

UCLA

Semel Institute

UCLA Behavioral Health Center of Excellence

Supporting Innovation in Behavioral Health:
Research and Stakeholder Engagement



Supported by Mental Health Services Act funding allocated through Senate Bill 852.

“In the years following Prop. 63, I’ve realized that the good work of the MHSA needed a firm pathway to neuroscience research and new interventions.

The best outcomes are through research, counties and communities working together.”

-Former Senate President pro Tem Darrell Steinberg

Thanks to Darrell Steinberg for his leadership for mental health and vulnerable populations and a vision for research to serve the Mental Health Services Act.





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On the California Behavioral Health Center of Excellence at UCLA

Growing up in Los Angeles and serving in many leadership roles in government at the city, state and now county level, I am acutely aware of the need for innovation in services especially for our diverse and often under-resourced communities. This includes culturally appropriate and effective services as well as broad community engagement approaches in mental health services for our citizens who suffer from behavioral health disorders. “Mental illness” and “depression” may not be our favorite words, but when we or our family members suffer from stress or depression, whether from a personal crisis, a lack of resources, an act of nature such as a disaster or from a genetic predisposition, we all want a way to a better future, and that often means services or help in some form.

The California Mental Health Services Act embraces the idea of innovation in services and provides Los Angeles County with resources to engage our citizens in all its diversity in excellence, innovation and partnership in services delivery. Yet we still require data; we need research to help us know what the most helpful approaches are, such as treatment or information or outreach, and how to deliver and receive services, and equally important, how to engage the public in understanding services and addressing the stigma that may serve as a barrier. The Center of Excellence at UCLA funded by the Mental Health Services Act embodies this call for research that informs action and serves our communities.

We know that we need innovation and data in many forms to better understand illnesses and how to be resilient and healthy; to develop better treatments; to deliver better services and train our providers; and to collaborate on strategies to keep our communities whole and healthy, working together to better our lives.

The Center of Excellence at UCLA, as outlined in this report, is working to help develop and make available all of these types of innovations and data. At the heart of this new Center is the idea of translating research to community knowledge, generating data in partnership with patients and communities, and particularly, working to understand and help guide key County initiatives, such as the innovative and future-directed Health Neighborhood Initiative. The Health Neighborhood Initiative was approved by the Board of Supervisors for initial implementation in 2014; it is a bold idea for our County at the right time as coverage for mental health services is expanding and the need for innovation in these services for our communities is great. The heart of the idea is coordinating services across County agencies, the basic foundation of quality services, and addressing underlying social factors and community determinants of mental health that are high priorities to our communities. This large idea was inspired by and informed, in fact, by data, including data from Community Partners in Care, which showed a way through improving mental health services to enhance not only quality of life but address social risk factors for homelessness in Los Angeles. At the Center of Excellence at UCLA, data can help inform our practices and policies, which are then evaluated and improved through evaluation and research to keep our communities healthy moving forward.

There are many areas under development in our communities and at the Center that may hold promise over time; whether it is finding innovative ways to assess and treat illnesses, including rare illnesses and common illnesses, or ways of communicating about treatment or even the findings of a new basic research study to communities, for knowledge is the key to our current and future success.

May, 2016



Executive Summary

The Behavioral Health Centers of Excellence (COE) at UCLA and UC Davis are designed to build on the promise of the California Mental Health

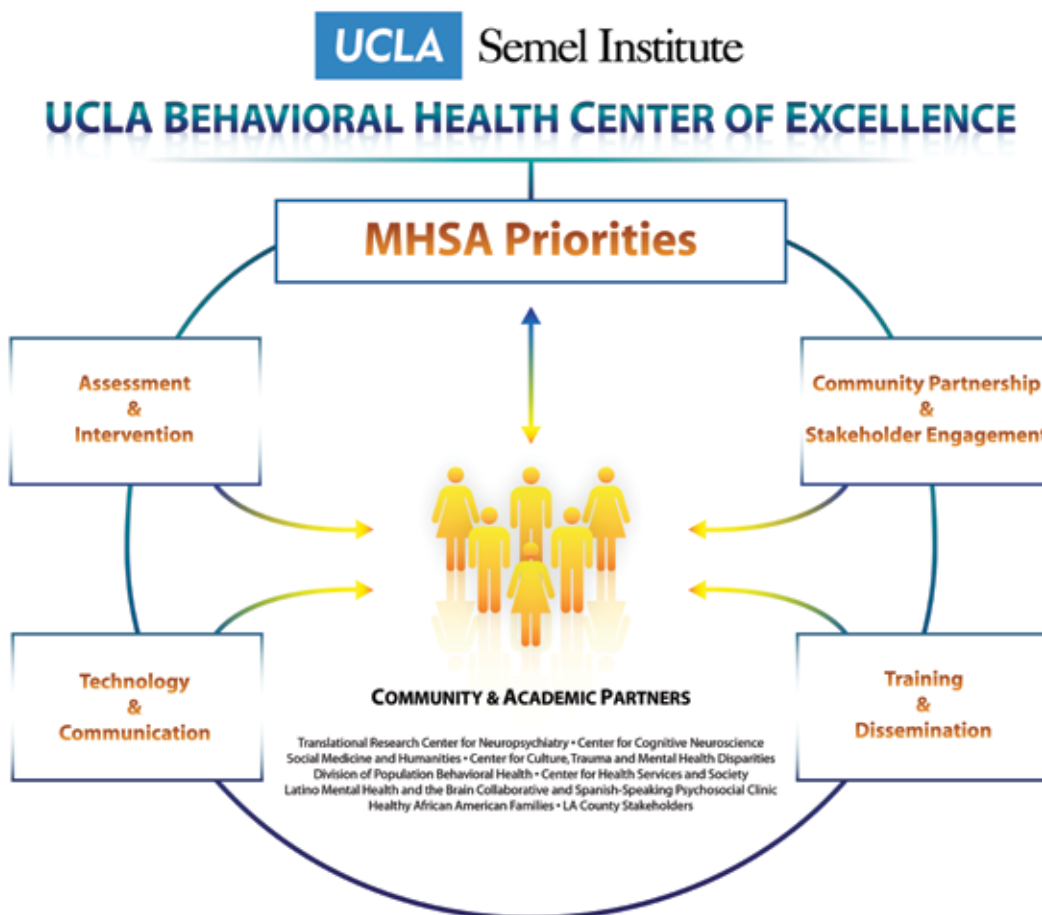
addressing mental health disparities. Both Centers conduct translational science across the lifespan, with stakeholder engagement.

Services Act (MHSA), by supporting excellence in services through excellence in research, in areas central to the MHSA, including prevention, early intervention, recovery, and disparities in mental health care.

To achieve such innovation, UCLA COE researchers from the Semel Institute and collaborators across UCLA and partner institutions, are working together alongside community stakeholders, patients and family members to improve community understanding of the potential of research findings to improve services and quality of life. The goal is to bring insights from objective inquiry into key programs, such as the Los Angeles Health Neighborhood Initiative, that are consistent with the MHSA mission, as well as to evaluate innovative community and policy initiatives to inform building healthy communities, guided by a partnered approach.

