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 exposure to 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** in public psychiatry at both rural and urban sites that reflect the full range of populations and problems of critical importance to public psychiatry in our region and state.
- **Leadership:** A combination of Director, Wesley Sowers, MD, and Associate Director, Robert Marin, MD, who together bring 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. Our 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 will equip psychiatrists to make essential contributions to service administration and behavioral health policy across the state of Pennsylvania and the Nation. The education offered to medical students, psychiatry residents, fellows, primary care physicians, and other provider specialties will reflect the values of services designed to promote health, autonomy, hope and affiliation. The Center will foster partnerships with rural and urban communities throughout the region that will develop integrated, culturally sensitive and diverse services in collaboration with consumers and family members and enhanced by quality improvement strategies. By offering outstanding education and consultation to all levels of the behavioral health workforce, the Center will significantly improve the attractiveness of careers in public service systems and the retention of psychiatrists and other providers throughout the region and the Commonwealth.
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
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 has served as the county’s Medical Director since 2001.

Members of the core faculty of the Center have had prominent roles in planning transformation efforts at the state level (Office of Mental Health and Substance Abuse Services; Pennsylvania Psychiatric Leadership Council) and on the federal level (Substance Abuse and Mental Health Services Administration). Ken Thompson, MD is currently the Medical Director at the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. Members of the core faculty have also had very strong relationships to the American Association of Community Psychiatrists. Dr. Sowers is the Immediate Past President of that organization and Drs. Thompson and Cruz have been members of the Board of Directors. Dr. Sowers is also a member of the program committee for the Institute for Psychiatric Services, the major national
meeting focused on community psychiatry. These associations will provide rich opportunities for prospective fellows.

ORGANIZATION OF THE CENTER OF EXCELLENCE AND INNOVATION IN PUBLIC PSYCHIATRY

Overview
The Center will be administered by the University of Pittsburgh Department of Psychiatry in collaboration with Western Psychiatric Institute and Clinic. The Allegheny County Office of Behavioral Health and the CCBHO, a subsidiary of the University of Pittsburgh Medical Center, will be 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, will report to the Director of Education (Neal Ryan, MD) who is responsible for our educational endeavors who reports to the chair of the Department (David Kupfer, MD). The Center’s Director and Associate Director will meet on a quarterly 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.
Leadership

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 Associate 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 is currently the Medical Director for the Office of Behavioral Health in the Department of Human Services of Allegheny County, PA. He served as President of the American Association of Community Psychiatrists from 2004 through 2008 and has served on the Board of Directors 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, 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 a member of the planning committee for the Institute for Psychiatric Services of the American Psychiatric Association. 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, Associate Professor of Psychiatry, has been a Department of Psychiatry faculty member since 1979. His leadership in the Center reflects his outstanding accomplishments as a teacher and his service and leadership in the African-American community of Pittsburgh. Dr. Marin’s original role in the Department of Psychiatry was in geriatrics and neuropsychiatry. 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. Under his leadership, Community Empowerment Association has become a clinical rotation site for PGY IV and PGY V residents interested in community mental health. In conjunction with his Community Empowerment Association volunteer work, Dr. Marin serves since 1995 as staff psychiatrist to the Hill Satellite Center, the Department of Psychiatry’s outpatient program in Pittsburgh’s Hill District. Since 2005 he serves as Medical Director of the Hill Satellite Center. Under his leadership, the Hill Satellite Center has become a major teaching site for the Department of Psychiatry. In 2007 it received 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 clinical service, including three Teacher of the Year awards and Physician of the Year.

**Advisory Board Members**

Membership on the Advisory Board will include providers and consumer representatives drawn from communities throughout the region. These will included, 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
Rashad Byrdsong - Community Empowerment Association
James Kindler – Allegheny Health Choices, Inc.
Ken Nash - Department of Psychiatry, University of Pittsburgh
Brian Ebert - Fayette Counter MHMR
Victoria Livingstone – Milestone Behavioral Health
Brenda Lee - Mental Health America
Robin Spencer - Message Carriers
Dick Jevon - National Alliance for Mental Illness
Linda Zelch - Office of Mental Health and Substance Abuse Services
Shirlee Hopper-Scherch - Peer Support and Advocacy Network
Mary Diamond - Pennsylvania Psychiatric Leadership Council
Ken Thompson – SAMHSA, CMHS
Pat Valentine - Allegheny County Office of Behavioral Health
Denise Macerelli – Western Psychiatric Institute and Clinic
Curtis Upsher – Community Care Behavioral Health Organization
Tammy Marsico – Wesley Spectrum Behavioral Health
Mary Lou Zematis – NAMI-SWPA
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<th>Faculty/ mentor</th>
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**Additional Consultants**

