Our strategic process planning consists of two very critical elements—setting goals for our organization along with ensuring that there is a budget to go with our strategic planning. This is a process that we go through each year. Our leadership team makes certain that departmental goals align with MCW’s annual goals. As philosopher Henry David Thoreau stated: “I know of no more encouraging fact than the unquestionable ability of man to elevate his life by conscious endeavor.”

Goal setting and budgeting are conscious endeavors that our department undertakes each year to be able to move forward in our quest toward our goal—accomplishing our missions of patient care, research, education, and community engagement.

At the same time, many of us come to academic medicine because of the challenges and our desire to serve the “elevated” purpose of our missions in an academic setting. And to further enhance the mission of the Department of Psychiatry and Behavioral Medicine, our faculty and staff create EMERGE goals that align with our overall departmental goals.

At our last faculty meeting, faculty was asked to write down goals for our Department in FY18. Thank you to those who participated as many of these thoughtful suggestions have been added to our Departmental goals for this next year. In the goal setting process, MCW requires us to develop “threshold” (minimum), “target” (hoped for), and “stretch” (a measure of outperforming our target) criteria for gauging and measuring how far we moved toward achieving our goals.

The following are the Department of Psychiatry and Behavioral Medicine’s FY 2018 goals. We look forward to working collectively as a team toward accomplishing these important goals.

(Please note that there is no prioritization intended in the order in which they are listed here.)

1. To develop and implement the strategic plan of the Department of Psychiatry and Behavioral Medicine
2. To develop and finalize the interdepartmental memory care plan
3. To set and meet established Departmental quality goals, including practice and site-specific goals
4. To implement both the psychology internship and the postdoctoral psychology training programs, including the recruitment and training of the inaugural classes
5. To implement the first year of the two newly-developed residency training programs
6. To begin to explore and assess the promise and potential for a psychiatry residency in Western WI (including the writing of a statewide grant to fund aspects of exploration)

(continued on next page)
7. To maintain and support existing research, and developing new avenues of future research
8. To complete the Healthier Wisconsin Partnership Program (HWPP) Year 1 Planning Phase with community coalition members by beginning to implement organizational projects established during this time
9. To expand the Perinatal Psychiatry Consultation program and enroll providers, study results
10. To continue to develop and improve the Child Psychiatry Consultation Program (CPCP)
11. To facilitate the further development of the culture that embraces the diversity within the Medical College of Wisconsin and the Department of Psychiatry and Behavioral Medicine
12. To plan and implement a Departmental retreat, focusing on education
13. To continue to integrate behavioral health into primary care
14. To develop and enhance a positive and diverse mentoring culture into the Department of Psychiatry and Behavioral Medicine on an ongoing basis

In a very short period of time the Department will be entering into our next phase of the EMERGE self/leader review process. This is to complete the current Fiscal Year 2017 process. The process then continues by setting EMERGE goals for this coming year, Fiscal 2018, starting July 1, 2017.

The 14 Departmental goals identified are intended to align with MCW’s institutional goals. As you go through your personal goal-setting for this coming year, the hope is that the goals that you determine for yourself will find alignment with the Departmental goals listed.

We need to define threshold, target, and stretch outcomes for our goals:

- To meet a threshold (minimum) goal;
- To achieve a target (hoped for) goal; and
- To stretch (outperforming our target) goal.

This helps to both gauge and measure movement toward achieving positive overall results.

Please do not hesitate to begin thinking now about your EMERGE self-review. Then start thinking about making new goals for yourself for the coming year. Our faculty and staff leaders will be a resource to you as we engage in this process, and we also hope that the goals listed will help create possible avenues for you in the creation of personal goals. Thank you for your engagement and assistance in developing our FY18 Departmental goals and for contributing to our successes in FY17. We look forward to working with you towards developing these important goals and to continue accomplishing extraordinary things through our hard work. Let’s keep our goals in view. LET’S CONTINUE TO MAKE A DIFFERENCE TOGETHER!