A key goal of the COE is to engage diverse stakeholders to promote understanding of research, ensure its relevance and support translation of research findings into practice. Like the MHSA, which aims to transform mental health services delivery to improve quality of life for individuals with mental illness living in California, the Centers of Excellence seek to expand and transform the research evidence that informs mental health care. While both the UCLA and UC Davis Centers conduct research to improve mental health services and advance our understanding of mental disorders and treatments, UC Davis has a focus on interventions for early psychosis while UCLA has a focus on

As shown in the graph below, the UCLA COE employs a translational research approach at all levels of inquiry – from basic to applied science, coupled with education in evidence-based practice and partnership and trust development – in the service of transformation for healthy communities.



Consistent with this goals, a main project of the UCLA COE is providing partnered support for the development and evaluation of Los Angeles County's Health Neighborhood Initiative Conceptual Framework. This innovative initiative was developed in response to expanded Medicaid and the promise of findings from the Community Partners in Care study and approved by the Board of Supervisor's in 2014. The initiative seeks to integrate county services for shared behavioral health clients while addressing local priorities for social determinants or underlying social and community structural factors that affect mental health. The UCLA COE partners with county and community agencies to support strategic planning and conduct evaluation and research to clarify the origins and initial progress of the initiative and identify early findings to inform the roll-out of the initiative. This research is conducted through the Center for Health Services and Society, one of the seven participating Semel Institute centers integrated through the COE.

The seven participating COE research programs at Semel are:

- **Translational Research Center for Neuropsychiatry** – supports a range of basic, translational and clinical research as well as clinical programs relevant to the MHA vision
- **Center for Cognitive Neuroscience** – focuses on addressing disparities through advances in translational cognitive neuroscience
- **Social Medicine and Humanities** – tracks broad directions in policy, cultural and services and has extensive experience evaluating MHA programs
- **Center for Culture, Trauma and Mental Health Disparities** – supports partnered research with stakeholders to improve services and outcomes for persons with mental disorders across the lifespan, with a strong focus on research that builds capacity to improve health equity
- **Division of Population Behavioral Health** – supports innovations in integrated behavioral health services delivery for children, adults and families both at UCLA and in the community
- **Center for Health Services and Society** – supports partnered research with stakeholders to improve services and outcomes for persons with mental disorders across the lifespan, with a strong focus on research that builds capacity to improve health equity

- **Latino Mental Health and the Brain Collaborative and Spanish-Speaking Psychosocial Clinic** – provides leadership in services, research and training on assessment and treatment for Latino and Spanish-speaking populations

The COE leverages these diverse Centers and their expertise and partners to increase the impact of COE programs and research on mental health services and policies for the people of California, both presently and through innovative advances in translational sciences, for future services.

The COE projects and activities are supported by and integrated through four common cores: (1) **Community Partnership and Stakeholder Engagement**, offering models and examples of partnership and support for engagement; (2) **Training and Dissemination**, offering a range of training platforms and examples of at-scale dissemination activities in communities; (3) **Technology and Communication**, featuring a participatory or user co-driven approach to engaging in technology and innovations in communication; (4) **Assessment and Intervention**, offering advances in assessments from surveys, clinical evaluation to imaging technologies and cultural adaptations of treatments.

A main project of the UCLA COE is providing partnered support for the development and evaluation of Los Angeles County's Health Neighborhood Initiative Conceptual Framework

To develop the workforce available for partnering in research on MHA goals, the UCLA COE has a strong focus on early-stage investigators and supporting their development of partnered projects with stakeholders to addressing disparities through the **Rapid Research Advances for Progress in Disparities (RRAPID)** pilot program. Five promising investigators were competitively selected to receive RRAPID funding in the first year of the COE and we funded 10 more in the

second year. Each project is supported by both senior academic mentors and key stakeholder partners.

The UCLA COE infrastructure and activities are supported in addressing their goals through a COE Board of Directors representing leaders of the key components (Centers and cores) and an Advisory Board of key stakeholders. In addition, the UCLA and UC Davis Centers of Excellence are integrated through an overall Center Directors Board and Advisory Board, with common activities such as annual conferences open to stakeholders throughout the state, and planned webinars on key themes of the Centers and the MHSAs (e.g., early psychosis intervention, mental health disparities).

The COE at UCLA, in supporting all activities – core functions, pilot projects for junior investigators, signature projects and supporting and drawing upon investigators and/or infrastructure across seven partnering centers – strives to achieve a transformative use of research to improve services, while promoting

stakeholder input and partnership consistent with the vision of the MHSAs.

We are also striving to expand visibility of the MHSAs nationally, through presentations at conferences and policy events, and partnering with local stakeholders in disseminating the approaches and insights gleaned from COE activities. We also seek to enhance COE impact through leveraging COE funds with resources from additional funders and opportunities. Examples include the expansion of funding for the RRAPIDs through partnership with the UCLA CTSA funded by NIH, and partnering with funds from the Patient Centered Outcomes Research Institute to evaluate the Health Neighborhood Initiative.

Peter C. Whybrow, MD

Director

Semel Institute for Neuroscience and Human Behavior

May 2016



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UCLA Behavioral Health Center of Excellence

Supporting Innovation In Behavioral Health Research and Stakeholder Engagement

The Behavioral Health Centers of Excellence (COE) were launched at UC Davis and at UCLA's Semel Institute in October 2014. The Centers

were authorized by Governor Brown, with funding from the Mental Health Services Act (MHSA), to support innovation in the research themes of the MHSA, including prevention, early intervention, recovery, and disparities in mental health. The overarching goal of the two Centers is to translate findings from a broad range of behavioral neuroscience and socio-cultural research to benefit the well-being of California's diverse populations. Engagement of stakeholders from patients, families, providers, communities and policymakers is key to the Center's overall mission. While sharing a common mission, the UC Davis COE and UCLA COE each have a primary emphasis – early psychosis interventions at UC Davis and mental health disparities at UCLA. In addition, across institutions there is broad expertise in translation of research into practice for rural and urban populations.

This interim report provides an overview of the structure and activities of the UCLA COE. The goals of the UCLA COE are to promote healthy communities and address mental health disparities through community engagement, dissemination of evidence-based practice guidelines, and innovations in conducting and sharing translational research. These goals are achieved by:

- Working with communities and individuals to address mental health disparities and other community concerns through research, education, and training
- Using communication/media and technology to disseminate models of care and patient/family narratives to develop new solutions
- Promoting innovation in training and dissemination of best practices
- Promoting advances in clinical assessment and interventions
- Conducting translational research to inform future treatment advances

The UCLA and Davis COEs follow a partnered approach to research and promote stakeholder engagement and

co-leadership, which helps reduce disparities and engage vulnerable populations in research and services. At UCLA this is achieved through integration of seven established centers of the Semel Institute, and through a set of new infrastructure cores in community partnership and stakeholder engagement, training and dissemination, technology and communication, and assessment and intervention. The seven centers bring the diverse perspectives and expertise of researchers, clinicians and stakeholders to the COE, across a range of disciplines from basic translational science to direct engagement of whole communities around behavioral health concerns.

The seven collaborating UCLA centers are:

- Translational Research Center for Neuropsychiatry
- Center for Cognitive Neuroscience
- Social Medicine and Humanities
- Center for Culture, Trauma and Mental Health Disparities
- Division of Population Behavioral Health
- Center for Health Services and Society
- Latino Mental Health and the Brain Collaborative and Spanish-Speaking Psychosocial Clinic

Key stakeholders working with these academic units include members of under-resourced communities and other vulnerable populations, clients and families, members of other UC campuses, healthcare and community-based agencies, and other organizations.

