful. After years of refusing to attend school, his mother and therapist worked collaboratively to get him in a school that would meet his needs. Additionally, JD started taking his health more seriously by attending his medical appointments regularly and losing weight.

The PACT team vocational counselor worked to get JD a job, which strengthened all the internal and external controls he had worked on for years, reinforcing his behavioral control and increasing his hope for the future. It has been a year since his discharge. Recently, his therapist spoke to his mother and learned that JD continues to do well in the community and his relationship with his mother continues to be intact.

“Our family came to your program broken and in need of a lot of help. We had been through so many programs. I was a very frustrated parent, but still wanted to get help for my child, then 14. I wanted to give up. I spoke to someone in your program. Ms. Kelly called and asked to give it another try. I am glad I did.”

– JD’s mother, 5 years later

*name has been changed to protect privacy

The Walter P. Carter Clinics serve approximately 1550 individuals, one-third under the age of 18, at two locations:

1) The Fayette Clinic on the 3rd floor of the 701 West Pratt St. Building

2) The Carruthers Clinic located on the 4th floor of the University Specialty Hospital located on Charles Street at the Inner Harbor.



UMMC Walter P. Carter Clinics: Fayette and Carruthers

By Eileen Hastings, RN, C, LCSW-C

Program Director, Walter P. Carter Clinics

Deputy Director, Division of Community Psychiatry

The Walter P. Carter Outpatient Mental Health Clinics first opened in the early 1970's with the goal of providing multidisciplinary mental health services to children, adolescent and adults suffering from mental illness. The programs were designed to enhance access to psychiatric care for families in the Baltimore community who were struggling with poverty, isolation and limited health care options.

Forty years later, after privatization of the State of Maryland Mental Health Care System, the Clinics continue to provide essential mental health care to the community of West Baltimore and the surrounding areas.

Providing care for a wide range of mental health problems through the variety of services including therapy, case management and psychopharmacology, the OMHC also hosts the only Continuous Care Team in the State of Maryland. The Continuous Care Team (CCT) is a specialized intensive psychiatric and case management service for adults who require services and coordinated community mental health care of intermediate intensity.

Directed by team psychiatrist, Dr. Brian Hastings, and team leader, Sue Cox, the CCT provides a higher level of care than the typical outpatient clinic. They work with clients to reduce psychiatric instability, improve their ability to function in the community, and help them achieve their goals by providing consistent outreach and coordination of care in all aspects of treatment.

The Clinics provide access to services to the entire community, including children and their families. Under the direction of Malika Closson, M.D. and team leader, Beverly Bing, the child and adolescent teams provide

psychiatric treatment to children 5 – 18 years of age and their families. Services include individual, play, group and family therapies, medication evaluation, socialization groups, and consultation with schools and other community agencies involved with children. Substance abuse evaluations and treatment are also available.

Over the past 10 years, the clinics have created truly integrated evidenced based services for individuals with both mental illness and substance use problems. All mental health staff are trained in the stages of change/harm reduction model that is nationally recognized as the standard of care for this population. Motivational interviewing is utilized to assist individuals to make incremental steps in achieving recovery from both illnesses.

Recovery in Mental Health Services Delivery

The Division of Community Psychiatry has successfully transitioned the service delivery system to a Recovery Model of Care. The Clinics have implemented this model to its full potential moving away a "paternalistic" culture that existed previously. With the Recovery Model of Care, a partnership is developed with the client so that treatment becomes a way to effectively manage one's illness and recover a meaningful life beyond the boundaries of their mental illness. Extensive staff training and changes in day-to-day operations have been successful in empowering both staff and clients to work together to make treatment relevant in achieving their life goals.

The Fight Against Homelessness:

A Safe Haven for Those with Mental Illness

By Barbara Wahl

Program Director, Safe Haven Shelter



Baltimore, like many urban areas in this country, has a big problem: HOMELESSNESS. Similar to our sister cities, many homeless individuals suffer

from mental illness, substance abuse or both. And while there are multiple efforts in action to attempt to reduce the number of people living on the street, most of these interventions are not tolerated by persons with serious mental illness (SMI).