Jon A. Lehrmann, MD
Charles E. Kubly Professor and Chairman, Department of Psychiatry and Behavioral Medicine
MCW Associate Chief of Staff for Mental Health, Milwaukee VAMC

David Peterson, MBA, FACMPE
Department Administrator Clinical

PSYCHED is the newsletter of the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin.
Jon A. Lehrmann, MD, Chairman and Professor
Thom Ertl, Editor and Creative Director
Editorial Team: Joy Ehlenbach • Karen Hamilton
Kristine James • Jeff Miller, DNP, APNP • Dawn Norby

For more information, visit the department website at www.mcw.edu/psychiatry.htm
Primary care physicians play a major role in providing psychiatric services to patients. Many patients are more comfortable talking to their trusted primary care physician, rather than seeking out a new psychiatrist. Furthermore, with the shortage of mental health services available and difficulties with insurance coverage, patients often have trouble finding a mental health provider who can see them in a timely fashion. Yet, research has shown that mental illnesses often go unrecognized or insufficiently treated in primary care settings.

Co-located consultative psychiatric services within primary care clinics are one way which can help improve access to mental health services for primary care patients and their providers. I took over a co-located psychiatric consultative practice from Dr. Travis Fisher in January of this year at the Sunnyslope Health Center and the Froedtert Internal Medicine Clinic. He had first established this practice in 2011. In this role, I perform comprehensive psychiatric evaluations on patients referred by their primary care physician with specific questions regarding mental health diagnosis and treatment recommendations.

I will frequently see patients for a limited number of follow-up appointments with the goal of optimizing mental health treatment and, in most cases, transferring their mental health care back to their primary physician for continued treatment. I also have the opportunity to provide curb-side consultation and general education about mental health topics for my primary care colleagues and residents. Moreover, I am involved in putting together practice guidelines for screening, assessment, and treatment of different mental illnesses in the primary care setting. I have been amazed at the wide variety of psychiatric diagnoses seen in this setting.

So far, we have received positive feedback regarding this type of co-located services. Many of the primary care physicians have expressed relief to have psychiatric consultation readily available to them. Patients say they feel more comfortable seeking mental health services available within their own primary care clinic. Furthermore, the process of scheduling an appointment with me is much easier than contacting their insurance for referrals and waiting a long time for an initial appointment with a mental health clinic. I am hoping to gather data to see if co-located consultative services also make a difference in health outcomes.

Stephanie Kohler-Neuwirth, MD
Assistant Professor of Psychiatry and Behavioral Medicine

I am thrilled to announce the “birth” of The Periscope (PERinatal Specialty COnsult Psychiatry Extension) Project. The Periscope Project addresses the lack of sub-specialized perinatal psychiatric providers by building the capacity of frontline providers serving perinatal women. Beginning July 1, 2017 we will be providing real-time provider-to-provider psychiatric teleconsultation for providers managing perinatal patients with psychiatric or substance use disorders, gathering community resources specific to this patient population, as well as providing education (in-person and CME web-based modules) about topics specific to the mental health of perinatal patients. Similar to the Child Psychiatry Consultation Program (CPCP), providers will be able to call our program coordinator, who will triage questions appropriately (either community resource information vs. need for specialized services by a perinatal psychiatrist). Eligible providers include those working with perinatal women, including OB/GYNs, family medicine physicians, psychiatrists, psychologists or therapists.

Planning for The Periscope Project began over a year ago and included engagement with a variety of community stakeholders to ensure program success. The Periscope Project launch was made possible by a $1.275 million dollar award from United Health Foundation, an additional $200,000 from the State of Wisconsin-Department of Health Services, Title V Maternal Health block grant and phenomenal support by our departmental leadership. While services will begin July 1, 2017, the enrollment of eligible providers will begin in May. The program consists of a multi-disciplinary team; I will serve as Medical Director, Audrey Laszewski, MS, as Program Administrator (primarily based in Green Bay), and Shelby Borchardt as Program Coordinator (housed within the Tosa Center). Additionally, our evaluation process is headed by Drs. Jennifer Doering, PhD, RN, and Jennifer Kibicho, PhD, from UW-Milwaukee.

Please spread the word about The Periscope Project! Our website, www.the-periscope-project.org, contains additional information, or feel free to contact any of our team members. I look forward to sharing our future successes with you.

