University of Pittsburgh Medical Center
Western Psychiatric Institute and Clinic

Center for Public Service Psychiatry

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INTRODUCTION

The University of Pittsburgh Medical Center and its community partners are committed to providing leadership in the practice of Public Service Psychiatry in Pennsylvania and the Nation. The Center will strengthen the psychiatric workforce through its Fellowship in Public Service Psychiatry and by expanding exposure to and experience in community psychiatry in the training and educational curricula of psychiatric residents, medical students, and other providers. The Center is built upon the foundation of the University of Pittsburgh’s leadership, accomplishments and commitments on behalf of the underserved mentally ill in rural and urban regions of Western Pennsylvania. The Center combines the academic resources of the University of Pittsburgh with the expertise and experience of community providers and consumers in the region. This collaboration permits the Center to provide Fellows with the clinical, administrative, and scholarly experience necessary for them to assume positions of leadership in Public Psychiatry. The Fellowship’s integrated approach, incorporating engagement with consumers and providers from all elements of Pennsylvania’s mental health systems, will cultivate the relationships and resources that will help retain Fellows as future leaders and practitioners of public psychiatry.

Particular strengths of the Center include:

- **Superb clinical training** at both rural and urban public psychiatry sites that reflect the full range of populations and problems of critical importance to public psychiatry in our region and state.
- **Leadership**: Director, Wesley Sowers, MD, and Associate Director, Robert Marin, MD, offer an exceptionally broad range of experience and expertise.
- **Affiliation**: The Center is located in the University of Pittsburgh Department of Psychiatry, which has a long track record of clinical and scholarly leadership in public psychiatry. The department’s clinical partner, the University of Pittsburgh Medical Center, is a leader in the provision of behavioral health care over a wide geographic area and its behavioral health insurance partner, Community Care Behavioral Health Organization (CCBHO) is a visionary provider of behavioral health managed care to both the public and private sector.
- **Partnerships**: Through CCBHO and the Allegheny County Office of Behavioral Health our fellows will have unique opportunities to understand important innovations in the administration and financing of behavioral health systems.
- **Opportunity**: The closure of Mayview State Hospital in 2009 has offered a unique opportunity for fellows to experience a system in which all Behavioral Health services are provided in community settings, regardless of the complexity of need. Fellows may participate in planning the array of BH services in development to meet these needs. This will be done in collaboration with leaders of the Office of Mental Health Services and Substance Abuse Services and several county MHMR administrations.
- **Primary Care Collaboration**: The Center has established relationships with Federally Qualified Health Centers (FQHC), the Pennsylvania Area Health Education Consortium
(AHEC), and family practice training programs. Through these partnerships, it has developed opportunities for education and consultation to enhance the integration of health care.

- **Transformation**: The county and state are committed to the transformation of the behavioral health system. The Center will integrate its leadership and educational activities with the regional and federal initiatives contributing to this process.

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**MISSION STATEMENT**

The mission of the Center is to enhance the development and practice of public service psychiatry through leadership, collaboration, education and community based, recovery oriented services and research.

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**VISION STATEMENT**

The Center is dedicated to guiding and supporting the transformation of behavioral health services to meet the complex needs of communities and individuals. The Center will provide advanced training in leadership, collaboration, and system dynamics and equip psychiatrists to make significant contributions to service administration and behavioral health policy across the state of Pennsylvania and the Nation. To this end the Center will offer medical students, psychiatry residents, fellows, primary care physicians, and other provider specialties a resource that reflects recovery oriented values and their role in promoting person center services. The Center will also foster partnership between rural and urban communities throughout the region, intending thereby to help develop integrated, culturally sensitive and diverse services. By offering outstanding education and consultation to all levels of the Commonwealth’s behavioral health workforce, the Center will enhance the attractiveness of careers in public service and increase the retention of psychiatrists and other providers throughout the region.
GOALS

To enhance the development and practice of Public Service Psychiatry, the Center will:

- Provide leadership, education and consultation to community and university organizations responsible for training mental health providers of all disciplines
- Enhance the Public Service Psychiatry training of medical students, psychiatrists, primary care physicians, and all other provider specialties
- Cultivate recruitment and retention of faculty-in-community in underserved regions by partnering with psychiatrists and other providers throughout the region.
- Coordinate its primary care education efforts with other organizations in the region
- Include providers and consumers from all regions of Western Pennsylvania
- Provide opportunities for Center faculty and fellows to partner with other Public Service Psychiatry organizations, including the Pennsylvania Psychiatric Leadership Council, Office of Mental Health and Substance Abuse Services, and the Substance Abuse and Mental Health Services Administration.
- Coordinate participation regional, state, and national organizations with the leadership and fellows from other public service psychiatry training programs
- Encourage community engaged scholarship and participatory research through its teaching efforts and its expertise in quality improvement and service delivery research
- Incorporate methods for tracking and evaluating its educational, leadership, consultation, and scholarly activities

To train leaders in Public Service Psychiatry, the Center’s Fellowship will emphasize:

- A balance of required and elective experiences in clinical and administrative settings
- A comprehensive didactic curriculum based in participatory and problem based learning
- Mentoring in and involvement with community engaged scholarship processes through the development of a scholarly project of the fellow’s choice related to clinical and administrative activities
- Experience in both rural and urban clinical settings
- Exposure to diverse populations with behavioral health disorders, particularly those which have been traditionally underserved
- Experience and training in collaborating with recovery-oriented consumer organizations
- Mentorship from local, regional and national leaders in public psychiatry
- Participation in local, regional, and national organizations dedicated to recovery and the transformation of the mental health system.
- Education emphasizing recovery principles, cultural diversity, trauma, and public health principles

