



# University of Massachusetts Medical School Center for Mental Health Services Research

## Annual Report

To the Massachusetts Department of Mental Health  
2010-2011

To view this Annual Report online and to access more detailed information regarding recent publications, trainings, and presentations, please visit us at: [www.umassmed.edu/cmhsr/annual\\_report.aspx](http://www.umassmed.edu/cmhsr/annual_report.aspx)

The Center for Mental Health Services Research (CMHSR) is a Massachusetts Department of Mental Health (DMH) Research Center of Excellence. The Center is also an important component of the UMass Department of Psychiatry. Our mission is to use cutting-edge research and innovative dissemination strategies to accelerate the translation of research findings into policies and practices that support the mission of DMH to enable individuals of all ages to live, work, and participate in their communities.

The work of CMHSR is guided by three core priorities:

- **Culturally competent research and evidence-based practices**
- **Consumer involvement in research**
- **Dissemination of research findings to accelerate the adoption of evidence-based practices**



excellence & innovation in mental health services research

# Executive Summary

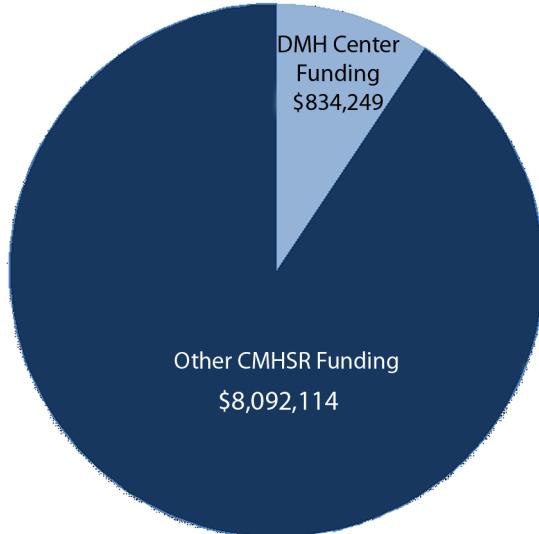
We are grateful to the Massachusetts Department of Mental Health for its continued support of the UMMS DMH Research Center of Excellence. Fiscal Year 2011 was another successful year for external funding. Our ratio of DMH investment dollars to research award funding continues to grow. Highlights of FY 2011 include:

- 3.3 million dollars in new research funding
- 15 new research grants awarded<sup>1</sup>
- 29 grant submissions

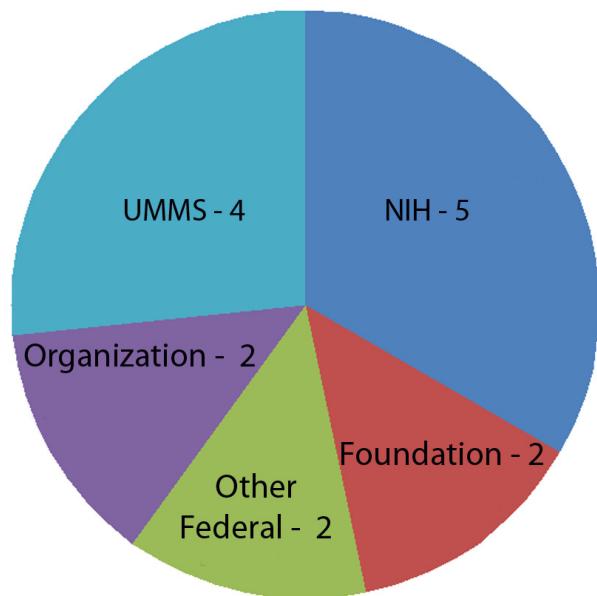
**Every \$1 invested by DMH yielded a return of \$10 to the Commonwealth to fund new research, training, and service delivery in Fiscal Year 2011.**

**Over 8 million dollars dedicated to new and ongoing research came to the UMMS Center for Mental Health Services Research during Fiscal Year 2011.**

**Total FY 2011 Research Funding**



**Total New FY 2011 Grants**



**The 15 new research projects funded in FY11 are supported by federal, state, local, and foundation funding.**

<sup>1</sup>The 15 new grants awarded in Fiscal Year 2011 are represented as 16 grants in the appendix "New CMHSR Funded Research" to distinguish between two studies within the SAMHSA Data Infrastructure Grant – 2011 Consumer and Family Member Satisfaction Survey and Acute Hospital and Detox Facility Readmission Data Analysis Project.