Christina L. Wichman, DO, FAPM
Associate Professor, Departments of Psychiatry and Behavioral Medicine, Obstetrics/Gynecology
You know there is a national crisis when John Oliver presents a topic like the opioid epidemic last October. The epidemiological trends for Wisconsin follow closely the trends of the US. The increase in opioid prescriptions was closely followed by an increase in reported heroin use over the past 10 years.

MCW has formed an opioid/heroin overdose prevention work group consisting of clinicians, researchers, and clinician-researchers. Members are involved in teaching medical students about opioids, safe prescribing and the risk of addiction. They are also practicing state-of-the-art pain management for both adults and children. Members are active on a state level in regards to creating guidelines and in policy making. The Emergency Department co-sponsors the Milwaukee Community Opioids Prevention Effort (COPE) and is actively involved in data collection and developing prevention strategies. Milwaukee County specific data for 2016 (via COPE) is as follows:

- Opioid-related overdose deaths sadly continue to rise. More than six additional people experience an overdose requiring naloxone for one overdose death. Approximately 2/3rds die in their place of residence. The largest proportion of those who experience a fatal overdose are older white men. However, this epidemic does not discriminate in regards to geographical region, race, age, or sex.

- Of concern is the steep rise in fentanyl-related opioid overdose deaths. The number increased from 13% to 29% within one year.

- Heroin related overdose deaths affect mainly the younger age ranges. Over the past three years, heroin was involved in half of the overdose deaths.

COPE is collecting data on naloxone distribution, administration, and outcome. They have published a best evidence guideline on naloxone administration for EMS workers.

The AIDS Resource Center of Wisconsin (ARCW) reported 1,135 recorded peer saves for Wisconsin in 2015. About 2000 people were given naloxone in the Froedtert ER over 2½ years. Sadly, only 92 of those people accepted a referral to treatment. There is no singular solution for combating this public health crisis. Thankfully there is an increasing awareness and acceptance that addiction needs to be understood and approached according to the chronic disease model. Continued research, collaboration, education and outreach are steps to shift the trajectory.

Mary-Anne Kowol MD
Addiction Psychiatrist, MCW

Our MCW Department of Psychiatry Clinic at Tosa is certified by the State of Wisconsin for the provision of outpatient mental health, substance abuse services and telehealth. After receiving a one year provisional certification in 1991 when State certification was first obtained, the clinic has been re-certified every two years since that time. On January 24, 2017, a Health Services Specialist from the State of Wisconsin Department of Health Services Division of Quality Services was on site as part of our clinic recertification process.

The MCW Department of Psychiatry Clinic at Tosa was found to be in compliance with all areas reviewed related to state stature and administrative code. No citations were issued. A maximum two-year biennial certification was granted under Wis. Admin. Code Ch. DHS 63.

The rest of the story: We had a new surveyor this year and they treated the review as if it was an initial or first one, since we were new to them. As such they reviewed every aspect of our clinical operation. In addition to the typical clinical patient chart review, they also examined our policy and procedure manual, orientation and training records, emergency on-call protocols, administrative files to include credentials and caregiver background checks, documentation of malpractice and liability insurance, grievance files and clinical supervision documentation. The surveyor picked their own random sample of clinical charts to review off of a master case list. The focus of the record reviews were documentary evidence of program requirements, client rights, informed consents and treatment.

While this review was by far the most challenging and the demands were both unanticipated and many, we learned some things with this comprehensive process that will help us stay compliant and serve us well the next time around. It would not be an overstatement to say the credit for the recertification success goes to every single person who works on the Tosa third floor. Well done, thanks all! Let’s do it again in 2019!

Bob Huberty, MSW, LCSW
Program Director
Research Notes

LIVING UNDER THE RADAR: US IMMIGRANTS AND HIV

Research has revealed that a substantial number of US immigrants, both authorized and unauthorized, are so fearful of drawing unwanted attention of US authorities that they will not call the police when they or loved ones are victims of a crime.

A study conducted by CAIR investigators found similar immigration concerns surrounding HIV testing. Immigrants’ beliefs about the potential negative immigration ramifications of being tested for HIV, being diagnosed with a disfavored disease, and utilizing US healthcare appeared to deter them from seeking HIV testing. Importantly, some of their concerns were unfounded. This overestimation of immigration risk is not surprising in a nation that, until 2010, barred persons diagnosed with HIV from traveling to or settling in the US.