Center for Public Service Psychiatry
The University of Pittsburgh Department of Psychiatry offers an extremely rich academic and clinical environment for the implementation of a Center of Excellence and Innovation in Public Service Psychiatry. For more than 40 years, the Department of Psychiatry has been a national leader in the diagnosis, management, and treatment of mental health and addictive disorders. The Department provides a comprehensive range of behavioral health services and is helping to shape tomorrow’s behavioral health care through clinical innovation, research, and education. Over the past 15 years, the Department of Psychiatry and its community partners have contributed to the growth of public psychiatry and the vision of a recovery based approach to mental health.

History
The University of Pittsburgh Department of Psychiatry is proud to be a part of the rich tradition of community psychiatry in the City of Pittsburgh and Western Pennsylvania. This history dates back to the Community Mental Health Centers Act of 1963. At that time our Department was lead by the late Jack Wolford, MD, one of the icons of community psychiatry in this country. He served as the voice of public psychiatry in the department and the Commonwealth throughout the latter part of the 20th century.

Collaborative Community Mental Health
More recently, the tradition of community focused mental health initiatives and consumer-provider collaboration was continued through the establishment in the early 1990’s of the Institute for Public Health and Psychiatry at the Department of Psychiatry. Under the leadership of Kenneth Thompson, MD, the Institute is credited for bringing the consumer-provider dialogue to Western Pennsylvania. As a result the region is now recognized nationally as a center for developing these dialogues as recovery training opportunities. The Community Support Program, a coalition of mental health stakeholders, also has a strong tradition and influence over the delivery of services in our area, and has been strongly supported by the Allegheny County Office of Behavioral Health.

Public Behavioral Health Administration
In 1997, Allegheny County proposed a unique initiative, a provider owned Behavioral Health Managed Care Organization for the state’s Health Choices Program. Community Care Behavioral Health Organization (Community Care) is responsible for publicly funded behavioral health in several western Pennsylvania counties, including Allegheny, Clearfield, Jefferson, Forest, Warren, and Clarion. Community Care was awarded the contract based on the strength of its proposal and its inclusiveness. Since that time, the organization has not only achieved high satisfaction ratings from consumers and providers, but has expanded services to coverage in the majority of counties in the state. Psychiatric leadership has been emphasized since its inception. Accountability has been one factor in the success of Community Care, led by the Consumer Action and Response Team, a consumer run satisfaction-monitoring organization. The County’s Office of Behavioral Health continues to have a strong commitment to providing services to all
members of the community regardless of their resources and has been a strong supporter of consumer involvement in treatment and systems change.

**Consumer-Provider Collaboration**
The tradition of consumer provider collaboration has been further strengthened in recent years with the establishment of the Allegheny County Coalition for Recovery, a grassroots organization of stakeholders in behavioral health services which has provided a vehicle for system transformation and the establishment of recovery focused care. Although the Allegheny County Coalition for Recovery is funded through the county, it is an independent organization that is free of political constraints. The Allegheny County Coalition for Recovery is a unique organization that has contributed many products and activities to the regional mental health system. Allegheny County Coalition for Recovery is recognized across the state and the Nation and receives substantial credit for the recognition that Allegheny County has received as a national leader in progressive thinking about recovery oriented care.

**Collaboration with Allied Organizations**
For many years, the Allegheny County Office of Behavioral Health and Community Care have been innovators in community-based services. Together with the Department of Psychiatry and other providers in the state, they have created nationally recognized services to provide care for homeless, forensic, and substance use populations.

The University of Pittsburgh Medical School is the participating partner in Region Four of the Pennsylvania Area Health Education Center. The Center will develop this relationship to enhance the Pennsylvania Area Health Education Center’s development of behavioral health initiatives and support its efforts to provide education to primary care physicians in behavioral health disorders. The Department of Psychiatry’s Office of Education and Regional Programming has promoted educational activities in the rural communities in Western Pennsylvania for many years.

The region has been active in transformation efforts locally and within the state and federal mental health administrations. Locally, the county’s Office of Behavioral Health has spearheaded and supported transformation initiatives directed at the service system. Wesley Sowers, MD served as the county’s Medical Director from 2001 until 2012.

Members of the core faculty of the Center have had prominent roles in planning transformation efforts at the state level (Pennsylvania Psychiatric Society, Pennsylvania Psychiatric Leadership Council) and on the federal level (Substance Abuse and Mental Health Services Administration). Ken Thompson, MD was the Medical Director at the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration from 2009-2012. Members of the core faculty have also had very strong relationships to the American Association of Community Psychiatrists. Dr. Sowers is a Past President of that organization and Drs. Thompson and Marin have also been active members of the Organization. Dr. Sowers was also a member of the program committee for the Institute for Psychiatric Services, the major national meeting focused on community psychiatry, for seven
years. He served as chair of the committee in 2012. In addition, Dr. Sowers has been Co-Director of the SAMHSA funded Recovery to Practice initiative over the past five years. These associations will provide rich opportunities for prospective fellows.