The goals of the UCLA COE are to promote healthy communities and address mental health disparities

Across the UCLA COE, projects and investigators receive support for COE activities through four integrated cores:

- Community Partnership and Stakeholder Engagement
- Training and Dissemination
- Technology and Communication
- Assessment and Intervention

To facilitate the UCLA COE's focus on disparities, and to promote innovation across the range of translational

CALIFORNIA MENTAL HEALTH SERVICES ACT

The Mental Health Services Act (MHSA) seeks to transform the mental health system, expanding services and improving the quality of life for Californians living with mental illness.

The MHSA is funded through a 1 percent tax on personal income above \$1 million. Since 2004, more than \$13 billion has been allocated to the MHSA.

Components of the MHSA are summarized in Figure 2.

MHSA OVERVIEW

Community Services and Support (CSS)

- Provides comprehensive mental health treatment for people of all ages in a culturally and community competent way
- Creates Full Service Partnerships to work with individuals to provide for all aspects of care and support necessary to improve health outcomes
- Seeks to decrease homelessness, ER visits, arrests
- Seeks to increase education and employment opportunities, independent living, and life functioning
- Provides access to housing, including subsidies and homelessness resources

Prevention and Early Intervention (PEI)

- Works to prevent mental illness from becoming severe and disabling, and to improve access to care for the underserved

Workforce Education and Training

- Educates individuals to provide mental health services in line with the MHSA principles and priorities

Capital Facilities and Technology

- Creates facilities and technological infrastructure to deliver services
- Provides increased access to community-based settings for care

Innovation

- Design and test new approaches to delivering mental health services

science, the COE supports signature initiatives that foster stakeholder engagement in research on behavioral health for healthy communities.

To encourage talented junior, mid-level and senior faculty to bring their creative energies forward in the service of the MHSA, the COE supports core infrastructure functions of the seven affiliated centers, including dedicated physical space at the Semel Institute that invites stakeholder engagement with translational researchers. Early research grants across the spectrum of science (RRAPID) foster innovative pilot initiatives encourage new investigations in areas of translational research consistent with the COE mission while stressing stakeholder engagement.

UCLA COE STRUCTURE AND ACTIVITIES

Leadership and Advisory Boards

The UCLA COE leadership structure includes three components: (1) The Semel Institute COE Board comprising the main leaders of all centers and cores and key investigators; (2) an Advisory Board of science and community/MHSA stakeholders; and (3) A leadership Council across the UCLA and UC Davis COE, with a shared COE advisory board. Through combining academic, policy and community/patient stakeholder input and co-leadership, the Centers maintain a rigorous focus while promoting attention to stakeholder priorities. In this way, the COE Leadership helps ensure consistency with MHSA key goals and ethical principles of inclusion of stakeholders in leadership, while promoting advances through research innovation and translation.

The structure of the COE that supports its scientific and community mission, includes: Innovation Cores; Participating Semel Institute Centers; Signature Projects; RRAPID Pilot Grants, and other research activities within and across components of the Center to enhance the overall mission of translation of science into benefit for citizens of California, now and over time. We present each component, beginning the overview with an example of a Signature Project, then the Cores and Centers, and then concluding with a new Signature Project and the new investigator pilot program.

SIGNATURE PROJECT:

Los Angeles Health Neighborhood Initiative Strategic Planning and Evaluation Support

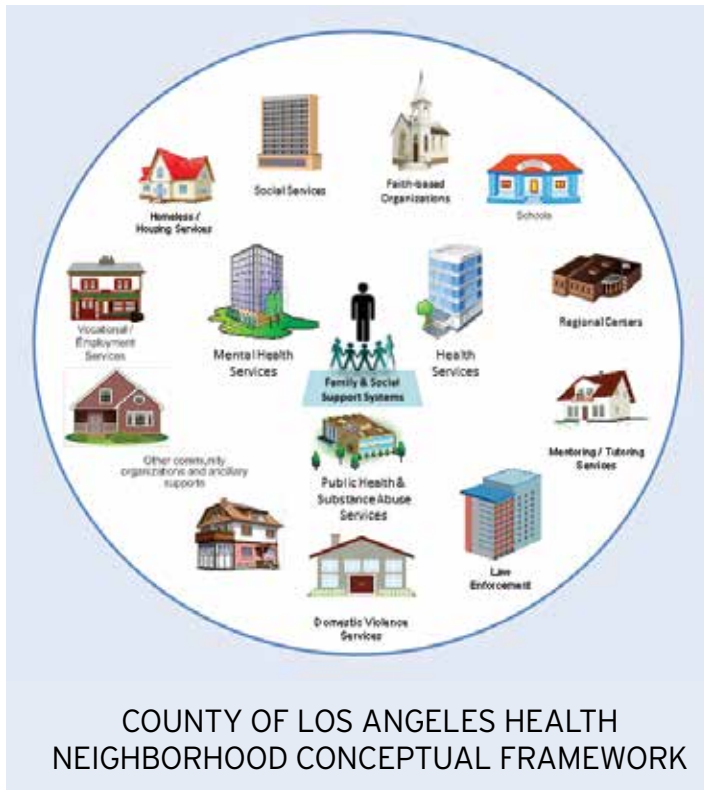
The Los Angeles County (LAC) Health Neighborhood Initiative provides a key example of the COE's ability to contribute significantly to MHA goals.

The Health

Neighborhood Initiative (HNI) is a policy initiative under the direction of the Los Angeles County Department of Mental Health in collaboration with the Department of Health Services and Department of Public Health. HNI was proposed as a strategy under expanded Medicaid to promote coordination of Los Angeles County (LAC) health services for shared behavioral health clients while also addressing local community priorities for social determinants of mental health, including underlying social and structural factors. The HNI was approved by the LAC Board of Supervisors as part of their 2014 LAC Strategic Plan. The figure on the next page illustrates the goal of HNI.

LAC agencies have cited the Community Partners in Care (CPIC) study, an award-winning research study that is continuing through the UCLA COE, as the key scientific basis for the HNI. CPIC (discussed below under the Center for Health Services and Society), utilized an innovative approach to mental health translational science that supports community and patient partners as co-leaders in all phases of research. Substantively, CPIC demonstrated that a coalition approach across diverse health and social services sectors in communities to address depression collaboratively was more effective than technical assistance to individual programs in improving quality of life and reducing risk factors for homelessness and behavioral health hospitalizations for depressed clients in under-resourced communities of color. These findings and the partnered approach suggested to county leaders that a more integrated community approach to mental health services could improve health and social outcomes while potentially reducing costly hospitalizations. Then county leaders invited CPIC academic and community leaders to partner with the county in developing and evaluating the Initiative.





The COE HNI strategic support and evaluation project, co-led by Dr. Sheryl Katoka and Dr. Beth Bromley, has three primary goals:

- To provide a conceptual basis for the HNI to address social determinants of mental health within the initiative
- To evaluate the origin and development of HNI from the perspective of diverse stakeholders
- To develop partnering resources for a formal evaluation of HNI and related LAC programs that seek to improve behavioral health services and outcomes while also addressing social risk factors and community structural determinants of mental health

To achieve this broad scope, COE funds are leveraged with existing grants from the National Institute on Minority Health and Health Disparities (NIMHD) and the Patient-Centered Outcomes Research Institute (PCORI).

