

# 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. 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@som.umaryland.edu](mailto:MarylandEIP@som.umaryland.edu)      📱 @MarylandEIP
- ▶ [6-minute introduction video](#)

## GREETING THE NEW YEAR WITH THE MARYLAND EIP



The first months of a new year are brimming with potential. The possibilities are infinite and unpredictable, making even the most ambitious personal goals for the year ahead feel achievable. **At the same time, reduced sunlight during the winter months can disrupt your body's internal clock and affect your mood.** For some, this may manifest as a moderate case of the winter blues. Others may experience a more severe bout of seasonal affective disorder (SAD). **Wherever you fall along the spectrum, below are some tips for promoting mental wellness during this dim and chilly season:**

- ◆ **Engage in a leisurely indoor activity** like seeing a movie, exploring a museum, or browsing your local library.
- ◆ **Cook a nourishing meal** or bake some treats to share with your family, friends, or neighbors.
- ◆ **Try an out-of-the-ordinary physical activity** such as ice skating, joining a dance class, or going bowling.
- ◆ **Soak up some light when you can:** go for a daytime walk around your neighborhood or talk to your healthcare provider to determine whether a [light therapy lamp](#) may be helpful for you.
- ◆ **Consult a mental health professional** if your mood does not improve after several weeks or if your symptoms interfere with your daily life.

**We sincerely thank all those who participated in our fall Advisory Council Meeting on November 13th at the University of Maryland School of Medicine campus!** It was energizing and highly rewarding to gather in person and exchange ideas among the 55 researchers, clinicians, educators, and early psychosis experts in attendance. **The meeting revolved around the exploration of peer support practices within and beyond the Maryland EIP network.** **Laura Torres, LCSW-C** and **Rachel Talley, MD** provided updates from Maryland Department of Health's Behavioral Health Administration. **Sean Driscoll, CPRS**, shared his experiences, insights, and challenges related to his work as an MEIP Peer Support Specialist and Trainer. Our predoctoral intern **Margo Menkes, MS**, shared historical information about the integration of peer support within the MEIP, as well as data on clients' and clinicians' interactions with peer support staff in MEIP Coordinated Specialty Care programs. On Our Own of Maryland's **Kris Locus, CPRS**, explained how peer support is delivered across Maryland and detailed the complex process of earning a Certified Peer Recovery Specialist (CPRS) credential. We rounded out our agenda by looking beyond the state of Maryland to share highlights from a recorded interview with **Steve Fedele**, Peer Support Specialist at McLean Hospital in Massachusetts, who described the benefits of practicing peer support while managing his own recovery, as well as the challenges associated with navigating the role within broader healthcare settings. Advisory Council members discussed strategies for refining MEIP peer support practices on a programmatic level while also strengthening recruitment of peer support specialists within our clinics. **Core components and takeaways will be further detailed within this edition of our newsletter.**

# KEEP MARYLAND EIP SERVICES IN MIND THIS SEASON



## 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 psychosis. 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 psychosis.



## 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.

# SPOTLIGHT ON CONFERENCE PRESENTATIONS

Our colleagues and collaborators frequently share their outstanding research at international conferences. Selected examples from this winter are highlighted here.

**Presented at the Association for Behavioral and Cognitive Therapies (ABCT) 58th Annual Convention, in Philadelphia, November 14-17, 2024:**



### "ENGAGING CLIENTS, PROVIDERS, AND SYSTEMS OF CARE IN EARLY PSYCHOSIS TREATMENT: LESSONS LEARNED FROM COMMUNITY-BASED RESEARCH."

