Mass DMH

Center of Excellence
for Psychosocial and Systemic Research

Mass General Brigham

2024
2025

The MGH Center of Excellence for Psychosocial and Systemic Research

DMH Annual Report

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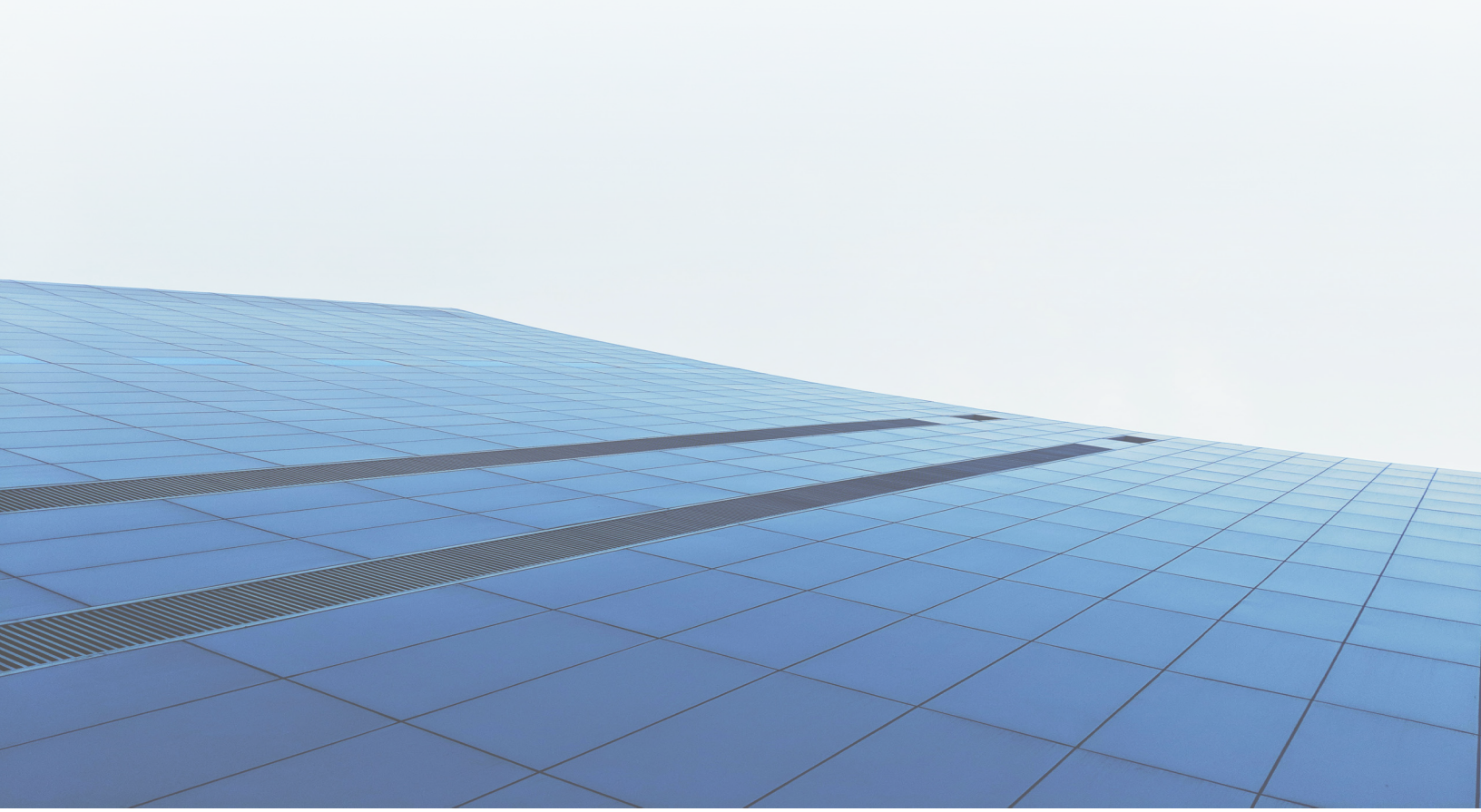


Executive Summary

Overview

The MGH Center of Excellence for Psychosocial and Systemic Research (COE), funded by the Massachusetts Department of Mental Health (DMH), serves as a statewide resource for advancing evidence-based mental health care, promoting health equity, and supporting systems transformation.

In Year 7, the COE led initiatives that directly addressed policy and clinical priorities, including improving access to effective treatments, managing aggression in state hospitals, expanding culturally responsive care, supporting justice-involved populations, and strengthening youth mental health systems through research, training, and collaboration.

Strategic Systems-Level Initiatives

Improving Access to Long-Acting Injectable Antipsychotics (LAIs)

The COE launched a statewide initiative to address the underutilization of LAIs for psychotic disorders. This effort, led by Dr. Cheryl Foo, convened DMH, MassHealth, Massachusetts Behavioral Health Partnership, community behavioral health centers, and academic partners to develop a statewide strategic plan for improving access and use of LAIs in community settings through a community-engaged landscape analysis and implementation planning process that includes the perspectives of people with lived experience. With this initiative, we will create a centralized LAI administration site directory for the state. This initiative has produced a new curriculum module for psychiatry residents, provider training materials, and a novel shared decision making tool. These practical resources are designed to directly support clinical decision-making as well as patient and family understanding of the potential benefits of offering LAI medication early in the course of treatment for a psychotic disorder. The strategic framework and comprehensive educational and clinical toolkit to be developed and implemented through this multi-year initiative has the potential to significantly improve LAI access and quality of life for individuals with psychotic disorders in the state.

Identifying, Treating and Managing Aggression in State Hospitals

Informed by the comprehensive listening sessions conducted across three state hospitals in Year 6, the COE, in collaboration with DMH's Office of Inpatient Management and UMASS Implementation Science and Practice Advances Research Center (iSPARC), developed a strategic improvement plan to improve the prevention and management of aggression. This model includes educational lectures and in-person case consultations led by Dr. Oliver Freudenreich, Professor of Clinical Psychiatry at Harvard Medical School, Co-Director of the MGH Psychosis Clinical and Research Program, and a member of the COE senior leadership. Clinicians participating in this initiative gained access to psychopharmacology consultation, evidence-based de-escalation strategies, and structured support for managing high-risk patients. This initiative provides a scalable model for workforce training and clinical consultation designed to improve the inpatient care experience for both patients and staff in state hospitals.

Consultation to DMH: Office of Behavioral Health Promotion and Prevention (OBHPP)

The COE provided expert consultation to inform DMH OBHPP's statewide landscape analysis on youth behavioral health and substance use prevention. The COE contributed data and summaries of relevant initiatives across seven key areas: early identification with psychosis screening; cannabis use trends in psychiatrically vulnerable populations; family engagement in early psychosis care; resilience training programs; school-based mental health supports; restorative discipline models for substance use infractions in schools; and vaping cessation. The priorities and evidence base represented by these projects equipped OBHPP to shape a notice of intent for large-scale grants that will advance statewide prevention and early intervention capabilities in schools, pediatric settings, and youth-focused programs.

Advancing Equity Through Community Partnerships

The COE's work is grounded in equitable partnerships with community-based organizations to improve care access and outcomes for historically marginalized and underserved populations. Key collaborations in Year 7 included:

- The Cory Johnson Program for Post-Traumatic Healing (CJP), which demonstrated improvements in post-traumatic stress disorder symptoms and quality of life.
- Bridge Over Troubled Waters, where we identified effective substance use interventions and predictors of successful housing outcomes for youth experiencing homelessness.
- The Living in Families with Emotions (LIFE) program, which expanded to five new sites and improved accessibility through Spanish-language materials and asynchronous training. LIFE trainees are community-based, lay providers (e.g., teachers, after school program staff) who have received training in culturally responsive care and resilience-promoting interventions, with ongoing supervision and fidelity monitoring to support implementation.

Supporting Justice-Involved Populations

Dr. Faith Scanlon is leading a pilot implementation of the brief, manualized Changing Lives Changing Outcomes (CLCO-9) intervention designed to reduce recidivism and improve mental health outcomes for individuals with serious mental illness and criminal legal involvement at Worcester Recovery Center and Hospital and South Bay House of Correction. Clinicians at Worcester Recovery Center and Hospital have been trained to deliver the intervention and will receive ongoing consultation and supervision. This innovative project addresses a critical gap in care for this underserved population, providing an approach for integrating evidence-based mental health care within correctional and forensic settings.

Improving Family Engagement in Early Psychosis Care

Dr. Cheryl Foo led a mixed-methods study across 9 first-episode psychosis coordinated specialty care (CSC) programs in Massachusetts to identify program-level factors that influence patient retention and family engagement. The study provided critical insights that higher fidelity and quality CSC services are linked to better patient retention and family engagement rates. The study also found strategies that were associated with better engagement and provided practical recommendations that programs can implement. Additionally, Dr. Foo developed a provider attitude and training needs assessment tool and raised awareness of the promise of integrating family peer support in CSC programs. These findings have enormous potential for informing statewide training and quality improvement efforts, with direct relevance for clinicians working in early psychosis programs.

MGH COE leadership (Drs. Mueser and Cather) continue to work alongside DMH, Massachusetts Psychosis Network for

Early Treatment (MAPNET), other NAVIGATE trainers, and several community providers to provide statewide training, supervision, and consultation in NAVIGATE, an evidence-based model of CSC. This year, we were especially fortunate to collaborate on this with Dr. Julia Browne, a former MGH COE post-doctoral psychologist. Dr. Browne was certified as a NAVIGATE trainer during her fellowship, and is now providing training while also working in the first episode program at Boston Medical Center. Over the past year, NAVIGATE training has been provided to staff of 10 first-episode psychosis services, including Cambridge Health Alliance, Community Healthlink, Corrigan Mental Health Center, PREP-West, Eliot Community Human Service, Edinburg Health and Human Services, Massachusetts General Hospital, McLean-OnTrack, and Beth Israel Deaconess Medical Center (BIDMC) Aspire Clinic. Longitudinal data are being routinely collected from these programs and are used as part of measurement-based care in quality improvement initiatives.

MGH–iSPARC Collaboration: Annual DMH Conference

In collaboration with the UMass iSPARC, MGH co-presented the 6th annual DMH conference, with the theme "Promoting Youth Mental and Behavioral Health." The event featured 5 presentations— 3 led by MGH researchers, spotlighting priority areas in youth mental and behavioral health, including cannabis-related psychiatric presentations, capacity building of resilience-promoting interventions, and results from a groundbreaking vaping cessation trial. The conference emphasized practical applications for clinicians and received overwhelmingly positive feedback, with 100% of Continuing Medical Education (CME) credit and Continuing Education Unit (CEU) respondents indicating plans to apply the findings in practice.

Peer-Led Systems Change

The COE's eight-person peer consultant team, led by Dr. Anne Whitman, our senior peer consultant, independently pursued several important community-based initiatives to improve and integrate the peer workforce across Massachusetts' behavioral health system. The team provides ongoing consultation on peer integration best practices at Cambridge Health Alliance Malden and Cambridge Community Behavioral Health Centers (CBHCs). Another key focus of the peer team's work in Y7 has been the continued development of a learning collaborative for peer supporter and allies—the Heart-to-Heart virtual video and discussion series. These sessions resulted from a project which aimed to learn about the successes and challenges of working as a Certified Peer Specialist in Massachusetts healthcare settings. To date, there have been three Heart-to-Heart sessions on the following topics: sharing lived experience, compassion fatigue, and how to measure the impact of peer support. Another key focus of the peer team's work in Year 7 has been continued work on the implementation of improvement plans for the Southeast Recovery Learning Center (SERLC), designed to increase the representation of individuals from minoritized groups in the Recovery Community Centers (RCC) and to ensure relevant and accessible services. Additionally, our peer team has also become integral to the core curriculum of educating the next generation of healthcare providers to be more equipped to deliver recovery-oriented, patient-centered care.

Update on Junior Faculty and Psychology Trainee Activities

Dr. Faith Scanlon, PhD, will be starting her third year with the COE as faculty. She is collaborating with Worcester Recovery Center and Hospital (WRCH) to provide Changing Lives Changing Outcomes-9 (CLCO-9), a manualized, time-limited intervention designed to improve mental health and lower recidivism among individuals with serious mental illness who also have criminal legal involvement. This project holds promise for improving both clinical and functional outcomes for a highly vulnerable population.

Dr. Merranda McLaughlin, PhD, was hired last year in our first cohort of public and community psychology trainees through the DMH psychology training contract and will be staying on as junior faculty. She will be providing care at the MGH Charlestown Community Health Center (CCHC) and in the First Episode and Early Psychosis Program (FEPP). At the CCHC, Dr. McLaughlin will be supporting group programming for individuals with serious mental illness and assist in the launch of a new, low barrier, integrated behavioral health walk-in service. At the MGH FEPP, Dr. McLaughlin will continue to support families and individuals with psychosis using the NAVIGATE treatment model, and will continue to support community-based projects that aim to integrate spirituality and cultural practices designed to improve care access and acceptability.

Dr. Maya Wong, PhD, completed her tenure with us as a pre-doctoral psychology intern and will continue to use her expertise in the assessment and treatment of clinical high risk and first episode psychosis in her new role as a post-doctoral clinical research fellow in the Palo Alto VA Medical Center.

Research and Policy-Relevant Findings

Research topics included:

- Early psychosis screening and intervention.
- Family engagement and retention in CSC.
- Climate anxiety among individuals with serious mental illness.
- Firearm safety and documentation in psychiatric care.
- Care transitions following psychiatric hospitalization.

Y8 by the numbers

In Y8 the COE had:

- 5 New Research Projects/QI Projects
- 14 Research/Quality Improvement (QI) Projects in Process
- $4,433,466 Awarded Grant Funds
- $12,318,576 Total Budget for Grants Under Review
- 57 Published Manuscripts, Books, Edited Books, and Book Chapters
- 70 Presentations, Abstracts, and Posters Delivered
    - 8 of 70 Delivered by COE Peer Consultants

Recognition and Awards

- **Dr. Oliver Freudenreich** was promoted to Professor of Clinical Psychiatry, Harvard Medical School; also, Dr. Freudenreich was appointed as affiliated faculty with the Center for Climate, Health, and the Global Environment (C-CHANGE) at the Harvard T.H. Chan School of Public Health.
- **Dr. Daphne Holt** was promoted to Professor of Psychiatry, Harvard Medical School.
- **Jacquie Martinez** began a new position as a DMH Peer Specialist Lead for the Metro Boston Area transitional shelters at The Lindemann Inn and The Fenwood Inn.
- **Dr. Cori Cather** was awarded the 2025 Excellence in Teaching and Mentorship, Public and Community Psychology Track, Psychology Internship Class of 2024-2025 MGH HMS; also, as of July 1, 2025 she was promoted to Chief of the Division of Public and Community Psychiatry of the Department of Psychiatry of Mass General Brigham Academic Medical Centers and named the Michele and Howard J. Kessler Chair in Public and Community Psychiatry.

Looking Ahead

Year 7 COE initiatives generated innovative research and community impact, while building partnerships and laying the groundwork for sustained systems change. Our work continues to demonstrate how effective academic-community partnerships, implementation-focused and translational research, training and workforce development, and lived experience integration can transform policy and practice across Massachusetts' behavioral health system. Building on these achievements, Year 8 priorities include:

- Expanding LAI and clozapine implementation efforts statewide
- Scaling the LIFE program to additional Spanish-speaking communities
- Continuing peer-led training, integration, and support initiatives
- Advancing research on early psychosis, climate resilience, and justice-involved populations

These strategic directions position the COE to continue addressing the most pressing challenges in mental health care access, delivery, and quality through evidence-based innovation and community partnership.

Operations

DMH Annual Conference

In collaboration with the UMass Implementation Science and Practice Advances Research Center (iSPARC), we co-presented the sixth annual DMH conference, "Promoting Youth Mental and Behavioral Health: Understanding and Addressing Risk and Protective Factors to Improve Youth Well-Being and Outcomes." Hosted virtually by iSPARC, the event drew approximately 220 attendees and exemplified the growing strength of our partnership with UMass iSPARC. The conference served as a platform to showcase cutting-edge research and practice innovations.

This year's conference featured five presentations—three led by MGH researchers and two by iSPARC—spotlighting the latest evidence-based approaches to addressing mental health and substance use challenges among adolescents and young adults. A notable feature of this year's conference was the integration of community voices, which added depth and relevance to each presentation by highlighting lived experiences alongside scientific findings.

MGH Contributions

- Dr. Cheryl Foo, PhD (MGH) presented findings from a study funded entirely by the Center of Excellence (COE), examining the impact of legalized recreational cannabis sales on cannabis use and cannabis-related disorders among presentations to a psychiatric emergency service in Massachusetts. The study found dramatic increases in rates of cannabis detected by urine drug screen and cannabis-related disorders in adolescents with psychiatric disorders, a vulnerable group highly sensitive to the negative consequences of cannabis. Her research underscored the urgent need for youth- and family-focused prevention strategies and interventions, targeted at those with psychiatric vulnerabilities, as well as policy measures such as age restrictions on high-potency products. This work was previously presented and awarded Best Poster at the MGH Public and Community Psychiatry Symposium (March 19, 2025) and reported in a manuscript under review in the American Journal of Preventive Medicine. This work directly informs public health and legislative efforts in Massachusetts and beyond.
- Dr. Daphne Holt, MD, PhD (MGH) shared compelling data on the effectiveness of psychosocial interventions designed to build emotional resilience in young adults. Her presentation

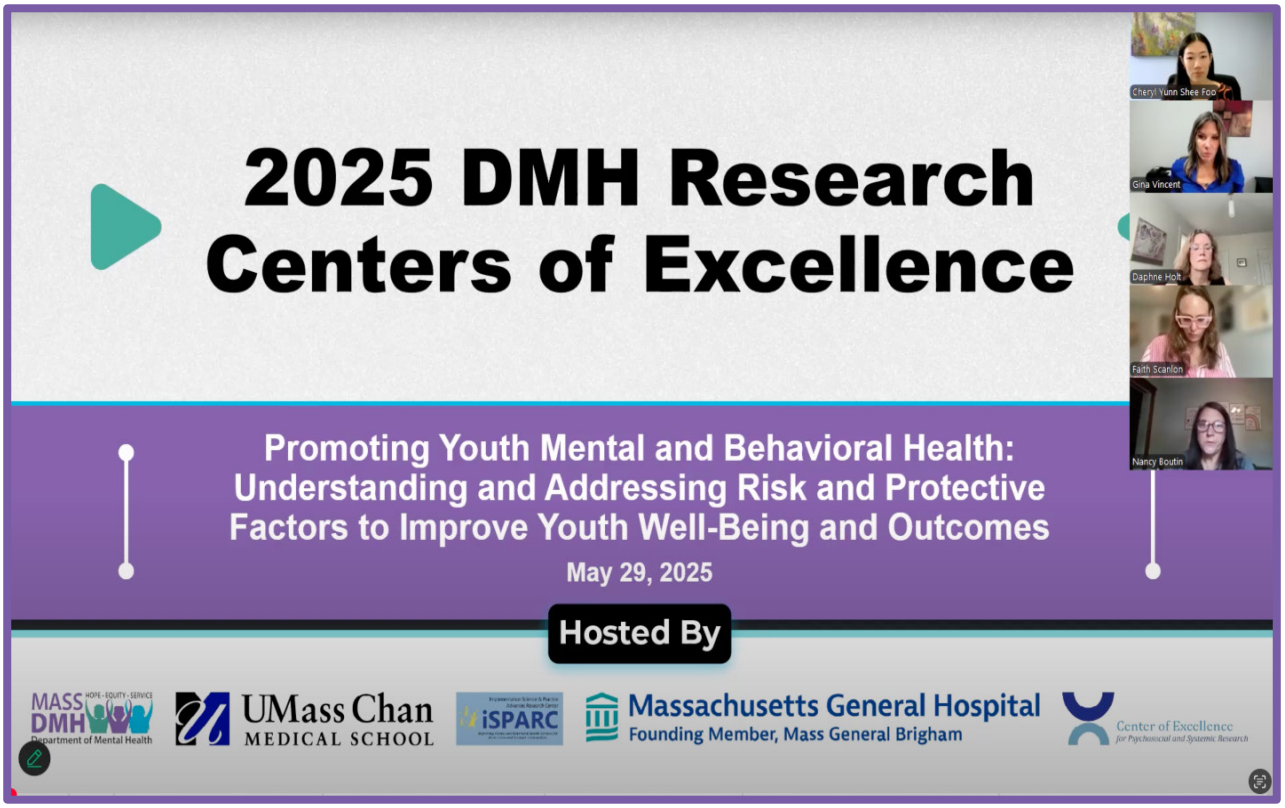
included information on training workshops that equip community-based programs across Massachusetts to implement these interventions—offering a scalable solution to the growing behavioral health crisis among youth.

- Vanessa Iroegbulem, BA (MGH) presented results from a highly publicized 2025 JAMA study led by COE investigators Drs. Evins and Cather. The study demonstrated that 12 weeks of behavioral counseling delivered by "near peers"—college graduates without formal mental health training—combined with varenicline, significantly improved nicotine abstinence rates among adolescents and young adults who vaped daily. The intervention yielded an end of treatment 4-week continuous abstinence rate of 51% in the varenicline group versus 14% in the placebo group, with sustained differences through 6 months (28% vs. 4%). These findings offer a promising, accessible model for addressing youth nicotine dependence and have garnered national attention.

Together, these MGH-led presentations highlighted the institution's leadership in advancing youth mental health research, translating findings into practice, and informing policy. The conference also featured:

- Dr. Gina Vincent, PhD (UMass) on drivers of youth violence and effective interventions.
- Dr. Michelle Mullen, PhD (UMass) on the role of educational supports in improving school and work outcomes for youth with mental health conditions.

Figure 1. *The 2025 DMH Research Centers of Excellence Annual Conference*



Conference Impact and Attendee Feedback

The conference was well received across disciplines. Of the 78 attendees who requested CEUs, the majority represented key sectors in behavioral health: 38% social workers, 23% licensed mental health counselors, 15% psychologists, 15% nurses, and 5% other professionals. Among CEU respondents:

- 98% reported being "Very Satisfied" or "Satisfied" with the overall quality of the conference.
- 94% felt the virtual platform supported effective learning.
- Attendees praised the structure, time management, accessibility, and the engaging, well-informed presenters.

CMEs were also offered, with 100% of CME and non-credit respondents rating the conference as "Good" or "Excellent" in terms of quality, relevance, and achievement of learning objectives. Importantly, 100% indicated they plan to apply the findings to their professional practice.

Attendees expressed interest in future topics such as post-COVID interventions, managing forensic involvement, long-term outcomes for incarcerated individuals with serious mental illness, and culturally sensitive care—highlighting the conference's role in identifying emerging needs and guiding future programming.

Resources and Accessibility

A full recording of the conference is available online [YouTube channel], and the agenda and presentation slides can be accessed [here]. These materials continue to serve as valuable resources for stakeholders across Massachusetts and beyond.