Like CPIC, the HNI project is led by a partnership of academic and community members and patient/family stakeholders.

One initial product already completed is a conceptual framework and review of social determinants of mental health and approaches to address these determinants to inform development of HNI programs.

A second component is the “origin story” based on stakeholder interviews from LAC leaders and community members affiliated with the HNI.

A third component is developing the support for a primary evaluation of the HNI and related initiatives. This work involves developing partnerships with leaders of evaluations of locally-funded components and designing enhancements of HNI to highlight impact of key components, such as community engagement or improvements for depression, trauma or housing.

COE Innovation Cores

To promote translation of all levels of science into innovations to serve California’s diverse populations, the COE has established four working

groups or “cores” that provide consultation, resources and other support to advance the COE mission. These cores are: (1) Community Partnership and Stakeholder Engagement; (2) Training and Dissemination; (3) Participatory Technology and Communication; and (4) Innovations in Assessment and Intervention

COMMUNITY PARTNERSHIP & STAKEHOLDER ENGAGEMENT

To promote community partnership and stakeholder engagement across all activities, the UCLA COE combines the nationally and internationally recognized approach of Community-Partnered Participatory Research (CPPR), with patient- and family-stakeholder engagement consistent with the MHSA. The leadership for this Core includes Healthy African American Families II and support for consumer engagement through Mental Health America, each working with COE administrator Elizabeth Lizaola and COE Co-Director Kenneth Wells of the Center for Health Services and Society. This core provides support for engagement, working also with other key stakeholders across other COE Centers, Cores and Projects. This report highlights a number of key stakeholder leaders.



HEALTHY AFRICAN AMERICAN FAMILIES II

Healthy African American Families II (HAAF), led by Loretta Jones and Felicia Jones, is a non-profit community-service agency. Its mission is to improve the health of African American, Latino and Korean communities in Los Angeles County by enhancing quality of care and advancing social progress through education, training, and collaborative partnerships with community, academia, and government. HAAF led stakeholder engagement Community Partners in Care (CPIC).



Top:
Loretta Jones, ThD
Bottom:
Felicia Jones

of family-focused interventions to military families, veterans, school systems, and diverse healthcare delivery systems, both nationally and internationally.

Dr. Miranda's leadership draws on her work as senior editor of the Surgeon General's Report on Mental Health of Minorities and extensive experience developing and disseminating psychotherapies for mental disorders to diverse populations.

PARTICIPATORY TECHNOLOGY AND COMMUNICATION

The Participatory Technology and Communication Core, led by Dr. Armen Arevian with senior support from Dr. Alexander Young, creates and promotes innovations in information technology and media/communication to support co-leadership with patients and community members in improving mental health services in diverse populations. The goal is to increase the reach and quality of services and provide education and support through innovations that can be individualized to programs, providers and clients. Four projects illustrate this focus.

My Coach Connect – Led by Dr. Armen Arevian, provides support for ongoing analyses of recorded voice data to identify novel predictors of worsening mental illness or decompensation.

Chorus – Developed by Dr. Arevian, is a novel platform for personalized creation of informatics interventions that permits the rapid development of text messaging and automated voice interventions in mental health by nontechnical users, such as patients or providers, at low cost.

TRAINING AND DISSEMINATION

The Training and Dissemination Core supports training of researchers, providers and community and patient stakeholders in evidence-based practices, including their value in serving under-resourced communities and addressing disparities.

The core, co-led by Drs. Patricia Lester and Jeanne Miranda, combines expertise in evidence-based practice, training technology and dissemination platforms, stakeholder engagement, and tailoring content to diverse communities. Dr. Lester brings to the project leadership in the development and dissemination

STAKEHOLDER SPOTLIGHT: PLUSCEDIA WILLIAMS

Pluscedia "Ms. Plus" Williams is a community and patient partner who is a leader for CPIC and past president of the APHA Community-based Public Sector Caucus. She has served as a local and national spokesperson on behalf of patients with mental illness.



STAKEHOLDER SPOTLIGHT: RICHARD VAN HORN

Richard Van Horn has been president and chief executive officer of Mental Health America (MHA) of Los Angeles since 1980 and president emeritus since 2009. He is Chair of the Board of National Mental Health American, past chair of the Mental Health Commission and a current commission member, and key liaison for the UCLA COE.



Mobile Health For Mental Health (MH2™) – MH2 led by Dr. Bonnie Zima, is a mobile web application to optimize early stimulant medication treatment for children receiving care for attention-deficit/hyperactivity disorder in publically-funded mental health clinics.

The Narratives Project – led by Joseph Mango and Dr. Bowen Chung, explores the effective use of patient narratives, media and creative arts to stimulate support, sharing and reflection among stakeholders to increase coping and compassion for severe mental illness.

INNOVATION IN ASSESSMENT AND INTERVENTION

The Innovation in Assessment and Intervention core, led by April Thames, PhD and Xavier Cagigas, PhD, with the senior support of Robert Bilder, PhD develops innovative approaches to assessment and intervention

in a range of mental health disorders. The goal is to facilitate access in under-resourced communities to high-quality services and also to foster translational research that will lead to advances in assessment and treatment of mental disorders, diminishing disparities in care over the long-term.

The core is built on advances in clinical assessment, as well as brain imaging and other approaches to better understand mental disorders within the personal and psychosocial context that includes childhood trauma and other developmental influences. The role of stressors across the lifespan, and the diverse meaning of symptoms and interventions across cultures are important factors that are often neglected in assessment and clinical intervention.

The UCLA COE gets much of its scope and depth by leveraging and partnering with existing research centers



Participating Semel Institute Centers

within the Semel Institute and the established clinical programs and divisions of the UCLA Department of Psychiatry and Biobehavioral Sciences.

Key projects and investigators of the COE are supported through these centers. The Semel Institute centers cover a range from basic and translational science to applied and community-partnered research activities, and include evidence-based assessment and delivery of quality clinical and services interventions. Many programs focus on disparities, including populations often excluded from services and/or research.

TRANSLATIONAL RESEARCH CENTER FOR NEUROPSYCHIATRY

The Translational Research Center for Neuropsychiatry (TRCN), led by Dr. Robert Bilder, is an interdisciplinary research unit bringing together researchers whose work translates neuroscience research to benefit

those who suffer disorders of brain and behavior. The TRCN contributes to the UCLA COE by promoting basic research involving community participants and translating basic science to enhance its clinical relevance. The TRCN promotes stakeholder awareness and understanding of scientific advances to increase stakeholder engagement in partnered research.

The TRCN's physical space was designed and renovated with Federal ARRA funding to create a welcoming environment for community stakeholders and researchers to come together to discuss stakeholder priorities and research solutions through translational science. In addition, the COE helps support the statistical core and technology infrastructure, making these resources available to investigators and their partners in translational science. TRCN teams use ground-breaking strategies, provide comprehensive assessment, and deploy state-of-the-art interventions for diverse, underserved groups, helping to reduce mental health disparities.