## Research Highlights

- A federal grant awarded to Gina Vincent is exploring the neurobiological and psychosocial factors associated with early drug abuse. Findings from a series of research projects will inform treatment and prevention strategies tailored to youth experiencing serious conduct disorder.
- Joanne Nicholson and Kathleen Biebel began to examine Children's Behavioral Health Initiative (CBHI) stakeholders' use of research evidence as children's mental health services are transformed and implemented in the provider community. Insights gained through this study will guide future changes in this and other services and systems and lay the groundwork for building effective bridges between research, policy, and practice.
- CMHSR faculty and staff are working in partnership with Community Healthlink, Inc. to evaluate the integration of primary and behavioral health care. Targeted outcomes include an increase in the number of clients screened for metabolic illness, seeking appropriate wellness services and tobacco cessation.
- Rosalie Torres-Stone began the final phases of her research examining vocational supports for Latino young adults. This work is part of the larger, NIDRR-funded Research and Training Center focusing on research and knowledge dissemination regarding transition age youth.
- The Program for Clubhouse Research conducted the annual employment survey of the Massachusetts Clubhouse Coalition to evaluate job development, internal quality improvement and examine clubhouse effectiveness in helping members obtain and maintain employment.
- Carl Fulwiler and Fernando de Torrijos were awarded a subcontract on a NIMH Center Grant to develop a mindfulness-based intervention for prisoners with mental health and substance abuse conditions.

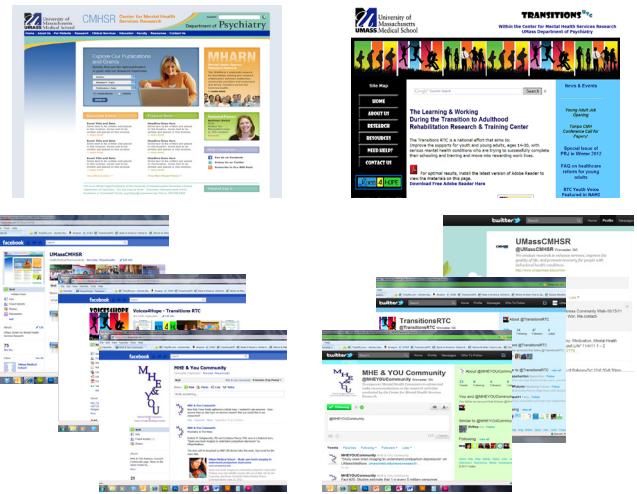
## In Fiscal Year 2011 CMHSR placed renewed emphasis on the translation of research findings into user-friendly products that are accessible to all. Highlights include:

- CMHSR launched four new dissemination products.
  - *Research in the Works* — Provides a snapshot of ongoing CMHSR research projects
  - *Research You Can Use* — Brief summaries of research findings in a simple 1-page format aimed at a clinician audience
  - *Transitions Research Briefs* — Brief summaries of research conducted at the Transitions Research and Training Center (RTC)
  - *Transitions Tip Sheets* — Essential information on a variety of topics for multiple audiences including transition age young/young adults, families, providers and policy makers
- CMHSR rebranded the CMHSR Issue Briefs as the *Psychiatry Issue Briefs*, which address all aspects of psychiatry (not only CMHSR research) with a special focus on outreach to providers of behavioral health services, and to consumers of these services and their family members. The PIB library has an archive of 50 Briefs. (<http://escholarship.umassmed.edu/pib/>)

The image displays four screenshots of CMHSR research products:

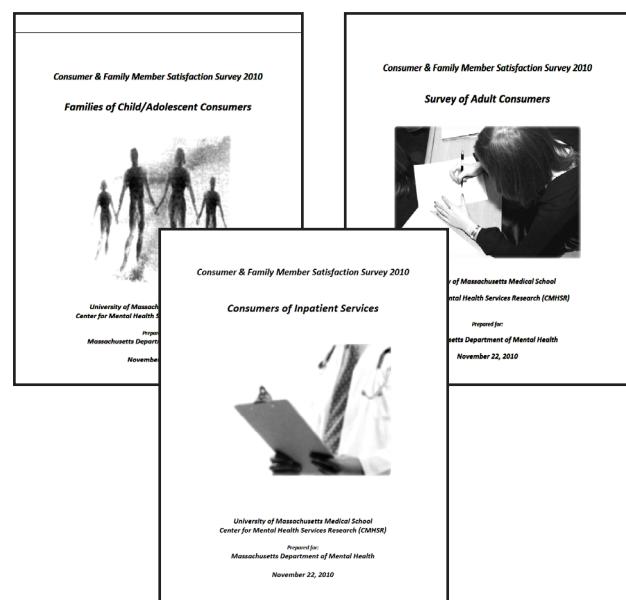
- Research in the Works:** A screenshot of a website page titled "Research in the Works" under the "The Massachusetts Mental Health Center" section. It features a search bar and a list of research projects.
- Research You Can Use:** A screenshot of a website page titled "Research You Can Use" under the "The Massachusetts Mental Health Center" section. It features a search bar and a list of research findings.
- Transitions Research Briefs:** A screenshot of a website page titled "Getting Accommodations at College: Tools for School" under the "Transitions Research Briefs" section. It features a search bar and a list of research findings.
- Psychiatry Issue Briefs:** A screenshot of a website page titled "Psychiatry Issue Briefs" under the "UMass Department of Psychiatry" section. It features a search bar and a list of research findings.