Training the Next Generation

Faith Scanlon, PhD

In her second year as a postdoctoral fellow, **Faith Scanlon, PhD,** advanced her research on implementing and evaluating treatments for individuals with serious mental illness involved in the criminal legal system, with a focus on understanding correlates of legal involvement. Building on her prior work as a pre-doctoral intern at Worcester Recovery Center and Hospital (WRCH), she has maintained a research collaboration with WRCH. A new project, expected to launch by September 2025, will involve Dr. Scanlon training WRCH staff to deliver CLCO-9, a group-based intervention aimed at improving illness self-management and reducing future legal involvement.

Dr. Scanlon is also leading efforts to bring CLCO-9 into carceral settings. She is working closely with stakeholders at South Bay House of Correction to design an implementation-effectiveness pilot study, currently under IRB review. In collaboration with Drs. Cather and Mueser, she is preparing a K23 Award application to the National Institute of Mental Health to support a randomized controlled trial of CLCO-9 in jail settings. This award would also support her training in systems-level advocacy to improve the quality and reach of mental health care in correctional settings.

Over the past year, Dr. Scanlon published four peer-reviewed papers, including:

- A first-authored study demonstrating the effectiveness of CLCO-9 in a jail setting, showing significant improvements in psychiatric distress, well-being, and illness self-management, with no disparities in outcomes based on race, ethnicity, or sex (Scanlon & Morgan, 2025).
- A paper detailing implementation barriers to delivering CLCO-9 in jail, offering practical recommendations to improve access to evidence-based care in future trials (Scanlon & Morgan, in press).

- A co-authored study with a clinician from a specialized treatment program for professionals who engaged in misconduct, identifying differences in cognitive patterns between individuals with sexual vs. non-sexual misconduct histories. The study found that criminogenic thinking was higher among those with sexual misconduct, but decreased post-treatment, suggesting it is amenable to intervention (Lester & Scanlon, in press, *Practice Innovations*).

Dr. Scanlon also delivered numerous presentations and trainings:

- At the 5th Annual Mass-STEP Conference, she presented findings on legal involvement among individuals with early psychosis from the RAISE ETP study.
- She co-developed a symposium and presented both a talk and poster at the American Psychology-Law Society Conference on mental health treatment for individuals with SMI in the legal system.
- In partnership with the Wyoming Department of Workforce Services, she trained clinicians on addressing antisocial thinking in behavioral health care.
- She developed an online training module for Colorado jail clinicians on best practices in mental health care.
- At Mass General Brigham Psychiatry, she led the development and presentation of a filmed Quality Improvement training module on firearm violence and exposure, designed to improve clinician screening, documentation, and planning around firearm ownership. The module will be disseminated across MGB, as well as more broadly, to support broader clinical education and harm reduction.

Dr. Scanlon provides individual therapy through the MGH First Episode and Early Psychosis Program, and continues to participate in NAVIGATE Individual Resiliency Training (IRT) consultation calls to enhance her skills in treating early psychosis. She also attends weekly DMH/MGB integrated care rounds at the Erich Lindemann Mental Health Center as part of her community psychology training.

This year, Dr. Scanlon obtained licensure as a psychologist in Massachusetts and will be promoted to Instructor at Massachusetts General Hospital / Harvard Medical School in September 2025.

Selected Publications and Presentations:

Scanlon F, Morgan RD. (In press). Changing outcomes in jail?: Evaluating treatment completion and change among adults with serious mental illness. *Criminal Justice and Behavior.*

Lester ME, **Scanlon F.** (In press). Professionals have criminogenic needs, too: A preliminary examination of criminal thinking, personality functioning, and response to programming among professionals with and without sexual misconduct. *Practice Innovations.*

Scanlon F, Morgan RD. (In press). Mental health services in jail: Identifying and quantifying barriers to implementation. *Psychological Services.*

Scanlon F, **Mueser KT**, **Cather C**. (2025). Longitudinal examination of the rates and correlates of criminal legal involvement among people with first-episode psychosis. Poster presented at the 2025 American Psychology-Law Society Conference in San Juan, Puerto Rico.

Scanlon F, Morgan RD. (2025). Exploring trauma among adults with serious mental illness in jail: Rates, impact on treatment, and ties to psychopathology and criminal risk. Paper presented at the 2025 American Psychology-Law Society Conference.

Scanlon F, **Mueser KT**, **Cather, C**. (2024). Criminal legal involvement among people with first-episode psychosis: Prevalence and correlates in RAISE-ETP study. Paper presented at the 5th Annual Mass-STEP Conference, Waltham, MA.

Merranda McLaughlin, PhD

Merranda McLaughlin, PhD, has nearly completed her first year of her clinical postdoctoral appointment (hired September 2024). Although Merranda was funded through a separate DMH contract for public and community psychology clinical training designed to train clinical psychologists across community settings to work with vulnerable populations, especially individuals with serious mental illness, we report on her activities here because she exceeded expectations, contributed to the COE in numerous ways, and will remain a key member of the COE beyond her post-doctoral year.

Clinical Activities (supported by the psychology training contract): During her training year, Merranda participated in NAVIGATE training and consultation and provided psychotherapy to individuals and families at the First Episode and Early Psychosis program. She also provided individual psychotherapy at the MGH Charlestown Community Health Center (CCHC) and with the support of health center leadership, collaborated in the development of two new programs. The first is a new psychoeducational and cognitively-behaviorally based group therapy program for individuals with serious mental illness (SMI) who receive services at the MGH Charlestown Health Center. The second new program is an Integrated Behavioral Health Clinic in the CCHC which offers short-term and immediate psychotherapy to CCHC clients attending their Adult Medicine appointments. This program allows CCHC clients to get immediate support, bypassing waitlists, and permitting clients to resolve immediate needs and receive support. Merranda also delivered individual and group psychotherapy during her 6-month rotations on Blake 11's Inpatient Psychiatric Service and the Lemuel Shattuck Hospital, emphasizing both cognitive behavioral therapy for psychosis (CBTp) and a recovery orientation. During these inpatient rotations, Merranda advocated for clients, developed interdisciplinary relationships to support care, and provided guidance to predoctoral fellows.

Contributions to the COE: Despite being in a primarily clinical postdoctoral position, Merranda also volunteered her time to work on several research projects. Merranda assisted Dr. Cheryl Foo in coding qualitative data to explore program level factors that impact engagement in first episode psychosis coordinated specialty clinics. She also supported peer-led initiatives, such as the Heart-to-Heart (H2H) talks, and is co-creating a future H2H talk on the topic of spirituality and recovery. She provided support to Dr. Jose Hidalgo, MD at Massachusetts Mental Health Center on the conceptualization of a project designed to incorporate a spiritual leader and a peer specialist to strengthen community and attend to spiritual wellness among shelter guests at the Fenwood Inn. She also participated as a learner in the CLCO-9 training provided by Dr. Scanlon. Building on her research area of expertise, she assisted in developing a manual on how to deliver group psychotherapy to Muslims with and without SMI that will be published Fall 2025. She gave three presentations at two conferences, one exploring how to deliver mindfulness-based practices to Muslim clients using an Islamic lens, the second exploring the impact of discrimination on subclinical paranoia in Muslim populations, and the third presenting a meta-analysis she conducted examining psychological help-seeking among Muslims. She co-authored two academic papers this year, one exploring police officer stigma toward people with schizophrenia and the other exploring how psychotherapy consumers respond to AI-developed feedback. She has begun reaching out to Muslim leaders across Boston to begin improving psychotherapy pipelines for Muslim clients with SMI. She is part of the Islamic Society of North America's mental health initiative, which has the goal of developing and providing resources for Muslim people to utilize faith-based practices to improve wellbeing and to destigmatize receipt of psychological/psychiatric help when indicated. She is currently a leader of a subcommittee for this organization aimed at developing a resource list that is both evidence-based and aligned with Islamic jurisprudence.

Future Plans: During her fellowship, Merranda completed her Massachusetts psychology licensure and will join both MGH FEPP and CCHC as faculty starting in October 2025. Merranda will continue to support the Integrated Behavioral Health Clinic, the CCHC SMI group, and individuals and families recovering from a first episode of psychosis in the MGH First Episode and Early Psychosis Program. Merranda intends to continue to explore mechanisms to improve psychotherapy pipelines for Muslim clients with SMI in Boston, train incoming students, deliver talks on spirituality and intervention, and support community-based initiatives and research that promote recovery for vulnerable populations by drawing upon clients' existing values and strengths. She has been invited to give a presentation to the new psychology fellows rotating at Lemuel Shattuck Hospital in October 2025 on best practices in the provision of spiritually-integrated interventions in their work with clients who have experienced psychosis.

Selected Publications and Presentations:

Weisman de Mamani A, **McLaughlin MM,** Ahmad SS, Saenz Escalante G. (In press). Culturally informed Muslims: A group-based intervention. *Academic Press*, Cambridge, MA.

Hatch SG, Goodman ZT, Vowels L, Hatch HD, Brown AL, Guttman S, ... **McLaughlin MM,** ... & Braithwaite SR. (2025). When ELIZA meets therapists: A Turing test for the heart and mind. *PLOS Mental Health*, *2*(2), e0000145.

Weisman de Mamani A, Ahmad SS, Chung-Zou DS, **McLaughlin MM,** Saenz Escalante G, & Goodman ZT. (2025). Police officer stigma toward people with schizophrenia. *Stigma and Health*.

McLaughlin MM, Ahmad SS, Weisman de Mamani, AG. (2024). *Exploration of Muslim visibility as a moderator of islamophobia and subclinical paranoia.* Oral presentation given at the 57th annual Meeting of the Association for Behavior and Cognitive Therapies Convention, Philadelphia, PA.

McLaughlin MM, Ahmad SS, Weisman de Mamani AG. (2024). *A systematic review and meta-analysis to examine the state of Muslim mental health literature and predictors of help-seeking in Muslims residing in North America***.** Oral presentation given at the 57th annual Meeting of the Association for Behavior and Cognitive Therapies Convention, Philadelphia, PA.

McLaughlin MM, Ahmad SS, Price M, Weisman de Mamani AG, (Oct, 2024). *A pilot investigation of a culturally-informed and Islamically-infused group therapy for Muslims with serious mental illness and transdiagnostic concerns.* Oral presentation given at the 75th annual Meeting of the Society for Clinical and Experimental Psychosis, Anaheim, CA

Maya Wong, PhD

Maya Wong, PhD, recently completed her internship year as part of the inaugural Public and Community Psychology training track, which was also funded by a separate DMH contract designed to promote expertise in public and community psychology and to lead to careers in community settings. Her clinical work focused on serving individuals with serious mental illness (SMI), substance use disorders, medical comorbidities, justice involvement, and those experiencing mental health crises. Maya's contributions spanned individual therapy, group therapy, family psychoeducation, program development, and research across multiple systems of care. She will continue this work as a post-doctoral psychologist the Palo Alto VA.

Clinical Activities: During her internship, Maya:

- Served as an individual therapist, family educator, and multi-family group co-facilitator in the

MGH First Episode and Early Psychosis Program (FEPP), utilizing NAVIGATE, Individual Resiliency Training, and McFarlane Multi-Family Group models.

- Co-facilitated group therapy and adapted Acceptance and Commitment Therapy (ACT) for Psychosis and Illness Management and Recovery (IMR) materials in the MGH Recovery and Ongoing Care Clinic for individuals with longstanding psychosis.
- Partnered with Dr. McLaughlin at MGH Charlestown Community Health Center (CCHC) to co-develop:
  - A psychoeducational group for individuals with SMI.
  - A pilot Integrated Behavioral Health Program offering immediate, short-term psychotherapy to Adult Medicine patients.
- Provided substance use-focused therapy at the MGH West End Clinic and CCHC.
- Delivered crisis intervention and inpatient care during 6-month rotations at Lemuel Shattuck Hospital and MGH Blake 11.
- Adapted IMR materials for a new group at Lemuel Shattuck Hospital designed for justice-involved individuals with SMI.

Research and Scholarship: Maya actively contributed to research and dissemination efforts:

- Presented at the Harvard Psychiatry Research Day on recovery outcomes following first-episode psychosis treatment.
- Presented at the MGB Public and Community Psychiatry Symposium on the development and impact of the new SMI group at CCHC.
- Is currently preparing a manuscript reporting outcomes from the new CCHC programs.

Professional Development and Community Engagement: Maya participated in several trainings and mentorship programs that deepened her understanding of systems of care and strengthened her identity as a community psychologist:

- Attended the Mass-STEP Conference and NAVIGATE Family Psychoeducation training.
- Engaged in mentorship through the Harvard Medical School ALANA Psychology Mentoring Program and the MGH Underrepresented in Psychology Mentorship Program.

Selected Posters and Presentations:

Wong ML, **McLaughlin M**, **Foo, CYS**, **London J**, Kane M, Paudel S*, & **Cather C***. (2025). Building SMI group programming at MGH Charlestown Community Health Center. Poster presented at the 13th Annual MGB AMC Public and Community Psychiatry Symposium; Boston, MA. *Co-senior authors

Wong ML, Foo CYS, **London J**, Volpacchio A, Lim C, Paudel S, **Donovan A** & **Cather, C**. (2025). Recovery outcomes following first-episode psychosis treatment. Poster presented at the Harvard Psychiatry Research Day; Boston, MA.

Steering Committee

We met with our Steering Committee on March 18, 2025, to share findings from the Cory Johnson Program for Post-Traumatic Healing (CJP) programmatic evaluation and to introduce CJP's group and individual services to a broader network. This work was co-presented by Dr. Cather from the COE alongside CJP collaborators Colleen Sharka, LMHC, Danielle McFarlane, and Krystal Pegram.

Despite the CJP program's extensive replication across Massachusetts—including sites in Boston, Lynn, and Lowell—none of the COE Steering Committee members reported prior familiarity with the range of CJP's offerings. This gap in awareness underscores the need for improved dissemination of community-based mental health resources within broader systems. The presentation emphasized CJP's unique approach to healing, which integrates spirituality, community support, and evidence-based trauma interventions. Signature programs such as *Can We Talk?* and *Can We Talk About Racism?* have demonstrated high engagement and satisfaction among participants, many of whom report CJP as their primary or sole source of support for trauma, grief, and loss. Evaluation findings suggest that frequent participation in CJP programming is associated with improved quality of life and reduced PTSD symptoms over time, particularly among individuals with high trauma exposure.

The goal of this meeting was to foster connections between CJP and organizations offering therapeutic and psychiatric support, with the aim of integrating CJP offerings into existing treatment plans and establishing referral pathways. Following the meeting, two successful connections were made: both the National Alliance on Mental Illness (NAMI) and the Massachusetts Association for Mental Health (MAMH) reached out to CJP to explore opportunities for collaboration and promotion.

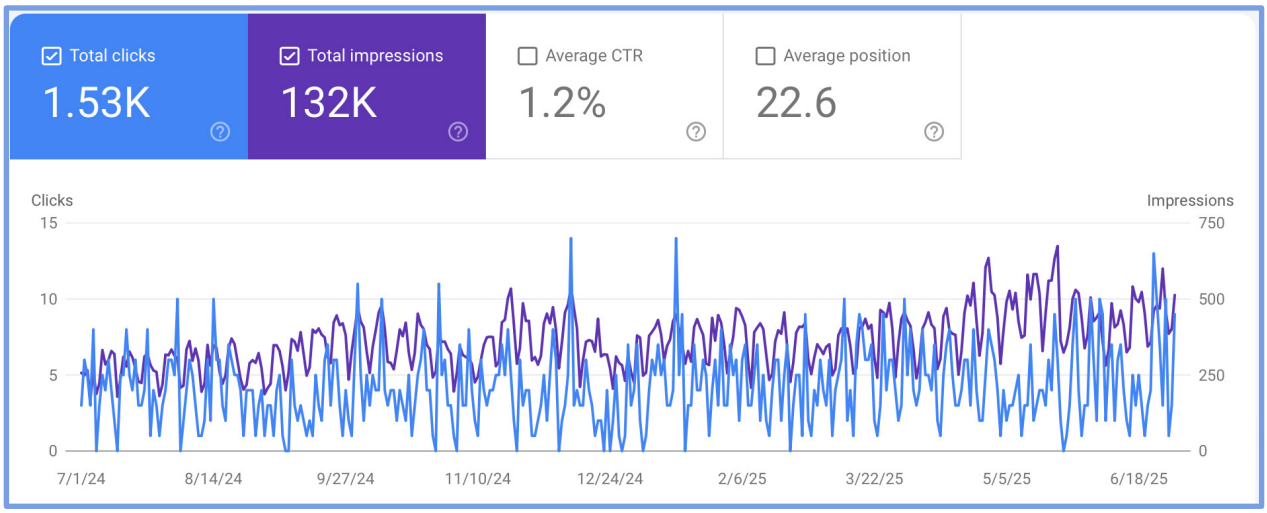
A copy of the presentation can be found here. A complete list of our current Steering Committee members can be found in Appendix B.

Figure 2. *CJP Presentation to the COE Steering Committee.*

Media Outreach

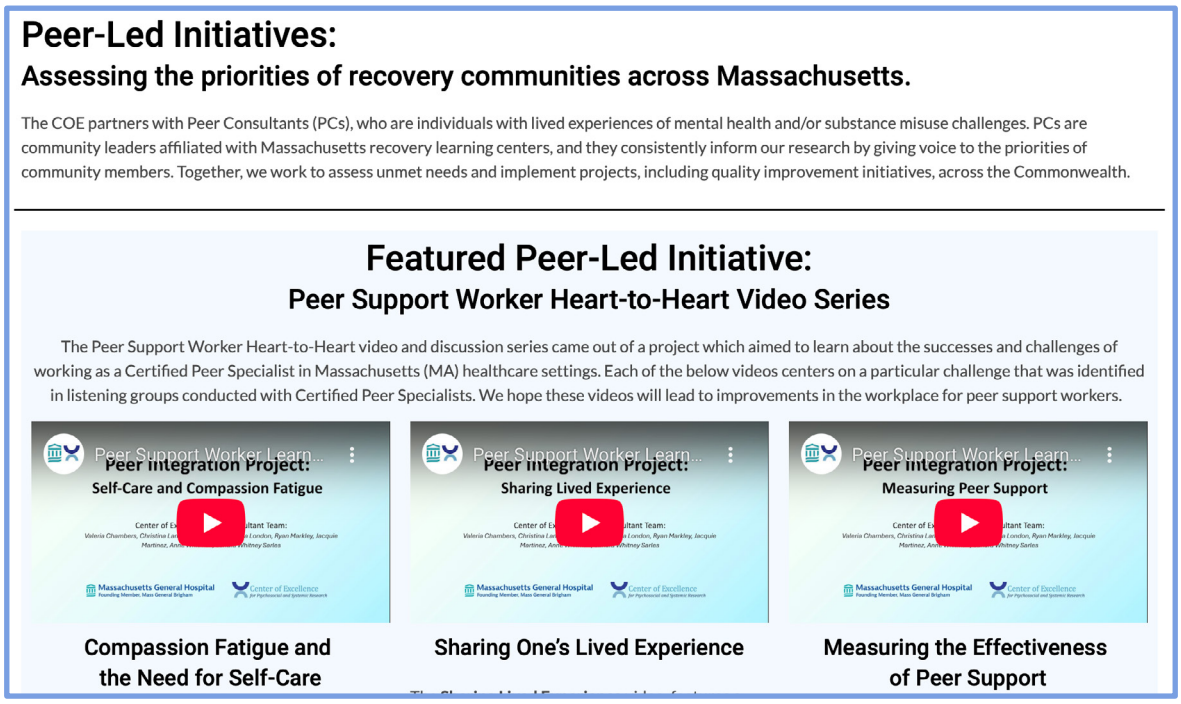
In Y7 the COE website received over 1,500 clicks and over 130,000 search engine impressions. In Y7 we developed and implemented a new Resources page intended to provide a curated selection of mental health organizations and support options available to the public. Resources and support services for acute mental health crises, general mental health support and education, and Peer support resources are listed with short descriptions and direct links to services.

Figure 3. *Y7 Website Analytics*



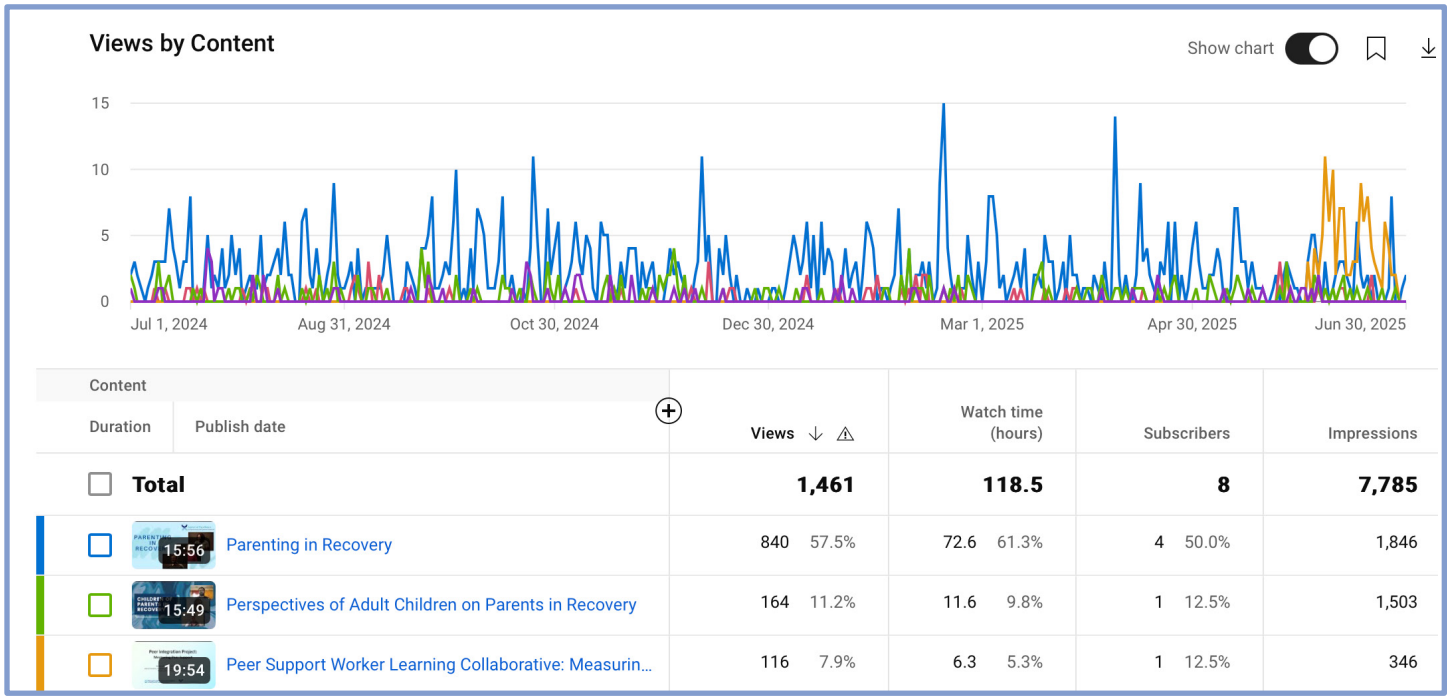
Additionally, to support the continued growth of Peer-led research and community projects, we have restructured the dedicated Peer-Led Initiatives page to highlight the numerous projects Peer Consultants are spearheading. The page currently features a highlight of the recently completed Peer Support Worker Heart-to-Heart Video Series, a video and discussion series that connected Peer workers to each other and provided a space to discuss the successes and challenges of working as a Certified Peer Specialist in Massachusetts across various settings.