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**ORGANIZATION OF THE CENTER OF EXCELLENCE AND INNOVATION IN PUBLIC PSYCHIATRY**

**Overview**
The Center is administered by the University of Pittsburgh Center’s Department of Psychiatry in collaboration with Western Psychiatric Institute and Clinic. The Allegheny County Office of Behavioral Health and the Community Care Behavioral Health Organization (CCBHO), a subsidiary of the University of Pittsburgh Medical Center, are the Department’s primary organizational partners. Leadership of the center will be the responsibility of the Director and Associate Director. The clinical fellowship component of the Center, like all residency and clinical fellowships in the Department, reports to the Director of Education (Neal Ryan, MD) who is responsible for our educational endeavors who reports to the chair of the Department (David Lewis, MD). The Center’s Director and Associate Director meet on a bi-annual basis with an Advisory Board in order to obtain consultation, critical evaluation, and advice for improving the operation of the Center and, thereby, the quality of the fellows’ experience. In the process, the Advisory Board will be an important contributor to improving the collaboration among the individuals and organizations participating in the fellowship program.

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**Leadership**

Center for Public Service Psychiatry
Director Wesley Sowers, MD, and Associate Director, Robert Marin, MD, will bring shared and complimentary talents to the leadership of the Center. Both have had extensive administrative and clinical experience in community based behavioral health settings. Both have contributed extensively to fostering community-university partnerships and to fostering a recovery based approach to transforming mental health care. Dr. Sowers has provided extensive leadership at national, regional and local levels, focusing especially on administrative psychiatry and on services for diverse clinical populations. Dr. Marin has focused especially on local, community based initiatives and on Department level teaching initiatives.

**Director:** Wesley Sowers, MD is Clinical Professor of Psychiatry at the University of Pittsburgh Medical Center, and is board certified in Adult Psychiatry with sub-specialty certifications in Addiction and Administrative Psychiatry. He served as the Medical Director for the Office of Behavioral Health in the Department of Human Services of Allegheny County, PA for 11 years. He served as President of the American Association of Community Psychiatrists from 2004 through 2008 and has served on the Board of Directors of that organization since 1988. He has been on the Board of Directors of American Association of Psychiatric Administrators since 1997. He is also a member of the American Society of Addiction Medicine, the American Academy of Addiction Psychiatrists, the American Public Health Association, and American Orthopsychiatry Association. He has written extensively on many topics related to community mental health, addictions and recovery and is Addiction Section Editor for the Community Mental Health Journal. He is also a Co-Editor of the Handbook of Community Psychiatry. He was a member of the planning committee for the Institute for Psychiatric Services of the American Psychiatric Association for seven years. Dr. Sowers has previous experience in post-graduate psychiatric education, having served as director of an ACGME accredited addiction fellowship program at St. Francis Medical Center. Clinically, he has extensive experience in providing treatment and services to special populations such as homeless men and women, criminal offenders, sexual minorities, and substance users.

**Associate Director:** Robert Marin, MD, Clinical Associate Professor of Psychiatry, has been a Department of Psychiatry faculty member since 1979. His leadership in the Center reflects his accomplishments as a teacher and his service and leadership in the African-American community of Pittsburgh. He works now as a staff psychiatrist at the University Drive Veteran’s Administration Hospital. Dr. Marin’s original role in the Department of Psychiatry was in geriatrics and neuropsychiatry. Because of his concern about youth violence, he has served since 1995 as the Medical Director for the Behavioral Wellness program of Community Empowerment Association, a community-owned, community-based multi-service center. And since 2007 he has been a contributing member to the Coalition Against Violence, an initiative of the Pittsburgh-based Black Political Empowerment Project. From 1995 to 2006 he served as staff psychiatrist to the Hill Recovery Center, the Department of Psychiatry’s outpatient program in Pittsburgh’s Hill District. From 2005 to 2009 he served as Medical Director of the Hill Recovery Center. Under his leadership, the Hill Recovery Center became a major teaching site for the Department of Psychiatry, receiving in 2007 the psychiatry residents’ annual award for Teaching Excellence in a Subspecialty Clinic. His knowledge of social violence has led to local
and national presentations and supported a grant from the Staunton Foundation for a “Community - University Collaboration to Prevent Youth Violence.” Dr. Marin has received multiple awards for his teaching and community service, including three Teacher of the Year awards, the WPIC Physician of the Year award, the Diversity Award of the American Association of Geriatric Psychiatry, and a Community Builder Award of the Community Empowerment Association.

**Advisory Board Members**
Membership on the Advisory Board will include providers and consumer representatives drawn from communities throughout the region. These will include, but not be limited to, representatives from:

Sarah Goldstein - Allegheny County Coalition for Recovery
Meg Park - Allegheny County Office of Behavioral Health
Nancy Jaquette - Beaver County MHMR
James Schuster - Community Care Behavioral Health Organization
James Kindler – Allegheny Health Choices, Inc.
Ken Nash - Department of Psychiatry, University of Pittsburgh
Brian Eberts - Fayette Counter MHMR
Victoria Livingstone – Transitional Services, Inc.
Neal Ryan – Western Psychiatric Institute and Clinic
Robin Spencer - Message Carriers
Mim Schwartz - National Alliance for Mental Illness
Kevin Trenney - Peer Support and Advocacy Network
Ken Thompson - Pennsylvania Psychiatric Leadership Council
Frank Ghinassi – Western Psychiatric Institute and Clinic
Curtis Upshur – Community Care Behavioral Health Organization
Tammy Marsico – Wesley Spectrum Behavioral Health
Mary Lou Zemaitis – NAMI-SWPA
Table 1: Summary of the Center’s Teaching Sites, Populations Served and Faculty / Mentors