- Seventeen new Issue Briefs, Tip Sheets, and other dissemination products were produced and distributed via listservs, social media, and conferences across the Commonwealth as well as nationally and internationally.
- CMHSR and RTC websites received 41,690 hits from 15,791 visitors, resulting in 19,771 product downloads.
- CMHSR launched six new social media sites that distribute dissemination products, provide information on upcoming talks and webinars, and circulate relevant mental health news and information.
  - Three Facebook pages (UMassCMHSR, Transitions RTC Voices for Hope, MHE & You Community) with 335 likes
  - Three Twitter feeds (UMassCMHSR, Transitions RTC, MHE & You Community) with 73 followers
- CMHSR listserv membership continues to grow with a total of 906 current members.
- Maryann Davis and the Transitions RTC moderated a national webinar for over 400 participants sponsored by NAMI and PBS entitled, “Helping Young Adults Navigate the Mental Health System.” Jon Delman and RTC young adult staff members presented the webinar, “Young Adult and Youth Involvement in Mental Health Services Research: Making it Real,” which addressed the foundational principles of working with young adults with lived experience.
- CMHSR faculty and staff attended a number of Massachusetts conferences including NAMI MA to distribute materials on CMHSR, the Mental Health Agency Research Network (MHARN), the Transitions RTC, and the MHE & You Advisory Council.
- CMHSR faculty presented at Worcester State Hospital Grand Rounds on issues of Psychopathic Personality Disorder and risk assessment (Gina Vincent) and cultural competence in mental health care settings (Rosalie Torres-Stone).

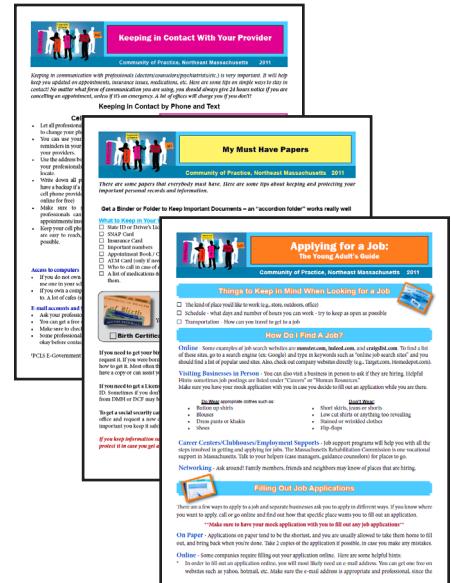


### DMH and CMHSR collaborations around research grants and partnership opportunities continued in Fiscal Year 2011. Highlights include:

- CMHSR continued to implement the annual DMH Consumer and Family Member Satisfaction Survey required by the state's federal block grant for mental health services. The statewide 2011 Survey focuses on the satisfaction of adult consumers of DMH services, family members of children and adolescents receiving DMH services, as well as inpatient consumers at five DMH-operated psychiatric facilities. In FY 2011, CMHSR and DMH surveyed 981 adults, 279 family members and 199 inpatients. The DMH consumer satisfaction survey design continues to be innovative and is cited as a leading model for other State Mental Health Authorities.



- CMHSR and DMH worked closely on the NASMHPD Transformation Transfer Initiative on issues of person-center planning and shared-decision making. A final report was submitted to the funder in the Spring of 2011.
- Bill Fisher worked with Barbara Fenby, Carly Sebastian and Michael Stepansky of DMH examining MA state hospital discharges.
- The Transitions RTC worked with Susan Wing, DMH Regional Director for the Northeast/Metro Area, to establish a Community of Practice (CoP) on Transition Age Youth and Young Adults in Lynn, MA. This CoP focuses on identifying and developing curricula and resources for promoting life skills essential for the youth population. Current tip sheets in production are: "My 'Must Have' Papers," "Applying for a Job: A Young Adult Guide," and "TTYL: Keeping in Contact with Your Provider." These tip sheets will be disseminated throughout the Commonwealth and via listservs and social networking mechanisms.
- Carl Fulwiler and Fernando deTorrijos attended a DMH statewide Healthy Changes Task Force meeting to discuss ideas for incorporating mindfulness into the critical areas for consensus interventions with clients, along with smoking cessation, nutrition, and exercise. Carl and Fernando also wrote an article for DMH Connections about this topic.
- Rosalie Torres-Stone continues to work closely with Ed Wang, DMH Director of Multicultural Affairs on various issues including the impact of the Healthcare Reform/Affordable Care Act, access to behavioral health services for recent immigrants, and exploring possible grant collaborations.
- CMHSR faculty and staff have consulted to DMH around a number of emerging issues including Community-based Flexible Supports (CBFS) and possible grant funding opportunities, exploring what is known about the prevalence of and issues for adopted children with mental health conditions, and strategies for analyzing the Child and Adolescent Needs and Strengths (CANS) data.
- Carl Fulwiler and David Smelson continue to work closely with Debra Pinals, DMH Assistant Commissioner for Forensic Services, on federally-funded services research grants studying a manualized intervention for criminal justice-involved persons with co-occurring mental health and substance abuse disorders.



