OVERVIEW

The Center for Health Policy and Health Services Research (CHPHSR) at Henry Ford Health (HFH) continued its impressive growth in 2022. The Center has expanded to now include four core areas: Health Policy, Health Services Research, Healthcare Improvement, and Education/Training. In total, our Center supports more than 100 staff and trainees across the organization.

In **Health Policy**, our team added a health policy advisor, Lauren Lambert, to provide additional support to aid our important role throughout the Henry Ford Medical Group (HFMG) and across HFH. Our health policy team continued to serve an important role conducting analysis and research of key federal and state policies as well as supporting the system through comment letters, development of policy briefs and Center for Medicare and Medicaid Innovation (CMMI) demonstration models (including the newly awarded Radiation Oncology CMMI programs). In particular, the health policy team made important contributions to the system related to the nursing and behavioral health shortage, protecting provider reimbursement, and supporting innovation across the healthcare system.

In **Health Services Research**, our Center team established new benchmarks for our key metrics, including both receiving the most new grant funding and publishing the most peer reviewed manuscripts in a single year in our history. The Center received NIMH funding for a brand new $15 million P50 Suicide Prevention Center, which leverages the new Henry Ford Health-Michigan State University Health Sciences Center, to launch a program of research on suicide prevention at the intersection of the healthcare system and the criminal/legal system. In addition, the Center also partnered on the first ever NIH-funded R01 grant for the HFH-MSU Health Sciences Center, which seeks to test a scalable model for postpartum depression care among new mothers from diverse communities. These new grants cement our leadership in, and dedication to, the new partnership with MSU. Our team also continues to be strong, active members within the Health Care Systems Research Network, where we co-lead the Trans-America Consortium for the NIH All of Us Research Program and participate in the NIH-funded Mental Health Research Network and the NIDA Clinical Trials Network.

In 2022, we expanded our new core focus area in **Healthcare Improvement** combining our long history of integrated research and collaboration with practice partners to support healthcare quality improvement across Henry Ford and our many partners. In addition to our longstanding MSSIC program in partnership with Neurosurgery, we also launched the MI-MIND collaborative quality initiative to support implementation of evidence-based suicide prevention services in primary care and behavioral health services across an initial set of 5 new provider organization partners, supported by funding from Blue Cross Blue Shield. We also maintained multiple SAMHSA-funded grants in trauma and suicide prevention and received new awards from the Michigan Health Endowment Fund to support innovative new programs in chronic pain and autism care.

In **Education and Training**, we enrolled our second cohort within our NIH-funded T32 postdoctoral training program. Drs. Elyse Llamocca and Brianna Costales joined our program with an emphasis on research in suicide prevention and psychopharmacology, respectively. We continued to provide research training for all psychiatry residents and psychology interns/fellows, while supporting a number of medical, graduate, and undergraduate students in research, policy, and other internships. In total, our education and training program now supports more than 40 trainees.

Our CHPHSR leadership and staff look forward to another exceptional year in 2022, as we focus on continued growth, partnership, and success.

**HEALTH POLICY**

The team includes Diane Valade, Director; Alex Donnelly, Health Policy Advisor; Lauren Lambert, Health Policy Advisor; Payton Daugherty, Health Policy Analyst; David Nerenz, PhD, Director Emeritus and Research Scientist; and Jianhui Hu, PhD, Research Associate.
The health policy team works closely with Henry Ford Health’s Government Affairs (GA) office to routinely monitor and analyze state and federal legislation and regulations. We work in consultation with internal subject matter experts (SMEs) to assess the impact of policies on Henry Ford Health’s costs and operations, as well as our patients and community. In general, we focus our analyses on healthcare policies that impact provider reimbursement, access to high-quality healthcare services, and healthcare innovation. We use an iterative, multifaceted, and coordinated approach to evaluate policies and provide these analyses to GA and other system leadership. In cases where there is a major impact to the health system’s costs and/or operations, we use the information gathered to write comment letters, develop fact sheets, or provide other types of advocacy responses, in collaboration with the GA team, to share the impact of a policy on the health system with regulators and lawmakers.

The policy team also:

- Prepares policy briefs, white papers, policy summaries, talking points, quarterly reports, presentations, and other forms of communication about key health policy issues and legislation and regulations, which are shared with leaders across the system to help with decision-making, development of proactive policy priorities, and information sharing about policy issues
- Partners with business units (e.g., the Henry Ford Physician Network; Henry Ford Medical Group, Behavioral Health Services, the Quality Office, Community Health, Equity, Wellness and, Diversity, Finance, Sustainability, Legal, Community Care Services) on strategic initiatives that benefit from a health policy perspective
- Develops a quarterly policy newsletter, which highlights key bills and regulations, as well as system comments, in collaboration with the quarterly Government Affairs newsletter. The newsletters are shared with the Henry Ford Health management team.
- Works collaboratively with other system departments focused on health system reimbursement and funding. This includes working alongside our Finance team to track provider reimbursement, contracting issues, and funding relief and grant opportunities related to healthcare delivery. We also work with the Development team to identify non-research government grant opportunities that could support improvement to our programs and facilities.
- Participates in state and national health policy meetings as Henry Ford Health representatives

The CPHHSR policy research staff led or participated in publication of influential policy research papers in leading medical or health policy journals. Drs. David Nerenz and Jianhui Hu published papers about social risk adjustment in healthcare quality measures and on factors associated with inpatient treatment outcomes for patients with COVID-19. In addition, our team’s earlier policy papers contributed to important National Quality Forum (NQF) panel discussions and guidelines on issues of risk adjustment. Drs. Nerenz and Hu are currently working on analyses of use of expensive cancer chemotherapy drugs in the context of the 340B drug purchasing program. Finally, the health policy team has participated on several important federal, state, and local policy committees. Diane Valade serves as Henry Ford Health’s representative to the Michigan Department of Health and Human Services’ Section 1513 Inpatient Psychiatric Reimbursement Workgroup. Dr. David Nerenz serves as a member of the NQF Scientific Methods Panel and as a member of the Disparities Standing Committee.

The CPHHSR seeks to grow its work in health policy in the coming years through continued expansion of core staff and resources, close alignment with Henry Ford Health’s strategic initiatives team, and strong partnerships with leading policy groups.

HEALTH SERVICES RESEARCH

The CPHHSR conducts leading health services and intervention research in the context of our large healthcare delivery system. Our work in 2022 continued these efforts across a broad range of clinical and population health areas. Our team members have prided themselves on partnering with clinical departments, service lines, and leadership across the system. In 2022, we worked closely with adult primary care, pediatrics, emergency medicine, women’s health services, neurosurgery, quality and population health, psychiatry and many other clinical groups across our hospitals and clinics throughout the region. The CPHHSR also emphasizes collaboration with other leading health systems and academic research partners. In addition to maintaining close relationships with local University partners, such as through our new affiliation with Michigan State
University, our team continues to serve as a core member in the Health Care Systems Research Network, a national consortium of 19 healthcare systems across the nation. This includes our core membership in the NIH-funded All of Us Research Program, NIMH-funded Mental Health Research Network, and NIDA-funded National Drug Abuse Clinical Trials Network. Many of our studies leverage this important national infrastructure.

