

Implementation Science and Practice Advances Research Center



Agenda

- Overview of iSPARC
- Array of Research
- Stakeholder Engagement
- Technical Assistance



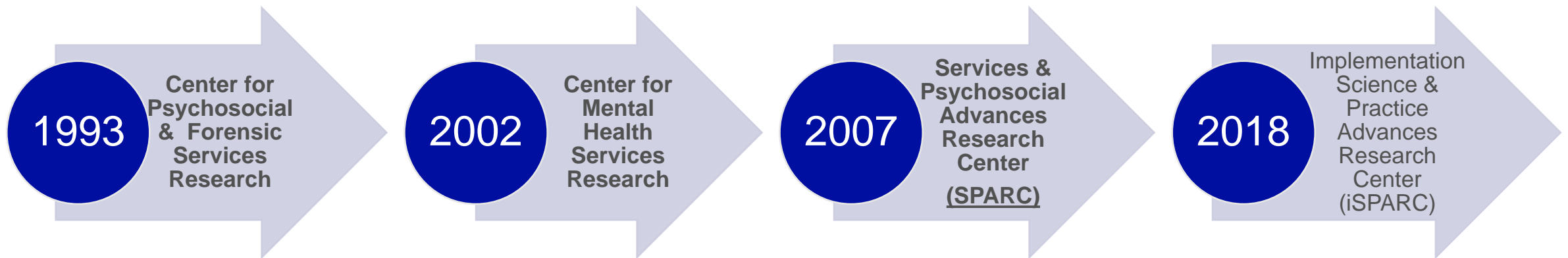
Massachusetts Department of Mental Health (DMH) Research Center of Excellence



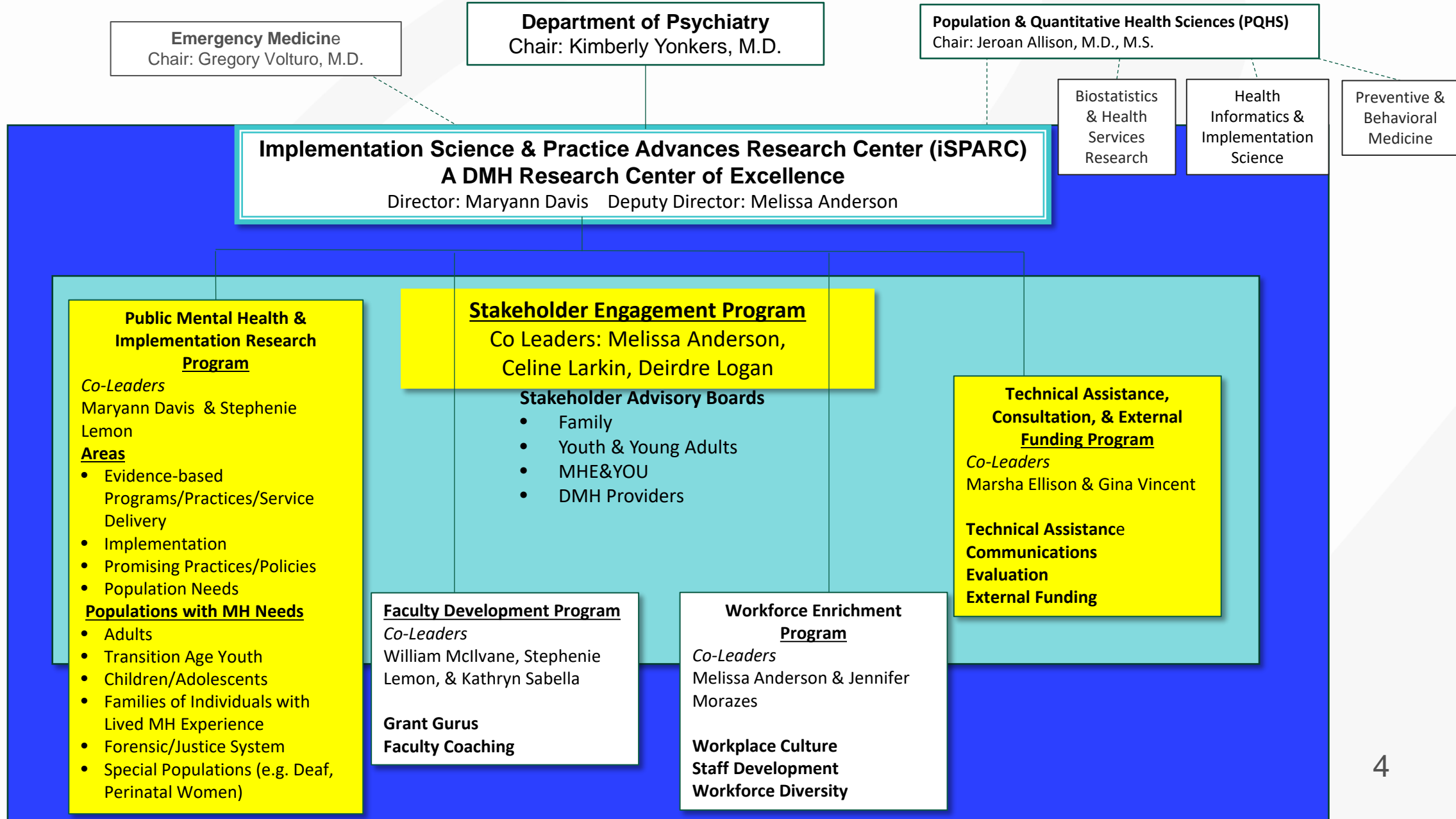
The UMMS Department of Psychiatry has hosted a DMH Research Center of Excellence since 1993

