Stakeholder Engagement

persons with lived experience

families

policy-makers

providers
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EXECUTIVE SUMMARY

We are grateful to the Massachusetts Department of Mental Health (DMH) for its continued support of the University of Massachusetts Medical School’s (UMMS) DMH Research Center of Excellence, the Systems and Psychosocial Advances Research Center (SPARC). We continue to leverage the DMH investment to support innovative, recovery-oriented, state-of-the-art psychosocial and systems research.

SPARC Overview

The Systems and Psychosocial Advances Research Center (SPARC) conducts research to enhance services, improve the quality of life, and promote recovery for people with behavioral health conditions. Our research involves, informs, and advises individuals with lived experience, their families, providers, administrators and policymakers navigating the behavioral health landscape in the Commonwealth and beyond. SPARC was created in 1993 when it was first designated a Center of Excellence for Psychosocial and Systems Research by the Massachusetts DMH.

Our mission mirrors the DMH commitment to collaborate with other state agencies, individuals with lived mental health experience, families, advocates, providers, and communities. DMH and SPARC are aligned in their vision of promoting mental health through early intervention, treatment, education, policy, and regulation to provide opportunities for all citizens of the Commonwealth to live full and productive lives.

Research Portfolio

Fiscal Year 2018 was a strong year for the Center.

SPARC faculty and staff:

- Received $4,648,168 in new research funding.
- Submitted 10 grant applications.
- Were awarded 4 new research grants and contracts.
- Submitted and published 104 research articles, briefs, book chapters, reports, and manuals.

SPARC faculty are internationally recognized in psychosocial interventions development and implementation; services and supports research; multicultural issues; clubhouse and vocational rehabilitation models; wellness and mindfulness; forensic/legal and human rights issues; child, parent and family mental health issues; perinatal mental health; Deaf and hard of hearing mental health concerns; transition-age youth/young adults; and co-occurring disorders. We collaborate across UMMS Departments of Psychiatry, Family and Community Medicine, and Preventive and Behavioral Medicine, Commonwealth Medicine, other UMass campuses, and other national and international institutions to optimize our resources and relationships to build a bigger and stronger research center to help meet the many challenges faced by DMH and its stakeholders.
SPARC Funding Sources FY 2018

SPARC continues to provide a positive return for the DMH investment:

![Pie chart showing funding sources]

Every $1 invested by DMH yielded a return of $7 to the Commonwealth to fund research, training, technical assistance, and service delivery.

DMH Area Office Visits

Our SPARC leadership including Director and former Deputy, Maryann Davis and Kate Biebel, Marsha Ellison and Chief Operations Officer Jonathan Clayfield met with DMH leadership teams during FY18. After initial visits with each Area Office, SPARC ensured DMH staff were included on all SPARC external communications regarding new products (e.g., issue briefs, tip sheets), upcoming webinar trainings that may be beneficial to the development of the DMH workforce, and about the capacity to now be able to request technical assistance via a new technical assistance request web page on our SPARC website. In the Central Area, we now have quarterly meetings with Sue Sciarafa and her leadership team to work in partnership on identified priority areas (e.g., transition-age youth and young adults) and potential joint projects.

Highlights from these meetings include:

- **DMH Central MA:** Maryann Davis and Kate Biebel had a second meeting with DMH Central MA leadership to discuss priority areas and joint projects. One project is to support/consult on identifying best practices re: service authorization and engagement of TAY. Plan is for Maryann to attend a meeting with TAY supervisors and managers in Central MA, to hear their concerns and challenges, and then we can better plan next steps and how SPARC and support these efforts.
- **On March 26th,** Marsha Ellison and Jonathan Clayfield met with the DMH Area Directors of Recovery. They are interested in learning more about what SPARC and Transitions ACR can do for them. They were also interested in whether SPARC could help them measure the positive outcomes of their peer support specialists.
- **On June 5th,** Jonathan Clayfield and Maryann Davis met with Sue Sciaraffa, Brian Minchoff, and Carly Sebastian at the DMH Central Mass Area office. They requested a copy of the instrument that Connecticut DCF uses to assess youth aging out of their system for eligibility for the adult MH system, and utilization management tools for adult services to help with their ACCS rollout. We sent them several documents to assist with their requests.
- **DMH Metro Boston:** in January 2018 Maryann and Kate met with Patty Kenny and her team
and we learned about the need for technical assistance around working with homeless youth as well as the need for inpatient staff training in working with DMH clients who are gender transitioning.

**SPARC Communications Division**

SPARC and the Transitions to Adulthood Center for Research (ACR) have been exploring different communications mediums to reach different audiences. For example, the Communications Team has been working on a graphic comic that demonstrates the process of asking for accommodations in college for transition age youth with serious mental health conditions. The comic will be published in FY2019. The Transitions ACR also did a Facebook Live video in May that coincided with the MHE & YOU Advisory Council’s May Is Mental Health Awareness Month theme of “Self-Care and Healthy Ways to Cope.”

**Other highlights from the Communications Division includes:**

- Published 14 issue briefs and tip sheets in FY18.
- Total number of SPARC written products disseminated at local and national conferences: 2,631.
- 8 webinars for over 537 participants. Webinar topics included: how to start a young adult council, preventing disability among young adults with mental health conditions, managing addiction in offenders through court-mandated treatment, behavioral health disorders and employment for justice-involved adolescents, improving informed consent in clinical research, assessment and management of adolescents charged with domestic battery on a caregiver, undocumented college students, social exclusion, and psychological distress, and navigating school and work with a serious mental health condition.
- SPARC and Transitions ACR websites received 13,885 visits in FY18. This is an increase from FY17 where our websites had 11,758 visits from 5,759 unique visitors.
- Product downloads from our websites and our Psychiatry Information in Brief and Journal of Parent and Family Mental Health e-journals totaled over 25,251, an increase of over 8% from FY17 (FY17 = 21,010).
- Facebook pages reached 942 “likes,” an increase of more than 68 “likes” from FY17 (FY17 = 874).
- Twitter pages currently have 1,538 followers, an increase of over 326 followers (FY17 = 1,212).
- YouTube videos had 32,819 views, an increase of 4,943 views (FY17 = 27,876).
- Our email listserv reached 3,428 members, which is 243 more members since the previous fiscal year (FY17 = 3,185).

**Participatory Action Research (PAR) Initiative**

For many years SPARC has focused on engaging end-users in all aspects of our research to ensure research findings and dissemination materials are relevant and useful to the populations whom are directly impacted. SPARC conducts this work using Participatory Action Research (PAR) principles. Beginning in October 2016, SPARC launched the PAR Initiative to enhance SPARC’s use of PAR and ensure PAR principles were being used where relevant in research and communications efforts across all of SPARC. This effort, initially led by Kate Biebel and Amanda Costa and currently by Melissa Anderson and Amanda Costa, has developed a comprehensive PAR implementation work-plan, including goals and benchmarks, for the coming year. They have surveyed SPARC faculty and staff to identify current PAR efforts, “levels” of PAR activities, barriers to implementing PAR activities, and are developing strategies to help faculty and staff incorporate PAR principles within all of their SPARC work.