Figure 4. *Peer-Led Initiatives Website Page*



COE YouTube video viewership is up almost 19% (18.6%) since Y6, with Peer Consultant-led content continuing to be our most viewed media. Our top three videos are Parenting in Recovery; Adult Children of Parents in Recovery; and Peer Support Worker Learning Collaborative: Measuring the Effectiveness of Peer Support.

Figure 5. *Y7 YouTube Analytics*



Content	Duration	Publish date	Views	Watch time (hours)	Subscribers	Impressions
Total			**1,461**	**118.5**	**8**	**7,785**
Parenting in Recovery	15:56		840 57.5%	72.6 61.3%	4 50.0%	1,846
Perspectives of Adult Children on Parents in Recovery	15:49		164 11.2%	11.6 9.8%	1 12.5%	1,503
Peer Support Worker Learning Collaborative: Measurin...	19:54		116 7.9%	6.3 5.3%	1 12.5%	346

In Y8 we will continue to focus on increasing the mental health support resources available to the public via our website, including expanding the scope of Peer support resources available, as well as developing targeted toolkits to support statewide, equitable access to LAI antipsychotics as well as other evidence-based treatments.

Staff

A total of 21 people were employed with us over the course of Y7 (See Appendix A). In Y7, the COE employed 4 BIPOC individuals on staff (19% of all staff) and four BIPOC individuals in consultant roles (50% of all consultants). We promoted three BIPOC staff members – Kamila Bhiku, BS was promoted from Sr. Clinical Research Coordinator to Clinical Research Program/Project Manager, Catherine Leonard, BS was promoted from Clinical Research Coordinator I to Clinical Research Coordinator II, and Dr. Cheryl Foo was promoted to Associate Director of the COE. We also promoted one non-BIPOC staff members – Julia London, BA was promoted from Clinical Research Coordinator II to Sr. Clinical Research Coordinator. We continue to implement equity-based practices in advertising and interviewing for all open positions insofar as we consider distance travelled and diversity of life experience to inform hiring. In Y7, we retained six of our seven Peer Consultants; sadly, Stan Langston passed away on August 11, 2024. We retained six of the eight members of our leadership team and all junior faculty, postdoctoral fellows, clinical research coordinators, and program administrators. In Y7, we hired one new peer consultant, Leonard Mulcahy. We hired a clinical research coordinator, Isabella Monroe, who will start working with us in Y8.

Leadership and Staff Transitions

- **Anne Whitman, PhD** – At the close of Y7, our esteemed colleague, Dr. Anne Whitman, PhD

retired from her role as Director of the Peer Consultant Team. We will miss Dr. Whitman and honor her vision as a founding member of the Center and her 30+ year dedication to supporting and guiding peer communities in providing mutual support while maintaining the core values of empathy and resiliency. We are fortunate to continue to have the opportunity to work with Anne through her continued part-time work through the MetroBoston Recovery Learning Center, which permits her to continue a collaboration with Valeria Chambers and Joan Taglieri to support best practices around peer support integration with clinical services at Cambridge Health Alliance.

- **Alex Keuroghlian, MD, MPH** – In May 2025, Dr. Keuroghlian transitioned from Chief of Public and Community Psychiatry for MGH to the role of Chief of MaineHealth Behavioral Health and Chair of the Department of Psychiatry at MaineHealth Maine Medical Center.
- **Dr. Corinne Cather, PhD** – As of July 1, 2025 our Center Director, Dr. Corinne Cather, PhD, became the newly appointed Chief of the Division of Public and Community Psychiatry and Michele and Howard J. Kessler Chair in Public and Community Psychiatry for MassGeneral Brigham. This new role will create the opportunity to elevate contributions and leverage skills of psychologists, social workers, and mental health workers in the Division and field.
- **Julia London, BA** – In Y8, Julia will be leaving the COE as she will be starting her PsyD program in Clinical Psychology at Loyola University, Maryland.

Consultation to DMH

Technical Assistance and Training Initiative with DMH to Reduce Agitation and Aggression in DMH Intermediary Care Facilities

In January and February 2024, in partnership with iSPARC, we responded to a request from the Massachusetts Department of Mental Health (DMH) Office of Inpatient Management (OIM) for technical assistance. This initiative, first described in last year's annual report, focused on gathering staff perspectives from three DMH intermediary care facilities regarding best practices for managing aggression and agitation, as well as identifying training needs.

Over a three-week period, we conducted 12 listening sessions—primarily on-site—with a total of 81 participants. These sessions informed the development of an improvement plan, created collaboratively with DMH OIM, to address violence in inpatient settings. This issue has become increasingly urgent due to the changing profile of admitted patients, including a growing number of forensic cases.

As part of the resulting improvement plan, Oliver Freudenreich, MD, a key member of the MGH COE leadership team, was engaged to provide strategic consultation and training to DMH inpatient staff. Under the auspices of DMH OIM, Dr. Freudenreich delivered two foundational workshop lectures:

- **July 2024**: *Violence in Healthcare: A Primer for Frontline DMH Providers*
- **March 27, 2025**: *Violence in Healthcare: Treatment as Prevention*

In addition to these lectures, Dr. Freudenreich conducted in-person, two-hour case consultations at three pilot units—Worcester Recovery Center and Hospital, Solomon Carter Fuller Mental Health Center, and Taunton State Hospital. These sessions focused on the psychopharmacological management of patients exhibiting violent behaviors. Given the positive feedback, there is active consideration to continue these case consultations as part of ongoing support and training efforts.

Informing OBHPP's Landscape Analysis on Youth Prevention Efforts

As part of DMH's statewide landscape analysis on behavioral health and substance use prevention among youth, our Center provided the data and summaries listed below of relevant Center or Center-affiliated initiatives to Dr. Funmi Aguocha, PsyD, Assistant Commissioner, Office of Behavioral Health Promotion and Prevention (OBHPP), Massachusetts Department of Mental Health.

These contributions reflect our commitment to advancing early detection and prevention strategies for youth at risk for serious mental illness and substance use disorders.

- **Psychosis Screening in General Mental Health Settings** *(Clauss, Foo, Cather, Holt et al.)*
  - Published meta-analysis in *Harvard Review of Psychiatry* showed high prevalence of psychotic experiences (44.3%), clinical high risk for psychosis (26.4%), and psychotic disorders (6.6%) detected via validated psychosis screening and diagnostic assessment in general mental health settings.
  - Supports implementation of brief psychosis screening in general psychiatric outpatient settings, complemented with triage to specialized evaluation and treatment, to improve timely detection and reduce treatment delays for early serious mental illness.
- **Post-Commercialization Cannabis Use Trends in a Psychiatric Emergency Service** *(Foo, Donovan, Evins, Mueser, Cather et al.)*
  - Study found significant increases in rates of cannabis use detected by urine drug screen and cannabis-related disorder among adolescents presenting to a psychiatric emergency service from pre- to post-commercialization of recreational cannabis in Massachusetts.
  - Highlights need for targeted prevention for youth with psychiatric vulnerabilities.
- **Patient Retention and Family Engagement in First-Episode Psychosis Programs** *(Foo, Leonard, McLaughlin, Mueser, Cather et al.)*
  - Mixed-methods study across nine MA FEP programs showed higher patient retention and family engagement rates in programs with higher fidelity to evidence-based coordinated specialty care components, and identified unique patient and family engagement strategies utilized by more successful programs to overcome treatment engagement barriers.
  - Findings emphasize need for adequate resources and training to sustain high-quality evidence-based services, routine fidelity monitoring incorporating engagement metrics, and tailored engagement strategies.
- **Community Reinforcement and Family Training (CRAFT) Pilot for Youth with Clinical High Risk for Psychosis and Substance Use** *(Foo, McCarthy, et al.)*
  - DMH-funded quality improvement project adapting and piloting the evidence-based CRAFT intervention for families of youth with clinical high-risk for psychosis and problematic substance use.
  - Aims to reduce family member stress and support relative to address and reduce substance use.
- **Resilience Training (RT) for Young Adults** *(DeTore, Holt et al.)*
  - Group-based intervention teaching mindfulness, self-compassion, and mentalization.
  - Shown to reduce depression, anxiety, psychotic-like symptoms, and loneliness.

- Adapted for virtual and immersive virtual reality (VR) formats; effective across modalities.

- **Resilience Training for Teens (RTT)** *(DeTore, Holt et al.)*
  - Adaptation of RT for high school students; clinical trial currently underway.
- **LIFE Program for Middle School Youth** *(Clauss, DeTore, Holt et al.)*
  - Delivered in pediatric clinics and public schools.
  - Improves emotion regulation and reduces depression, suicidal thoughts, and psychotic experiences.
  - Includes optional caregiver sessions to support family engagement.
- **Resilience Programs for Healthcare Workers** *(DeTore, Holt et al.)*
  - Brief video-based course developed during COVID-19; shown to reduce depression and anxiety.
- **Innovative Delivery Modalities** *(Holt, DeTore et al.)*
  - In-person, Zoom-based, and immersive VR formats increase accessibility and engagement.
  - VR format allows anonymous participation and fosters social connection.
- **Community-Based Dissemination via Facilitator Training** *(DeTore, Holt et al.)*
  - LIFE: 73 trainees from 8 community organizations trained to deliver LIFE in underserved areas.
  - RT: 128 college staff from 13 institutions trained; majority plan to implement RT within six months.
- **SURF Survey: Substance Use and Related Risk Factors** *(Schuster et al.)*
  - Annual data collection from 28,000+ students across 60+ schools.
  - Tracks substance use, mental health, and discrimination to inform responsive programming.
  - Enables real-time linkage to supports and longitudinal analysis of student needs.
- **Tier 2 School-Based Supports** *(Schuster et al.)*
  - Structured interventions for at-risk students not yet requiring clinical care.
  - Delivered by school staff and youth wellness coaches to promote early intervention and equity.
  - Builds capacity among non-clinical personnel, diversifying the mental health workforce.
- **Screening, Brief Intervention, Referral to Treatment (SBIRT) Enhancement Study** *(Schuster et al.)*
  - Evaluates improvements to mandated school-based screening and brief intervention.
  - Uses near-peer facilitators to increase disclosure and cultural relevance.
  - Informs statewide refinement of school-based substance use screening.
- **iDECIDE Program** *(Schuster et al.)*
  - Restorative, educational alternative to punitive discipline for students with substance infractions.
  - Over 1,000 facilitators trained to deliver Tier 2 interventions.

    - Improves student decision-making and mental health outcomes, especially in marginalized groups.
- **iCARE for Caregivers** *(Schuster et al.)*
    - School-based curriculum launching in 2025 to support caregivers of youth experimenting with substances.
    - Covers adolescent development, drug effects, communication, and caregiver self-care.
- **Cannabis Use and Suicidality Study** *(Schuster et al.)*
    - Investigates short-term effects of cannabis use and abstinence on depression and suicidal thoughts in adolescents.
    - Aims to identify periods of heightened risk and inform clinical guidance.
- **ViVA Vaping Cessation Trial** *(NCI R01; Evins & Schuster, Cather et al.)*
    - Randomized trial comparing varenicline vs placebo in combination with behavioral counseling for youth nicotine vaping cessation.
    - Found varenicline significantly increased abstinence rates, supporting pharmacotherapy for nicotine addiction in youth

Looking ahead, the MGH Center of Excellence and colleagues are focused on advancing a coordinated, prevention-focused strategy to address youth behavioral health and substance use across Massachusetts. Efforts include scaling validated screening tools for early detection of psychosis and substance use risk, expanding family-based interventions like CRAFT, and disseminating resilience-building programs (RT, RTT, LIFE) across schools and communities using in-person, virtual, and immersive VR formats. The MGH Resilience and Prevention Program (RAPP) continues to refine and evaluate these interventions through randomized trials and facilitator training programs to ensure accessibility and cultural relevance. Simultaneously, Dr. Randi Schuster's team at the MGH Center for Addiction Medicine is leading school-based initiatives that embed Tier 2 supports, enhance SBIRT implementation, and develop restorative models like iDECIDE to replace punitive discipline with educational responses. Their work also includes caregiver-focused programming (iCARE), trend surveillance through the SURF survey, and clinical trials evaluating the impact of cannabis use on mental health as well as trials evaluating the effectiveness of behavioral counselling with and without pharmacotherapy for nicotine vaping cessation. Together, these efforts aim to build a sustainable, equitable, and data-driven system of prevention and early intervention for youth across the Commonwealth.

Peer-Led Projects

Project Updates

The initiative to establish a learning collaborative for peer supporters and to implement identified best practices for peer support integration with clinical services emerged from a multi-source, evidence-informed process. It was catalyzed by work conducted by our colleagues at iSPARC, who analyzed data from Adult Community Clinical Services (ACCS) programs and identified supervision of peer supporters as a key area for improvement. This was reinforced by national guidance, including the Philadelphia Peer Support Toolkit and the Five-Function Model of Supervision, which outline core competencies and best practices for supervising peer workers. Locally, our own listening groups with peer supporters and supervisors echoed these findings, highlighting the need for clearer role definitions, structured support, and opportunities for shared learning. Together, these inputs informed the development of a statewide learning collaborative aimed at strengthening supervision practices, promoting role clarity, and fostering a community of practice among peer support professionals.

Heart to Heart Learning Collaborative

The peer team developed a series of presentations (videos and a PowerPoint presentation) together with moderated discussion called the Peer Support Workers' and Allies' Learning Collaborative Heart-to-Heart, or H2H, series. Three 90-minute H2H virtual discussions have occurred to date with the goals of eliciting opinions, sparking ideas and fostering mutual support and learning on these topics. Attendees are invited to complete questionnaires at the end of each presentation to provide feedback and suggestions for future presentations.

Table 1. Heart to Heart Learning Collaborative Presentations

Date	Topic	Presenters	Topics Discussed	Satisfaction Rating/ Qualitative Data
June 25, 2025	**Sharing Lived Experience (Self-Disclosure)**	• **Paul Bradford**, Peer Specialist, Cambridge Health Alliance • **Valeria Chambers**, MGH COE • **Michelle Onessimo**, Recovery Coach, Cambridge Health Alliance • **Sarah Stoddard-Gunn**, Lead Clinician, Cambridge Health Alliance • **Anne Whitman, PhD**, MGH COE	Disclosure guidelines by role; challenges of sharing lived experiences in interdisciplinary teams; team education on the role of sharing lived experience in promoting recovery	8 of 9 respondents: Satisfied or Very Satisfied; *"...[the video and discussion addressed] meet[ing] individuals served where they are, and helping others feel a sense of community."*
June 25, 2025	**Compassion Fatigue and Self-Care**	• **Barbara DeCunzo**, BAMSI Brockton Recovery Community Center • **Sandi Whitney Sarles**, MGH COE	Burnout in peer roles; workplace flexibility; importance of understanding supervisors and self-care strategies	10 of 11 respondents: Satisfied or Very Satisfied; *"[the video and discussion were] highly relatable," [respondent identified with the issues of] fatigue, work-life balance, and boundaries"*
July 24, 2025	**Quantitative vs. Qualitative Measures of Peer Support**	• **Valeria Chambers**, MGH COE • **Matthew Cianci**, Director of Rehabilitation and Recovery, Mass DMH Southeast Area Human Rights Coordinator • **Christina Lamkin** • **Merranda McLaughlin, PhD**, MGH COE • **Sally Rogers**, Senior Research Scientist, BU Center for Psychiatric Rehabilitation	Integration of measures into care systems; limitations of quantitative metrics; value of qualitative insights	6 of 7 respondents: Satisfied or Very Satisfied; *"...[the video and discussion] provided a lot of insight on how my organization can start collecting data and think about how we want to measure the effectiveness of peer support."* *"...[the discussion addressed the issues of] self-stigma of sharing and judging whether the person served is 'recovered enough' [for sharing to be appropriate and worthwhile]."*

The videos are available on the MGH COE website. Future topics to address include best practices for interviewing and recruiting peer supporters, the role of peers in addressing loneliness, and spiritual wellness.

Integration of the Peer Workforce into Community Behavioral Health Centers

Dr. Anne Whitman and Valeria Chambers continued their consultation and integration efforts with Cambridge Health Alliance (CHA) to support the growing peer workforce across CHA's Community Behavioral Health Centers (CBHCs), including the Cambridge and Malden locations. Between July 2024 and May 2025, consultation efforts included peer hiring, training, supervision, and collaborative planning with CHA clinic leadership, peer support workers, and CHA senior management.

1. Consultation with Joan Taglieri, Senior Director at CHA

Dr. Anne Whitman and Valeria Chambers received ongoing consultation with Joan Taglieri throughout the year to support the integration and sustainability of all peer support workers within the CHA system, including Certified Peer Specialists (CPSs), Recovery Coaches, and Family Partners. Topics addressed during these meetings included:

- Workplace flexibility and role allocation of peer support workers between outpatient services and CBHC responsibilities (July 2024).
- Supervisory practices and establishing boundaries for sharing lived experience by peer support workers (October & November 2024).
- Cross-cultural awareness, cultural humility, and role definition understanding for all peer support workers and staff, with the development of new training programs (August 2024).
- Operational issues such as leaves of absence, billing concerns, and improved clinical supervision structures (January–February 2025).
- Peer workforce concerns at the Bridge Addiction Program and new initiatives to reduce Recovery Coach isolation (March 2025).
- Strategic expansion of peer support roles, improved billing templates, and staff well-being, in and outside of the office (May 2025).

2. Support and Supervision of Peer Workers at CHA

Dr. Anne Whitman and Valeria Chambers led weekly and biweekly support meetings, offering direct case consultation and guidance to peer support workers at CHA. Topics covered in these sessions included:

- Workplace flexibility, conflict resolution skills, and role differentiation between Peer Specialists and Family Partners (July–August 2024).
- Case review and engagement strategies (September–October 2024).
- Boundaries and self-disclosure practices, particularly regarding the when, where, how, and why of sharing one's lived experience (November 2024 – January 2025).
- Holiday-related work-life balance, upcoming peer-led training, and peer support/recovery education for psychology interns (December 2024 – January 2025).
- Policy impacts, including effects of the new government administration on immigrant populations (February 2025).
- Professional development around Recovery Coach certification, billing procedures, and the potential creation of a career ladder for each type of Peer Specialist, including a proposed Level

II Peer Specialist role (April–May 2025).

3. Consultation with Senior CHA

Leadership in partnership with Joan Taglieri, Dr. Anne Whitman and Valeria Chambers engaged in consultation with CHA senior management to advance integration of the peer support workforce. These meetings focused on:

- Facilitating **peer forums** to surface frontline **challenges in urgent care** and CBHC settings (October 2024).
- Structuring **performance evaluations** and **joint supervision models** between clinicians and peer supervisors (December 2024).
- Addressing documentation standards, insurance billing concerns, and **forming a Billing Committee with peer representation** (March–April 2025).
- Dr. Anne Whitman, Joan Taglieri, and Cindy Gordon, LICSW, Team Lead and ED Clinical Director, met with senior management to coordinate joint supervision of peer support workers around **performance standards** (December 2024).
- **Conflict resolution coaching** for CHA peer supervisors and clinicians, and managers (January 2025).
- Addressing **peer isolation** and adjusting work schedules to promote engagement with clinical team members (March 2025).
- Establishing clearer **documentation and confidentiality practices** in collaboration with both peer support staff and CHA leadership (March 2025).
- Dr. Anne Whitman and Valeria Chambers provided coaching and support to a CBHC clinician around **addressing grievances** with a peer support worker (April 2025).
- Dr. Anne Whitman, Joan Taglieri, and Sarah Stoddard-Gunn, LICSW, Team Lead, and CBHC Clinical Director, met with peer support workers and upper management to discuss **documentation for billing and communication** with clinical team members (March 2025).
- Making plans with CBHC clinical team leads, to **present at Team Meetings** this Fall for the benefit of new trainees and as a refresher for others, regarding peer support roles and ways that peer support workers find helpful in working together in the clinics (May 2025).
- Dr. Anne Whitman, Joan Taglieri, Valeria Chambers and Sarah Stoddard Gunn, met to discuss **communication of safety concerns** from peer specialists to clinicians and Hospital Security at the CBHC (June 2025).

Dr. Whitman and Valeria Chambers were invited by Joan Taglieri and Carl Fulwiler, MD, PhD, who is Chair and Chief of Psychiatry at Cambridge Health Alliance, and Associate Professor in Psychiatry at Harvard Medical School, to join the Community Accountability Board at CHA, contributing to oversight and quality improvement for CHA, including CBHC operations (September 2024 & February 2025).

Suggestions for continued work in Y8 to support the integration of Peer Support Workers into the CHA CBHC include:

- Working with peer support workers, clinicians & CHA leadership to lessen tensions that may arise between clinical staff and peer specialists, or between the different groups of peer supporters, due to differences in work philosophies, cultural or racial backgrounds, different lived experiences, different workplace experiences, etc.

- Creating co-learning opportunities to better integrate the recovery and biomedical models, towards greater appreciation of the values and skills each individual brings to a shared mission.
- Continue presenting at team meetings and grand rounds to acquaint new staff with peer support roles, recovery values, and avenues for collaboration.

Cultural Access, Inclusivity, and Racial Equity (CAIRE)

The Cultural Access, Inclusivity, and Racial Equity (CAIRE) project at the Southeast Recovery Learning Community (SERLC) has undertaken significant initiatives to enhance diversity, equity, and inclusion across its centers and programs to better serve diverse communities and create a more welcoming environment for all who attend. Below we outline the actions implemented in Y7. In collaboration with SERLC leadership, particularly Matthew Cianci, DMH Director of Recovery/Rehab Services/ Human Rights Coordinator, and the Area Program Directors (APDs), we are delighted to report progress towards routinizing the CAIRE objectives and systemized reporting on progress as part of the SERLC's workflows; these changes highlight the tremendous success of this collaboration in launching a sustainable continuous quality improvement effort.

CAIRE Progress Goals:

Objective 1: Enhance SERLC Marketing

The SERLC has made strategic advancements in enhancing marketing in Y7. APDs and their teams held monthly marketing check-ins to identify and address needs and to design a wide range of informative and promotional flyers to attract new members for events, activities and groups facilitated both within the centers, and out in the community. With assistance from a Spanish-speaking staff member, SERLC brochures and flyers were translated into Spanish for the Fall River and Hyannis Recovery Connection Centers (RCC), improving earlier, inaccurate versions. Brockton RCC shared flyers and brochures in Haitian Creole. Providing free RCC branded items also played a key role in enhancing engagement through SERLC's outreach and marketing efforts. Quarterly Newsletters from Fall 2024 to Summer 2025 uplifted diverse voices, centered equity, and reflected the richness of community experience by featuring regional updates, resources for diverse communities, support group highlights, event promotions, community art and writing endeavors, and bios and recovery stories of SERLC employees. To ensure accessibility for both online and offline audiences, newsletters were distributed via website marketing email campaigns, the website, and social media; and print copies were made available at the centers.