Mission

To conduct, disseminate, and support the use of research in the public mental health system to enhance services for people with behavioral health conditions that promote their recovery and improve their quality of life. Our work informs, advises, and involves individuals with lived mental health experience, their families, providers, administrators, and policymakers navigating the behavioral health landscape in the Commonwealth and beyond.



Implementation Science and Practice Advances Research Center



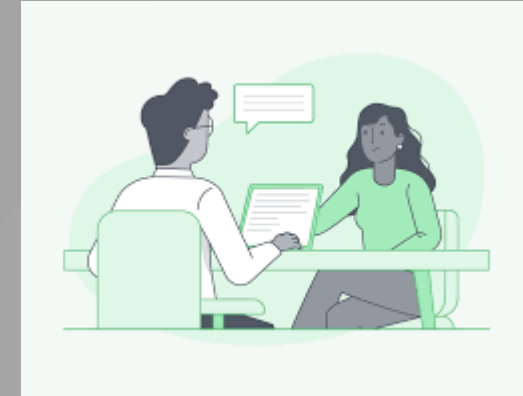
Research Program

- **Maryann Davis & Stephenie Lemon**
- Co-Leads
- **Purpose:** Grow iSPARC collaborative research that addresses important public mental health services and implementation science questions
- **Implementation science** is the scientific study of methods and strategies that help practitioners and policymakers apply evidence-based practice and research into regular use.



Programs of Research

- **Law & Psychiatry**
 - Juvenile Risk Assessment
 - Implementation Research in Justice System Settings
- **Deaf YES: Center for Deaf Empowerment and Recovery**
 - Conducting Informed Consent with Deaf Individuals
 - Deaf-Accessible Therapy Toolkit for Alcohol Use Disorder and Trauma
- **Program for Clubhouse Research**
 - Psychiatric Rehabilitation
 - Clubhouses for Traumatic Brain Injury
- **Lifeline4Moms**
 - Perinatal Mental Health
 - Comparative Effectiveness of Perinatal Psychiatry Access Programs
- **Transitions to Adulthood**
 - Success in School & Careers
 - Reducing Justice System Involvement
- **Knowledge Translation for Employment Research**
 - 21st Century Employment Research
 - Comparative effectiveness of dissemination methods



Stakeholder Engagement Program



*Our **mission** is to lead the mental health research community and beyond in working in partnership with individuals with lived mental health experience, their families, and the agencies that serve them.*