**Highlights from these activities include:**

- In FY18, SPARC developed a new Family Advisory Board (FAB) to infuse a family voice into SPARC's research and knowledge sharing activities by providing valuable feedback and perspectives. These family members will assist in the development of products, review parts of grants, and participate in discussion groups designed specifically for family members of loved ones with lived mental health experience. SPARC looks to this advisory group to help develop
relevant and effective research and products for other family members in the community. FAB members will be compensated for their participation. On April 19, 2018 Marcela Hayes and Jonathan Clayfield facilitated the first meeting of the FAB. The FAB has six family members, which includes parents and children of loved ones who have lived mental health experience. The Family Advisory Board identified “Self-Care” for family caregivers supporting loved ones with mental health conditions as their topic of interest to write a tip sheet.

- The Family Advisory Board met on June 20th and identified “Self-Care” for family caregivers supporting loved ones with mental health conditions as their topic of interest to further refine. During this meeting they brainstormed ideas for a product around self-care.

- Expanding on the MHE & YOU Advisory Council, SPARC partnered with the Kiva Center to create research-based educational products developed by and in partnership with individuals with lived mental health experience. On November 1st, Kate Biebel and several MHE & YOU members met with Brenda Vezina (Kiva Center Director), Donna Macomber-Cassidy (Kiva Center Director of Operations) and members of the Kiva Center to identify a process moving forward. In December, Dee Logan met with the chosen co-facilitator from the Kiva Center to discuss the project and identify potential council members from the Kiva Center and how to reach out to them. Dee and the co-facilitator from the Kiva Center worked together to plan and run the kick-off meeting. The Kiva Center co-facilitator and participant members are compensated for their time with the project. The MHE & YOU Advisory Council had its kick-off meeting at the Kiva center in February. The group is composed of 4 Kiva Center members, 2 Kiva Center staff members, Mary Quill, Dee Logan and Jennifer Whitney from SPARC. Moving forward this group will meet monthly at the Kiva center. The group is focused on 2 projects, writing a tip sheet together and developing a community art project.

- The PAR team focused on compiling information for the ongoing scoping review assessing implementation of PAR methodology in current research literature.

- Amanda Costa and Kate Biebel are developing and piloting tools to support the integration of lived experience voice into research. The PAR implementation tools were tested in November with a research team to determine usability.

- Kate and Amanda met with representatives from SAGE to discuss opportunities to collaborate on bringing lived experience voice of women with perinatal depression into developing measurement tool.

- The PAR Initiative hosted a call with a group from International Association on Youth Mental Health (IAYMH), who are interested in PAR for young adults.

### Research Highlights

1. In November 2017, Melissa Anderson, Kelly Wolf Craig, and Nancy Byatt were awarded a UMCCTS Pilot Project Program grant for their project Creating the Capacity to Screen Deaf Women for Perinatal Depression. This was a one-year, community-engaged study to develop an American Sign Language (ASL) translation of the Edinburgh Postnatal Depression Scale (EPDS). Deaf women are especially vulnerable to the development or exacerbation of depression during the perinatal period. If left untreated, its symptoms are debilitating, with maternal suicide accounting for 20% of deaths among women with perinatal depression. The goal of this project was to develop and validate tools to screen for depression among Deaf perinatal women so that they may access the same standard of care as other perinatal women. The aims of this project were to: 1) translate the Edinburgh Postnatal Depression Scale (EPDS) from English into American Sign Language using a three-stage translation procedure previously validated in other behavioral health applications, and 2) use the American Sign Language version of the EPDS to (a) conduct screening interviews with 50 Deaf perinatal women and (b) perform preliminary, high-quality psychometric analyses of the resulting data. Future efforts will include a multi-state or national epidemiological study to compare trends in perinatal depression between Deaf women and women from the general population, and the
development of a Computer-Assisted Self-Interviewing version of the ASL EPDS with automated scoring functions that hearing, non-signing obstetric providers can use to screen Deaf women for perinatal depression.

Sarah L. Goff and Nancy Byatt received funding from UMCCTS - Increasing Postpartum Depression Screening and Referral in Primary Care Pediatrics Practices - to develop an accessible, feasible, and effective intervention to implement postpartum depression (PPD) screening in pediatric primary care practices. They will develop an accessible, feasible, and effective intervention to implement postpartum depression screening in pediatric primary care practices. They will collect quantitative and qualitative data to characterize key stakeholders’ (e.g., pediatrics, pediatric staff, mothers, mental health providers, practice managers, health care organization leaders, health insurance officials) perspectives regarding barriers and facilitators to screening and mental health referral for PPD in pediatric practices. Data from Aim 1 and iterative stakeholder feedback will be used to adapt, refine, and beta-test our team’s obstetric postpartum depression screening and referral implementation model for use in pediatric practices.

In fiscal year 2017, Phoebe Moore was awarded a SPARC seed grant to examine Augmenting Treatment Adherence in Parents of Children with Anxiety Disorders using Mobile Technology. This seed grant enhanced her open trial of an innovative, 6 week group-delivered caregiver treatment program: Acceptance and Commitment Therapy for Parents of Anxious Children (ACT-PAC). The project evaluated the feasibility and acceptability of a wearable watch as a prompting augmentation for ACT-PAC and collected pilot data on how watch use affects frequency of ACT-PAC technique use. Twenty-two parents have completed the ACT-PAC parenting program. One focus group (N=7) has been completed, and Phoebe’s team is offering an additional one-time focus group opportunity for December/January for more recent group completers. Each parent group completer has also finished an individual interview to obtain feedback about the experience with the group treatment and assessment protocol. The team has scored and recorded quantitative measures of participant experience. Next steps include qualitative data scoring and analysis and incorporating results into a grant application for funding of an RCT to evaluate a mobile-technology-supported ACT-PAC treatment protocol, now planned for June 2019.

Kate Biebel received a funding from a PCORI Tier II opportunity to focus on three strategic priorities that will help the Maternal Mental Health Research Collaborative (MMHRC) grow into a more mature, established entity while enabling us to further refine our research priorities and connect with partners and other stakeholders. For the duration of Tier II, our work will be focused on 1) firming up our Governance Board and Working Group as detailed in our governance document; 2) creating an online hub through the development of our website for recruitment, dissemination and social sharing; and 3) building partnerships with a focus on stakeholders from outside of the immediate maternal mental health environment.