<table>
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<tr>
<th>Site</th>
<th>Location</th>
<th>Services / Populations</th>
<th>Faculty / mentor</th>
<th>Role at Site</th>
<th>Core Rotation vs. Elective</th>
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<td>Core Rotation vs. Elective</td>
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<td>Pennsylvania Psychiatric Leadership Council</td>
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<td>James Gavin</td>
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<td>Department of Psychiatry</td>
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<td>Ken Nash</td>
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<td>Beaver County MHMR</td>
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<td>Milestone MHM</td>
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<td>Ken Wood</td>
<td>COO</td>
<td>Primary Site or Elective</td>
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Center for Public Service Psychiatry
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<td>J. South-Paul</td>
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<td>Andrea Fox</td>
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<td>Persad, Inc.</td>
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*Abbreviations:*
CCBHO: Community Care Behavioral Health Organization
CEA: Community Empowerment Association
CPCDS: Center for Psychiatric and Chemical Dependency Services
CORE: Community Re-Integration of Offenders with Mental Illness and Substance Abuse
CTT: Community Treatment Team
DEC: Diagnostic and Evaluation Center, Western Psychiatric Institute and Clinic
FQHS: Federally Qualified Health Center
LGBT: Gay, lesbian, bisexual and transgender
NATP: Narcotic Addiction Treatment Program
PAAR: Pittsburgh Action Against Rape
POWER: PA Organization for Women in Early Recovery
SAMHSA: Substance Abuse and Mental Health Services Administration
PROMOTING PUBLIC SERVICE PSYCHIATRY IN THE REGION

Fellows are encouraged to participate in other activities of the Center for Public Service Psychiatry:

**Education**

The Center is dedicated to strengthening the education of medical students, psychiatrists, primary care physicians, and providers in other specialties. The Center accomplishes this by leadership, consultation, and education, focusing on:

- Collaborating with the University of Pittsburgh School of Medicine to bring Public Service Psychiatry opportunities to the attention of medical school applicants (150 medical students per year)
- Providing lectures and consultation to complement existing medical student psychiatry rotations at the University of Pittsburgh
- Developing new elective opportunities for medical students and psychiatry residents
- Providing opportunities for medical students to do scholarly projects in Public Service Psychiatry
- Organizing an annual Public Service Psychiatry meeting for Public Service Psychiatry providers in Western Pennsylvania
- Creating a web site dedicated to all things related to Public Psychiatry through this Center and in our extended region. This will include information on Public Psychiatry resources in our region, enduring materials from Center conferences, and notification of local events of interest to the Public Psychiatry provider and consumer communities. This web site will also be critical in our efforts to recruit Public Psychiatry fellows
- Collaborating with the Department of Psychiatry’s Office of Residency Training to enhance the presentation of Public Service Psychiatry in current residency programs and fellowships, all of which have outstanding recruitment and retention rates. These currently include the Department’s Residency Programs and Fellowships as follows: General psychiatry (13/yr.); Child and adolescent psychiatry (6/yr.); Forensic psychiatry fellowship (2/yr.); Triple board residency in pediatrics, child and adolescent, and psychiatry (2/yr.); Family practice and general psychiatry residency (2/yr.); Geriatric Psychiatry (5/yr.)

**Leadership and Coordination of Services**

Pennsylvania closed the state hospital formerly serving southwestern region of the state in 2010. The closure has necessitated the aggressive development of alternative services in the community. The Center provides leadership and cohesion for these new services by engaging and collaborating with sites and communities throughout the region. Leadership and services include:

- All Center service initiatives will be guided and evaluated by input from local consumer and family satisfaction teams
- Supporting and developing recovery oriented initiatives: For example, the Center will collaborate with Community Care Behavioral Health Organization in its
innovative Recovery Institute which focuses on physician education, consumers’
interaction with their physicians, and peer supported medication management centers.

Collaboration and Education with Primary Care:
- The Center will enhance current relationships with Federally Qualified Health
  Centers (Squirrel Hill, Alma Illery and others) and its role with the Pennsylvania Area
  Health Education Consortium to improve behavioral health care in primary care.
- The Center will offer lecture and consultation with primary care physician groups, as
  well as other specialty provider groups in the university, at clinical rotation sites for
  the fellows, and other primary care sites throughout Western Pennsylvania.

GOALS, METHODS AND CONTENT OF THE FELLOWSHIP

Overview
The Public Service Psychiatry Fellowship balances the traditional resources of the Department of
Psychiatry with the expertise of Public Service psychiatrists, administrators, and consumers.