During 2022, CPHSR led and partnered on a robust portfolio of research, including receiving funding for several new studies. This past year our featured new grant was a new $15 million NIMH-funded P50 Suicide Prevention Center grant co-led by Drs. Brian Ahmedani, Jennifer Johnson (Michigan State University) and Lauren Weinstein (Brown University). The Center grant is the first major award for the new Henry Ford Health-Michigan State University Health Sciences Center. The Center focuses on an overall theme of connecting the healthcare system with the criminal/legal system for suicide prevention efforts. It includes an administrative and methods core along with 4 embedded projects. Dr. Ahmedani serves as PI of the signature project focused on healthcare system outreach for suicide prevention after patients are released from jail. Henry Ford is also involved in Project 3 – which leverages large scale claims data and machine learning methods to test a risk algorithm to identify suicide risk among individuals entering jail. The Center also plans to support additional pilot projects funded throughout the 5-year award period.

The Center was also involved in the first NIH-funded R01 grant for the Henry Ford Health-Michigan State University Health Sciences Center. In this innovative new project, Drs. Amy Loree and Jennifer Johnson (Michigan State University) partnered to kick-off a new large randomized implementation trial of a scalable clinical pathway to prevent and treat postpartum depression among new mothers from diverse backgrounds.

The CPHSR has been a leader in facilitating research partnerships with other departments across the institution. For example, CPHSR was a leading partner in the development of the new Primary Care Research Institute at Henry Ford. PCRI involves a strong partnership between Internal Medicine, Family Medicine, Pediatrics, Public Health Sciences and CPHSR to establish a research program across primary care focused on diversity, equity, prevention, health services, population health, and other important clinical areas. CPHSR continued its partnership with the Public Health Sciences Department to co-lead the Trans-America Consortium of the NIH All of Us Research Program as well as the CHECS and FOLD Hepatitis Cohort studies. CPHSR supported more than 20 externally funded projects in partnership with the Department of Psychiatry.

We have continued plans to grow in 2023 as we recruit new scientists in health services research, particularly individuals with expertise in health policy research and health economics. In 2022, our continued growth yielded the new grant funding and the most publications ever in a single year in our Center’s history.

HEALTHCARE IMPROVEMENT

In 2022, the Center expanded its work in healthcare improvement. The Center has long partnered with the Department of Neurosurgery to provide infrastructure and support for the Blue Cross Blue Shield (BCBS) funded Michigan Spine Surgery Improvement Collaborative (MSSIC). MSSIC provides coordinating center support to hospitals across the State of Michigan to implement best practices in spine surgery, which has also led to several important research findings over several years.

As MSSIC approaches their 10th anniversary it is exciting to reflect on the amazing work that has been done by the MSSIC team; with 207 orthopedic and neurological spine surgeons, 27 hospitals, 3 ASCs, 93,000 patients and 23,000,000 data points entered in the registry, they have built an amazing platform! The implementation of formal QI initiatives, including early ambulation within 8 hours following surgery, has resulted in a 20% reduction in lumbar surgical site infections, 22% reduction in 90-day readmission rates, 71% reduction in urinary retention (UR), and a savings of over 70 million in healthcare dollars for UR and readmissions alone.

The implementation of the Enhanced Recovery After Surgery (ERAS) program in 2021 has started to revolutionize how we deliver care for spine surgery patients in the state of Michigan. As all MSSIC sites work to implement the program in its three phases (pre, intra-op and postoperatively), MSSIC expects to facilitate maximum clinical and financial gains. ERAS has shown to improve patient reported outcomes such as satisfaction, functional status, and return to work. MSSIC has been recognized at the national level by the ERAS USA SPINE for the collective work they have done.
In addition to MSSIC, in 2022, the Center partnered with Behavioral Health Services to officially launch the BCBS-funded Michigan Mental Health Clinical Quality Improvement Network for Implementation and Dissemination (MI-MIND). The Center leads the coordinating center for the initiative, supporting training, quality improvement, data analysis, and technical support to an initial wave of 5 provider organizations. This collaborative quality initiative implements a series of evidence-based suicide prevention practices in primary care and behavioral health services to improve outcomes (suicide attempt and death) and access to and engagement in care. The program is based on Henry Ford’s Zero Suicide initiative, which demonstrated a near 80% reduction in suicide deaths among patients sustained for over two decades. This model has become the worldwide standard for suicide prevention. But, MI-MIND represents the first ever statewide implementation of the program in partnership with a health plan incentive model.

Furthermore, The Center continues its leadership of two large SAMHSA funded projects. In the first, Dr. Jordan Braciszewski continued his work leading a 5-year, SAMHSA-funded project to implement trauma-focused, evidence-based practices for youth aged 4-17 and their families who have been exposed to trauma, including chronic traumatic stress. The program has gained nationwide recognition for its unique approach to implementation of trauma-based screening within pediatric behavioral health and pediatric primary care to increase identification of youth who have been exposed to trauma. The program trains behavioral health providers in both Behavioral Health and School-Based Primary Care in two evidence-based trauma services using a train-the-trainer model to promote sustainability. We hope that this project will lead to HFH being the Southeastern Michigan hub for childhood trauma services for many years to come. In addition, Dr. Ahmedani continued his leadership of a 5-year SAMHSA funded grant to implement an innovative suicide prevention clinical care pathway within all of the emergency departments across Henry Ford. In this initiative, Henry Ford provides comprehensive screening and assessment, safety planning, care coordination, and rapid access to psychotherapy to enhance suicide prevention efforts.

In 2022, the Center also received multiple Foundation grants to support implementation of evidence-based services in several clinical areas, including within primary care, women’s health, and autism care. New in 2022, Dr. Lisa Matero received a 2-year grant from the Michigan Health Endowment Fund to implement a psychological screening and behavioral treatment program in primary care settings for older adults with chronic pain. Also, Dr. Melissa Maye received a new 2-year Michigan Health Endowment Fund award to implement a multi-step autism screening and systematic follow up program within pediatrics.

In total, the combination of several large quality programs along with other foundation funded initiatives support a large body of work in healthcare improvement across the Center. Our team continues to look forward to growing this area over the next several years as our overall team continues to take on a larger role in important areas of healthcare.

EDUCATION AND TRAINING CORE

The Center’s Education and Training Core provides mentoring and a supportive structure for trainee growth across several areas including post-doctoral research fellows, psychiatry residents, medical/graduate students, social work interns, and clinical psychology interns and fellows. In 2022, Center staff provided research and/or clinical education and training to 75 trainees at various levels of education. The cornerstone of these efforts resides in our National Institute of Mental Health-funded T32 Training Program in Mental Health Services Research. In addition to leadership provided by Dr. Ahmedani (PI) and Dr. Braciszewski (Training Director), each Center scientist contributes to the success of the T32 through direct mentoring of trainees and/or conducting seminars during our weekly “Academic Thursday” series. Our T32 program is in its second year of funding, the first to include two first-year fellows and two second-year fellows simultaneously. Our first-year fellows, Drs. Elyse Llamocca and Brianna Costales were selected and began working in our fellowship in summer/fall of 2022. We are delighted to have them in our program, following a very competitive application process. Indeed, the number of applications we received was higher than the previous year and included many stellar candidates with significant publication and grant funding records. In just a short time within the fellowship, Drs. Llamocca and Costales submitted 3 papers, had 2 papers accepted, presented 2 times at conferences, and submitted 1 grant. Our second-year fellows, Drs. Santiago Papini and Geoff Kahn, made outstanding progress on their training plans over the last year. In 2022, they submitted 11 papers, had 11 papers accepted, presented 3 times at conferences, submitted 1 grant, and had 3 grants funded (some pubs and grants
were submitted in 2021). Dr. Kahn additionally received the Best Poster Award at the 2022 Annual Health Care Systems Research Network conference. Our T32 program continues to expand in its national recognition, as we received 19 very competitive applications from across the country for our 2023-2025 cohort and are excited to work with our two incoming fellows for next year. Finally, a recent virtual site visit from NIMH noted several strengths of our program and strong encouragement to expand our program beyond taking two trainees per year.