In August 2017, Nancy Byatt received a one-year National Institutes of Health - Praxis, Inc. award for Addressing Perinatal Depression in Obstetric Practices. The primary goal of this project was to develop, implement, and evaluate an online module to improve obstetric providers’ knowledge, skills and practices regarding perinatal depression. They plan to develop a state-of-the-art, training module, The Basics of Addressing Perinatal Depression, which will be delivered online and consider the different mental health resources available in other states across the US. The module will support obstetric providers to: 1) implement depression screening; 2) assess depression and comorbidities; 3) triage and refer complicated cases to psychiatric providers; 4) treat women with less complicated illness; and 5) consider risks and benefits of different treatment modalities. The team will conduct a formative evaluation of this module via in depth interviews with obstetric providers and revise/refine based on iterative feedback. Then they will conduct a summative evaluation by implementing the module with different obstetric providers by obtaining data on provider knowledge acquisition and satisfaction (pre/post-test comparison) and change in knowledge, attitudes, and practices toward depression screening among providers, and b) providers perception of change
in mental health treatment initiation among women (pre/post-test survey).

Ekaterina Pivovarova and Peter Friedmann were recently awarded a Life Sciences Moment Fund UMass Medical School Center for Clinical and Translational Science award for **Impact of Extended Release Naltrexone on Quality of Life in Criminal Justice Offenders with Opioid Use Disorders**. Health-related quality of life (QOL) has also been shown to predict adherence and retention across a range of medical treatments, including sustained remission from drug use. Yet, it remains understudied in individuals with opioid use disorders (OUD), even though existing research suggests that individuals with OUD who are actively using drugs have worse QOL than the general population and in some sample worse than individuals with psychotic disorders.

Medication for Addiction Treatment (MAT) has been recognized as effective for opioid use disorder (OUD) and different types of MAT such as methadone and buprenorphine improve QOL. The goal of this research is to understand how extended release naltrexone (XR-NTX; Vivitrol) impacts QOL and whether that relationship effects treatment retention and relapse. The proposed study will entail a secondary data analysis of a multi-site, open label, randomized controlled trial funded by NIDA comparing XR-NTX to Treatment As Usual (TAU: psychosocial interventions, peer support) in offenders. Specifically, 1) they will examine the impact of XR-NTX on QOL during 24-week treatment period and at long term follow up, 2) determine whether QOL mediates the treatment effect of XR-NTX on relapse and retention, and 3) identify the trajectory of changes in QOL in the XR-NTX treatment.

New Mexico State University contracted with the Transitions ACR to develop an Embellished Readiness Assessment (ERA) using the **Effectively Employing Young Adult Peer Providers: A Toolkit**. The Transitions ACR invited youth service provider agencies who were chosen by the New Mexico Children, Youth and Families Department (NM CYFD) to complete the ERA. They then developed a report based on the results of the ERA, that points out specific gaps in readiness and made recommendations to the NM CYFD.

**Lived Experience Contributions**

Input from and partnership with persons with lived mental health experience is critical to all work at SPARC. Within SPARC, individuals with lived experience are actively involved in all phases of the research process, from defining the research questions to developing survey instruments and collecting data to analyzing and disseminating the results. The voice of individuals with lived experience is also infused into all SPARC technical assistance, consultation, and training activities. As part of this participatory work, SPARC relies on the direction and guidance of several lived experience advisory boards – the Mental Health Experienced & Years Of Understanding (MHE & YOU) Advisory Council, the Transitions ACR’s Youth Advisory Board (YAB), and the newly formed Family Advisory Board (FAB).

**Highlights of contributions from persons with lived mental health experience include:**

- **In celebration of May is Mental Health Awareness Month the MHE & YOU hosted an art contest again; receiving over 60 submissions from the community. This year's theme was “Self-Care and Healthy Ways to Cope”. The MHE & YOU also filmed some videos for this campaign, which are available on MHE & YOU and SPARC websites.**
- **MHE & YOU had an active social media presence in FY18 with 100 likes on its Facebook page, 59 followers and 9,500 impressions (views) on Twitter, and 786 views on its YouTube Channel in FY18. The MHE & YOU website had 1,873 page views by 1,153 visitors during FY18.**
- **Laura Golden, as part of the SPARC Communications Division, is working with the Statewide Young Adult Council (SYAC) to develop a tip sheet to address the way people with mental health conditions are mistakenly portrayed in the media. The idea came out of the March 20th SYAC meeting.**
- **The Youth Advisory Board (YAB) has 2 young adult Co-Chairs and 9 active members. In FY18 the YAB reviewed grant proposals, provided feedback on study questionnaires, and helped develop**
and participated in a webinar about developing young adult councils/advisory boards. In conjunction with the SPARC Communications Division, the YAB assisted with the development of a two-part series of tip sheets and a webinar about developing a young adult council and a tip sheet for parents of young adults about the WIOA Act.

Communications/Community Engagement Highlights

To ensure that the work of SPARC is disseminated as quickly and effectively as possible, and to speed the translation of research findings about effective psychosocial services into actual practice in the community, we have developed state-of-the-art dissemination strategies including web-based and social media campaigns.

Highlights from these activities include:

- **Alternatives Conference - August 18-21, 2017, Boston, MA**
  - Strategies to Support Young Adult Leadership: Hits, Misses, and Lessons Learned – Kate Biebel and Amanda Costa
  - Fighting for Our Livelihoods: Developing Sustainable Job Opportunities for Economic Self-Sufficiency – Jonathan Delman
  - Successes & Challenges of Engaging a National Youth Voice in Shaping Future Mental Health Services & Support – Raphael Mizrahi and Amanda Costa

- **IAYMH Conference - September 24-26, 2017, Dublin, Ireland**
  - Multiple Perspectives on the Academic Experience of College Students with Mental Health Conditions – Amanda Costa
  - Making Research Work for Young Adults: The Participatory Action Research Initiative – Kate Biebel
  - It Can Be a Bumpy Ride: Navigating School and Work with a Serious Mental Health Condition – Kathryn Sabella

- **Work Without Limits: Raise the Bar Conference - October 5th, 2017, Worcester, MA**
  - On Our Way to the Top: Advocating for an Environment of Acceptance and Inclusion in the Workplace – Tania Duperoy

- **15th Annual MassPRA Conference - October 25, 2017, Marlborough, MA**
  - Helping Youth on the Path to Employment: Forging Career Services for Young Adults – Marsha Ellison, Rachel Stone, Michelle Mullen
  - The Toughest Job You’ll Ever Love: Being a Young Parent with Mental Health Condition While Pursuing Work and School Goals – Laura Golden, Emma Pici-D’Ottavio, Jennifer Whitney
  - Let’s Talk about Parenting: A new intervention for Community Based Flexible Support – Christine Funari, Joanne Nicholson, Kate Biebel

- **UMMS Projects in Process Seminar Series (PiPSS)**
  - Developing Evidence-Based Psychotherapies for Deaf People: “Signs of Safety” and Future Directions – Melissa Anderson, November 16, 2017, Worcester, MA
  - Health-Related Quality of Life and the Prevalence of Chronic Conditions in Offenders Mandated for Addictions Treatment – Ekaterina Pivovarova, February 15, 2018, Worcester, MA
  - From Research to Action: Using Science to Inform Maternal Mental Health-Related Public Policy – Nancy Byatt, April 19, 2018, Worcester, MA