Bennett, Melanie; Thompson, Elizabeth; Eisen, Katie; Kopelovich, Sarah; Phalen, Peter; Shapiro, Daniel; Jones, Nev

### "PROTOCOL AND PRELIMINARY FEASIBILITY/ACCEPTABILITY OUTCOMES FOR A PRAGMATIC RANDOMIZED CONTROLLED TRIAL OF DBT FOR PEOPLE WITH PSYCHOSIS"

Yusuf, Akram; Fox, Kenzie; Bennett, Melanie; Anokwur, Adaeze; Mathis, Lakin; Perkins-Fenwick, Ariel; Parker, Macqueen; Simmons, Jodi; Robinson, Hilary; Mellott, Jake; Afzal, Amal; Nauright, Jessica; Shulman, Michael; Rinehimer, Katy; Lucksted, Alicia; Hochheiser, Jesse; Phalen, Peter

**To be presented at the Schizophrenia International Research Society (SIRS) 2025 Congress, in Chicago, March 29-April 2, 2025:**

### "BROADENING OUR UNDERSTANDING OF ANTIPSYCHOTIC DISCONTINUATION BY INTEGRATING LIVED EXPERIENCE, QUANTITATIVE, AND QUALITATIVE RESEARCH" SYMPOSIUM

Speyer, Helene; Jones, Nev; Phalen, Peter; Roe, David; Driscoll, Sean

### "ANTIPSYCHOTIC PRESCRIPTION/USE PATTERNS AND OUTCOMES IN EPINET"

Phalen, Peter



# OPPORTUNITIES & FUTURE DIRECTIONS IN PEER SUPPORT HIGHLIGHTS FROM THE FALL ADVISORY COUNCIL MEETING

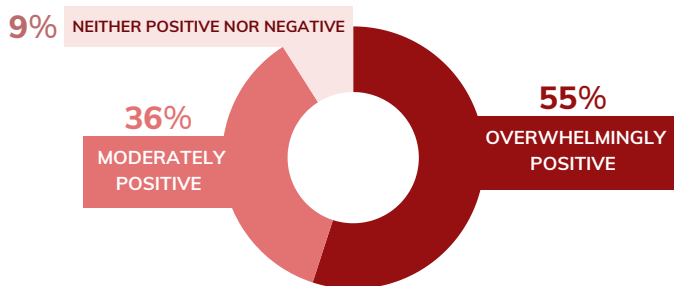


## PRELIMINARY PEER SUPPORT DATA FROM THE MARYLAND EIP NETWORK

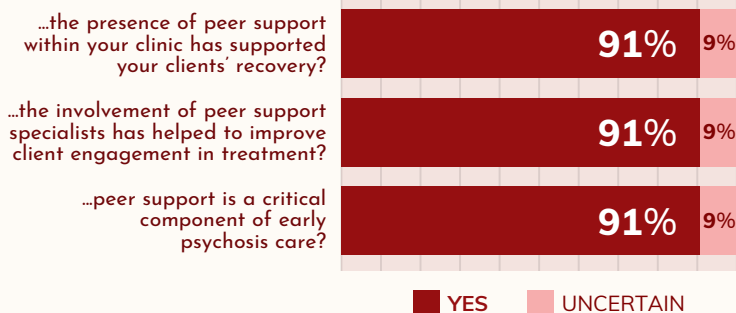
This meeting prompted our CHIRP predoctoral intern, **Margo Menkes, MS**, to share historical context about the funding and hiring of peer support roles in Coordinated Specialty Care (CSC) clinics within the MEIP network. Additionally, she analyzed data from the CollaboRATE Shared Decision Making scale, a self-report survey administered to CSC clients at admission and every 6 months over the course of their treatment. Margo shared how these data may provide insights into the experiences and overall satisfaction of clients who engage with peer support specialists during CSC enrollment. Finally, our team surveyed MEIP-affiliated CSC clinicians to gather their perspectives related to peer support and its function in providing care. Key takeaways and selected findings from 11 survey responses are below.

### CSC clinicians report positive experiences with peer support specialists

How would you describe your collaborative experiences with peer support specialists?



Do you believe that...