SPOTLIGHT: ADOLESCENT AND FAMILY SERIOUS MENTAL ILLNESS CLINICAL RESEARCH PROGRAM

Dr. Carrie Bearden directs the Adolescent Serious Mental Illness Research and Training Program, which focuses on investigation of risk factors for the development of serious mental illness in adolescence, among clinical and genetic high-risk populations. Clinical high-risk includes those with early symptoms suggesting risk for emerging psychosis, while genetic high-risk includes patients with genetic mutations predisposing them to psychotic illness. The program provides early identification and intervention for at-risk youth from a wide range of ethnic and socioeconomic backgrounds who would not otherwise have access to these services. Dr. Bearden's program also involves cutting-edge biomarker assessments (neuroimaging and blood-based biomarkers), which are proving to be important predictors of outcome in young people experiencing early psychotic symptoms. Dr. Miklowitz and his group in the UCLA Child and Adolescent Mood Disorders Program (CHAMP) are conducting a number of studies on the provision of family-focused therapy (FFT) for children and adolescents. Current studies include a UCLA/community partnership study comparing in-person and online training for clinicians, a study examining whether early intervention with FFT can prevent bipolar disorder more effectively among high-risk children and adolescents than brief psychoeducation, and testing novel mentalization-based therapy for reducing suicidal ideation and behaviors in adolescents and young adults with bipolar disorder and depression. Suicide prevention treatments that work are highly relevant to the people of California and the MHS.

SPOTLIGHT: EXERCISE AND COGNITIVE HEALTH NEUROIMAGING LAB

Dr. Sarah McEwen is the founder and organizer for the UCLA Exercise and Cognition Research symposium and research interest group, an interdisciplinary research group that draws on the fields of psychology, neuroscience, exercise science, education and psychiatry. Her expertise lies in human neuroimaging, cognitive psychology and developing the tools to uncover the neurobiological mechanisms contributing to the risk, development and treatment of schizophrenia. Currently, Dr. McEwen's research projects all have the common goal of understanding how novel physical-activity lifestyle interventions can be easily implemented and promote brain plasticity to improve the lives of those living with severe mental illnesses, including early and chronic schizophrenia, Parkinson's Disease, and older adults with mild cognitive impairment at-risk for Alzheimer's. Dr. McEwen's evidence-based lifestyle interventions to promote brain health are all being developed for dissemination outside of the research clinic to help spread her ground-breaking approaches and findings to the wider community.

SPOTLIGHT: DEVELOPMENTAL NEUROGENETICS CLINIC (DNG)

To illustrate how advances in brain science can lead to better clinical services, Dr. Shafali Jeste's groundbreaking work integrating genetics with measures of brain function is the basis for a unique clinical facility focused on the assessment and treatment of complex neurodevelopmental disorders. This program uses cutting-edge neuroscience methods to identify new "biomarkers" that may enable early diagnosis or more specific treatments. Most community clinicians remain uncertain of the prognosis, medical monitoring, and effective treatments for these disorders, leading to disparity in care. Moreover, a genetic diagnosis often prevents parents from accessing services for their child's developmental and behavioral needs based on a misconception that the identification of a specific genetic variant precludes or reverses the diagnosis of the neurodevelopmental or psychiatric disorder. Current clinical systems are not equipped to provide the multidisciplinary care that these children require. To address this disparity, Dr. Jeste and her colleagues have taken a multidisciplinary approach to improve diagnostic practices and treatment for these underserved children. Early, targeted assessment and intervention is critical for improving outcomes for children with neurogenetic and neurodevelopmental syndromes, and this program provides training of health care professionals and education and advocacy for families, in addition to clinical care, and opportunities for enrollment into research that will ultimately lead to more effective, targeted treatments moving forward into the future.

SPOTLIGHT: PSYCHOSIS AND AFTERCARE RESEARCH PROGRAMS

Dr. Stephen Marder is Director of the VISN 22 MIRECC (Mental Illness Research, Education and Clinical Centers). The Psychosis Research Program is focused on developing treatments that can improve functioning and the quality of life of individuals with psychotic illnesses. UCLA research has found that improved functioning can result from improving cognition, including memory, attention, and executive functioning; social cognition, including cognitive processes that underlie social interactions; and motivation. All these functions are impaired in psychotic illnesses such as schizophrenia. The treatments we are studying include nutritional supplements, drugs and psychosocial treatments. The goal is to increase stakeholder understanding of options, needed research, and accelerate translational of findings into improved assessment and clinical programs. The Aftercare Research Program at UCLA, directed by Dr. Keith Nuechterlein developed effective interventions for recent onset psychosis to prevent the onset of disability. These approaches - including supports for returning to work or school and training interventions to improve cognition - substantially improve the ability of young patients to remain at work or school. A recent NIMH study found that these approaches can be successfully implemented by trained staff in community clinics. Consistent with MHS goals, under the COE we will be training LA County Department of Mental Health staff to administer these interventions in community clinics.

Translational Research Center Team Leaders

Robert Bilder, PhD

*Cognitive and Brain Deficits
Across Diagnostic Boundaries*

Carrie Bearden, PhD

*Risk Assessment and Early
Intervention for Severe Mental
Illness in Adolescence*

Norweeta Milburn, PhD

*Sustainable Community-based
Interventions to Reduce Global
Health Disparities*

Sally Blower, PhD

*Biomathematical Models of
Disease for Health Policy*

Eliza Congdon, PhD

*Genomic and Neural System
Bases of Fast Acting
Treatment*

David Miklowitz, PhD

*Family Focused Treatments
for Youth with Mood and
Psychotic Disorders*

Jamie Feusner, MD

*Body Image, Eating Disorders
and Obsessive Compulsive
Disorders*

Michael Green, PhD

Psychosis Research Programs

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Sarah McEwen, PhD

*UCLA Exercise and Cognition
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Giovanni Coppola, MD

*Genetics, Genomics, and
Informatics*

Catherine Sugar, PhD

*Semel Institute/COE
Biostatistics Core*

Patricia Tan, PhD

Childhood Anxiety Disorders

April Thames, PhD

*Cognitive Neuroscience
in Chronic Disease*

Patricia Lester, MD

*Division of Population
Behavioral Health*

Shafali Jeste, MD

*Autism Spectrum Disorders /
Developmental Neurogenetics
Clinic*

Agatha Lenartowicz, PhD

*Cognitive Neuroscience of
Attention Control, Disorders
and Rehabilitation*

Catherine Mogil, PsyD

Family Development Program

Junghee Lee, PhD

Psychosis Research Programs

Keith Nuechterlein, PhD

Aftercare Research Program

Jonathan Wynn, PhD

Psychosis Research Program

THE CENTER FOR COGNITIVE NEUROSCIENCE

The Center for Cognitive Neuroscience, directed by Susan Bookheimer, PhD, examines the basis for neuropsychiatric disorders in the brain and seeks to understand risk factors for these disorders to inform new treatment strategies, including for diverse populations. Dr. Bookheimer heads a major grant on adolescent brain and cognitive development with focus on risk factors for drug abuse, which includes a planned outreach program in Latino communities. Another important new development area is minority health and aging. This pilot project will focus on older Latino and African American adults and examine relationships of metabolic risk factors for chronic conditions (e.g., diabetes, cholesterol, blood pressure) with brain aging. These projects will build on and contribute to the COE Assessment and Treatment core (collaborating with April Thames, PhD). Another planned effort supports outreach to Latino children at high risk for autism to shorten the lag time in beginning treatment, a known disparity also contributing to risk for mental disorders in the children and families.