- **EDAR Conference - November 22, 2017, Boston, MA**
  - It Takes a Committed Campus: Supporting College Students with Mental Health Challenges – Marsha Ellison
• Society of Addiction Psychology (SoAP) American Psychological Association Division 50 Podcast - December 1, 2017
  o Using Drug Treatment Courts to Manage Substance Use Disorders – Ekaterina Pivovarova
• UMMS Psychiatry Grand Rounds – February 22, 2018, Worcester, MA
  o Mindfulness-Based Cognitive Therapy for Depression – Carl Fulwiler
• Division 50 of American Psychology Association, Collaborative Perspectives on Addiction – March 16, 2018, Tampa Florida
  o Criminal Justice Primer for Addiction Psychologists – Ekaterina Pivovarova
• 31st Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health – March 4-7, 2018, Tampa Florida
  o There were two main goals for this conference: The first goal was to describe the current state of the science that informs practice and policy supports for strong educational and employment outcomes in youth and young adults with serious mental health conditions; The second was to engage multiple representatives and stakeholder perspectives from the field in prioritizing the knowledge that future research should address to most rapidly and robustly lead to improvements in these outcomes
  o Maryann Davis, Marsha Ellison, Vanessa Klodnick, Michelle Mullen, Kathryn Sabella, Amanda Costa, Laura Golden, and Emma Pici-D’Ottavio presented SPARC/Transitions RTC research at the event
• 12th Annual Academic & Health Policy Conference on Correctional Health – March 22, 2018, Las Vegas, NV
  o Chronic Disease and Health-Related Quality of Life in Drug Treatment Court (DTC) Participants - Ekaterina Pivovarova
• 40th Annual NARRTC Conference – March 26, 2018, Williamsburg, VA
  o Embracing Young Adult Voice: Strategies, Tools & Resources to Enhance Participation in Mental Health Research – Amanda Costa
• DMH Future Forum: Career Building with Youth and Young Adults – May 4, 2018, Boston, MA
  o Tips & Tricks from Research and Experience: How to Support the Education Goals of Young Adults with Mental Health Conditions – Laura Golden and Raphael Mizrahi
• Grand Rounds Lecturer UMMHC Audiology Department – May 15, 2018, Worcester, MA
  o Psychological Implications for Patients with Hearing Loss – Melissa Anderson and Kelly Wolf Craig

**SPARC Research Seminar Series Highlights**

The SPARC Research Seminar Series features leading scholars presenting their research, discussing emerging policy implications, and identifying future directions regarding mental health research. This series serves as a forum to develop a cross disciplinary dialogue and establish collaboration with the aim of developing methods to improve the mental health of all citizens in the Commonwealth of Massachusetts and beyond. We are actively working to ensure that all interested DMH stakeholders (i.e., administrators, providers, family members, those with lived experience) are on our listserv announcing upcoming seminars. Seminars are held at SPARC and we are exploring strategies to stream seminars to DMH sites in the upcoming fiscal year. In FY18 we held the following three Research Seminars:

• Taking Advantage of Advances in Super Short-form Measures of Patient-reported Health Outcomes on November 30 – John Ware, Ph.D.
• January 29, The Age of “Feeling In-Between”: Factors that Influence Emerging Adult Outcomes During & After Residential Substance Use Disorder Treatment – Brandon Bergman, Ph.D.
• May 10, Integrating Behavioral Health and Primary Care - Daniel Mullin, PsyD, MPH
DMH Research Centers of Excellence Conference Highlights

SPARC collaborated with DMH and the Harvard Commonwealth Research Center to develop and implement the March 29, 2018 DMH Centers of Excellence Conference – “Person-Centered Integrated Care.” This conference included 2 panel discussions, the first featured persons with lived experience who provided personal accounts of receiving care for physical and behavioral health needs and the impact of integrated care. The second panel included three providers who talked about their experiences. There were over 100 attendees at the conference, including persons with lived experience, family members, clinicians, researchers, and policy-makers/administrators. We also implemented a poster contest and the top three posters were awarded prizes. Feedback from the conference was very positive.

Collaborations with DMH and Other State Agencies Highlights

We recognize that partnerships are more critical than ever, especially considering the increasingly collaborative and multidisciplinary nature of health services research. SPARC faculty and staff collaborate with DMH and other state agencies to further the missions of our organizations and meet the needs of the citizens of the Commonwealth.

Examples of collaborations and activities include:

- **Gina Vincent** assisted the Executive Office of the Trial Court and DMH with coordination of their Drug Court Training Conference, which occurred on May 23rd – attended by over 100 people. Gina also presented The RNR (Risk-Need-Responsivity) Model as applied to drug courts at this event.
- **Melissa Anderson** helped plan and coordinate the 4th Annual Worcester Recovery Center and Hospital Deaf Symposium. This year's topic was “Approaches to Improving Deaf Mental Health Care: How to Collaborate with Deaf and Hearing Allies”.
- **Kate Biebel** and **Maryann Davis** met with Nandini Talwar and Joel Danforth from DMH Central Office regarding getting SPARC's help and expertise in designing and building a health and wellness pilot focused on the highest risk youth in statewide programs utilizing the rubric of current evidence-based and implementation-ready programs that are available for adults with serious mental illness.
- **Kate Biebel** and **Amanda Costa** have been working with Nandini Talwar and Joel Danforth from DMH Central Office regarding getting SPARC's help and expertise in understanding best practices for health and wellness interventions for inpatient youth. SPARC created an annotated bibliography of the state-of-the-science literature regarding this target population/intervention. On June 20, Kathryn and Colleen met with Joel, Nandini, and several people from the DMH inpatient units that serve children and transition age youth to get an understanding of the populations they are serving; hear about the different things they are doing in terms of wellness and health promotion activities with the populations they are serving; tell them about the SPARC and what we do; and describe some of the projects we have done and the products that we have developed. Next steps will be discussed at a future meeting.
- **Michael Stepansky**, DMH Director of Employment had a consultation with Marsha Ellison in preparation for a training for first episode providers regarding adapting IPS for young adults. They discussed internships and volunteer activities specific to adapting IPS for young adults. Michael also had questions about the Thresholds IPS Fidelity Scale. Marsha provided a set of resources, including the Helping Youth on the Path to Employment project (HYPE) practice booklet, HYPE IPS principles and current Maryland IPS manual.
- **Dee Logan** and **Jonathan Clayfield** met with Tina Sang and Dianelys Mejia from the Office of Multicultural Affairs at the DMH Central Office regarding ways SPARC can get our products in other languages out into the community. We also discussed ways we may be able to collaborate. Next steps include identifying CBFS providers across MA serving diverse communities and the
primary languages spoken so we can 1) begin relationships with these providers and their multicultural ambassadors to identify areas of interest and synergy around our work, and 2) we can translate our products into languages that meet the needs of targeted communities.