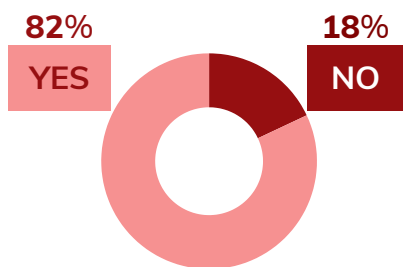
*Peer support overwhelmingly shows patients what is possible and instills a sense of hope that isn't possible in the exact same way from clinical staff...when a client sees someone with serious mental illness thriving, it communicates the possibilities in a much richer way.*

*Our peer support specialist advocates for clients in ways that I have not understood to be important or necessary until they have explained from a lived experience perspective. They have pointed out to the treatment team how our understanding of a symptom or situation may be inaccurate or misinformed, and they have helped us see things through the eyes of someone receiving treatment.*

*Clients who participate with peers seem to have higher engagement with clinical services and the rest of the team.*

### CSC clinicians suggest systemic changes are necessary to improve effectiveness of peer support specialists

Do you believe that current peer support staffing is adequate within your clinic?



*There should be peers available at every clinic and more peer support services.*

*Peer support specialists should be more involved in outreach & education, the intake process, clinical programming, and discharge planning.*

*I believe that meeting clients in the community with peer support specialists provides a better window into their functioning and elicits strengths and skills that are not as observable in a clinical setting. Perhaps these sessions could be held quarterly as a way of measuring client progress.*

*At times, our peer support specialist has wanted to help a client but has been uncertain of their role.*

### ADVISORY COUNCIL PERSPECTIVES: What can the MEIP do to improve peer support practices?

**MORE OUTREACH**



Present about peer roles at college job fairs and school career counseling centers

**MORE COORDINATION**



Train clinicians about the purpose of peers and ensure there is appropriate support for peers once employment starts

**MORE ADVOCACY**



Push for Maryland Medicaid to fund peer positions, as other states do

**MORE HIRING**



Ensure each MEIP clinic has a Peer Support Specialist and hire additional Certified Peer Supervisors and Family Peer Specialists

**MORE FINANCIAL SUPPORT**



Increase peer salaries and provide incentives for certification and ongoing professional development

**MORE DATA COLLECTION**



Track what peers do to help understand what the role entails and be able to clearly communicate expectations



## BEST PRACTICES FOR BUILDING & DELIVERING PEER SUPPORT



Our esteemed colleague, **Sean Driscoll, CPRS, Peer Support Trainer and Consultant**, presented *MEIP Peer Support: An Honest Progress Report on the Fight to be Heard*, which outlined what the peer support specialist role looks like within MEIP clinics. He shared personal experiences of receiving CSC care, managing his own recovery, and establishing a career in peer support. He also recounted challenges he has faced as a peer and offered the following suggestions for better supporting peers within our clinical programs:

- Cultivate a broader understanding of the peer support specialist role among clinical staff.
- Encourage peer input and collaboration on treatment plans and during meetings.
- Avoid a one-size-fits-all recovery approach with clients.



Next, we were grateful to learn from **Kris Locus, CPRS, Transitional Age Youth (TAY) Coordinator at On Our Own of Maryland**, who presented *Peer Support in Maryland: From Certification to System Change*. Kris detailed the requirements for earning a Certified Peer Recovery Specialist (CPRS) credential in Maryland and shared advantages of undergoing that process (e.g., allows applicants to explore a variety of training topics tailored to their interests; fosters a broad peer network) as well as opportunities for improvement (e.g., application could be streamlined; access to supervision in rural and marginalized communities should expand; awareness of peer roles among youth should increase). Kris also proposed the following recommendations for effectively integrating peer support into broader systems of care:

- Develop clear guidelines and role definitions for peer support specialists.
- Provide trainings to staff about: The purpose and value of peers; Stigma around serious mental illness transparency, even in mental health care settings; Recovery-oriented practices; Mutual respect and collaboration in the workplace.
- Include peers in program-level decisions.
- Create growth and leadership opportunities for peers.