In addition to the T32, several of our faculty members (led by Dr. Ahmedani as Director of Psychiatry Research) provided mentoring and training opportunities to psychiatry residents. Dr. Ahmedani taught a four-week course in research methods to all PGY1 students, while Dr. Braciszewski provided a six-week training in Motivational Interviewing to all PGY3 residents. Center faculty provided research mentoring to all 23 psychiatry residents, resulting in 3 papers and 3 presentations in 2022. Several Center scientists also provided research mentoring to 11 Wayne State University medical students, who gave 6 conference presentations and published 2 papers. Combined, Drs. Felton and Braciszewski participated on 4 dissertation committees at Wayne State University and the University of Illinois at Chicago. Several Center faculty provided direct research mentoring for 11 graduate students and 2 undergraduate students, who cumulatively published 8 manuscripts. In addition to various lectures provided by Center scientists across and outside of the health system, Dr. Maye led a monthly seminar series to provide research assistants/coordinators professional development skills and additional training to support their success within the Center and in their pursuit of graduate school acceptance. Finally, Dr. Lisa Matero leads Henry Ford’s APA accredited Clinical Psychology Internship Program and the Clinical Health Psychology Fellowship. In 2022, these programs served 20 trainees (across two academic cohorts), who published 5 papers and gave 8 presentations with Dr. Matero. Dr. Matero additionally provided clinical supervision and didactics for these 20 trainees. These two programs continually attract candidates from across the country, as Dr. Matero has created experiences that are highly unique among such training programs.

The Center investigators and staff were authors on 93 papers published in peer-reviewed journals.
The Center investigators and staff conducted 39 presentations to many virtual regional and national meetings.

### Conference Presentations (2008-present)

The Center investigators received more than $9.1 million in new awards from federal, foundation, and industry grants.

### New Grant Funding (Millions)

**NEW AWARDS 2022**

*Michigan Mental Health Clinical Quality Improvement Network for Implementation and Dissemination (MI-MIND)*

Project Goals: MI-MIND is a statewide collaborative quality initiative aimed at preventing suicide and improving access to care in provider organizations across the State of Michigan. This award supports the coordinating center for MI-MIND. Major Goals: The primary goals will be a reduction in suicide outcomes (attempt and death) and other patient outcomes (reductions in depression and anxiety severity), better access to and engagement in timely behavioral health care, more appropriate transitions between care settings, lower inappropriate utilization (ED visits and psychiatric hospitalizations), and lower overall cost for patients.

Project Number: SOW#2

PD/PI: Brian Ahmedani, Ph.D. and Cathrine Frank, MD
Source of Support: BCBSM  
Project/Proposal Start and End Date: 01/01/2022 – 12/31/2022  
Total Award Amount (including Indirect Costs): $1,240,515

**The National Center for Health and Justice Integration for Suicide Prevention – Admin and Methods Core**  
Project Goals: In collaboration with Michigan State University, Brown University and other partners, Henry Ford Health will participate in overseeing the network governance and strategic planning, including investigator participation in regular teleconferences and in-person meetings. And will oversee financial and regulatory compliance for all site-specific research activities. Henry Ford Health will also participate in the Methods Core for the program. This includes serving in advisory capacity and supporting technical components for the data integration as well as providing expertise on the clinical and implementation components.  
Project Number: P50MH127512  
HFH PD/PI: Brian Ahmedani, Ph.D. (PI: Jennifer Johnson, Ph.D., Michigan State University)  
Source of Support: NIMH  
Project/Proposal Start and End Date: 08/22/2022 – 07/31/2027  
Total Award Amount (including Indirect Costs): $802,902

**The National Center for Health and Justice Integration for Suicide Prevention – Signature Project 1: Syncing Screening and Services for Suicide Prevention across Health and Justice Systems**  
Project Goals: In collaboration with HealthPartners, Michigan State University, Brown University, and other partners, Henry Ford Health System will participate in the signature project for the P50 Center. Henry Ford will be responsible for matching health system records with jail records, randomizing participants to usual care vs the comprehensive care management and CLASP intervention, conducting the intervention, capturing measures, reviewing results, and disseminating the findings.  
Project Number: P50MH127512  
HFH PD/PI: Brian Ahmedani, Ph.D. (PI: Jennifer Johnson, Ph.D., Michigan State University)  
Source of Support: NIMH  
Project/Proposal Start and End Date: 08/22/2022 – 07/31/2027  
Total Award Amount (including Indirect Costs): $1,358,833

**The National Center for Health and Justice Integration for Suicide Prevention – Pilot Project: Using Jail Populations to Validate an Established Suicide Risk Algorithm**  
Project Goals: In collaboration with Michigan State University, Wayne State University, and several other partners, Henry Ford Health System will participate in an embedded pilot project within the P50 Center. This pilot project seeks to integrate data from jails and Medicaid claims across several regions in the state of Michigan. The project will include developing, testing, and assessing feasibility of using a suicide risk algorithm embedded within clinical records to detect risk about those in the jail population. Henry Ford will Co-lead the project, including providing expertise on research design, project implementation, and review and dissemination of the results.  
Project Number: P50MH127512  
HFH PD/PI: Brian Ahmedani, Ph.D. (PI: Jennifer Johnson, Ph.D., Michigan State University)  
Source of Support: NIMH  
Project/Proposal Start and End Date: 08/22/2022 – 07/31/2025  
Total Award Amount (including Indirect Costs): $161,282

**Effectiveness and Implementation of a Peer Mentorship Intervention (PREVAIL) to Reduce Suicide Attempts among High Risk Adults (Supplement)**  
Project Goals: Henry Ford Health System will collaborate with the University of Michigan to recruit >200 participants in the inpatient hospital, for a trial to test a peer support model to prevent suicide attempt.  
Project Number: R01MH115111-04S1
**Buprenorphine Effect on Suicidal Behavior (Administrative Supplement)**
- **Project Number:** 5U19MH121738-03
- **Site PD/PI:** Brian Ahmedani, Ph.D., (PI: Greg Simon, Ph.D. Kaiser Permanente Washington)
- **Source of Support:** NIMH
- **Project/Proposal Start and End Date:** 07/01/2022 – 06/30/2023
- **Total Award Amount (including Indirect Costs):** $37,378

**Evaluating Effectiveness and Implementation of a Risk Model for Suicide Prevention across Health Systems**
- **Project Goals:**
  - In collaboration with the Kaiser Permanente Northwest and HealthPartners, Henry Ford Health (HFH) will test implementation of an MHRN suicide risk model to facilitate identification, recognition, and engagement in supportive suicide prevention services among individuals at risk for suicide across the three participating health systems. The proposed project seeks to implement an MHRN suicide risk model (intervention) into each system’s existing suicide prevention care model (usual care) and measure effectiveness, and implementation outcomes. This high-impact, innovative study has important clinical implications as health systems consider whether it makes sense to enhance their existing suicide prevention.
- **Project Number:** R01MH130548-01
- **Site PD/PI:** Brian Ahmedani, Ph.D. (PI: Bobbi Jo Yarborough, Ph.D., Kaiser Permanente Northwest)
- **Source of Support:** NIMH
- **Project/Proposal Start and End Date:** 08/01/2022 – 07/31/2026
- **Total Award Amount (including Indirect Costs):** $963,506