Dee Logan



*Lived experience
Dissemination
Group facilitation*

Melissa Anderson



*Provider perspective
Deaf Community relations
Participatory research*

Celine Larkin



*Implementation science
Community-based prevention
Formative assessment*

Critical Activities

1. Provide support for **stakeholder advisory boards**:
2. Provide **consultation** on new and ongoing research projects
3. Support development of accessible training materials
4. Create original dissemination products



Technical Assistance, Consultation & External Funding Program



*Our **mission** is to improve the lives of individuals with lived experience by enhancing the effective implementation of DMH services & to generate revenue by increasing our national TA presence*

Gina Vincent



Co-Director
Implementation Research-
Screening & Assessment

Marsha Ellison



Co-Director
Dissemination &
Implementation Research

Sharon Leahy-Lind



Implementation Specialist
Public Health & Organizational
System Expertise

What is Technical Assistance?

Technical Assistance is the transfer of information and tools from one entity to another in order to address an identified need for change

Mechanisms include:

- Providing conference/video calls with experts
- Providing written/presented summarized and synthesized knowledge
- Providing brief written products – such as tip sheets
- Providing trainings/webinars/on-site consultation



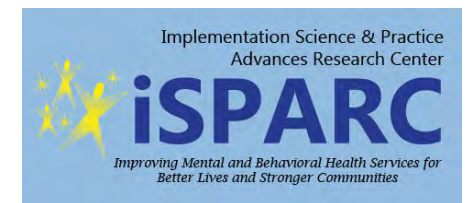
Major Functions



1. Intensive Technical Assistance to DMH
 - TA on Implementation Practice - Using Active Implementation Framework with DMH Adult Community Care Services (ACCS)
2. Basic Technical Assistance and Communications
 - Website for TA requests, vetted by manager and DMH leadership – up to 16 hours
3. Communications
 - Producing user-friendly products that share research-based/expert knowledge in mental health and other supports
4. External Funding

Google: iSPARC UMMS

The screenshot shows the iSPARC website with a dark blue header. At the top left are social media icons for Facebook, Twitter, YouTube, and Email. A search icon is at the top right. The main header area contains the iSPARC logo (UMASS MEDICAL SCHOOL) and the text "iSPARC Implementation Science & Practice Advances Research Center". To the right is a blue box with the iSPARC logo and tagline: "Implementation Science & Practice Advances Research Center iSPARC Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities". Below this is a navigation menu with the following items: HOME, ABOUT, ADDITIONAL ISPARC CENTERS & PROGRAMS, AREAS OF RESEARCH, PUBLICATIONS AND PRODUCTS, NEWS AND EVENTS, DEPARTMENT OF PSYCHIATRY, COVID-19 RESOURCES, and DMH WORKFORCE TECHNICAL ASSISTANCE (highlighted with a yellow circle). The main content area features a white box with a reader location of "Beaverton, Oregon, United States" and an article titled "Before a Mental Health Crisis Hits: Creating a Family Safety Plan" by Transitions ACR, accompanied by a world map. Below the article is a "Recent Downloads" section titled "Psychiatry Information in Brief" with a sub-note "in the past day" and a statement: "iSPARC's Psychiatry Information in Brief has reached over 175,000". A blue button labeled "BROWSE OUR PUBLICATIONS" is positioned at the bottom right of the main content area.



The MGH Center of Excellence for Psychosocial and Systemic Research



MASSACHUSETTS
GENERAL HOSPITAL



Center of Excellence
for Psychosocial and Systemic Research



HARVARD
MEDICAL SCHOOL

DMH Annual Conference

Hosted by and in collaboration with UMASS-iSPARC

June 14, 2021

Cori Cather

GOALS FOR TODAY'S TALK

1. Who are we?
2. What kind of research do we do?
3. Ways to connect with us?

MGH CENTER OF EXCELLENCE FOR PSYCHOSOCIAL AND SYSTEMIC RESEARCH

Who are we?