## VIDEO PRESENTATION: PEER SUPPORT BEYOND MARYLAND

To close out the meeting, we presented a brief video featuring perspectives from **Steve Fedele, Peer Specialist at McLean Hospital in Belmont, Massachusetts, and Program Coordinator of the WellSpace Program**. Steve asserted that **peer support specialists are an integral part of early psychosis treatment teams** who strengthen team dynamics and client experiences. He expressed that **peer work helps to mitigate power dynamics in clinical settings** due to the intentionally equal relationship between peers and clients. He also highlighted that **peers may be in various stages of their own recovery** and will inevitably utilize diverse skillsets and treatment modalities. As such, **he advised supervisors to embrace the inherently individualized aspects of peer work and maintain an open-minded and flexible approach**.

Watch the abridged version of the interview (as shown during the Advisory Council Meeting) [here](#) and the complete interview [here](#).



## ADVISORY COUNCIL PERSPECTIVES:

What can MEIP clinics do to strengthen peer support recruitment?



Post clearer job descriptions.



Get creative with benefits and incentives (e.g., loan repayment plans, signing bonuses, tuition remission).



Ensure eligibility requirements and pay are comparable to other peer positions statewide.



Develop a formal process within clinics to introduce clients to opportunities for pursuing peer support as a career.



Create opportunities for peer support specialists to identify and mentor new peer support specialists.

## JOB POSTINGS

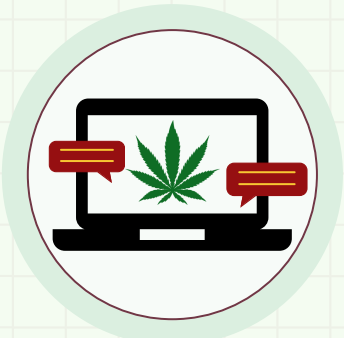
### ONTRACK PRINCE GEORGE'S COUNTY IS SEEKING...

- A **Program Supervisor**, who will oversee operations, provide consultation to team members on early psychosis intervention principles, and coordinate key services such as client screening, treatment planning, and referral pathways. This position requires two years of experience as a licensed clinician — either Maryland Licensed Certified Social Worker-Clinical (LCSW-C) or Maryland Licensed Clinical Professional Counselor (LCPC) — and dedicated experience supporting individuals with experience of psychosis. **Click [here](#) for more information and to apply.**
- A full-time **Supported Employment and Education Specialist (SEES)**, who will assist clients to establish, maintain, or adapt their academic or vocational activities. This position requires a bachelor's degree, preferably in Human Services. 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](#) for more information and to apply.**



1. Limited information is available about how peer support specialists navigate client substance use (SU) within early psychosis Coordinated Specialty Care (CSC). **This qualitative study examined 20 CSC peer specialists' responses and actions related to client SU.** Participants were recruited from the Early Psychosis Intervention Network in Texas which comprises 15 CSC programs across the state. Results indicate that peer support specialists on CSC teams vary in their experiences with SU recovery as well as their perceptions of and responses to client SU. **Training in nonjudgmental SU exploration, harm reduction strategies, and guidelines for how and when to share personal SU experiences may increase peer support specialists' effectiveness in validating and supporting clients' SU goals.**  
*Klodnick, V. V., LaPelusa, B., Reznik, S. J., Johnson, R. P., Myers, N. L., Lucksted, A., Cohen, D. A., & Lopez, M. (2024)*
2. Although peer support services are gaining in popularity in early intervention services for psychosis, peer support services for family members is less widely adopted. Family peer support services, delivered by persons with experience in caring for a loved one with mental health concerns, are promising for helping caregivers learn about psychosis, gain skills, and lower distress. **This Montreal-based qualitative study describes caregivers' experiences of receiving a family peer support specialist-facilitated supportive group intervention concurrent with their young person's early intervention services.** Caregivers who participated reported that through these group meetings, they felt emotionally supported and a sense of belonging, gained knowledge about the condition, and learned valuable self-care skills.  
*Levasseur, M. A., Ferrari, M., Mcllwaine, S., & Iyer, S. N. (2019)*
3. Studies of client engagement and retention in Coordinated Specialty Care (CSC) suggest that treatment dropout may be predicted by clients' uncertainty around life, treatment goals, and whether or not to use psychiatric medication. Providing interventions specifically tailored towards these client decision-making targets may improve client engagement and treatment outcomes. **This article describes the development of a novel peer-delivered decision coaching intervention for youth experiencing early psychosis and reports plans for a pilot study designed to gather preliminary data about the intervention's feasibility, acceptability, and potential impact.**  
*Thomas, E. C., Suarez, J., Lucksted, A., Siminoff, L. A., Hurford, I., Dixon, L. B., O'Connell, M., Penn, D. L., & Salzer, M. S. (2021)*
4. **This systematic review synthesized data from 19 qualitative and mixed-methods studies related to patient and caregiver experiences with treatment for early psychosis.** A prevailing theme across studies was the request by both caregivers and peers for more peer support services as a way of addressing multiple barriers to care such as negative perceptions of psychiatry, difficulties in navigating care systems, low provider knowledge, negative encounters in healthcare, and insufficient consideration of individual client needs.  
*Causier, C., Waite, F., Sivarajah, N., & Knight, M. T. D. (2024)*