Objective 2: Strengthen Connections Between the SERLC and Local Underrepresented Communities

SERLC had a visible presence at events designed to foster connection with the surrounding community. The SERLC held multiple groups in the community at libraries, family resource centers, shelters, and other recovery and mental health service organizations. BMC Peer Community Facilitators (PCF) strategized outreach expansion by helping energize RCC spaces to attract new members, leading educational sessions within our centers on inclusivity, creating social media campaigns, and organizing bi-monthly support groups for shelter guests.

Objective 3: Hire More Diverse Staff and Enhance Staff Training Among Existing Staff Around Cultural Sensitivity and Humility

In Y7, we hired PFCs with connections to LGBTQIA+, Veteran, Chinese, and Haitian communities. In October 2024, we updated the PCF job descriptions and met regularly with BMC HR

Department to continue looking for candidates from underrepresented communities. Listings were shared on the BMC and SERLC webpages, as well as Indeed, with the SERLC website regularly updated to reflect staffing changes. By June 2025, all RCCs were fully staffed, except for the Hyannis APD and TAY (Transitional Age Youth) Leader. New staff photos were added to the website, and cross-center collaboration has grown.

Many of the RCC staff participated in various educational opportunities throughout Y7, including training on culturally informed practices and historical, as well as contemporary examples of racism. The SERLC Orientation Training has been revised to include modules on: peer support basics, discrimination, intersectionality, SOGI, peer ethics, and the CAIRE Project itself. Two of the centers offered WRAP classes and one of the centers collaborated with a blind community member to create a disability-focused training for our community to be held in Y8.

Objective 4: Provide More Social Activities

The SERLC has significantly increased the range and frequency of social activities across the region. BMC staff members have played an active role in fostering artistic engagement, both in person and virtually. Each center facilitates several art, journaling and crafts groups weekly with various themes designed to honor diversity, with community members participating in multiple RCC collaborative art projects throughout the year. Several RCCs hosted regular outings and monthly potlucks, providing opportunities for members to strengthen community bonds through social activities.

In February 2025, we held SERLC's 1st Annual Community Wellness Day and a Mental Health Awareness Month event. Both events were hybrid remote-live and aimed at strengthening connection between the 4 RCCs, employees, and community members. Community Wellness Day featured a presentation on Volunteer Committee opportunities and self-determination. Peer Support Jeopardy, a community art slideshow, and details about ongoing social activities at SERLC were featured at both events, along with a special lunch at the local RCCs. Additionally, the SERLC engaged the community by holding a NAMI Walk t-shirt contest in April 2025, inviting community submissions and voting input on favorite designs.

Objective 5: Increase Engagement of Different Communities Using Technology

In Year 7, the SERLC strengthened its online presence through more consistent social media engagement, targeted email outreach campaigns, and website updates. We refined visual content and messaging to better highlight diversity, inclusion, intersectionality, and cultural celebration, and coordinated social media posts for relevant heritage observances and awareness dates. A Social Media Marketing Committee was created in June 2024 to strengthen the SERLC's social media presence through collaborative planning and content development with the TAY Leaders and Young Adult community members.

We have continued working towards increasing SERLC engagement via technology by creating new virtual groups, community-wide events, and guest speakers, supplying laptops to community members who had an interest in joining our virtual groups but did not have the technology to do so. Volunteer Committees began in February 2025 and continue to meet every Monday on a rotating schedule, with RCCs dedicating space in their calendars for a recurring meeting titled "Getting Involved in the RCC." Peer staff and members from each center actively participate each week, and the meetings are well attended.

The Annual SERLC Quality Improvement and Satisfaction Survey was conducted in May 2025 via paper, online forms, and social media with 30 community members completing the survey. Additional surveys included the Mental Health Awareness Month gathering (9 responses), the Community Wellness Day Feedback Survey (17 responses), and the RCC Community Member Feedback Survey, which collected 402 voluntary daily responses throughout the year at Hyannis RCC. Information from these surveys are collated and improvement plans routinely identified and implemented by the RCCs.

Objective 6: Improve the Aesthetics and Inclusiveness of Meeting Spaces

The RCCs enhanced their physical spaces while encouraging peer-driven design ideas and hosting culturally relevant events, parties, movie nights, and diverse art projects. Each RCC introduced new decorations and collaborative art projects. The centers hosted open houses to welcome new visitors, and prioritized inclusivity and accessibility by displaying pride flags, offering resource and supplies areas, and creating inviting spaces with themed rooms, new furniture, and awareness displays. Additionally, business addresses were claimed and resolved, and photos were added to Google Business Listings, making each center searchable on Google Maps, and thereby increasing their accessibility.

Peer Consultant Dissemination

Y7 was a year of continued growth for Peer-Led Projects at the DMH Center of Excellence for Psychosocial and Systemic Research; peer consultants integrated lived experience into research, training, service delivery, and advocacy across Massachusetts and nationally.

The team strengthened partnerships with community organizations, healthcare systems, and academic institutions. Activities included consultation to research projects, trainings for providers and trainees, facilitation of statewide and local support groups, and advocacy to improve access to person-centered care.

For a full list of Peer Consultant dissemination, please see Dissemination: Presentations to Community Stakeholders (Peer Presentations).

Research

- Dr. Anne Whitman consulted with Drs. Jiahe Zhang and Susan Whitfield-Gabrieli of Northeastern University and Dr. Eden Evins of Harvard University on a grant involving meditation and neural mapping as potentially effective interventions for reducing recurrent negative thinking. Dr. Whitman discussed the study design elements and gave advice on making the language for consent forms more peer-friendly; July 8th, 2024.
- Dr. Anne Whitman consulted with Dr. Jose Hidalgo of MGH about his pilot program aimed at creating community for individuals experiencing SMI and homelessness; April 14th, 2025.
- The COE peer consultants, Julia London, and Dr. Cori Cather consulted with Dr. Jin hui Joo, a geriatric psychiatrist at MGH, on the design of a National Institute of Mental Health (NIMH) R01 proposal to evaluate telephone-based peer support to prevent depression and loneliness in older adults residing in housing authorities in Greater Boston. If funded, the COE peer team will serve on a variety of roles in the project, including being members of the advisory committee, consulting on recruitment, delivering the intervention, and providing peer supervision; May 2025.

Support Groups

- Sharina Jones served as a community companion and continued to lead a monthly Cory Johnson Post Traumatic Healing Program's '*Can We Talk*?' series.
- Sharina Jones served in the role of a community companion at the Mother's Support Group, a gathering for mothers who have lost their children, and facilitated the *Reimagining our Stories* (ROS) group, a group that includes trauma-focused work through art and writing; May 2025-present.
- Sharina Jones worked as a community companion at the CJP book launch for *No One Left Alone: A Story of how Community Helps Us Heal* by Liz Walker. The book discusses trauma, grief from racism and systemic inequality, and the origins of CJP as a grassroots trauma-healing program; May 17th, 2025.
- Dr. Anne Whitman, Sandi Whitney Sarles, Ryan Markley, Jacquie Martinez, and Sharina Jones led the Peer Support for Peer Supporters group at BMC, which covered topics including setting boundaries, accessing the Hearing Voices training, the intersection of cancer and mental health, and the differences between peer and clinical support; August 1st and 15th, 2024.
- Dr. Anne Whitman, Ryan Markley, Valeria Chambers, and Christina Lamkin held meetings with peer workers at Boston Medical Center (BMC), CHA, and McLean Hospital. Support was offered around the challenges of working as a peer supporter in a large system; August 8th and 22nd, 2024.
- Ryan Markley, Jacquie Martinez, and rotating COE peer consultants began and led the "Peer Support for Peer Supporters" group, a virtual support group for peer support workers, that originated based on demand for this type of support identified from listening groups held with peers in 2024. This group began in November 2024 and has since continued to run monthly.

Mental Health Advocacy

- Jacquie Martinez was invited to hold a facilitated conversation with 160 Harvard Medical School students in a mind, brain, and behavior course. Jacquie provided students with feedback on their clinical interviewing skills and shared her experience working as a peer specialist; September 19th, 2024.
- Jacquie Martinez was invited to attend the second of six facilitated conversation with Harvard Medical School students in a mind, brain, and behavior course. Jacquie continued to provide students with feedback on their clinical interviewing skills and shared her experience working as a peer specialist; October 21st, 2024.
- Ryan Markley was invited to consult for the Metro Boston Recovery Learning Community (MBRLC) based on her work for the CAIRE project and her services were engaged to improve the MBRLC's marketing materials to make them more culturally sensitive; October 2024.
- Ryan Markley, Valeria Chambers, Sharina Jones, Sandi Whitney Sarles, Dr. Anne Whitman, and Jacquie Martinez held a virtual Global Peer Support Day celebration. Eleven peer specialists attended, and they discussed the past year's developments working in peer support; October 17th, 2024.
- Sharina Jones ran a table at the "Boston Arts Activation 2024: Harmony and Healing" event, where she shared information about the Cory Johnson Post Traumatic Healing Program and peer consultant work at the COE. The event focused on BIPOC communities and aimed to share healthcare resources as well as opportunities to become involved in social outings centered

around arts and culture; October 19th, 2024.

- Valeria Chambers was invited to serve on the SAMHSA Office of Behavioral Health Equity's (OBHE) Achieving Behavioral Health Equity Steering Committee. This two-year position involves providing feedback and ideas to OBHE on how to grow, retain, and recruit a diverse behavioral health workforce; November 12th, 2024.
- Dr. Anne Whitman met with Colleen Nguyen of the Broad Institute to discuss collaborating on a manuscript which will present guidelines on involving people with lived experience in mental health genetics research; November 22nd, 2024.
- Jacquie Martinez attended the Grandparents Raising Grandchildren advisory council meeting, where they discussed upcoming conference planning and where she hosted a table with information about the COE's peer projects; April 9th, 2025.
- Valeria Chambers consulted with Alison Ireland, Senior Associate at DMA Health Strategies, to request feedback and provide suggestions to the Office of Behavioral Health Promotion and Prevention around increasing access and use of mental healthcare services. Future regular meetings are being scheduled to address this feedback; May 13th, 2025.

Parenting Project

- Jacquie Martinez presented the parent and adult child videos along with a facilitated discussion at the DMH Ambassador meeting; March 3rd, 2025.
- Jacquie Martinez presented the parent and adult child videos along with a facilitated discussion to shelter guests at the Fenwood Inn; March 4th and 18th, 2025.
- Drs. Cori Cather, Cheryl Foo, and Anne Whitman consulted with Dr. Bilge Turkozer, a psychiatrist at McLean Hospital, to discuss using the Parent and Adult Child videos to help families affected by serious mental illness and/or substance use challenges to engage in Dr. Turkozer's program designed to assess for emerging mental health symptoms in children and facilitate early intervention services; May 8th, 2025.

Training for Peer Consultants

- Ryan Markley became a trainer for the Kiva Center's Trauma Informed Peer Support (TIPS) training, which she then offered to the SERLC; August 2024.
- Jacquie Martinez attended the 'From Shame to Resilience: Healing Pathways in Child Welfare' training seminar presented by Dr. Gwen Bass of Mount Holyoke College. The training series explores the impact of internalized shame on behaviors, relationships, self-esteem, and burnout on caregivers; September 15th, 2024.
- Valeria Chambers attended the McLean Hospital Education Outreach Department's training series entitled "Spirituality, Culture, & Mental Health," which aims to understand how the relationship between spirituality and mental health may benefit the mind and body; October 23rd, 2024.
- Ryan Markley facilitated the Living with Suicide training for the Kiva Center; October 28th-30th, 2024.
- Valeria Chambers attended the Child Health Advocacy Training hosted by the Office of Government Relations at Boston Children's Hospital. The training aims to enhance advocacy skills to promote the health and wellbeing of all children; November 20th, 2024.
- Dr. Anne Whitman, Valeria Chambers, Ryan Markley, Drew Madore of CHA, and Paul Bradford

of CHA gave the 'Introduction to Recovery' training for psychology interns at CHA, where they covered the SAMHSA principles of recovery, their own recovery stories, and how to support individuals with psychosis; February 4th, 2025.

- Sharina Jones completed the pre-Certified Peer Specialist course 'Peer Support and Direct Care Training', the first component of the Recovery Education and Learning (REAL) Program run by Bay Cove which supports individuals with lived experience who are interested in becoming Certified Peer Specialists. Sharina began her month-long internship, which consists of working at a direct care organization for 4-5 hours per day; March 3rd, 2025.
- Ryan Markley facilitated the Living with Suicide training for the Kiva Centers; March 24th-28th, 2025.
- Sharina Jones completed Group Peer Support training, which follows an evidence-based, trauma-informed support group model designed to provide culturally informed peer support; June 10th, 2025.

Other Peer Activities

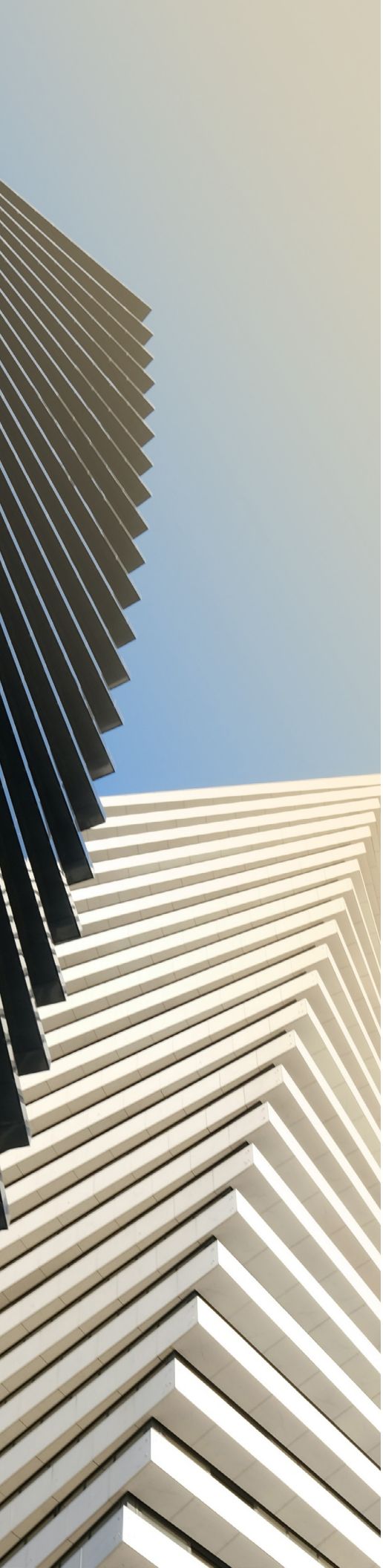
Awards and Recognition

- Jacquie Martinez and the other members of the Grandparents Raising Grandchildren advisory council were awarded a grant from the Mosaic Opioid Recovery Partnership; November 13th, 2024.
- Jacquie Martinez began a new position as a DMH Peer Specialist Lead for the Metro Boston Area transitional shelters at The Lindemann Inn and The Fenwood Inn. Her job responsibilities include providing consultation, advocacy, and strategies around promoting and maintaining sobriety to inn guests, conducting staff trainings, supervising the work of Mental Health Coordinators, and connecting guests to community resources; December 2024.

Plans for the Future

In the coming year, the peer consultant team looks to advance the role of peers in the community through the following:

- Connect with state representatives about the results and recommendations that were developed from the peer integration program report.
- Select and develop best-practice training for peer specialists based on feedback from the COE projects and incorporating the CPS Code of Ethics and definitions of the peer specialist role.
- Increase online presence through various platforms by posting content about relevant research, previous projects, clips from H2H sessions, and community resources with the goal of reaching a broader audience.
- Continue monthly Peer Support for Peer Support Workers meetings



Center-Community Collaborations

Community Partners: Massachusetts Executive Office of Health and Human Services (EOHHS); Massachusetts network of 31 Community Behavioral Health Centers (CBHCs) overseen by Carelon, and including Advocates, Boston Medical Center, and North Suffolk Community Services; Association of Behavioral Healthcare; Massachusetts Behavioral Health Partnership – Behavioral Health Help Line; MassHealth Pharmacy Drug Utilization Review

Title: Promoting Long-Acting Injectable Antipsychotic Access and Use in Massachusetts

Funding: MGH COE

Steering Committee: Amam Saleh, MD, Cheryl Foo, PhD, Corinne Cather, PhD, David Hoffman, MD, Margaret Guyer, PhD, Michael Angelini, PharmD, Sarah MacLaurin, PMHNP

MGH Working Group Members: Abigail Donovan, MD, Alex Keuroghlian, MD, Amir Hassan, MD, Carol Lim, MD, MPH, Collin O'Neill, Corinne Cather, PhD, Eden Evins, MD, MPH, Kim Mueser, PhD, Oliver Freudenreich, MD, Samuel Kohrman, MD, Sarah MacLaurin, PMHNP

In Spring 2025, MGH COE, in partnership with the Massachusetts DMH, launched a comprehensive, statewide initiative to address the underutilization of long-acting injectable antipsychotics (LAI) across Massachusetts. This systems-wide effort tackles a persistent treatment gap where only about 10% or less of people with longer histories and early-phase schizophrenia in our state receive LAI, despite robust evidence demonstrating their superiority in reducing relapse, hospitalizations, and mortality compared to oral antipsychotics.

Recognizing that this complex issue required coordinated action across diverse stakeholders, we successfully convened and are continuing to build a cross-sector coalition committed to improving LAI access and utilization across the mental health care continuum for people with schizophrenia. This coalition has united: state agency and state behavioral healthcare organization leaders (MassHealth, DMH, Carelon, MBHP); clinical leadership and providers from 31 community behavioral health centers (CBHC), first-episode psychosis programs (BMC, MGH), and inpatient psychiatric services (MGB); leadership from Association of Behavioral Healthcare, a statewide behavioral healthcare advocacy organization; pharmacy administrators (MassHealth Drug Utilization

Review, MGH Pharmacy Supply Chain); and clinical practice and research experts. We also plan to engage people with lived experience and their families throughout our activities. This network of experts and change agents will facilitate cross-learning, resource-sharing, and coordinated action across state agencies, health systems, and providers. Over the past year, in consultation with coalition members, we identified goals and shaped our approach to address LAI treatment utilization barriers at policy, organization, provider, and service user levels.

One mission-critical objective is to create a multi-year strategic plan for expanding LAI access and use in the community. Through presentations to the MGH Public and Community Psychiatry Steering Committee, Statewide CBHC Meeting, and Association for Behavioral Healthcare Chief Medical Officer Meeting, Dr. Foo led the coalition to raise awareness to the issue of LAI underutilization, forged collaborations with clinical leadership, and learned about priority needs. Most administrative leaders and providers acknowledged LAI advantages but were constrained in prescribing them due to access-related barriers, particularly limited clinical sites capable of LAI administration and provider knowledge gaps about LAI administration locations. With MassHealth Pharmacy Drug Utilization Review, leveraging large statewide claims data, we will establish current statewide LAI utilization rates among MassHealth beneficiaries, identify potential disparities across counties and demographic groups, and and potentially be able to explore associated healthcare utilization and health outcomes. Further, to better understand site-specific barriers to LAI administration, with support from MassHealth, DMH, and Carelon, we will be conducting a landscape analysis of resource and training needs in CBHCs over Fall 2025 – Spring 2026, and extending to first-episode psychosis programs and inpatient psychiatric services. Knowledge of LAI administration sites through the landscape analysis will inform the development of a centralized, statewide LAI administration site directory, which we have begun developing the infrastructure for in partnership with the Massachusetts Behavioral Health Help Line. Next, through a collaborative process of selecting and tailoring feasible solutions to address priority barriers, we will create an implementation blueprint for expanding LAI access and utilization in Massachusetts' behavioral health landscape. This community-engaged process undergirded by robust implementation science methods ensures that systems-wide solutions to improve LAI utilization are evidence-based while tailored to stakeholder needs and practice realities.

Concurrently, the MGH LAI Working Group is also developing evidence-informed tools to address common patient and provider barriers, including knowledge gaps and treatment decision-making challenges. We developed a concise LAI Treatment Decisions Provider Pocket Card, synthesizing clinical guidelines and research evidence to guide providers on when, for whom, and how to offer LAIs, and treatment considerations for different LAI types. Additionally, Dr. Foo led the development of a beta version of a decision aid tool to facilitate provider, patient, and family engagement in shared decision making around LAI. This decision aid will be refined with patient, family, and provider feedback and piloted first in first-episode psychosis clinics to assess feasibility and acceptability. Along with findings from a COE-led ongoing scoping review of evidence-backed interventions and implementation strategies to promote LAI uptake and adherence (e.g., academic detailing, electronic health record best practice advisory), these tools and strategies will be part of an implementation toolkit that can be customized to site-specific barriers and facilitators to promote LAI use and evaluated in future implementation trials. (***Foo CYS, Leonard CJ, Monroe I, Bhiku K, London J****, Hassan A, Le T,* ***Mueser KT, Cather C.*** *Interventions to Increase Long-Acting Injectable Antipsychotic Medication Use. PROSPERO 2025. CRD420251081093*.)

Beyond implementation-focused studies, one arm of the coalition also conducts data-driven clinical research to build on the evidence base for whom and when LAI use is appropriate. To investigate the advantages of earlier LAI use in preventing relapse and related disability, Dr. Foo is co-leading a target trial emulation (a framework that can estimate the causal effect of an intervention) to examine effects of early versus late LAI initiation on hospitalization and functioning in patients enrolled in FEP treatment (**Co-PIs:** Foo, Szmulewicz). This study, conducted in collaboration with McLean Hospital Laboratory for Early Psychosis (LEAP) and Harvard School of Public Health, will utilize longitudinal,

real-world data from patients enrolled in FEP treatment across multiple countries (FEP-CAUSAL Collaboration).

Furthermore, responding to educational and training needs for the next generation of psychiatrists, this initiative has also made important curriculum improvements to the MGH/McLean Adult Psychiatry Residency Training Program. When statewide meetings with community providers revealed that psychiatry residents lacked adequate training in LAI administration – a critical skill gap affecting patient access – Dr. Foo, with psychiatry residency leadership and faculty, developed and taught a new "LAIs in the Community" module for PGY-2 residents on their public and community psychiatry rotation. This innovative curriculum extends foundational education on LAI pharmacokinetics, and puts into focus LAIs as a standard of care for psychotic disorders, incorporating systems thinking on treatment delivery and utilization, and includes a hands-on practicum on administering LAIs.