**Optimizing Care to Prevent Diabetes and Promote Cardiovascular Health among Younger Adults with Severe Mental Illness**
- **Project Goals:**
  - Under the direction of Dr. Brian Ahmedani, the team at Henry Ford will assist Dr. Iturralde at Kaiser Northern California to test and validate prediction models.
- **Project Number:** K23MN126078-01A1
- **Site PD/PI:** Brian Ahmedani, Ph.D. (PI: Estibaliz Iturralde, PhD Kaiser Permanente Northern California)
- **Source of Support:** NIMH
- **Project/Proposal Start and End Date:** 04/01/2022 – 03/31/2027
- **Total Award Amount (including Indirect Costs):** $29,645

**Mental Health Research Network III (Supplement) - Impact and Implications of Rapid Transition to Virtual Mental Health Care during COVID-19**
- **Project Goals:** The proposed project seeks to examine the implications of the short- and long-term impact of the transition to virtual mental health care during the COVID-19 pandemic.
- **Project Number:** 5U19MH121738-04
- **Site PD/PI:** Brian Ahmedani, Ph.D. (PI: Greg Simon, Ph.D. Kaiser Permanente Washington)
- **Source of Support:** NIMH
- **Project/Proposal Start and End Date:** 07/01/2022 – 06/30/2023
- **Total Award Amount (including Indirect Costs):** $59,186

**Defining a Crisis: Engagement with Crisis Call Centers and Mobile Crisis Teams**
- **Project Goals:** In collaboration with Heluna Health, Henry Ford Health System will be responsible for assisting in decision-making analysis for adults with suicidality, perform cluster analysis using variables on clinical factors, and examine demographics and clinical factors associated with discrepancies between Level of Care recommendations and actual referrals.
- **Project Number:** R03MH130798
**A Patient-facing Tool to Reduce Opioid-Psychotropic Polypharmacy in PLWD**

Project Goals: Under the direction of Site PI Dr. Esther Akinyemi and Co-Investigator Dr. Brian Ahmedani, the team at Henry Ford Health System will assist Dr. Donovan Maust at the University of Michigan to complete the goals and aims of this project. The proposal of this project is to adapt the empower method to the use of CNS active medications such as benzodiazepines by educating patients and their caregivers on the risks involved with these medications and encouraging conversation with their providers on the utility of remaining on the medications. This will likely help reduce inappropriate use of medications that could be potentially dangerous and improve patient outcomes.

Project Number: 3U54AG063546-04

Site PD/PI: Esther Akinyemi, MD., Co-Investigator: Brian Ahmedani, Ph.D. (PI: Donovan Maust, Ph.D., University of Michigan)
Source of Support: NIH
Project/Proposal Start and End Date: 07/01/2022 – 06/30/2023
Total Award Amount (including Indirect Costs): $84,485

**Adaptive Intervention to Prevent Adolescent Suicidal Behavior following Psychiatric Hospitalization: A Sequential Multiple Assignment Randomized Trial**

Project Goals: The proposed project will address a critical need for effective intervention approaches for psychiatrically hospitalized suicidal adolescents, who remain at high risk for recurrent suicidal behavior and related crises following hospital discharge. Leveraging a novel sequential multiple assignment randomized trial (SMART) design, the project will identify an optimal technology-augmented adaptive intervention that will guide the delivery of post-discharge support—provided via text messages and booster calls—in an adaptive way that minimizes resources and burden. Findings from this study hold promise to inform urgently needed intervention strategies for reducing suicide-related outcomes among adolescents transitioning from inpatient care.

Project Number: R01MH126871-01

Site PD/PI: Jordan Braciszewski, Ph.D., (PI: Ewa Cyzy, Ph.D., University of Michigan)
Source of Support: NIMH
Project/Proposal Start and End Date: 01/01/2022 – 06/30/2026
Total Award Amount (including Indirect Costs): $460,785

**Multilevel Formative Evaluation of Barriers and Facilitators to Implementation of an Electronic Health Record-Embedded Digital Health Smoking Cessation Intervention in a Rural Health System**

Project Goals: The project focus is to collect survey data from 100 patients who are current tobacco users at the Munson Family Practice clinic. Data will be collected in the waiting room at clinic visits using study iPads and CIAS software, thereby allowing to pilot the general procedures for future SBIRT trial (i.e., distributing iPads in clinic within the current workflow). We will conduct follow-up interviews via video chat with 20 of the surveyed patients to collect more in-depth information about our proposed implementation. We will also collect web-based surveys from and conduct more in-depth interviews with hospital administrators, digital health/IT staff, and primary care providers at several Munson-affiliated clinics as we plan for widespread implementation in our future project.

Project Number: N/A
Co PD/PI: Jordan Braciszewski, Ph.D. (HFH) and Kelly Hirko, Ph.D., (Michigan State University)
Source of Support: Henry Ford Health + Michigan State University Health Sciences Pilot Project
Project/Proposal Start and End Date: 06/01/2022 – 05/31/2023
Peer-Delivered Behavioral Activation Intervention to Improve Adherence to MAT Among Low-Income, Minority Individuals with OUD

Project Goals: Low-income, racial/ethnic minority individuals with opioid use disorder (OUD) face the greatest disparities in OUD treatment outcomes, including experiencing significant barriers to MAT retention. Implementing a reinforcement-based, behavioral activation intervention delivered to support retention in MAT using peer recovery coaches may be a feasible, acceptable, and sustainable way to improve MAT outcomes among underserved, minority individuals with OUD.

Project Number: R61AT010799
Site PD/PI: Julia Felton, Ph.D. (PI: Jessica Magidson, Ph.D., University of Maryland)
Source of Support: NIH
Project/Proposal Start and End Date: 09/01/2021 – 08/31/2025
Total Award Amount (including Indirect Costs): $61,396

Remediation of Elevated Delay Discounting in Mid-Life Individuals: A Stage-II Trial

Project Goals: Using a computerized executive function (EF) training intervention in a context of a Stage-II RCT design, this proposal seeks to experimentally examine changes in EF and delay discounting in a sample of mid-life individuals who have experienced early-life disadvantage. Primary Aims are to examine initial and maintained (3-month and 6-month) effects of EF training on both EF and DD, in comparison to a matched control training condition and a no training condition.

Project Number: R01AG048904
Site PD/PI: Julia Felton, Ph.D. (PI: Richard Yi, University of Kansas)
Source of Support: NIH
Project/Proposal Start and End Date: 12/01/2020 – 5/31/2023
Total Award Amount (including Indirect Costs): $31,287

An Examination of the Joint Contributions of Socioeconomic Disadvantage, Genetics, and COVID-19 on the Development of Delay Discounting and Substance Use across Adolescence

Project Goals: The major goal of this longitudinal study is use data drawn from the Adolescent Behavior and Cognitive Development (ABCD) study to examine the individual and joint contributions of environmental adversity and genetic variation in delay discounting (DD) on the development of DD and subsequent substance use.