A LITTLE BACKGROUND...

- Founded in Fall 2018 by MGH and community mental health care providers, mental health and substance use researchers, and Anne Whitman, PhD
- Psychologists, psychiatrists, individuals with lived experience, research coordinators, program manager, program coordinator
- Funded by MA DMH
- Guided by a diverse steering committee comprised of individuals with lived experience, family members, care providers, policy makers/influencers, and representatives from insurance providers and community entities



MASSACHUSETTS
GENERAL HOSPITAL



WHAT DO WE CARE ABOUT?

- Fostering collaborative partnerships with community entities
- Supporting implementation and training of equitable, safe, effective, and person-centered care in communities
- Ensuring adequate representation of persons with lived experience within the research agenda
- Building a diverse workforce and pursuing work through the lens of improving racial equity



Your Beliefs become Your Thoughts,

Your Thoughts become Your Words,

Your Words become Your Actions,

Your Actions become Your Habits,

Your Habits become Your Values,

Your Values become Your Destiny..

Mahatma Gandhi..

MGH CENTER OF EXCELLENCE FOR PSYCHOSOCIAL AND SYSTEMIC RESEARCH

What do we do?



WHAT IS PSYCHOSOCIAL RESEARCH?

...a type of research designed to understand how to help individuals with mental health or substance use challenges through a variety of approaches, such as evidence-based talk therapy, peer support, or rehabilitation.

Improved Glycemic Control in Adults With Serious Mental Illness and Diabetes With a Behavioral and Educational Intervention

Kristina Schnitzer, M.D., Corrine Cather, Ph.D., Anne N. Thorndike, M.D., M.P.H., Kevin Potter, Ph.D., Oliver Freudenreich, M.D., Sarah MacLaurin, P.M.H.N.P.-B.C., Mike Vilme, B.S., Alyson Dechert, B.A., Deborah Wexler, M.D., M.P.H., Anne Eden Evins, M.D., M.P.H.

Objective: The purpose of this study was to evaluate a 16-week, reverse-integrated care (bringing primary care interventions/services into the psychiatric setting) behavioral and educational group intervention for individuals with serious mental illness and diabetes.

Methods: The primary outcome was change in glycated hemoglobin (HbA1c). Secondary outcomes included body mass index (BMI), blood pressure, lipid levels, physical activity, diabetes knowledge, and self-care.

Results: Thirty-five participants attended at least one group and were included in a modified intent-to-treat analysis. From baseline to week 16, HbA1c improved, from

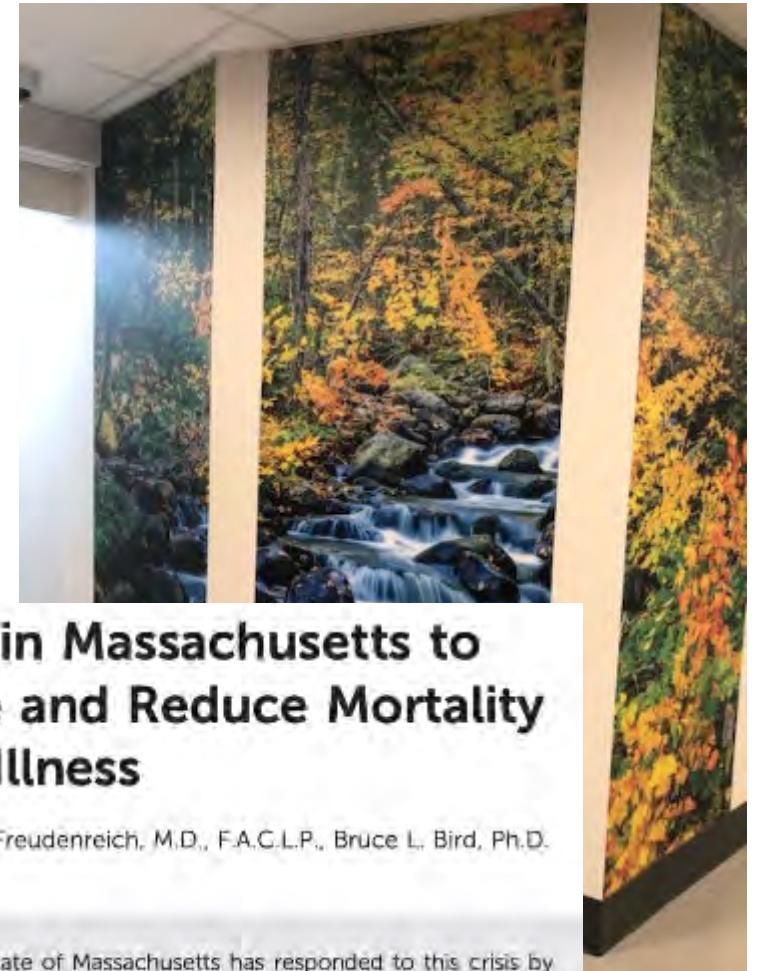
7.5±1.6 to 7.1±1.4, $p=0.01$, and BMI improved, from 33.3±3.8 to 32.9±4.1, $p<0.001$, as did measures of diabetes knowledge and self-care. One-year follow-up in a subset of participants showed no evidence of rebound in HbA1c.