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<thead>
<tr>
<th>Consultant</th>
<th>Organization</th>
<th>Specialty Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario Cruz, M.D.</td>
<td>UPMC Services Research</td>
<td>Mentor</td>
</tr>
<tr>
<td>Frank Ghinassi, Ph.D.</td>
<td>UPMC Quality Improvement</td>
<td>Mentor</td>
</tr>
<tr>
<td>Bradley Stein, M.D., Ph.D. Add Ron Stahl</td>
<td>CCBHO Services Research</td>
<td>Mentor</td>
</tr>
</tbody>
</table>

*Abbreviations:*
- CCBHO: Community Care Behavioral Health Organization
- CEA: Community Empowerment Association
- CPCDS: Center for Psychiatric and Chemical Dependency Services
- CROMISA: 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
- GLBT: 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

Education
The Center will be dedicated to strengthening the education of medical students, psychiatrists, primary care physicians, and providers in other specialties. The Center will accomplish 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 recently closed the state hospital formerly serving southwestern region of the state. The closure has necessitated the aggressive development of alternative services in the community. The Center will provide 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 will balance 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 will 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 will be required to devote 20 hours per week over the course of the year working at a single site. The Fellow will participate in clinical administration and develop their project around this site.
- **Rural and urban balance:** Fellows will be required to select at least 2 half day electives units in a rural site and at least 2 in an urban site.
- **Elective and Required Clinical Experiences:** At least 6 half days will be reserved for elective and supplemental clinical experiences. Four of six will be elective.
- **Scholarly Project:** The aims and methods of community engaged scholarship will be supported by having each Fellow execute a scholarly project over the course of the year. The scholarly project will directly involve the Primary Placement site, in the form of either a quality improvement project, or service research project.
- **Consumer participation:** Consumer interaction and collaboration will be an important part of the program. Fellows will be involved in organizing and participating in consumer-provider dialogues. Consumers will be well integrated into didactic and clinical experiences. Consumer advisors will work with the fellows.
- **Administrative mentorship at local, regional, and national levels:** As summarized in Table I Fellows will 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.

**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 patient’s 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 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 led by one of the participants. (See Appendix I for list of course topics).

- **Community and Social Psychiatry Course:** Fellows will attend all sessions of the fourth year residency course, “Community and Social Psychiatry,” directed by Rodney Williams, MD, and offered weekly from July thru December. Fellows will collaborate with Dr. Williams as junior faculty in the preparation and presentation of the seminar.

- **Community Mental Health Rounds:** Fellows will attend and co-lead the monthly Community Mental Health Rounds conducted by Dr. Marin, Associate Director. This is a monthly teaching event involving all clinical staff of the Hill Satellite Center, all residents completing their community mental health outpatient rotations at the Hill Satellite Center, and invited consultants.
• **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.

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**SCHEDULE AND DISTRIBUTION OF TRAINING ACTIVITIES**

Schedule and Distribution of Training Activities:

Key: 1 unit = ½ day (approx. 5 hours) per week for 6 months.
20 units = total for 1 year fellowship.

**Distribution for the year:**

- **Total required for Primary Placement**: 8 units
- **Academic** (seminars/supervision of scholarly project): 4 units
- **Clinical/Administrative Electives**: 8 units
  - Clinical: 6 units
  - Administrative: 2 units

**Location**: Clinical/Administrative sites will be balanced between Rural and Urban sites.

**Illustrative weekly schedule:**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
</table>
| Morning| Fayette-Primary Placement*  
(Rural) | Fayette-Primary Placement*  
(urban) | Hill Satellite Center.  
(Urban) | Didactic Seminars | CMH Rounds**  
Administrative Elective |
| Afternoon | Fayette-Primary Placement*  
(urban) | Fayette-Primary Placement*  
(urban) | Homeless Outreach | Didactics-Elective Courses  
Teaching and Elective Courses  
Supervision | Administrative Elective  
Project Development and Supervision |

* Primary Placement: 8 units required minimum (4 half days per week) for 1 year; may be rural or urban clinical site

**CMH Rounds: Monthly Community Mental Health Rounds

Center for Public Service Psychiatry
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.