Project Number: R01 DA057552-01
MPI/PD: Jill Rabinowitz, Ph.D. (Johns Hopkins University), Julia Felton, Ph.D., (HFH), Brion Maher (Johns Hopkins University)
Source of Support: NIH/NIDA
Project/Proposal Start and End Date: 09/01/2022 – 07/31/2027
Total Award Amount (including Indirect Costs): $83,227

Improving Decision Making to Prevent Substance Misuse among Adolescents from Traditionally Underserved Communities

Project Goals: Problematic substance use during adolescence predicts morbidity and mortality across the lifespan, suggesting the urgent public health need to prevent the escalation of use during this developmental period. The proposed project will examine the feasibility and effectiveness of implementing a preventative intervention aimed at improving decision making processes among adolescents in a traditionally underserved community. Targeting mechanisms of problematic substance use using transportable and scalable methods will set the stage for future, large-scale prevention efforts among low-resource populations.

Project Number: R34DA056732-01
Co PI/PD: Julia Felton, Ph.D. (HFH); Richard Yi, Ph.D. (University of Kansas)
Source of Support: NIH/NIDA
Planning for an Integrated Clinic for Pregnant/Postpartum Women with Substance Use Disorders and their Families

Project Goals: One in four maternal deaths during the pregnancy and postpartum period are due to drug overdose in MI, with Detroit representing the epicenter of this maternal mortality crisis. The funds will establish the feasibility of developing an integrated care clinic for pregnant and postpartum people with substance use disorder (SUD) and their families utilizing a multi-step process that ensures community voice in planning for clinic needs. Results from this project will include the development of a clinical care pathway and patient experience map to treat families affected by SUD. Funds will be used for personnel, supplies, convening a quarterly advisory group and participant incentives.

Project Number: DMC-G-202219956
Co PI/PD: Julia Felton, Ph.D. and Amy Loree, Ph.D.
Source of Support: Community Foundation for Southeast Michigan

A Multilevel, Multiphase Optimization Strategy for PrEP: Patients and Providers in Primary Care

Project Goals: This pilot study seeks to develop and test a computer-based simulation training for providers regarding PrEP and discussing a patient’s sexual history and to gather preliminary data from providers about their comfort and knowledge of PrEP, interest in PrEP related trainings, and perspectives on BPAs. To understand the feasibility and acceptability of the training, two focus groups with 15 providers will be conducted and quantitative surveys will be sent via email to all PCPs. Guided by the Consolidated Framework for Implementation Research, the focus group will assess the facilitators and barriers to participation, usability, acceptability, appropriateness, intervention content and patient-provider communication. The quantitative survey will assess PCP comfort and knowledge of PrEP, interest in PrEP-related trainings, and perspectives on BPAs. The results will be used as pilot data to augment an R01 application.

Project Number: N/A
PI/PD: Elizabeth Lockhart, Ph.D.
Source of Support: Fund for Henry Ford Hospital

Treatment Initiation for New Episodes of Depression in Pregnant Women

Project Goals: Up to 12% of pregnant women experience a new episode of depression during pregnancy, but less than half of these women initiate psychotherapy (ie, talk therapy) or antidepressant use. The goals of this study are to identify factors that predict whether pregnant women with new episodes of depression initiate psychotherapy or antidepressant use and to assess the effects of these treatments on their infants (including preterm birth, low birth weight, small for gestational age birth) and breastfeeding continuation (at 1 week, 2 months, and 6 months after delivery) while accounting for depression severity. This study will inform our understanding of the ways in which pregnant women cope with depression and has the potential to improve decision making for optimal depression management during pregnancy.

Project Number: R01HD100579-01A1
Site PD/PI: Amy Loree, Ph.D., (PI: Kristin Palmsten, ScD, HealthPartners)
Source of Support: NICHD

Total Award Amount (including Indirect Costs): $726,124

Total Award Amount (including Indirect Costs): $75,000

Total Award Amount (including Indirect Costs): $10,000

Total Award Amount (including Indirect Costs): $207,417
**IPT for Major Depression Following Perinatal Loss**
Project Goals: This study tests the efficacy of interpersonal psychotherapy (IPT) for major depression following perinatal loss (early and late fetal death and early neonatal death) in a sample of 274 women in Flint and Detroit, Michigan. The trial will be the first fully powered randomized trial of treatment for any psychiatric disorder following perinatal loss.
Project Number: R01HD100471
Site PD/PI: Amy Loree, Ph.D. (Pl: Jennifer Johnson, Ph.D., Michigan State University)
Source of Support: NICHD
Project/Proposal Start and End Date: 08/01/2021 – 07/31/2025
Total Award Amount (including Indirect Costs): $22,820

**The ROSE Scale-Up Study: Informing a Decision about ROSE as Universal Postpartum Depression Prevention**
Project Goals: The Reach Out, Stand Strong, Essentials for New Mothers (ROSE) has been tested in 4 randomized trials in community prenatal settings with racially and ethnically diverse low-income adult pregnant women and found to prevent half of cases of postpartum depression. To determine the effectiveness and scalability of using ROSE, the project will enroll low-income pregnant women who screen negative for PPD. The participants will be randomized to receive care as usual or ROSE plus care as usual to address the primary aims of the project.
Project Number: R01 MH130948
Site PD/PI: Amy Loree, Ph.D., (Pl: Jennifer Johnson, Ph.D., Michigan State University)
Source of Support: NIH
Project/Proposal Start and End Date: 12/01/2022 – 06/30/2027
Total Award Amount (including Indirect Costs): $1,433,576

**Expanding the Perinatal Behavioral Health Integration Program**
Project Goals: We aim to increase access to evidence-based perinatal mental health care in order to improve maternal and infant health outcomes. Funds are being sought to expand the staff of the successful PBHI program in order to serve additional mothers and babies.
Project Number: GG-202219313
PD/Pl: Amy Loree, Ph.D.
Source of Support: Community Foundation for Southeast Michigan
Project/Proposal Start and End Date: 09/30/2022 – 09/29/2023
Total Award Amount (including Indirect Costs): $75,000

**Health Systems Node of the NIDA Clinical Trials Network (Health Insurance Instability and Mortality among Patients Receiving Buprenorphine Treatment for Opioid Use Disorder) CTN-141**
Project Goals: We aim to increase access to evidence-based perinatal mental health care in order to improve maternal and infant health outcomes. Funds are being sought to expand the staff of the successful PBHI program in order to serve additional mothers and babies.
Project Number: 3UG1DA040314-08S4
Site PD/Pl: Amy Loree, Ph.D., (Pl: Katherine Bradley, MD, Cynthia Campbell, Ph.D., Kaiser Permanente Colorado)
Source of Support: NIH/NIDA
Project/Proposal Start and End Date: 09/01/2022 – 02/28/2024
Total Award Amount (including Indirect Costs): $121,674

**Mental Health Research Network III (Supplement) – Outreach Intervention for Depression Treatment Initiation**
The study has 3 aims: 1) Refine and adapt existing technology to design an automated outreach program with clinical support, for patients who fail to start depression treatment in a timely manner; 2) Implement the outreach trial in two health care systems among 400 eligible African American, Asian, Native Hawaiian/Pacific Islander and Hispanic patients,
randomized into intervention and usual care trial arms; and 3) Test the effectiveness of the intervention by comparing rates of treatment initiation and response between the study intervention and usual care arms.

Project Number: SU19MH121738-04
Source of Support: NIMH
Project/Proposal Start and End Date: 07/01/2022 – 06/30/2023
Total Award Amount (including Indirect Costs): $72,119

**Improving Management of Chronic Pain in Primary Care**

Project Goals: Chronic pain is one of the most common health conditions diagnosed among seniors, yet the majority experience inadequate pain management which leads to suffering, mental health disorders, high health care utilization, and costs. The project will pilot test a new program in primary care that will consist of a routine psychological screening and intervention for seniors with chronic pain, which will improve access to behavioral pain management services, reduce pain and depression, and improve long-term health outcomes.