This initiative will be presented at the 6th Annual Mass-STEP conference in November 2025 to bring visibility and discussion around the issue of LAI access and underutilization amongst FEP providers and researchers. The initiative's multi-pronged approach has also served as a model for parallel implementation planning and evaluation efforts to develop a network of clozapine-capable clinics and promote timely clozapine utilization with the MGH Treatment Resistant Schizophrenia Advocacy Clinical Consultation Education Support Service (TRS ACCESS) Network. *See page 35, "**Community Partners:** North Suffolk Community Services (NSCS) Freedom Trail Clinic..." for additional information on the TRS ACCESS Network.*

Community Partner: North Suffolk Community Services (NSCS) Freedom Trail Clinic

Title: Clozapine Point of Care Absolute Neutrophil Count Testing Device

Principal Investigator (PI): Cheryl Y. S. Foo, PhD, Carol Lim, MD, MPH

Clozapine is the most effective treatment for psychosis and the only FDA-approved option for treatment-resistant schizophrenia, which affects approximately one-third of individuals with schizophrenia. In early 2023, NSCS Freedom Trail Clinic implemented a Point of Care (POC) fingerstick blood diagnostics device to streamline blood draws for clozapine (supported by a SAMHSA block grant). This fingerstick device provides a less painful, less invasive alternative to traditional blood draws and allows testing to be done in the clinic, avoiding trips to separate labs and delivering results within minutes. Since implementation, this approach has reduced patient and administrative burden, improved adherence, and maintained consistent uptake, with an average of over 40 tests per month. Although ANC monitoring is no longer federally mandated following the removal of the REMS program, regular ANC monitoring remains clinically essential, particularly during the first two months of clozapine treatment when the risk of agranulocytosis is highest.

In early 2024, with philanthropic support, we expanded implementation of this device to the MGH Psychosis Program. Over the past year, we conducted a formal mixed-methods study led by Cheryl Foo, PhD, assessing real-world adoption, feasibility, and acceptability of the device across these two outpatient psychiatric clinics through 108 patient surveys, structured staff interviews, and electronic health records review. Adoption rates varied by setting: 22% (10/45) of clozapine-treated patients at the MGH Psychosis Program and 60% (120/199) at the NSCS Freedom Trail Clinic used fingerstick testing at least once. Patient feedback highlighted that consistent users preferred fingerstick testing as less painful and more convenient, while non-users often cited comfort with their existing care or misperceptions of greater pain. Staff identified key implementation facilitators, including dedicated personnel to administer the tests, as well as barriers, such as provider burden and the absence of reimbursement mechanisms.

This work culminated in the manuscript, which has now been submitted to a peer-reviewed journal, *Community Mental Health Journal (**Foo CYS,** Lim C, **Leonard C,** MacLaurin S, **Donovan A, Cather C, Freudenreich O**. Implementing Clozapine Point-of-Care Fingerstick Testing in Outpatient Psychiatric*

Care: A Mixed Methods, under review). In addition, a poster will be presented by Catherine Leonard at the Mass-STEP conference in November 2025.

Our findings reveal both the promise of fingerstick blood monitoring and the operational challenges of sustaining it in real-world psychiatric practice. By highlighting patient, provider, and system-level factors, our study contributes practical insights for clinics nationwide that seek to reduce barriers to clozapine use and improve outcomes for patients with treatment-resistant schizophrenia.

Community Partners: North Suffolk Community Services (NSCS) Freedom Trail Clinic; Corrigan Mental Health Center in Fall River, the Pocasset Mental Health Center in Cape Cod, Fuller Hospital in Attleboro, the Solomon Carter Fuller Mental Health Center, Boston Medical Center, Brigham and Women's Hospital

Title: TRS ACCESS Network

Funding: Philanthropy to MGH PCRP

Group Members: Oliver Freudenreich, MD, Abigail Donovan, MD, Carol Lim, MD, MPH, Sarah MacLaurin, PMHNP, Cheryl Foo, PhD, Leah Namey, MPH, Marta Hernandez

In August 2025, the TRS ACCESS Network (Treatment-Resistant Schizophrenia: Advocacy, Clinical Consultation, Education, and Support Service) was officially launched by the MGH Psychosis Clinical and Research Program with generous support from philanthropy. The program addresses a major treatment gap in schizophrenia care, where one-third of patients meet criteria for treatment-resistant schizophrenia (TRS), yet few receive evidence-based treatments such as clozapine or long-acting injectable (LAI) antipsychotics.

The TRS ACCESS Network seeks to transform the delivery of evidence-based care by equipping community clinicians with the resources, consultation, and support needed to prescribe and manage clozapine and LAI antipsychotics, building on the long experience of the MGH Psychosis Program in collaboration with its community partner, the Freedom Trail Clinic, in caring for patients with serious mental illness. Its activities span four pillars: advocacy to raise awareness about TRS and clozapine/LAI; expert clinical consultation to assist providers with complex cases; education and training to strengthen knowledge and confidence in TRS care; and implementation support to help clinics integrate sustainable workflows for clozapine and LAI use. Importantly, the program emphasizes implementation strategies tailored to the realities of community practice, such as staffing, workflow, and reimbursement considerations, so that evidence-based care can be delivered locally rather than requiring referral to academic specialty clinics.

A central aim of TRS ACCESS is to measure and improve outcomes for individuals with TRS. Guided by a quality-improvement framework, the program is working to track metrics such as clozapine initiation rates, treatment adherence, hospitalization rates, and functional outcomes. Patient and provider feedback are systematically incorporated into program development, ensuring that interventions are not only evidence-based but also feasible and acceptable in real-world practice. By embedding outcome measurement into its activities, TRS ACCESS seeks to create a learning network that continually refines care delivery and generates actionable insights for both clinicians and health systems.

TRS ACCESS is building a network of clozapine-capable and LAI-capable clinics. The vision is to foster collaboration and shared learning across sites to continually improve patient outcomes. This network model not only strengthens clinical practice but also creates opportunities to conduct research together, evaluate real-world effectiveness, and develop scalable solutions that can be disseminated widely.

In doing so, TRS ACCESS is building a community of practice committed to reducing barriers to clozapine and LAI use, promoting equitable access to effective treatments, and improving outcomes for patients with TRS. By supporting clinicians where they practice and connecting them within a broader collaborative network, TRS ACCESS aims to shift the standard of care for TRS beyond

academic centers and into the community, where the majority of patients receive their care.

Preliminary work has included Dr. Foo's work of landscaping the availability of LAIs in Massachusetts, with the support of DMH, and development of decision aid tools and educational materials for LAIs and clozapine (*see Center-Community Collaborations page 32, "**Title:** Promoting Long-Acting Injectable Antipsychotic Access and Use in Massachusetts"*). A website is also under development (www.mghaccess.org).

Community Partners: Corrigan Mental Health Center in Fall River, the Pocasset Mental Health Center in Cape Cod, Fuller Hospital in Attleboro, the Solomon Carter Fuller Mental Health Center, Boston Medical Center, Brigham and Women's Hospital

Title: Massachusetts Clozapine Partnership (Sub-Initiative of TRS ACCESS Network)

Principal Investigator (PI): Oliver Freudenreich, MD, Carol Lim, MD, MPH

Beginning in mid-2022, the MGH Psychosis Program established a collaborative partnership with several mental health organizations across Massachusetts, including the Corrigan Mental Health Center in Fall River, the Pocasset Mental Health Center in Cape Cod, Fuller Hospital in Attleboro, the Solomon Carter Fuller Mental Health Center, and Boston Medical Center. More recently, colleagues from Brigham and Women's Hospital have joined the collaboration. Following the merger of Brigham and MGH, we are actively strengthening these relationships, and in 2025 we co-authored and published a joint case report with Brigham and Women's Hospital (BWH) colleagues (Lim C, Conrad R, Rahmat S, Bargiela D, **Freudenreich O**. Paroxysmal Eye Movements in Treatment-Resistant Schizophrenia: Oculogyric Crisis or Seizure-Like Activity. *Prim Care Companion CNS Disord. 2025;27*(3):25cr03951).

Our long-term vision is to develop a statewide network of clozapine clinics within Community Behavioral Health Centers (CBHCs) across Massachusetts. Such a network would allow clinicians to share experiences and knowledge related to the safe and timely use of clozapine, reducing barriers to access and improving patient outcomes. To this end, Drs. Freudenreich and Lim have organized and hosted monthly MGH Clozapine Rounds with participation from psychiatric residents and faculty at MGH/BWH as well as clinicians from CBHCs statewide. These rounds provide a forum for discussing complex clozapine cases and for equipping clinicians with the expertise needed to initiate treatment safely, manage side effects, and address psychiatric and medical comorbidities.

In the post-REMS era, with greater responsibility now placed on prescribers for monitoring rare but serious risks such as neutropenia and agranulocytosis, our MGH Clozapine Clinic has created updated internal guidelines to equip clinicians across MGH with best practices for safe monitoring, informed by newly released international guidelines (2025). In addition, we also developed a one-page handout for the Department of Mental Health on managing the risks of neutropenia/agranulocytosis, and submitted a manuscript (led by Dr. Abigail Donovan) to *Psychiatric Services* proposing streamlined, evidence-informed approaches to clozapine monitoring that simplify the process while maintaining patient safety. These resources are being shared with our partners, and we are pursuing further collaborations and shared learning to build a sustainable, interconnected network of clozapine-capable clinics across Massachusetts.

Community Partners: The NAN Project, Beverly Middle School, Ohrenberger School (BPS), Esperanza Academy, Children's Cove Child Advocacy Center, Connections Family Resource Center, Roxbury Boys and Girls Club, MGH Chelsea Healthcare Center, Old Colony YMCA (Brockton, New Bedford, Stoughton locations, among others) Elliot Family Resource Center, Bay Cove Human Services, Lowell Community Health Center, Boston Public Schools, WMTC Support Network ("The Consortium"), Everett Public Schools

Title: Living in Families with Emotions (LIFE): A resilience-promoting intervention for at-risk adolescents and their families

Principal Investigator: Daphne Holt, MD, PhD

In partnership with the Massachusetts Department of Mental Health, we are building capacity in local schools and community care settings to expand access to evidence-based interventions to address the youth mental health crisis. This project aims to design and implement a training program to teach providers, educators, and bachelor's level clinicians in the community who work with adolescents to deliver a time-limited, group-based, resilience-promoting intervention (plus two parent/caregiver sessions) for middle-school aged adolescents, called Living In Families with Emotions (LIFE). Our previous research has shown that LIFE decreases emerging symptoms of mental health conditions. We have: 1) adapted and expanded the LIFE manual (8- and 16-session versions) to make it accessible and user-friendly for non-clinicians, 2) developed a training program and supervision plan to train community based clinicians as well as non-clinician community providers and educators to deliver LIFE, 3) scripted and filmed 9 brief videos for caregivers that will accompany the LIFE training program, and 4) designed an evaluation plan and research protocol to assess the effectiveness and impact of the training as well as the adoption of LIFE in the community partner program/institution. Importantly, we have further modified the LIFE training program to include asynchronous video-based instruction accompanying the 5-hour live training, minimizing the time commitment required for trainees, and expanding accessibility for all participants. This video library is accessible to LIFE trainees throughout the training period and through implementation, allowing them to review, access materials, scaffold learning, and view demonstrations as they implement.

We conducted two virtual/in-person training workshops this year, where 27 teachers, peer coordinators, school counselors, and administrative leaders from 15 community partner organizations were trained in LIFE. This was in addition to the 27 summer staff members who were trained at the Roxbury Boys and Girls Club in June 2024. Delivering the LIFE training workshop both in-person and over zoom allowed us to reach sites with limited access to Boston's hub of mental health services and expertise. We focused on providing trainings to community partners located in under-served and under-insured areas of the state, including those officially designated as Health Professional Shortage Areas (HPSAs) (e.g., Chelsea/Everett/ Revere/Lawrence), and included schools and community organizations with a wide reach (e.g., NAN Project, which serves 70+ schools; Massachusetts Family Resource Centers; Boys and Girls Club, which has 50+ chapters, the Old Colony YMCA which has over 30 sites). Following the training workshop, trainees perceived LIFE to be highly acceptable and relevant to the needs of the population they serve, and highly feasible to implement in their program. Trainees also said that they felt equipped to better understand youth mental health needs and apply LIFE skills. After the training workshop, trainees also reported significantly greater openness to using evidence-based practices compared to before.

LIFE was also successfully implemented in 5 new schools/ community organizations, with around 48 children/adolescents participating in LIFE groups as part of their program. As part of our competency-based training model, trainees were offered weekly one-hour supervision with LIFE trainers and were observed or audio-recorded for some sessions to assess for fidelity to the intervention. Trainees delivered LIFE with fidelity and also provided valuable feedback to improve the content, delivery, and sustained implementation of LIFE in their organizations. We continue to prioritize partnership building, engagement, and collaboration with our community partners to improve how LIFE can fit into and continue to be carried out in their organization/programs. We hope to expand implementation of LIFE to an additional 5-10 sites in 2025-2026, with a goal to reach more Spanish-speaking communities, and historically under-served population (e.g., in partnership with MGH Chelsea Healthcare Center and Esperanza Center in Lawrence). The entire LIFE manual has been translated into Spanish, and we are currently in the process of finalizing the Spanish-translated parent/caregiver portion of the manual to address Spanish dialect differences. Additionally, in response to feedback from parents of children enrolled in the LIFE Program, we are adding Spanish voiceovers (in addition to the previously added Spanish subtitles) to all parent-caregiver videos.

Promotion of Equity, Diversity, Inclusion, Belonging, and Anti-Racism

Equitable Practices in Hiring and Promotion

Racial equity in the hiring and promotion of staff is shown in the Operations section.

Ongoing Research/QI Collaborations Established as Equitable Partnerships Between the COE and Community-Based Organizations Serving People of Color

The Cory Johnson Program for Post-Traumatic Healing; Roxbury, MA

We had the pleasure of co-presenting the results of findings from the Cory Johnson Program for Post-Traumatic Healing (CJP) programmatic evaluation to our Steering Committee and will continue to co-present with CJP staff (next scheduled presentation is in October 2025 to the CJP Executive Board) to raise the visibility of the important work being done by the CJP program. *Please see the Steering Committee section for additional details.*

Bridge Over Troubled Waters; Boston, MA

Our recent collaborative work with Bridge Over Troubled Waters includes two projects—manuscripts

for each are currently under review.

1. MY-BEST RCT

Objective: Youth experiencing homelessness (YEH) have high rates of problematic substance use. This study assessed the feasibility of a novel intervention for YEH called Motivating Youth: Brief Engagement around Substance Use Targeting Youth Experiencing Homelessness (MY-BEST).
Methods: YEH were randomized to MY-BEST + therapeutic case management (TCM) or TCM only. Substance use, mental health, and service utilization were assessed at baseline, post-treatment, and at one-, two-, and three-month follow-ups.
Results: Forty participants (94% BIPOC) were randomized. Most met criteria for substance use disorder(s), particularly cannabis (90.0%) and alcohol (42.5%), and high rates of possible post-traumatic stress disorder (PTSD; 65.5%). Clinicians implemented MY-BEST with high fidelity and participants rated the intervention as acceptable and engaging. From baseline to post-treatment, days of alcohol use decreased in the MY-BEST + TCM group and increased in the TCM group, (F[1, 24] = 6.79, p = .015). Both groups demonstrated reductions from baseline to post-treatment in alcohol-related problems and cannabis use, increases in readiness to address substance use, and improved social functioning; mental health symptoms did not change.
Conclusion: MY-BEST is a novel, brief, intervention that is feasible to deliver to YEH with problematic substance use with superior efficacy to TCM on reducing alcohol use.

Manuscript currently in press, *Journal of Social Distress and Homelessness:*

Beckmann D, **Bhiku K,** Ducharme P, Nagendra A**, LeFeber L**, Bulger J**, Kritikos K, Skiest H, London J, Scanlon F, Mueser KT & Cather C.** (In press). Pilot randomized controlled trial of a motivational enhancement intervention for problematic substance use among youth experiencing homelessness. *Journal of Social Distress and Homelessness*

2. Predictors of One-Year Housing Outcomes among Young Adults Experiencing Homelessness Enrolled in a Rapid Rehousing Program

Objective: Little is known about predictors of housing instability for young adults participating in a Boston-area rapid rehousing program over the course of one year.
Methods: We analyzed deidentified data from young adults enrolled in a rapid rehousing program between April 2020 – March 2022.
Results: The primary outcome was housing success, defined as acquiring independent housing or securing a second-year rapid rehousing lease. Mental health, substance use, service utilization, employment, experiences of interpersonal violence, and pregnancy were collected at baseline and at 3-month intervals for one year. Data were analyzed for 104 young adults, comprising primarily transition age youth (M = 21.2 years) of color (86.5%; 34% Hispanic) with histories of interpersonal violence exposure (51.9%) and high rates of past month cannabis use (72.1%). Approximately two-thirds (64.4%) of participants had a successful housing outcome at one year. A total of 24.5% (13/53) of participants who were female at birth became pregnant after being enrolled in rapid rehousing, and 100% of females at birth who became pregnant experienced interpersonal violence during rapid rehousing. Multiple logistic regression analyses identified days of cannabis use in the 30 days prior to baseline and the experience of becoming pregnant during rapid rehousing as independent predictors of unsuccessful housing outcome.
Conclusion: Results suggest the value of integrating evidence-based approaches for substance use, relational trauma, and reproductive health into rapid rehousing programs for young adults.

Manuscript currently under review at *the Journal of Orthopsychiatry.*

We are currently discussing two collaborations with BOTW: 1) Clinical characterization of YEH across partner agencies in Greater Boston to inform program development and offerings, and 2) Evaluation of a contingency management program for substance use disorder among youth served by BOTW, which offered financial incentives for attendance at SUD program offerings with the goal of reducing harms related to problematic substance use.

Ongoing Research/QI Designed to Understand and Promote Health Equity

Please click on each project title below to view each project's details.

- *Promoting Long-Acting Injectable Antipsychotic Access and Use in Massachusetts*
- *TRS ACCESS Network*
- *CAIRE*
- *LIFE*
- *CLCO-9*

Anti-Racism Training

In Y7, COE staff continued our 2-hour monthly meetings in an effort to further our understanding and heighten our awareness of how historical and current racism has resulted in inequities across a number of domains, including, but not limited to: housing, political and social power, wealth, education, treatment by the criminal legal system, media representations, and health outcomes for BIPOC individuals in the United States. We continued to use a curriculum comprising short readings, books, documentaries, and mixed media to promote group engagement in guided discussion. Topics covered in Y7 included: homelessness, immigration, intersectionality between immigration and spiritual competencies, and projected impact of Medicaid cuts on behavioral health. The seminar is attended by the Center's director and all full-time staff members. Future scheduled topics include racial and ethnic differences in long acting injectable antipsychotic (LAI) use, mental health units in jails, and the anticipated impacts of DHHS policies.

To view the full curriculum of the COE Anti-Racism Training sessions, please see Appendix C.

Psychosis Consultation Service (Sub-Initiative of TRS ACCESS Network)

The MGH Psychosis Second Opinion Consultation Service remains a valuable resource for clinicians managing complex cases of psychosis. Our multidisciplinary team (three senior psychiatrists supported by a senior psychologist and a neuropsychologist) continues to provide nuanced diagnostic clarification and individualized treatment recommendations. As part of our training mission, psychiatry residents and fellows have long participated on an elective basis, and this year we expanded our educational scope with the addition of a psychology post-doctoral fellow, further strengthening the program's interdisciplinary character. A particular area of expertise is clozapine, as we frequently assist with questions about initiating, optimizing, and managing clozapine treatment.

Over the past year, the service has seen steady growth in consultation volume, reflecting both increasing awareness and persistent need. Referrals continue to come from diverse clinical settings,

ranging from community outpatient programs to academic hospitals, with inquiries extending across state lines and internationally. The majority of consultations address diagnostic refinement and management strategies for treatment-resistant schizophrenia, with clozapine representing a central focus. While the service is primarily outpatient-based, we remain engaged in on-site consultations for challenging DMH inpatient cases, including ongoing collaborations with Bridgewater Hospital and Solomon Carter Fuller Mental Health Center.

Our previously published work in Psychiatric Services demonstrated the value of this model in delivering stage-specific, evidence-based recommendations in psychotic disorders (*Lim C,* ***Donovan AL,*** *Freudenreich S,* ***Cather C,*** *Maclaurin S,* ***Freudenreich O****. Second Opinions for Diagnoses of Psychotic Disorders: Delivering Stage-Specific Recommendations. Psychiatr Serv. 2024 Oct 1;75(10):1035-8*). This year's continued expansion of consultations further highlights the importance of making specialized expertise accessible to community clinicians who often face these challenges in resource-limited settings.

In addition, the service also functions as a training and dissemination platform, equipping and educating residents, fellows, post-docs, and consulting providers with practical skills that they can apply in their own practices. We aim to expand the reach of the consultation service while exploring ways to systematically capture outcomes and develop educational materials based on recurring themes in our cases, with the goal of further supporting frontline clinicians who care for individuals with psychosis.

Finally, the service serves as a platform for technical assistance projects, such as our involvement in reducing violence in inpatient settings. *Click here to view additional project details.*

Research Projects

Research Projects in Process

Title: Medical Marijuana, Pain, and Opioid Use in Patients with Chronic Non-Cancer Pain
Principal Investigator (PI): Jodi Gilman, PhD; A. Eden Evins, MD, MPH
Funding: NIH-NIDA (5R01DA051540-03)
Time Frame: 09/2021-06/2025

Approximately 25% of adults experiencing chronic, non-cancer pain are treated with chronic prescription opioids, despite limited long-term efficacy data and dose-related risks for opioid use disorder and overdose. There are also many reports of people using cannabis to manage chronic pain or replace or reduce opioids. We developed a randomized, pragmatic trial to test whether cannabis use is associated with reduced pain and reduced opioid dose when added to a behavioral pain management intervention.

All participants are offered a weekly, 24-session Prescription Opioid Taper Support (POTS) group behavioral pain management intervention and at baseline, express a future interest in using cannabis to help manage pain. The POTS intervention uses principles of cognitive behavioral therapy, motivational interviewing strategies, and strategies to invoke the relaxation response. Participants are randomized 1:1 to either begin using cannabis products of their choice without delay, or to wait 24 weeks before beginning to use cannabis.

Participants complete baseline, 4-, 8-, 12-, 16-, 20-, and 24-week assessments to evaluate prescription opioid dose change (co-primary outcome), quality of life, depression, anxiety, and OUD and CUD symptoms (secondary outcomes). They also complete daily surveys to evaluate pain intensity and interference (co-primary outcome) and self-reported opioid dose (secondary outcome).

To date, 87 participants have completed baseline assessments, 74 have completed follow-up assessments (with 5 participants to complete in November 2025). Data cleaning is in progress.