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 who will be leaving Mayview State Hospital and joining their communities in Southwestern Pennsylvania in the near future.

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.

<table>
<thead>
<tr>
<th>Faculty / Mentor</th>
<th>Areas of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Barwell, M.D.</td>
<td>Community Treatment Team, Homeless</td>
</tr>
<tr>
<td>Oscar Bukstein, M.D., M.P.H.</td>
<td>Children and Adolescents, Addictions and Co-occurring</td>
</tr>
<tr>
<td>Salim Chowdhury, M.D.</td>
<td>Telepsychiatry, Addictions, Managed Care</td>
</tr>
<tr>
<td>Mario Cruz, M.D.</td>
<td>Services Research, Community Treatment Team</td>
</tr>
<tr>
<td>Mary Diamond, MD.</td>
<td>State Administration</td>
</tr>
<tr>
<td>Antoine Douaihy, M.D.</td>
<td>Addictions and Co-occurring</td>
</tr>
<tr>
<td>Brian Ebert, MD</td>
<td>Rural Practice-Fayette</td>
</tr>
<tr>
<td>Andrea Fox, M.D.</td>
<td>Geriatric medicine, Primary care</td>
</tr>
<tr>
<td>Roy Chengapa, MD</td>
<td>Severe Mental Illness, 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>
</tbody>
</table>

Center for Public Service Psychiatry
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Golden, M.D.</td>
<td>Addictions and Co-occurring</td>
</tr>
<tr>
<td>Roger Haskett, MD</td>
<td>Primary Care, Administration</td>
</tr>
<tr>
<td>Kim Mathos, M.D.</td>
<td>Children and Adolescents, Hearing Impaired</td>
</tr>
<tr>
<td>Gail Kubrin, M.D.</td>
<td>Urban Practice</td>
</tr>
<tr>
<td>Robert Marin, M.D.</td>
<td>Geriatric, Urban, Minority Populations</td>
</tr>
<tr>
<td>Christine Martone, M.D.</td>
<td>Forensics</td>
</tr>
<tr>
<td>Cameron McGavin, M.D.</td>
<td>Forensics, Emergency Services</td>
</tr>
<tr>
<td>Steve Mullins, M.D.</td>
<td>Children and Adolescents, School-based services</td>
</tr>
<tr>
<td>Brenda Freeman, M.D.</td>
<td>Community Treatment Team</td>
</tr>
<tr>
<td>Ken Nash, M.D.</td>
<td>Children and Adolescents, System Administration, Managed Care</td>
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<tr>
<td>James Schuster, M.D.</td>
<td>Addictions and Co-occurring, Managed Care</td>
</tr>
<tr>
<td>Wesley Sowers, M.D.</td>
<td>Addiction and Co-occurring, Administration, Special Populations</td>
</tr>
<tr>
<td>Bradley Stein, M.D.</td>
<td>Services Research</td>
</tr>
<tr>
<td>Anthony Stile, M.D.</td>
<td>Addictions and Co-occurring, Forensics</td>
</tr>
<tr>
<td>Ken Thompson, M.D.</td>
<td>Primary Care, Federal Administration</td>
</tr>
<tr>
<td>Suzanne Vogel-Scibilia, M.D.</td>
<td>Rural Practice-Beaver, Advocacy</td>
</tr>
<tr>
<td>Jim Withers, M.D.</td>
<td>Homeless</td>
</tr>
</tbody>
</table>

**Center for Public Service Psychiatry Curriculum**  
**2009-2010**

**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
- **IF2** Politics and Policy: Substance Use: Criminalization and Harm Reduction
- **IF3** Politics and Policy: Social, Economic and Political Dimensions of Incarceration.
### HISTORICAL AND PHILOSOPHIC FOUNDATIONS OF COMMUNITY PSYCHIATRY