- **Weekly schedule:** Throughout the year, the Fellows’ week will consist of 4 days devoted
to clinical and administrative experience and 1 day devoted to academic activities,
totaling about 50 hours of on site work weekly.
- **Location:** Didactic and supervisory experiences take place in a variety of clinical and
  administrative sites participating in the Center, both urban and rural.
- **Primary Placement:** To insure the in depth experience necessary to develop Public
  Psychiatry leadership skills and a scholarly project, fellows are encouraged to spend
  about half their time over the course of the year working at a single site or agency. The
  Fellow will participate in clinical administration and develop their project around this
  site.
- **Rural and urban balance:** Fellows are encouraged to create a program with both rural
  and urban elements.
- **Scholarly Project:** The aims and methods of community engaged scholarship is
  supported by having each Fellow execute a scholarly project over the course of the year.
The scholarly project will usually directly involve the Primary Placement site, in the form
of either a quality improvement project, the development of a new program or service, or
a service research project.
- **Consumer participation:** Consumer interaction and collaboration is an important part
  of the program. Fellows will be involved in organizing and participating in consumer-
  provider dialogues. Consumers are well integrated into didactic and clinical experiences.
  Consumer advisors work with the fellows.
- **Administrative mentorship at local, regional, and national levels:** As summarized in
  Table I Fellows will be encouraged to participate in the administrative functions of
Allegheny County Office of Behavioral Health, Community Care, the Pennsylvania Psychiatric Leadership Council, Substance Abuse and Mental Health Service Administration, American Association of Community Psychiatrists, and, potentially, other public psychiatry organizations. Center faculty and mentors will facilitate these experiences.

- **Participating in the Center’s educational activities in Western Pennsylvania:** The fellow will contribute lectures and consultation as part of the Center’s efforts to improve the training and education in Public Service Psychiatry.

**Fellowship Pathways:**

**Track I:** This pathway provides the greatest flexibility and opportunity to explore various clinical options as electives. It is ideal for those who prefer to have the greatest flexibility in shaping their educational experience and who do not have other pressing obligations. Newly graduated psychiatrists who are willing to delay their entry into a full-time position in order to obtain additional skills are employed by the university and are compensated as a PGY V or VI depending on their status at graduation.

**Track II:** With this pathway fellows are employed directly, in most cases, by the agencies seeking their services. Participation in the CPSP Fellowship program 1.5 days a week for the first year is included in the compensation package in exchange for a pledge from the candidate to practice at the agency for some period of time following completion of training. Ten hours would be reserved for classroom work at the Center, supervision, and elective administrative activities and the development of a quality improvement activity in that setting. Fellows would generally receive a full-time compensation package during the year of their participation in the fellowship. These second pathway fellows would receive the full benefits of the training program, although their elective opportunities and exposure to the spectrum of community-based care would be more limited.

**Track III:** In some situations, it may be necessary for a variety of reasons, for residents to use the final year of their training to participate in the fellowship. Although this presents some limitations with regard to the clinical and administrative experience, arrangements can be made to allow trainees who would not otherwise be able to do the fellowship, to enroll. These positions are limited to residents who are completing their training at WPIC or other training programs within commuting distance of the Center.

**Competencies:**

The didactic, clinical, administrative, and scholarship experiences will enable fellows to demonstrate:

- **Knowledge of:**
  - Prevention and public health approaches to community mental health
- Historical foundations of community mental health
- Effective leadership practices and consultation methods
- Administration and financing of public psychiatric services
- Integrated care (mental health, substance use, physical health and developmental disabilities) for co-occurring disorders
- Program development in public behavioral health systems
- Engagement practices and recovery focused care
- Approaches to maintaining healthy communities
- Services for special populations: Homeless, Criminal Offenders, Gay/Lesbian/Bisexual/Transgender, Addicted, Child and Family, Rural, Geriatric, Institutionalized
- Disaster response and the effect of trauma
- Professional ethics and advocacy
- Evaluation methods and system analysis

**Person-Centered Care: Assessment and Treatment**
In addition to skills expected of graduates of general psychiatry training programs, fellows will be able to:

- Assess readiness for and commitment to change
- Determine areas of need in treatment planning process
- Develop collaborative, individualized treatment plans that are appropriate to phase in change processes
- Incorporate non-pharmacologic interventions into clinical practice
- Assist people in self management and recovery activities
- Provide group and family treatments and understand their indications
- Approach assessment with expectation of co-occurring disorders and address substance use, developmental and physical health problems commonly encountered appropriately.
- Employ motivational techniques and provide welcoming context for care
- Provide trauma informed, culturally sensitive care, including provision of alternatives to coercive treatments
- Incorporate spiritual context for care as needed

**Interpersonal and Communication Skills:**

- Development of partnerships and “real” (versus transferential) relationships with clients
- Display cultural awareness and sensitivity
- Employment of engagement strategies in a variety of circumstances
- Assess non-verbal communication of self and others
- Use of language and concepts that are easily understood by stakeholders
- Relate easily in multi-disciplinary environments and facilitation of the treatment team process
- Employ facilitation and consultation methods appropriately
**Professionalism:**
- Understanding of the nuances specific to the varied populations and settings served in public psychiatry
- Respect, compassion, integrity, and honesty
- Sensitivity and responsiveness to a patients’ diversity of gender, age, culture, race, religion, disabilities, and sexual orientation
- Adjust role behavior according to circumstances

**System-Based Care:**
- Apply quality improvement principles and processes as a primary approach to identification and resolution of problems within systems
- Use documentation to facilitate achievement of clinical objectives
- Implement practices and guidelines informed by available evidence
- Integrate elements of care from all participants in the system of care
- Provide conduit for communication between elements of the system of care
- Apply principles of advocacy to facilitate systems change
- Effectively assess and navigate system policies and politics
- Mediation of disputes in administrative and clinical contexts and develop collaborative processes with disparate parties
- Function as team members as well as team leaders in community-based treatment settings including primary care clinics, community behavioral health centers and as consultants in interagency service collaboration.
- Assess medico-legal responsibility in collaboration with community agencies and use consultation appropriately