Fiscal Year 2012 is already looking to be an exciting year. We have begun work with the MHE & You Advisory Committee, the Transitions RTC youth advisors, and the Harvard Commonwealth Research Center to plan the 2012 DMH Research Centers of Excellence Conference. CMHSR is developing new partnerships with UMMS faculty to expand our base of Investigators exploring mental health services research issues, and is establishing working relationships with the UMMS Quantitative Health Sciences Department to keep us engaged with state-of-the-art methodological and statistical expertise. We continue to develop our relationships with Massachusetts service providers, both to inform treatment and practice with current research findings, but also to provide consultation as agencies attempt to explore and answer their own research questions. And of course, we continue to compete for local, state, federal and foundation research awards in our ongoing effort to be at the leading-edge of mental health services research.

# Fulfillment of DMH Contract

## Research Activity

These numbers represent both ongoing and novel research activity at CMHSR during Fiscal Year 2011.

Performance Measure	Benchmark Proposed for Year 5	Accomplished in Fiscal Year 2010	Accomplished in Fiscal Year 2011
Number of research projects approved by DMH <sup>2</sup>	33	48	38
Number of research proposals submitted and approved by an IRB <sup>3</sup>	9	11	9
Number of grants submitted <sup>4</sup>	23	33	29
Number of grants approved <sup>5</sup>	11	15	15

## Summary of New Grant Funding

The ongoing financial support provided by DMH confers CMHSR 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 2011 Fiscal Year, not the total funds for the 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 on the project, the operation of CMHSR, the UMass Department of Psychiatry, and the University of Massachusetts Medical School).

Performance Measure	Benchmark Proposed for Year 5	Accomplished in Fiscal Year 2010	Accomplished in Fiscal Year 2011
External Funding Obtained	\$3,100,000	\$7,179,013	\$8,092,114

<sup>2</sup> The number of ongoing CMHSR research projects during the 2011 fiscal year.

<sup>3</sup> The total number of projects that received initial IRB approval during the fiscal year.

<sup>4</sup> The total number of grant applications that CMHSR submitted during the 2011 fiscal year, regardless of their approval status. That is to say some submitted grants may have received funding during the fiscal year, some may receive funding next fiscal year, and some may receive no funding.

<sup>5</sup> The total number of new grants that either received money during the 2011 fiscal year or are approved for funding in the upcoming 2012 fiscal year.

## Summary of Publications

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

Performance Measure	Benchmark Proposed for Year 5	Accomplished in Fiscal Year 2010	Accomplished in Fiscal Year 2011
Number of papers submitted and accepted for peer review publication	132	61	63

## Summary of Other Dissemination Efforts

CMHSR faculty and staff continued to conduct trainings and give presentations at a wide variety of venues throughout Fiscal Year 2011. The following numbers represent the efforts of CMHSR to distribute and disseminate information to DMH state and provider clinical workforce as well as consumers and family members.

Performance Measure	Benchmark Proposed for Year 5	Accomplished in Fiscal Year 2010	Accomplished in Fiscal Year 2011
Number and types of forums used by CMHSR to share information with DMH State and provider clinical workforce, consumers and family members	12	84	51
Number of state and provider workforce members and consumers and family members with whom research information was shared <sup>6</sup>	Not Proposed	4487	3530
Number of individuals with serious mental illness who were affected by the research conducted and/or received treatment	Not Proposed	2450	2351

<sup>6</sup> This represents the number of individuals attending CMHSR faculty and staff presentations at conferences and trainings in Massachusetts during FY11. This does not include Massachusetts individuals accessing research information through other CMHSR mechanisms (i.e., website, listservs, social media).