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

### ADMINISTRATION AND FINANCING OR PUBLIC BEHAVIORAL HEALTH SERVICES

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<tr>
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<th>Title</th>
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<tbody>
<tr>
<td>IIIA1</td>
<td>Transformation: Recovery, Resiliency and Recovery Oriented Care.</td>
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<tr>
<td>IIIA2</td>
<td>Transformation: Systems Change and Impact on BH stakeholders.</td>
</tr>
<tr>
<td>IIIB1</td>
<td>Clinical Administration: Introduction to Continuous Quality Improvement</td>
</tr>
<tr>
<td>IIIB2</td>
<td>Clinical Administration: Use of Clinical Tools.</td>
</tr>
<tr>
<td>IIIB3</td>
<td>Clinical Administration: The Service Array; Assessing Service Intensity Needs.</td>
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<tr>
<td>IIIB4</td>
<td>Clinical Administration: Documentation, Accreditation and Accountability.</td>
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<tr>
<td>IIIB5</td>
<td>Clinical Administration: Integrated Assessment, Planning, and Documentation.</td>
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<tr>
<td>IIIB6</td>
<td>Clinical Administration: Elements of Program Development.</td>
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<tr>
<td>IIIB7</td>
<td>Clinical Administration: Program Development and Implementation.</td>
</tr>
<tr>
<td>IIIIC1</td>
<td>Administration: Methods of Systems Evaluation.</td>
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<tr>
<td>IIIIC2</td>
<td>Administration: Program Evaluation Processes.</td>
</tr>
<tr>
<td>IIIIC4</td>
<td>Administration: Health Care Financing: Meeting Cost of Care Needs</td>
</tr>
<tr>
<td>IIIIC5</td>
<td>Administration: Health Care Financing: Alternative Financing Models</td>
</tr>
<tr>
<td>IIIIC6</td>
<td>Administration: Resource and Care Management; Introduction to Managed Care.</td>
</tr>
<tr>
<td>IIIIC7</td>
<td>Administration: Developing and Managing Budgets.</td>
</tr>
<tr>
<td>IIIIC8</td>
<td>Administration: Systems Dynamics and Behavior</td>
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<tr>
<td>IIIIC9</td>
<td>Administration: Organizational Leadership: Creating a Mission and Vision.</td>
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<tr>
<td>IIIIC10</td>
<td>Administration: Strategic Planning.</td>
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### LEADERSHIP AND PSYCHIATRY

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<tr>
<th>Section</th>
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<tbody>
<tr>
<td>IVA1</td>
<td>Role of the Psychiatrist: Transformation of Psychiatry</td>
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<td>IVA2</td>
<td>Role of the Psychiatrist: Role of Medical Director</td>
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<tr>
<td>IVA3</td>
<td>Role of the Psychiatrist: Careers in Public Service Psychiatry</td>
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<tr>
<td>IVA4</td>
<td>Role of the Psychiatrist: Supervision and Teaching in Transformation Context.</td>
</tr>
<tr>
<td>IVA5</td>
<td>Role of the Psychiatrist: The Future of Community Psychiatry</td>
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<tr>
<td>IVB1</td>
<td>Leadership: Consultation and Advisory Methods.</td>
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<td>IVB2</td>
<td>Leadership: Exercising Influence and Authority.</td>
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<td>IVB3</td>
<td>Leadership: Supervision and Motivation.</td>
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<tr>
<td>IVB4</td>
<td>Leadership: Coalition Building; Organization and Facilitation.</td>
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<tr>
<td>IVB5</td>
<td>Leadership: Training Public Service Psychiatrists.</td>
</tr>
<tr>
<td>IVB6</td>
<td>Leadership: Difficult Personnel Management.</td>
</tr>
<tr>
<td>IVB7</td>
<td>Leadership: Working with Treatment Teams</td>
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### INTEGRATED BEHAVIORAL HEALTH SERVICES

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<tbody>
<tr>
<td>VA1</td>
<td>Addictions: Co-occurring MH/Addictions.</td>
</tr>
<tr>
<td>VA2</td>
<td>Addictions: MH/Addictions: Family, Peers, Community</td>
</tr>
<tr>
<td>VB1</td>
<td>Primary Care: Assessing Needs, Service Options in BH Setting.</td>
</tr>
<tr>
<td>VB2</td>
<td>Primary Care: Integrating Care for Physical Health; Co-located Services.</td>
</tr>
</tbody>
</table>
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.
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.
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

VIIIA1 Coercion: Alternatives to Coercive Interventions in Behavioral Health.
VIIIB1 Confidentiality - HIPAA
VIIIC1 Professional Boundaries
VIIID1 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 Vocational 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
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