**Problem Based Learning and Improvement:**
- Incorporate multiple inputs into problem solving activities
- Recognize and integrate principles for creating collaborative relationships
- Incorporate effective methods for providing supervision, mentoring and teaching
- Recognize and maximize potential opportunities to provide leadership
- Use personal and professional networks to solve problems more effectively
- Identify processes that facilitate investment of interested parties in potential solutions to targeted problems
- Demonstrate skill in developing partnerships in clinical interactions
- Apply risk and benefit analysis in service delivery that maximizes the highest level of strength-based function in all aspects of consumers’ lives

**Scholarly project**
The leadership and faculty of the Center support the principles and methods of community engaged scholarship. Fellows will be guided at the beginning of the Fellowship year to select a topic or project for scholarly activity. Under the supervision of the Director and Associate
Director, they will be connected to additional mentors who will collaborate throughout the year in overseeing the Fellows scholarly project. The scholarly project may be a quality improvement project, new program development, or a service research project. The Fellow will present current questions and hypotheses, new research findings, and drafts of their project results at the weekly scholarly project seminar. Faculty mentors will review project proposals, critique and review interim reports, make recommendations for additional readings or consultation, and offer additional advice based on their own areas of expertise and experience.

**Didactic programs**

- **Weekly seminars:** The primary didactic experiences will be three weekly fellowship seminars held on Thursday each week. Course discussions will be based on pertinent readings selected by faculty to represent the core knowledge base for each topic. Discussions with faculty (including consumers, family members, and allied professionals) and other residents and fellows who choose to participate on an elective basis will be lead by one of the participants, usually one of the fellows. (See Appendix I for list of course topics).

- **Elective Courses in Public Psychiatry:** Fellows will attend additional didactic programs of the Office of Residency Training, according to their individual interests and the suggestions of the Director, Associate Director, and the faculty mentors.

- **Medical Student, Resident and Allied Professional Education:** Fellows will participate in various educational activities with students who are training to provide services in the public sector, including an annual conference developed by the Center.

**Summary:**

The unique characteristics and the diversity of this region offer an ideal setting for training in public and community psychiatry. The University of Pittsburgh and Western Psychiatric Institute and Clinic have a rich tradition of excellence and innovation in both basic and graduate medical education and will provide an outstanding home for this training program.

Through its partners and associates at Allegheny County Office of Behavioral Health, CCBHO, Office of Mental Health and Substance Abuse Services, Center for Mental Health Services and MHMR administrations of surrounding counties in Western Pennsylvania, the Center will provide a diverse and comprehensive array of clinical and administrative experiences. Fellows will gain first hand knowledge of the leadership, collaboration and creativity required to facilitate system change and to develop services for diverse populations that rely upon public sector services.

Center for Public Service Psychiatry
On the local, state and national levels, this region has taken a position of leadership in the transformation of traditional service delivery. Our emphasis on collaboration, choice and life in the community for everyone will be the driving force in the development of expanded services to meet the needs of people with severe mental health issues and who must be treated within the community.

The Center for Public Service Psychiatry is well positioned for providing extraordinary opportunities for qualified applicants to the Fellowship program. Graduates will be well equipped to influence and manage the diverse array of circumstances they will encounter as they progress in their careers in the public sector.

**FACULTY / MENTORS**

<table>
<thead>
<tr>
<th>Faculty / Mentor</th>
<th>Areas of Expertise</th>
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<tbody>
<tr>
<td>Kevin Carl, MD</td>
<td>Severe Mental Illness, Correctional Psychiatry</td>
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<tr>
<td>Roy Chengappa, MD</td>
<td>Severe Mental Illness, Primary Care</td>
</tr>
<tr>
<td>Salim Chowdhury, MD</td>
<td>Tele-psychiatry, Addictions, Managed Care</td>
</tr>
<tr>
<td>Will Cutlip, MD</td>
<td>Community Treatment Team</td>
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<tr>
<td>Antoine Douaihy, MD</td>
<td>Addictions and Co-occurring</td>
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<tr>
<td>Robert Davis, MD</td>
<td>Rural Practice-CTT</td>
</tr>
<tr>
<td>Brian Eberts, MD</td>
<td>Rural Practice - Fayette</td>
</tr>
<tr>
<td>Andrea Fox, MD</td>
<td>Geriatric medicine, Primary care</td>
</tr>
<tr>
<td>James Gavin, MA</td>
<td>Administration, Medical Economics</td>
</tr>
<tr>
<td>Frank Ghinassi, PhD</td>
<td>Quality Improvement, Research</td>
</tr>
<tr>
<td>Jodi Glance, MD</td>
<td>Addictions and Women’s Health</td>
</tr>
<tr>
<td>Scott Golden, MD</td>
<td>Addictions and Co-occurring</td>
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</tbody>
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Center for Public Service Psychiatry
Center for Public Service Psychiatry Curriculum

2014-2015 (update)