Project Number: R-2108-149080
Site PD/PI: Lisa Matero, Ph.D.
Source of Support: Michigan Health Endowment Fund
Project/Proposal Start and End Date: 01/01/2022 – 12/31/2023
Total Award Amount (including Indirect Costs): $362,696

**Increasing Access and Accuracy of Autism Spectrum Disorder Screening**

Project Goals: This funding will support the initial roll-out of a multi-component implementation strategy at five Henry Ford Health pediatric clinics to support increasing access, accuracy, and of screening using the M-CHAT-R/F. This implementation strategy will also increase rates of appropriate and equitable referral for further ASD evaluation as well as timely access to early intervention for all children who screen positive on the M-CHAT-R/F. This multi-component implementation strategy targets parents/staff by increasing screening options (i.e., on-site iPad delivery); targets providers by leveraging a clinical dashboard and automatizing the referral process; targets the system by shifting the Follow-Up interview to CADD providers who are designated to complete outreach/screening; and standardizing the referral practice for comprehensive ASD evaluation and early intervention.

Project Number: R-2204-150308
Site PD/PI: Melissa Maye, Ph.D.
Source of Support: Michigan Health Endowment Fund
Project/Proposal Start and End Date: 10/01/2022 – 09/30/2024
Total Award Amount (including Indirect Costs): $499,837

## ONGOING FUNDED PROJECTS

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<td>A Prospective Investigation of the Risks of Opioid Misuse, Abuse, and Addiction among Patients Treated with Extended-Release/Long Acting Opioids for the Treatment of Chronic Pain: MUSE</td>
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Investigators: Brian Ahmedani, Ph.D. and Christine Johnson, Ph.D. (Public Health Sciences)

1OT2OD024610-01 | CoPI’s    | NIH | Trans-American Consortium of the Health Care Systems Research Network for the Precision Medicine Initiative Cohort Program (TACH) | 4/1/18 – 3/31/23 | $9,490,759               |

Investigator: Jordan Braciszewski, Ph.D.
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<td>A Pragmatic Trial of Parent-focused Prevention in Pediatric Primary Care: Implementation and Patient Outcomes in Three Health Systems</td>
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<td>iHeLP: Implementation of Technology-Based Screening, Brief Intervention, and Referral to Treatment in Pediatric Primary Care</td>
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Investigator: Julia Felton, Ph.D.

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<th>Foundation for Opioid Response Efforts</th>
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<th>Training Peer Recovery Coaches to Promote Retention and Adherence to Medications for Opioid Use Disorder among Low-Income Adults</th>
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<td>Activation Intervention to Improve Adherence to MAT Among Low-Income, Minority Individuals with OUD</td>
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<td>Remediation of Elevated Delay Discounting in Mid-Life Individuals: A Stage II Trial</td>
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<td>R01DA057552</td>
<td>MPI: (J Rabinowitz, B Maher, J Felton)</td>
<td>NIDA (subcontract with Johns Hopkins University)</td>
<td>An Examination of the Joint Contributions of Socioeconomic Disadvantage, Genetics, and COVID-19 on the Development of Delay Discounting and Substance Use Across Adolescence</td>
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**Investigator: Julia Felton, Ph.D., and Amy Loree, Ph.D.**

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**Investigator: Hongsheng Gui, PhD**

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**Investigator: Leah Hecht, Ph.D. and Amy Loree, PhD**

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<td><strong>Investigator: Lora Rupp, MS (CHPHSR), Mei Lu, Ph.D (Public Health Sciences) and Stuart Gordon, MD (Gastroenterology)</strong></td>
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<td>NU84DD000001-01-0</td>
<td>PI</td>
<td>CDC</td>
<td>SBI-tech Michigan: Optimizing SBI Implementation for High-Risk Alcohol use among Women of Childbearing Age</td>
<td>09/30/18-09/29/23</td>
<td>$303,514</td>
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<td>Flinn Foundation</td>
<td>Co-PI</td>
<td>Flinn Foundation</td>
<td>Integrating Perinatal Behavioral Health Care into Women’s Health and Primary Care Settings: The Perinatal Behavioral Health Integration Program</td>
<td>01/2/20-12/31/22</td>
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<td>R01HD100579</td>
<td>Site PI</td>
<td>NICHD (subcontract with HealthPartners)</td>
<td>Treatment Initiation for New Episodes of Depression in Pregnant Women</td>
<td>05/06/21-03/31/26</td>
<td>$42,147</td>
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<td>R01HD100471</td>
<td>Site PI</td>
<td>NICHD (subcontract with Michigan State University)</td>
<td>IPT for Major Depression Following Perinatal Loss</td>
<td>08/01/21-08/31/25</td>
<td>$22,820</td>
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<td>R01MH130948</td>
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<td>NIMH (subcontract with Michigan State University)</td>
<td>The ROSE Scale-Up Study: Informing a Decision about ROSE as Universal Postpartum Depression</td>
<td>12/1/22-06/30/27</td>
<td>$274,155</td>
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<td>GG-202219313</td>
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<td>Community Foundation for Southeast Michigan</td>
<td>Expanding the Perinatal Behavioral Health Integration Program</td>
<td>09/30/22-09/29/23</td>
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<td>3UG1DA040314</td>
<td>Site PI</td>
<td>NIDA (subcontract with Kaiser Permanente Colorado)</td>
<td>Health Systems Node of the NIDA Clinical Trials Network (Health Insurance Instability and Mortality among Patients Receiving Buprenorphine Treatment for Opioid Use Disorder) CTN-141</td>
<td>09/01/22-02/28/24</td>
<td>$121,674</td>
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<td>Investigator: Lisa Matero, Ph.D.</td>
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<td>A20051</td>
<td>PI</td>
<td>FHFH</td>
<td>A Brief Intervention for Co-Occurring Pain and Distress in Primary Care</td>
<td>01/1/17-12/31/22</td>
<td>$69,856</td>
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<td>R01DA043811</td>
<td>Site PI</td>
<td>NIH (Subcontract with Saint Louis University)</td>
<td>Pathways from Chronic Prescription Opioid Use to New Onset Mood Disorder</td>
<td>04/14/19-01/31/24</td>
<td>$164,005</td>
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<td>R34AA02775-01A1</td>
<td>Co-PI (Braciszewski)</td>
<td>NIAAA</td>
<td>A Technology-based Intervention to Reduce Alcohol Use after Bariatric Surgery</td>
<td>09/20/20-08/31/23</td>
<td>$216,344</td>
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<td>R-2108-149080</td>
<td>PI</td>
<td>Michigan Health Endowment Fund</td>
<td>Improving Management of Chronic Pain in Primary Care</td>
<td>01/01/22-12/31/23</td>
<td>$362,696</td>
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<td>N/A</td>
<td>PI</td>
<td>American Society for Metabolic and Bariatric Surgery</td>
<td>Cannabis Use after Bariatric Surgery</td>
<td>07/1/21-06/30/23</td>
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<td>U19MH121738</td>
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<td>Outreach Intervention for Depression Treatment Initiation (Supplement)</td>
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<td>$72,119</td>
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<td>Investigator: Melissa Maye, Ph.D.</td>
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<td>MHEF</td>
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<td>Michigan Health Endowment Fund</td>
<td>Increasing Access and Accuracy of ASD Screening</td>
<td>10/01/22-09/30/24</td>
<td>$245,138</td>
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<td>N/A</td>
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<td>Fund for Henry Ford Hospital</td>
<td>COVID19 Parent Visitation and Infant Interaction Policies in the NICU, and the Impact on Parent Mental Health: A Pilot Study</td>
<td>06/01/21-05/31/22</td>
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<td>Investigator: Hsueh-Han Yeh, Ph.D.</td>
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<td>R03MH130798</td>
<td>Site PI</td>
<td>NIMH</td>
<td>Defining a Crisis: Engagement with Crisis Call Centers and Mobile Crisis Teams</td>
<td>09/01/22-08/31/24</td>
<td>$21,350</td>
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<td>Contract</td>
<td>Co-I</td>
<td>BCBSM</td>
<td>Michigan Spine Surgery Improvement Collaborative</td>
<td>10/1/17-12/31/22</td>
<td>$2,305,546</td>
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<tr>
<td>Investigator: Muwaffak Abdulhak, MD (Program Director) and David Nerenz, Ph.D.</td>
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<td>A20073</td>
<td>PI</td>
<td>Fund for Henry Ford Hospital</td>
<td>Effect of Treatment Fragmentation on the Quality and Outcomes of Cancer Care</td>
<td>01/01/21-12/31/24</td>
<td>$60,000</td>
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<tr>
<td>Investigator: Samantha Tam, MD (Otolaryngology) and Brian Ahmedani, Ph.D., (Mentor)</td>
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<td>3U54AG063546</td>
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<td>NIH</td>
<td>A Patient-facing Tool to Reduce Opioid-Psychotropic Polypharmacy in PLWD</td>
<td>07/01/22-06/30/23</td>
<td>$84,485</td>
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<td>Investigator: Esther Akinyemi, MD (Behavioral Health) and Brian Ahmedani, Ph.D.</td>
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</tbody>
</table>