Conclusions: This 16-week behavioral and educational group intervention resulted in improvements in glycemic control, BMI, diabetes knowledge, and self-care. The results warrant larger-scale, controlled trial testing of this intervention to improve diabetes-related health outcomes in those with serious mental illness.

Psychiatric Services 2020; 71:730–733; doi: 10.1176/appi.ps.201900336

WHAT IS SYSTEMIC RESEARCH?

...a type of research designed to understand how healthcare systems operate and can be improved.



COVID-19 Emergency Reforms in Massachusetts to Support Behavioral Health Care and Reduce Mortality of People With Serious Mental Illness

Stephen J. Bartels, M.D., M.S., Travis P. Baggett, M.D., M.P.H., Oliver Freudenreich, M.D., F.A.C.L.P., Bruce L. Bird, Ph.D.

People with serious mental illness are at disproportionate risk of COVID-19 morbidity and mortality because of high rates of risk factors that directly parallel those related to poor coronavirus outcomes, including smoking, chronic obstructive pulmonary disease, cardiovascular disease, and diabetes, along with housing instability, homelessness, food insecurity, and poverty. Community-based behavioral health organizations are also at risk of adverse outcomes because of dramatic declines in revenues and a diminished workforce.

The State of Massachusetts has responded to this crisis by rapidly implementing a variety of policy, regulatory, and payment reforms. This column describes some of these reforms, which are designed to enhance remote telehealth delivery of care, ensure access to needed medications and residential care staff, and support the financial livelihood of community-based behavioral health services.

Psychiatric Services 2020; 71:1078–1081. doi: 10.1176/appi.ps.202000244

Establish	community-center collaborations around research or quality improvement
Conduct	stakeholder-engaged and consumer-based participatory research
Support	career development of junior researchers
Disseminate	information about and access to evidence-based practices to service users and family members
Respond	to requests from DMH for assistance
Secure	external funding

**CENTER
GOALS/OBJECTIVES**

ESTABLISHED COMMUNITY-CENTER COLLABORATIONS

- Cory Johnson Post-Traumatic Healing Program
- Bridge Over Troubled Waters
- Suffolk County House of Corrections and Nashua Street Jail



THE CORY JOHNSON PROGRAM FOR POST-TRAUMATIC HEALING

- Started in 2014
- Community-based, clinically supported program
- Offers trauma-healing support services
- Participants can remain anonymous
- Prior to COVID-19, welcomed 150 participants monthly (1800 annually)
- Since March 2020, about 200 people have joined virtually each month



CJP-MGH COE COLLABORATION

- MGH-CJP collaboration cultivated over two years, initiated by Dr. Derri Shtasel
- Purpose: develop an evaluation of how CJP services impact the emotional wellbeing of CJP participants
- Every two months (started Nov 2020), participants complete measures of:
 - Services and programs they attended
 - Mental and emotional well-being including experiences of trauma, discrimination, and quality of life
- Will collaborate to analyze, interpret, and disseminate findings to better serve the CJP community

BRIDGE PROVIDES...