- On December 13th, Kate Biebel met with Val Comerford, DMH Central MA Director of Recovery to discuss with her how SPARC can engage with her to increase SPARC’s visibility as a DMH COE.

- The Transitions ACR received a request from DMH to have some young adults from the Transitions Center facilitate two focus groups for DMH’s Healthy Transitions project in Lawrence/Haverhill (YouForward). Rachel Stone and Emma Pici-D’Ottavio conducted the focus groups in January and May 2018.

- Marcela Hayes and the SPARC webinar team provided technical assistance to Heidi Holland for the STAY project by hosting the November 17th webinar Core Elements of Young Adult Peer Mentoring Training Overview featuring Kelly English, Julia Cardoso and Kim Bisset. Marcela and the SPARC webinar team also assisted Heidi by creating and managing the electronic registration for a December 6, 2017 training by Vanessa Klodnick. Marcela Hayes and the SPARC webinar team also provided technical assistance to Heidi Holland for the STAY project by hosting three Online Learning Community web calls with Vanessa Klodnick and supervisors of young adult peer mentors. Marcela created and managed the electronic registration for a June 14th training by Vanessa Klodnick.

- To support the change in DMH Service Authorization and Service Planning Regulations which include a change in the age frame for services, DMH contracted with SPARC for us to develop a resource toolkit for staff that is focused on the unique mental health needs of Transition Age Youth and Young Adults. We conducted a needs assessment to gain input into key priority areas for ongoing staff training and coaching related to ongoing work with Transition Age Youth and Young Adults with selected DMH staff; and developed practical TAY-YA “tip sheets” for DMH employees who are not community-based service providers in agencies. The tip sheet topics are:
  - Effective strategies for young adult engagement
  - Brain development
  - Partnering with Families
  - Supporting Young Adults in developing Education goals
  - Supporting Young Adults in developing Employment goals

- SPARC met with MRC Commissioner, Toni Wolf, to brainstorm around emerging efforts to better support vocational efforts for young adults with lived mental health experience at MRC. After consulting with DMH leadership (Kathy Sanders and Joan Mikula), we have moved forward with the Transitions to Adulthood Center for Research (the NIDILRR Center within SPARC) reaching out to MRC with possibilities of providing technical assistance and consultation. Our next meeting will happen toward the end of January.

- On January 23rd, Maryann Davis joined the first meeting of the DPH Interagency Work Group on Youth. The group focuses on interagency efforts to improve services for adolescents and young adults and is hosted by the Bureau of Substance Abuse Services.

- On May 2nd, Gina Vincent and Lynsey Heffernan introduced a new Detention Placement Instrument and Community Based Options Assessment to DYS Regional Directors (multiple from all over the state), the DYS Commissioner, and about 20 others.

- On May 9th, Gina Vincent provided training to 50 DYS clinicians and case worker master trainers on the YLS/CMI and Case Planning.

- Community-Based Options Assessment was a training given by Gina Vincent and Rachael Perrault, to 25 MA DYS staff. It focused on a structured professional judgment tool they will be
piloting to assist with making decisions about whether to place youth sent to detention in a community-based alternative.

**SPARC Grant Support Team**

The SPARC Grant Support team is a group of faculty and staff who review and offer their expertise on the development and submission of grant proposals. All SPARC investigators are encouraged to meet with the Grant Support Team as they are working on their grants, to ensure developing proposals receive as much input and review as possible prior to submission. The Grant Support Team helps with the submission process and tracks grant proposals that have been reviewed, submitted, and funded. The Grant Support Team is led by Drs. Gina Vincent and William McIlvane. In Fiscal Year 2018, the Grant Support Team provided support with 4 Letter of Intent (LOI) reviews, 9 grant reviews and 8 grant submissions, 3 of which were funded.

**Examples of proposals reviewed by the Grant Support Team include:**

- Public Policy Effects on Alcohol-, Marijuana-, and Other Substance-Related Behaviors and Outcomes (NIH R03) – Melissa Anderson
- Improving Relapse and Reoffending Outcomes for Young Adults W/Substance Use Disorders and Justice-System Involvement (KL2) - Dara Drawbridge
- Impact of Extended Release Naltrexone on Quality of Life in Criminal Justice Offenders with Opioid Use Disorders (UMass Life Sciences Fund) - Ekaterina Pivovarova
- Behavioral Health Screening for Justice-Involved Transition Age Youth (18 to 24) (William T. Grant Foundation) – Gina Vincent
- Helping Youth on the Path to Employment (HYPE): Creating Economic Self-sufficiency (NIDILRR) - Michelle Mullen and Marsha Ellison
- Optimizing Psychiatric Treatment In MAternal mental health (OPTIMA) Center (NIMH P50) – Nancy Byatt
- Informing Effective Correctional & Reentry Case Planning for Young Adults (OJJDP) – Gina Vincent
- Innovations in Supervision Initiative: Enhanced Supervision Partnership for High Risk Persons (BJA) - Dara Drawbridge
- Testing the Effectiveness of Multisystemic Therapy-Emerging Adults for Reducing Recidivism in Young Adult Offenders (NIJ) – Maryann Davis
**Fulfillment of the DMH Contract**

We continue to explore innovative opportunities to help us diversify our funding portfolio. Several new grants have already received funding. We continue our commitment to the shared DMH and SPARC goal of providing the best, state-of-the-art recovery-oriented, patient-centered care to all citizens of the Commonwealth. We look forward to another productive year of partnering with DMH.

**Research Activity**

These numbers represent both ongoing and new SPARC research during Fiscal Year 2018.

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Accomplished in FY16</th>
<th>Accomplished in FY17</th>
<th>Accomplished in FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of research projects approved by DMH$^1$</td>
<td>37</td>
<td>39</td>
<td>33</td>
</tr>
<tr>
<td>Number of research proposals submitted &amp; approved by an IRB$^2$</td>
<td>9</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Number of grants submitted$^3$</td>
<td>24</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Number of grants approved for funding$^4$</td>
<td>19</td>
<td>16</td>
<td>4</td>
</tr>
</tbody>
</table>

1. The number of ongoing SPARC research projects during the fiscal year.
2. The total number of projects that received initial IRB approval during the fiscal year.
3. The total number of grant applications that SPARC submitted during the fiscal year, regardless of their approval status. Some submitted grants may have received funding during the fiscal year, some may receive funding next fiscal year, and some may receive no funding.
4. The total number of new grants that either received money during the fiscal year or are approved for funding in the upcoming fiscal year.

**Summary of New Grant Funding**

The ongoing financial support provided by DMH confers SPARC the ability to leverage monies from a variety of other sources in support of research and training. The figure reported below includes the portion of each grant/contract awarded in the 2018 Fiscal Year, not the total funds for life of the grant. The total is inclusive of both direct funds (monies which go directly to the project) and indirect funds (monies that support overhead costs on the project, the operation of SPARC, the UMass Department of Psychiatry, and the University of Massachusetts Medical School).