PREVENTION, PUBLIC HEALTH AND MAINTAINING HEALTHY COMMUNITIES

IA1 Epidemiology: Risk Identification and Population Studies
IA2 Epidemiology: Mental Illness and Elderly
IB1 Prevention: Concepts and Screening
IB2 Prevention: Public Health Research and Intervention
IB3 Prevention: Suicide
IB4 Prevention: Violence
IC1 Services Research: Overview
IC2 Services Research: Community/Consumer Contributions to Research
IC3 Services Research: Community Based Research
IC4 Services Research: Meaningful Outcome Measures
ID1 Social Determinants of Mental Health: Overview
ID2 Social Determinants of Mental Health: Social Exclusion and Health Disparities
IE1 Disaster Psychiatry: Crisis Response and Management
IF1 Politics and Policy: The Larger Context of Behavioral Health Care
HISTORICAL AND PHILOSOPHIC FOUNDATIONS OF COMMUNITY PSYCHIATRY

IIA1 Current System and its History: Overview of Federal, State and County Systems
IIA2 Current System and its History: The Evolution of Community Mental Health Services
IIB1 History of Addiction: Non-medical Model, Twelve Step and Self Help Recovery
IIB2 History of Addiction: Recent Developments in Addiction Treatment
IIC1 History: Children’s Services; CASSP
IIC4 Community Psychiatry and Academia: Community Engaged Scholarship
IID1 Alternative Concepts of Psychiatry

ADMINISTRATION AND FINANCING OR PUBLIC BEHAVIORAL HEALTH SERVICES

IIIA1 Transformation: Recovery, Resiliency and Recovery Oriented Care
IIIA2 Transformation: Systems Change and Impact on BH stakeholders
IIIB1 Clinical Administration: Introduction to Continuous Quality Improvement
IIIB2 Clinical Administration: Use of Clinical Tools
IIIB3 Clinical Administration: The Service Array; Assessing Service Intensity Needs
IIIB4 Clinical Administration: Documentation, Accreditation and Accountability
IIIB5 Clinical Administration: Integrated Assessment, Planning, and Documentation
IIIB6 Clinical Administration: Elements of Program Development
IIIB7 Clinical Administration: Program Development and Implementation
IIIC1 Administration: Methods of Systems Evaluation
IIIC2 Administration: Program Evaluation Processes
IIIC3 Administration: Health Care Financing: How Money Flows and Clogs
IIIC4 Administration: Health Care Financing: Meeting Cost of Care Needs
IIIC5 Administration: Health Care Financing: Alternative Financing Models
IIIC6 Administration: Resource and Care Management; Introduction to Managed Care
IIIC7 Administration: Developing and Managing Budgets
IIIC8 Administration: Systems Dynamics and Behavior
IIIC9 Administration: Organizational Leadership: Creating a Mission and Vision
IIIC10 Administration: Strategic Planning

LEADERSHIP AND PSYCHIATRY

IVA1 Role of the Psychiatrist: Transformation of Psychiatry
IVA2 Role of the Psychiatrist: Role of Medical Director
IVA3 Role of the Psychiatrist: Careers in Public Service Psychiatry
IVA4 Role of the Psychiatrist: Supervision and Teaching in Transformation Context
IVA5 Role of the Psychiatrist: The Future of Community Psychiatry
IVB1 Leadership: Consultation and Advisory Methods
IVB2 Leadership: Exercising Influence and Authority
IVB3 Leadership: Supervision and Motivation
IVB4 Leadership: Coalition Building; Organization and Facilitation
IVB5 Leadership: Training Public Service Psychiatrists
IVB6 Leadership: Difficult Personnel Management
IVB7 Leadership: Working with Treatment Teams

INTEGRATED BEHAVIORAL HEALTH SERVICES

VA1 Addictions: Co-occurring MH/Addictions
VA2  Addictions: MH/Addictions: Family, Peers, Community
VB1  Primary Care: Assessing Needs, Service Options in BH Setting
VB2  Primary Care: Integrating Care for Physical Health; Co-located Services
VC1  Developmental Disabilities: Approaches to Integrated Care
VD1  Transition Age Services: Creating Smooth Transitions to Adulthood
VE1  Corrections: Sequential Intercept Model; Diversion from Criminal Justice
VF1  Multiple Systems: Creating a Collaborative Environment

PRACTICE APPROACHES TO PERSON CENTERED CARE

VIA1  Consumer/Family Issues: The Consumer-Provider Dialogue
VIA2  Consumer/Family Issues: Advance Directives and Service Choice
VIA3  Consumer/Family Issues: Developing Natural Supports, Working with Families
VIA4  Consumer/Family Issues: The Local Consumer Movement; PSAN, NAMI, ACCR, CSP
VIA5  Consumer/Family Issues: Family Dynamics and Systems Change
VIA6  Consumer/Family Issues: Engaging Family Supports – goals, obstacles, interventions
VIB1  Collaboration and Empowerment: Recovery Oriented Services and Psychiatry
VIB2  Collaboration and Empowerment: Principles of Service Plan Development
VIB3  Collaboration and Empowerment: Psychiatric Rehabilitation Services
VIB4  Collaboration and Empowerment: Working with Sev.Ill Persons in Recovery Context
VIB5  Collaboration and Empowerment: Overcoming Stigma
VIB6  Collaboration and Empowerment: Collaborative Medication Management
VIC1  Culture and Faith: Addressing Racism, Social exclusion
VIC2  Culture and Faith: Cultural Sensitivity, Recognizing Cultural Influences
VIC3  Culture and Faith: Spiritually Informed Care
VID1  Supportive Elements of Care – Overview
VID2  Supportive Elements of Care: Transitions to Community and Resilience
VID3  Supportive Elements of Care: End of Life Transitions