PHILIPPE BOURGOIS, PHD

Dr. Philippe Bourgois has significant experience in conducting fieldwork both in the United States and in Central America. His research in the United States centers on inner-city social suffering and critiques the political economy and cultural response to minority disparities. His most recent work focuses on substance abuse, violence, homelessness, and HIV-prevention. As part of this work, he is conducting participant-observation fieldwork in shooting encampments of homeless heroin injectors for an HIV-prevention study funded by the National Institute on Drug Abuse. The goal of this work is to demonstrate how macro-structural power relationships shape cultural mores and drive individual behavior. This knowledge is essential to rational intervention in disparate communities.

SOCIAL MEDICINE & HUMANITIES

Led by Drs. Philippe Bourgois and Joel Braslow, the Center for Social Medicine and Humanities focuses on the historical and sociocultural drivers of health and disease, including health services and health policy, including a strong history of evaluating the effects on clients, providers, and programs of MHPA programs in Los Angeles County, such as Full Service Partnerships. The Center also provides mentorship for developing researchers as well as for developing a sociocultural perspective within developing clinicians, such as medical students, residents, clinical research fellows and faculty.

Mental Health Policy In Los Angeles County

Social Medicine supports staff that help design and implement evaluation options for county initiatives, as well as building capacity to study vulnerable populations with behavioral health disorders. By tracing the history of mental health in Los Angeles and studying the development and effectiveness of today's policies and programs, Social Medicine discovers ways to support communities and individuals with socio/cultural risk factors and behavioral health conditions to design health-sustaining interventions. The UCLA COE has supported key staff in completing and planning for MHPA-related programs in Los Angeles County, including leveraging between MHPA funding and other sources such as the National Institute of Mental Health to achieve a larger scale.

CENTER FOR CULTURE, TRAUMA AND MENTAL HEALTH DISPARITIES

Lack of diversity among behavioral health researchers can often result in disparities in representative faculty, trainees and services offered, as well as in research populations recruited. The Center for Culture, Trauma and Mental Health Disparities for the Center of Excellence led by Dr. Gail Wyatt seeks to overcome these barriers through: (1) the inclusion of individuals, groups, cultural beliefs, evidence-based practices, research findings and training modules that reflect the larger communities that would benefit and receive services from Center programs; and (2) collaboration with other centers in order to provide consistency of information and to broaden the reach of successful programs. The Center has pioneered an approach to

DR. APRIL THAMES: COGNITIVE NEUROSCIENCE IN CHRONIC DISEASE



The goal of Dr. Thames' work is to better understand cognitive, psychiatric, psychosocial, and functional outcomes of people living with a chronic illness or disease. In her work with the Center for Culture Trauma and Mental Health Disparities, she combines neuroscience with psychological interventions to reduce trauma and mental health disparities among underserved populations. She studies both risk and resiliency factors that result in better health and mental health outcomes, with the larger purpose of informing interventions to reduce health and mental health disparities. This is of particular relevance to the people of California, as approximately 14 million adults (38 percent) live with at least one chronic condition and more than half report multiple chronic conditions. In addition to being associate director of the Center for Culture, Trauma and Mental Health, Dr. Thames serves as co-director of the Assessment and Interventions Core and is a RRAPID grant recipient.

assessment of need for services that is inclusive of current and past trauma, including factors such as discrimination and exposure to violence. The Center also provides support for mentorship in research and clinical services with a strong focus on overcoming disparities.

Within the COE and the UCLA Health System, Dr. Wyatt has established a Diversity Group (DG) that meets monthly with interested faculty and trainees to implement the mission of the Center for Culture, Trauma and Mental Health Disparities.

Grants to Augment Diversity Training

Funding to support planning, training, and recruitment of diverse faculty and staff is integral to achieve the mission of the Center of Excellence. Grants received by the DG include awards for funding to hold planning meetings of academic experts and administrative officials to discuss enhancing training in cultural

competence. These meetings have included faculty across the Schools of Medicine, Public Health, Gender Studies, and Sociology convening to discuss key areas that warrant attention within the University.

The Center has pioneered an approach to assessment of need for services that is inclusive of current and past trauma.

Recruitment of Diverse Faculty

To increase the number of graduating residents from diverse backgrounds as candidates for faculty positions, the center took steps to increase recruitment, including following up with interviews and encouraging involvement in activities related to diversity.

Teaching in Cultural Competence

Efforts to increase cultural competence across the University include providing lectures and developing curricula for residents and faculty to increase exposure to conceptual frameworks for research, culturally specific information and therapeutic strategies that address barriers to services.

Inviting Diverse Experts in Health Disparities

Experts in the field of health disparities who come from diverse backgrounds are invited to speak at grand rounds events. Funding is currently being sought to support visits of future scholars.

DIVISION OF POPULATION BEHAVIORAL HEALTH

The UCLA Division of Population Behavioral Health (DPBH) guides evidence-based integration of behavioral health prevention and treatment services, technology platforms, research and education into healthcare, community and home settings. The DPBH, led by Director Dr. Patricia Lester and Associate Director Dr. Jessica Jeffrey, enhances mental and physical wellbeing of individuals and families in California through promotion of behavioral health, research and education principles. The DPBH team conducts research on new integrated behavioral-health screening tools,



preventive interventions and treatments in partnership with communities including schools, medical providers, child welfare, juvenile justice, veteran care providers and others, especially high-need populations in California. Through the COE, the team has developed new intervention tools and is actively working both with health provider systems and Californian communities. Key resources available and ongoing initiatives are described below.

DBPH Core Resources

Behavioral Health Check-up Assessment Platform and Data Management Services

- Creating a cloud-based infrastructure to support early identification, prevention and treatment for population behavioral health management in communities.

Behavioral Health Implementation and Evaluation

- Providing consultation and programmatic evaluation to health care, schools, mental health and other organizations to improve integrated behavioral-health service delivery for individuals, children and families.
- Services include management of financial risk associated with outcome-based care reimbursement and cost analysis of the implementation of evidence-based practices.

Integrated Behavioral Health System Consultation

- Providing consultation and technical services to support integrated behavioral health care.
- Implementing innovative technology-supported platforms to promote a continuum of behavioral health prevention and care within UCLA Health and other systems.

Key Initiatives of the Division of Population Behavioral Health

The DPBH is involved in key partnered initiatives that support COE priorities. Each of these initiatives aims to support early identification, prevention and treatment of behavioral health conditions, technology-based innovations to increase access and engagement with care, increase integration of health care, and improve or enhance patient experience.

FOCUS FOR VETERANS AND FAMILIES

- Design and implement technology systems platform and research requirements for the Warrior Care Network Operation Mend Program to supported integrated behavioral-health prevention and care for injured veterans and families.
- Partnered delivery of integrated family-centered behavioral health program for homeless women veterans and their families in collaboration with Volunteers of America and US Vets.
- Welcome Back Veterans Training Institute supports partnered dissemination of evidence-based behavioral-health prevention in Los Angeles County including: LA County Department of Mental Health, Didi Hirsch, Foothill Clinics, LAUSD and Children's Institute Inc.
- Delivery of preventive resilience building groups for veteran parents and couples.