- Services to approximately 2000 youth (ages 14-24) annually who are experiencing homelessness, have run away, or are otherwise at risk
- Street outreach, mobile medical vans, counseling, therapeutic case management, education and career development services, and housing support
- Services on site through the COVID-19 pandemic
- Long term collaboration, first with required training rotation for MGH child and adolescent psychiatry fellows
- Now with a research project to test an intervention developed by Peter Ducharme, LICSW, Clinical Director of Bridge



**MOTIVATING
YOUTH: BRIEF
ENGAGEMENT
AROUND
SUBSTANCE USE
TARGETING
YOUTH
EXPERIENCING
HOMELESSNESS**

(MY-BEST)

- Identify problematic substance use
- Consider motivations and consequences of use
- Provide psychoeducation about treatment options
- Build connections to positive activities and supports
- Receive exposure to different aspects of recovery
- Study compares 5 sessions of MY-BEST + Therapeutic Case Management to Therapeutic Case Management alone
- Primary outcome: Engagement with recovery community or substance use treatment

WHY IS TRAUMA IMPORTANT IN CORRECTIONAL SETTINGS?



- Incarcerated populations have high rates of trauma exposure and traumatic stress disorders
- Traumatic stress co-occurs with other psychiatric disorders
- Traumatic stress symptoms are linked with impulsive aggression/violence (Wolff 2012)
- Greater number of traumas is associated with longer sentences (Karatzias 2018)
- Untreated PTSD is linked with higher rates of criminal recidivism (Sadeh 2015)
- Incarceration predicts lifetime prevalence of PTSD (Anderson 2015)

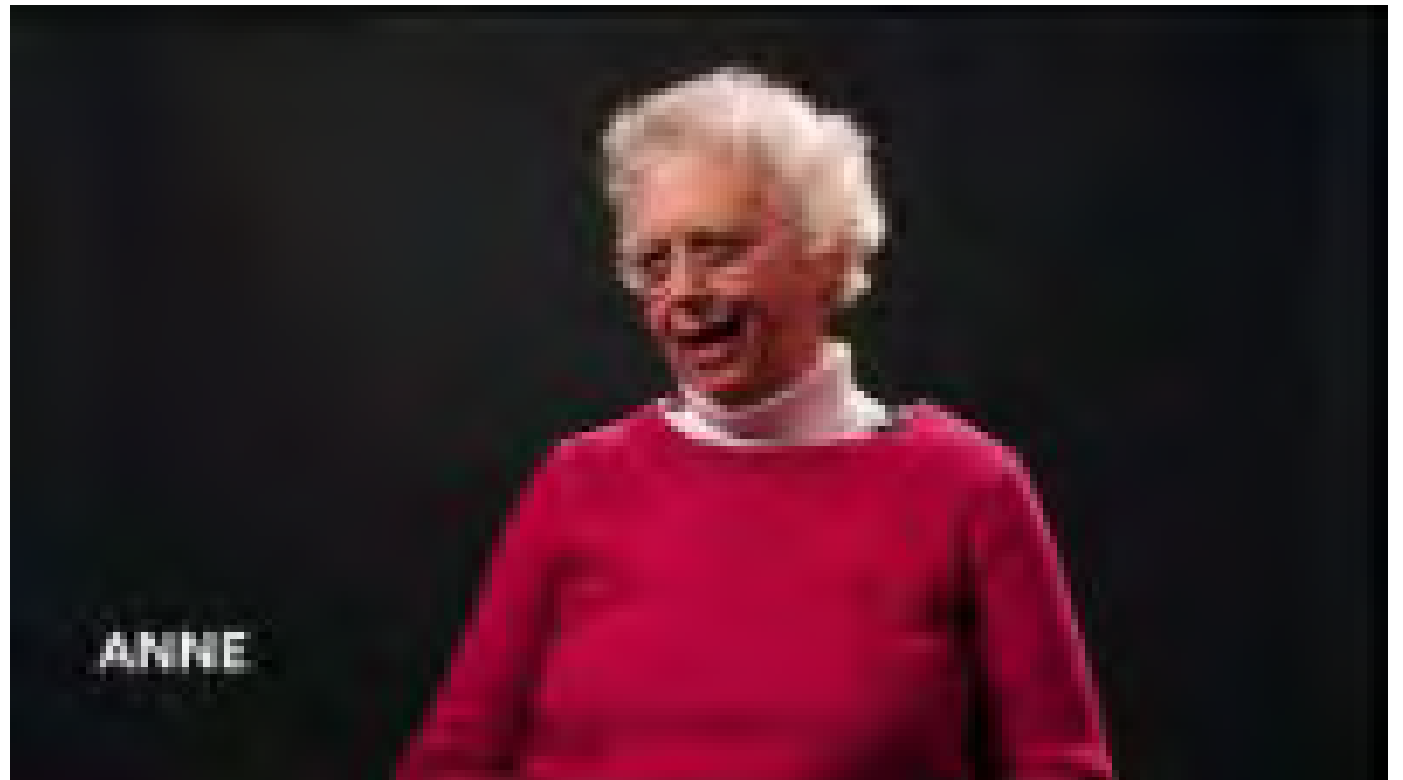
The aim of this project: monitor and improve the capacity of mental health providers to identify, diagnose, and treat symptoms of PTSD and CPTSD within the Suffolk County House of Correction and Suffolk County Jail.