## ***NEW CMHSR FUNDED RESEARCH***

### **2011 Consumer and Family Member Satisfaction Survey**

**PI:** Charles Lidz, Ph.D.

**Co-I:** Jonathan Clayfield, M.A.

**Personnel:** Jay Byron, M.A., Beth Lucas, Connie Moranto & Lorna Simon, M.A.

**Funding:** SAMHSA/DIG

**Budget:** \$72,000

**Time Frame:** 4/1/2011 - 9/30/2011

**Description:** CMHSR carried out an expanded survey of consumer and family member satisfaction for the Massachusetts Department of Mental Health (DMH), conducting interviews with consumers of mental health services and family members of children/adolescents receiving mental health services to evaluate their satisfaction with services operated by or contracted for the DMH. The research design provides for the assurance of adequately representative samples, in large enough numbers, to provide a snapshot at a point in time of the levels of satisfaction and outcomes among persons who receive selected DMH services and their families.

### **2011 Program for Clubhouse Research**

**PI:** Colleen McKay, M.A., CAGS

**Personnel:** Jodi Adams, M.A.

**Funding:** Commonwealth Medicine

**Budget:** \$250,000

**Time Frame:** 3/1/2011 - 2/28/2012

**Description:** The PCR conducts research that describes clubhouse services and evaluates the effectiveness of the model. PCR activities include developing an agenda of research projects and activities including the design, distribution, implementation, analyses, and presentation of findings of multi-site studies and/or quality improvement efforts involving clubhouses. The PCR engages the ICCD, clubhouse programs, staff and faculty at UMMS and other academic institutions, and/or consultants to assure timely performance of project work. The PCR educates the international clubhouse community about research and research methods. In addition, the PCR provides technical assistance, training, and/or consultation to clubhouses, mental health administrators, students, and/or researchers considering participation in research projects involving clubhouses.

### **Acute Hospital and Detox Facility Readmission Data Analysis Project**

**PI:** William Fisher, Ph.D.

**Co-I:** Robin Clark, Ph.D.

**Personnel:** Lorna Simon, M.A.

**Funding:** SAMHSA/DIG

**Budget:** \$55,111

**Time Frame:** 10/1/2010 - 9/30/2011

**Description:** CMHSR developed a database and offered statistical expertise to examine acute hospital and detox facility readmissions for the Massachusetts DMH. DMH has determined a need to delve deeper into understanding the causes of readmissions related to individuals who are discharged to community settings from acute psychiatric inpatient facilities and/or DPH non-hospital based substance abuse detox facilities and readmitted to such facilities within a prescribed timeframe (such as within 90 days), and to reach some

consensus on what rate of readmission is acceptable/inevitable. DMH has also concluded that in order to fully understand causes and circumstances surrounding readmissions, information about clients' service utilization across the EOHHS agencies is critical. The analysis will better enable DMH to design effective interventions.

#### **Center for Behavioral Health Services & Criminal Justice Research: Building an Intervention to Reduce Risk**

**PI:** **Carl Fulwiler, M.D., Ph.D.**

**Co-I:** **Fernando De Torrijos**

**Funding:** **National Institute of Mental Health**

**Budget:** **\$29,992**

**Time Frame:** **1/1/2011 - 7/31/2011**

**Description:** Mindfulness-based interventions have been offered to people in a variety of settings, including hospitals, community mental health centers, and substance abuse treatment programs. Evidence for the effectiveness of these interventions for common conditions affecting prisoners, such as depression, anxiety, addictions and personality disorder, is steadily growing. Prisoners suffer from high rates of trauma exposure and substance abuse disorders. The hypothesis of our study is that teaching mindfulness meditation skills for effective management of stress will be both acceptable and feasible in a prison setting. We aim to develop a novel mindfulness-based intervention for prisoners with PTSD and substance use disorders that incorporates strategies of cognitive-behavioral therapy (CBT). In the developmental phase, CBT strategies will be integrated into a mindfulness-based stress reduction group intervention to be led by a senior Mindfulness instructor. A pre-pilot group (n=10) will then be conducted to examine treatment acceptability and feasibility. Based on an iterative process with 2-3 groups to examine different combinations of Mindfulness and CBT strategies, a manual will be developed in preparation for a pilot trial that will evaluate feasibility (adherence and acceptability) and initial efficacy. Products of this study include a treatment manual and measures for examining provider competence, adherence to protocol and implementation fidelity. In the next phase of the project we will test the intervention in a pilot randomized controlled trial.

#### **Effectiveness of Screening Colonoscopy in Reducing Deaths from Colorectal Cancer**

**PI:** **Rosalie Torres-Stone, Ph.D.**

**Funding:** **National Institutes of Health**

**Budget:** **\$340,778**

**Time Frame:** **6/1/2011 - 2/28/2014**

**Description:** This study will evaluate the relative contributions of the various failures in the process of screening (failure to initiate screening, failure of adherence to regular screening, failure to undergo diagnostic testing and failure of screening tests) to late-stage CRC diagnosis according to SES. Semi-structured interviews will be conducted with patients diagnosed with late-stage CRC to more deeply explore the reasons for delayed CRC diagnosis including the potential role of pre-morbid psychological distress in affecting the use of CRC screening in these patients. Participants will be asked to share their experiences, thoughts and feelings about the health care delivery system.