Shelters may not be able to provide individualized care for someone who has a complicated medication regimen, severe psychotic symptoms or poor social skills. For some, trading the independence of a hard life on the streets for the restrictions of a roof over one's head is a tough choice to make. Often theft and violence is commonplace, so there is a profound feeling that shelters are unsafe. For victims of traumatic experience, any large group environment may feel too threatening.

In 1985, a solution materialized to provide an environment that would foster trust, provide shelter, food and support for the mentally ill homeless. Baltimore Mental Health Systems and the University of Maryland Medical System joined efforts and succeeded in securing what has become a renewable HUD grant to support the Safe Haven Shelter – a 20 bed, 24/7 shelter specifically for those individuals suffering from mental illness and who have not yet entered treatment. Safe Haven operates to meet the

needs of a community where people struggle with an illness that prevents them from a stable life and places them in jeopardy of losing their lives every single day.

Located in a Baltimore City renovated catholic school building, Safe Haven is a low demand shelter that enables a resistant population to reintegrate with society. Residents are provided with privacy, safety, support, and stability. Staff assist clients in finding permanent housing in the community and help them learn skills needed to maintain that housing. The Safe Haven environment is homelike. Bedrooms are private or shared with just one roommate. Home-cooked meals are prepared in an on-site kitchen and residents can learn to cook with the help of 24-hour counselors.

The ultimate goal of the Safe Haven is to assist residents in learning a variety of skills to help them to live independently within communities. To do this may mean assisting a person in accessing medical care, psychiatric care, job assistance, social security benefits, and ultimately permanent housing.

Often the next step after stabilizing their housing situation is to assist a person with accessing benefits. But navigating the social security office is a daunting task and one that many of our residents are unable to face. It is here that the Social Security Income Project steps in. A HUD funded project to reduce homelessness and encourage stable communities, the SSI project is the only one of its kind in the country where staff has the training and authority to determine eligibility for benefits. Once a client is determined eligible, benefit payments begin within about a month compared to the standard 3-18 month lag time. This program helps to facilitate entitlements which lead to more stable housing.

Time after time, we have seen remarkable changes take place. With this kind of support, individuals have successfully moved from years of living on the streets to having their own rooms in regular community settings. Some go on to find jobs while others may enroll in school. Each story is unique, and they are all powerful.



Mental Health and Somatic Health Care: Bridging the Gap

By Jill RachBeisel, M.D.

Director, Community Psychiatry Division

It has been well-established in mental health literature that people with serious and persistent mental illness (SMI) die on average 25 years younger than the general population. This statistic includes individuals suffering from schizophrenia, recurrent major depression, bipolar disorder and severe anxiety disorders. The reasons for this tragic disparity between these two populations are complex. However, the cause of death in the SMI population in a vast majority of cases is due to treatable somatic problems, and surprisingly, not due to direct complications of mental illness such as suicide. The University of Maryland Division of Community Psychiatry programs are not immune to this shortened life expectancy, with the average age of death being 54 years.

In response to this phenomenon, there has been a nationwide response to consider integration of mental disorders and somatic care. While there is a universal effort in primary care to better recognize mental disorders, like depression and panic disorder, the ability to provide the necessary comprehensive services to individuals with SMI has been difficult in the primary care setting.

Over the past 10 years, it has been a primary goal to improve the communication between and access to primary care for the people we serve, but success has been limited due to a wide variety of reasons. Crowded primary care waiting rooms and long wait times that are intolerable for our clients, fear of stigma and rejection by primary care physicians who do not understand mental illness, and the perception that complicated illnesses are overwhelming and unmanageable are just a few barriers to access of primary care for our population.

In response to this serious dilemma, the Department of Psychiatry, along with the generous support of the Brian Hepburn and the Mental Hygiene Administration, has received a grant to support the hiring of a family practice nurse practitioner to serve individuals with serious mental illness within the Division of Community Psychiatry.

Ali Hartman, BSN, FPNP joined the Division of Community Psychiatry in



Jill RachBeisel, M.D.