UCLA BEHAVIORAL HEALTH ASSOCIATES COLLABORATIVE CARE PROGRAM

- Integrated behavioral-healthcare consultation and provision of DPBH Behavioral Health Checkup* platform to increase accountability in care, guide clinicians in best behavioral health practices and engage patients in their care.

MOBILE APPLICATION AND VIRTUAL HOME DELIVERY PLATFORMS

- FOCUS On The Go! and FOCUS on Foster Families mobile tools developed and evaluated to enhance reach of preventive behavioral-health education and skill building for at-risk youth and parents, including versions for foster youth and caregivers, military-connected youth and parents, and children affected by traumatic stress.
- Virtual Home Delivery using in-home Tele Behavioral Health platform to support care of reintegrating veteran populations, medically ill youth and families, and high risk parents with premature infants.

CONSULTATION FOR UCLA MEDICAL CENTER, SANTA MONICA BEHAVIORAL HEALTH STAFFING PLAN

- Provide consultation on behavioral-health staffing to increase capacity of behavioral-health services in the

emergency department and acute care settings at UCLA-SM through augmented telehealth delivery.

PARTNERED DEMONSTRATION OF INTERNET-CBT BEHAVIORAL HEALTH CARE FOR PRIMARY-CARE PATIENTS

- Partnered implementation with Optum Behavioral Health and UCLA Health to enhance patient access to timely behavioral-health treatment for depression and anxiety using iCBT platform as a model for care.

LOS ANGELES UNIFIED SCHOOL DISTRICT INTEGRATED BEHAVIORAL HEALTH CARE

- Design and implementation of a classroom-based behavioral-health screening platform to support early identification and care of students with behavioral health problems.

PARTNERED ADAPTATION AND DELIVERY OF CLASSROOM-BASED RESILIENCE CURRICULUM

- School social-work provider training in evidence-based classroom resilience curriculum and school wellness clinics in the trauma-informed, family-centered FOCUS intervention.

STRESS TRAUMA AND RESILIENCE (STAR) CLINICAL SERVICES AND TRAINING PROGRAM

- Integration of behavioral health and medical treatment for children and families with medical trauma and early adversity
- Professional training in early intervention and treatment models for high-risk youth and families in the child welfare and juvenile justice system.
- Provide training to pediatric residences, social work interns, psychologists and psychiatry fellow through DPBH Training Institute

INTEGRATED CLINIC SYSTEM DESIGN FOR LOST HILLS COMMUNITY CLINIC SYSTEM

- Consultation, training and quality improvement monitoring system for innovative partnership between community and employers (Wonderful Company) to support integrated behavioral-health care design to reduce disparities, improve engagement and enhance quality.

Behavioral Health Training Institute

- The Behavioral Health Training Institute includes a shared online learning center and large-scale dissemination and sustainment of evidence-based prevention and treatment practices.

Centers & Programs of the DPBH

- UCLA Nathanson Family Resilience Center (<https://nfrc.ucla.edu/>)
- UCLA Child Anxiety Resilience Education and Support (CARES) Center (<http://carescenter.ucla.edu/>)
- FOCUS Project (www.focusproject.org)
- Training Institute

CENTER FOR HEALTH SERVICES AND SOCIETY

The Center for Health Services and Society (HSS), led by Dr. Kenneth Wells and Dr. Jeanne Miranda, conducts research to strengthen resiliency and mental health

in partnership with communities. Through community engagement, HSS works to reduce mental-health disparities by supporting engagement of community-based health and social agencies, patients, community leaders and community members, in efforts to improve mental health services quality. HSS promotes improved quality of life, functioning and recovery for persons with or at risk for mental disorders.

Project Spotlight: Community Partners In Care (CPIC)

Community Partners in Care (CPIC) is a signature project of the HSS and UCLA COE. CPIC compared two models for implementing evidence-based programs to improve depression care across health and social programs in largely Latino and African American communities of Hollywood-Metro and South LAC.

Community Engagement Planning (CEP) is a model that supported the development of multi-sector community coalitions. Resources for Service (RS) is a model of expert technical assistance and resources for individual



programs. Using the Community-Partnered Participatory Research (CPPPR) approach, CPIC found that the CEP coalition intervention was more effective than the RS expert assistance approach in improving mental health quality of life and physical activity, while reducing homelessness risk factors and behavioral-health hospitalizations at 6-month client follow-up. Over 12 months, there was some evidence for benefit, but statistical significance was sensitive to methods.

CPIC is cited in a recent Cochrane Collaborative Review (Anderson et al., 2015) as the only study internationally to show an effect of community coalitions compared to a non-coalition alternative on the health of minority communities. CPIC academic and community investigators won national and international awards for their work, including:

- Association of Clinical and Translational Science Team Science Award (2014)

- APHA Thomas Bruce Community-Based Public Sector Caucus Award (2014)
- Campus-Community Partnerships for Health Annual Award (May 2015)
- Landmark Program of the Year (2015)

Policy Impact: The effects of the CPIC CEP intervention on health and social indicators led LAC stakeholders to propose the Health Neighborhood Initiative to coordinate services for shared behavioral health clients across LAC agencies while supporting coalition efforts to address social determinants of mental health. This initiative is now the subject of a Signature Project of the UCLA COE, as described above.

CPIC continues as a Signature Project under the COE and is the basis for an ongoing NIMHD grant as well as a completed PCORI disparities contract on 3-year outcomes. It informed a COE-affiliated, PCORI-funded Community and Patient Partnered Research Network



(CPPRN) under PCORnet. The new CPPRN project, as well as other new grants in the Health Services and Society Center afford new opportunities to leverage resources with the COE to advance MHSA goals, including:

Improving Services for Homeless Mentally III: A homelessness working group was established across county agencies, the VA, and community-based agencies to increase awareness of the importance of addressing homelessness and to identify gaps in services. Under the COE in collaboration with the PCORnet CPPRN, we have developed a collaboration with LAC Health Services to analyze data on over 100,000 homeless adults to identify gaps in care, including mental health services across agencies and to support improvements in services for this population.

Enhancing Patient-Centered Care: This project, with support from the National Institute of Mental Health and led by Dr. Alexander Young, is designed to develop and test a kiosk-based computer system to elicit treatment preferences among people with schizophrenia to better inform providers of patient priorities and support more personalized care.

Quality of Children's Inpatient Care: In association with the Children's Hospital Association, Dr. Bonnie Zima leads a national work group on rising trends in care for child psychiatric disorders in a network of 34 U.S. children's hospitals, which may have important implications for local and state-wide efforts related to California children's mental health services.

New Investigators/Fellows: The Health Services and Society Center under the UCLA COE supports a large number of fellows to develop skills in partnered research in mental health services, including the 18-person "Community Translational Science Team" (CTST) that meets regularly to review goals to understand and improve integration of mental and physical health and social services. Three of the fellows have received COE RRAPID Awards, including one team award for the whole CTST (described below).