#### **Integration of Primary and Behavioral Health Care**

**PI:** **Kathleen Biebel, Ph.D.**

**Personnel:** **Karen Albert, M.S.**

**Funding:** **Substance Abuse and Mental Health Services Administration**

**Budget:** **\$288,867**

**Time Frame:** **9/30/2010 - 9/29/2014**

**Description:** The purpose of this grant is to improve access to and participation in care for physical illness, to prevent illness through wellness interventions, and to improve coordination of care between a CMHC (Community Healthlink, Inc.) and primary care providers. The specific project goals are to: Increase the number of clients receiving appropriate screening for metabolic illness; Increase the number of clients actively seeing a primary care provider; Increase the number of consumers actively seeking appropriate wellness services; Increase the number of consumers actively seeking tobacco cessation services; and, Document improvements in measures of health, including lipid profile, blood sugar control, weight, and blood pressure.

#### **Investigators and IACUCs: Integrity in Animal Research**

**PI:** **Charles Lidz, Ph.D.**

**Co-PI:** **Jerald Silverman V.M.D.**

**Personnel:** **Jonathan Clayfield, M.A.**

**Funding:** National Institutes of Health

**Budget:** \$452,375

**Time Frame:** 12/1/2010 - 11/30/2012

**Description:** With over 1/3 of the total NIH budget supporting studies with laboratory animals, it is clear that animal use is a major component of modern medical research and the proper use of animals involves the implementation of important research norms. Violating those norms constitutes a basic breach of research integrity. Institutional Animal Care and Use Committees (IACUCs) are responsible for working with investigators to see that animal use follows the guidelines established by the U.S. Public Health Service. Given the importance of IACUCs in overseeing and enforcing norms about proper uses of animals in research, it is surprising that there has been little research describing the functioning of these important regulatory oversight committees. This missing information is important to understanding and enhancing how IACUCs carry out their key function of helping to assure the integrity of animal-based research and how their relationships with investigators affect the implementation of the norms about animal use in research. The proposed research will describe the key issues that IACUCs focus on when evaluating proposals for research on animals, and how organizational differences may affect those decisions. We will also characterize the interactive processes by which IACUCs make decisions including the roles of the different participants, the method of review used, the informational resources that members use in their reviews, and the requested changes that IACUCs make on different types of research proposals. The study will also address the relationship between the IACUC and the investigators and the impact this has on collaborative self-regulation of animal research.

#### **Making Educators Partners in Suicide Prevention**

**PI:** **Barry Feldman, Ph.D.**

**Personnel:** **Jonathan Clayfield, M.A.**

**Funding:** Massachusetts Department of Public Health

**Budget:** \$50,000

**Time Frame:** 7/1/2010 - 6/30/2011

**Description:** The Society for the Prevention of Teen Suicide, a nationally recognized foundation, has developed an online interactive training program called Making Educators Partners in Suicide Prevention (MEPSP). Designed by two nationally recognized mental health practitioners with over 60 years of collective experience in school-based youth suicide prevention, this training reflects the critical but limited role of the school in the suicide prevention process. This two-hour training provides practical and realistic suggestions to educators for identifying and referring students who might be at suicide risk and reviews current strategies for

youth suicide prevention in schools. It is listed on the “Best Practices Registry” of the National Suicide Prevention Resource Center and has received an award for its quality and effectiveness. Researchers at the CMHSR in conjunction with support from the MA Department of Public Health compared two different methods of delivering this very successful suicide prevention program to teachers: (1) presenting this training via a two-hour in-person training; or (2) completing the identical suicide prevention curriculum at one’s own pace via on-line training. In either training delivery format, teachers will be asked to complete a pre- and post-knowledge questionnaire to evaluate the effectiveness of the MEPSP training.

#### **Massachusetts Clubhouse Coalition Employment Expansion Project**

**PI:** **Colleen McKay, M.A., CAGS**

**Funding:** Massachusetts Clubhouse Coalition

**Budget:** \$7,000

**Time Frame:** 4/14/2011 - 6/30/2011

**Description:** The PCR conducts an annual employment survey for the Massachusetts Clubhouse Coalition (MCC) to evaluate job development and internal quality improvement, and to demonstrate clubhouse effectiveness in helping members (participants) obtain and maintain employment. The project involves cleaning, merging, and analyzing statewide data from thirty-three Massachusetts clubhouses and preparing reports for the MCC with survey findings. Each year, a representative from the PCR or the MCC presents the findings to Massachusetts State Legislators, funding constituents, employers, and members and staff from participating clubhouses at an event at the Massachusetts State House.