**PUBLICATIONS**


4. Anvari MS, Kleinman MB, Massey EC, Bradley VD, **Felton JW**, Belcher AM, Magidson JF. "In their mind, they always felt less than": The role of peers in shifting stigma as a barrier to opioid use disorder treatment retention. J Subst Abuse Treat. 2022 Jan 16:108721. Online ahead of Print. PMID: 35067397.


53. Maye M, Boyd BA, Martínez-Pedraza F, Halladay A, Thurm A, Mandell DS. Biases, barriers, and possible solutions: steps towards addressing autism researchers under-engagement with racially, ethnically, and


Under Review


Lyons VH, Quesenberry C, Sofrygin O, Sterling S, Braciszewski JM, Kuklinski M. Ensuring unbiased inference and adequate power in complex pragmatic trials: A model extension with simulation to account for partial nesting and cross-classification in the intervention arm. Prevention Science.


Yarborough BJ, Stumbo SP, Rosales AG, Ahmedani BK, Boggs JM, Daida YG, Negriff SL, Rossom RC, Simon G, Perrin NA. Opioid use characteristics, overdose, and opioid use disorders as predictors of fatal or non-fatal suicide attempts in a population of individuals with mental health diagnoses.


**Publications Under Revision**


Kleinman M, Anvari M, Bradley VB, Felton JW, Belcher AM, Seitz-Brown CJ, Greenblatt, AD, Dean D, Bennett ME, Magidson JF. Sometimes you have to take the person and show them how: Adapting behavioral activation for peer recovery specialist-delivery to improve methadone treatment retention.

Kleinman M, Anvari M, Seitz-Brown CJ, Bradley VB, Tralka H, Felton JW, Belcher AM, Greenblatt AD, Magidson JF. It’s like a bomb, and it just goes off and it branches out”: Psychosocial syndemics affecting treatment outcomes for medication for opioid use disorder.


Publications Submitted


Miller MB, Scherrer J, Salas J, McCrae CS, Sullivan MD, Bucholz KK, Copeland LA, Ahmedani BK, Schneider FD, Lustman PJ. The contribution of sleep disorder to the association between prescription opioid use and new onset depression: A retrospective cohort study.


Vance AJ, McGrath JM. Parental self-efficacy instruments for parents of infants and toddlers: A Scoping Review


PRESENTATIONS


4. **Yeh HH.** (2022, March). Symposium: Explores changes in anxiety and depression symptoms through the COVID-19 pandemic between individuals with and without pre-existing mental health conditions. ADAA 2022, Denver, CO.


11. Segal A, Adkins E, Fatabhoy M, Bryce K, Gonzalez H, **Miller-Matero LR**. (2022, April). Factors associated with alcohol use during liver transplantation evaluation. 43rd Annual Meeting of the Society of Behavioral Medicine, Baltimore, MD.


SERVICE ACTIVITIES

Committees

- Autism Science Foundation, Profound Autism Study Section (Maye M)
- Addiction Research Network (Ahmedani BK)
- AHRQ Spondylolisthesis Outcome Measures Harmonization Work Group (Nerenz DR)
- America’s Essential Hospitals (AEH) Education Committee (Nerenz DR)
- American Heart Association, Council on Genomic and Precision Medicine, GPM & CLCD Data Science and Precision Medicine Committee (Gui H)
- American Psychological Associate Psychology Internship Site Visitor (Matero LR)
- American Society of Metabolic and Bariatric Surgery Research Committee (Matero, LR)
- CMS Medicare Impact Technical Expert Panel, Co-Chair (Nerenz DR)
- CMS Hospital Star Rating Technical Expert Panel (Nerenz DR)
- Henry Ford Behavioral Health Diversity Equity and Inclusion (Felton JW)
- Henry Ford Behavioral Health Education Council (Matero LR)
- Henry Ford Health System Institutional Review Board (Loree AM)
- Henry Ford Health Undergraduate Medical Education Committee (Maye M)
- Henry Ford Internal Funding Review Committee (Braciszewski JM, Loree AM)
- Henry Ford Research Promotions Committee (Ahmedani BK)
- Henry Ford Medical Group Chairs Council (Ahmedani BK)
- Henry Ford Research Committee (Braciszewski JM)
- Henry Ford Research Symposium Committee (Braciszewski JM)
- HSC Nursing Research Committee (Vance, AJ)
- Integrated Health Care Coalition (IHCC) Regulatory Workgroup (Nerenz DR)
- Mental Health Research Network Steering Committee (Ahmedani BK)
- MHRN Suicide Prevention Scientific Interest Group, Chair (Ahmedani BK)
- Michigan Maternal Mortality Review Committee (Loree AM)
- Michigan Psychological Association, Early Career Committee (Loree AM, Hecht LM)
- Michigan Psychological Association Foundation, Secretary and Board member (Loree AM)
- NANN Research Committee (Vance, AJ)
- National Network of NICU Psychologists, Communications Chair (Maye, M)
- National Quality Forum Scientific Methods Panel (Nerenz DR)
- National Quality Forum Standing Disparities Committee (Nerenz DR)
- Neonatal Justice Collaborative Research Subcommittee (Vance, AJ)
- NIDA Clinical Trials Network Publications Committee (Loree AM)
- NIH, Accelerating the Pace of Drug Abuse Research Using Existing Data Study Section (Loree AM)
- NIH All of Us Research Program, Steering Committee (Ahmedani BK)
- NIH, Interventions to Prevent and Treat Addictions Study Section (Braciszewski JM)
- NIH, Patient Center Outcomes Research Institute Study Section (Braciszewski JM)
- NIMH SERV Study Section (Ahmedani BK)
- RWJF-Harvard “Social and Health System Factors that Affect Health” Advisory Committee (Nerenz DR)
- Society of Behavioral Health Medicine Reviewer for Trainee Abstract Submissions (Matero LR)
- State of Michigan, Suicide Prevention Strategic Plan Workgroup (Ahmedani BK)
- Governor Gretchen Whitmer’s State of Michigan Suicide Prevention Commission (Ahmedani BK, Chair)
- The Joint Commission, Suicide Expert Panel (Ahmedani BK)
- Zero Suicide National Advisory Group (Ahmedani, BK)
Reviewers