Ali Hartman, BSN, FPNP

January 2010. Through this addition, a formal relationship with the Department of Family Medicine and Kevin Ferentz, M.D. has been established. The program specifically focuses on three groups of clients:

- Individuals who have no PCP or have not seen their PCP in several years
- Individuals who present with acute medical problems and are reluctant to seek care
- Clients who are battling serious medical problems and need assistance understanding and managing their illness, understanding the directions of their PCP or following through with the recommendations of their PCP

Ms. Hartman will be providing the following services in the Division of Community Psychiatry:

- Comprehensive health assessments for clients 18 years and older
- Assessment, diagnosis and early treatment of acute problems for clients who are not engaged with a PCP
- Education and assistance with managing chronic medical problems including diabetes, hypertension, hyperlipidemia, obesity and smoking cessation
- Facilitate access to primary care
- Educate Division of Community Psychiatry staff on chronic medical problems
- Facilitate communication between family practice and mental health for existing clients and expand the number of clients who are actively engaged in primary care

A Win-Win-Win:

The primary care initiative in the Division of Community Psychiatry is a win-win-win arrangement. Through the work of our new FPNP both the Departments of Family Medicine and Psychiatry will experience enhanced communication and more effective interventions managing health care. More importantly, our clients will have easier access to primary care in a way that is sensitive to their needs. Further, outcomes will be assessed to determine the effectiveness of the program, which will hopefully demonstrate a better integrated care model that will support continued funding.



Academy of Independent Living:

A Fresh Approach to Residential Rehabilitation

By Louis Wooland

Program Director, Harbor City Unlimited



For many years, psychiatric rehabilitation had been criticized by the mental health community for being a passive and ineffective. Lacking scientific evidence that

interventions created positive outcomes, psych rehabs were harnessed with old images of being glorified adult day programs where individuals with serious and persistent mental illness could “hang out, drink coffee and smoke cigarettes.”

These images have been hard to shake until the introduction of the Recovery Model of Mental Health Care Delivery. Over the past three years, the leaders and staff of Harbor City Unlimited (HCU), the rehabilitation arm of the Division of Community Psychiatry, have developed and implemented a model of rehabilitation that endorses the concept of Recovery. Through true partnership, hope, and member-driven goals,

Harbor City Unlimited has become a thriving center of believing, achieving and succeeding. Whether it is seeking better management of their illness, meaningful relationships in their community, or competitive employment, the members of HCU have a new energy and focus.

The Academy of Independent Living is an example of the kinds of new programs found at Harbor City. Designed to assist those individuals with serious mental illness requiring supervised living, the Academy of Independent Living delivers curriculum to teach skills and promote hope that living independently is within the realm of possibilities.

Structured in a tri-semester format similar to college, residents register for courses, participate in classroom and in-home practicum that delivers the knowledge and provides skill development/practice to gain the confidence and foundation to be independent. The Academy consists of 8 semesters of course work, from basic self-care to advanced independent living skills. Course instructors include trained residential counselors guided by our own psychiatric occupational therapy team under the direction of Lila Nappi. Course work includes:

- Personal Appearance and Hygiene
- Nutrition and Cooking
- Dressing and Laundry
- House/Apartment Living: How to Maintain Your Home
- Community Mobility and Leisure in Baltimore
- Money Management
- Illness Management and Wellness
- Self Advocacy and Negotiation



...continued **A Fresh Approach to Residential Rehabilitation**

Certificates are awarded with the successful completion of each course and the first formal graduation ceremony will occur in the spring of 2012. But what is most impressive thus far is the growing confidence of our residents; the hope that is swelling and the energy from counselors and residents alike. Recovering a meaningful life as a productive member of the community is a possibility.

Recovery is not limited to the residential component, however, and can be found throughout Harbor City, as evidenced by the newly designed Day/Community Program. The primary modalities of service delivery are curriculum groups and upgraded unit activities focusing on teaching life-essential skills to help members successfully establish meaningful roles in their community.

Members select classes based on their recovery goals and recovery-oriented units are set up to encourage members to practice newly learned skills, engage in leadership and planning activities, and connect with others. Additionally, social and recreational activities are planned and focus on healthy fun, learning the community, facilitating social connections and making friends. Supported employment services are available to those members seeking work and GED classes are offered on-site.

All in all, Harbor City Unlimited has evolved into a recovery-oriented psychiatric rehabilitation program focusing on member development, with goals that are based on individual strengths rather than a life defined by their illness.



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