The initial step of the US HIV prevention strategy, upon which virtually all subsequent steps depend, is to increase HIV testing in order to identify persons who are unaware that they are infected. When concerns about the immigration ramifications of being diagnosed with HIV deter US immigrants from seeking HIV testing, our national immigration policies threaten to undermine nationwide efforts to promote population health.

CAIR was recently funded to conduct a large, multistate study on the influence of actual and perceived immigration laws on Latino immigrants’ willingness to be tested for HIV and to seek services, when appropriate, for alcohol and drug use disorders (AODD) and intimate partner violence (IPV). CAIR investigators are examining immigrants’ perceptions of the immigration ramifications of seeking services for AODD, IPV, and HIV infection. Each is a highly stigmatized public health concern that has been or is explicitly addressed in US immigration laws and immigration enforcement priorities.

The study will provide empirical evidence for advocates who work to develop sound immigration policy and law. We hope to see a day when the same outrage we feel when faced with persons living in the US who, based on concerns about government authorities, cannot or will not call the police extends to persons whose concerns about the legal ramifications of seeking healthcare prompts them to avoid the same.

Carol Galletly, JD, PhD
Associate Professor, Center for AIDS Intervention Research (CAIR), Medical College of Wisconsin

Clinical Notes

STAFFING IN CMH MENTAL HEALTH

There are big changes planned for the future of how the Community Memorial Hospital (CMH) mental health unit will be staffing its department. In the past, the unit was staffed by three part-time psychiatrists who covered basic clinical needs but didn’t leave time for departmental growth, quality of care, or practice improvement ideas. This became especially apparent when that same team began to “stretch” to include inpatient consultations at St. Joseph’s Hospital in West Bend (as well as continue to cover them at CMH) and be responsible for the CMH electroconvulsive therapy (ECT) service.

Because of these challenges a decision was made to staff the unit in a new way—using a “hospitalist model.” Starting in May the unit team will now consist of two full-time psychiatrists and two full-time nurse practitioners. The shifts will utilize a “seven days on, seven days off” model so that one MD/APNP pair will cover A weeks, and the other pair B weeks. This will allow for more comprehensive coverage throughout the week and weekend. During the staff recruitment process we discovered that this model was much more attractive to applicants, as it gets the overall workload and call burden to a level more competitive with other academic medical centers. It also opens up future opportunities for us to cover a mental health partial hospital program and/or intensive outpatient program here at CMH, an option we are actively exploring.

I’ll continue to be medical director for the unit and organize our trainee education component, but I will also be working with the consult services at CMH and at St. Joe’s. We hope that by increasing our staff presence here, we can more actively and aggressively work to grow the program here, with an overall goal of developing CMH as the “home” for inpatient and intensive mental health services within the Froedtert organization. Please join me in welcoming our new team, both in these pages and when you see them!

Dr. Abedrazik Eisa
Jennifer Kreutzpaintner, APNP
Dr. Michael Churchwell (projected start date—May 1st)
Dr. Jeff Miller, DNP (projected transition date—May 1st)

If anyone has any questions, concerns, or thoughts about the new model, please feel free to contact me.

Travis Fisher, MD
Assistant Professor, Medical College of Wisconsin • Medical Director, Psychiatric Services, Community Memorial and St. Joseph’s Hospitals
GETTING TO KNOW...
Faculty and Staff from the Department of Psychiatry and Behavioral Medicine

ED KRALL
Program Director, Psychiatry Residency
Central WI (primarily Wausau)

What is your educational background?
I did my undergraduate work at Marquette University. I attended medical school at the Medical College of Wisconsin and completed my residency at Yale University. I also have a Masters degree in Medical Administration from the University of Wisconsin.

How long have you worked at MCW?
I joined the Medical College as faculty in February of 2016.

Describe your typical day.
We’ve just completed our first interviewing and recruiting season and await the match day. Our work now involves faculty development and preparing for orientation. My job is to bring all the pieces together to create a solid training experience utilizing local talent with the resources of MCW.