PEER CONSULTANTS CREATED “PARENTING IN RECOVERY” VIDEO

- Grew out of a statewide listening groups with people with lived experience which identified stigma as #1 concern

[Parenting in Recovery Video](https://www.youtube.com/watch?v=xPfxz_MN5SY)

(https://www.youtube.com/watch?v=xPfxz_MN5SY)



MGH CENTER OF EXCELLENCE FOR PSYCHOSOCIAL AND SYSTEMIC RESEARCH

Ways to connect with us?



OUR NEWSLETTER

Personal Account by Ms. Valeria Chambers, Certified Peer Specialist: To Vaccinate or Not to Vaccinate, That is the Question



One way or the other, the COVID 19 vaccine is on peoples' minds. Should I or shouldn't I? If not now, when? Is it safe or is it not? Is it safe for some but not for others?

- Quarterly, thematically organized newsletter with diverse contributors
- Sign up for our newsletter (<http://eepurl.com/gEmaIv>)



Join our studies!

COE currently has several ongoing and future projects. If you are interested,

click on the type of study you are looking for below. All of our studies include a focus on recovery and are evidence-based.

About

The Massachusetts General Hospital Center of Excellence (COE) for Psychosocial and Systemic Research was funded by the Massachusetts Department of Mental Health in 2018. Our Center highlights the current increased awareness of the central role of psychosocial approaches to treatment, prevention, illness management, and recovery in mental health.

In addition to spearheading numerous pilot studies, the COE executes quality improvement and research projects that are driven by community priorities and needs.

Visit our [Community Collaborations](#) page and our [Peer-Led Projects](#) page to learn more.

[CHECK OUT OUR WEBSITE](https://mghcoe.com/)
([HTTPS://MGHCOE.COM/](https://mghcoe.com/))

Involvement of Persons with Lived Experience



We promote collaboration between researchers, recovery communities, and stakeholder groups by partnering with **Peer Consultants (PCs)**, who are persons in recovery from mental health challenges and/or substance misuse. PCs identify and address the priorities, needs, and experiences of individuals with mental health challenges, and they are empowered to develop and implement projects with support from COE staff.

[Learn More About Peer-Led Projects →](#)

THANK YOU!

We very much appreciate your attendance.

Special thanks to my Center colleagues, our collaborators, steering committee and to leadership at the Department of Mental Health for their vision and support.

Please share your ideas with us.

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