#### **Models for Change Diversion Working Group**

**PI:** **Thomas Grisso, Ph.D.**

**Co-I:** **Samanatha Fusco, B.A.**

**Funding:** National Juvenile Defender Center

**Budget:** \$21,821

**Time Frame:** 10/1/2010 - 9/30/2011

**Description:** This grant funded the Law and Psychiatry Program to provide assistance to the MacArthur Foundation's National Center for Mental Health and Juvenile Justice to develop a document describing best practices in the development of programs to divert juveniles from the juvenile justice system, thus increasing their access to mental health services in their communities.

#### **Neuroimaging Youth with Callous-Unemotional Conduct Disorder and Co-morbid Substance Abuse**

**PI:** **Gina Vincent, Ph.D.**

**Personnel:** David Smelson, Psy.D., Jean Frazier, M.D., Jean King, Ph.D., Kent Kiehl

**Funding:** National Institute on Drug Abuse

**Budget:** \$985,000

**Time Frame:** 7/1/2010 - 6/30/2015

**Description:** Understanding the neurobiological and psychosocial factors associated with early drug abuse requires better knowledge of specific subtypes of adolescent drug abusers, including those who have underlying callous-unemotional traits and serious conduct disorder (CU-CD). Youth with CU-CD are on a trajectory toward psychopathic personality in adulthood and drug addiction, crime, and violent behavior. They have more severe drug use and an earlier onset than other adolescent drug abusers, and therefore may have a neurobiology and reward system that is non-selectively activated to any drugs of abuse. There may be a need for treatment and prevention strategies tailored for CU-CD youth. This project involves a five-year K01 career

development plan to launch an independent research career that focuses on the CU-CD population and blends neuropsychological and personality assessments with neuroimaging to better understand the early trajectory towards drug addiction and to inform treatment for this population. Research will be conducted in two settings to examine the presence of neurocognitive and affective processing abnormalities in CU-CD youth with co-morbid stimulant abuse/dependence, relative to non-CU-CD youth with stimulant abuse/dependency and controls, in response to craving tasks.

#### **Perinatal Mental Illness: The Perspective of OB/Gyn Providers and Staff for Optimization of Treatment**

**PI:** Nancy Byatt, D.O., M.B.A.  
**Co-I's:** **Kathleen Biebel, Ph.D.**, Rebecca Lundquist, M.D. & Tiffany A. Moore Simas, M.D., M.P.H.  
**Personnel:** **Gifty Debordes-Jackson, M.A.**  
**Funding:** Meyers Primary Care Institute  
**Budget:** \$15,000  
**Time Frame:** 7/1/2010 - 6/30/2011  
**Description:** The goal of this study is to understand, from an OB/Gyn provider and staff perspective, which barriers to the treatment of perinatal mental illness can be overcome to facilitate the engagement and participation of women in mental health treatment. Data from focus groups will inform a model for the engagement and treatment of perinatal women with mental illness.

#### **Perinatal Mental Illness: The Perspective of Patients for Optimization of Treatment**

**PI:** Nancy Byatt, D.O., M.B.A.  
**Co-PI:** **Kathleen Biebel, Ph.D.**  
**Personnel:** **Gifty Debordes-Jackson, M.A.**  
**Funding:** University of Massachusetts Medical School  
**Budget:** \$30,000  
**Time Frame:** 6/1/2011 - 5/31/2012  
**Description:** The goal of this study is to understand for women experiencing perinatal depression barriers to and facilitators of access to treatment and services. The PI and Co-I will use these pilot data to pursue future funding opportunities including an NIH R21 and K award application to conduct health services research that will evaluate an organizational change intervention to improve mental health treatment for perinatal women.

#### **Risk Assessment Guidelines for Juvenile Justice Project**

**PI:** **Gina Vincent, Ph.D.**  
**Co-PI's:** **Laura Guy, Ph.D., Thomas Grisso, Ph.D.**  
**Personnel:** **Samantha Fusco, B.A.**  
**Funding:** John D. & Catherine T. MacArthur Foundation  
**Budget:** \$120,000  
**Time Frame:** 7/1/2010 - 6/30/2012  
**Description:** This project is designed to produce model Risk Assessment Guidelines for Juvenile Justice for the selection and implementation of risk/needs tools for delinquents re-offending at various points in the juvenile justice system. The investigators will organize a series of meetings with key national experts in risk assessment. Important components of this "model" will include: (a) the design of a protocol for the definition of an "evidence-based" risk/needs assessment tool; (b) the design of a brief protocol for state juvenile justice agencies operating at various decision points or points of contact to select a tool that will meet their needs; (c)

the design of guidelines for implementation at different decision points; (d) dissemination and training for judges and attorneys; and (e) an agenda for future research. The final product from this effort will be a manual: Guidelines for Use of Risk Assessments in Juvenile Justice. Guidelines will include a step-by-step "how-to" guide for implementing risk assessment at each decision point.