What do you like most about your job—what attracted you to this field?
I’ve been a psychiatrist in Central Wisconsin for 30 years. It has been a rich and varied career. When my friends in the Department of Psychiatry at MCW approached me and asked me to be program director for this new program, I saw this as a capstone to my experience and a chance to work with the good people I know at MCW.

Tell us about life outside of MCW.
I have a restless spirit. I do a lot of things. I scuba dive. My wife, Eileen, and I ballroom dance. I’m involved in community theater as an actor. I do agility training with my golden retriever, Jordy.

SHELBY BORCHARDT
Program Coordinator, The Periscope Project
Tosa Center

What is your educational background?
I graduated from Marquette University (MU rah rah!) with a BA in anthropology and sociology.

How long have you worked at MCW?
I have started with The Periscope Project in the middle of January of this year.

Describe your typical day.
I don’t have a routine yet. As we plan and implement The Periscope Project I’m working on different projects from the launch event to the website. With this evolution of The Project there’s something new and interesting every day. The plan is that once the program is operational I’ll be triaging provider calls.

What do you like most about your job—what attracted you to this field?
I was looking for an opportunity to combine my experience and interests and this is the position that does just that. I believe taking care of mental health is just as important as taking care of physical health. I’m excited to make a positive impact on perinatal behavioral health.

Tell us about life outside of MCW.
I love the outdoors! I’ll take any chance I get to be outside. My parents live in Maine so I hike in the Appalachians every year when I go to visit them. I just bought a fixer upper pop up camper. I guess that means I need to learn how to sew! If I’m not out in the woods, you can find me walking my dog, Sunni, at the park.

Just for fun—what are your favorite movies, books, music?
I’m a fan of jam bands and banjos. The Avett Brothers and Phish are among some of my favorite bands. Oh, and I am a sucker for Hall and Oates!

Tell us a fun/unique fact about yourself.
I spent my junior year of high school in Sweden as an exchange student. It was such a great experience and I’ll always have the great memories associated with it. Sadly, however, my Swedish vocabulary is limited these days.
WELCOME NEW FACULTY AND STAFF:

Himanshu Agrawal, MD • Assistant Professor
Location: TC—FMLH—CHW
Started: 11/1/16

Orna Alpert, MD • Assistant Professor
C/L; Transplant Service, Child Transplant
Started: 1/1/17

Mary Beth Alvarez, MD • Assistant Professor
Location: Lincoln, Sargeant CP Clinics
Started: 3/6/17

Shelby Borchardt • Research Program Coordinator,
The Periscope Project
Perinatal Specialty Consult Psychiatric Extension
Location: Tosa Health Center
Started: 1/16/17

Tera Carman, MSW LCSW
Location: Tosa Health Center
Started: 1/4/17

Abedrazik (Abe) Eisa, MD • Assistant Professor
Location: CMH
Started: 2/1/17

Jennifer Heinemann, PhD • Assistant Professor
Location: Bariatric Surgery at FMLH
Started: 3/1/17

Kristin Olver, MS LPC • Psychometrist
Location: Child and Adolescent Psychiatry
Started: 1/16/17

Mary Vitale, BSN • Registered Nurse
Location: Tosa Health Center
Started: 1/30/17

Lyndsey Wallace, PsyD • Assistant Professor
Location: FMLH—Cancer Center and Bariatric Surgery
Started: 12/1/16

Marika Wrzosek, MD • Assistant Professor
Director of Medical Student Education
Location: CHW and TC
Started: 12/1/16

AND IN THE NEAR FUTURE:

Michael Churchwell, MD • Anticipated Start: May 2017

Maria Mas, MD • Anticipated Start: July 2017

Michael Montie, DO • Anticipated Start: July 2017

Deepa Pawar, MD, MPH • Anticipated Start: Autumn 2017

Matthew Stohs, MD • Anticipated Start: July 2017

BEST DOCTORS IN AMERICA
Congratualtions to the following MCW psychiatrists among
the 600+ MCW physicians elected for 2015-2016:

Richard Barthel, MD • David Bresnahan, MD
Carlyle Chan, MD • Robert Chayer, MD
Travis Fisher, MD • Joseph Goveas, MD
Harold Harsch, MD • Thomas Heinrich, MD