- Addiction (Braciszewski JM)
- Advances in Neonatal Care (Vance AV)
- Aids & Behavior (Lockhart E)
- Alcoholism: Clinical and Experimental Research (Braciszewski JM)
- American Journal of Addictions (Loree AM)
- American Journal of Community Psychology (Braciszewski JM, Loree AM)
- American Journal of Managed Care (Ahmedani BK, Loree AM, Hu J)
- American Journal of Perinatology (Hecht, LM, Maye M)
- American Journal of Preventive Medicine (Ahmedani BK)
- American Journal of Psychiatry (Ahmedani BK)
- Annals of Internal Medicine (Nerenz DR, Ahmedani BK)
- Archives of Psychiatric Nursing (Ahmedani BK)
- Archives of Suicide Research (Yeh HH, Kahn G)
- Archives of Women’s Mental Health (Hecht LM)
- Autism (Maye M)
- Autism Research (Maye M)
- BMJ (Ahmedani BK)
- BMJ Open (Vance AJ)
- British Journal of Psychiatry (Yeh HH)
- Cancer Medicine (Kahn G)
- Child Maltreatment (Braciszewski JM)
- Children and Youth Services Review (Braciszewski JM)
- Clinical Journal of Pain (Matero, LR)
- Contemporary Clinical Trials (Ahmedani BK, Lockhart E)
- Current Medical Research & Opinion (Hu J)
- Depression and Anxiety (Felton JW)
- Development Psychology (Felton JW)
- Diabetes Care (Nerenz DR)
- Drug and Alcohol Dependence (Ahmedani BK)
- Emotion (Felton JW)
- Family Practice (Loree AM)
- Frontiers in Cell and Developmental Biology (Gui H)
- Frontiers in Genetics (Gui H)
- Health Affairs (Nerenz DR)
- Health Services Research (Nerenz DR)
- Hospital Practice (Hu J)
- Human Heredity (Gui H)
- International Journal of Behavioral Development (Maye, M)
- International Journal of Developmental Disabilities (Maye M)
- International Journal of Environmental Research and Public Health (Lockhart E, Kahn G)
- JAMA Psychiatry (Ahmedani BK, Kahn G)
- JMIR: Public Health and Surveillance (Braciszewski JM)
- Journal of Affective Disorders (Felton JW)
- Journal of American College of Health (Felton JW)
- Journal of Autism and Developmental Disorders (Maye M)
- Journal of Behavioral Health Services & Research (Braciszewski JM, Loree AM)
- Journal of Child and Adolescent Substance Abuse (Braciszewski JM)
- Journal of Child and Family Studies (Felton JW)
- Journal of Clinical Medicine (Lockhart E)
- Journal of Clinical Psychology in Medical Settings (Matero LR)
• Journal of Consulting and Clinical Psychology (Ahmedani BK)
• Journal of Developmental and Behavioral Pediatrics (Maye M)
• Journal of Early Adolescence (Felton JW)
• Journal of Groups in Addiction & Recovery (Braciszewski JM)
• Journal of Health Care for the Poor and Underserved (Lockhart E)
• Journal of Health Psychology (Hecht LM)
• Journal of Hospital Medicine (Hu J)
• Journal of Public Health Management & Practice (Lockhart E)
• Journal of Research on Adolescence (Braciszewski JM)
• Journal of Studies on Alcohol and Drugs (Braciszewski JM)
• Journal of Substance Abuse Treatment (Loree AM)
• Journal of Substance Use (Braciszewski JM)
• Journal of Traumatic Stress (Braciszewski JM, Loree AM)
• Journal of Tropical Pediatrics (Kahn G)
• Journal of Women’s Health (Hecht, LM)
• mHealth (Loree AM)
• Medical Care (Nerenz DR, Ahmedani BK, Hu J)
• Medical Care Research and Review (Nerenz DR)
• Nature Communications (Gui H)
• New England Journal of Medicine (Ahmedani BK, Nerenz DR)
• Obesity Research & Clinical Practice (Hecht, LM)
• Obesity Reviews (Matero, LR)
• Obesity Surgery (Matero, LR)
• Pediatric Research (Braciszewski JM)
• PLOS ONE (Ahmedani BK, Vance AJ)
• Population Health Management (Nerenz DR)
• Preventing Chronic Disease (Lockhart E)
• Psychiatric Research and Clinical Practice (Loree AM)
• Psychiatric Services (Ahmedani BK)
• Psychology, Health & Medicine (Matero LR)
• Psychology of Addictive Behaviors (Braciszewski JM)
• Research in Developmental Disabilities (Maye, M)
• Sleep (Ahmedani BK)
• Substance Abuse (Braciszewski JM)
• Suicide and Life-Threatening Behavior (Ahmedani BK)
• Surgery for Obesity and Related Diseases (Matero LR)
• Translational Behavioral Medicine (Matero LR)
• Women’s Health Reports (Loree AM)

Editorial Boards
• Addiction (Braciszewski JM)
• Frontiers in Psychiatry (Gui H)
• Frontiers in Genetics (Gui H)
• Journal of Child and Family Studies (Felton JW)
• Journal of Clinical Child and Adolescent Psychology (Felton JW)
• Journal of Consulting and Clinical Psychology (Felton JW)
• Journal of Youth and Adolescence (Felton JW)
• Medical Care Research and Review (Nerenz DR)
• Population Health Management (Nerenz DR)
• Translational Behavioral Medicine (Matero, LR)
STAFF RECRUITMENT

- Gabrielle Benton, CQI Project Coordinator, MiMIND
- Melissa Foster, Sr. Public Relations Specialist
- Julie Ge, Programmer, MiMIND
- Roman Grossi, Research Recruitment Specialist
- Angel Humphries, Research Recruitment Specialist
- Leslie Johnson, CQI Quality Improvement Lead, MiMIND
- Elyse Llamocca, Ph.D., Postdoctoral Fellow
- Alyssa Merritt, Research Recruitment Coordinator
- Sarah Moore, CQI Quality Improvement Lead, MiMIND
- Sarah Strong, Epidemiologist
- Jeff Warchall, Programmer, MiMIND
- Sydney Whack, Project Coordinator
- Kayla Williams, Research Recruitment Specialist

CONTINUING ADJUNCT APPOINTMENTS

- Jennifer Elston-Lafata, Ph.D.
- George Divine, Ph.D.
- Stanton Elias, M.D.
- Stuart Gordon, M.D.
- Michelle Jesse, Ph.D.
- Christine Cole Johnson, Ph.D.
- David Lanfear, M.D.
- Lois Lamerato, Ph.D.
- Bruce Muma, M.D.
- Ilan Rubinfeld, M.D.
- Lonni Schultz, Ph.D.
- Jason Schwalb, M.D.
- Deirdre Shires, Ph.D.
- L. Keoki Williams, M.D.