Title: Correlates and Predictors of Criminal Legal Involvement in People with First-Episode Psychosis

PI: Faith Scanlon, PhD; **Co-Is:** Cori Cather, PhD, Kim Mueser, PhD

Funding: MGH COE

Time Frame: November 2023 – Present

Limited research has evaluated criminal legal involvement (CLI) during a first episode of psychosis (FEP). In a secondary data analysis of the Recovery After an Initial Schizophrenia Episode-Early Treatment Program (RAISE-ETP) study, a cluster randomized controlled trial conducted with people experiencing FEP in the U.S., we explored rates of recent CLI prior to baseline and over the two-year follow-up, and evaluated predictors of CLI at baseline and over the follow-up period (N = 381). We found that at baseline, 11% of the sample reported CLI within the past month, which was significantly associated with lower education, longer duration of untreated psychosis, lifetime alcohol or any drug use disorder (other than cannabis), and more severe excitement factor symptoms on the Positive and Negative Syndrome Scale (PANSS). Over the two-year follow-up, 13.6% of the sample reported CLI which, controlling for baseline CLI, was predicted by longer duration of untreated psychosis, schizophrenia diagnosis, lifetime alcohol or any other drug use disorder, alcohol or cannabis use in the 30 days prior to baseline, and more severe positive and excitement symptoms on the PANSS at baseline. Those with CLI at baseline were nearly three times more likely to have subsequent CLI over the follow-up. The manuscript is currently under review at the *Journal of Clinical Psychiatry*.

Title: Climate Anxiety in People with Serious Mental Illness

PI: Oliver Freudenreich, MD

Funding: MGH COE and MGH PCRP

Time Frame: June 2022 - present

Starting in 2022, the MGH Psychosis Program began addressing the intersection of climate change and serious mental illness (SMI), with particular attention to the heightened vulnerability of patients with schizophrenia. This population is disproportionately affected by extreme heat, facing significantly higher mortality during heat waves. Building on our initial descriptive work, this year we published two papers that mark important contributions to the field.

First, in the *Community Mental Health Journal*, we published the first empirical study of climate change anxiety in people with schizophrenia. In this descriptive survey of 108 adults with schizophrenia spectrum disorders treated at the MGH Psychosis Clinical and Research Program and the NSCS Freedom Trail Clinic, nearly half endorsed negative emotions related to climate change, including sadness, anxiety, and helplessness, though severe functional impairment from climate anxiety was uncommon. Qualitative responses highlighted patients' desire for more accessible education on climate issues and their concerns about inadequate government action, underscoring opportunities for targeted psychoeducation and preparedness interventions. (Lim C, Freudenreich S, McKowen J, Maclaurin S, **Freudenreich O**. Climate Change Anxiety in Adults with Schizophrenia: A Descriptive Study. *Community Ment Health J.* 2025 Jun 28:1-6).

Second, in Directions in Psychiatry, Drs. Carol Lim and Oliver Freudenreich authored an educational review article titled "*Climate Vulnerabilities in Schizophrenia: A Clinician's Guide*," which synthesizes

evidence on why patients with schizophrenia are uniquely vulnerable to climate stressors and offers clinicians practical guidance for climate-informed care. The paper addresses eco-anxiety, outlines biological and psychosocial contributors to heat risk, and provides strategies for clinicians to prepare patients for extreme weather and reduce climate-related morbidity and mortality. (Lim C, **Freudenreich O.** Climate Vulnerabilities in Schizophrenia: A Clinician's Guide. *Directions in Psychiatry. 2025;45*(1):15-30).

This scholarly work has been matched by a commitment to education and outreach. Dr. Freudenreich has delivered national seminars on climate change and psychiatry, emphasizing practical steps clinicians can take to mitigate extreme heat risks. Within our own clinics, we have continued annual summer heat-illness prevention campaigns, distributing educational flyers and incorporating psychoeducation into routine visits. In addition, Drs. Freudenreich and Lim develop and deliver didactic sessions on climate change and mental health for MGH/McLean psychiatry residents, ensuring that the next generation of psychiatrists is prepared to recognize and address climate vulnerabilities in their patients.

Our growing visibility in this area was further recognized this year when Drs. Freudenreich and Lim were appointed as affiliated faculty with the Center for Climate, Health, and the Global Environment (C-CHANGE) at the Harvard T.H. Chan School of Public Health. Through this affiliation, they have contributed to the Climate & Health Research Network, strengthening our program's connection to an interdisciplinary community dedicated to climate and health. We advocate for climate-informed mental health care and for patients with serious mental illness as a priority population in climate resilience and adaptation planning.

Title: Patient Retention and Family Engagement in First-Episode Psychosis Coordinated Specialty Care Programs in Massachusetts

PI: Cheryl Foo, PhD

Co-I: Corinne Cather, PhD, Kim Mueser, PhD, Dost Öngür, MD, PhD, Lisa Dixon, MD, MPH, Merranda McLaughlin, PhD, Kelsey Johnson, MPH, Catherine Leonard, BA

Funding: NIH-NIMH (2P50MH115846-05); MGH COE

Time Frame: July 2023 – Present

Poor treatment engagement among individuals with first-episode psychosis (FEP) and their families adversely impacts the effectiveness of early intervention services and puts patients at greater risk for relapse. Up to 50% of FEP patients disengage before completion of recommended two years of treatment and only 23-48% of families participate in FEP treatment in the United States.

To advance understanding on modifiable program-level factors and engagement strategies related to patient retention and family engagement, Dr. Foo led a mixed methods study that generated novel findings, disseminated in several poster presentations and talks this year. This study found that, amongst nine Massachusetts FEP coordinated specialty care (CSC) programs, higher patient retention and family engagement rates were associated with higher-fidelity implementation of evidence-based coordinated specialty care services. Additionally, programs that were more successful in retaining patients and engaging families distinguished themselves with proactive engagement strategies, like the use of case management-related supports to address common treatment barriers and recommending family services as a standard of care. This study represents a data-informed approach to improving patient retention and family engagement, yielding practical and actionable strategies for programs to implement. Results from this study have been disseminated locally, statewide, and internationally at poster presentations for the Harvard Psychiatry Research Day (2025), Mass-STEP Conference (2024), and Schizophrenia International Research Congress (2025). Dr. Foo has been invited to present these findings and best practices at several high-visibility talks, including the Massachusetts Early Psychosis Network (MAPNET) Community Call (May 2025) and the International Conference on Early Intervention and Prevention

in Mental Health (IEPA, September 2025). A manuscript is in preparation for submission to *Schizophrenia Research*.

One notable finding from this study was the promise of family peer support to promote family engagement and the various ways Massachusetts programs' leveraged family peers. Family peer support has demonstrated effectiveness for children and families with common mental health challenges, but little is known about its integration and utility within FEP CSC. Dr. Foo was invited to speak on this emerging practice at SAMHSA's Clinical High Risk and First Episode Psychosis Conference (August 2025), where she illustrated existing and potential practice models for family peer support in the context of FEP CSC. Generating interest in how to train, integrate, and implement family peer support locally, she will also be presenting Massachusetts' models of family peer support at the upcoming Mass-STEP Conference (November 2025).

Dr. Foo developed a provider attitude and training needs assessment for working with families in early psychosis. Piloted amongst 52 FEP providers across various CSC roles in Massachusetts, this sub-study found that programs with higher fidelity to family services had providers with more positive attitudes towards working with families. Providers in different roles also differed in their attitudes towards incorporating families into treatment underscoring the importance of whole-team training on best practices and empirical support for family intervention as part of the CSC model. Pilot findings have been presented at Mass-STEP Conference (2024), and Schizophrenia International Research Congress (2025), and a manuscript is in preparation. With further validation, this measure has the potential of being used to support quality improvement efforts around the training and implementation of family services.

Dr. Foo and Dr. Mueser co-authored a chapter on implementing family-inclusive treatment for serious mental illness in community mental health centers. This chapter synthesizes the evidence-base and mechanisms of effectiveness for family interventions for serious mental illness, and outlines the principles for family involvement, including the importance of culturally responsive support. Together, this body of work establishes a foundation for positioning early psychosis CSC as a patient-centered and family-inclusive model of care, and has opened promising avenues for collaborative research and clinical service improvement to advance FEP care.

Selected citations and presentations:

Mueser KT, Foo CYS. Community-based family-inclusive treatment. In: Reuman L, Thompson-Hollands J (Eds.). Enhancing Cognitive Behavioral Therapy Through Family and Peer Engagement. CBT: Science Into Practice. 2024. *Springer: Cham, Switzerland.* 123-146.

Foo CYS, **Leonard CJ, McLaughlin MM**, Johnson KA, Öngür D, **Mueser KT, Cather C**. Enhancing patient and family engagement in early psychosis care: identifying program-level factors and strategies. Sessions Abstracts. *Early Intervention in Psychiatry.* 2025 19: e70046.

Foo CYS. Patient retention and family engagement in coordinated specialty care: best practices from Massachusetts teams. Invited presentation for Massachusetts Psychosis Network for Early Treatment Community Call, May 23, 2025, Boston, MA.

Foo CYS. The promise and practice of family peer support in early psychosis programs. Invited presentation for Substance Abuse and Mental Health Services Administration (SAMHSA) Clinical High Risk for Psychosis and First Episode Psychosis Conference, August 18, 2025, Rockville, MD.

Title: A Real-World Approach to Screening for Attenuated and Early Psychotic Symptoms Using the MGH Psychosis Clinical And Research Program (PCRP) Referral Database

Co-PI: Jacqueline A. Clauss, MD, PhD & Cheryl Y. S. Foo, PhD
Co-I: Corinne Cather, PhD & Daphne Holt, MD, PhD
Funding: MGH PCRP and MGH COE

Time Frame: September 2022 – Present

Drs. Foo and Clauss are conducting a series of studies, including using the MGH Psychosis Clinical and Research Program database of referral and clinical measures, to improve early detection and intervention of clinical high risk for psychosis (CHR-P). Building on the previous year's preliminary work in examining the predictive ability of the Adolescent Psychotic-like Symptom Screener (APSS) in identifying CHR-P, Drs. Foo and Clauss conducted a meta-analysis that found substantial rates of psychotic symptoms, CHR-P, and psychotic disorders detected via validated screening/diagnostic measures in general mental health settings. This study, published in *Harvard Review of Psychiatry,* highlights the need to build capacity to screen for and manage psychosis in general psychiatric settings.

Drs. Foo and Clauss also led a manuscript, under review in *Early Intervention in Psychiatry*, on the creation of the RE-SET program based on learning health system principles. This paper used data from the referral database to generate evidence on factors associated with CHR-P identification, illustrating how systematic data collection on clinical factors can improve the evaluation and treatment in a specialized clinical service.

Clauss JA*, **Foo CYS***, Leonard CJ, Dokhoylan N, **Cather C*, Holt DJ*.** Screening for psychotic experiences and psychotic disorders in general psychiatric settings: a systematic review and meta-analysis. *Harvard Review of Psychiatry* 2025 Mar 18. **Co first/senior authors*.

Foo CYS, Utter L, **Donovan AL, Cather C, Holt DJ,** Clauss JA. Implementing learning health system principles to advance the evaluation and treatment of clinical high-risk for psychosis. medRxiv [Preprint]. 2025 May 11:2025.05.09.25327345. doi: 10.1101/2025.05.09.25327345. Under review in *Early Intervention in Psychiatry.*

Title: Effective Care Transition Interventions for Individuals with Serious Mental Illness and Their Families: A Systematic Review and Meta-Analysis

PI: Cheryl Y. S. Foo, PhD
Co-I: Corinne Cather, PhD, Brandon A. Gaudiano, PhD
Funding: MGH COE
Time Frame: July 2023 – Present

Individuals with serious mental illness face the highest risk for relapse, suicide, and symptom exacerbation following discharge from inpatient psychiatric care, and yet the care transition period is when they receive the least amount of support. One in four Medicaid patients hospitalized for schizophrenia spectrum disorders are readmitted 30 days following discharge, and about two-thirds of first-episode psychosis patients do not attend their first post-discharge outpatient appointment. The objectives of this systematic review and meta-analysis are to: 1) describe and characterize the types of care transition interventions for individuals with serious mental illness (SMI) following discharge from a psychiatric hospitalization to outpatient mental health/community care services that have been evaluated in controlled studies; 2) assess the effectiveness of these care transition interventions in improving clinical (relapse prevention, clinical symptoms, functioning) and continuity of care (treatment initiation, engagement, and adherence) outcomes for patients; and 3) propose recommendations for scalable and effective care transition interventions that can be implemented for this population post-hospitalization.

Dr. Foo registered the PROSPERO protocol for a systematic review. At present, Dr. Foo and a team of research assistants/CRCs have identified 929 studies for the initial title and abstract screening. The team completed title and abstract screening, full-text review, data extraction, and quality assessment ratings for the papers included in the review (**Foo CYS, Bhiku K, London J, Choi O, Cather C**, Gaudiano BA. Effectiveness of care transition interventions for individuals with serious mental illness following a psychiatric hospitalization: A systematic review protocol. PROSPERO 2023. CRD42023465980.)

Title: Characterizing Family Involvement During Index Psychiatric Hospitalization for First-Episode Psychosis
Co-PI: Cheryl Y. S. Foo, PhD, Corinne Cather, PhD, & Julie McCarthy, PhD
Funding: MGH COE
Time Frame: April 2023 – Present

Despite the robust evidence supporting family support and psychoeducation in schizophrenia treatment, the role of family engagement during and following acute treatment on patient engagement in CSC treatment has been under-studied. A retrospective chart review of 179 psychiatric inpatients from New York found that patients with family involvement in discharge planning had three times higher odds of attending their outpatient appointments within seven days of discharge than patients without family involvement. This finding suggests that family engagement can potentiate timely treatment initiation post-hospitalization and reduce duration of untreated psychosis. In collaboration with a team from McLean Hospital, we aim to 1) characterize family involvement during index hospitalization for first-episode psychosis clients at MGH First Episode for Psychosis Program (FEPP) and McLean OnTrack using electronic medical record data, and 2) examine associations between family involvement during hospitalization and engagement delay (operationalized as time from hospital discharge to date of first attended appointment at FEPP or OnTrack). In Y6, data were extracted from MGB Research Patient Data Registry (RPDR) and Electronic Data Warehouse (EDW). Data cleaning is currently in progress.

Title: Prospective Relationships Between Social Functioning and Insight in Recovery After a First Episode of Psychosis
PI: Cheryl Y. S. Foo, PhD
Co-I: Kim Mueser, PhD
Funding: MGH COE
Time Frame: September 2022 – Present

The Recovery After an Initial Schizophrenia Early Treatment Program (RAISE-ETP) study is the largest randomized controlled trial conducted in the United States. Over the two years of the study, participants in the NAVIGATE (coordinated specialty care) program stayed in treatment longer and showed greater improvements in quality of life, psychopathology, and engagement in work and school compared to those receiving usual care. Results were moderated by duration of untreated psychosis (DUP), such that those with shorter DUP, showed more pronounced effects. Dr. Foo is completing three secondary analyses of the RAISE-ETP study, examining: 1) dynamic interrelationships between social functioning and insight in NAVIGATE vs. usual care groups using path analyses; 2) predictors of treatment disengagement in NAVIGATE vs. usual care groups using survival analysis; and 3) concordance of parent vs. self/clinician- report on patient's occupational functioning. The manuscript is currently in process.

Title: MAPNET Fidelity to the Coordinated Specialty Care and Individual Placement and Support Models
PI: Nicole DeTore, PhD
Co-Mentor: Daphne Holt, MD, PhD, Kim Mueser, PhD
Funding: NIH-NIMH (5P50MH115846-04)

To better understand how adherence to the different components of the Coordinated Specialty Care model, as well to the Supported Employment and Education component specifically, in Massachusetts First Episode Psychosis (FEP) programs compares to adherence in other FEP sites throughout the country, this study conducted fidelity assessments in conjunction with MAPNET, utilizing standardized fidelity scales across 11 MAPNET FEP sites.

This study had two main goals, 1) to conduct fidelity assessments across 11 FEP sites, and 2) to

examine the outcomes of these sites based on their fidelity ratings. Aim 1 was completed in as of 12/2023, when all fidelity assessments were completed (11 sites total). These assessments include in-person site visits, observation of one team meeting, interviews with staff members including: the team leader, prescriber, individual therapist, group therapist, peer provider, and employment and education specialist. Aim 2 was completed in 1/2025 which included data analysis and preparation of the primary manuscript. The primary manuscript was submitted for publication 3/2025 and recently resubmitted (9/2025). The second manuscript from the study is currently underway.

DeTore NR, Johnson K, Eberlin ES, Imam I, Saluja A, Guyer M, Keshavan K, Öngür D, **Mueser KT,** MAPNET/ LEAP Consortium, Addington D. Fidelity to the first episode psychosis coordinated specialty care model in Massachusetts: Comparison to clinical outcomes and national programs.

Title: Interrupting Developmental Pathways to Schizophrenia: Protecting Youth at Risk for Cannabis Use and Psychosis

PI: Daphne Holt, MD, PhD and Randi Schuster, PhD

Funding: MGH McCance Center for Brain Health

The goal of this project is to test the acceptability and feasibility of an eight-session, group-based, resilience-promoting behavioral intervention called Living In Families with Emotions (LIFE), for adolescents with subclinical psychotic experiences.

In Y7, we completed the data analysis for this project and are currently working on writing the manuscript for publication. Preliminary analyses indicate that the intervention was associated with significant reductions in suicidality, depression and psychotic symptoms in these adolescents. Data analysis on the 15 pre- and post-intervention magnetic resonance imaging scans is currently in process. In Y8, we plan to submit a manuscript reporting the overall findings and apply for an NIH funded R01 grant to extend this work.

Title: Neurobehavioral Mechanisms of Isolation and Loneliness in Severe Mental Illness

Co-PIs: Daphne Holt, MD, PhD and Daniel Fulford, PhD

Funding: NIH-NIMH (5R01MH127265-04)

This 5-year project will test a model of loneliness and isolation in serious mental illness using ecological momentary assessments, neuroimaging, and cognitive neuroscience techniques, using a longitudinal design. To date, we have recruited a total of 98 subjects consisting of 53 people diagnosed with a serious mental illness and 45 individuals without a mental illness.

Title: Stable and Dynamic Neurobehavioral Phenotypes of Social Isolation and Loneliness in Serious Mental Illness

Co-PIs: Daphne Holt, MD, PhD and Daniel Fulford, PhD

Funding: NIH-NIMH (1R01MH125426-03)

This project submitted in response to RFA PAR19-384 extends R01MG127265 by testing whether the objective correlates of loneliness predict abnormalities in cardiometabolic health in individuals with serious mental illness.

This study has been combined with the Neurobehavioral Mechanisms of Isolation and Loneliness in Severe Mental Illness study to recruit and pair the assessments for participants. Therefore, this study has also recruited a total of 98 subjects.

Title: A Wearable Acoustic Sensing-Based mHealth System for Monitoring Social Dysfunction in Schizophrenia

Co-PIs: Daphne Holt, MD, PhD and Jie Xiong, PhD

Funding: NIH-NIMH (R01MH122371, NCE)

The goal of this four-year pilot project is to develop and validate a wearable sensing device based on novel acoustic technology that will continuously monitor physical proximity to others, providing an objective indicator of social spacing and functioning in schizophrenia.

In this study, we have: 1) developed the wearable sensor and cover; 2) developed an ecological momentary assessment (EMA) data collection program 3) internally tested both the wearable sensor and EMA data collection program; and 4) completed recruitment as of 6/30/2025, yielding data for a total of 30 participants (16 healthy controls, 14 individuals with non-affective psychotic disorders).

Title: Mental Contrasting with Implementation Intentions (MCII) as a Single-Session Stand-Alone Intervention to Increase Exercise in Persons with Mental Health Challenges
Principal Investigator (PI): Corinne Cather, PhD & Hannah Brown, MD
Funding: MGH COE
Time Frame: 1/2020 - Present

This pilot open trial examined the feasibility and acceptability of a one-session intervention, *Mental Contrasting with Implementation Intentions* (MCII), a well-established self-regulation strategy involving goal-setting and problem-solving, aimed at increasing physical activity. Exercise motivation, exercise self-efficacy, pedometer step count, and depressive symptoms were assessed at baseline and one- and eight-week follow-up. Feasibility and acceptability were evaluated based on meeting recruitment target (n=20), retention rates, and satisfaction ratings and exploratory analyses were conducted to evaluate outcomes with Cohen's *d*. Results demonstrated feasibility and acceptability as evidenced by exceeding the recruitment target (n=23) and high retention rates (91% at one-week follow-up, 78% at eight-week follow-up) and overall satisfaction (M=4.29, SD=0.78). All outcomes improved at one- and eight-week follow-up with medium-to-large effect size improvements (ds=0.45-0.55) in exercise motivation and self-efficacy. Findings support feasibility and acceptability of MCII as a one-session stand-alone intervention for individuals with SMI with encouraging preliminary effects. Future research with a comparison condition is needed to establish efficacy.

Manuscript currently under review at *Community Mental Health Journal*

Browne J, Brown H, Blanton A, **London J**, Camacho L, Gibbs J, **LeFeber L, Skiest H**, Sheeran P, **Cather, C.** Feasibility and Acceptability of a Single-Session Self-Regulation Intervention to Increase Physical Activity in Individuals with Serious Mental Illness: Results from a Pilot Open Trial.

New Research/QI Projects

Title: Firearm Screening & Resources in Psychiatry Quality Improvement Module
Group Members: Faith Scanlon, PhD, Cori Cather, PhD, Alex Keuroghlian, MD, Abigail Donovan, MD, Areeba Ali, Jennifer Goba, Mary Hunter-Lyons, PsyD, Janet Wozniak, MD, Suzanne Bird, MD, Peter Masiakos, MD, Meaghan Rudolph, RN, Hemal Sampat, MD, Nhi-Ha Trinh, MD, MPH, Daniel Harris, MD, Katherine Koh, MD, MSC, Chana Sacks, MD, MPH
Time Frame: July 2024 – October 2025

Based on feedback from members of the MGH Division of Public and Community Psychiatry (DPCP) and the MGH Center for Gun Violence and Prevention, we developed a 20-minute quality improvement module on firearm screening and safety for the MGB psychiatry department. The aim of this module is to increase clinicians' knowledge and confidence in assessing and discussing this topic with patients, as well as systematizing screening and documentation. Based on empirical literature, published guidance, and feedback from collaborators across the department, we provide information, examples, and resources on firearm screening, intervention, safety planning,

documentation, and other considerations (including developmental considerations, trauma stemming from experiences with firearms) with patients. Dr. Scanlon recorded this module, which will be disseminated across the department and made available on the Dr. Katz application (drkatzinc.com).