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Accomplished in FY16</th>
<th>Accomplished in FY17</th>
<th>Accomplished in FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>External funding obtained</td>
<td>$9,839,498</td>
<td>$9,604,667</td>
<td>$7,483,598</td>
</tr>
</tbody>
</table>

**Summary of Publications**

SPARC faculty and staff publish in a variety of different venues. Although most publications appear in peer-reviewed journals, SPARC faculty and staff also publish books, book chapters, monographs, reports, conference papers, and reviews of academic manuscripts.

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Accomplished in FY16</th>
<th>Accomplished in FY17</th>
<th>Accomplished in FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of papers submitted and accepted for publication</td>
<td>53</td>
<td>89</td>
<td>104</td>
</tr>
</tbody>
</table>
Summary of Other Dissemination Efforts

SPARC continued to conduct trainings and give presentations at a wide variety of venues throughout Fiscal Year 2018. The following numbers represent the efforts of SPARC to distribute and disseminate information to the DMH state and provider clinical workforce as well as individuals with lived experience and their family members.

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Accomplished in FY16</th>
<th>Accomplished in FY17</th>
<th>Accomplished in FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and types of forums used by SPARC to share information with DMH State and provider clinical workforce, individuals with lived experience &amp; family members</td>
<td>65</td>
<td>59</td>
<td>60</td>
</tr>
<tr>
<td>Number of state and provider workforce members, individuals with lived experience and family members with whom research information was shared⁵</td>
<td>4,537</td>
<td>2,508</td>
<td>3,771</td>
</tr>
</tbody>
</table>

⁵ This represents the number of individuals attending SPARC faculty and staff presentations at conferences and trainings in Massachusetts during FY18. This does not include Massachusetts individuals accessing research information through other SPARC mechanisms (i.e., website, listservs, and social media).
Appendix A: New SPARC Funded Research

The Basics of Addressing Perinatal Depression

PI(s): Nancy Byatt, D.O., M.S., M.B.A., F.A.P.M.
Funding: National Institutes of Health - Praxis, Inc.
Budget: $62,818
Time Frame: 8/15/17-8/16/18

Description: The primary goal of this proposal is to develop, implement, and evaluate an online module to improve obstetric providers’ knowledge, skills and practices regarding perinatal depression. There is a tremendous public health need for addressing this problem as upwards of 1 in 5 women suffer from perinatal depression. Left untreated, it has deleterious effects on maternal and birth outcomes, infant attachment, and children's behavior/development. Maternal suicide causes 20% of postpartum deaths in depressed women. Although the vast majority of perinatal women are amenable to being screened for depression, screening alone does not improve treatment rates or patient outcomes. While the majority of obstetric providers report wanting to address depression, fear of liability, discomfort, and lack of knowledge and resources present barriers. Addressing these barriers requires a practical and sustainable approach. To meet this need, our team developed the Massachusetts Child Psychiatry Access Project (MCPAP) for Moms. MCPAP for Moms provides training for obstetric providers on how to detect, assess and treat perinatal depression. Our training has been identified as a model for other states; stakeholders from 15 different states across the country have contacted our team and requested our training materials. However, our training was developed specific to the Massachusetts environment and available mental health resources and is currently delivered in person. To fill training gaps in other states and make training more broadly accessible, we propose to develop a state-of-the-art, training module, The Basics of Addressing Perinatal Depression, which will be delivered online and take into account the different mental health resources available in other states across the US. The module will support obstetric providers to: 1) implement depression screening; 2) assess depression and comorbidities; 3) triage and refer complicated cases to psychiatric providers; 4) treat women with less complicated illness; and 5) consider risks and benefits of different treatment modalities. We will conduct a formative evaluation of this module via in depth interviews with 10 obstetric providers and revise/refine based on iterative feedback. We will then conduct a summative evaluation by implementing the module with a different 10 obstetric providers by a) obtaining data on provider knowledge acquisition and satisfaction (pre/post-test comparison) and change in knowledge, attitudes, and practices toward depression screening among providers, and b) providers perception of change in mental health treatment initiation among women (pre/post-test survey). If shown to be effective, our training will help obstetric providers implement depression screening and develop the processes they need to respond appropriately when women are depressed, thus getting women the care they need. Our combined expertise in the integration of obstetric and depression care, adult learning, perinatal psychiatry and Ob/Gyn along with our established relationships with stakeholders make us ideally suited to implement, evaluate and disseminate our training. If proven effective, our training will be poised for national dissemination.

Creating the Capacity to Screen Deaf Women for Perinatal Depression

PI(s): Melissa Anderson, Ph.D., Kelly Wolf Craig, Ph.D., and Nancy Byatt, D.O., M.S., M.B.A., F.A.P.M.
Funding: UMass Medical School Center for Clinical and Translational Science (UMCCTS)
Budget: $50,000
Time Frame: 11/1/2017-12/1/2018

Description: Deaf women are especially vulnerable to development or exacerbation of depression during the perinatal period. If left untreated, its symptoms are debilitating, with maternal suicide
accounting for 20% of deaths among women with perinatal depression. The goal of this project is to develop and validate tools to screen for depression among Deaf perinatal women so that they may access the same standard of care as other perinatal women. The aims of this project are to: 1) translate the Edinburgh Postnatal Depression Scale (EPDS) from English into American Sign Language using a three-stage translation procedure previously validated in other behavioral health applications, and 2) use the American sign language version of the EPDS to (a) conduct screening interviews with 50 Deaf perinatal women and (b) perform preliminary, high-quality psychometric analyses of the resulting data. Future efforts will include a multi-state or national epidemiological study to compare trends in perinatal depression between Deaf women and women from the general population, and the development of a Computer-Assisted Self-Interviewing version of the ASL EPDS with automated scoring functions that hearing, non-signing obstetric providers can use to screen Deaf women for perinatal depression.

Ending Chronic Homelessness Through Permanent Housing, Integrated Treatment, Case Management, and Peer Support in Western and Central Massachusetts: The Mass Mission Program

PI(s): David Smelson, Psy.D.
Funding: SAMHSA
Budget: $2,000,000
Time Frame: 9/30/2017-9/29/2022

Description: MISSION-West proposes to provide evidence based co-occurring mental and substance use disorders (COD) wraparound services to assist 165 chronically homeless individuals in Western Massachusetts, a region that has been hit with economic decline, limited behavioral health resources, and disproportionately less state funding for homeless services. Wraparound services will be provided by Behavioral Health Network, and in collaboration with the Western Massachusetts Regional Homeless Network whom currently tracks and helps place chronically homeless individuals in the region into permanent housing. The evidenced based wraparound service model to be used in this project is Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking (MISSION), which was previously developed to help address the behavioral health and housing needs of chronically homeless individuals with a co-occurring mental health and substance abuse disorder. The MISSION model is delivered by case management/peer support specialist teams, and systematically integrates Critical Time Intervention case management, Integrated Mental Health and Substance Abuse Treatment, Peer Support, Vocational Rehabilitation and Trauma Informed Care. MISSION has been extensively researched and is listed in the Substance Abuse and Mental Health Service Administration-National Registry for Evidence Based Practices (SAMHSA-NREPP).