SERVICES FOR UNIQUE POPULATIONS

VIIA1  Homelessness: Homeless People with Behavioral Health Disorders
VIIA2  Homelessness: Housing First; Options and Support for Homeless People
VIIB1  Children: Systems of Care
VIIB2  Children: Child Family Training Institute, High Fidelity WRAP& Community Partners
VIIB3  Children: Infant Mental Health
VIIC1  Elders: Community and Family Roles in Elder Care
VIID1  Incarcerated: Correctional Psychiatry Overview
VIIE1  Victims of Violence: Trauma informed care
VIIF1  Rural: Meeting the Needs of Rural Populations
VIIF2  Rural: Working with Physician Extenders and PCPs
VIIG1  GLBT

PROFESSIONAL ETHICS AND ADVOCACY

VIIA1  Coercion: Alternatives to Coercive Interventions in Behavioral Health
VIIIB1  Confidentiality - HIPAA
VIIIC1  Professional Boundaries
VIID1  Conflict of Interest
VIIIE1  Client Advocacy
SERVICE MODELS AND EVIDENCE BASED PRACTICES

IXA1  Evidence Informed Services: Evidence based practices and practice based evidence
IXA2  Evidence Informed Services: Fidelity and Evidence Based Practices
IXB1  Group Approaches: Overview of Psycho- Education and Multiple Family Groups
IXB2  Group Approaches: Group Therapy Methods; The Role of the Psychiatrist
IXB3  Group Approaches: Medication Groups
IXC1  Assertive Community Treatment: Overview
IXD1  Vocation and Education: Role of Employment and Education in Recovery
IXE1  Emergency and Crisis Services: Overview
IXE2  Emergency and Crisis Services: Crisis Management
IXF1  Tele-psychiatry
IXG1  Motivational Interviewing

INNOVATIVE PROGRAMS

XA1  Center for Minority Health, Center for Family Excellence
XB1  Allegheny County Coalition for Recovery
XC1  Pittsburgh Action Against Rape
XD1  Homeless Outreach Coordination Council (HOCC)
XE1  Prevention Point: Harm reduction

CURRENT DEPARTMENT OF PSYCHIATRY RESEARCH AND TRAINING RELATED TO THE CENTER’S PUBLIC PSYCHIATRY MISSION

Adolescent Psychopathology and Alcohol Use Disorders
Advanced Center for Intervention and Services Resources (ACISR) for Early-Onset Mood and Anxiety Disorder
Alcohol Research Training Grant
Alcoholism Susceptibility Genes in High-Density Families
Allegheny County Partnership for Youth in Transition
Appalachian Tri-State NODE
Assessing Juvenile Psychopathy: Developmental and Legal Implications
Assessment of Race and Age Disparities in Primary Care Depression Evaluations
Assessment of the Roter Interaction Analysis System as a Useful Tool for Research in Psychiatry
Child Abuse, Violence, and PTSD in Early Substance Use
Child and Adolescent Anxiety Multimodal Treatment Study
Children of Bipolar Parents: A High Risk Follow-up Study
Clinical Research Training in Child Psychiatry
Collaborating to Promote Engagement of Low-Income Clients
Course of Alcohol and Drug Problems in Treated Teens
Diagnostic Criteria for Adolescent Alcohol Use Disorders

Center for Public Service Psychiatry
Drug Abuse Vulnerability: Mechanisms and Manifestations: Clinical Core
Drug Addiction Transactions from Adolescence to Adulthood
Effects of Prenatal Cocaine Use: 15 Year Follow-Up
Environmental Modifiers of Familial Risk for MDD
Extinction in Smokers: Renewal and Spontaneous Recovery
Familial Pathways to Early-Onset Suicide Attempts
Impact of Parental Suicide in Children and Families
Improving Communications to Reduce Service Disparities
Improving Communications to reduce Service Disparities- Study 2 and 3
LAMS: Longitudinal Assessment of Manic Symptoms
LAUSD Trauma Services Adaptation Center for Schools and Communities
Mental Health effects on Young Men’s Violence
Multi-center AIDS Cohort Study
Nursing Home Aggression: Automated Video Monitoring
Personalized Cues as Factors in Smoking Relapse
Pittsburgh Mind-Body Center II
Postpartum Psychopathology and Teenage Mothers
Prediction Alcoholics’ Treatment Responses to and SSRI
Prevention of Depression in At-Risk Adolescents
Reaching Out for Adolescent Depression (ROAD) Program
Recovery Adherence Therapy for Bipolar Alcoholics
Recruitment of Undergraduates for Mental Health Research
Risk and Protective Factors in Late-Life Suicide
Sharing Provider Performance Data: What Do Consumers And Providers Want To Know?
School Environment: Effect on a Suicide Prevention Program
Study of Women’s Health Across the Nation
Teen Tobacco Use in a Birth Cohort and Prenatal Effects
Telephone Care Management for ADHD
Course and Outcome for Adolescents with Bipolar Illness
Training Future Generations of Mental Health Researchers
Treating Behavior Problems in Primary Care: An Effectiveness Trail
Treating Family Caregivers of Late-Life Depression Patients
Treatment of Early Onset Mania
Welfare-to-Work: Substance Abuse and Neuropsychiatric Function