LATINO MENTAL HEALTH AND THE BRAIN COLLABORATIVE (LMHBC)

The LMHBC represents the synergistic collaboration of UCLA's two model bilingual programs serving the Latino Community, The LMHBC is creating a cutting-edge bilingual practice model that can be



more widely disseminated through the COE to better serve historically underserved Latino communities in California. Established in 1977, the Spanish Speaking Psychosocial Clinic (SSPC), led by Dr. Cynthia Telles, is a bilingual psychiatric training clinic that seeks to provide socio-culturally competent, bilingual mental-health services to members of the Latino community. Established in 2010, the Cultural Neuropsychology Initiative (CNI), led by Dr. Xavier Cagigas, represents the next generation of culturally responsive bilingual/bicultural neurocognitive and psychodiagnostic assessment. Together, these two exemplary bilingual clinical services are helping to redefine how Latinos receive diagnosis and treatment for complex mental health and neurobehavioral disorders. The collaborative model being developed by Drs. Telles and Cagigas leverages clinical service delivery with a fertile, hands-on training ground for the next generation of bilingual mental health providers, and creates an ecologically meaningful research infrastructure that is tailored to meeting the everyday mental health needs of the diverse Latino community in Los Angeles.

COLLABORATIVE
SIGNATURE PROJECT:**Reducing the
Impact of Trauma
and Increasing
Resilience Among
Underserved
Populations**

This new Signature Project under the UCLA COE represents a new collaboration between the Center for Culture, Trauma and Mental Health Disparities (CCTMHD) and the Spanish Speaking Psychosocial Clinic (SSPC) in partnership with community

organizations, such as the FoxHills/Ladera Community Organizations. This study builds on a decade of findings from NIMH-funded research documenting the fact that diverse, underserved populations experience higher rates of certain trauma and adversity (such as racial discrimination) whose effects are rarely systematically assessed and addressed in traditional mental-health settings. Consequently, the resulting distress and mental disorders are under-diagnosed and untreated, contributing to trauma-related mental-health disparities. Addressing mental-health disparities is a key focus of the MHSA and effectively screening for and addressing trauma-related systems has been a top priority of Los Angeles County MHSA stakeholders.

Under COE funding, Dr. Gail Wyatt, Director of CCTMHD who led the earlier research, Dr. April Thames,

Associate Director of the CCTMHD and Dr. Cynthia Telles, Director of SSPC and several community organizations will partner to validate and adapt the UCLA Life Adversities Screener (LADS) on a multi-ethnic sample of 200 African Americans and monolingual and bilingual Spanish-speaking persons to develop a user-friendly screener and training manual in two languages for community workers and providers. Ultimately, the screener and its results for clients will be used to inform a Life Adversities and Trauma Intervention (LATI) to be used in community settings for individuals at high risk for trauma-related mental disorders. The planned intervention will focus on both assessing need for intervention using the LADS and on training providers in skills to both reduce symptoms of trauma and adversities before more serious effects (e.g., post-traumatic stress, depression) develop, and to respond with treatment or referral when such disorders have developed. This study is consistent with MHSA goals to promote innovation in prevention and early intervention as well as to address cultural disparities and respond to stakeholder priorities including trauma. The study will inform efforts to train community and primary care staff to use a validated screener and intervention to offer prevention and early intervention services to culturally diverse populations with high-risk trauma-related life adversities, but who have yet to receive appropriate mental health preventive care.

CYNTHIA ANN TELLES, PHD AND XAVIER CAGIGAS, PHD

Dr. Cynthia Telles is a national leader in clinical care and mental health policy and is founder and director of the UCLA Semel Institute Spanish Speaking Psychosocial Clinic (SSPC). At the SSPC, she manages clinical operations and research of this model psychiatric training clinic. Outside of UCLA, she has served on several corporate boards, governmental commissions, and boards of civic/philanthropic organizations. She serves as the chair of the board for the California Community Foundation and previously was chair of the board for the California Endowment. Additionally, Dr. Telles chairs the Community Benefit Committee of the Board of the Directors of Kaiser Health Plan and Hospitals (Kaiser Permanente). She has authored many publications in scientific journals and numerous presentations at national and international scientific meetings. For the COE, she also serves as a

co-director for policy and consumer relations and is co-director of the Community Partners in Care Advisory Board.

Dr. Xavier Cagigas is a research and clinical neuropsychologist. He is the founding director of the Cultural Neuropsychology Initiative, UCLA's only bilingual and bicultural assessment clinic serving the Los Angeles Latina/o community. Dr. Cagigas, under the COE initiative, will join Dr. Telles and work with the COE Cores to improve engagement and appropriate assessment and intervention in Latinos with mental disorders in LAC. Under the COE, the LMHBC is expanding its mission to serve as a primary voice for Latinos and under-resourced populations in Los Angeles and California. In its broader mandate the LMHBC will focus on increasing access to needed services for mental disorders and design and implement more culturally and linguistically responsive services for Latinos.



Rapid Research Advances for Progress in Disparities (New Investigators)

Led by Dr. Jeanne Miranda, the COE RRAPID Awards for junior investigators are designed to stimulate rapid progress through quick turnaround, high-yield research projects that

produce a research product while promoting two-way knowledge exchange between researchers and stakeholders (systems, providers, clients and families). The emphasis is on relevance or potential relevance for the MHSA. The awards support a broad range of science, from basic and translational to behavioral, and relate to services, community engagement and policy. They are designed to support junior investigators from residents and fellows to junior faculty members. Each RRAPID project has a senior research mentor and community/patient/provider stakeholder to support scientific and community validity and relevance to the MHSA.

2015 RRAPID GRANT RECIPIENTS

Ashaunta Anderson, MD, MPH, MSHS

Cross-Cultural Perspectives on Parenting Education as an Early Childhood School Readiness Intervention

Eliza Congdon, PhD

Mobile Mood Assessment Following a Treatment Intervention for Depression

Erika Nurmi, MD, PhD

Toward Pretreatment Genetic Testing to Identify Children at Risk for Antipsychotic-Induced Weight Gain

Howard Padwa, PhD

Provider Conceptions of Recovery in a Transformed Mental Health System

April Thames, PhD

Developing a Community-academic Partnership to Build Resiliency Against HIV/AIDS Health Disparities

The RRAPID Awards support a broad range of science, from basic and translational to behavioral, and relate to services, community engagement and policy.

2016 RRAPID GRANT RECIPIENTS

Armen Arevian, MD, PhD

Community Partnered Engagement Around Predictive Analytics and Speech Analysis

Enrico Castillo, MD

Mental & Emotional Well-being: Bridging Local Successes to National Agenda

Erin Kelly, PhD

Effectiveness of Mental Health Services for Individuals with Serious Mental Illnesses Receiving Involuntary Versus Voluntary Outpatient Treatment Services

Lucinda Leung, MD, MPH

An Evaluation of Integrated Mental Health Services in Los Angeles Safety Net Clinics

Alethea Marti, PhD

Parent-Provider Communication Patterns with Limited English Proficiency (LEP) Latino Parents During mHealth-Supported ADHD Treatment

Jennifer O'Hora, PhD

Piloting the B-Resilient Mobile App in South Los Angeles

Natalia Ramos, MD, MPH

Adaptation and Pilot of the Resiliency Class for LGBT Youth

Joseph Rojas, MD

School-Based Interventions for Behavioral, Emotional, and Mental Health: A Qualitative Evaluation of Alternatives to Exclusionary Discipline

Kate Taylor, PhD

Engaging Stakeholders to Understand the Barriers to EBP Delivery for Anxiety Disorders in Community Mental Health Settings

Quenette Walton, PhD

A Behavioral Health Collaborative Telehealth Intervention Among Underserved Populations

UCLA Semel Institute