## RESEARCH OPPORTUNITY



Connection Learning Healthcare System is recruiting for a study to pilot test a brief motivational enhancement therapy intervention to support continued engagement in Coordinated Specialty Care (CSC) for people with first episode psychosis who are frequent cannabis users. They are seeking volunteers who are:

- Aged 13-35;
- Participating in a CSC program; and
- Have used cannabis at least 8 times in the last month.

Participation will include completing surveys, interviews, and two brief meetings — all virtual — to discuss personal reasons for using cannabis and for staying connected to mental health services. Eligible participants can earn up to \$90 in gift cards.

This study is based at the University of Maryland School of Medicine (IRB #HP-00093195). Further details and contact information for the study team can be found [here](#).



# 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.

Upcoming opportunities:

- **Year-End Celebration: Elevating Voices:** Celebrate young adult achievements and set goals for 2025. **Jan 30, 3–4pm ET** (Virtual)
- **TAY Academy: Peer Advocacy Series:** Workshops include *Liberatory Leadership* (Jan 29), and *Peer Advocacy in Mental Health Policy* (Feb 5). Participants receive stipends, self-care kits, and networking opportunities
- **Young Adult Advisory Council (YAAC):** Join decision-making and advocacy efforts. Only a few spots left! Meetings run monthly from **Feb 25 - June 25**. Compensation offered. (Virtual)
- **Volunteer & Peer Hours:** Earn peer support hours through panels, events, and sharing lived experiences.
- **Conferences & Travel:** Attend conferences to represent TAY, connect with peers, and share your story.
- **Free Trainings:** Gain knowledge on behavioral health topics like stigma, harm reduction, and LGBTQ+ education. Many offer Certified Peer Recovery Specialist (CPRS) CEUs!



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

## 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.

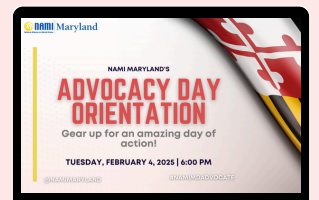
All services are provided free to Maryland families. In addition, MCF offers trainings and support groups. For more information, visit [www.mdcoalition.org](http://www.mdcoalition.org)

## NAMI MARYLAND

Want to help NAMI Maryland bring major changes to our state by advocating for laws that impact mental health? Join us for virtual Advocacy Day to meet with your state legislators and share your story!

Step One: Register for the free Advocacy Day Orientation on Tuesday, Feb. 4th, 2025, 6-7pm ET

In the orientation, you will learn about the structure of our virtual Advocacy Day, our priority legislative bills, and how you can be a successful advocate for issues that matter most to people impacted by mental illness.



Step Two: Register for NAMI Maryland's virtual Advocacy Day on Thursday, Feb. 6th\*



The day begins at 8:00 am with a briefing before attending group meetings with legislators. NAMI Maryland will be working with your local affiliates to make appointments with important committees to ensure everyone's voice can be heard! Due to the nature of these meetings, space may be limited.

\*Please note that you must attend the Advocacy Day Orientation or watch the recorded class by 11:59pm ET on Feb. 5th to attend Advocacy Day on Feb. 6th.