### **Self Perceptions of Risk for Patients with Co-Occurring Disorders**

**PI:** Jennifer Skeem, Ph.D.

**Co-I:** Charles Lidz, Ph.D.

**Funding:** National Institute of Mental Health

**Budget:** \$75,375

**Time Frame:** 5/1/2011 - 12/31/2014

**Description:** This study seeks to determine the efficacy of self predictions of violence among people with co-occurring substance abuse disorders. People with co-occurring mental and substance abuse disorders appear to be at double the risk of violence. This study adapts a Conditional Model of Predication (CMP) to enhance understanding of clients' risk state and how it can be monitored in the outpatient context. The adapted CMP shifts focus from clinical predication to clients' self prediction. According to the CMP, clients have experienced-based schemas that specify the kind of violence they might become involved in, given particular conditions (e.g., drinking). We posit that clients' knowledge of their own "if...then" patterns equips them to assess their own risk state, and that clients' accuracy may be superior to current instruments for predicting violence. Our primary aims are to (1) compare the accuracy of patients' self predictions of violence risk with that of clinical judgment and two clinically feasible actuarial tools; (2) assess whether the accuracy of patients' self predictions of violence risk is increased with "cognitive scaffolding" (i.e., a clinical interview about past violence-relevant experiences); (3) explore whether patients' accuracy is based on the understanding of their own, risk-relevant "if...then" patterns; and, (4) determine whether patients make lower self-predicted violence risk assessments to clinicians than researchers. Policy makers and citizens are concerned about the adequacy of violence risk assessment and treatment services for high risk clients. If the proposed research supports the novel hypothesis that self prediction accurately captures violence risk state, its potential to assist clinicians in enhancing public safety is unparalleled.

### **Using Evidence to Improve Medicaid Mental Health Services for Massachusetts Children and Youth**

**PI:** Joanne Nicholson, Ph.D.

**Co-I's:** Kathleen Biebel, Ph.D., Laurel K. Leslie, MD, M.P.H., Susan Maciolek, M.P.P.

**Personnel:** Gifty Debordes-Jackson, M.A.

**Funding:** W. T. Grant Foundation

**Budget:** \$502,326

**Time Frame:** 7/1/2010 - 6/30/2012

**Description:** Research on effective child and adolescent mental health interventions has grown significantly over the past two decades. Through the Children's Behavioral Health Initiative (CBHI), Massachusetts policy makers, provider agencies, and advocacy groups are engaged in activities and decision-making on a daily basis that may involve the use of research evidence. This study will examine the ways in which research evidence comes into play as children's mental health services are transformed and implemented in the provider community. Activities focus on understanding provider agencies' internal processes for using research evidence as they make decisions related to the CBHI. Six provider agencies representing a range of characteristics (e.g., size, location) will be asked to participate. Products will include briefings to provider agencies and state policy makers regarding strategies for promoting the use of research evidence in the

transformation of services for children and youth, and recommendations for states and other organizations involved in systems change initiatives to build effective, productive bridges among research, policy, and practice sectors.

## ***OTHER NEW CMHSR RESEARCH***

### **BRFSS Data 2006-2010**

**PI:** Mary Ellen Foti, M.D.

**Personnel:** **Kristen Roy-Bujnowski, M.A.**, Elena Hawk, Ph.D.

**Time Frame:** 7/1/2010 - 6/30/2011

Continued work on a five year report of the PHQ-8 and K6 modules. The report presents mental health data on the Massachusetts general population. These results will be published on the MA DMH website.

### **Deceased Client Profile 2011**

**PI:** Mary Ellen Foti, M.D.

**Personnel:** **Kristen Roy-Bujnowski, M.A.**

**Time Frame:** 7/1/2010 - 6/30/2011

Continued report development and analyses of the Deceased Client Profile, including the implementation of the medication report. As part of this work the PI and personnel provide ongoing supervision and support to DMH area users.

### **Mortality Report 2001-2009**

**PI:** Mary Ellen Foti, M.D.

**Personnel:** **Kristen Roy-Bujnowski, M.A.**

**Time Frame:** 7/1/2010-6/30/2011

This is a report of mortality data comparing the DMH population and Medicaid population on AADR and SMR by cause of death.