Jennifer Knight, MD • Gunnar Larson, MD
Joseph Layde, MD, JD • Jon Lehrmann, MD
Joseph O’Grady, MD • Mara Pheister, MD
Carol Tsao, MD, JD • Christina Wichman, DO

CELEBRATE EXCELLENCE!
Have a co-worker you believe personifies what
the Department of Psychiatry is all about?
Nominations are being accepted
July 17–August 11 for the
2017 David J. Peterson Excel-
ence Award.
Questions? Contact Beverly Pernitzke • bpernitz@mcw.edu
We want to share with you comments provided to Human Resources celebrating Psychiatry and the Behavioral Medicine staff with 25 years or more of services to MCW and the Department at the 2017 Staff Service Awards Ceremony.

**Robert Huberty**

It’s a real pleasure for me, along with Dr. Jon Lehrmann, to remark on Bob Huberty’s 25 years of service to MCW. I say “MCW” because Bob has worked on behalf of both the MCP group practice in his early years at MCW and then in the Department of Psychiatry and Behavioral Medicine for the large rest of his 25 years. “Service” is the perfect word to describe Bob’s effort. As a leader in the Department, Bob is quick to volunteer, ask what he can do to help, offer his paper number and then lead by example.

As a community volunteer, Bob regularly donates his time at St. Ben’s throughout the year. Drawing on his many skills as a licensed clinical social worker, Bob has lead the department’s LEAN initiatives, ensures that the department’s ambulatory clinics remain certified, ensures that the clinics are patient-friendly and accessible, contributes to quality care and he serves as a trusted department resource, leader and advisor. 100 words can’t describe Bob’s commitment to MCW, and his dedication to the field of mental health, but as one MCW colleague notes, “The most important part of Bob that makes working with him enjoyable, is his appreciation of Jerry Garcia ties and I appreciate finding a kindred spirit.” Congratulations, Bob, from me, Dr. Lehrmann, and the entire Department of Psychiatry and Behavioral Medicine.

~David Peterson

**Vardis Stricklin**

I have had the honor of working side by side with Vardis for almost all of her 25+ years at MCW. I was never quite sure if Vardis reported to me, or I to her, after all she has seniority as she was hired at MCW exactly two days before me in 1991. Vardis has had a hand in all of the department’s outpatient operations since MCW’s first State of Wisconsin certified clinic was opened. Her title is Senior Administrative Assistant but the scope of her responsibilities and duties are too numerous to list. Basically she does it all, from day-to-day front desk operations to being a resource for my many needs and those of all the clinic faculty and staff.

As the only support staff for the Center for AIDS Intervention Research, Vardis has lead the department’s LEAN initiatives, ensures that the department’s ambulatory clinics remain certified, handles daily mundane financial and operational issues (like paying the bills and scolding those of us who jam the shared printer and walk away). Tom takes on all of the unconventional challenges our research presents him with extraordinary agility, ingenuity, and resourcefulness—and somehow maintains his sense of humor. We are extremely grateful for Tom’s immeasurable contributions, for his patience and persistence, his dedication and commitment—and we’re very lucky he’s here. Thank you, Tom.

~Karen Opgenorth

**Kristine James**

Kristine has been with MCW for three decades. It took me about three hours to see her influence all things medical-education related for years—students, staff, and faculty alike—and she has a remarkably close pulse on the people and program. Within my first three days, multiple people made sure I knew what a gem Kristine is. Indeed, she is warm, welcoming, kind, motivated, hardworking, humble, compassionate, and dedicated. A source of endless institutional knowledge and infinite patience, Kristine has impacted literally thousands of medical students who now call MCW their alma mater, many of whom are now among MCW faculty.

Her generosity of time and spirit extend beyond the students. She has been the Department’s MCW Wellness Champion, leading multiple diet, exercise, and lifestyle improvement events. She has also served as the captain of the annual Heart Walk team—with the Department leading the way in donations at MCW. Kristine, I wish I had pages to sing your praises...maybe then I could begin to do you justice! I am truly honored to work with you and humbled by the palpable impact you have had. Here’s to many more years of new adventures (and to many more bobbleheads dancing away on your desk). Thank you!

~Marika Wrzosek, MD