In this proposed project, the University of Massachusetts Medical School is the Local Lead Agency and Evaluator and will work closely with the Behavioral Health Network, a Western Massachusetts Clinical provider who has delivered MISSION in a prior SAMHSA Grant, along with the Western Massachusetts Regional Network, which is an established network of agencies and providers created through the Governor's Office to serve as a hub to identify, track and place chronically homeless individuals with the aim of reducing the incidence and prevalence of homelessness in the region. The 2 case manager/peer specialist clinical teams funded through this grant will deliver MISSION services to 165 individuals (Year 1=30, Year 2=35, Year 3=35, Year 4=35, Year 5=30) that will include rapid placement in permanent housing using a Housing First approach, along with one year of wraparound support. MISSION-West participants will also receive linkages to community-based, state, and federal mainstream benefit programs such as MassHealth (our state Medicaid program), and Massachusetts Department of Mental Health and Public Health services. We anticipate that the 165 chronically homeless individuals who receive MISSION-West services will have: 1. fewer days homeless; 2. fewer days of substance use; 3. improvement in mental health; and 4. fewer hospitalizations from baseline to follow-up. This project has been developed with significant input from local and state agencies, providers and consumers, the
Massachusetts Interagency Council on Housing and Homelessness and is consistent with the Massachusetts’ Plan to End Homelessness.

**Impact of Extended Release Naltrexone on Quality of Life in Criminal Justice Offenders with Opioid Use Disorders**

**PI(s):** Ekaterina Pivovarova, Ph.D. and Peter Friedmann, M.D., M.P.H.

**Funding:** Life Sciences Moment Fund UMass Medical School Center for Clinical and Translational Science (UMCCTS)

**Budget:** $50,000

**Time Frame:** 04/01/2018-03/31/2019

**Description:** As the opioid epidemic ravages the United States, resulting in more than 58,000 deaths in 2016 alone, individuals in the criminal justice system are disproportionately affected. More than half of all offenders meet lifetime criteria for substance use disorder. Drug overdose has been identified as the leading cause of death for individuals recently released from incarceration. In Massachusetts, offenders are 120 times more likely to die of an overdose than individuals with no criminal justice involvement. Accordingly, it is critical to provide evidence-based treatments for this high-risk population, and to understand factors that increase the likelihood of initiating and remaining in treatment. Health-related quality of life (QOL) is a self-perceived measure of physical and mental health and their effects on daily functioning. QOL is a robust predictor of morbidity and mortality that is widely recognized as a key outcome measure for treatment of chronic conditions. Moreover, QOL has also been shown to predict adherence and retention across a range of medical treatments, including sustained remission from drug use. Yet, it remains understudied in individuals with opioid use disorders (OUD), even though existing research suggests that individuals with OUD who are actively using drugs have worse QOL than the general population and in some sample worse than individuals with psychotic disorders.

Medication for Addiction Treatment (MAT) has been recognized as effective for opioid use disorder (OUD). Predictably, different types of MAT such as methadone and buprenorphine improve QOL. However, the impact of MAT on QOL appears to differ as a function of medication type. Whereas well-established MATs such as methadone and buprenorphine have been studied with regard to QOL, no research has examined the impact on QOL from extended release naltrexone (XR-NTX; Vivitrol) – the only FDA-approved monthly injectable treatment for OUD. The goal of this research is to understand how XR-NTX impacts QOL and whether that relationship effects treatment retention and relapse. The proposed study will entail a secondary data analysis of a multi-site, open label, randomized controlled trial funded by NIDA comparing XR-NTX to Treatment As Usual (TAU: psychosocial interventions, peer support) in offenders (Co-I: Friedmann). Specifically, 1) we will examine the impact of XR-NTX on QOL during 24-week treatment period and at long term follow up, 2) determine whether QOL mediates the treatment effect of XR-NTX on relapse and retention, and 3) identify the trajectory of changes in QOL in the XR-NTX treatment. We expect that the completion of these aims will yield critical data about the impact of XR-NTX and QOL on offenders’ relapse and retention rates. Ultimately, these findings will be used as the basis for development subsequent line of research about how treatment with different MATs impacts QOL among persons who use drugs, and therefore their retention and relapse rates.

**Increasing Postpartum Depression Screening and Referral in Primary Care Pediatrics Practices**

**PI(s):** Sarah L. Goff, M.D. and Nancy Byatt, D.O., M.S., M.B.A., F.A.C.L.P.

**Funding:** UMass Medical School Center for Clinical and Translational Science (UMCCTS)

**Budget:** $50,000

**Time Frame:** 11/1/2017-10/31/2018

**Description:** One in seven women suffer from postpartum depression (PPD) each year in the U.S. PPD, defined as major depression in the year following birth, has profound negative consequences for
both women and children. These consequences include an increased risk for suicide, infanticide, and impaired social function for women and an increased risk for behavioral, cognitive, and mental health disorders across the lifespan for depressed mothers’ infants. Both obstetric and pediatric providers have an opportunity to address PPD in the year following delivery. This opportunity is recognized by the United States Preventive Services Task Force, the American Congress of Obstetrics and Gynecology, and the American Academy of Pediatrics, all of which recommend screening for PPD across healthcare settings.

Despite this opportunity, many providers are not screening due to barriers at system- (e.g., limited mental health referral options), provider- (e.g., lack of training), and patient-levels (e.g. stigma). Without a system in place to overcome these barriers, the majority of women are not adequately screened, assessed or treated. In response to this major public issue, our team has worked with obstetric patients, providers, and care delivery systems to develop programs to overcome barriers to screening and mental health referral for PPD in obstetric settings. Our programs have impacted state and national perinatal mental health policies and increased access to perinatal mental health care for thousands of women.

Although our low-cost programs have been successful in obstetric settings, gaps in care persist. These gaps exist because: 1) obstetric care traditionally stops at six weeks postpartum; 2) not all women make it to a postpartum visit; 3) not all obstetric practices screen and/or screen effectively; and 4) PPD can occur anytime during the first year postpartum. These gaps could be addressed by screening and referral in the pediatrician's office, where children are seen for routine preventive care at least seven times in the first year of life. Screening in the pediatric setting is acceptable to mothers, is effective, and can mitigate the severe consequences associated with lack of treatment. To successfully leverage this opportunity and close this gap in care, we need to develop a better understanding of the barriers to and facilitators of PPD screening and referral in the pediatric setting.

Thus, we propose to develop an accessible, feasible, and effective intervention to implement PPD screening in pediatric primary care practices by achieving the following Specific Aims:

1. To collect quantitative and qualitative data to characterize key stakeholders' (e.g., pediatricians, pediatric staff, mothers, mental health providers, practice managers, health care organization leaders, health insurance officials) perspectives regarding barriers and facilitators to screening and mental health referral for PPD in pediatric practices.