Title: Changing Lives and Changing Outcomes-9 at Worcester Recovery Center and Hospital: Implementing and Evaluating a Mental Illness and Criminal Risk Focused Intervention for People with Serious Mental Illness

PI: Faith Scanlon, PhD

Funding: MGH COE

Time Frame: August 2024 – August 2026

People with serious mental illness (depression, bipolar, and schizophrenia spectrum disorders) have high rates of repeated criminal legal involvement and psychiatric hospitalizations. Longstanding research shows that in addition to treating clients' symptoms of mental illness, targeting risk factors for legal involvement can help reduce their chances of future incarcerations. As hospitals become increasingly forensic, treatment programs that address both mental illness and risk factors for legal involvement may be especially helpful. In this treatment study conducted in a state hospital setting (Worcester Recovery Center and Hospital [WRCH]), we will evaluate a 9-session group intervention, Changing Lives and Changing Outcomes (CLCO-9) for patients with serious mental illness and current or previous criminal involvement. This program is designed to help participants increase awareness of their mental health and reduce recidivism risk. We will evaluate the intervention implementation, effects on improving patient self-reported and behavioral indicators of mental health and legal involvement risk factors, and changes in in WRCH clinicians' knowledge and attitudes about treating risk factors for criminal legal involvement. Our target sample size is 20 treatment completers. We have conducted two full-day trainings for clinicians at WRCH and are in the process of obtaining IRB approval before beginning recruitment of clinician and patient participants into the research component of the study.

Title: Exploring Antisocial Traits and the Positive and Negative Syndrome Scale Excited Factor in the RAISE-ETP Study

PI: Faith Scanlon, PhD; **Co-I:** Kim Mueser, PhD

Funding: MGH COE

Time Frame: June 2025– Present

The Positive and Negative Syndrome Scales' (PANSS) excitement factor (which captures which captures hostility, impulsivity, uncooperativeness) has been tied to antisocial personality disorder and forensic history among people with early psychosis (Huber et al., 2016). In our secondary analysis of the RAISE-ETP treatment study data (Scanlon et al., 2025), we found that the PANSS excited factor was significantly associated with criminal legal involvement among people with early psychosis at baseline and over the two-year follow-up period. Based on this evidence of persistent associations between the excitement factor and antisociality among people with first episode psychosis, we are exploring the associations between indicators of antisocial behavior and personality (i.e., substance use, criminal legal involvement, impulsivity) and the PANSS excitement factor at baseline and 6 months into treatment. The aim of this project is to explore potential indicators of antisocial personality traits among those experiencing first episode psychosis that can be identified early in treatment and potentially inform additional intervention. The manuscript analyses are currently in progress.

Title: Changing Lives and Changing Outcomes-9 at South Bay House of Correction: Implementing and Evaluating a Brief Intervention for People with Serious Mental Illness in Jail

PI: Faith Scanlon, PhD

Funding: MGH COE

Time Frame: June 2025 – August 2026

Jails house two times more people with serious mental illness (SMI; 26%) than prisons (14%) and there are six times more people with SMI in jail than are represented in the general U.S. population (4.5%). Yet; only 35% of people with mental illness in jail receive mental health treatment (Bronson & Berzofsky, 2017). This treatment study offers an adjunctive 9-session intervention, Changing Lives and Changing Outcomes-9 (CLCO-9), for adults incarcerated at South Bay House of Correction (SBHOC). This program is designed to help people with serious mental illness who are involved in the legal system increase their awareness of their mental health and reduce their chances of future legal involvement. We are proposing a pilot study to evaluate the feasibility and acceptability of the CLCO-9 group intervention with patients with serious mental illness at SBHOC. We will also evaluate CLCO-9's effectiveness in improving patient's self-reported mental health and risk factors for legal involvement. Our projected sample size for this pilot study is 18 treatment completers. The proposal is currently under IRB review.

Title: Training Providers in Shared Decision Making in Early Psychosis Treatment

PI: Cheryl Foo, PhD

Co-I: Yaara Zisman-Ilani, PhD; Corinne Cather, PhD

Funding: MGH COE

Time Frame: August 2025 – Present

Shared decision making (SDM) is a recommended approach to enhance patient-provider communication regarding treatments and services in psychiatric care. In early psychosis programs, SDM has been embraced and adopted as a core principle guiding person-centered psychiatric care. However, the use of SDM in early psychosis care remains unclear, inconsistent, and lacks standardization. This is surprising, given that support for SDM is embedded in early psychosis manuals and guidelines. One explanation for this gap is the lack of training for psychiatric care providers on how to effectively apply SDM in early psychosis care, specifically, when and how to use it, particularly in discussions around antipsychotic medications.

The purpose of the proposed project is to address this critical gap by developing, for the first time, a training program for psychiatric care providers to implement SDM as part of early psychosis programs. The first step in this process is to conduct a survey among psychiatric care providers working in First Episode Psychosis (FEP) programs to assess their SDM training needs. The survey will ask about their current SDM approaches and practices, key decision-making topics relevant to early psychosis, perceived needs for decision support tools, and training preferences. This survey has been designed and will be disseminated nationally in Fall 2025. The project received IRB determination as an exempt study in August 2025.

Grants

Grants Submitted but not Funded

Title: PCORI Tobacco Treatment Specialist (TTS)

Major Goals: Proposal entails training peer support workers to help individuals in ACOs who smoke and who are receiving treatment in community behavioral health settings in MA address tobacco use disorder

PI: Evins, Streck

Additional COE Staff: Cather, Foo

Source of Support: NIH-NIDA

Start and End Date: 07/2025-06/2030

Total Award Amount (including Indirect Costs): unfunded

Status: Unfunded

Title: PhRMA Foundation Value Assessment and Health Outcomes Research Faculty Starter Grant

Major Goals: submitted to develop a digital decision aid tool designed to improve shared decision making around long-acting injectable antipsychotics for people with early psychosis.

PI: Foo

Additional COE Staff: Mueser, Cather, Donovan, McLaughlin

Source of Support: PhRMA Foundation

Start and End Date: (04/2025 – 03/2026)

Total Award Amount (including Indirect Costs): Funding is $100,000 for one year

Status: Unfunded

Title: Greater retention, engagement, access, and treatment for justice-involved individuals with mental illness

Major Goals: In collaboration with Places for People, a Certified Community Behavioral Health

Clinic in St. Louis, MO, this study aimed to address challenges to treatment engagement and care posed by clients' criminal legal involvement. We proposed a treatment model to enhanced outreach, engagement through motivational interviewing, and integrated care (including treatment of trauma symptoms and addressing risk factors for legal involvement) to improve engagement, service retention, and subsequent outcomes.

PI: Ms. Charvonne Long

Co-I: Drs. Scanlon, Mueser

Additional COE Staff: None

Source of Support: National Institute of Mental Health

Start and End Date: Q4 2025 – Q4 2028

Total Award Amount (including Indirect Costs): $449,245

Status: Not funded

Grants Under Review

Title: Effect of Network-Based Real Time Neurofeedback Augmentation of Mindfulness Practice on Recurrent Negative Thinking (RNT) in Adolescents at Risk for Serious Mental Illness

Major Goals: Determine whether neurofeedback can reduce RNT in youth with subsyndromal MDD or psychotic symptoms

PI: Evins, Whitfield-Gabrieli

Source of Support: NIMH

Start and End Date: 03/2025-02/2030

Total Award Amount (including Indirect Costs): $4,135,407

Status: Pending (NIMH Council Review Completed, pending administrative review)

Title: Evaluation of Community Health Worker Support to Improve Tobacco Use Disorder Outcomes in Medicaid Beneficiaries with Serious Mental Illness

Major Goals: We propose to assess the effect of an Integrated PE+CHW intervention delivered to adults with Medicaid-eligible SMI and TUD by staff in existing Medicaid treatment settings.

PI: Evins, Cather

Additional COE Staff: Foo

Source of Support: NIH-NIDA
Primary Place of Performance: Massachusetts General Hospital

Project/Proposal **Start and End Date:** 09/2024-08/2029

Total Award Amount (including Indirect Costs): $4,155,707

Status: Under review

Title: Advancing an inexpensive, wearable prefrontal cortex fNIRS device and integrated software for assessment of cerebral biomarkers of intoxication in real world settings)

Major Goals: Proposal entails development and testing of fNIRS device to assess cannabis intoxication in real-world settings.

PI: Evins, Gilman, Franceschini

Source of Support: NIH-NIDA

Start and End Date: 07/2025-06/2030

Total Award Amount (including Indirect Costs): $4,027,462
Status: Pending (NIDA Council Review Completed)

Title: Qualitative Needs Assessment for Massachusetts Child & Adolescent Behavioral Workforce
Details: Collaboration between the COE and Integration Sciences LLC
Total Award Amount (including Indirect Costs): $228,865
Source of Support: Health Policy Commission
Status: Pending

Grants Funded

Title: Remote, Young Adult Lay-Counselor Delivered Behavioral and Digital Intervention for Youth to Promote Vaping Cessation and Prevent Escalation of Tobacco Use
Major Goals: We propose to test whether the QuitVaping intervention helps younger adolescents, ages 14-18 to quit vaping nicotine, and, among those who do not quit, whether the QuitVaping intervention reduces escalation to daily use and dependence over a 3-month follow up period.
PI: Evins, Schuster
Additional COE Staff: Cather
Source of Support: NIH-NCI
Start and End Date: 07/2024-06/2029
Total Award Amount (including Indirect Costs): $4,233,466
Status: Active

Title: Resiliency Training Expansion
Major Goals: The project will work on expanding and scaling delivery of the Resilience Training intervention across Massachusetts undergraduate institutions, working with student support groups on campus focused on combatting antisemitism, Islamophobia, racism, misogyny and other forms of bias/prejudice and injustice. In addition, given that deficits in mentalization represent one contributing factor to these types of biases, the mentalization component of Resilience Training will be expanded and this expanded version of the program will be piloted.
PI: Daphne Holt, MD, PhD
Source of Support: Ruderman Family Foundation
Start and End Date: 3/1/2025 - 2/28/2027
Total Award Amount (including Indirect Costs): $200,000
Status: Funded

Dissemination

Publications 2024

Babadi B, Dokholyan K, DeTore NR, Tootell RBH, Sussman RF, Zapetis SL, **Holt DJ.** (2024). Arousal responses to personal space intrusions in psychotic illness: A virtual reality study. *Schizophr Res.* https://doi.org/10.1016/j.schres.2024.09.004

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Foo CYS, Hui T, Ngaiman NKB, Dahjalarrajah D, Chian CY, Lee YP, Abdin E, Vaingankar J, Tang C. (2024). Efficacy of solution-focused brief therapy versus case management for psychological distress in adolescents and young adults in a community-based youth mental health service in Singapore: Protocol for a randomised controlled trial. *BMJ Open* 2024;14:e081603. https://doi.org/10.1136/bmjopen-2023-081603

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Lim C & **Donovan AL**. (2024). Treatment paradigms for treatment-resistant schizophrenia. *The Lancet Psychiatry*, *11*(7), 488–489. https://doi.org/10.1016/S2215-0366(24)00173-1

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management. *Prim Care Companion CNS Disord, 26*(4):23f03692. https://doi.org/10.4088/pcc.23f03692

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Liu M, Patel VR, Sandhu S, Reisner S & **Keuroghlian AS**. (2024). Health care discrimination and care avoidance due to patient-clinician identity discordance among sexual and gender minority adults. *The Annals of Family Medicine*, *22*(4), 329-332. https://doi.org/10.1370/afm.3130

McDowell MJ, Miller AS, King DS, Gitin S, Allen AE, Yeo EJ, Batchelder AW, Busch AB, Greenfield SF, Huskamp HA & **Keuroghlian AS**. (2024). Opioid use disorder treatment in sexually and gender diverse patients: A retrospective cohort study. T*he Journal of Clinical Psychiatry*, *85*(4), 23m15185. https://doi.org/10.4088/JCP.23m15185

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2024 Book Chapters

Mueser KT & **Foo CYS**. Community-based family-inclusive treatment. In: Reuman L & Thompson-Hollands J (Eds.). Enhancing cognitive behavioral therapy through family and peer engagement. 2024. Springer: Cham, Switzerland. 123-146. https://doi.org/10.1007/978-3-031-74838-7_6

2025 Publications

Balogun O, DeTore N, Dokholyan K, **Cather C**, Tepper M & Lanca M, **Mueser K** & Russinova Z. (2025). Barriers and facilitators to motivation for work and school in first episode psychosis: A qualitative exploration. *Early Intervention in Psychiatry, 19*(2):e70011. https://doi.org/10.1111/eip.70011

Chun AS & **Keuroghlian AS**. (2025). The education crisis and the allied role of school-based mental health care. *Journal of the American Academy of Child and Adolescent Psychiatry, 64*(1), P1-2. https://doi.org/10.1016/j.jaac.2024.07.911

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deLeon J, ... **Freudenreich O**, ... , De las Cuevas C. (2025). Letter to the FDA proposing major changes in the US clozapine package insert supported by clozapine experts worldwide. Part II, a review of fatal outcomes in US pharmacovigilance data and proposed changes. *J Clin Psychopharmacol, 45*(3): 197-218. https://doi.org/10.1097/jcp.0000000000001990

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Evins AE, Cather C, Reeder HT, Pachas G, Potter K, Evohr B, Gray KM, Levy S, Rigotti NA, Costello MA, Dufour J, Casottana K, Iroegbulem V, Gilman JM and Schuster RM. (2025). Varenicline for Youth Nicotine Vaping Cessation: A Randomized Clinical Trial. *JAMA*, *333*(21), 1876-1886. https://doi.org/10.1001/jama.2025.3810

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Lee CS, Cordova-Ramos EG, Rohsenow DJ, **Mueser KT**, Pace CA, Martin R, Colby SM, Lopez V, Morris M, Morgan JR, Kriegsman A, Drainoni M. (2025). Care management staff perspectives on stigma and barriers to substance use treatment experienced by latine adults who use substances. *Drug and Alcohol Dependence Reports*, *15*:100342. https://doi.org/10.1016/j.dadr.2025.100342

Lester ME, & **Scanlon F**. (2025). Criminal thinking, personality dysfunction, and treatment response among professionals with sexual misconduct. *Practice Innovations*. https://psycnet.apa.org/doi/10.1037/pri0000291

Lim C, MacLaurin S, **Donovan AL, Foo CYS, Freudenreich O.** (2025). GLP-1 Receptor Agonists for Clozapine-Induced Weight Gain: A Case Report With the Dual GLP-1/GIP Agonist Tirzepatide. *The primary care companion for CNS disorders*, *27*(4), 25cr03952. https://doi.org/10.4088/pcc.25cr03952

Liu M, Patel VR, Sandhu S, Wadhera RK & **Keuroghlian AS**. Employment Nondiscrimination Protection and Mental Health Among Sexual Minority Adults. *JAMA Psychiatry, 82(3):237-245.* https://doi.org/10.1001/

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Moran L, Bolton AT, Maiorana A, Guzé MA, Bourdeau B, Shade SB, Rebchook GM, Saberi P, Palomares M, Hinchcliffe G, **Keuroghlian AS,** Psihopaidas D, Myers JJ, Koester KA. (2025). Insights on HIV care engagement strategies from seven interventions serving key populations in the United States: A qualitative study. *AIDS Patient Care and STDs*, 10.1089/apc.2024.0164. Advance online publication. https://doi.org/10.1089/apc.2024.0164

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Wilson AB, Bonfine N, Phillips J, Swaine J, **Scanlon F**, Parisi A, Ginley C, Morgan RD. (2025). Forging new paths in the development of community mental health interventions for people with mental illness

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2025 Book Chapters

Drake RE, Gureje O, **Mueser KT**, Szmukler G, Thornicroft G. (2025). Introduction to community mental health. In G Thornicroft, RE Drake, O Gureje, **KT Mueser**, & G Szmukler (Eds*.), Oxford Textbook of Community Mental Health (Second Edition;* pp. 3-7). Oxford, England: Oxford University Press. https://doi.org/10.1093/med/9780198898818.003.0001.

Drake RE, **Mueser KT**, Hendricks DC. (2025). Co-occurring substance use disorders. In G Thornicroft, RE Drake, O Gureje, **KT Mueser**, & G Szmukler (Eds.*), Oxford Textbook of Community Mental Health (Second Edition;* pp. 253-260). Oxford, England: Oxford University Press. https://doi.org/10.1093/med/9780198898818.003.0024.

Mueser KT, Drake RE. (2025). Developing evidence-based mental health practices. In G Thornicroft, RE Drake, O Gureje, **KT Mueser**, & G Szmukler (Eds*.), Oxford Textbook of Community Mental Health (Second Edition;* pp. 369-374). Oxford, England: Oxford University Press. https://doi.org/10.1093/med/9780198898818.003.0036.

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Thornicroft G, Drake RE, Gureje O, **Mueser KT**, & Szmukler G. (2025). Community mental health in the future. In G Thornicroft, RE Drake, O Gureje, **KT Mueser**, & G Szmukler (Eds*.), Oxford Textbook of Community Mental Health (Second Edition;* pp. 469-480). Oxford, England: Oxford University Press. https://doi.org/10.1093/med/9780198898818.003.0045.

Papers in Press

Granholm E, **Mueser KT**, Holden JL, Worley M, Sommerfeld D, Perivoliotis D, Link P, Ehret B, Pillny M, Arons GA. (In press). Enhancing assertive community treatment with cognitive behavioral social skills training for schizophrenia: Primary outcomes in a pragmatic randomized-controlled trial. *Schizophrenia Bulletin*.

Scanlon F, Morgan RD. (In press). Effectiveness of a brief intervention for people with serious mental illness in jail: Mental illness and criminal risk treatment outcomes. *Criminal Justice and Behavior*.

Books Chapters in Press

Browne J & **Mueser KT**. *(In Press)*. New models of social skills training for persons with schizophrenia. In G Nicolò & E Pompili (Eds.), *Integrated Intervention in Community Psychiatry (Second Edition)*. Pisa, Italy: Pacini Editore Medicina.

Posters

Chatterjea, TR, Hasler V, Burke AS, **Foo CYS**, Charity-Parker B, Kline E, DeTore NR, Holt DJ. Building resilience: LIFE intervention trains community providers. Poster presented for MGH Clinical Research Day; Boston, MA; October 10, 2024.

Dahjalarrajah D, Ngaiman NKB, Abdin E, Lee YP, Vaingankar JA, Tang C & **Foo CYS**. Feasibility and preliminary effectiveness of solution-focused brief therapy for treatment-seeking young adults with psychological distress in Singapore. Poster presented for Singapore Health and Biomedical Congress; Singapore; October 11, 2024.

Foo CYS, **Leonard CJ**, Johnson KA, Glynn SM, Dixon L, Öngür D, **Mueser KT*** & **Cather C***. Provider attitudes and perceptions of family interventions for early psychosis: Informing competency-based training and implementation. Poster presented for Fifth Annual Mass-STEP Conference; Boston, MA;

October 20, 2024. *Co-senior authors.

Foo CYS, **Leonard CJ**, Johnson KA, Öngür D, **Cather C*** & **Mueser KT*.** Program-level factors associated with patient retention and family engagement in first-episode psychosis coordinated specialty care programs in Massachusetts. Poster presented for Fifth Annual Mass-STEP Conference; Boston, MA; October 20, 2024. *Co-senior authors.

Foo CYS, Utter LA, McCarthy JM, **Leonard CJ, Cather C, Holt DJ** & Clauss JA. Substance use in clinical high-risk for psychosis. Poster presented for Fifth Annual Mass-STEP Conference; Boston, MA; October 20, 2024.

Bracken BK, Desrochers PC, McAbee I, McGeorge NM, Latiff S, Stone BT, Duggan DT, **Cather C** & **Evins AE**. Preliminary usability evaluation of a virtual reality (VR) application for quitting nicotine vaping. Poster presented for the BIOSTEC 18th International Joint Conference on Biomedical Engineering Systems and Technologies; Porto, Portugal; February 22, 2025.

Received best poster award.

Foo CYS, Leonard CJ, McLaughlin M, Öngür D, **Mueser KT, Cather C**. Facilitators of client and family engagement in early psychosis care: Mixed methods findings from Massachusetts Programs. Poster presented for Harvard Psychiatry Research Day and Mysell Lecture; Boston, MA; February 26, 2025.

Wong ML, Foo CYS, London J, Volpacchio A, Lim C, Paudel S, **Donovan AL, Cather C.** Patient outcomes following first-episode psychosis treatment. Poster presented for Harvard Psychiatry Research Day and Mysell Lecture; Boston, MA; February 26, 2025.

Bhiku K, Beckmann D**,** Ducharme P, **Nagendra A, LeFeber L,** Bulger J, **Kritikos K, Skiest H, London J, Scanlon F, Mueser K, Cather C.** Pilot Randomized Controlled Trial of a Motivational Enhancement Intervention for Problematic Substance Use Among Youth Experiencing Homelessness. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025.

Bhiku K, Nagendra A, Sharka C, Johnson D, Cummins J, **Shtasel D, Cather C.** The Cory Johnson Program for Post-Traumatic Healing: A Quality Improvement Project. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025.

Foo CYS, Potter K, Wright AC, **Evins AE, Donovan AL,** Levy S, **Mueser KT*, Cather C*.** Impact of legalizing recreational cannabis sales on cannabis use and related disorders in presentations to a psychiatric emergency service. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025. *Co-senior authors.

Freudenreich S, Celano T, Lim C, MacLaurin S, **Freudenreich O**. Preventing heat illness in people with serious mental illness. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025.

Lim C, MacLaurin S, **Donovan A, Foo CYS, Freudenreich O.** GLP-1 receptor agonists for clozapine-induced weight gain: A case report with the dual GLP-1/GIP agonist tirzepatide. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025.

London J, Browne J, Brown H, **Cather C.** Mental Contrasting with Implementation Intentions (MCII) as a stand-alone intervention to increase exercise in people with serious mental illness. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025.

London J, Whitman A, Whitney Sarles S, Markley R, Martinez J, Jones S, Chambers V, Lamkin C, Alves P, Cather C. Capturing the experience of Certified Peer Specialists across healthcare systems in Massachusetts. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025.

MacLaurin S, Lim C, **Foo CYS,** Lissanu D, Paudel S, Shah S, **Freudenreich O.** Unique aspects of caring for immigrants with schizophrenia spectrum disorders. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025.

Received best poster award.

Scanlon F, Morgan RD. Exploring trauma's prevalence and associations with psychiatric distress and treatment completion among people with serious mental illness in jail. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025.

Scanlon F, Mueser KT, Cather C. Longitudinal examination of the rates and correlates of criminal legal involvement among people with first-episode psychosis. Poster presented at the 2025 American Psychology-Law Society Conference; San Juan, Puerto Rico; March 15, 2025.

Wong ML, McLaughlin M, Foo CYS, London J, Kane M, Paudel S, **Cather C.** Building serious mental illness group programming at MGH Charlestown Community Health Center. Poster presented for the MGB Public and Community Psychiatry Symposium; Boston, MA; March 19, 2025

Foo CYS, Leonard CJ, Johnson KA, Glynn SM, Dixon L, Öngür D, **Cather C*, Mueser KT*.** Provider attitudes towards family interventions for early psychosis: Implications for competency-based training and implementation. Poster presented for Schizophrenia International Research Congress; Chicago, IL; March 31, 2025. *Co-senior authors.

Foo CYS, Leonard CJ, McLaughlin MM, Johnson KA, Öngür D, **Mueser KT*, Cather C***. What program-level factors and strategies improve patient and family engagement in first-episode psychosis coordinated specialty care?: A mixed methods study. Poster presented for Schizophrenia International Research Congress, Chicago, IL; March 31, 2025. *Co-senior authors.

Mueser, KT. Assessment and treatment of trauma in early psychosis. Invited poster presentation at Early Psychosis Care Center Conference 2025. St. Louis, MO, April 22, 2025.

Scanlon F, Phillips J, Bonfine N, Morgan RD, Wilson AB. Profiles of criminogenic needs and mental health symptoms among people with serious mental illness. Poster presented at the American Society of Criminology Conference; Washington, D.C.; November 12-15, 2025.

Abstracts

Costello MA, Evohr B, Dufour J, Iroegbulem V, Cosattana K, Pachas G, **Cather C**, Schuster R & **Evins AE**. Characterizing the social landscape of nicotine vaping among adolescents attempting to quit vaped nicotine. Abstract presented to the Society for Research on Child Development (SRCD) as part of a symposium about peer influence on substance use in adolescence; Minneapolis, MN; May 1-3.

Frumkin MR, Evohr B, Jashinski J, **Cather C**, Pachas G, **Evins AE** & Gilman J. (2024). Leveraging intensive longitudinal data to understand within-person treatment effects during a cognitive-behavioral opioid taper support intervention for adults with chronic pain. In Kushner, M.L. (Chair), *Advancing treatment personalization by identifying and targeting idiographic psychopathological mechanisms*. Symposium abstract presented for the Association for Behavioral and Cognitive Therapies Annual Convention; Philadelphia, PA; November 14-17, 2024.

Foo CYS, **Leonard CJ, McLaughlin MM**, Johnson KA, Öngür D, **Mueser KT*, Cather C***. Enhancing Patient and Family Engagement in Early Psychosis Care: Identifying Program-Level Factors and Strategies. Sessions Abstracts. Early Intervention in Psychiatry. 2025 19: e70046.

Presentations: Local and Regional

Freudenreich O. Violence in healthcare: A primer for frontline DMH providers. Talk given for the DMH Office of Inpatient Management; Boston, MA; July 24, 2024.

Scanlon, F. (2024) *Changing Lives and Changing Outcomes*: Theory, Evidence, and Treatment for Constituents with Criminal Legal Involvement. Talk given for Department of Mental Health Psychology Training Day; Boylston, MA; September 13, 2024.

Scanlon F. Jail-based treatment for people with serious mental illness: Implementation barriers & other considerations. Talk given for the University of Massachusetts Chan Medical School Law & Psychiatry Seminar; Shrewsbury, MA; October 7, 2024.

Mueser, KT. Making the interview matter: Practical strategies for employment specialists. Interactive Question and Answer Webinar, National Resource Center on Employment, Boston University Center for Psychiatric Rehabilitation; Boston, MA; October 22, 2024.

Foo CYS. Impact of legalizing recreational cannabis sales on use in youth: implications for psychosis prevention. Talk given for the MGH Psychosis Clinical and Research Program Research Seminar; Boston, MA; October 11, 2024.

Scanlon F. Criminal legal involvement among people with first-episode psychosis: Prevalence and correlates in the RAISE-ETP Study. Talk given for the Massachusetts Strategic Plan for Early Psychosis (Mass STEP) Conference; Waltham, MA; October 21, 2024.

Utter LA & **Foo CYS.** MGH RE-SET Program: Assessment and treatment of clinical high-risk for psychosis. Talk given for the MGH Pediatric Psychopharmacological Research Seminar; Boston, MA; November 4, 2024.

Foo CYS. Progress in maximizing the impact of psychosocial interventions for psychosis: Beyond the clinic. Talk given for the MGH 22nd Schizophrenia Education Day; Boston, MA; November 22, 2024.

Freudenreich O. Panelist for *Cobenfy: A discussion on the newest treatment for schizophrenia*. Panel presented for the Massachusetts Psychosis Network for Early Treatment (MAPNET) virtual conference about Conbenfy; December 13, 2024.

Nagendra A, **Mueser KT**, Kavaliauskas J, Rodriguez R. Behind the silence: Understanding the hidden effects of negative symptoms. Webinar presented for Schizophrenia and Psychosis Action Alliance, December 19, 2024.

Freudenreich O. From the asylum to the community: The incremental revolution in schizophrenia care. Professorial lecture presented for the MGH Grand Rounds; January 9, 2025; Boston, MA.

Mueser KT. Social skills training for long-term psychiatric inpatients. Webinar presented for the Psychiatric Rehabilitation Education Program, Department of Psychiatric Rehabilitation and Counseling Professions, Rutgers School of Health Professions, Piscataway, NJ, February 18, 2025.

Freudenreich O. Treatment as prevention: Improving the outcome of schizophrenia. Talk presented for the American Psychiatric Association's emerging topics webinar; February 26, 2025.

Mueser, KT. Treatment of PTSD in people with psychosis. Webinar presented for VA National Psychosis Education Series, March 25, 2025.

Freudenreich O. Violence prevention and management in public psychiatry settings. Seminar presented for Massachusetts Department of Mental Health; Boston, Massachusetts; March 27, 2025.

Hasler V, Burke A & **Holt DJ**. How can we be resilient during challenging times? Talk presented for Bunker Hill Community College Professional Development Day. Boston, MA; April 9, 2025.

Mueser KT. Research update on social skills training. Grand Rounds presented (virtually) for Massachusetts Mental Health Center, Boston, MA, April 9, 2025.

Mueser KT. Practical strategies for families to help loved ones return to work or school. Webinar presented for Crafting Support Project Family Series, McLean Hospital, Belmont, MA, April 10, 2025.

Foo CYS. Improving access and acceptance of long-acting injectable antipsychotics in Massachusetts. Talk presented for the Massachusetts General Hospital Division of Public and Community Psychiatry Steering Committee Meeting; Boston, MA; April 15, 2025.

Hesler V, Burke A & **Holt DJ**. How can we be resilient during challenging times? Virtual talk presented as part of webinar by the Young Adult and College Behavioral Health Initiatives of William James College; Boston, MA; April 18, 2025.

Mueser KT. Trauma and psychosis. Webinar presented for the Psychiatric Rehabilitation Education Program, Department of Psychiatric Rehabilitation and Counseling Professions, Rutgers School of

Health Professions, Piscataway, NJ, May 20, 2025.

Foo CYS. Patient Retention and Family Engagement in Coordinated Specialty Care: Best Practices from Massachusetts Teams. Talk presented for Massachusetts Psychosis Network for Early Treatment Community Call; Boston, MA; May 23, 2025.

Foo CYS, Brown H, Hernandez P, Montgomery D, and Ferguson T. Promoting Long-Acting Injectable Antipsychotic Access and Utilization in Massachusetts. Talk presented for Massachusetts Community Behavioral Health Center Statewide Meeting; Boston, MA; June 18, 2025.

Freudenreich O. Climate change and mental illness: The role of psychiatry. Talk presented for Salem Hospital Grand Rounds; Salem, MA; June 25, 2025.

Foo CYS. Promoting Long-Acting Injectable Antipsychotic Access and Utilization: Strategic Planning for Massachusetts. Talk presented for Association for Behavioral Healthcare Chief Medical Officer Meeting; Boston, MA; July 28, 2025.

Presentations: National

Holt D. Social dysfunction and disconnection in psychosis: Candidate behavioral and neural markers. Talk given for the University of Alabama at Birmingham Grand Rounds; Birmingham, Alabama; February 18, 2025.

Freudenreich O. Clinical progress in schizophrenia care. Talk presented for Louisiana State University Grand Rounds; Baton Rouge, Louisiana; March 5, 2025.

Holt D. Loneliness in psychotic disorders: Transdiagnostic neural and psychological mechanisms. Talk presented for the Montefiore Medical Center and Albert Einstein College of Medicine Department of Psychiatry and Behavioral Sciences Grand Rounds; New York City, New York; March 13, 2025.

Scanlon F, Morgan RD. Exploring trauma among adults with serious mental illness in jail: Rates, impact on treatment, and ties to psychopathology and criminal risk. Talk presented for the 2025 American Psychology-Law Society Conference; San Juan, Puerto Rico; March 14, 2025.

Costello MA, Evohr B, Dufour J, Iroegbulem V, Cassottana K, Pachas G, **Cather C**, Schuster RM*, **Evins AE**.* Characterizing the social landscape of nicotine vaping among adolescents attempting to quit vaped nicotine. In Field N. (Chair) *Reducing adolescent engagement in risk-behaviors: Harnessing the power of peer influence*. Symposium presented for the Biennial Meeting of the Society for Research on Child Development (SRCD). Minneapolis, MN; May 1-3, 2025.

Costello MA, Evohr B, Dufour J, Iroegbulem V, Casottana K, Pachas G**, Cather C,** Schuster RM*, **Evins AE**.* Characterizing the social landscape of nicotine vaping among adolescents attempting to quit vaped nicotine. Presentation presented for the College on Problems of Drug Dependence; New Orleans, LA; June 2025.

Foo CYS. The promise and practice of family peer support in early psychosis programs. Talk presented for the Substance Abuse and Mental Health Services Administration (SAMHSA) Clinical High Risk for Psychosis and First Episode Psychosis Conference; Rockville, MD; August 18, 2025.

Conference Presentations: International

Mueser KT. Treatment of PTSD in people with serious mental illness. Workshop presented for the Psychiatry Clinic, Maximillian Ludwig University Hospital of Munich; Munich, Germany; September 25, 2024.

Foo CYS. Evidence-based family interventions for psychosis. Workshop presented for the Early Psychosis Intervention Program, Institute of Mental Health; Singapore, Singapore; February 11, 2025.

Freudenreich O. Clozapine for optimal schizophrenia care: A mission-critical medication. International plenary talk given for the Korean Society for Schizophrenia Research; Seoul, South Korea; May 2, 2025

Foo CYS. Enhancing patient and family engagement in early psychosis care: identifying program-level

factors and strategies. Talk presented for The 15th International Conference on Early Intervention and Prevention in Mental Health; Berlin, Germany; September 8, 2025.

Presentations to Community Stakeholders (Peer Presentations)

- Drs. Anne Whitman and Alex Keuroghlian together with Jacquie Martinez and Sharina Jones led a training for psychiatry PGY2 residents from McLean and MGH. The Parent and Adult Child videos were shown, along with a discussion of best practices; August 28th, 2024.
- Valeria Chambers in partnership with Dr. Ana Progovac of CHA's Health and Equity Research Lab led a presentation on the value of lived experience in mental health equity research for the Harvard Medical School Child Psychiatry Fellows. Valeria discussed her research at the COE, including the Parent and Adult Child videos; August 1st, 2024.
- Drs. Anne Whitman, Cynthia Piltch, and Norma Heath led a training for PGY1 psychiatry residents from McLean and MGH in which they shared their recovery stories; September 10th, 2024.
- Valeria Chambers gave a presentation along with Dr. Benjamin Le Cook of CHA for Harvard Medical School Psychiatry Residents' Day entitled "Global Mental Health Starts in the Community." In their presentation, "Building Learning Health Systems to Improve Equity," Valeria shared the importance of incorporating lived perspectives of mental health, illness, and recovery in medical training; October 30th, 2024.
- Dr. Anne Whitman, Jacquie Martinez, and Norma Heath led a training for MGH/McLean PGY1 psychiatry residents on the topic of recovery-oriented, person-centered, and trauma-informed care; November 19th, 2024.
- Valeria Chambers presented a talk for Brandeis University undergraduates enrolled in a "Sociology of Disability" course. Her talk included her recovery story, her path to becoming a peer specialist, and a discussion of the book *Madness: Race & Insanity in a Jim Crow Asylum* by Antonia Hylton; March 18th, 2025.
- Valeria Chambers co-presented with Dr. Dharma Cortes of CHA on "The use of sequential explanatory mixed methods design to examine the impact of health care discrimination on patient treatment preferences for depression and diabetes" to the CHA Mental Health Youth Ambassadors. The presentation included discussion of mental health care disparities, the value of research and lived experience to increase mental health care access and decrease stigma among adolescents, and Valeria's recovery story and her work at the COE; April 9th, 2025.
- Jacquie Martinez, Steve Fedele, a peer specialist at McLean Hospital, and Drs. Anne Whitman and Cori Cather led a training for MGH/McLean PGY3 psychiatry residents. Topics included the risks recovery holds, how to help individuals with lived experience make choices, alternatives to psychiatric hospitalization, and strategies for developing a trusting alliance with clients; June 18th, 2025.

Appendix A: Y7 Staff

Paul Alves, CARC, NCPRSS, MAPGS: Peer Consultant

Kamila Bhiku, BS: Clinical Research Program/Project Manager

Corinne Cather, PhD: Director, Associate Professor of Psychology

Valeria Chambers, CPS, EdM, CAS: Peer Consultant

Abigail Donovan, MD: Associate Professor of Psychiatry

A. Eden Evins, MD, MPH: Professor of Psychiatry

Cheryl Foo, PhD: Associate Director, Clinical Psychologist, Instructor of Psychology

Oliver Freudenreich, MD: Clinical Professor of Psychiatry

Daphne Holt, MD, PhD: Professor of Psychiatry

Sharina Jones, CPS: Peer Consultant

Alex Keuroghlian, MD, MPH: Steering Committee Chair, Associate Professor of Psychiatry

Catherine Leonard, BS: Clinical Research Coordinator II

Julia London, BA: Sr. Clinical Research Coordinator

Ryan Markley, BA, CPS: Peer Consultant

Jacqueline Martinez, FPS, CPS: Peer Consultant

Kim Mueser, PhD: Professor of Psychology

Faith Scanlon, PhD: Clinical & Research Fellow

Stephanie Shou, BA: Graphic Designer

Anne Whitman, PhD, CPS: Director of the Peer Consultant Team, Peer Consultant

Sandra Whitney-Sarles, MS, CPS, COAPS: Associate Director of the Peer Consultant Team, Peer Consultant

Appendix B: Steering Committee Members

Steve Bartels, MD, MS: Director, The Mongan Institute; Professor of Medicine, Massachusetts General Hospital and Harvard Medical School

Jonathan Burke: Community Member

Deborah Delman: Community Member; Former Executive Director, Transformation Center

Christyanna Egun, MA: Executive Director, Center for Community Health Improvement, Massachusetts General Hospital

Jean Frazier, MD: Executive Director, Eunice Kennedy Shriver Center, UMass Medical School

Kevin Henze, PhD: Psychologist, U.S. Department of Veteran Affairs; Assistant Professor of Counseling Psychology, Regis College

Alex Keuroghlian, MD, MPH: Associate Chief, Division of Public and Community Psychiatry; Director of Education and Training Programs, The Fenway Institute

Luana Marques, PhD: Director of Community Psychiatry PRIDE, Massachusetts General Hospital; Former President, Anxiety and Depression Association of America (ADAA)

Danna Mauch, PhD: President and Chief Executive Officer of the Massachusetts Association for Mental Health (MAMH)

Norma Mora: Community Member

Manjola Van Alphen, MD, PhD, MBA: Chief Medical Officer, North Suffolk Mental Health Association; Instructor in Psychiatry, part-time, Harvard Medical School

Corrie Vilsaint, PhD: Principal Investigator at the Recovery Research Institute and Center for Addiction Medicine

Carolyn White: Community Member

Janet Wozniak, MD: Director, Quality and Safety for the Department of Psychiatry, Child and Adolescent Outpatient Service, Pediatric Bipolar Disorder Clinical and Research Program, Massachusetts General Hospital; Associate Professor of Psychiatry, Harvard Medical School

Appendix C: Anti-Racism Materials

1. **July 2024 – Native Americans – Part 2**
    a. Rethinking American Indian MH Services - Explorations in AlterNative Psyence with Joseph P. Gone, PhD - https://www.youtube.com/watch?v=yz_Mf9hITQw
    b. Dr. Maria John's 'Don't get sick after june' - https://www.youtube.com/watch?v=CA4zd-_I5GE
    c. Brief resource on language/terminology from the Native American Journalists Association
2. **August 2024 – Did not meet**
3. **September 2024 – Homelessness – Part 1**
    a. "Rough Sleepers: Dr. Jim O'Connell's Urgent Mission to Bring Healing to Homeless People" by Tracy Kidder
    b. MA Legislation Readings:
        i. Section 59: Ordinances or regulations relating to streets, reservations, or parkways; alcoholic beverages; profanity; arrest without warrant - https://malegislature.gov/Laws/GeneralLaws/PartIV/TitleI/Chapter272/Section59
        ii. City of Boston Website: Unlawful Camping Ordinance - https://www.boston.gov/departments/mayors-office/unlawful-camping-ordinance
        iii. GBH Article: After Mass. and Cass crackdown, homeless community cast out into the shadows of Boston - https://www.wgbh.org/news/local/2024-03-06/after-mass-and-cass-crackdown-homeless-community-cast-out-into-the-shadows-of-boston
        iv. Mayor Michelle Wu - Mass & Cass: a look back as we move forward - https://wutrain.substack.com/p/looking-back-to-move-ahead-at-mass
4. **October 2024 – Homelessness – Part 2**
    a. Galvin AM, Akpan IN, Lewis MA, Walters ST & Thompson EL. (2024). Reproductive interconception care among women recently pregnant and homeless: a qualitative analysis. Health Education & Behavior, 51(2), 302-310.
    b. Orsini GD, Tarabay J, Hardy-Johnson PL, Barker SL, & Greenway FT. (2024). The homeless period: A qualitative evidence synthesis. Women & Health, 64(3), 250-260.

c. Yuan Y, Knight KR, Weeks J, King S, Olsen P & Kushel M. (2024). Loneliness among homeless-experienced older adults with cognitive or functional impairments: Qualitative findings from the HOPE HOME study. BMC Public Health, 24(1), 569.

d. Community Psychiatry Textbook Chapters

   i. Psychiatric care for people experiencing homelessness

   ii. Housing first and role of psychiatry in supported housing

5. November 2024 – Homelessness and Immigration

a. Dr. Katherine Koh's MGH/BWH Grand Rounds - Homelessness and Mental Illness: Clinical Practice, Research, and Policy - https://mghcme.org/psychgrandrounds/

b. Hynie, M. (2018). The social determinants of refugee mental health in the post-migration context: A critical review. The Canadian Journal of Psychiatry, 63(5), 297-303.

c. Sangalang, C. C., Becerra, D., Mitchell, F. M., Lechuga-Peña, S., Lopez, K., & Kim, I. (2019). Trauma, post-migration stress, and mental health: A comparative analysis of refugees and immigrants in the United States. Journal of immigrant and minority health, 21, 909-919.

d. Saadi, A., Molina, U. S., Franco-Vasquez, A., Inkelas, M., & Ryan, G. W. (2020). Assessment of perspectives on health care system efforts to mitigate perceived risks among immigrants in the United States: a qualitative study. JAMA Network Open, 3(4), e203028-e203028.

6. December 2024 – Did not meet

7. January 2025 – Immigration – Part 2

a. Tefera, G. M., & Yu, M. (2022). Immigrant women's access to healthcare services in the United States: A qualitative meta-synthesis. Journal of Social Service Research, 48(2), 285-299.

b. Joseph, T. D. (2017). Falling through the coverage cracks: how documentation status minimizes immigrants' access to health care. Journal of health politics, policy and law, 42(5), 961-984.

c. Vernice, N. A., Pereira, N. M., Wang, A., Demetres, M., & Adams, L. V. (2020). The adverse health effects of punitive immigrant policies in the United States: A systematic review. PloS one, 15(12), e0244054. (16 pages)

d. Front & Centered: How the MGH Center for Immigrant Health is Caring for our Immigrant Communities (video) - https://www.youtube.com/watch?v=UpPgoekhHrs

8. February 2025 – Spiritual Competencies in Psychotherapy

a. Spiritual Competency Training in Mental Health Video: https://www.youtube.com/watch?v=9mQD-b08LQc

b. Resources: Spiritual Competency Training in Mental Health (SCT-MH): https://www.spiritualandreligiouscompetenciesproject.com/resources/sct-mh

c. Resources: Practicing Spiritual Competencies: https://www.spiritualandreligiouscompetenciesproject.com/resources-home/developmental-and-deliberate-training-program

d. Vieten, C., Scammell, S., Pilato, R., Ammondson, I., Pargament, K. I., & Lukoff, D. (2013). Spiritual and religious competencies for psychologists. Psychology of Religion and Spirituality, 5(3), 129.

9. March 2025 – Did not meet

10. April 2025 – Immigration and Spirituality

a. Bekteshi, V., Hunter, C. D. A., & Bellamy, J. L. (2024). Engaging Immigrants in Social Service Settings: Importance of Cultural Humility. Journal of Social Service Research, 50(6), 1075-1087.

b. Sanchez, M., Diez, S., Fava, N. M., Cyrus, E., Ravelo, G., Rojas, P., ... & De La Rosa, M. (2019). Immigration stress among recent Latino immigrants: The protective role of social support and religious social capital. Social work in public health, 34(4), 279-292.

c. Silva, N. D., Dillon, F. R., Verdejo, T. R., Sanchez, M., & De La Rosa, M. (2017). Acculturative stress, psychological distress, and religious coping among Latina young adult immigrants. The Counseling Psychologist, 45(2), 213-236.

d. Moreno, O., & Cardemil, E. (2018). The role of religious attendance on mental health among Mexican populations: A contribution toward the discussion of the immigrant health paradox. American Journal of Orthopsychiatry, 88(1), 10.

e. Moreno, O., Ortiz, M., Fuentes, L., Garcia, D., & Leon-Perez, G. (2020). Vaya con Dios: The influence of religious constructs on stressors around the migration process and US lived experiences among Latina/o immigrants. International *Journal of Environmental Research and Public Health*, *17*(11), 3961

11. May 2025 – Gun Violence

a. Semenza, D. C., Daruwala, S., Stephens, J. R. B., & Anestis, M. D. (2024). Gun violence exposure and suicide among Black adults. JAMA network open, 7(2), e2354953-e2354953.

b. Semenza, D. C., Silver, I. A., Stansfield, R., & Bamwine, P. (2024). Local gun violence, mental health, and sleep: a neighborhood analysis in one hundred US cities. Social Science & Medicine, 351, 116929.

c. Abba-Aji, M., Koya, S. F., Abdalla, S. M., Ettman, C. K., Cohen, G. H., & Galea, S. (2024). The mental health consequences of interpersonal gun violence: a systematic review. SSM-Mental Health, 100302.

d. Stansfield, R., & Semenza, D. (2023). Urban housing affordability, economic disadvantage and racial disparities in gun violence: A neighbourhood analysis in four US cities. The British Journal of Criminology, 63(1), 59-77.

12. June 2025 - Trump Administration Policies – Effects on Behavioral Health

a. Overview of President Trump's Executive Actions on Global Health: https://www.kff.org/global-health-policy/fact-sheet/overview-of-president-trumps-executive-actions-on-global-health/

b. Behavioral Health & The New Administration: https://eleos.health/podcasts/behavioral-health-new-federal-administration/