2. To use data from Aim 1 and iterative stakeholder feedback to adapt, refine, and beta-test our team's obstetric PPD screening and referral implementation model for use in pediatric practices. We will deliver: 1) new information regarding barriers to and facilitators of PPD screening and referral in pediatric practices; 2) a beta-tested implementation model for PPD screening and referral in pediatrics adapted from our team's existing successful model; 3) two manuscripts for peer review; and 4) a grant proposal for a larger-scale implementation study of PPD screening and referral in pediatric practices.

Maternal Mental Health Research Collaborative

PI: Kathleen Biebel, Ph.D.

Funding: PCORI (Patient-Centered Outcomes Res Institute) Tier II

Budget: $24,994

Time Frame: 7/1/2017-6/30/2018

Description: Tier II is an opportunity to focus on three strategic priorities that will help the Maternal Mental Health Research Collaborative (MMHRC) grow into a more mature, established entity while enabling us to further refine our research priorities and connect with partners and other stakeholders. For the duration of Tier II, our work will be focused on 1) firming up our Governance Board and Working Group as detailed in our governance document; 2) creating an online hub through the devel-
opment of our website for recruitment, dissemination and social sharing; and 3) building partnerships with a focus on stakeholders from outside of the immediate maternal mental health environment.

**MISSION U: A Multimedia Training Tool for Treating Individuals with Co-occurring Mental Health and Substance Use Disorders**

**PI:** David Smelson, Psy.D.

**Funding:** Praxis, Inc.

**Budget:** $225,000

**Time Frame:** 9/15/17-8/31/18

**Description:** Millions of U.S. adults suffer from a co-occurring mental health and substance use disorder (COD). A COD is often difficult for providers to address, and thus clients may experience poor treatment engagement, symptom exacerbations, homelessness, incarceration, and often utilize acute and emergency services, increasing medical expenditures. Currently, the healthcare delivery system needs but does not offer a promising integrated treatment approach that engages clients through community outreach and addresses mental health and substance abuse in a coordinated fashion. Redressing this gap could improve service delivery and client outcomes. Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking (MISSION) is a unique evidence-based, trans-disciplinary treatment designed to address the complex needs of individuals with CODs. MISSION has been admitted into the Substance Abuse and Mental Health Service Administration-Registry for Evidence Based Practices (NREPP), deployed within the Veterans Health Administration as part of the national plan to end Veteran Homelessness, utilized in a Massachusetts Statewide Plan to End Homelessness and written into Public Law for delivery alongside Veterans Treatment courts. Despite having quality implementation manuals, a multisite implementation study suggested that more comprehensive training tools are needed. Therefore, Praxis and the University of Massachusetts Medical School (the developers of MISSION) have partnered to enhance dissemination of and access to MISSION. This STTR grant intends to design, develop and pilot test two trans-disciplinary online distance learning training modules and an experiential e-simulation fidelity module that will offer continuing education units (CEUs) for course completion. A formative evaluation of materials will include focus groups of 20 state and local mental health leaders/administrators, professionals, para-professionals and students to revise the modules. A summative evaluation will follow with 20 mental health professionals and para-professionals whom will be randomized to either receive Training as Usual (TAU) or Training as Usual along with a 1 hour video conference Technical Assistance (TAU +TA) session tailored to knowledge gaps identified from the e-simulation fidelity module. Outcome data will be collected on knowledge acquisition, fidelity (pre/post-test comparison) and satisfaction (pre/post-survey). Currently there are no interactive trans-disciplinary online distance-learning courses in this area. The growing national emphasis on addressing CODs, particularly opiates is opening new market opportunities for which the project is well positioned. Thus, the project is aligned with the President’s Freedom Commission on Mental Health, White House Plan to End Homelessness, Surgeon General Report on Opiate Addiction, and the Second Chance Act and has high potential for commercial success and significant public health impact.
Appendix B: SPARC Dissemination Products

**Written Products**

- There’s More to Young Adult Unemployment Than Mental Health: What Else to Look For **ES**
- Saving Money for a Better Life: What Can the ABLE Act Do for Me?
- The Family Model **ES**
- Peer Academic Support for Success (PASS): Peer Coaching for College Students with Serious Mental Health Conditions (SMHCs) **ES**
- Blueprint for Building Inter-Agency Collaboration through Strategic Planning: Supporting the Employment of Youth & Young Adults with Serious Mental Health Conditions **ES**
- Transition-Age Youth Psychotherapy Experiences (TYPE) Study **ES**
- Deaf ACCESS: Adapting Consent through Community Engagement and State-of-the-Art Simulation **ES, ASL**
- The Impact of Health-Related Quality of Life on Retention in Drug Treatment Courts **ES**
- Enhancing Family Communication in Families Where a Parent has a Mental Illness **ES**
- Adapting and Testing the Feasibility of a Prenatal Intervention for Low-Income Parents **ES**
- Testing Whether Multisystemic Therapy for Emerging Adults Can Reduce Their Justice System Involvement **ES**
- Mental Health Literacy for Children with a Parent with a Mental Illness **ES**
- Preventing Prison Rape: Designing and Validating a PREA Screening Tool for Pre-trial Juvenile Detention Centers **ES**
- Detecting and Intervening on Suicidality in Emergency Departments: The ED-SAFE Study **ES**

**ES** = Available en Español; **ASL** = Available in American Sign Language

**SPARC and Transitions Research & Training Center Webinars**

- Navigating School & Work with a Serious Mental Health Condition (Kathryn Sabella, Laura Golden and Emma D’Octovio)
- DREAMers Study: Undocumented College Students, Social Exclusion, and Psychological Distress (Rosalie Torres Stone)
- Adolescent Domestic Battery Typology Tool Manual (Gina Vincent)
- Improving Informed Consent to Clinical Research (Chuck Lidz)
- Behavioral Health Disorders and Employment for Justice-Involved Adolescents (Edward Mulvey and Carol Schubert)
- Managing Addiction in Offenders through Court-Mandated Treatment (Ekaterina Pivovarova)
- Preventing Disability Among Young Adults with Mental Health Conditions: Is It the Condition or Is It System Effects (Michelle Mullen)
- Tips and Tricks to Starting a Young Adult Council (Raphael Mizrahi and Tania Duperoy)
Appendix C: New SPARC Publications

New Publications in Fiscal Year 2018


nitric oxide metabolites and negative symptoms after 16-week minocycline treatment in patients with schizophrenia. *Schizophrenia Research, 199*, 390-394. doi:10.1016/j.schres.2018.03.003


- Pivovarova, E. (2017). The Impact of health-related quality of life on retention in drug treatment
courts. Psychiatry Information in Brief, 14(13). Retrieved from https://escholarship.umassmed.edu/pib/vol14/iss13/1


